



Calendar Year (CY) 2025 Proposed and Modified Merit-based Incentive Payment System (MIPS) Value Pathways (MVPs)

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Introduction

In the [CY 2021 Physician Fee Schedule \(PFS\) Final Rule](#) (85 FR 84849 through 84854), the [CY 2022 PFS Final Rule](#) (86 FR 65998 through 66031), and the [CY 2023 PFS Final Rule](#) (87 FR 70210 through 70211), we finalized criteria to use in the development of MVPs, MVP reporting requirements, MVP maintenance, and the selection of measures and activities within each MVP.

In the CY 2025 PFS Proposed Rule, Appendix 3, CMS proposed 6 new MVPs, as well as modifications to 16 previously finalized MVPs.

This resource includes the newly proposed MVPs and the proposed modifications to previously finalized MVPs for implementation.

Each MVP includes measures and activities from the quality performance category, improvement activities performance category, and cost performance category that are relevant to the clinical specialty or medical condition of the MVP. In addition, each MVP includes a foundational layer (which is the same for all MVPs) that is comprised of population health measures and Promoting Interoperability performance category objectives and measures. For each MVP, we note potential clinician types who may want to consider reporting the MVP, if finalized and/or modified.

For additional details regarding the [MVP candidate development and submission process](#), the [MVP candidate feedback process](#), and the [annual maintenance process for MVPs](#), please visit the [Quality Payment Program website](#).

CMS will accept comments on the CY 2025 PFS proposed rule, and will respond to comments in the CY 2025 PFS Final Rule. Comments can be submitted electronically or by mail. When commenting, refer to file code: CMS-1807-P. Proposed MVPs are subject to change in the CY 2025 Final Rule after consideration of public comments.

- **Electronically:** www.regulations.gov
- **Regular mail:** Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1784-P, P.O. Box 8016, Baltimore, MD 21244-8016.
- **Express or overnight mail:** Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1784-P, Mail Stop C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850.

MVP Reporting Requirements

For each MVP, the following reporting requirements were finalized in the [CY 2022 PFS Final Rule](#) (86 FR 65998 through 66031). Additional details around subgroup participation and MVP reporting can be found in the [CY 2023 PFS Final Rule](#) and the [2023 MVPs Implementation Guide](#).

Quality Performance Category

- Select and submit 4 quality measures.
- At least one measure must be an outcome measure (or a high priority measure if an outcome is not available or applicable).
 - This can include an outcome measure calculated by CMS through administrative claims, if available in the MVP.

Improvement Activities Performance Category

- In the CY 2025 proposed rule, CMS is proposing to remove the activity weightings and simplify requirements by reducing the number of activities clinicians are required to attest to completing. As proposed: for MVP reporting, clinicians, groups, and subgroups (regardless of special status) must attest to 1 activity. Clinicians may still choose to report IA_PCMH.

Cost Performance Category

- CMS calculates performance exclusively on the cost measures included in the MVP using administrative claims data.

Foundational Layer

Population Health Measures

- Must select one population health measure at the time of MVP registration. CMS will calculate these measures through administrative claims and will be scored as part of the quality performance category.
- For the 2025 performance period, there are 2 population health measures proposed to be available for selection:
 - Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups
 - Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

Promoting Interoperability Performance Category

- Must submit the same Promoting Interoperability measures required under traditional MIPS, unless you qualify for reweighting of the Promoting Interoperability performance category.

Proposed MVPs

TABLE A.1: Complete Ophthalmologic Care MVP

Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year

We considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the proposed Complete Ophthalmologic Care MVP. The proposed Complete Ophthalmologic Care MVP assesses meaningful outcomes in cataract, glaucoma, retinal detachment, and broadly applicable ocular care. We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This Proposed MVP, if Finalized:

- Ophthalmology
- Optometry

Measure Key	
*	Existing quality measures and improvement activities with proposed revisions
**	Quality measures that are proposed for submission only when included in an MVP
!	High priority quality measures
!!	Outcome measures
~	Improvement activities that include a health equity component
%	Attestation to IA_PCMH provides full credit for the improvement activities performance category
#	QCDR measures pending testing data

Complete Ophthalmologic Care MVP		
Quality	Improvement Activities	Cost
<p>Q012: Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation (Collection Type: eCQM Specifications)</p> <p>(*)(!) Q019: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p> <p>(*) Q117: Diabetes: Eye Exam (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p> <p>(*)(!) Q130: Documentation of Current Medications in the Medical Record (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p>	<p>(~) IA_AHE_1: Enhance Engagement of Medicaid and Other Underserved Populations (High)</p> <p>(~) IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols (Medium)</p> <p>(*) IA_BE_4: Engagement of patients through implementation of improvements in patient portal (Medium)</p> <p>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings (High)</p> <p>IA_BE_25: Drug Cost Transparency (High)</p>	<p>(*) Routine Cataract Removal with Intraocular Lens (IOL) Implantation</p>

Complete Ophthalmologic Care MVP

Quality	Improvement Activities	Cost
<p>(!!) Q141: Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 20% OR Documentation of a Plan of Care (Collection Type: Medicare Part B Claims Specifications, MIPS CQMs Specifications)</p> <p>(!!) Q191: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p> <p>Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM Specifications, MIPS CQMs Specifications)</p> <p>(!!) Q303: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (Collection Type: MIPS CQMs Specifications)</p> <p>(!) Q304: Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery (Collection Type: MIPS CQMs Specifications)</p> <p>(*)(!) Q374: Closing the Referral Loop: Receipt of Specialist Report (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p> <p>(*)(!) Q384: Adult Primary Rhegmatogenous Retinal Detachment Surgery: No Return to the Operating Room Within 90 Days of Surgery (Collection Type: MIPS CQMs Specifications)</p> <p>(!!) Q385: Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery (Collection Type: MIPS CQMs Specifications)</p> <p>(!!) Q389: Cataract Surgery: Difference Between Planned and Final Refraction (Collection Type: MIPS CQMs Specifications)</p> <p>(~)(!) Q487: Screening for Social Drivers of Health (Collection Type: MIPS CQMs Specifications)</p>	<p>(~) IA_CC_9: Implementation of practices/processes for developing regular individual care plans (Medium)</p> <p>(~) IA_CC_10: Care transition documentation practice improvements (Medium)</p> <p>IA_CC_13: Practice improvements to align with OpenNotes principles (Medium)</p> <p>(*) IA_ERP_6: COVID-19 Vaccine Achievement for Practice Staff (Medium)</p> <p>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways (High)</p> <p>(%) IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</p> <p>IA_PM_13: Chronic care and preventative care management for empaneled patients (Medium)</p> <p>IA_PM_16: Implementation of medication management practice improvements (Medium)</p> <p>(~) IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements (Medium)</p>	

Complete Ophthalmologic Care MVP

Quality	Improvement Activities	Cost
<p>Q499: Appropriate Screening and Plan of Care for Elevated Intraocular Pressure Following Intravitreal or Periocular Steroid Therapy (Collection Type: MIPS CQMs Specifications)</p> <p>(* Q500: Acute Posterior Vitreous Detachment Appropriate Examination and Follow-up (Collection Type: MIPS CQMs Specifications)</p> <p>(* Q501: Acute Posterior Vitreous Detachment and Acute Vitreous Hemorrhage Appropriate Examination and Follow-up (Collection Type: MIPS CQMs Specifications)</p> <p>(*)(!!) Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months (Collection Type: MIPS CQMs Specifications)</p> <p>(!!)(#) IRIS2: Glaucoma – Intraocular Pressure Reduction (Collection Type: QCDR)</p> <p>(!!)(#) IRIS13: Diabetic Macular Edema – Loss of Visual Acuity (Collection Type: QCDR)</p> <p>(!!)(#) IRIS39: Intraocular Pressure Reduction Following Trabeculectomy or an Aqueous Shunt Procedure (Collection Type: QCDR)</p> <p>(!!)(#) IRIS54: Complications after Cataract Surgery (Collection Type: QCDR)</p> <p>(!!)(#) IRIS58: Improved Visual Acuity after Vitrectomy for Complications of Diabetic Retinopathy within 120 Days (Collection Type: QCDR)</p> <p>(!!)(#) IRIS61: Visual Acuity Improvement Following Cataract Surgery and Minimally Invasive Glaucoma Surgery (Collection Type: QCDR)</p>		

Foundational Layer

Population Health Measures

(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups

(Collection Type: Administrative Claims)

(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

(Collection Type: Administrative Claims)

Promoting Interoperability

- Security Risk Analysis
- High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)
- e-Prescribing
- Query of Prescription Drug Monitoring Program (PDMP)
- Provide Patients Electronic Access to Their Health Information
- Support Electronic Referral Loops By Sending Health Information
AND
- Support Electronic Referral Loops By Receiving and Reconciling Health Information
OR
- Health Information Exchange (HIE) Bi-Directional Exchange
OR
- Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)
- Immunization Registry Reporting
- Syndromic Surveillance Reporting (Optional)
- Electronic Case Reporting
- Public Health Registry Reporting (Optional)
- Clinical Data Registry Reporting (Optional)
- Actions to Limit or Restrict Compatibility or Interoperability of CEHRT
- ONC Direct Review Attestation

Proposed MVPs

TABLE A.2: Dermatological Care MVP

Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year

We considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the proposed Dermatological Care MVP. We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This Proposed MVP, if Finalized:

- Dermatology
- Nurse practitioners
- Physician assistants

Measure Key

- ^ New proposed measures and improvement activities
- * Existing quality measures and improvement activities with proposed revisions
- ** Quality measures that are proposed for submission only when included in an MVP
- ! High priority quality measures
- !! Outcome measures
- ~ Improvement activities that include a health equity component
- % Attestation to IA_PCMH provides full credit
- # QCDR measures pending testing data for the improvement activities performance category

Dermatological Care MVP

Quality	Improvement Activities	Cost
<p>(*)(!) Q130: Documentation of Current Medications in the Medical Record (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p> <p>(*) Q176: Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy (Collection Type: MIPS CQMs Specifications)</p> <p>Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p>(!) Q397: Melanoma Reporting (Collection Type: Medicare Part B Claims, MIPS CQMs Specifications)</p>	<p>(~) IA_AHE_1: Enhance Engagement of Medicaid and Other Underserved Populations (High)</p> <p>(~) IA_AHE_6: Provide Education Opportunities for New Clinicians (High)</p> <p>(*) IA_BE_4: Engagement of patients through implementation of improvements in patient portal (Medium)</p> <p>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings (High)</p> <p>IA_BE_15: Engagement of patients, family and caregivers in developing a plan of care (Medium)</p>	<p>Melanoma Resection</p>

Dermatological Care MVP

Quality	Improvement Activities	Cost
<p>(!!) Q410: Psoriasis: Clinical Response to Systemic Medications (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_EPA_2: Use of telehealth services that expand practice access (Medium)</p>	
<p>(!) Q440: Skin Cancer: Biopsy Reporting Time – Pathologist to Clinician (Collection Type: MIPS CQMs Specifications)</p>	<p>(*) IA_ERP_6: COVID-19 Vaccine Achievement for Practice Staff (Medium)</p>	
<p>(*)(!!) Q485: Psoriasis – Improvement in Patient-Reported Itch Severity (Collection Type: MIPS CQMs Specifications)</p>	<p>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways (High)</p>	
<p>(*)(!!) Q486: Dermatitis – Improvement in Patient-Reported Itch Severity (Collection Type: MIPS CQMs Specifications)</p>	<p>(%) IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</p>	
<p>(~)(!) Q487: Screening for Social Drivers of Health (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_PM_16: Implementation of medication management practice improvements (Medium)</p>	
<p>(*)(!!) Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_PSPA_8: Use of Patient Safety Tools (Medium)</p>	
<p>(^)(!) TBD: Melanoma: Tracking and Evaluation of Recurrence (Collection Type: MIPS CQMs Specifications)</p>		
<p>(!)(#) AAD6: Skin Cancer Biopsy Reporting Time – Clinician to Patient (Collection Type: QCDR)</p>		
<p>(!) AAD8: Chronic Skin Conditions: Patient Reported Quality-of-Life (Collection Type: QCDR)</p>		
<p>(!)(#) AAD12: Melanoma: Appropriate Surgical Margins (Collection Type: QCDR)</p>		
<p>(!)(#) AAD16: Avoidance of Post-operative Systemic Antibiotics for Office-based Closures and Reconstruction After Skin Cancer Procedures (Collection Type: QCDR)</p>		

Dermatological Care MVP

Quality	Improvement Activities	Cost
<p>(!)(#) AAD17: Continuation of Anticoagulation Therapy in the Office-based Setting for Closure and Reconstruction After Skin Cancer Resection Procedures (Collection Type: QCDR)</p> <p>(!)(#) AAD18: Avoidance of Opioid Prescriptions for Closure and Reconstruction After Skin Cancer Resection (Collection Type: QCDR)</p>		

Foundational Layer

Population Health Measures	Promoting Interoperability
<p>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups (Collection Type: Administrative Claims)</p> <p>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> • Security Risk Analysis • High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide) • e-Prescribing • Query of Prescription Drug Monitoring Program (PDMP) • Provide Patients Electronic Access to Their Health Information • Support Electronic Referral Loops By Sending Health Information AND • Support Electronic Referral Loops By Receiving and Reconciling Health Information OR • Health Information Exchange (HIE) Bi-Directional Exchange OR • Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA) • Immunization Registry Reporting • Syndromic Surveillance Reporting (Optional) • Electronic Case Reporting • Public Health Registry Reporting (Optional) • Clinical Data Registry Reporting (Optional) • Actions to Limit or Restrict Compatibility or Interoperability of CEHRT • ONC Direct Review Attestation

Proposed MVPs

TABLE A.3: Gastroenterology Care MVP

Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year

We considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the proposed Gastroenterology Care MVP. The proposed Gastroenterology Care MVP focuses on the clinical theme of providing treatment and management of the digestive system and the liver. We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This Proposed MVP, if Finalized:

- Gastroenterology
- Nurse practitioners
- Physician assistants

Measure Key	
^	New proposed measures and improvement activities
*	Existing quality measures and improvement activities with proposed revisions
**	Quality measures that are proposed for submission only when included in an MVP
!	High priority quality measures
!!	Outcome measures
~	Improvement activities that include a health equity component
%	Attestation to IA_PCMH provides full credit for the improvement activities performance category

Gastroenterology Care MVP		
Quality	Improvement Activities	Cost
<p>(*) Q113: Colorectal Cancer Screening (Collection Type: Medicare Part B Claims Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p>(*)(!) Q130: Documentation of Current Medications in the Medical Record (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p> <p>(*)(!) Q185: Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use (Collection Type: MIPS CQMs Specifications)</p> <p>Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims Specifications, eCQM Specifications, MIPS CQMs Specifications)</p>	<p>(~) IA_AHE_3: Promote use of Patient-Reported Outcome Tools (High)</p> <p>(~) IA_AHE_6: Provide Education Opportunities for New Clinicians (High)</p> <p>(~) IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols (Medium)</p> <p>(*) IA_BE_4: Engagement of patients through implementation of improvements in patient portal (Medium)</p> <p>IA_CC_7: Regular training in care coordination (Medium)</p>	<p>Screening/Surveillance Colonoscopy</p> <p>Total Per Capita Cost (TPCC)</p>

Gastroenterology Care MVP

Quality	Improvement Activities	Cost
<p>Q275: Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy (Collection Type: MIPS CQMs Specifications)</p> <p>(*)(!) Q320: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients (Collection Type: Medicare Part B Claims Specifications, MIPS CQMs Specifications)</p> <p>(*)(!) Q374: Closing the Referral Loop: Receipt of Specialist Report (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p> <p>Q400: One-Time Screening for Hepatitis C Virus (HCV) and Treatment Initiation (Collection Type: MIPS CQMs Specifications)</p> <p>Q401: Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis (Collection Type: MIPS CQMs Specifications)</p> <p>(~)(!) Q487: Screening for Social Drivers of Health (Collection Type: MIPS CQMs Specifications)</p> <p>(*)(!) Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months (Collection Type: MIPS CQMs Specifications)</p> <p>(!) GIQIC23: Appropriate follow-up interval based on pathology findings in screening colonoscopy (Collection Type: QCDR)</p> <p>(!!)(#) GIQIC26: Screening Colonoscopy Adenoma Detection Rate (Collection Type: QCDR)</p> <p>(!) NHCR4: Repeat screening or surveillance colonoscopy recommended within one year due to inadequate bowel preparation (Collection Type: QCDR)</p>	<p>(~) IA_CC_9: Implementation of practices/processes for developing regular individual care plans (Medium)</p> <p>(~) IA_CC_10: Care transition documentation practice improvements (Medium)</p> <p>IA_CC_13: Practice improvements to align with OpenNotes principles (Medium)</p> <p>(*) IA_ERP_6: COVID-19 Vaccine Achievement for Practice Staff (Medium)</p> <p>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways (High)</p> <p>(%) IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</p>	

Foundational Layer

Population Health Measures

(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups

(Collection Type: Administrative Claims)

(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

(Collection Type: Administrative Claims)

Promoting Interoperability

- Security Risk Analysis
- High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)
- e-Prescribing
- Query of Prescription Drug Monitoring Program (PDMP)
- Provide Patients Electronic Access to Their Health Information
- Support Electronic Referral Loops By Sending Health Information
AND
- Support Electronic Referral Loops By Receiving and Reconciling Health Information
OR
- Health Information Exchange (HIE) Bi-Directional Exchange
OR
- Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)
- Immunization Registry Reporting
- Syndromic Surveillance Reporting (Optional)
- Electronic Case Reporting
- Public Health Registry Reporting (Optional)
- Clinical Data Registry Reporting (Optional)
- Actions to Limit or Restrict Compatibility or Interoperability of CEHRT
- ONC Direct Review Attestation

Proposed MVPs

TABLE A.4: Optimal Care for Patients with Urologic Conditions MVP

Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year

We considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Optimal Care for Patients with Urologic Conditions MVP. The proposed Optimal Care for Patients with Urologic Conditions MVP focuses on assessing optimal care for patients treated for a broad range of urologic conditions, including kidney stones, urinary incontinence, bladder cancer, and prostate cancer. We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This Proposed MVP, if Finalized:

- General urologists
- Urology oncologists
- Nurse practitioners
- Physician assistants

Measure Key	
^	New proposed measures and improvement activities
*	Existing quality measures and improvement activities with proposed revisions
**	Quality measures that are proposed for submission only when included in an MVP
!	High priority quality measures
!!	Outcome measures
~	Improvement activities that include a health equity component
%	Attestation to IA_PCMH provides full credit for the improvement activities performance category

Optimal Care for Patients with Urologic Conditions MVP

Quality	Improvement Activities	Cost
(!) Q050: Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older (Collection Type: MIPS CQMs Specifications)	(~) IA_AHE_3: Promote use of Patient-Reported Outcome Tools (High)	Renal or Ureteral Stone Surgical Treatment
(!) Q318: Falls: Screening for Future Fall Risk (Collection Type: eCQM Specifications)	(~) IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health (High)	Medicare Spending Per Beneficiary (MSPB) Clinician
(!) Q321: CAHPS for MIPS Clinician/Group Survey (Collection Type: CSV)	IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings (High)	(^) Prostate Cancer
(!) Q358: Patient-Centered Surgical Risk Assessment and Communication (Collection Type: MIPS CQMs Specifications)	IA_BE_15: Engagement of patients, family and caregivers in developing a plan of care (Medium)	
(*) Q462: Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy (Collection Type: eCQM Specifications)	IA_CC_7: Regular training in care coordination (Medium)	

Optimal Care for Patients with Urologic Conditions MVP

Quality	Improvement Activities	Cost
<p>(!!) Q476: Urinary Symptom Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia (Collection Type: eCQM Specifications)</p> <p>(!) Q481: Intravesical Bacillus-Calmette Guerin for Non-muscle Invasive Bladder Cancer (Collection Type: eCQM Specifications)</p> <p>(~)(!) Q487: Screening for Social Drivers of Health (Collection Type: MIPS CQMs Specifications)</p> <p>(*)(!) Q503: Gains in Patient Activation Measure (PAM@) Scores at 12 Months (Collection Type: MIPS CQMs Specifications)</p> <p>(!!) AQUA8: Hospital Admissions or Infectious Complications Within 30 days of Prostate Biopsy (Collection Type: QCDR)</p> <p>(!!) AQUA14: Stones: Repeat Shock Wave Lithotripsy (SWL) Within 6 Months of Initial Treatment (Collection Type: QCDR)</p> <p>(!) AQUA15: Stones: Urinalysis or Urine Culture Performed Before Surgical Stone Procedures (Collection Type: QCDR)</p> <p>AQUA16: Non-Muscle Invasive Bladder Cancer: Repeat Transurethral Resection of Bladder Tumor (TURBT) for T1 disease (Collection Type: QCDR)</p> <p>(!) MUSIC4: Prostate Cancer: Active Surveillance/Watchful Waiting for Newly Diagnosed Low-Risk Prostate Cancer Patients (Collection Type: QCDR)</p>	<p>IA_CC_13: Practice improvements to align with OpenNotes principles (Medium)</p> <p>IA_CC_17: Patient Navigator Program (High)</p> <p>IA_EPA_2: Use of telehealth services that expand practice access (Medium)</p> <p>(*) IA_ERP_6: COVID-19 Vaccine Achievement for Practice Staff (Medium)</p> <p>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways (High)</p> <p>(%) IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</p> <p>IA_PM_17: Participation in Population Health Research (Medium)</p> <p>IA_PM_21: Advance Care Planning (Medium)</p> <p>(~) IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements (Medium)</p> <p>IA_PSPA_12: Participation in private payer CPIA (Medium)</p> <p>IA_PSPA_19: Implementation of formal quality improvement methods, practice changes or other practice improvement processes (Medium)</p> <p>IA_PSPA_21: Implementation of fall screening and assessment programs (Medium)</p>	

Foundational Layer

Population Health Measures

(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups

(Collection Type: Administrative Claims)

(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

(Collection Type: Administrative Claims)

Promoting Interoperability

- Security Risk Analysis
- High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)
- e-Prescribing
- Query of Prescription Drug Monitoring Program (PDMP)
- Provide Patients Electronic Access to Their Health Information
- Support Electronic Referral Loops By Sending Health Information
AND
- Support Electronic Referral Loops By Receiving and Reconciling Health Information
OR
- Health Information Exchange (HIE) Bi-Directional Exchange
OR
- Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)
- Immunization Registry Reporting
- Syndromic Surveillance Reporting (Optional)
- Electronic Case Reporting
- Public Health Registry Reporting (Optional)
- Clinical Data Registry Reporting (Optional)
- Actions to Limit or Restrict Compatibility or Interoperability of CEHRT
- ONC Direct Review Attestation

Proposed MVPs

TABLE A.5: Pulmonology Care MVP

Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year

We considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the proposed Pulmonology Care MVP. The proposed Pulmonology Care MVP focuses on assessing optimal care for patients treated for a broad range of pulmonology conditions including COPD, asthma, sleep apnea, and general pulmonology. We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This Proposed MVP, if Finalized:

- Pulmonology
- Sleep medicine
- Nurse practitioners
- Physician assistants

Measure Key	
*	Existing quality measures and improvement activities with proposed revisions
**	Quality measures that are proposed for submission only when included in an MVP
!	High priority quality measures
!!	Outcome measures
~	Improvement activities that include a health equity component
%	Attestation to IA_PCMH provides full credit for the improvement activities performance category

Pulmonology Care MVP		
Quality	Improvement Activities	Cost
<p>(*)(!) Q047: Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQMs Specifications)</p> <p>Q052: Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation and Long-Acting Inhaled Bronchodilator Therapy (Collection Type: MIPS CQMs Specifications)</p> <p>(**) Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Collection Type: Medicare Part B Claims Specifications, eCQM Specifications, MIPS CQMs Specifications)</p>	<p>(~) IA_AHE_3: Promote use of Patient-Reported Outcome Tools (High)</p> <p>(~) IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols (Medium)</p> <p>(~) IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health (High)</p> <p>IA_BE_23: Integration of patient coaching practices between visits (Medium)</p> <p>(~) IA_CC_9: Implementation of practices/processes for developing regular individual care plans (Medium)</p>	<p>Inpatient Chronic Obstructive Pulmonary Disease (COPD) Exacerbation</p> <p>Asthma/Chronic Obstructive Pulmonary Disease (COPD)</p>

Pulmonology Care MVP

Quality	Improvement Activities	Cost
<p>Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p>(*) Q277: Sleep Apnea: Severity Assessment at Initial Diagnosis (Collection Type: MIPS CQMs Specifications)</p> <p>Q279: Sleep Apnea: Assessment of Adherence to Obstructive Sleep Apnea (OSA) Therapy (Collection Type: MIPS CQMs Specifications)</p> <p>(!!) Q398: Optimal Asthma Control (Collection Type: MIPS CQMs Specifications)</p> <p>(~)(!) Q487: Screening for Social Drivers of Health (Collection Type: MIPS CQMs Specifications)</p> <p>(*)(!) Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months (Collection Type: MIPS CQMs Specifications)</p> <p>ACEP25: Tobacco Use: Screening and Cessation Intervention for Patients with Asthma and COPD (Collection Type: QCDR)</p>	<p>IA_EPA_2: Use of telehealth services that expand practice access (Medium)</p> <p>(*) IA_ERP_6: COVID-19 Vaccine Achievement for Practice Staff (Medium)</p> <p>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways (High)</p> <p>(%) IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</p> <p>IA_PM_13: Chronic care and preventative care management for empaneled patients (Medium)</p> <p>IA_PM_16: Implementation of medication management practice improvements (Medium)</p>	

Foundational Layer

Population Health Measures	Promoting Interoperability
<p>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups (Collection Type: Administrative Claims)</p> <p>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> • Security Risk Analysis • High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide) • e-Prescribing • Query of Prescription Drug Monitoring Program (PDMP) • Provide Patients Electronic Access to Their Health Information • Support Electronic Referral Loops By Sending Health Information AND • Support Electronic Referral Loops By Receiving and Reconciling Health Information OR • Health Information Exchange (HIE) Bi-Directional Exchange

Foundational Layer

Population Health Measures

Promoting Interoperability

OR

- **Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)**
- **Immunization Registry Reporting**
- **Syndromic Surveillance Reporting (Optional)**
- **Electronic Case Reporting**
- **Public Health Registry Reporting (Optional)**
- **Clinical Data Registry Reporting (Optional)**
- **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT**
- **ONC Direct Review Attestation**

Proposed MVPs

TABLE A.6: Surgical Care MVP

Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year

We considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the proposed Surgical Care MVP. We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This Proposed MVP, if Finalized:

- General surgery
- Neurosurgery
- Cardiothoracic surgery
- Anesthesiologists
- Certified registered nurse anesthetists
- Nurse practitioners
- Physician assistants

Measure Key	
*	Existing quality measures and improvement activities with proposed revisions
**	Quality measures that are proposed for submission only when included in an MVP
!	High priority quality measures
!!	Outcome measures
~	Improvement activities that include a health equity component
%	Attestation to IA_PCMH provides full credit for the improvement activities performance category

Surgical Care MVP		
Quality	Improvement Activities	Cost
(*)(!) Q047: Advance Care Plan (Collection Type: Medicare Part B Claims Specifications, MIPS CQMs Specifications)	(~) IA_AHE_3: Promote use of Patient-Reported Outcome Tools (High)	Colon and Rectal Resection
(!!) Q164: Coronary Artery Bypass Graft (CABG): Prolonged Intubation (Collection Type: MIPS CQMs Specifications)	(~) IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols (Medium)	Femoral or Inguinal Hernia Repair
(!!) Q167: Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure (Collection Type: MIPS CQMs Specifications)	IA_BE_12: Use evidence-based decision aids to support shared decision-making (Medium)	Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels
(*)(!) Q168: Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration (Collection Type: MIPS CQMs Specifications)	IA_CC_15: PSH Care Coordination (High)	Lumpectomy, Partial Mastectomy, Simple Mastectomy
	IA_CC_17: Patient Navigator Program (High)	

Surgical Care MVP

Quality	Improvement Activities	Cost
<p>Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims Specifications, eQCM Specifications, MIPS CQMs Specifications)</p> <p>Q264: Sentinel Lymph Node Biopsy for Invasive Breast Cancer (Collection Type: MIPS CQMs Specifications)</p> <p>(!!) Q354: Anastomotic Leak Intervention (Collection Type: MIPS CQMs Specifications)</p> <p>(*)(!!) Q355: Unplanned Reoperation within the 30-Day Postoperative Period (Collection Type: MIPS CQMs Specifications)</p> <p>(!!) Q357: Surgical Site Infection (SSI) (Collection Type: MIPS CQMs Specifications)</p> <p>(!) Q358: Patient-Centered Surgical Risk Assessment and Communication (Collection Type: MIPS CQMs Specifications)</p> <p>(!!) Q445: Risk-Adjusted Operative Mortality for Coronary Artery Bypass Graft (CABG) (Collection Type: MIPS CQMs Specifications)</p> <p>(!!) Q459: Back Pain After Lumbar Surgery (Collection Type: MIPS CQMs Specifications)</p> <p>(!!) Q461: Leg Pain After Lumbar Surgery (Collection Type: MIPS CQMs Specifications)</p> <p>(!!) Q471: Functional Status After Lumbar Surgery (Collection Type: MIPS CQMs Specifications)</p> <p>(~)(!) Q487: Screening for Social Drivers of Health (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_CC_18: Relationship-Centered Communication (Medium)</p> <p>(*) IA_ERP_6: COVID-19 Vaccine Achievement for Practice Staff (Medium)</p> <p>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways (High)</p> <p>(%) IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</p> <p>(~) IA_PM_11: Regular review practices in place on targeted patient population needs (Medium)</p> <p>(~) IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements (Medium)</p> <p>IA_PSPA_8: Use of Patient Safety Tools (Medium)</p>	<p>Medicare Spending Per Beneficiary (MSPB) Clinician</p> <p>Non-Emergent Coronary Artery Bypass Graft (CABG)</p>

Foundational Layer

Population Health Measures

(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups

(Collection Type: Administrative Claims)

(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

(Collection Type: Administrative Claims)

Promoting Interoperability

- Security Risk Analysis
- High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)
- e-Prescribing
- Query of Prescription Drug Monitoring Program (PDMP)
- Provide Patients Electronic Access to Their Health Information
- Support Electronic Referral Loops By Sending Health Information
AND
- Support Electronic Referral Loops By Receiving and Reconciling Health Information
OR
- Health Information Exchange (HIE) Bi-Directional Exchange
OR
- Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)
- Immunization Registry Reporting
- Syndromic Surveillance Reporting (Optional)
- Electronic Case Reporting
- Public Health Registry Reporting (Optional)
- Clinical Data Registry Reporting (Optional)
- Actions to Limit or Restrict Compatibility or Interoperability of CEHRT
- ONC Direct Review Attestation

Modifications to Previously Finalized MVPs

TABLE B.1: Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP

Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year

We are proposing to modify previously finalized Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP to:

- Remove 1 quality measure
- Add 1 improvement activity
- Remove 1 improvement activity

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:

- Emergency medicine

Measure Key	
+	Proposed additions of quality measures, improvement activities, and cost measures
*	Existing quality measures and improvement activities with proposed revisions
**	Measure and improvement activity only available when in an MVP
!	High priority quality measures
!!	Outcome measures
~	Improvement activities that include a health equity component
%	Attestation to IA_PCMH provides full credit for the improvement activities performance category

Proposed Modifications to the Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP

Quality	Improvement Activities	Cost
(!) Q065: Appropriate Treatment for Upper Respiratory Infection (URI) (Collection Type: eCQM Specifications, MIPS CQMs Specifications)	(~) IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health (High)	Emergency Medicine
(!) Q116: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (Collection Type: MIPS CQMs Specifications)	(*) IA_BE_4: Engagement of patients through implementation of improvements in patient portal (Medium)	
(!) Q321: CAHPS for MIPS Clinician/Group Survey (Collection Type: CAHPS Survey Vendor)	IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings (High)	
(*)(!) Q331: Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse) (Collection Type: MIPS CQMs Specifications)	IA_BMH_12: Promoting Clinician Well-Being (High)	
	(+)(*) IA_ERP_6: COVID-19 Vaccine Achievement for Practice Staff (Medium)	

Proposed Modifications to the Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP

Quality	Improvement Activities	Cost
<p>(!) Q415: Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older (Collection Type: MIPS CQMs Specifications)</p> <p>(!) Q416: Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 Through 17 Years (Collection Type: MIPS CQMs Specifications)</p> <p>(~)(!) Q487: Screening for Social Drivers of Health (Collection Type: MIPS CQMs Specifications)</p> <p>(!!) ACEP50: ED Median Time from ED arrival to ED departure for all Adult Patients (Collection Type: QCDR)</p> <p>(!) ACEP52: Appropriate Emergency Department Utilization of Lumbar Spine Imaging for Atraumatic Low Back Pain (Collection Type: QCDR)</p> <p>(!) ECPR46: Avoidance of Opiates for Low Back Pain or Migraines (Collection Type: QCDR)</p> <p>(!) HCPR24: Appropriate Utilization of Vancomycin for Cellulitis (Collection Type: QCDR)</p>	<p>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways (High)</p> <p>(%) IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</p> <p>IA_PSPA_1: Participation in an AHRQ-listed patient safety organization (Medium)</p> <p>(~) IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements (Medium)</p> <p>IA_PSPA_15: Implementation of an Antimicrobial Stewardship Program (ASP) (Medium)</p>	
Foundational Layer		
Population Health Measures	Promoting Interoperability	
<p>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups (Collection Type: Administrative Claims)</p> <p>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions</p>	<ul style="list-style-type: none"> • Security Risk Analysis • High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide) • e-Prescribing • Query of Prescription Drug Monitoring Program (PDMP) • Provide Patients Electronic Access to Their Health Information • Support Electronic Referral Loops By Sending Health Information <p>AND</p>	

Foundational Layer

Population Health Measures

(Collection Type: Administrative Claims)

Promoting Interoperability

- **Support Electronic Referral Loops By Receiving and Reconciling Health Information**
OR
- **Health Information Exchange (HIE) Bi-Directional Exchange**
OR
- **Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)**
- **Immunization Registry Reporting**
- **Syndromic Surveillance Reporting (Optional)**
- **Electronic Case Reporting**
- **Public Health Registry Reporting (Optional)**
- **Clinical Data Registry Reporting (Optional)**
- **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT**
- **ONC Direct Review Attestation**

Modifications to Previously Finalized MVPs

TABLE B.2: Advancing Cancer Care MVP

Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year

We are proposing to modify the previously finalized Advancing Cancer Care MVP within the quality performance category of this MVP to:

- Add 7 quality measures
- Add 2 improvement activities
- Remove 3 improvement activities
- Add 1 cost measure

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Oncology
- Hematology

Measure Key	
+	Proposed additions of quality measures, improvement activities, and cost measures
^	New proposed measures and improvement activities
*	Existing quality measures and improvement activities with proposed revisions
**	Measure and improvement activity only available when in an MVP
!	High priority quality measures
!!	Outcome measures
~	Improvement activities that include a health equity component
%	Attestation to IA_PCMH provides full credit for the improvement activities performance category

Proposed Modifications to the Advancing Cancer Care MVP

Quality	Improvement Activities	Cost
<p>(*)(!) Q047: Advance Care Plan (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications)</p> <p>(+)(!) Q102: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p> <p>Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p>	<p>(+)(~) IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols (Medium)</p> <p>(*) IA_BE_4: Engagement of patients through implementation of improvements in patient portal (Medium)</p> <p>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings (High)</p> <p>IA_BE_15: Engagement of patients, family and caregivers in developing a plan of care (Medium)</p> <p>IA_BE_24: Financial Navigation Program (Medium)</p>	<p>(^)(+) Prostate Cancer</p> <p>Total Per Capita Cost (TPCC)</p>

Proposed Modifications to the Advancing Cancer Care MVP

Quality	Improvement Activities	Cost
<p>(*)(!) Q143: Oncology: Medical and Radiation – Pain Intensity Quantified (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p> <p>(!) Q321: CAHPS for MIPS Clinician/Group Survey (Collection Type: CAHPS Survey Vendor)</p> <p>(*)(!) Q450: Appropriate Treatment for Patients with Stage I (T1c) – III HER2 Positive Breast Cancer (Collection Type: MIPS CQMs Specifications)</p> <p>(*) Q451: RAS (KRAS and NRAS) Gene Mutation Testing Performed for Patients with Metastatic Colorectal Cancer who receive Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibody Therapy (Collection Type: MIPS CQMs Specifications)</p> <p>(!) Q453: Percentage of Patients Who Died from Cancer Receiving Systemic Cancer-Directed Therapy in the Last 14 Days of Life (lower score – better) (Collection Type: MIPS CQMs Specifications)</p> <p>(!) Q457: Percentage of Patients Who Died from Cancer Admitted to Hospice for Less than 3 days (lower score – better) (Collection Type: MIPS CQMs Specifications)</p> <p>(*) Q462: Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy (Collection Type: eCQM Specifications)</p> <p>(~)(!) Q487: Screening for Social Drivers of Health (Collection Type: MIPS CQMs Specifications)</p> <p>(*) Q490: Appropriate Intervention of Immune-related Diarrhea and/or Colitis in Patients Treated with Immune Checkpoint Inhibitors (Collection Type: MIPS CQMs Specifications)</p> <p>(+)(!!) Q495: Ambulatory Palliative Care Patients’ Experience of Feeling Heard and Understood (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_BMH_12: Promoting Clinician Well-Being (High)</p> <p>IA_CC_13: Practice Improvements to align with OpenNotes principles (Medium)</p> <p>IA_CC_17: Patient Navigator Program (High)</p> <p>IA_EPA_2: Use of telehealth services that expand practice access (Medium)</p> <p>(+)(*) IA_ERP_6: COVID-19 Vaccine Achievement for Practice Staff (Medium)</p> <p>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways (High)</p> <p>(%) IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</p> <p>(~) IA_PM_14: Implementation of methodologies for improvements in longitudinal care management for high risk patients (Medium)</p> <p>IA_PM_15: Implementation of episodic care management practice improvements (Medium)</p> <p>IA_PM_16: Implementation of medication management practice improvements (Medium)</p> <p>IA_PM_21: Advance Care Planning (Medium)</p> <p>IA_PSPA_13: Participation in Joint Commission Evaluation Initiative (Medium)</p>	

Proposed Modifications to the Advancing Cancer Care MVP

Quality	Improvement Activities	Cost
<p>(*)(!!) Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months (Collection Type: MIPS CQMs Specifications)</p> <p>(+)(^)(!) TBD: Positive PD-L1 Biomarker Expression Test Result Prior to First-Line Immune Checkpoint Inhibitor Therapy (Collection Type: MIPS CQMs Specifications)</p> <p>(+)(^) TBD: Appropriate Germline Testing for Ovarian Cancer Patients (Collection Type: MIPS CQMs Specifications)</p> <p>(+)(^)(!!) TBD: Patient-Reported Pain Interference Following Chemotherapy among Adults with Breast Cancer (Collection Type: MIPS CQMs Specifications)</p> <p>(+)(^)(!!) TBD: Patient-Reported Fatigue Following Chemotherapy among Adults with Breast Cancer (Collection Type: MIPS CQMs Specifications)</p> <p>(!) PIMSH13: Oncology: Mutation testing for Stage IV Lung Cancer Completed Prior to start of Targeted Therapy (Collection Type: QCDR)</p> <p>(+)(^)(!) TBD: Utilization of Prophylactic GCSF for Cancer Patients Receiving Low-Risk Chemotherapy (inverse measure) (Collection Type: QCDR)</p>	<p>IA_PSPA_16: Use decision support—ideally platform-agnostic, interoperable clinical decision support (CDS) tools—and standardized treatment protocols to manage workflow on the care team to meet patient needs (Medium)</p> <p>IA_PSPA_28: Completion of an Accredited Safety or Quality Improvement Program (Medium)</p>	

Foundational Layer

Population Health Measures	Promoting Interoperability
<p>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> • Security Risk Analysis • High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide) • e-Prescribing • Query of Prescription Drug Monitoring Program (PDMP) • Provide Patients Electronic Access to Their Health Information • Support Electronic Referral Loops By Sending Health Information <p>AND</p>

Foundational Layer

Population Health Measures

(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions
(Collection Type: Administrative Claims)

Promoting Interoperability

- Support Electronic Referral Loops By Receiving and Reconciling Health Information
OR
- Health Information Exchange (HIE) Bi-Directional Exchange
OR
- Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)
- Immunization Registry Reporting
- Syndromic Surveillance Reporting (Optional)
- Electronic Case Reporting
- Public Health Registry Reporting (Optional)
- Clinical Data Registry Reporting (Optional)
- Actions to Limit or Restrict Compatibility or Interoperability of CEHRT
- ONC Direct Review Attestation

Modifications to Previously Finalized MVPs

TABLE B.3: Advancing Care for Heart Disease MVP

Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year

We are proposing to modify the previously finalized Advancing Care for Heart Disease MVP within the quality performance category of this MVP to:

- Add 1 quality measure
- Add 1 improvement activity

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Cardiology
- Internal medicine
- Family medicine

Measure Key	
+	Proposed additions of quality measurers, improvement activities, and cost measures
^	New proposed measures and improvement activities
*	Existing quality measures and improvement activities with proposed revisions
**	Quality measures that are proposed for submission only when included in an MVP
!	High priority quality measures
!!	Outcome measures
~	Improvement activities that include a health equity component
%	Attestation to IA_PCMH provides full credit for the improvement activities performance category

Proposed Modifications to the Advancing Care for Heart Disease MVP

Quality	Improvement Activities	Cost
<p>Q005: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Nepirlysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD) (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p>	<p>(-) IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols (Medium)</p> <p>(-) IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health (High)</p>	<p>Elective Outpatient Percutaneous Coronary Intervention (PCI)</p> <p>Heart Failure</p> <p>(*) ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)</p>
<p>Q006: Coronary Artery Disease (CAD): Antiplatelet Therapy (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings (High)</p>	<p>Medicare Spending Per Beneficiary (MSPB) Clinician</p>
<p>Q007: Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF ≤ 40%) (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p>	<p>IA_BE_12: Use evidence-based decision aids to support shared decision-making (Medium)</p> <p>IA_BE_15: Engagement of patients, family and caregivers in developing a plan of care (Medium)</p>	

Proposed Modifications to the Advancing Care for Heart Disease MVP

Quality	Improvement Activities	Cost
<p>Q008: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p> <p>(*)(!) Q047: Advance Care Plan (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications)</p> <p>Q118: Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF ≤40%) (Collection Type: MIPS CQMs Specifications)</p> <p>(**) Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p>Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p>(*)(!) Q238: Use of High-Risk Medications in Older Adults (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p> <p>(!) Q243: Cardiac Rehabilitation Patient Referral from an Outpatient Setting (Collection Type: MIPS CQMs Specifications)</p> <p>Q326: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy (Collection Type: MIPS CQMs Specifications)</p> <p>(!) Q377: Functional Status Assessments for Heart Failure (Collection Type: eCQM Specifications)</p>	<p>IA_BE_24: Financial Navigation Program (Medium)</p> <p>IA_BE_25: Drug Cost Transparency (High)</p> <p>(-) IA_CC_9: Implementation of practices/processes for developing regular individual care plans (Medium)</p> <p>(+)(*) IA_ERP_6: COVID-19 Vaccine Achievement for Practice Staff (Medium)</p> <p>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways (High)</p> <p>(%) IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</p> <p>IA_PM_13: Chronic care and preventative care management for empaneled patients (Medium)</p> <p>(-) IA_PM_14: Implementation of methodologies for improvements in longitudinal care management for high-risk patients (Medium)</p> <p>IA_PSPA_4: Administration of the AHRQ Survey of Patient Safety Culture (Medium)</p> <p>(-) IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements (Medium)</p>	<p>Total Per Capita Cost (TPCC)</p>

Proposed Modifications to the Advancing Care for Heart Disease MVP

Quality	Improvement Activities	Cost
<p>(!!) Q392: Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation (Collection Type: MIPS CQMs Specifications)</p> <p>(*)(!!) Q393: Infection within 180 Days of Cardiac Implantable Electronic Device (CIED) Implantation, Replacement, or Revision (Collection Type: MIPS CQMs Specifications)</p> <p>(!!) Q441: Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control) (Collection Type: MIPS CQMs Specifications)</p> <p>(~)(!) Q487: Screening for Social Drivers of Health (Collection Type: MIPS CQMs Specifications)</p> <p>(*)(!!) Q492: Risk-Standardized Acute Cardiovascular-Related Hospital Admission Rates for Patients with Heart Failure under the Merit-based Incentive Payment System (Collection Type: Administrative Claims)</p> <p>(+)(!!) Q495: Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood (Collection Type: MIPS CQMs Specifications)</p> <p>(*)(!!) Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months (Collection Type: MIPS CQMs Specifications)</p>		

Foundational Layer

Population Health Measures	Promoting Interoperability
<p>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups (Collection Type: Administrative Claims)</p> <p>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> • Security Risk Analysis • High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide) • e-Prescribing • Query of Prescription Drug Monitoring Program (PDMP) • Provide Patients Electronic Access to Their Health Information • Support Electronic Referral Loops By Sending Health Information AND

Foundational Layer

Population Health Measures

Promoting Interoperability

- Support Electronic Referral Loops By Receiving and Reconciling Health Information
OR
- Health Information Exchange (HIE) Bi-Directional Exchange
OR
- Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)
- Immunization Registry Reporting
- Syndromic Surveillance Reporting (Optional)
- Electronic Case Reporting
- Public Health Registry Reporting (Optional)
- Clinical Data Registry Reporting (Optional)
- Actions to Limit or Restrict Compatibility or Interoperability of CEHRT
- ONC Direct Review Attestation

Modifications to Previously Finalized MVPs

TABLE B.4: Advancing Rheumatology Patient Care MVP

Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year

We are proposing to modify the previously finalized Advancing Rheumatology Patient Care MVP within the quality performance category of this MVP to:

- Add 3 quality measures
- Add 1 improvement activity
- Remove 1 improvement activity
- Add 1 cost measure

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:

- Rheumatology

Measure Key	
+	Proposed additions of quality measurers, improvement activities, and cost measures
^	New proposed measures and improvement activities
*	Existing quality measures and improvement activities with proposed revisions
**	Measure and improvement activity only available when in an MVP
!	High priority quality measures
!!	Outcome measures
~	Improvement activities that include a health equity component
%	Attestation to IA_PCMH provides full credit for the improvement activities performance category
#	QCDR measures pending testing data

Proposed Modifications to the Advancing Rheumatology Patient Care MVP

Quality	Improvement Activities	Cost
<p>(+) Q039: Screening for Osteoporosis for Women Aged 65-85 Years of Age (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specification)</p> <p>(*)(!) Q130: Documentation of Current Medications in the Medical Record (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p> <p>Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p>	<p>(~) IA_AHE_3: Promote use of Patient-Reported Outcome Tools (High)</p> <p>(~) IA_BE_1: Use of certified EHR to capture patient reported outcomes (Medium)</p> <p>(*) IA_BE_4: Engagement of patients through implementation of improvements in patient portal (Medium)</p> <p>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings (High)</p> <p>IA_BE_15: Engagement of patients, family and caregivers in developing a plan of care (Medium)</p>	<p>(^)(+) Rheumatoid Arthritis</p> <p>Total Per Capita Cost (TPCC)</p>

Proposed Modifications to the Advancing Rheumatology Patient Care MVP

Quality	Improvement Activities	Cost
<p>(*) Q176: Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_BE_24: Financial Navigation Program (Medium)</p>	
<p>(*) Q177: Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_BE_25: Drug Cost Transparency (High)</p>	
<p>(*) Q178: Rheumatoid Arthritis (RA): Functional Status Assessment (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_BMH_2: Tobacco use (Medium)</p>	
<p>(*) Q180: Rheumatoid Arthritis (RA): Glucocorticoid Management (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_EPA_2: Use of telehealth services that expand practice access (Medium)</p>	
<p>(~)(!) Q487: Screening for Social Drivers of Health (Collection Type: MIPS CQMs Specifications)</p>	<p>(+)(*) IA_ERP_6: COVID-19 Vaccine Achievement for Practice Staff (Medium)</p>	
<p>(*) Q493: Adult Immunization Status (Collection Type: MIPS CQMs Specifications)</p>	<p>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways (High)</p>	
<p>(*)(!) Q503: Gains in Patient Activation Measure (PAM@) Scores at 12 Months (Collection Type: MIPS CQMs Specifications)</p>	<p>(%) IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</p>	
<p>ACR12: Disease Activity Measurements for Patients with PsA (Collection Type: QCDR)</p>	<p>IA_PM_16: Implementation of medication management practice improvements (Medium)</p>	
<p>(!!) ACR14: Gout Serum Urate Target (Collection Type: QCDR)</p>	<p>IA_PSPA_28: Completion of an Accredited Safety or Quality Improvement Program (Medium)</p>	
<p>(!) ACR15: Safe Hydroxychloroquine Dosing (Collection Type: QCDR)</p>		
<p>(+)(!) UREQA2: Ankylosing Spondylitis: Appropriate Pharmacologic Therapy (Collection Type: QCDR)</p>		
<p>(+) UREQA9: Screening for Osteoporosis for Men Aged 70 Years and Older (Collection Type: QCDR)</p>		

Proposed Modifications to the Advancing Rheumatology Patient Care MVP

Quality	Improvement Activities	Cost
<p>(!!) UREQA10: Ankylosing Spondylitis: Controlled Disease Or Improved Disease Function (Collection Type: QCDR)</p>		
Foundational Layer		
Population Health Measures	Promoting Interoperability	
<p>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups (Collection Type: Administrative Claims)</p> <p>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> • Security Risk Analysis • High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide) • e-Prescribing • Query of Prescription Drug Monitoring Program (PDMP) • Provide Patients Electronic Access to Their Health Information • Support Electronic Referral Loops By Sending Health Information AND • Support Electronic Referral Loops By Receiving and Reconciling Health Information OR • Health Information Exchange (HIE) Bi-Directional Exchange OR • Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA) • Immunization Registry Reporting • Syndromic Surveillance Reporting (Optional) • Electronic Case Reporting • Public Health Registry Reporting (Optional) • Clinical Data Registry Reporting (Optional) • Actions to Limit or Restrict Compatibility or Interoperability of CEHRT • ONC Direct Review Attestation 	

Modifications to Previously Finalized MVPs

TABLE B.5: Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP

Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year

We are proposing to modify the previously finalized Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP within the quality performance category of this MVP to:

- Add 1 quality measure
- Remove 1 quality measure
- Add 1 improvement activity
- Remove 1 improvement activity

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Neurology
- Neurosurgical
- Vascular surgery

Measure Key	
+	Proposed additions of quality measurers, improvement activities, and cost measures
^	New proposed measures and improvement activities
*	Existing quality measures and improvement activities with proposed revisions
**	Measure and improvement activity only available when in an MVP.
!	High priority quality measures
!!	Outcome measures
~	Improvement activities that include a health equity component
%	Attestation to IA_PCMH provides full credit for the improvement activities performance category
#	QCDR measures pending testing data

Proposed Modifications to the Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP

Quality	Improvement Activities	Cost
<p>(*)(!) Q047: Advance Care Plan (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications)</p> <p>Q187: Stroke and Stroke Rehabilitation: Thrombolytic Therapy (Collection Type: MIPS CQMs Specifications)</p> <p>(*)(!!) Q236: Controlling High Blood Pressure (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p>	<p>(~) IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols (Medium)</p> <p>(~) IA_BE_1: Use of certified EHR to capture patient reported outcomes (Medium)</p> <p>(*) IA_BE_4: Engagement of patients through implementation of improvements in patient portal (Medium)</p>	<p>Intracranial Hemorrhage or Cerebral Infarction</p>

Proposed Modifications to the Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP

Quality	Improvement Activities	Cost
<p>Q326: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings (High)</p>	
<p>(*)(!!) Q344: Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2) (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_BE_24: Financial Navigation Program (Medium)</p> <p>(~) IA_BMH_15: Behavioral/Mental Health and Substance Use Screening and Referral for Older Adults (High)</p>	
<p>(*)(!!) Q413: Door to Puncture Time for Endovascular Stroke Treatment (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_CC_13: Practice improvements to align with OpenNotes principles (Medium)</p>	
<p>Q438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p>	<p>IA_CC_17: Patient Navigator Program (High)</p>	
<p>(!!) Q441: Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control) (Collection Type: MIPS CQMs Specifications)</p>	<p>(+)(*) IA_ERP_6: COVID-19 Vaccine Achievement for Practice Staff (Medium)</p>	
<p>(~)(!) Q487: Screening for Social Drivers of Health (Collection Type: MIPS CQMs Specifications)</p>	<p>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways (High)</p>	
<p>(+)(!!) Q495: Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood (Collection Type: MIPS CQMs Specifications)</p>	<p>(%) IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</p>	
	<p>IA_PM_13: Chronic care and preventative care management for empaneled patients (Medium)</p>	
	<p>IA_PM_15: Implementation of episodic care management practice improvements (Medium)</p>	

Foundational Layer

Population Health Measures

(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups

(Collection Type: Administrative Claims)

(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

(Collection Type: Administrative Claims)

Promoting Interoperability

- Security Risk Analysis
- High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)
- e-Prescribing
- Query of Prescription Drug Monitoring Program (PDMP)
- Provide Patients Electronic Access to Their Health Information
- Support Electronic Referral Loops By Sending Health Information
AND
- Support Electronic Referral Loops By Receiving and Reconciling Health Information
OR
- Health Information Exchange (HIE) Bi-Directional Exchange
OR
- Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)
- Immunization Registry Reporting
- Syndromic Surveillance Reporting (Optional)
- Electronic Case Reporting
- Public Health Registry Reporting (Optional)
- Clinical Data Registry Reporting (Optional)
- Actions to Limit or Restrict Compatibility or Interoperability of CEHRT
- ONC Direct Review Attestation

Modifications to Previously Finalized MVPs

TABLE B.6: Focusing on Women’s Health MVP

Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year

We are proposing to modify the previously finalized Focusing on Women’s Health MVP to:

- Add 1 quality measure
- Remove 1 quality measure
- Add 1 improvement activity

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:

- Gynecology
- Obstetrics
- Urogynecology
- Certified nurse mid-wives
- Nurse practitioners
- Physician assistants

Measure Key	
+	Proposed additions of quality measures, improvement activities, and cost measures
^	New proposed measures and improvement activities
*	Existing quality measures and improvement activities with proposed revisions
**	Quality measures that are proposed for submission only when included in an MVP
!	High priority quality measures
!!	Outcome measures
~	Improvement activities that include a health equity component
%	Attestation to IA_PCMH provides full credit for the improvement activities performance category

Proposed Modifications to the Focusing on Women’s Health MVP

Quality	Improvement Activities	Cost
<p>(+) Q039: Screening for Osteoporosis for Women Aged 65-85 Years of Age (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specification)</p> <p>Q048: Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older (Collection Type: MIPS CQMs Specifications)</p> <p>(*)(**) Q112: Breast Cancer Screening (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specification)</p>	<p>(-) IA_AHE_1: Enhance Engagement of Medicaid and Other Underserved Populations (High)</p> <p>(-) IA_AHE_3: Promote use of Patient-Reported Outcome Tools (High)</p> <p>(-) IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols (Medium)</p> <p>(-) IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health (High)</p>	<p>Medicare Spending Per Beneficiary (MSPB) Clinician</p> <p>Total Per Capita Cost (TPCC)</p>

Proposed Modifications to the Focusing on Women's Health MVP

Quality	Improvement Activities	Cost
<p>Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specification)</p> <p>Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specification)</p> <p>(!) Q309: Cervical Cancer Screening (Collection Type: eCQM Specifications)</p> <p>Q310: Chlamydia Screening in Women (Collection Type: eCQM Specifications)</p> <p>(!!) Q335: Maternity Care: Elective Delivery (Without Medical Indication) at < 39 Weeks (Overuse) (Collection Type: MIPS CQMs Specifications)</p> <p>(*)(!) Q336: Maternity Care: Postpartum Follow-up and Care Coordination (Collection Type: MIPS CQMs Specifications)</p> <p>Q400: One-Time Screening for Hepatitis C Virus (HCV) and Treatment Initiation (Collection Type: MIPS CQMs Specifications)</p> <p>(!) Q422: Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications)</p> <p>Q431: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling (Collection Type: MIPS CQMs Specifications)</p> <p>(*)(!) Q432: Proportion of Patients Sustaining a Bladder Injury at the Time of any Pelvic Organ Prolapse Repair (Collection Type: MIPS CQMs Specifications)</p>	<p>(*) IA_BE_4: Engagement of patients through implementation of improvements in patient portal (Medium)</p> <p>(~) IA_BE_16: Promote Self-management in Usual Care (Medium)</p> <p>(~) IA_BMH_11: Implementation of a Trauma-Informed Care (TIC) Approach to Clinical Practice (Medium)</p> <p>(~) IA_BMH_14: Behavioral/Mental Health and Substance Use Screening and Referral for Pregnant and Postpartum Women (High)</p> <p>(~) IA_CC_9: Implementation of practices/processes for developing regular individual care plans (Medium)</p> <p>IA_EPA_2: Use of telehealth services that expand practice access (Medium)</p> <p>(+)(*) IA_ERP_6: COVID-19 Vaccine Achievement for Practice Staff (Medium)</p> <p>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways (High)</p> <p>(%) IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</p> <p>(~) IA_PM_6: Use of toolsets or other resources to close healthcare disparities across communities (Medium)</p> <p>(~) IA_PM_23: Use of Computable Guidelines and Clinical Decision Support to Improve Adherence for Cervical Cancer Screening and Management Guidelines (High)</p>	

Proposed Modifications to the Focusing on Women's Health MVP

Quality	Improvement Activities	Cost
<p>(*)(!) Q448: Appropriate Workup Prior to Endometrial Ablation (Collection Type: MIPS CQMs Specifications)</p> <p>Q475: HIV Screening (Collection Type: eCQM Specifications)</p> <p>(~)(!) Q487: Screening for Social Drivers of Health (Collection Type: MIPS CQMs Specifications)</p> <p>(*) Q493: Adult Immunization Status (Collection Type: MIPS CQMs Specifications)</p> <p>Q496: Cardiovascular Disease (CVD) Risk Assessment Measure - Proportion of Pregnant/Postpartum Patients that Receive CVD Risk Assessment with a Standardized Instrument (Collection Type: MIPS CQMs Specifications)</p> <p>(!!) UREQA8: Vitamin D level: Effective Control of Low Bone Mass/Osteopenia and Osteoporosis: Therapeutic Level Of 25 OH Vitamin D Level Achieved (Collection Type: QCDR)</p>		

Foundational Layer

Population Health Measures	Promoting Interoperability
<p>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups (Collection Type: Administrative Claims)</p> <p>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> • Security Risk Analysis • High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide) • e-Prescribing • Query of Prescription Drug Monitoring Program (PDMP) • Provide Patients Electronic Access to Their Health Information • Support Electronic Referral Loops By Sending Health Information AND • Support Electronic Referral Loops By Receiving and Reconciling Health Information OR • Health Information Exchange (HIE) Bi-Directional Exchange OR • Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA) • Immunization Registry Reporting

Foundational Layer

Population Health Measures

Promoting Interoperability

- **Syndromic Surveillance Reporting (Optional)**
- **Electronic Case Reporting**
- **Public Health Registry Reporting (Optional)**
- **Clinical Data Registry Reporting (Optional)**
- **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT**
- **ONC Direct Review Attestation**

Modifications to Previously Finalized MVPs

TABLE B.7: Improving Care for Lower Extremity Joint Repair MVP

Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year

We are proposing to modify the previously finalized Improving Care for Lower Extremity Joint Repair MVP within the quality performance category of this MVP to:

- Add 2 improvement activities
- Remove 1 improvement activity

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:

- Orthopedic surgery

Measure Key

- + Proposed additions of quality measurers, improvement activities, and cost measures
- ^ New proposed measures and improvement activities
- * Existing quality measures and improvement activities with proposed revisions
- ** Measure and improvement activity only available when in an MVP
- ! High priority quality measures
- !! Outcome measures
- ~ Improvement activities that include a health equity component
- % Attestation to IA_PCMH provides full credit for the improvement activities performance category

Proposed Modifications to the Improving Care for Lower Extremity Joint Repair MVP

Quality	Improvement Activities	Cost
<p>(!) Q024: Communication with the Physician or Other Clinician Managing On-Going Care Post-Fracture for Men and Women Aged 50 Years and Older (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications)</p> <p>(**) Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p>(!) Q350: Total Knee or Hip Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy (Collection Type: MIPS CQMs Specifications)</p>	<p>(~) IA_AHE_3: Promote use of Patient-Reported Outcome Tools (High)</p> <p>(+)(~) IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols (Medium Weight) (Medium)</p> <p>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings (High)</p> <p>IA_BE_12 Use evidence-based decision aids to support shared decision-making (Medium)</p> <p>IA_CC_7: Regular training in care coordination (Medium)</p>	<p>Elective Primary Hip Arthroplasty</p> <p>Knee Arthroplasty</p>

Proposed Modifications to the Improving Care for Lower Extremity Joint Repair MVP

Quality	Improvement Activities	Cost
<p>(!) Q351: Total Knee or Hip Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation (Collection Type: MIPS CQMs Specifications)</p> <p>(*)(!) Q376: Functional Status Assessment for Total Hip Replacement (Collection Type: eCQM Specifications)</p> <p>(*)(!) Q470: Functional Status After Primary Total Knee Replacement (Collection Type: MIPS CQMs Specifications)</p> <p>(!!) Q480: Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) for Merit-based Incentive Payment System (MIPS) (Collection Type: Administrative Claims)</p> <p>(~)(!) Q487: Screening for Social Drivers of Health (Collection Type: MIPS CQMs Specifications)</p>	<p>(~) IA_CC_9: Implementation of practices/processes for developing regular individual care plans (Medium)</p> <p>IA_CC_13: Practice improvements to align with OpenNotes principles (Medium)</p> <p>IA_CC_15: PSH Care Coordination (High)</p> <p>(+)(*) IA_ERP_6: COVID-19 Vaccine Achievement for Practice Staff (Medium)</p> <p>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways (High)</p> <p>(%) IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</p> <p>(~) IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements (Medium)</p> <p>(~) IA_PSPA_18: Measurement and improvement at the practice and panel level (Medium)</p>	

Foundational Layer

Population Health Measures	Promoting Interoperability
<p>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups (Collection Type: Administrative Claims)</p> <p>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> • Security Risk Analysis • High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide) • e-Prescribing • Query of Prescription Drug Monitoring Program (PDMP) • Provide Patients Electronic Access to Their Health Information • Support Electronic Referral Loops By Sending Health Information • Support Electronic Referral Loops By Receiving and Reconciling Health Information

Foundational Layer

Population Health Measures

Promoting Interoperability

- OR
- Health Information Exchange (HIE) Bi-Directional Exchange
- OR
- Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)
- Immunization Registry Reporting
- Syndromic Surveillance Reporting (Optional)
- Electronic Case Reporting
- Public Health Registry Reporting (Optional)
- Clinical Data Registry Reporting (Optional)
- Actions to Limit or Restrict Compatibility or Interoperability of CEHRT
- ONC Direct Review Attestation

Modifications to Previously Finalized MVPs

TABLE B.8: Optimal Care for Kidney Health MVP

Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year

We are proposing to modify the previously finalized Optimal Care for Kidney Health MVP within the quality performance category of this MVP to:

- Add 3 quality measures
- Add 1 improvement activity
- Remove 1 improvement activity
- Add 3 cost measures

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:

- Nephrology

Measure Key	
+	Proposed additions of quality measures, improvement activities, and cost measures
^	New proposed measures and improvement activities
*	Existing quality measures and improvement activities with proposed revisions
**	Measure and improvement activity only available when in an MVP
!	High priority quality measures
!!	Outcome measures
~	Improvement activities that include a health equity component
%	Attestation to IA_PCMH provides full credit for the improvement activities performance category

Proposed Modifications to the Optimal Care for Kidney Health MVP

Quality	Improvement Activities	Cost
<p>(*)(!!) Q001: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p>(*)(!) Q047: Advance Care Plan (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications)</p> <p>(*)(!) Q130: Documentation of Current Medications in the Medical Record (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p> <p>(*)(!!) Q236: Controlling High Blood Pressure (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p>	<p>(~) IA_AHE_3: Promote use of Patient-Reported Outcome Tools (High)</p> <p>(~) IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols (Medium)</p> <p>(*) IA_BE_4: Engagement of patients through implementation of improvements in patient portal (Medium)</p> <p>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings (High)</p> <p>(~) IA_BE_14: Engage Patients and Families to Guide Improvement in the System of Care (High)</p>	<p>Acute Kidney Injury Requiring New Inpatient Dialysis (AKI)</p> <p>(^)(+) Chronic Kidney Disease (CKD)</p> <p>(^)(+) End-Stage Renal Disease (ESRD)</p> <p>(^)(+) Kidney Transplant Management</p> <p>Total Per Capita Cost (TPCC)</p>

Proposed Modifications to the Optimal Care for Kidney Health MVP

Quality	Improvement Activities	Cost
<p>(!!) Q482: Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_BE_15: Engagement of patients, family and caregivers in developing a plan of care (Medium)</p>	
<p>(~)(!) Q487: Screening for Social Drivers of Health (Collection Type: MIPS CQMs Specifications)</p>	<p>(~) IA_BE_16: Promote Self-management in Usual Care (Medium)</p>	
<p>(*) Q488: Kidney Health Evaluation (Collection Type: eQCM Specifications, MIPS CQMs Specifications)</p>	<p>IA_CC_13: Practice improvements to align with OpenNotes principles (Medium)</p>	
<p>Q489: Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy (Collection Type: MIPS CQMs Specifications)</p>	<p>(+)(*) IA_ERP_6: COVID-19 Vaccine Achievement for Practice Staff (Medium)</p>	
<p>(*) Q493: Adult Immunization Status (Collection Type: MIPS CQMs Specifications)</p>	<p>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways (High)</p>	
<p>(+)(!!) Q495: Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood (Collection Type: MIPS CQMs Specifications)</p>	<p>(%) IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</p>	
<p>(*)(!!) Q503: Gains in Patient Activation Measure (PAM@) Scores at 12 Months (Collection Type: MIPS CQMs Specifications)</p>	<p>(~) IA_PM_11: Regular review practices in place on targeted patient population needs (Medium)</p>	
<p>(+)(^) TBD: First Year Standardized Waitlist Ratio (FYSWR) (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_PM_13: Chronic care and preventative care management for empaneled patients (Medium)</p>	
<p>(+)(^) TBD: Percentage of Prevalent Patients Waitlisted (PPPW) and Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW) (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_PM_16: Implementation of medication management practice improvements (Medium)</p>	
<p></p>	<p>IA_PSPA_16: Use decision support—ideally platform-agnostic, interoperable clinical decision support (CDS) tools—and standardized treatment protocols to manage workflow on the care team to meet patient needs (Medium)</p>	

Foundational Layer

Population Health Measures

(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups

(Collection Type: Administrative Claims)

(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

(Collection Type: Administrative Claims)

Promoting Interoperability

- Security Risk Analysis
- High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)
- e-Prescribing
- Query of Prescription Drug Monitoring Program (PDMP)
- Provide Patients Electronic Access to Their Health Information
- Support Electronic Referral Loops By Sending Health Information
AND
- Support Electronic Referral Loops By Receiving and Reconciling Health Information
OR
- Health Information Exchange (HIE) Bi-Directional Exchange
OR
- Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)
- Immunization Registry Reporting
- Syndromic Surveillance Reporting (Optional)
- Electronic Case Reporting
- Public Health Registry Reporting (Optional)
- Clinical Data Registry Reporting (Optional)
- Actions to Limit or Restrict Compatibility or Interoperability of CEHRT
- ONC Direct Review Attestation

Modifications to Previously Finalized MVPs

TABLE B.9: Patient Safety and Support of Positive Experiences with Anesthesia MVP

Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year

We are proposing to modify the previously finalized Patient Safety and Support of Positive Experiences with Anesthesia MVP to:

- Add 1 improvement activity
- Remove 2 improvement activities

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:

- Anesthesiology

Measure Key	
+	Proposed additions of quality measurers, improvement activities, and cost measures
^	New proposed measures and improvement activities
*	Existing quality measures and improvement activities with proposed revisions
**	Measure and improvement activity only available when in an MVP
!	High priority quality measures
!!	Outcome measures
~	Improvement activities that include a health equity component
%	Attestation to IA_PCMH provides full credit for the improvement activities performance category

Proposed Modifications to the Patient Safety and Support of Positive Experiences with Anesthesia MVP

Quality	Improvement Activities	Cost
(!!) Q404: Anesthesiology Smoking Abstinence (Collection Type: MIPS CQMs Specifications)	IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings (High)	Medicare Spending Per Beneficiary (MSPB) Clinician
(!!) Q424: Perioperative Temperature Management (Collection Type: MIPS CQMs Specifications)	IA_BE_22: Improved practices that engage patients pre-visit (Medium)	
(!) Q430: Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy (Collection Type: MIPS CQMs Specifications)	IA_BMH_2: Tobacco use (Medium)	
(!) Q463: Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics) (Collection Type: MIPS CQMs Specifications)	IA_CC_15: PSH Care Coordination (High)	
(!) Q477: Multimodal Pain Management (Collection Type: MIPS CQMs Specifications)	IA_CC_19: Tracking of clinician’s relationship to and responsibility for a patient by reporting MACRA patient relationship codes (High)	
(~)(!) Q487: Screening for Social Drivers of Health (Collection Type: MIPS CQMs Specifications)		

Proposed Modifications to the Patient Safety and Support of Positive Experiences with Anesthesia MVP

Quality	Improvement Activities	Cost
<p>(!) ABG44: Low Flow Inhalational General Anesthesia (Collection Type: QCDR)</p> <p>(!!) AQI48: Patient-Reported Experience with Anesthesia (Collection Type: QCDR)</p> <p>(!!) EPREOP31: Intraoperative Hypotension (IOH) among Non-Emergent Noncardiac Surgical Cases (Collection Type: QCDR)</p>	<p>(+)(*) IA_ERP_6: COVID-19 Vaccine Achievement for Practice Staff (Medium)</p> <p>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways (High)</p> <p>(%) IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</p> <p>IA_PSPA_1: Participation in an AHRQ-listed patient safety organization (Medium)</p> <p>(-) IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements (Medium)</p> <p>IA_PSPA_16: Use decision support—ideally platform-agnostic, interoperable clinical decision support (CDS) tools—and standardized treatment protocols to manage workflow on the care team to meet patient needs (Medium)</p>	

Foundational Layer

Population Health Measures	Promoting Interoperability
<p>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups (Collection Type: Administrative Claims)</p> <p>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> • Security Risk Analysis • High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide) • e-Prescribing • Query of Prescription Drug Monitoring Program (PDMP) • Provide Patients Electronic Access to Their Health Information • Support Electronic Referral Loops By Sending Health Information AND • Support Electronic Referral Loops By Receiving and Reconciling Health Information OR • Health Information Exchange (HIE) Bi-Directional Exchange OR

Foundational Layer

Population Health Measures

Promoting Interoperability

- **Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)**
- **Immunization Registry Reporting**
- **Syndromic Surveillance Reporting (Optional)**
- **Electronic Case Reporting**
- **Public Health Registry Reporting (Optional)**
- **Clinical Data Registry Reporting (Optional)**
- **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT**
- **ONC Direct Review Attestation**

Modifications to Previously Finalized MVPs

TABLE B.10: Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP

Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year

We are proposing to modify the previously finalized Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP within the quality performance category of this MVP to:

- Add 1 improvement activity
- Remove 1 improvement activity

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:

- Infectious disease
- Immunology

Measure Key

- + Proposed additions of quality measurers, improvement activities, and cost measures
- ^ New proposed measures and improvement activities
- * Existing quality measures and improvement activities with proposed revisions
- ** Measure and improvement activity only available when in an MVP
- ! High priority quality measures
- !! Outcome measures
- ~ Improvement activities that include a health equity component
- % Attestation to IA_PCMH provides full credit for the improvement activities performance category

Proposed Modifications to the Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP

Quality	Improvement Activities	Cost
<p>(!) Q065: Appropriate Treatment for Upper Respiratory Infection (URI) (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p> <p>(*)(!) Q130: Documentation of Current Medications in the Medical Record (Collection Type: eCQM Specifications, MIPS CQMs Specification)</p> <p>Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specification)</p>	<p>(-) IA_AHE_1: Enhance Engagement of Medicaid and Other Underserved Populations (High)</p> <p>(-) IA_AHE_5: MIPS Eligible Clinician Leadership in Clinical Trials or CBPR (Medium)</p> <p>(-) IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health (High)</p> <p>(*) IA_BE_4: Engagement of patients through implementation of improvements in patient portal (Medium)</p>	<p>Total Per Capita Cost (TPCC)</p>

Proposed Modifications to the Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP

Quality	Improvement Activities	Cost
<p>Q205: Sexually Transmitted Infection (STI) Testing for People with HIV (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p>	<p>IA_BE_15: Engagement of patients, family and caregivers in developing a plan of care (Medium)</p>	
<p>Q240: Childhood Immunization Status (Collection Type: eCQM Specifications)</p>	<p>(+)(*) IA_ERP_6: COVID-19 Vaccine Achievement for Practice Staff (Medium)</p>	
<p>Q310: Chlamydia Screening in Women (Collection Type: eCQM Specifications)</p>	<p>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways (High)</p>	
<p>(!!) Q338: HIV Viral Suppression (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p>	<p>(%) IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</p>	
<p>(*)(!) Q340: HIV Medical Visit Frequency (Collection Type: MIPS CQMs Specifications)</p>	<p>(-) IA_PM_6: Use of toolsets or other resources to close healthcare disparities across communities (Medium)</p>	
<p>Q387: Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users (Collection Type: MIPS CQMs Specifications)</p>	<p>(-) IA_PM_11: Regular review practices in place on targeted patient population needs (Medium)</p>	
<p>Q400: One-Time Screening for Hepatitis C Virus (HCV) and Treatment Initiation (Collection Type: MIPS CQMs Specifications)</p>	<p>(-) IA_PM_14: Implementation of methodologies for improvements in longitudinal care management for high risk patients (Medium)</p>	
<p>Q401: Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis (Collection Type: MIPS CQMs Specifications)</p>	<p>(-) IA_PM_22: Improving Practice Capacity for Human Immunodeficiency Virus (HIV) Prevention Services (Medium)</p>	
<p>Q475: HIV Screening (Collection Type: eCQM Specifications)</p>	<p>IA_PSPA_23: Completion of CDC Training on Antibiotic Stewardship (High)</p>	
<p>(-)(!) Q487: Screening for Social Drivers of Health (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_PSPA_32: Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support (High)</p>	

Foundational Layer

Population Health Measures

(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups

(Collection Type: Administrative Claims)

(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

(Collection Type: Administrative Claims)

Promoting Interoperability

- Security Risk Analysis
- High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)
- e-Prescribing
- Query of Prescription Drug Monitoring Program (PDMP)
- Provide Patients Electronic Access to Their Health Information
- Support Electronic Referral Loops By Sending Health Information
AND
- Support Electronic Referral Loops By Receiving and Reconciling Health Information
OR
- Health Information Exchange (HIE) Bi-Directional Exchange
OR
- Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)
- Immunization Registry Reporting
- Syndromic Surveillance Reporting (Optional)
- Electronic Case Reporting
- Public Health Registry Reporting (Optional)
- Clinical Data Registry Reporting (Optional)
- Actions to Limit or Restrict Compatibility or Interoperability of CEHRT
- ONC Direct Review Attestation

Modifications to Previously Finalized MVPs

TABLE B.11: Quality Care for Patients with Neurological Conditions MVP

Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year

We are proposing to modify the previously finalized Optimal Care for Patients with Episodic Neurological Conditions and the Supportive Care for Neurodegenerative Conditions MVPs into a single consolidated neurological MVP titled Quality Care for Patients with Neurological Conditions. This modification is being proposed because the QCDR measures previously included will no longer be available for use within both of the previously finalized MVPs. As such, due to the removal of these specialty specific QCDR measures we believe the Episodic Neurological Conditions MVP no longer provides a meaningful representation of the care provided by the clinicians identified for reporting this MVP. Therefore, we are proposing to modify the previously finalized neurology MVPs within the quality performance category of this MVP to:

- Add 2 quality measures
- Remove 6 quality measures
- Add 1 improvement activity
- Remove 3 improvement activities

Measure Key	
+	Proposed additions of quality measurers, improvement activities, and cost measures
^	New proposed measures and improvement activities
*	Existing quality measures and improvement activities with proposed revisions
**	Measure and improvement activity only available when in an MVP
!	High priority quality measures
!!	Outcome measures
~	Improvement activities that include a health equity component
%	Attestation to IA_PCMH provides full credit for the improvement activities performance category

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Neurology

Proposed Modifications to the Quality Care for Patients with Neurological Conditions MVP		
Quality	Improvement Activities	Cost
<p>(*)(!) Q047: Advance Care Plan (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications)</p> <p>(*)(!) Q130: Documentation of Current Medications in the Medical Record (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p>	<p>(~) IA_AHE_3: Promote use of Patient-Reported Outcome Tools (High)</p> <p>(*) IA_BE_4: Engagement of patients through implementation of improvements in patient portal (Medium)</p>	<p>Medicare Spending Per Beneficiary (MSPB) Clinician</p>

Proposed Modifications to the Quality Care for Patients with Neurological Conditions MVP

Quality	Improvement Activities	Cost
<p>(+)(*)(!) Q155: Falls: Plan of Care (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications)</p>	<p>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings (High)</p>	
<p>(*)(!) Q238: Use of High-Risk Medications in Older Adults (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p>	<p>(-) IA_BE_16: Promote Self-management in Usual Care (Medium)</p>	
<p>Q268: Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_BE_24: Financial Navigation Program (Medium)</p>	
<p>(*) Q281: Dementia: Cognitive Assessment (Collection Type: eCQM Specifications)</p>	<p>IA_BMH_4: Depression screening (Medium)</p>	
<p>(*) Q282: Dementia: Functional Status Assessment (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_EPA_2: Use of telehealth services that expand practice access (Medium)</p>	
<p>(*)(!) Q286: Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia (Collection Type: MIPS CQMs Specifications)</p>	<p>(+)(*) IA_ERP_6: COVID-19 Vaccine Achievement for Practice Staff (Medium)</p>	
<p>(*)(!) Q288: Dementia: Education and Support of Caregivers for Patients with Dementia (Collection Type: MIPS CQMs Specifications)</p>	<p>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways (High)</p>	
<p>(*) Q290: Assessment of Mood Disorders and Psychosis for Patients with Parkinson's Disease (Collection Type: MIPS CQMs Specifications)</p>	<p>(%) IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</p>	
<p>(*) Q291: Assessment of Cognitive Impairment or Dysfunction for Patients with Parkinson's Disease (Collection Type: MIPS CQMs Specifications)</p>	<p>(-) IA_PM_11: Regular review practices in place on targeted patient population needs (Medium)</p>	
<p>(*)(!) Q293: Rehabilitative Therapy Referral for Patients with Parkinson's Disease (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_PM_16: Implementation of medication management practice improvements (Medium)</p>	
<p>(*)(!) Q386: Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_PM_21: Advance Care Planning (Medium)</p>	
<p>(!) Q419: Overuse of Imaging for the Evaluation of Primary Headache (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_PSPA_21: Implementation of fall screening and assessment programs (Medium)</p>	

Proposed Modifications to the Quality Care for Patients with Neurological Conditions MVP

Quality	Improvement Activities	Cost
<p>(~)(!) Q487: Screening for Social Drivers of Health (Collection Type: MIPS CQMs Specifications)</p> <p>(+)(!!) Q495: Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood (Collection Type: MIPS CQMs Specifications)</p> <p>(*)(!!) Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months (Collection Type: MIPS CQMs Specifications)</p>		
Foundational Layer		
Population Health Measures	Promoting Interoperability	
<p>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups (Collection Type: Administrative Claims)</p> <p>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> • Security Risk Analysis • High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide) • e-Prescribing • Query of Prescription Drug Monitoring Program (PDMP) • Provide Patients Electronic Access to Their Health Information • Support Electronic Referral Loops By Sending Health Information AND • Support Electronic Referral Loops By Receiving and Reconciling Health Information OR • Health Information Exchange (HIE) Bi-Directional Exchange OR • Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA) • Immunization Registry Reporting • Syndromic Surveillance Reporting (Optional) • Electronic Case Reporting • Public Health Registry Reporting (Optional) • Clinical Data Registry Reporting (Optional) • Actions to Limit or Restrict Compatibility or Interoperability of CEHRT • ONC Direct Review Attestation 	

Modifications to Previously Finalized MVPs

TABLE B.12: Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP

Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year

We are proposing to modify the previously finalized Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP within the quality performance category of this MVP to:

- Remove 2 quality measures
- Add 1 improvement activity
- Remove 2 improvement activities

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:

- Otolaryngology

Measure Key	
+	Proposed additions of quality measurers, improvement activities, and cost measures
^	New proposed measures and improvement activities
*	Existing quality measures and improvement activities with proposed revisions
**	Measure and improvement activity only available when in an MVP
!	High priority quality measures
!!	Outcome measures
~	Improvement activities that include a health equity component
%	Attestation to IA_PCMH provides full credit for the improvement activities performance category

Proposed Modifications to the Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP

Quality	Improvement Activities	Cost
<p>(**) Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specification)</p> <p>Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specification)</p> <p>(* Q277: Sleep Apnea: Severity Assessment at Initial Diagnosis (Collection Type: MIPS CQMs Specifications)</p> <p>(*(!) Q331: Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse) (Collection Type: MIPS CQMs Specifications)</p>	<p>(-) IA_AHE_3: Promote use of Patient-Reported Outcome Tools (High)</p> <p>(-) IA_AHE_5: MIPS Eligible Clinician Leadership in Clinical Trials or CBPR (Medium)</p> <p>(* IA_BE_4: Engagement of patients through implementation of improvements in patient portal (Medium)</p> <p>IA_BE_15: Engagement of patients, family and caregivers in developing a plan of care (Medium)</p> <p>IA_CC_13: Practice improvements to align with OpenNotes principles (Medium)</p>	<p>Medicare Spending Per Beneficiary (MSPB) Clinician</p>

Proposed Modifications to the Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP

Quality	Improvement Activities	Cost
<p>(!) Q332: Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use) (Collection Type: MIPS CQMs Specifications)</p> <p>(*)(!) Q355: Unplanned Reoperation within the 30 Day Postoperative Period (Collection Type: MIPS CQMs Specifications)</p> <p>(!!) Q357: Surgical Site Infection (SSI) (Collection Type: MIPS CQMs Specifications)</p> <p>(~)(!) Q487: Screening for Social Drivers of Health (Collection Type: MIPS CQMs Specifications)</p> <p>AAO20: Tympanostomy Tubes: Comprehensive Audiometric Evaluation (Collection Type: QCDR)</p> <p>AAO21: Otitis Media with Effusion (OME): Comprehensive Audiometric Evaluation for Chronic OME > or = 3 months (Collection Type: QCDR)</p>	<p>(+)(*) IA_ERP_6: COVID-19 Vaccine Achievement for Practice Staff (Medium)</p> <p>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways (High)</p> <p>(%) IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</p> <p>IA_PM_16: Implementation of medication management practice improvements (Medium)</p> <p>(~) IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements (Medium)</p>	

Foundational Layer

Population Health Measures	Promoting Interoperability
<p>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups (Collection Type: Administrative Claims)</p> <p>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> • Security Risk Analysis • High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide) • e-Prescribing • Query of Prescription Drug Monitoring Program (PDMP) • Provide Patients Electronic Access to Their Health Information • Support Electronic Referral Loops By Sending Health Information AND • Support Electronic Referral Loops By Receiving and Reconciling Health Information OR • Health Information Exchange (HIE) Bi-Directional Exchange OR

Foundational Layer

Population Health Measures

Promoting Interoperability

- **Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)**
- **Immunization Registry Reporting**
- **Syndromic Surveillance Reporting (Optional)**
- **Electronic Case Reporting**
- **Public Health Registry Reporting (Optional)**
- **Clinical Data Registry Reporting (Optional)**
- **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT**
- **ONC Direct Review Attestation**

Modifications to Previously Finalized MVPs

TABLE B.13: Quality Care in Mental Health and Substance Use Disorders MVP

Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year

We are proposing to modify the previously finalized Quality Care in Mental Health and Substance Use Disorders MVP within the quality performance category of this MVP to:

- Add 1 improvement activity

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:

- Mental health
- Behavioral health
- Psychiatry

Measure Key	
+	Proposed additions of quality measurers, improvement activities, and cost measures
^	New proposed measures and improvement activities
*	Existing quality measures and improvement activities with proposed revisions
**	Measure and improvement activity only available when in an MVP
!	High priority quality measures
!!	Outcome measures
~	Improvement activities that include a health equity component
%	Attestation to IA_PCMH provides full credit for the improvement activities performance category

Proposed Modifications to the Quality Care in Mental Health and Substance Use Disorders MVP

Quality	Improvement Activities	Cost
<p>(*) Q009: Antidepressant Medication Management (Collection Type: eCQM Specifications)</p> <p>Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specification)</p> <p>(!) Q305: Initiation and Engagement of Substance Use Disorder Treatment (Collection Type: eCQM Specifications)</p> <p>Q366: Follow-Up Care for Children Prescribed ADHD Medication (ADD) (Collection Type: eCQM Specifications)</p>	<p>(-) IA_AHE_1: Enhance Engagement of Medicaid and Other Underserved Populations (High)</p> <p>(-) IA_AHE_3: Promote use of Patient-Reported Outcome Tools (High)</p> <p>(-) IA_AHE_5: MIPS Eligible Clinician Leadership in Clinical Trials or CBPR (Medium)</p> <p>(-) IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols (Medium)</p> <p>(-) IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health (High)</p>	<p>Medicare Spending Per Beneficiary (MSPB) Clinician</p> <p>Depression</p> <p>Psychoses and Related Conditions</p>

Proposed Modifications to the Quality Care in Mental Health and Substance Use Disorders MVP

Quality	Improvement Activities	Cost
<p>(!!) Q370: Depression Remission at Twelve Months (Collection Type: eCQM Specifications, MIPS CQMs Specification)</p>	<p>IA_BE_12: Use evidence-based decision aids to support shared decision-making. (Medium)</p>	
<p>(!) Q382: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (Collection Type: eCQM Specifications)</p>	<p>(-) IA_BE_16: Promote Self-management in Usual Care (Medium)</p>	
<p>(*)(!!) Q383: Adherence to Antipsychotic Medications For Individuals with Schizophrenia (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_BE_23: Integration of patient coaching practices between visits (Medium)</p>	
<p>(!) Q468: Continuity of Pharmacotherapy for Opioid Use Disorder (OUD) (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_BMH_2: Tobacco use (Medium)</p>	
<p>(-)(!) Q487: Screening for Social Drivers of Health (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_BMH_5: MDD prevention and treatment interventions (Medium)</p>	
<p>(!!) Q502: Improvement or Maintenance of Functioning for Individuals with a Mental and/or Substance Use Disorder (Collection Type: MIPS CQMs Specifications)</p>	<p>(-) IA_BMH_7: Implementation of Integrated Patient Centered Behavioral Health Model (High)</p>	
<p>(!) Q504: Initiation, Review, And/Or Update To Suicide Safety Plan For Individuals With Suicidal Thoughts, Behavior, Or Suicide Risk (Collection Type: MIPS CQMs Specifications)</p>	<p>(-) IA_BMH_14: Behavioral/Mental Health and Substance Use Screening and Referral for Pregnant and Postpartum Women</p>	
<p>(*)(!!) Q505: Reduction in Suicidal Ideation or Behavior Symptoms (Collection Type: MIPS CQMs Specifications)</p>	<p>(-) IA_BMH_15: Behavioral/Mental Health and Substance Use Screening and Referral for Older Adults (High)</p>	
<p>(!!) MBHR2: Anxiety Response at 6-months (Collection Type: QCDR)</p>	<p>IA_EPA_2: Use of telehealth services that expand practice access (Medium)</p>	
<p>(!!) MBHR7: Posttraumatic Stress Disorder (PTSD) Outcome Assessment for Adults and Children (Collection Type: QCDR)</p>	<p>(+)(*) IA_ERP_6: COVID-19 Vaccine Achievement for Practice Staff (Medium)</p>	
	<p>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways (High)</p> <p>(%) IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</p>	

Proposed Modifications to the Quality Care in Mental Health and Substance Use Disorders MVP

Quality	Improvement Activities	Cost
	<p>(-) IA_PM_6: Use of toolsets or other resources to close healthcare disparities across communities (Medium)</p> <p>IA_PSPA_32: Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support (High)</p>	

Foundational Layer

Population Health Measures	Promoting Interoperability
<p>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups (Collection Type: Administrative Claims)</p> <p>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> • Security Risk Analysis • High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide) • e-Prescribing • Query of Prescription Drug Monitoring Program (PDMP) • Provide Patients Electronic Access to Their Health Information • Support Electronic Referral Loops By Sending Health Information AND • Support Electronic Referral Loops By Receiving and Reconciling Health Information OR • Health Information Exchange (HIE) Bi-Directional Exchange OR • Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA) • Immunization Registry Reporting • Syndromic Surveillance Reporting (Optional) • Electronic Case Reporting • Public Health Registry Reporting (Optional) • Clinical Data Registry Reporting (Optional) • Actions to Limit or Restrict Compatibility or Interoperability of CEHRT • ONC Direct Review Attestation

Modifications to Previously Finalized MVPs

TABLE B.14: Rehabilitative Support for Musculoskeletal Care MVP

Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year

We are proposing to modify the previously finalized Rehabilitative Support for Musculoskeletal Care MVP within the quality performance category of this MVP to:

- Add 5 quality measures
- Add 1 improvement activity
- Remove 2 improvement activities

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:

- Chiropractic medicine
- Physiatry
- Physical therapy
- Occupational therapy

Measure Key	
+	Proposed additions of quality measurers, improvement activities, and cost measures
^	New proposed measures and improvement activities
*	Existing quality measures and improvement activities with proposed revisions
**	Measure and improvement activity only available when in an MVP
!	High priority quality measures
!!	Outcome measures
~	Improvement activities that include a health equity component
%	Attestation to IA_PCMH provides full credit for the improvement activities performance category

Proposed Modifications to the Rehabilitative Support for Musculoskeletal Care MVP

Quality	Improvement Activities	Cost
<p>(+)(!) Q050: Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older (Collection Type: MIPS CQMs Specifications)</p> <p>(**) Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specification)</p> <p>(*)(!) Q155: Falls: Plan of Care (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specification)</p>	<p>(-) IA_AHE_3: Promote use of Patient-Reported Outcome Tools (High)</p> <p>(-) IA_AHE_6: Provide Education Opportunities for New Clinicians (High)</p> <p>(-) IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols (Medium)</p> <p>(-) IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health (High)</p>	<p>Low Back Pain</p>

Proposed Modifications to the Rehabilitative Support for Musculoskeletal Care MVP

Quality	Improvement Activities	Cost
<p>(!!) Q217: Functional Status Change for Patients with Knee Impairments (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings (High)</p>	
<p>(!!) Q218: Functional Status Change for Patients with Hip Impairments (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_BMH_12: Promoting Clinician Well-Being (High)</p>	
<p>(!!) Q219: Functional Status Change with Lower Leg, Foot or Ankle Impairments (Collection Type: MIPS CQMs Specifications)</p>	<p>(~) IA_BMH_15: Behavioral/Mental Health and Substance Use Screening and Referral for Older Adults (High)</p>	
<p>(!!) Q220: Functional Status Change for Patients with Low Back Impairments (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_CC_8: Implementation of documentation improvements for practice/process improvements (Medium)</p>	
<p>(!!) Q221: Functional Status Change for Patients with Shoulder Impairments (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_CC_12: Care coordination agreements that promote improvements in patient tracking across settings (Medium)</p>	
<p>(!!) Q222: Functional Status Change for Patients with Elbow, Wrist or Hand Impairments (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_EPA_2: Use of telehealth services that expand practice access (Medium)</p>	
<p>(!!) Q478: Functional Status Change for Patients with Neck Impairments (Collection Type: MIPS CQMs Specifications)</p>	<p>(~) IA_EPA_3: Collection and use of patient experience and satisfaction data on access (Medium)</p>	
<p>(~)(!) Q487: Screening for Social Drivers of Health (Collection Type: MIPS CQMs Specifications)</p>	<p>(+)(*) IA_ERP_6: COVID-19 Vaccine Achievement for Practice Staff (Medium)</p>	
<p>(+)(!)(#) MSK6: Patients Suffering From a Neck Injury who Improve Pain (Collection Type: QCDR)</p>	<p>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways (High)</p>	
<p>(+)(!)(#) MSK7: Patients Suffering From an Upper Extremity Injury who Improve Pain (Collection Type: QCDR)</p>	<p>(%) IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</p>	
<p>(+)(!)(#) MSK8: Patients Suffering From a Back Injury who Improve Pain (Collection Type: QCDR)</p>	<p>IA_PSPA_16: Use decision support—ideally platform-agnostic, interoperable clinical decision support (CDS) tools—and standardized treatment protocols to manage workflow on the care team to meet patient needs (Medium)</p>	
<p>(+)(!)(#) MSK9: Patients Suffering From a Lower Extremity Injury who Improve Pain (Collection Type: QCDR)</p>	<p>IA_PSPA_21: Implementation of fall screening and assessment programs (Medium)</p>	

Foundational Layer

Population Health Measures

(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups

(Collection Type: Administrative Claims)

(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

(Collection Type: Administrative Claims)

Promoting Interoperability

- Security Risk Analysis
- High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)
- e-Prescribing
- Query of Prescription Drug Monitoring Program (PDMP)
- Provide Patients Electronic Access to Their Health Information
- Support Electronic Referral Loops By Sending Health Information
- **AND**
- Support Electronic Referral Loops By Receiving and Reconciling Health Information
- **OR**
- Health Information Exchange (HIE) Bi-Directional Exchange
- **OR**
- Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)
- Immunization Registry Reporting
- Syndromic Surveillance Reporting (Optional)
- Electronic Case Reporting
- Public Health Registry Reporting (Optional)
- Clinical Data Registry Reporting (Optional)
- Actions to Limit or Restrict Compatibility or Interoperability of CEHRT
- ONC Direct Review Attestation

Modifications to Previously Finalized MVPs

TABLE B.15: Value in Primary Care MVP

Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year

We are proposing to modify the previously finalized Value in Primary Care MVP within the quality performance category of this MVP to:

- Add 2 improvement activities
- Remove 2 improvement activities

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:

- Preventive medicine
- Internal medicine
- Family medicine
- Geriatrics

Measure Key	
+	Proposed additions of quality measurers, improvement activities, and cost measures
^	New proposed measures and improvement activities
*	Existing quality measures and improvement activities with proposed revisions
**	Measure and improvement activity only available when in an MVP
!	High priority quality measures
!!	Outcome measures
~	Improvement activities that include a health equity component
%	Attestation to IA_PCMH provides full credit for the improvement activities performance category

Proposed Modifications to the Value in Primary Care MVP

Quality	Improvement Activities	Cost
<p>(*)(!!) Q001: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p>(*)(!) Q047: Advance Care Plan (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications)</p> <p>Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p>(*)(!!) Q236: Controlling High Blood Pressure (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p>	<p>(~) IA_AHE_3: Promote use of Patient-Reported Outcome Tools (High)</p> <p>(~) IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols (Medium)</p> <p>(~) IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health (High)</p> <p>(*) IA_BE_4: Engagement of patients through implementation of improvements in patient portal (Medium)</p> <p>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings (High)</p>	<p>Asthma/Chronic Obstructive Pulmonary Disease (COPD)</p> <p>Diabetes</p> <p>Depression</p> <p>Heart Failure</p> <p>Total Per Capita Cost (TPCC)</p>

Proposed Modifications to the Value in Primary Care MVP

Quality	Improvement Activities	Cost
<p>(!) Q305: Initiation and Engagement of Substance Use Disorder Treatment (Collection Type: eCQM Specifications)</p>	<p>IA_BE_12: Use evidence-based decision aids to support shared decision-making (Medium)</p>	
<p>(!) Q321: CAHPS for MIPS Clinician/Group Survey (Collection Type: CAHPS Survey Vendor)</p>	<p>IA_CC_13: Practice improvements to align with OpenNotes principles (Medium)</p>	
<p>Q438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p>	<p>(+)(*) IA_ERP_6: COVID-19 Vaccine Achievement for Practice Staff (Medium)</p>	
<p>Q475: HIV Screening (Collection Type: eCQM Specifications)</p>	<p>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways (High)</p>	
<p>(!!) Q483: Person-Centered Primary Care Measure Patient Reported Outcome Performance Measure (PCPCM PRO-PM) (Collection Type: MIPS CQMs Specifications)</p>	<p>(%) IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</p>	
<p>(~)(!) Q487: Screening for Social Drivers of Health (Collection Type: MIPS CQMs Specifications)</p>	<p>(-) IA_PM_11: Regular review practices in place on targeted patient population needs (Medium)</p>	
<p>(*) Q493: Adult Immunization Status (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_PM_13: Chronic care and preventative care management for empaneled patient (Medium)</p>	
<p>(*) Q497: Preventive Care and Wellness (composite) (Collection Type: MIPS CQMs Specifications)</p>	<p>IA_PM_16: Implementation of medication management practice improvements (Medium)</p>	
<p>(!) Q504: Initiation, Review, And/Or Update To Suicide Safety Plan For Individuals With Suicidal Thoughts, Behavior, Or Suicide Risk (Collection Type: MIPS CQMs Specifications)</p>	<p>(-) IA_PM_22: Improving Practice Capacity for Human Immunodeficiency Virus (HIV) Prevention Services (Medium)</p>	
	<p>(-) IA_PM_23: Use of Computable Guidelines and Clinical Decision Support to Improve Adherence for Cervical Cancer Screening and Management Guidelines (High)</p> <p>(^)(+) IA_PM_XX: Save a Million Hearts: Standardization of Approach to Screening and Treatment for Cardiovascular Disease Risk (High)</p>	

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