STAKEHOLDER SUBMISSIONS OF MIPS VALUE PATHWAYS (MVP) CANDIDATES: INSTRUCTIONS AND TEMPLATE

Background

Purpose

The Centers for Medicare & Medicaid Services (CMS) invites interested stakeholders to develop and submit Merit-based Incentive Payment System (MIPS) Value Pathways (MVP) candidates for evaluation and potential proposal in future rulemaking.

Please note that this solicitation is separate from the annual Call for Quality Measures, Call for Improvement Activities, and Solicitation for Specialty Set recommendations.

About MVPs

With MVPs, CMS is aiming to reduce the burden and complexity associated with selecting from a large inventory of quality measures, improvement activities, and cost measures.

As noted in the CY 2021 Physician Fee Schedule Final Rule, the MVP framework strives to link measures and improvement activities that address a common clinical theme across the four MIPS performance categories. More details regarding the intent of the MVP framework and the latest 2021 Final Rule Fact Sheet can be accessed on the [MVP website](#).

MVP Candidate Submission Instructions and Template

Introduction

These instructions identify the information that should be completed and submitted, utilizing the standardized template below, by stakeholders who wish to have their MVP candidate considered by CMS for potential implementation beginning with the 2022 performance period and future years.

MVP candidates should include measures and activities from across the Quality, Cost, and Improvement Activities performance categories. Furthermore, the foundational layer of each MVP candidate should also include the entire set of Promoting Interoperability measures and the Hospital-Wide 30-Day All-Cause Unplanned Readmission (HWR) Measure.

Following the instructions provided, please complete and submit both Table 1 and Table 2 of the template below for each intended MVP candidate.

- Table 1 should include high-level descriptive information as outlined below.
- Table 2 should include the specific quality measures, improvement activities, and cost measures for the MVP candidate submission.
  - Please note that CMS is not prescriptive regarding the number of measures and activities that may be included in an MVP; therefore, when completing Table 2, the number of rows included should reflect the number of measures/activities that are necessary to describe the MVP candidate submission.

Furthermore, additional guidance and considerations for stakeholders to factor into decision making with regards to the creation of MVP candidates, specifically when completing Table 2, can be found in the appendix of this document.

MVP Candidate Content and Review Process

CMS encourages submissions to include measures and improvement activities that are currently available in MIPS. To view all measures and activities, please visit the Quality Payment Program Resource Library or review the most recent Measures under Consideration (MUC) list. Measures and/or improvement activities not currently in the MIPS inventory will be required to follow the existing pre-rulemaking processes in order to be considered for inclusion within an MVP.

Quality Measures

The MIPS quality measures are mapped to 46 specialties and sub-specialties that provide guidance for stakeholders developing MVP candidates based on specialties. Please view the current MIPS quality measures list and their associated specialty sets in the 2020 MIPS Quality Measures List on the Quality Payment Program Resource Library for more information.

Stakeholders may also submit MVP candidates based on a health condition (e.g. diabetes). In instances where a quality measure closely related to the MVP candidate topic is not available, a broadly applicable or cross-cutting measure that drives quality care in alignment with the MVP topic would suffice. Examples of broadly applicable measures include:

- Measure Q47: Advance Care Plan
- Measure Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention.

Please review the 2020 Cross-Cutting Quality Measures list on the Quality Payment Program Resource Library for more information.

The MIPS quality measures are also categorized by measure type, and are categorized as such, in the MIPS quality measures list (see above link). CMS encourages the inclusion of measures that fall into the Outcome, Patient Reported Outcome, and Patient Engagement/Experience measure types to the extent feasible. As there may be limited availability of Patient Reported Outcome Measures for all specialties, we encourage the use of other measures that consider the patient in MVPs, such as patient surveys, patient satisfaction, patient experience, or patient safety measures.

Qualified Clinical Data Registry (QDCR) measures may also be considered for inclusion in an MVP so long as the measure has met all requirements, including being fully tested and approved through the Self-Nomination process.

Measures that are currently outside the MIPS program need to follow the pre-rulemaking process (e.g., Call for Measures and rulemaking) before they may be included in an MVP.

Improvement Activities

Improvement activities are broader in application and cover a wide range of clinician types and health conditions. Improvement activities that best drive the quality of care addressed in the MVP topic should be prioritized. Improvement activities should complement and/or supplement the quality action of the measures in the MVP candidate submission, rather than duplicate it.

Cost Measures

The current inventory of cost measures covers different types of care. Procedural episode-based cost measures apply to specialties (such as orthopedic surgeons) that perform procedures of a defined purpose or type, and acute episode-based cost measures cover clinicians (such as hospitalists) who provide care for specific acute inpatient conditions. There are also two broader types of measures (population-based cost measures) that assess overall costs of care for a patient's admission to an inpatient hospital (MSPB Clinician measure) and for primary care services that a patient receives (TPCC measure). In addition, the MIPS cost measures are calculated for clinicians and clinician groups based on administrative claims data.

Submission and Review Process

On an annual basis, CMS intends to host a public-facing MVP development webinar to remind stakeholders of MVP development criteria as well as the timeline and process to submit a candidate MVP. While CMS believes that engagement with stakeholders regarding MVP candidates may occur on a rolling basis throughout the year, at CMS's discretion the agency will determine if an MVP is ready for inclusion in the upcoming performance period.

As MVP candidates are received, they will be reviewed, vetted, and evaluated by CMS and our contractors. CMS intends on utilizing the MVP development criteria (see Appendix) to determine if the candidate MVP is feasible. In addition to the MVP development criteria, CMS will also vet the quality and cost measures from a technical perspective to validate that the coding in the quality measures and cost measure(s) include the clinician type being measured and whether all potential specialty-specific quality measures or cost measures were considered, with the most appropriate included.

We may reach out to stakeholders on an as-needed basis, should questions arise during the review process. To continue collaborative efforts, once an internal evaluation is completed, CMS will reach out to select stakeholders whose candidate MVP may be feasible for the upcoming performance period to schedule a meeting to have an iterative dialog regarding our feedback and next steps that may include recommended modifications to the MVP candidate. Please note that submitting an MVP candidate does not guarantee it will be accepted for the rulemaking process. To ensure a fair and transparent rulemaking process, CMS will not be able to directly communicate (to those who submit MVP candidates) whether an MVP candidate has been approved, disapproved, or is being considered for a future year, prior to the publication of the proposed rule.

Completed MVP candidate templates (inclusive of Table 1 and Table 2) should be submitted to PIMMSQualityMeasuresSupport@gdit.com for CMS evaluation.

Table 1: Instructions and Template

Please describe high-level information to address the following general topics: MVP Name, Primary/Alternative Points of Contact, Intent of Measurement, Measure and Activity Linkages with the MVP, Appropriateness, Comprehensibility, and Incorporation of the Patient Voice. A checklist of items are provided in Table 1 to provide further guidance.

TABLE 1: MVP DESCRIPTIVE INFORMATION	
MVP Name	• Provide title that succinctly describes the proposed MVP. CMS encourages a title suggesting action (for example: Improving Disease Prevention Management).
Primary/Alternative Contact Names	• Primary point of contact: Provide full name, organization name, email, and phone number. • One or more alternative points of contact: Provide full name, email, and phone number.
Intent of Measurement	• What is the intent of the MVP? • Is the intent of the MVP the same at the individual clinician and group level? • Are there opportunities to improve the quality of care and value in the area being measured? • Why is the topic of measurement meaningful to clinicians? • Does the MVP act as a vehicle to incrementally phase clinicians into APMs? How so? • Is the MVP reportable by small and rural practices? Does the MVP consider reporting burden to those small and rural practices? • Which Meaningful Measure Domain(s) does the MVP address?
Measure and Activity Linkages with the MVP	• How do the measures and activities within the proposed MVP link to one another? (For example, do the measures and activities assess different dimensions of care provided by the clinician?). Linkages between measures and activities should be considered as complementary relationships. • Are the measures and activities related or a part of the care cycle or continuum of care offered by the clinicians? • Why are the chosen measures and activities most meaningful to the specialty?
Appropriateness	• Is the MVP reportable by multiple specialties? If so, has the MVP been developed collaboratively across specialties? • Are the measures clinically appropriate for the

TABLE 1: MVP DESCRIPTIVE INFORMATION	
	clinicians being measured?
	• Do the measures capture a clinically definable population of clinicians and patients?
	• Do the measures capture the care settings of the clinicians being measured?
	• Prior to incorporating a measure in an MVP, is the measure specification evaluated, to ensure that the measure is inclusive of the specialty or sub-specialty?
Comprehensibility	• Is the MVP comprehensive and understandable by the clinician or group?
	• Is the MVP comprehensive and understandable by patients?
Incorporation of the Patient Voice	• Does the MVP take into consideration the patient voice? How?
	• Does the MVP take into consideration patients in rural and underserved areas?
	• How are patients involved in the MVP development process?
	• To the extent feasible, does the MVP include patient-reported outcome measures, patient experience measures, and/or patient satisfaction measures?

Table 2: Instructions and Template

Please use the Table 2 template format below to identify the quality measures, improvement activities, and cost measures for your MVP candidate. Specifically, at a minimum, Table 2 should include measure/activity IDs, measure/activity titles, measure collection types, and rationales for inclusion.

Please refer to the Appendix for further guidance regarding measure and activity selection.

As a reminder, CMS is not prescriptive regarding the number of measures and activities that may be included in an MVP; therefore, when completing Table 2, the number of rows included should reflect the number of measures/activities that are necessary to describe the MVP candidate submission. Please add or remove rows as needed.

The foundational layer of measures are included below (Table 2b and 2c) and are pre-filled for each MVP candidate submission.

Table 2a

TABLE 2: QUALITY MEASURES, IMPROVEMENT ACTIVITIES, AND COST MEASURES		
QUALITY MEASURES	**IMPROVEMENT ACTIVITIES**	**COST MEASURES**
For each measure, provide: <Measure ID> <NQF#, if applicable> <Measure Title> <Collection Type(s)> <Rationale for Inclusion>	**For each activity, provide:** <Improvement Activity ID> <Improvement Activity Title> <Rationale for Inclusion>	**For each measure, provide:** <Measure ID, if applicable> <Measure Title> <Rationale for Inclusion>
<Measure ID> <NQF#, if applicable> <Measure Title> <Collection Type(s)> <Rationale for Inclusion>	<Improvement Activity ID> <Improvement Activity Title> <Rationale for Inclusion>	<Measure ID, if applicable> <Measure Title> <Rationale for Inclusion>
<Measure ID> <NQF#, if applicable> <Measure Title> <Collection Type(s)> <Rationale for Inclusion>	<Improvement Activity ID> <Improvement Activity Title> <Rationale for Inclusion>	<Measure ID, if applicable> <Measure Title> <Rationale for Inclusion>
<Measure ID> <NQF#, if applicable> <Measure Title> <Collection Type(s)> <Rationale for Inclusion>	<Improvement Activity ID> <Improvement Activity Title> <Rationale for Inclusion>	<Measure ID, if applicable> <Measure Title> <Rationale for Inclusion>

Table 2b

TABLE 2: FOUNDATIONAL LAYER - POPULATION HEALTH MEASURE						
QUALITY #	MEASURE TITLE AND DESCRIPTION	COLLECTION TYPE	MEASURE TYPE / HIGH PRIORITY	NQS DOMAIN	HEALTH CARE PRIORITY	MEASURE STEWARD
479	**Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Program (MIPS) Eligible Clinician Groups:** This measure is a re-specified version of the measure, "Risk-adjusted readmission rate (RARR) of unplanned readmission within 30 days of hospital discharge for any condition" (NQF 1789), which was developed for patients 65 years and older using Medicare claims. This re-specified measure attributes outcomes to MIPS participating clinician groups and assesses each group's readmission rate. The measure comprises a single summary score, derived from the results of five models, one for	Administrative Claims	Outcome	Communication and Care Coordination	Promote Effective Communication & Coordination of Care	Yale University

TABLE 2: FOUNDATIONAL LAYER - POPULATION HEALTH MEASURE						
QUALITY #	MEASURE TITLE AND DESCRIPTION	COLLECTION TYPE	MEASURE TYPE / HIGH PRIORITY	NQS DOMAIN	HEALTH CARE PRIORITY	MEASURE STEWARD
	each of the following specialty cohorts (groups of discharge condition categories or procedure categories): medicine, surgery/gynecology, cardio-respiratory, cardiovascular, and neurology.					

Table 2c

TABLE 2: FOUNDATION LAYER - PROMOTING INTEROPERABILITY MEASURES				
OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	EXCLUSION AVAILABLE	REQUIRED FOR PI	ADDITIONAL INFORMATION
Protect Patient Health Information	**PI_PPHI_1: Security Risk Analysis**: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by certified electronic health record technology (CEHRT) in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.	No	Yes	Annual requirement for PI submission but not scored.

TABLE 2: FOUNDATION LAYER - PROMOTING INTEROPERABILITY MEASURES

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	EXCLUSION AVAILABLE	REQUIRED FOR PI	ADDITIONAL INFORMATION
e-Prescribing	**PI_EP_1: e-Prescribing:** At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically	Yes	Yes	
e-Prescribing	**PI_EP_2: Query of Prescription Drug Monitoring Program (PDMP):** For at least one Schedule II opioid electronically prescribed using CEHRT during the performance period, the MIPS eligible clinician uses data from CEHRT to conduct a query of a PDMP for prescription drug history, except where prohibited and in accordance with applicable law.	No	No	Bonus PI measure at this time
Provider to Patient Exchange	**PI_PEA_1: Provide Patients Electronic Access to Their Health Information:** For at least one unique patient seen by the MIPS eligible clinician: (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The MIPS eligible clinician ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the MIPS eligible clinician's certified electronic health record technology (CEHRT).	No	Yes	
Health Information Exchange	**PI_HIE_1: Support Electronic Referral Loops by Sending Health Information:** For at least one transition of care or referral, the MIPS eligible clinician that transitions or refers their patient to another setting of care or health care provider — (1) creates a	Yes	Yes	A new optional alternative Health Information Exchange (HIE) bi-directional exchange

TABLE 2: FOUNDATION LAYER - PROMOTING INTEROPERABILITY MEASURES				
OBJECTIVE	**MEASURE ID, TITLE, AND DESCRIPTION**	**EXCLUSION AVAILABLE**	**REQUIRED FOR PI**	**ADDITIONAL INFORMATION**
	summary of care record using certified electronic health record technology (CEHRT); and (2) electronically exchanges the summary of care record.			measure may be reported as an alternative reporting option to the two existing measures under the HIE objective that would allow an eligible clinician to attest to participation in bi-directional exchange through an HIE using CEHRT functionality. This new measure, **PI_HIE_5: Engagement in Bi-directional Exchange through Health Information Exchange (HIE)**, would be reported in place of PI_HIE_1 and PI_HIE_4.
Health Information Exchange	**PI_HIE_4: Support Electronic Referral Loops by Receiving and Reconciling Health Information:** For at least one electronic summary of care record received for patient encounters during the performance period for which a MIPS eligible clinician was the receiving party of a	Yes	Yes	A new optional alternative Health Information Exchange (HIE) bi-directional exchange measure may

TABLE 2: FOUNDATION LAYER - PROMOTING INTEROPERABILITY MEASURES				
OBJECTIVE	**MEASURE ID, TITLE, AND DESCRIPTION**	**EXCLUSION AVAILABLE**	**REQUIRED FOR PI**	**ADDITIONAL INFORMATION**
	transition of care or referral, or for patient encounters during the performance period in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician conducts clinical information reconciliation for medication, medication allergy, and current problem list.			be reported as an alternative reporting option to the two existing measures under the HIE objective that would allow an eligible clinician to attest to participation in bi-directional exchange through an HIE using CEHRT functionality. This new measure, **PI_HIE_5: Engagement in Bi-directional Exchange through Health Information Exchange (HIE)** would be reported in place of PI_HIE_1 and PI_HIE_4.
Public Health and Clinical Data Exchange	**PI_PHCDRR_1: Immunization Registry Reporting**: The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry /immunization information system (IIS).	Yes	Yes	Only 2 of 5 measures in the objective must be submitted or 1 measure if multiple registry engagement

TABLE 2: FOUNDATION LAYER - PROMOTING INTEROPERABILITY MEASURES

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	EXCLUSION AVAILABLE	REQUIRED FOR PI	ADDITIONAL INFORMATION
Public Health and Clinical Data Exchange	**PI_PHCDRR_2: Syndromic Surveillance Reporting:** The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.	Yes	Yes	Only 2 of 5 measures in the objective must be submitted or 1 measure if multiple registry engagement
Public Health and Clinical Data Exchange	**PI_PHCDRR_3: Electronic Case Reporting:** The MIPS eligible clinician is in active engagement with a public health agency to electronically submit case reporting of reportable conditions.	Yes	Yes	Only 2 of 5 measures in the objective must be submitted or 1 measure if multiple registry engagement
Public Health and Clinical Data Exchange	**PI_PHCDRR_4: Public Health Registry Reporting:** The MIPS eligible clinician is in active engagement with a public health agency to submit data to public health registries.	Yes	Yes	Only 2 of 5 measures in the objective must be submitted or 1 measure if multiple registry engagement
Public Health and Clinical Data Exchange	**PI_PHCDRR_5: Clinical Data Registry Reporting:** The MIPS eligible clinician is in active engagement to submit data to a clinical data registry.	Yes	Yes	Only 2 of 5 measures in the objective must be submitted or 1 measure if multiple registry engagement

Appendix

Additional Guidance and Considerations When Submitting an MVP Candidate

Consideration should be given to the following criteria when developing rationales for including measures and activities in your MVP candidate submission:

Quality Measures:

- Do the quality measures included in the MVP meet the existing quality measure inclusion criteria? *(For example, does the measure demonstrate a performance gap?)*
- Have the quality measure denominators been evaluated to ensure the applicability across the measures and activities within the MVP?
- Have the quality measure numerators been assessed to ensure the measure is applicable to the MVP topic?
- To the extent feasible, does the MVP include outcome measures or high-priority measures in instances where outcome measures are not available or applicable?

  - MS prefers use of patient experience/survey measures when available. CMS encourages stakeholders to utilize our established pre-rulemaking processes, such as the Call for Measures, described in the CY 2020 PFS Final Rule (84 FR 62953 through 62955) to develop outcome measures relevant to their specialty if outcome measures currently do not exist and for eventual inclusion into an MVP.

- To the extent feasible, does the MVP avoid including quality measures that are topped out?
- What collection types are the measures available through?
- What role does each quality measure play in driving quality care and improving value within the MVP?
- How do the selected quality measures relate to other measures and activities in the other performance categories?
- To the extent feasible, specialty and sub-specialty specific quality measures are incorporated into the MVP. Broadly applicable (cross-cutting) quality measures may be incorporated if relevant to the clinicians being measured.

Improvement Activities:

- What role does the improvement activity play in driving quality care and improving value within the MVP? Provide a rationale as to why each improvement activity was included.
- Describe how the improvement activity can be used to improve the quality of performance in clinical practices for those clinicians who would report this MVP.
- Does the improvement activity complement and/or supplement the quality action of the measures in the MVP, rather than duplicate it?
- To the extent feasible, does the MVP include improvement activities that can be conducted using CEHRT functions? The use of improvement activities that specify the use of technologies will help to further align with the CEHRT requirement under the Promoting Interoperability performance category.
- If there are no relevant specialty or sub-specialty specific improvement activities, does the MVP includes broadly applicable improvement activities (that is applicable to the clinician type)?

Cost Measures:

- What role does the cost measure(s) play in driving quality care and improving value within the MVP? Provide a rationale as to why each cost measure was selected.
- How does the selected cost measure(s) relate to other measures and activities in other performance categories?
- If there are not relevant cost measures for specific types of care being provided (for example, conditions or procedures), does the MVP include broadly applicable cost measures (that are applicable to the type of clinician)?
- What additional cost measures should be prioritized for future development and inclusion in the MVP?

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