

MVP Development Standardized Template CY 2021 Final versus CY 2022 Final

Burden impact: The changes to the MVP Development Standardized Template reflect finalization of proposals, language updates, and additional text added from the CY 2021 Physician Fee Schedule (PFS) Final Rule for the Quality Payment Program to the CY 2022 Physician Fee Schedule (PFS) Final Rule for the Quality Payment Program. The result is an estimated change of zero hours.

Change #1:

Location: Page 1

Reason for Change:

Language updates

CY 2021 Final Rule text:

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.

CY 2022 Final Rule text:

Purpose

The Centers for Medicare & Medicaid Services (CMS) invites interested stakeholders to submit Merit-based Incentive Payment System (MIPS) Value Pathways (MVP) candidates for CMS consideration and potential implementation through 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.

Change #2:

Location: Page 1

Reason for Change:

Alignment with current year and addition of new paragraph

CY 2021 Final Rule text:

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 Rules, 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](#).

CY 2022 Final Rule text:

About MVPs

Through MVP implementation and reporting, CMS aims to improve patient outcomes, allow for more meaningful reporting by specialists and other MIPS eligible clinicians, and reduce burden

and complexity associated with selecting from a large inventory of measures and activities found under traditional MIPS.

MVPs should be focused on a given specialty, condition, and/or episode of care. CMS is currently working to identify MVP development priorities and will publish a list of the identified priorities for stakeholder reference in the near future.

Additionally, CMS is also interested in MVPs that measure the patient journey and care experience longitudinally and would like to explore how MVPs could best measure the value of and be utilized within a multi-disciplinary team-based care model.

CMS is also committed to closing the health equity gap in CMS Clinician Quality Programs as discussed in the final rule. Therefore, CMS encourages the implementation of health equity-based improvement activities within MVPs.

As noted in the (CY) [2021](#) and CY 2022 Physician Fee Schedule Final Rules, 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 2022 Final Rule Fact Sheet can be accessed on the [MVP website](#).

While MVP development is collaborative by nature, including having stakeholders collaborate with one another and with patients, ultimately CMS will determine if the MVP is appropriate and responsive to CMS and HHS priorities, and what the timing for implementation of the MVP should be. If CMS determines that additional changes are needed for an MVP once it is implemented, CMS may make take additional steps through notice and comment rulemaking to make updates. All MVPs, whether they are new or existing MVPs with updates must undergo notice and comment rulemaking and are subjected to the public comment period. CMS is considered the lead and ultimately the owner of all MVPs that are established through the rulemaking process.

Change #3:

Location: Pages 1-2

Reason for Change:

Alignment with current year, language updates, and addition of new text

CY 2021 Final Rule text:

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.

CY 2022 Final Rule text:

Introduction

These instructions identify the information that should be submitted, utilizing the standardized template below, by stakeholders who wish to have an MVP candidate considered by CMS for potential implementation.

MVP candidates should include measures and activities from across the four performance categories. The MVP candidate should include measures and activities across the quality, cost, and improvement activities performance categories.

In the foundational layer, each MVP candidate includes the entire set of Promoting Interoperability measures. Furthermore, the foundational layer includes two population health measures: Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-based Incentive Payment Program (MIPS) Groups and Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions. Note: In this template, submitters do not need to submit the Promoting Interoperability measures and the population health measures because they are required across all MVP candidates and cannot be changed.

Please complete and submit **both** Table 1 and Table 2a of the template below for each intended MVP candidate. **If both tables are not complete, CMS will be unable to consider your submission.**

- Table 1 should include high-level descriptive information as outlined below.
- Table 2a 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 2a, the number of rows included should reflect the number of measures/activities that are necessary to describe the MVP candidate submission.

Additional guidance and considerations for completing Table 2a can be found in the appendix of this document.

Change #4:

Location: Page 2

Reason for Change:

Alignment with current year, language updates, and addition of new text

CY 2021 Final Rule text:

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.

CY 2022 Final Rule text:

Quality Measures

The current inventory of MIPS quality measures and Quality Clinical Data Registry (QCDR) measures include both cross-cutting and specialty/clinical topic specific quality measures. Please view the current MIPS quality measures list and their associated specialty set and measure properties in the [2021 MIPS Quality Measures List](#) and [2021 Cross-Cutting Quality Measures](#) on the [Quality Payment Program Resource Library](#) for more information. Please view the current QCDR measures list and measure properties in the [2021 Qualified Clinical Data Registry \(QCDR\) Measure Specifications](#) on the [Quality Payment Program Resource Library](#) for more information.

- Measures that are currently outside the MIPS program need to follow the pre-rulemaking process (i.e., Call for Measures and rulemaking) before they may be included in an MVP.
- Qualified Clinical Data Registry (QDCR) measures may also be considered for inclusion in an MVP as long as the measure has met all requirements, including being fully tested at the clinician level and approved through the self-nomination process.

In addition, as described in the CY 2022 Physician Fee Schedule (PFS) final rule, when developing MVP candidates, stakeholders must consider that:

- MVPs must include at least one outcome measure that is relevant to the MVP topic and each clinician specialty:
 - An outcome measure may include the following measure types: Outcome, Intermediate Outcome, and Patient Reported Outcome-based Performance Measure.
 - For example, a single specialty MVP is the *Advancing Rheumatology Patient Care MVP*, as finalized in the 2022 PFS Final Rule. This MVP was developed to include outcome measures for this single specialty.
 - If an outcome measure is not available for a given clinician specialty, a High Priority measure must be included and available for each clinician specialty included.
 - For example, an MVP that contains High Priority measures is the *Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP* as finalized in the 2022 PFS Final Rule. This MVP contains one outcome measure, but also includes quality measures that are categorized as High Priority in the instance the outcome measure is not applicable.
- If there are outcomes-based administrative claims measures that are relevant for a given clinical topic, it may be included within the quality component of an MVP.

Change #5:

Location: Page 2

Reason for Change:

Language updates and addition of new text

CY 2021 Final Rule text:

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.

CY 2022 Final Rule text:

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. In addition, MVPs should seek to identify/incorporate opportunities to promote diversity, equity, and inclusion by selecting health equity focused improvement activities; there are 23 health equity focused improvement activities in the current inventory: [2021 Improvement Activities Inventory](#).

New improvement activities may be submitted using the [2021 Call for Measures and Activities](#) process outlined on the Quality Payment Program Resource Library.

Change #6:

Location: Page 3

Reason for Change:

Language updates and addition of new text

CY 2021 Final Rule text:

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.

CY 2022 Final Rule text:

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, acute episode-based cost measures cover clinicians (such as hospitalists) who provide care for specific acute inpatient conditions, and chronic condition episode-based cost measures account for the ongoing management of a disease or condition. 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 (Medicare Spending Per Beneficiary (MSPB) Clinician measure) and for primary care services that a patient receives (Total Per Capita Cost (TPCC) measure). In addition, the MIPS cost measures are calculated for clinicians and clinician groups based on administrative claims data. Cost measure information can be located on the [MACRA Feedback Page](#).

Change #7:

Location: Page 3

Reason for Change:

Language updates and updated mailbox address

CY 2021 Final Rule text:

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.

CY 2022 Final Rule text:

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. Candidate MVP submissions must be submitted no later than February 1, 2022, to be considered for potential inclusion in the upcoming notice of proposed rulemaking and, if finalized, subsequent implementation beginning with the CY 2023 performance period/2025 MIPS payment year.

As MVP candidates are received, they will be reviewed, vetted, and evaluated by CMS and its contractors. CMS will utilize the MVP development criteria (see Appendix below) 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 measures include the clinician type being measured and whether all potential specialty-specific quality measures or cost measures were considered, with the most appropriate included.

CMS may reach out to stakeholders on an as-needed basis should questions arise during the review process. Please note that submitting an MVP candidate does not guarantee it will be considered or 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 2a) should be submitted to PIMMSMVPsupport@gdit.com for CMS evaluation.

Change #8:

Location: Page 3

Reason for Change:

Language updates to singular verbiage

CY 2021 Final Rule text:

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.

CY 2022 Final Rule text:

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 is provided in Table 1 to provide further guidance.

Change #9:

Location: Page 5

Reason for Change:

Language updates to past tense

CY 2021 Final Rule text:

TABLE 1: MVP DESCRIPTIVE INFORMATION

Incorporation of the Patient Voice

- How are patients involved in the MVP development process?

CY 2022 Final Rule text:

TABLE 1: MVP DESCRIPTIVE INFORMATION

Incorporation of the Patient Voice

- How were patients involved in the MVP development process?

Change #10:

Location: Page 5

Reason for Change:

Update from Table 2 to Table 2a, language updates, and addition of new paragraph

CY 2021 Final Rule text:

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.

CY 2022 Final Rule text:

Table 2a: Instructions and Template

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

Generally, an MVP should include a sufficient number of quality/cost measures and improvement activities to allow MVP Participants to select measures and activities to meet the reporting requirements. To the extent feasible, MVPs should include a maximum of 10 quality measures and 10 improvement activities to offer MVP Participants some choice without being overwhelming. However, CMS understands that the total number of quality measures and

activities available in an MVP would depend on the MVP structure. For example, the Optimizing Chronic Disease Management MVP includes 9 quality measures and 12 improvement activities. Chronic disease can broadly encompass several conditions; therefore, CMS has selected measures and improvement activities that are closely aligned to the topic and offer clinicians some choice. Additionally, each MVP must include at least one cost measure relevant and applicable to the MVP topic. The number of cost measures in a given MVP may vary depending on the clinical topic of the MVP.

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

The foundational layer of measures is included below (Tables 2b and 2c) and is pre-filled for each MVP candidate submission and cannot be changed.

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

Change #11:

Location: Pages 7- 8

Reason for Change:

Update to Table title. Update to measure name for Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Program (MIPS) Groups measure and removal of descriptive text. Addition of Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions measure with corresponding table elements.

CY 2021 Final Rule text:

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	<p>Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Program (MIPS) Eligible Clinician Groups</p> <p>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 each of the following specialty cohorts (groups of discharge condition categories or procedure categories): medicine, surgery/ gynecology, cardio-respiratory, cardiovascular, and neurology.</p>	Administrative Claims	Outcome	Communication and Care Coordination	Promote Effective Communication & Coordination of Care	Yale University

CY 2022 Final Rule text:

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) Groups	Administrative Claims	Outcome	Communication and Care Coordination	Promote Effective Communication & Coordination of Care	CMS
484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	Administrative Claims	Outcome	Effective Clinical Care	Promote Effective Prevention and Treatment of Chronic Disease	CMS

Change #12:

Location: Pages 8 - 12

Reason for Change:

Update to Table title. Spelled out PI to Promoting Interoperability, added measure PI_PPHI_2: Safety Assurance Factors for EHR Resilience Guide (SAFER Guide), and updated language for alignment with current year.

CY 2021 Final Rule text:

TABLE 2: FOUNDATIONAL 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.
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	

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	EXCLUSION AVAILABLE	REQUIRED FOR PI	ADDITIONAL INFORMATION
e- Prescribing	<p>PI_EP_2: Query of Prescription Drug Monitoring Program (PDMP):</p> <p>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.</p>	No	No	Bonus PI measure at this time
Provider to Patient Exchange	<p>PI_PEA_1: Provide Patients Electronic Access to Their Health Information:</p> <p>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).</p>	No	Yes	

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	EXCLUSION AVAILABLE	REQUIRED FOR PI	ADDITIONAL INFORMATION
Health Information Exchange	<p>PI_HIE_1: Support Electronic Referral Loops by Sending Health Information:</p> <p>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 summary of care record using certified electronic health record technology (CEHRT); and (2) electronically exchanges the summary of care record.</p>	Yes	Yes	<p>A new optional alternative Health Information Exchange (HIE) bi-directional exchange 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.</p> <p>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.</p>

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	EXCLUSION AVAILABLE	REQUIRED FOR PI	ADDITIONAL INFORMATION
Health Information Exchange	<p>PI_HIE_4: Support Electronic Referral Loops by Receiving and Reconciling Health Information:</p> <p>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 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.</p>	Yes	Yes	<p>A new optional alternative Health Information Exchange (HIE) bi-directional exchange 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.</p> <p>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.</p>
Public Health and Clinical Data Exchange	<p>PI_PHCDRR_1: Immunization Registry Reporting:</p> <p>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).</p>	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	<p>PI_PHCDRR_2: Syndromic Surveillance Reporting:</p> <p>The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.</p>	Yes	Yes	Only 2 of 5 measures in the objective must be submitted or 1 measure if multiple registry engagement

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	EXCLUSION AVAILABLE	REQUIRED FOR PI	ADDITIONAL INFORMATION
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

CY 2022 Final Rule text:

TABLE 2: FOUNDATIONAL LAYER – PROMOTING INTEROPERABILITY MEASURES

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	EXCLUSION AVAILABLE	REQUIRED FOR PROMOTING INTEROPERABILITY	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 Promoting Interoperability submission but not scored.
Protect Patient Health Information	PI_PPHI_2: Safety Assurance Factors for EHR Resilience Guide (SAFER Guide): Conduct an annual self-assessment using the High Priority Practices Guide at any point during the calendar year in which the performance period occurs.	No	Yes	Annual requirement for Promoting Interoperability submission but not scored.

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	EXCLUSION AVAILABLE	REQUIRED FOR PROMOTING INTEROPERABILITY	ADDITIONAL INFORMATION
e- Prescribing	<p>PI_EP_1: e-Prescribing:</p> <p>At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically</p>	Yes	Yes	
e- Prescribing	<p>PI_EP_2: Query of Prescription Drug Monitoring Program (PDMP):</p> <p>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.</p>	No	No	Bonus Promoting Interoperability measure at this time
Provider to Patient Exchange	<p>PI_PEA_1: Provide Patients Electronic Access to Their Health Information:</p> <p>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).</p>	No	Yes	

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	EXCLUSION AVAILABLE	REQUIRED FOR PROMOTING INTEROPERABILITY	ADDITIONAL INFORMATION
Health Information Exchange	<p>PI_HIE_1: Support Electronic Referral Loops by Sending Health Information:</p> <p>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 summary of care record using certified electronic health record technology (CEHRT); and (2) electronically exchanges the summary of care record.</p>	Yes	Yes	The optional PI_HIE_5: Health Information Exchange (HIE) Bi-Directional Exchange measure may be reported as an alternative reporting option to PI_HIE_1 and PI_HIE_4 which would allow an eligible clinician to attest to participation in bi-directional exchange through an HIE using CEHRT functionality.
Health Information Exchange	<p>PI_HIE_4: Support Electronic Referral Loops by Receiving and Reconciling Health Information:</p> <p>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 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.</p>	Yes	Yes	The optional PI_HIE_5: Health Information Exchange (HIE) Bi-Directional Exchange measure may be reported as an alternative reporting option to PI_HIE_1 and PI_HIE_4 which would allow an eligible clinician to attest to participation in bi-directional exchange through an HIE using CEHRT functionality.
Health Information Exchange	<p>PI_HIE_5: Health Information Exchange (HIE) Bi-Directional Exchange:</p> <p>The MIPS eligible clinician or group must attest that they engage in bidirectional exchange with an HIE to support the transitions of care</p>	No	Yes	This measure is an optional alternative Health Information Exchange (HIE) bi-directional exchange measure and may be reported as an alternative reporting option in place of PI_HIE_1 and PI_HIE_4.

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	EXCLUSION AVAILABLE	REQUIRED FOR PROMOTING INTEROPERABILITY	ADDITIONAL INFORMATION
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	
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.	No	No	Bonus Promoting Interoperability measure at this time
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	
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.	No	No	Bonus Promoting Interoperability measure at this time
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.	No	No	Bonus Promoting Interoperability measure at this time

Change #13:

Location: Page 13

Reason for Change:

Language updates

CY 2021 Final Rule text:

Appendix: 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?
 - CMS 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.

CY 2022 Final Rule text:

Appendix: 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?*)
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- Does the MVP include outcome measures or high-priority measures in instances where outcome measures are not available or applicable?
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- 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, improving value, and addressing the health equity gap 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.