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

Background

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.

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 reference in the near future.

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

CMS is 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 calendar year (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 work together with other groups and with patients, ultimately CMS will determine if the MVP is appropriate and responsive to CMS and Department of Health and Human Service (HHS) priorities, and if so, what the timing for implementation of the MVP should be.

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. And if CMS determines that additional changes are needed for an MVP once it is implemented, CMS may take additional steps through notice and comment rulemaking to make updates.

We ask that all stakeholders keep in mind as they collaborate on and submit MVP candidates, that CMS is considered the lead (and ultimately the owner) of all MVPs established through the rulemaking process.

MVP Candidate Submission Instructions and Template

Introduction

These instructions identify the information that should be submitted, using 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.

MVP Candidate Content and Review Process

CMS encourages submissions to include quality/cost measures and improvement activities that are currently available in MIPS. To view all MIPS measures and improvement 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 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.

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.

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.

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 use 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.

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.

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 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 were 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 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.

TABLE 2A: 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>

QUALITY MEASURES	IMPROVEMENT ACTIVITIES	COST MEASURES
<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: FOUNDATIONAL LAYER - POPULATION HEALTH MEASURES

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

TABLE 2C: 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.
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 Promoting Interoperability measure at this time.

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	EXCLUSION AVAILABLE	REQUIRED FOR PROMOTING INTEROPERABILITY	ADDITIONAL INFORMATION
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 summary of care record using certified electronic health record technology (CEHRT); and (2) electronically exchanges the summary of care record.	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.

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	EXCLUSION AVAILABLE	REQUIRED FOR PROMOTING INTEROPERABILITY	ADDITIONAL INFORMATION
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 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.	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	**PI_HIE_5: Health Information Exchange (HIE) Bi-Directional Exchange:** The MIPS eligible clinician or group must attest that they engage in bidirectional exchange with an HIE to support transitions of care.	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.

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?
- 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, 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.

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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