

## **MVP Development Standardized Template CY 2022 Final versus CY 2023 Final**

**Burden impact:** The changes to the MVP Development Standardized Template reflect finalization of proposals, language updates, and additional text added from the CY 2022 Physician Fee Schedule (PFS) Final Rule for the Quality Payment Program to the CY 2023 Physician Fee Schedule (PFS) Final Rule for the Quality Payment Program. The result is an estimated change of zero hours.

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**Change #1:**

**Location:** Page 1

**Reason for Change:**

Language updates

**CY 2022 Final Rule text:**

**Purpose**

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

**CY 2023 Final Rule text:**

**Purpose**

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

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**Change #2:**

**Location:** Pages 1-2

**Reason for Change:**

Language updates

**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 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.

#### **CY 2023 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 has identified a list of specialties/clinical topics that are considered priorities for MVP development and encourages the general public to submit MVPs that incorporate the identified specialties. Please review the MVP Needs and Priorities document found within the MVPs Development Resources ZIP file for additional information, available on the [MVP Candidate Development & Submission webpage](#).

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.

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 2023 Final Rule Fact Sheet can be accessed on the [MVP website](#).

While MVP development is collaborative by nature, including having the general public 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 Services (HHS) priorities, and if so, what the timing for implementation of the MVP should be.

In the CY 2023 PFS Final Rule, we finalized the modification of the MVP development process to include a 30-day comment period for the general public to submit feedback on candidate

MVPs prior to potentially including an MVP in a notice of proposed rulemaking. All MVPs, whether they are new or existing MVPs with updates, must undergo notice and comment rulemaking and are subject to the public comment period. 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 the general public 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.

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### **Change #3:**

**Location:** Page 2

**Reason for Change:**

Language updates

**CY 2022 Final Rule text:**

#### **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.

### **CY 2023 Final Rule text:**

#### **Introduction**

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

MVP candidates include measures and activities from across the four performance categories. MVP candidate submissions by the general public 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 performance category 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 don't need to submit the Promoting Interoperability performance category measures or the population health measures. The Promoting Interoperability performance category measure specifications are available on the [Promoting Interoperability Performance Category Webpage](#). These foundational layer measures are prefilled because they are required across all MVP candidates and can't be changed.

Please complete and submit **both** Table 1 and Table 2a of the template below for each intended MVP candidate. **Both tables must be completed for CMS 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 isn't 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.

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#### **Change #4:**

**Location:** Page 2

**Reason for Change:**

Language updates

**CY 2022 Final Rule text:**

**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.

**CY 2023 Final Rule text:  
MVP Candidate Content and Review Process**

CMS encourages MVP 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.

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**Change #5:**

**Location:** Page 3

**Reason for Change:**

Language updates

**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.

**CY 2023 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, including associated specialty set(s) and measure properties in the [2022 MIPS Quality Measures List](#) and [2022 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 [2022 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.
- QCDR measures may also be considered for inclusion in an MVP if 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, the general public should 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 2023 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 2023 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.

- Outcome-based administrative claims measures may be included to support the quality performance category of an MVP candidate.

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**Change #6:**

**Location:** Pages 3-4

**Reason for Change:**

Language updates

**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.

**CY 2023 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 27 health equity focused improvement activities in the current inventory: [2022 Improvement Activities Inventory](#).

New improvement activities may be submitted using the [2022 Call for Measures and Activities](#) process outlined on the Quality Payment Program Resource Library.

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**Change #7:**

**Location:** Page 4

**Reason for Change:**

Language and punctuation updates

**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](#).

**CY 2023 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](#).

New cost measures may be submitted for consideration for use in the MIPS program using the 2022 Call for Measures and Activities process outlined on the Quality Payment Program Resource Library.

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**Change #8:**

**Location:** Pages 4-5

**Reason for Change:**

Language updates

**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 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](mailto:PIMMSMVPsupport@gdit.com) for CMS evaluation.**

**CY 2023 Final Rule text:**

***Submission and Review Process***

On an annual basis, CMS intends to host a public-facing MVP development webinar to remind the general public of MVP development criteria as well as the timeline and process to submit a candidate MVP.

Candidate MVP submissions can be submitted on a rolling basis throughout the year through the Call for MVP process to be considered for potential inclusion in the upcoming notice of proposed rulemaking and, if finalized, subsequent implementation beginning with the CY 2024 performance period/2026 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 applicability to the clinician being measured for performance. In addition, CMS will review all potential specialty-specific quality or cost measures available in the MIPS inventory to ensure only the most appropriate measures are included in the MVP candidate.

CMS may reach out to submitters of MVP candidates 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 won't communicate (to those who submit MVP candidates) whether an MVP candidate has been approved, disapproved, or will be 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](mailto:PIMMSMVPsupport@gdit.com) for CMS evaluation.**

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**Change #9:**

**Location:** Pages 5-6

**Reason for Change:**

Language updates

**CY 2022 Final Rule text:**

TABLE 1: MVP DESCRIPTIVE INFORMATION

<ul style="list-style-type: none"> <li>MVP Name</li> </ul>	<ul style="list-style-type: none"> <li>Provide title that succinctly describes the proposed MVP.</li> <li>CMS encourages a title suggesting action (for example: Improving Disease Prevention Management).</li> </ul>
<p>Primary/Alternative Contact Names</p>	<ul style="list-style-type: none"> <li>Primary point of contact: Provide full name, organization name, email, and phone number.</li> <li>One or more alternative points of contact: Provide full name, email, and phone number.</li> </ul>
<ul style="list-style-type: none"> <li>Intent of Measurement</li> </ul>	<ul style="list-style-type: none"> <li>What is the intent of the MVP?</li> <li>Is the intent of the MVP the same at the individual clinician and group level?</li> <li>Are there opportunities to improve the quality of care and value in the area being measured?</li> <li>Why is the topic of measurement meaningful to clinicians?</li> <li>Does the MVP act as a vehicle to incrementally phase clinicians into APMs? How so?</li> <li>Is the MVP reportable by small and rural practices? Does the MVP consider reporting burden to those small and rural practices?</li> <li>Which Meaningful Measure Domain(s) does the MVP address?</li> </ul>

<ul style="list-style-type: none"> <li>• Measure and Activity Linkages with the MVP</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Are the measures and activities related or a part of the care cycle or continuum of care offered by the clinicians?</li> <li>• Why are the chosen measures and activities most meaningful to the specialty?</li> </ul>
<p>Appropriateness</p>	<ul style="list-style-type: none"> <li>• Is the MVP reportable by multiple specialties? If so, has the MVP been developed collaboratively across specialties?</li> <li>• Are the measures clinically appropriate for the clinicians being measured?</li> <li>• Do the measures capture a clinically definable population of clinicians and patients?</li> <li>• Do the measures capture the care settings of the clinicians being measured?</li> <li>• 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?</li> </ul>
<p>Comprehensibility</p>	<ul style="list-style-type: none"> <li>• Is the MVP comprehensive and understandable by the clinician or group?</li> <li>• Is the MVP comprehensive and understandable by patients?</li> </ul>
<p>Incorporation of the Patient Voice</p>	<ul style="list-style-type: none"> <li>• Does the MVP take into consideration the patient voice? How?</li> <li>• Does the MVP take into consideration patients in rural and underserved areas?</li> <li>• How were patients involved in the MVP development process?</li> <li>• To the extent feasible, does the MVP include patient-reported outcome measures, patient experience measures, and/or patient satisfaction measures?</li> </ul>

**CY 2023 Final Rule text:**

TABLE 1: MVP DESCRIPTIVE INFORMATION

<p>MVP Name</p>	<ul style="list-style-type: none"> <li>• Provide title that succinctly describes the proposed MVP.</li> <li>• CMS encourages a title suggesting action (for example: Improving Disease Prevention Management).</li> </ul>
<p>Primary/Alternative Contact Names</p>	<ul style="list-style-type: none"> <li>• Primary point of contact: Provide full name, organization name, email, and phone number.</li> <li>• One or more alternative points of contact: Provide full name, email, and phone number.</li> </ul>
<p>Intent of Measurement</p>	<ul style="list-style-type: none"> <li>• What is the intent of the MVP?</li> <li>• Is the intent of the MVP the same at the individual clinician and group level?</li> <li>• Are there opportunities to improve the quality of care and value in the area being measured?</li> <li>• Why is the topic of measurement meaningful to clinicians?</li> <li>• Does the MVP act as a vehicle to incrementally phase clinicians into APMs? How so?</li> <li>• Is the MVP reportable by small and rural practices? Does the MVP consider reporting burden to those small and rural practices?</li> <li>• Which Meaningful Measure Domain(s) does the MVP address?</li> </ul>
<p>Measure and Activity Linkages with the MVP</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Are the measures and activities related or a part of the care cycle or continuum of care offered by the clinicians?</li> <li>• Why are the chosen measures and activities most meaningful to the specialty?</li> </ul>

Appropriateness	<ul style="list-style-type: none"> <li>• Is the MVP candidate developed for multiple specialties to report? If so, has the MVP been developed collaboratively across specialties?</li> <li>• Are the measures clinically appropriate for the clinicians being measured?</li> <li>• Do the measures capture a clinically definable population of clinicians and patients?</li> <li>• Do the measures capture the care settings of the clinicians being measured?</li> <li>• 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?</li> </ul>
Comprehensibility	<ul style="list-style-type: none"> <li>• Is the MVP comprehensive and understandable by the clinician or group?</li> <li>• Is the MVP comprehensive and understandable by patients?</li> </ul>
Incorporation of the Patient Voice	<ul style="list-style-type: none"> <li>• Does the MVP take into consideration the patient voice? How?</li> <li>• Does the MVP take into consideration patients in rural and underserved areas?</li> <li>• Were patients involved in the MVP development process? If so, how was their voice included in development of the MVP candidate?</li> <li>• To the extent feasible, does the MVP include patient-reported outcome measures, patient experience measures, and/or patient satisfaction measures?</li> </ul>

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**Change #10:**

**Location:** Page 7

**Reason for Change:**

Language updates

**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.

#### **CY 2023 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 rationale for inclusion.

Generally, an MVP should include a sufficient number of quality measures and improvement activities to allow MVP participants to select measures and activities to meet MIPS 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 represented within the MVP candidate may depend on availability within MIPS.

- For example, the *Optimizing Chronic Disease Management MVP* includes 9 quality measures and 15 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 can't be changed.

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

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**Change #11:**

**Location:** Pages 9-12

**Reason for Change:**

Language and punctuation updates

**CY 2022 Final Rule text:**

**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	<p><b>PI_PPHI_1: Security Risk Analysis:</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul>	No	Yes	Annual requirement for Promoting Interoperability submission but not scored.
Protect Patient Health Information	<p><b>PI_PPHI_2: Safety Assurance Factors for EHR Resilience Guide (SAFER Guide):</b></p> <ul style="list-style-type: none"> <li>Conduct an annual self-assessment using the High Priority Practices Guide at any point during the calendar year in which the performance period occurs.</li> </ul>	No	Yes	Annual requirement for Promoting Interoperability submission but not scored.
e-Prescribing	<p><b>PI_EP_1: e-Prescribing:</b> At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically</p>	<ul style="list-style-type: none"> <li>Yes</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>	

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	EXCLUSION AVAILABLE	REQUIRED FOR PROMOTING INTEROPERABILITY	ADDITIONAL INFORMATION
e-Prescribing	<p><b>PI_EP_2: Query of Prescription Drug Monitoring Program (PDMP):</b>            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><b>PI_PEA_1: Provide Patients Electronic Access to Their Health Information:</b>            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><b>PI_HIE_1: Support Electronic Referral Loops by Sending Health Information:</b>            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>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.</p>

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	EXCLUSION AVAILABLE	REQUIRED FOR PROMOTING INTEROPERABILITY	ADDITIONAL INFORMATION
Health Information Exchange	<p><b>PI_HIE_4: Support Electronic Referral Loops by Receiving and Reconciling Health Information:</b></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>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.</p>
Health Information Exchange	<p><b>PI_HIE_5: Health Information Exchange (HIE) Bi-Directional Exchange:</b></p> <p>The MIPS eligible clinician or group must attest that they engage in bidirectional exchange with an HIE to support transitions of care.</p>	No	Yes	<p>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.</p>

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	EXCLUSION AVAILABLE	REQUIRED FOR PROMOTING INTEROPERABILITY	ADDITIONAL INFORMATION
Public Health and Clinical Data Exchange	<p><b>PI_PHCDRR_1: Immunization Registry Reporting:</b> 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	
Public Health and Clinical Data Exchange	<p><b>PI_PHCDRR_2: Syndromic Surveillance Reporting:</b> The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.</p>	No	No	Bonus Promoting Interoperability measure at this time.
Public Health and Clinical Data Exchange	<p><b>PI_PHCDRR_3: Electronic Case Reporting:</b> The MIPS eligible clinician is in active engagement with a public health agency to electronically submit case reporting of reportable conditions.</p>	Yes	Yes	
Public Health and Clinical Data Exchange	<p><b>PI_PHCDRR_4: Public Health Registry Reporting:</b> The MIPS eligible clinician is in active engagement with a public health agency to submit data to public health registries.</p>	No	No	Bonus Promoting Interoperability measure at this time.
Public Health and Clinical Data Exchange	<p><b>PI_PHCDRR_5: Clinical Data Registry Reporting:</b> The MIPS eligible clinician is in active engagement to submit data to a clinical data registry.</p>	No	No	Bonus Promoting Interoperability measure at this time.

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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	<p><b>PI_PPHI_1: Security Risk Analysis:</b>                      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.</p>	No	Yes	Annual requirement for Promoting Interoperability submission but not scored.
Protect Patient Health Information	<p><b>PI_PPHI_2: Safety Assurance Factors for EHR Resilience Guide (SAFER Guide):</b>                      Conduct an annual self-assessment using the High Priority Practices Guide at any point during the calendar year in which the performance period occurs.</p>	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
Attestation	<p><b>PI_ONCDIR_1: ONC-Direct Review Attestation:</b></p> <p>I attest that I - (1) Acknowledge the requirement to cooperate in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received; and (2) If requested, cooperated in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the MIPS eligible clinician in the field.</p>	No	Yes	Annual requirement for Promoting Interoperability submission but not scored.
Attestation	<p><b>PI_INFBLO_2: Actions to Limit or Restrict Compatibility or Interoperability of CEHRT:</b></p> <p>I attest to CMS that I did not knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology.</p>	No	Yes	Annual requirement for Promoting Interoperability submission but not scored.
e-Prescribing	<p><b>PI_EP_1: e-Prescribing:</b></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	

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	EXCLUSION AVAILABLE	REQUIRED FOR PROMOTING INTEROPERABILITY	ADDITIONAL INFORMATION
e-Prescribing	<p><b>PI_EP_2: Query of Prescription Drug Monitoring Program (PDMP):</b>            For at least one Schedule II opioid or Schedule III or IV drug 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.</p>	Yes	Yes	
Provider to Patient Exchange	<p><b>PI_PEA_1: Provide Patients Electronic Access to Their Health Information:</b>            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><b>PI_HIE_1: Support Electronic Referral Loops by Sending Health Information:</b></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 or PI_HIE_6 Health Information Exchange measure may be reported as an alternative reporting option to PI_HIE_1 and PI_HIE_4.
Health Information Exchange	<p><b>PI_HIE_4: Support Electronic Referral Loops by Receiving and Reconciling Health Information:</b></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 or PI_HIE_6 Health Information Exchange measure may be reported as an alternative reporting option to PI_HIE_1 and PI_HIE_4.
Health Information Exchange	<p><b>PI_HIE_5: Health Information Exchange (HIE) Bi-Directional Exchange:</b></p> <p>The MIPS eligible clinician or group must attest that they engage in bidirectional exchange with an HIE to support transitions of care.</p>	No	Yes	This measure is an optional alternative Health Information Exchange measure and may be reported as an alternative reporting option in place of PI_HIE_1 and PI_HIE_4 OR PI_HIE_6.

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	EXCLUSION AVAILABLE	REQUIRED FOR PROMOTING INTEROPERABILITY	ADDITIONAL INFORMATION
Health Information Exchange	<p><b>PI_HIE_6: Enabling Exchange Under TEFCA:</b></p> <p>Provide eligible clinicians with the opportunity to earn credit for the Health Information exchange objective if they: are a signatory to a “Framework Agreement” as that term is defined in the Common Agreement; enable secure, bi-directional exchange of information to occur for all unique patients of eligible clinicians, and all unique patient records stored or maintained in the EHR; and use the functions of CEHRT to support bidirectional exchange.</p>	No	Yes	This measure is an optional alternative Health Information Exchange measure and may be reported as an alternative reporting option in place of PI_HIE_1 and PI_HIE_4 OR PI_HIE_5.
Public Health and Clinical Data Exchange	<p><b>PI_PHCDRR_1: Immunization Registry Reporting:</b></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	
Public Health and Clinical Data Exchange	<p><b>PI_PHCDRR_2: Syndromic Surveillance Reporting:</b></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>	No	No	Bonus Promoting Interoperability measure at this time.



OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	EXCLUSION AVAILABLE	REQUIRED FOR PROMOTING INTEROPERABILITY	ADDITIONAL INFORMATION
Public Health and Clinical Data Exchange	<b>PI_PHCDRR_3: Electronic Case Reporting:</b> 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	<b>PI_PHCDRR_4: Public Health Registry Reporting:</b> 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	<b>PI_PHCDRR_5: Clinical Data Registry Reporting:</b> 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.

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**Change #12:**

**Location:** Page 13

**Reason for Change:**

Language updates

**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?)*
- 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.

**CY 2023 Final Rule text:**

**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 they are applicable to the cost measure(s) and activities within the MVP?
- Have the quality measure numerators been assessed to ensure congruency 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 the general public to utilize our established pre-rulemaking processes, such as the Call for Quality 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?
- For which collection types are the measures available?
- What role does each quality measure play in driving quality clinical care, improving healthcare value, and addressing the health equity gap within the MVP?
- 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.

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**Change #13:**

**Location:** Page 14

**Reason for Change:**

Language updates

**CY 2022 Final Rule text:**

**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?

**CY 2023 Final Rule text:**

***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 do the included cost measure(s) relate to quality measures and activities included in the MVP?
- Are the included cost measures relevant to the specific types of care (for example, conditions or procedures) and clinicians (for example, specialties or subspecialties) intended to be assessed by the MVP?

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