

MVP Development Standardized Template CY 2024 Final versus CY 2025 Final

Burden impact: The changes to the MVP Development Standardized Template reflect finalization of proposals, language updates, and additional text added from the CY 2024 Physician Fee Schedule (PFS) Final Rule for the Quality Payment Program to the CY 2025 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 2024 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.

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 2025 Final Rule text:

Purpose

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

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 1-2

Reason for Change:

Language updates

CY 2024 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 provide a pathway for clinicians to report on an applicable clinical topic based on their specialty, their medical condition focus, or the setting in which they provide patient 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](#).

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 can be found on the [MVP Candidate Development & Submission webpage](#).

While stakeholder feedback in MVP development is appreciated, ultimately CMS will determine if a given MVP candidate will move forward through rulemaking. CMS owns all MVPs that are established through notice and comment rulemaking. CMS will determine if the MVP is appropriate and responsive to the needs and priorities of the Agency, Department, and Administration. In addition to determining if an MVP candidate aligns with programmatic needs, CMS will also determine when an MVP candidate is ready for proposal through rulemaking for future implementation.

In the CY 2023 PFS Final Rule, we finalized the modification of the MVP development process to include a 30-day feedback 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.

CY 2025 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 provide a pathway for clinicians to report on an applicable clinical topic based on their specialty, their medical condition focus, or the setting in which they provide patient care. CMS has identified priority specialties and clinical topics for MVP development. Interested parties are encouraged to submit MVPs that address these priority areas. The 2025 MVP “Needs and Priorities” document provides additional information and will be available in the QPP website, [MVP Candidate Development & Submission webpage](#), [MVPs Development Resources ZIP file](#). The MVP framework strives to link measures and improvement activities that address a common clinical theme across the 4 MIPS performance categories. More details regarding the intent of the MVP framework can be found on the [MVP Candidate Development & Submission webpage](#).

While stakeholder feedback in MVP development is appreciated, ultimately CMS will determine if a given MVP candidate will move forward through rulemaking. CMS owns all MVPs that are established through notice and comment rulemaking. CMS will determine if the MVP is appropriate and responsive to the needs and priorities of the Agency, Department, and Administration. In addition to determining if an MVP candidate aligns with programmatic needs,

CMS will also determine when an MVP candidate is ready for proposal through rulemaking for future implementation.

In the Calendar Year (CY) 2023 Physician Fee Schedule (PFS) Final Rule, we finalized the modification of the MVP development process to include a 30-day feedback period for interested parties to submit feedback on candidate MVPs prior to potentially including an MVP in a notice of proposed rulemaking. At the discretion of CMS and when possible, we will extend the 30-day feedback period up to 45-days in order to give interested parties additional time to provide feedback.

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's implemented, CMS may take additional steps through notice and comment rulemaking to make updates.

Change #3:

Location: Page 2

Reason for Change:

Language updates

CY 2024 Final Rule text:

Introduction

These instructions identify the information the general public should submit, using the standardized template below, if they 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 should include measures and activities across the quality, cost, and improvement activities performance categories.

Each MVP includes what is referred to as the foundational layer, which includes the Promoting Interoperability measure/objective set and 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.

Promoting Interoperability performance category measures don't need to be included in MVP candidate submissions. The foundational layer measures are prefilled in the template because they are required across all MVP candidates and can't be changed. The Promoting Interoperability performance category measure specifications are available on the [Promoting Interoperability Performance Category webpage](#).

Please complete and submit 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](#).

CY 2025 Final Rule text:

Introduction

Use the standardized template below to submit an MVP candidate for consideration. MVP candidate submissions should include measures and activities across the quality, cost, and improvement activities performance categories. In addition to these core performance categories, each MVP candidate includes what is referred to as the foundational layer, which includes the Promoting Interoperability measure/objective set and 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.

The foundational layer measures are prefilled in the template (Tables 2B and 2C) because they are required across all MVP candidates and can't be changed. The Promoting Interoperability performance category measure specifications are available on the [Promoting Interoperability Performance Category webpage](#).

Complete and submit 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.
 - CMS isn't prescriptive regarding the number of measures and activities that may be included in an MVP as long as there are a sufficient number of measures and activities to meet the reporting requirements; 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.
 - IA_PCMH is included in all MVPs because MIPS eligible clinicians in a patient-centered medical home or comparable specialty practice may attest to it and receive an improvement activity score of 100 percent per statute (Code of Federal Regulations § 414.1380(b)(3)(ii)).
 - IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways is included in all MVPs as it was developed specifically for MVP reporting.

Additional guidance and considerations for completing Table 2A can be found in the [Appendix](#).

Change #4:

Location: Page 2

Reason for Change:

Language updates, updated hyperlink text to display

CY 2024 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 to be considered for inclusion within an MVP.

CY 2025 Final Rule text:

MVP Candidate Content and Review Process

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Change #5:

Location: Page 3

Reason for Change:

Language updates

CY 2024 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. The following 2024 resources will be available on the [QPP Resource Library](#):

- 2024 MIPS Quality Measures List (XLSX)
- 2024 Cross-Cutting Quality Measures (PDF)
- 2024 QCDR Measure Specifications (XLSX)

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*. This MVP was developed to include an outcome measure related to care provided by this single specialty.

- If an outcome measure isn't 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*. 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.

CY 2025 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. The following 2025 resources will be available on the [QPP Resource Library](#):

- 2025 MIPS Quality Measures List (XLSX)
- 2025 Cross-Cutting Quality Measures (PDF)
- 2025 QCDR Measure Specifications (XLSX)

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 PFS final rule, when developing MVP candidates, the interested parties 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.
 - An example of a single specialty MVP is the *Patient Safety and Support of Positive Experiences with Anesthesia MVP*. This MVP was developed to include an outcome measure related to care provided by this specialty.
 - If an outcome measure isn't available for a given clinician specialty, a high priority measure must be included and available for each clinician specialty included.
 - An example of an MVP that contains high priority measures is the *Advancing Cancer Care MVP*. 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.
 - An example of an MVP containing an outcome-based administrative claims measure for use in the quality performance category is the *Improving Care for Lower Extremity Joint Repair MVP*.

Change #5:**Location:** Page 3**Reason for Change:**

Language updates

CY 2024 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 36 health equity focused improvement activities in the current inventory. The 2024 Improvement Activity Inventory will be available on the QPP Resource Library.

New improvement activities may be submitted using the 2024 Call for Measures and Activities process, which will outlined on the [QPP Resource Library](#).

CY 2025 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.

The 2025 Improvement Activity Inventory will be available on the QPP Resource Library.

New improvement activities may be submitted using the 2025 Call for Measures and Activities process, which will outlined on the [QPP Resource Library](#).

Change #6:**Location:** Page 4**Reason for Change:**

Language updates

CY 2024 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 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. The following cost measure information will be available on the [QPP Website](#):

- MIPS 2024 Summary of Cost Measures (PDF): Provides an overview of the cost measures, their development, and estimated cost and clinician coverage metrics for the measures currently in use.
- Measure Information Form (ZIP): Describes the methodology used to construct each measure.
- Measure Codes List (ZIP): Contains service codes and clinical logic used in the methodology, including episode triggers, exclusion categories, episode subgroups, assigned items and services, and risk adjusters.

New cost measures may be submitted for consideration for use in the MIPS program using the 2024 Call for Measures and Activities process, which will be outlined on the [QPP Resource Library](#).

CY 2025 Final Rule text:

Cost Measures

The current inventory of cost measures covers different types of care. Episode-based cost measures assess specific clinically related costs during a defined period, or “episode of care.” These measures can apply to clinicians and clinicians groups who perform procedures (e.g., knee arthroplasty), treat patients during acute inpatient hospitalizations (e.g. stays for lower gastrointestinal hemorrhage), provide ongoing chronic condition management (e.g., ongoing diabetes care), or practice in certain settings (e.g., an emergency department).

There are also two broader measures (population-based cost measures) that assess overall costs of care. The Medicare Spending Per Beneficiary (MSPB) Clinician measure assesses costs of care for a patient's inpatient hospital stay during the period 3 days prior to a hospital stay through 30 days after discharge. The Total Per Capita Cost (TPCC) measure assesses the overall cost of care delivered to a patient with a focus on the primary care they receive from their providers.

The following cost measure information will be available on the [QPP website](#):

- MIPS 2025 Summary of Cost Measures (PDF): Provides an overview of the cost measures, their development, and estimated cost and clinician coverage metrics for the measures currently in use.

- Measure Information Form (ZIP): Describes the methodology used to construct each measure.
- Measure Codes List (ZIP): Contains service codes and clinical logic used in the methodology, including episode triggers, exclusion categories, episode subgroups, assigned items and services, and risk adjusters.

New cost measures may be submitted for consideration for use in the MIPS program using the 2025 Call for Measures and Activities process, which will be outlined on the [QPP Resource Library](#).

Change #7:

Location: Page 4

Reason for Change:

Language updates

CY 2024 Final Rule text:

Submission and Review Process

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

Candidate MVPs 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 2025 performance period/2027 MIPS payment year.

As MVP candidates are received, they will be reviewed 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 evaluate the quality and cost measures from a technical perspective to validate applicability to the clinician being measured for performance. 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. Submitting an MVP candidate doesn't 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 for CMS evaluation.

CY 2025 Final Rule text:

Submission and Review Process

MVP candidates can be submitted through the Call for MVPs process on a rolling basis throughout the year and will be considered for potential inclusion in the upcoming notice of proposed rulemaking. If finalized, implementation would begin with the CY 2026 performance period/2028 MIPS payment year.

MVP candidates will be reviewed by CMS as they're received. CMS will use the MVP development criteria (see [Appendix](#) below) to determine if the MVP candidate is feasible.

CMS will also evaluate the quality and cost measures from a technical perspective to validate applicability to the clinician being measured for performance. 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. Submitting an MVP candidate doesn't guarantee it will be considered or accepted for the rulemaking process. CMS won't communicate the status of an MVP candidate (i.e., approved, rejected, or considered for a future year) with those who submitted the candidate prior to the publication of the proposed rule.

Completed MVP candidate templates (inclusive of Table 1 and Table 2A) should be submitted to MVPsupport@cms.hhs.gov for CMS evaluation.

Change #8:

Location: Page 5

Reason for Change:

Language updates

CY 2024 Final Rule text:

Table 1: MVP Descriptive Information

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 2.0 Framework Domain\(s\)](#) does the MVP address?

CY 2025 Final Rule text:

Table 1: MVP Descriptive Information

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 health care priority does the MVP address?
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Change #9:

Location: Pages 7

Reason for Change:

Language updates

CY 2024 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. 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 their availability within MIPS.

- For example, the 2023 *Advancing Care for Heart Disease MVP* includes 14 quality measures and 11 improvement activities. Cardiac disease can encompass several conditions relative to heart care; 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.

CMS isn't 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 ([Table 2B](#) and [Table 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.

CY 2025 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. At a minimum, [Table 2A](#) should include measure/activity IDs, measure/activity titles, measure collection types, and rationale for inclusion. The number of rows included should reflect the number of measures/activities that are necessary to describe the MVP candidate submission.

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

- For example, the 2024 *Advancing Care for Heart Disease MVP* includes 18 quality measures and 14 improvement activities. Cardiac disease can encompass several conditions relative to heart care; 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 1 cost measure relevant and applicable to the MVP topic. The number of cost measures in an MVP may vary depending on the clinical topic of the MVP.

The foundational layer of measures is included below ([Table 2B](#) and [Table 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.

Change #10:

Location: Page 8-13

Reason for Change:

Language updates, updated column title in table

CY 2024 Final Rule text:

Table 2C: Foundational Layer – Promoting Interoperability Measures

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	REQUIRED FOR PROMOTING INTEROPERABILITY	EXCLUSION AVAILABLE	ADDITIONAL INFORMATION
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CY 2025 Final Rule text:

Table 2C: Foundational Layer – Promoting Interoperability Measures

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	REQUIRED	EXCLUSION AVAILABLE	ADDITIONAL INFORMATION
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Change #11:

Location: Pages 14

Reason for Change:

Language updates

CY 2024 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 relatable in clinical topic, setting, and specialty (including nurse practitioners, physician assistants, certified registered nurse anesthetists, and clinical social workers) to the cost measure(s) and activities within the MVP?
 - These quality measures should include appropriate settings and applicability to non-physician practitioners (e.g., nurse practitioners, physician assistants, etc.).
- 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.

CY 2025 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 align with current clinical guidelines?)*
- Have the quality measure denominators been evaluated to ensure they are relatable in clinical topic, setting, and specialty (including nurse practitioners, physician assistants, certified registered nurse anesthetists, and clinical social workers) to the cost measure(s) and activities within the MVP?
 - These quality measures should include appropriate settings and applicability to non-physician practitioners (e.g., nurse practitioners, physician assistants, etc.).

- 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 interested parties 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 and improving healthcare value within the MVP?
- To the extent feasible, specialty and sub-specialty specific quality measures are incorporated into the MVP. Broadly applicable and/or cross-cutting quality measures may be incorporated if relevant to the clinicians being measured.
