



**Merit-based Incentive Payment System (MIPS)
Value Pathways (MVP) Candidate for
Consideration for the 2024 Performance Year**

**Quality Care in Mental Health and Substance Use
Disorder**



MVP Candidate Feedback Process

The MVP Candidate Feedback Process is an opportunity for the general public to participate in the MVP development process and provide feedback on MVP candidates before they're potentially proposed in rulemaking. Learn more about the [MVP Public Candidate Feedback Process](#) on the QPP website.

The 2024 MVP Candidate Feedback Period ended on February 8, 2023. Review the feedback received from the general public below, following the MVP candidate details.

Note: This document is for the 2024 MVP Candidate Feedback only and shouldn't be used as a reference for reporting MVPs in the 2023 performance year.

TABLE 1: Quality Care in Mental Health and Substance Use Disorder MVP

Quality	Improvement Activities	Cost
Q107: Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (Collection Type: eCQM)	IA_AHE_1: Enhance Engagement of Medicaid and Other Underserved Populations (High)	MSPB Clinician
Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health (High)	Depression¹
Q305: Initiation and Engagement of Substance Use Disorder Treatment (Collection Type: eCQM) High Priority	IA_BE_12: Use evidence-based decision aids to support shared decision-making. (Medium)	Psychoses and Related Conditions²
Q366: Follow-Up Care for Children Prescribed ADHD Medication (ADD) (Collection Type: eCQM)	IA_BE_16: Evidenced-based techniques to promote self-management into usual care (Medium)	
Q370: Depression Remission at Twelve Months (Collection Type: eCQM, MIPS CQM) High Priority, Outcome	IA_BE_23: Integration of patient coaching practices between visits (Medium)	
Q382: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (Collection Type: eCQM) High Priority	IA_BMH_5: MDD prevention and treatment interventions (Medium)	
Q383: Adherence to Antipsychotic Medications For Individuals with Schizophrenia (Collection Type: MIPS CQM) High Priority, Outcome	IA_BMH_7: Implementation of Integrated Patient Centered Behavioral Health Model (High)	
Q468: Continuity of Pharmacotherapy for Opioid Use Disorder (OUD) (MIPS CQM) High Priority	IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation	
MBHR2: Anxiety Response at 6-months (Collection Type: QCDR) High Priority, Outcome	IA_PM_6: Use of Toolsets or Other Resources to Close Health and Health Care Inequities Across Communities (Medium)	
MBHR7: Posttraumatic Stress Disorder (PTSD) Outcome Assessment for Adults and Children (Collection Type: QCDR) High Priority, Outcome	IA_PSPA_32: Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support (High)	
MBHR15: Consideration of Cultural-Linguistic and Demographic Factors in Cognitive Assessment (Collection Type: QCDR) High Priority		

¹ The Depression episode-based cost measure received conditional support for rulemaking from the 2022-2023 Measure Applications Partnership (MAP) Coordinating Committee. The Depression episode-based cost measure will only be considered for use in this MVP if it's proposed and finalized for use in MIPS via rulemaking.

² The Psychoses and Related Conditions episode-based cost measure received conditional support for rulemaking from the 2022-2023 Measure Applications Partnership (MAP) Coordinating Committee. The Psychoses and Related Conditions episode-based cost measure will only be considered for use in this MVP if it's proposed and finalized for use in MIPS via rulemaking.

TABLE 1: Quality Care in Mental Health and Substance Use Disorder MVP

Quality	Improvement Activities	Cost
<p>PP11: Improvement or Maintenance in Recovery for All Individuals Seen For Mental Health and/or Substance Use Care (Collection Type: QCDR) High Priority, Outcome</p> <p>PP12: Initiation, Review, And/Or Update to Suicide Safety Plan for Individuals with Suicidal Thoughts, Behavior or Suicide Risk (Collection Type: QCDR)</p>		

TABLE: Foundational Layer

The Foundational Layer is the same for every MVP.

Foundational Layer	
Population Health Measures	Promoting Interoperability
<p>Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups (Collection Type: Administrative Claims)</p> <p>Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> • Security Risk Analysis • Safety Assurance Factors for EHR Resilience Guide (SAFER Guide) • e-Prescribing • Query of the Prescription Drug Monitoring Program (PDMP) • Provide Patients Electronic Access to Their Health Information • Support Electronic Referral Loops By Sending Health Information <p>AND</p> <ul style="list-style-type: none"> • Support Electronic Referral Loops By Receiving and Reconciling Health Information <p>OR</p> <ul style="list-style-type: none"> • Health Information Exchange (HIE) Bi-Directional Exchange <p>OR</p> <ul style="list-style-type: none"> • Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA) • Immunization Registry Reporting • Syndromic Surveillance Reporting (Optional) • Electronic Case Reporting • Public Health Registry Reporting (Optional) • Clinical Data Registry Reporting (Optional) • Actions to Limit or Restrict Compatibility or Interoperability of CEHRT • ONC Direct Review



Quality Care in Mental Health and Substance Use Disorder MVP Feedback

Below is the feedback we received during the 30-day MVP Candidate Feedback Period for the Quality Care in Mental Health and Substance Use Disorder MVP. We didn't include feedback considered out of scope to the draft 2024 MVP candidate.

Feedback: One commenter requested that anesthesiologists be kept in mind for any expansion of this MVP or future measure development focused on electroconvulsive therapy (ECT) procedures.

Feedback: One commenter shared a concern that the construct of the MVP is too broad a topic area for the MVP. In addition, the commenter did not feel the MVP could feasibly be implemented for psychologists in generalist practices who see between 30 – 40 patients per week, presenting with various different diagnoses (e.g., depression, anxiety, PTSD, psychosis, etc.), and include patients across the lifespan.

Feedback: One commenter supported the quality measures and improvement activities included in this MVP. In addition, the commenter shared their concern that the rewards for lower cost could incentivize providers such as clinical social workers to report on healthier patients and feels that efforts should be made to ensure that cost effectiveness does not compromise the quality of care or penalize providers for costs that may be out of their control.

Feedback: One commenter recommended CMS engage in a data-driven approach to develop an MVP that better reflects the quality measures and improvement activities being selected by mental and behavioral health providers. The commenter also noted the included cost measures are not applicable to all mental health clinicians and suggested postponing the adoption of this MVP until there are cost measures applicable to psychologists.

Feedback: One commenter expressed concern with the inclusion of Q383: Adherence to Antipsychotic Medications For Individuals with Schizophrenia as they question how practices are aware that the medication has actually been filled. The commenter also recommended the inclusion of the following improvement activities:

- IA_AHE_5: MIPS Eligible Clinician Leadership in Clinical Trials or CBPR
- IA_AHE_6: Provide Education Opportunities for New Clinicians

Feedback: One commenter recommended changes to the MVP so that it is focused on the treatment of depression (including co-occurring disorders), encouraging behavioral health integration in primary care (including collaborative care) and measurement-based care in both primary care and specialty care settings. The recommendations include the following:

Expand the measure options to include:

- Q226: Tobacco Use Screening and Cessation intervention
- Q431: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling

Expand the practice improvement activities to include:

- IA_BMH_2: Tobacco Use
- IA_BMH_4: Depression screening

- IA_BMH_10: Completion of Collaborative Care Management Training Program
- IA_CC_12: Care coordination agreements that promote improvements in patient tracking across settings
- IA_EPA_2: Use of telehealth services that expand practice access
- IA_PSPA_2: Participation in MOC Part IV

Remove the following:

- Q383: Adherence to Antipsychotic Medications For Individuals with Schizophrenia
- Cost measure: Psychosis and Related Conditions

Feedback: One commenter supported the inclusion of the following measures:

- Q107: Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
- Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- Q370: Depression Remission at Twelve Months
- Q383: Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- PP12: Initiation, Review, And/or Update to Suicide Safety Plan for Individuals with Suicidal Thoughts, Behavior or Suicide Risk

The commenter also recommended that Q009: Anti-Depressant Medication Management be considered for inclusion in order to promote assessment of patients with a diagnosis of major depression being treated with antidepressant medications.

Feedback: One commenter recommended the inclusion of Q477: Multimodal Pain Management.

Feedback: One commenter stated this MVP has the potential to encourage and incentivize appropriate use of occupational therapy services. They recommended additional quality measures that could be considered to effectively capture diverse treatment interventions being delivered to address depression and substance use including:

- Q182: Functional Outcome Assessment
- Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- Q431: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling

Feedback: A couple of commenters recommended the inclusion of IA_AHE_3: Promote Use of Patient-Reported Outcome Tools.

Feedback: One commenter recommended the inclusion of IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols

Feedback: One commenter expressed concern with the inclusion of the Psychoses and Related Conditions cost measure as they questioned whether the 45-day episode length is too short and may inappropriately disincentivize use of effective treatments. This commenter is also concerned that the Depression cost measure may not adequately account for the added cost of caring for related and comorbid conditions.

Feedback: One commenter urged CMS to develop a cost measure applicable to occupational therapists to enable the profession to be able to report this MVP and support Medicare beneficiaries with mental health conditions.



Version History

Date	Description
02/22/2023	Original posting.