



**Merit-based Incentive Payment System (MIPS)
Value Pathways (MVP) Candidate – 2025
Performance Year
Dermatological Care MVP**



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 Candidate Feedback Process](#) on the Quality Payment Program (QPP) website.

Note: This document is for 2025 MVP Candidate Feedback only and shouldn't be used as a reference for reporting MVPs in the 2024 performance year.

MVP Candidate Feedback Instructions

Review the measures and activities included in [TABLE 1: Dermatological Care MVP](#) below.

MVP candidate feedback should be submitted to PIMMSMVPSupport@gdit.com for Centers for Medicare & Medicaid Services (CMS) consideration between December 15, 2023, and 11:59 p.m. ET on January 29, 2024.

Please include the following information in the email:

- **Subject Line:** Draft 2025 MVP Candidate Feedback
- **Email Body:** Your feedback for consideration and public posting. Please indicate the MVP name to which your feedback relates.

CMS won't post feedback that is considered unrelated to the draft 2025 MVP candidates.

TABLE 1: Dermatological Care MVP

Quality	Improvement Activities	Cost
<p>Q130: Documentation of Current Medications in the Medical Record (eCQM, MIPS CQM) High Priority</p> <p>Q137: Melanoma: Continuity of Care – Recall System (MIPS CQM) High Priority</p> <p>Q176: Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy (MIPS CQM)</p> <p>Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Medicare Part B Claims, eCQM, MIPS CQM)</p> <p>Q410: Psoriasis: Clinical Response to Systemic Medications (MIPS CQM) High Priority, Outcome</p> <p>Q485: Psoriasis – Improvement in Patient-Reported Itch Severity (MIPS CQM) High Priority, Outcome</p> <p>Q486: Dermatitis – Improvement in Patient-Reported Itch Severity (MIPS CQM) High Priority, Outcome</p> <p>Q487: Screening for Social Drivers of Health (MIPS CQM) High Priority</p> <p>AAD8: Chronic Skin Conditions: Patient Reported Quality-of-Life (QCDR) High Priority</p> <p>AAD16: Avoidance of Post-operative Systemic Antibiotics for Office-based Closures and Reconstruction After Skin Cancer Procedures (QCDR) High Priority</p> <p>AAD18: Avoidance of Opioid Prescriptions for Closure and Reconstruction After Skin Cancer Resection (QCDR) High Priority</p>	<p>IA_AHE_1: Enhance Engagement of Medicaid and Other Underserved Populations (High Weight)</p> <p>IA_AHE_6: Provide Education Opportunities for New Clinicians (High Weight)</p> <p>IA_BE_4: Engagement of patients through implementation of improvements in patient portal (Medium Weight)</p> <p>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings (High Weight)</p> <p>IA_BE_15: Engagement of Patients, Family and Caregivers in Developing a Plan of Care (Medium Weight)</p> <p>IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop (Medium Weight)</p> <p>IA_CC_2: Implementation of improvements that contribute to more timely communication of test results (Medium Weight)</p> <p>IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record (High Weight)</p> <p>IA_EPA_2: Use of telehealth services that expand practice access (Medium Weight)</p> <p>IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways (High Weight)</p> <p>IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</p> <p>IA_PM_16: Implementation of medication management practice improvements (Medium Weight)</p> <p>IA_PSPA_8: Use of Patient Safety Tools (Medium Weight)</p>	<p>Melanoma Resection</p>

TABLE 2: 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 • High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide) • e-Prescribing • Query of Prescription Drug Monitoring Program (PDMP) • Provide Patients Electronic Access to Their Health Information • Support Electronic Referral Loops By Sending Health Information AND • Support Electronic Referral Loops By Receiving and Reconciling Health Information OR • Health Information Exchange (HIE) Bi-Directional Exchange OR • 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 Attestation