



## Calendar Year (CY) 2025 Finalized Merit-based Incentive Payment System (MIPS) Value Pathways (MVPs)<sup>1</sup>

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<sup>1</sup> The following activities have been suspended for the 2025 performance period: IA\_AHE\_5, IA\_AHE\_8, IA\_AHE\_9, IA\_AHE\_11, IA\_AHE\_12, IA\_PM\_6, IA\_ERP\_3, and IA\_PM\_26. However, if any of the suspended improvement activities have already been completed or were in the process of being completed, clinicians will still be able to attest to completing them and receive credit. Please review the [2025 Improvement Activities Inventory](#) for available improvement activities.

## Table of Contents

INTRODUCTION .....	3
TABLE A.1: COMPLETE OPHTHALMOLOGIC CARE MVP .....	5
TABLE A.2: DERMATOLOGICAL CARE MVP .....	10
TABLE A.3: GASTROENTEROLOGY CARE MVP .....	14
TABLE A.4: OPTIMAL CARE FOR PATIENTS WITH UROLOGIC CONDITIONS MVP .....	17
TABLE A.5: PULMONOLOGY CARE MVP .....	20
TABLE A.6: SURGICAL CARE MVP .....	23
TABLE B.1: ADOPTING BEST PRACTICES AND PROMOTING PATIENT SAFETY WITHIN EMERGENCY MEDICINE MVP .....	26
TABLE B.2: ADVANCING CANCER CARE MVP .....	29
TABLE B.3: ADVANCING CARE FOR HEART DISEASE MVP .....	33
TABLE B.4: ADVANCING RHEUMATOLOGY PATIENT CARE MVP .....	37
TABLE B.5: COORDINATING STROKE CARE TO PROMOTE PREVENTION AND CULTIVATE POSITIVE OUTCOMES MVP .....	41
TABLE B.6: FOCUSING ON WOMEN’S HEALTH MVP .....	44
TABLE B.7: IMPROVING CARE FOR LOWER EXTREMITY JOINT REPAIR MVP .....	48
TABLE B.8: OPTIMAL CARE FOR KIDNEY HEALTH MVP .....	51
TABLE B.9: PATIENT SAFETY AND SUPPORT OF POSITIVE EXPERIENCES WITH ANESTHESIA MVP .....	54
TABLE B.10: PREVENTION AND TREATMENT OF INFECTIOUS DISORDERS INCLUDING HEPATITIS C AND HIV MVP .....	57
TABLE B.11: QUALITY CARE FOR PATIENTS WITH NEUROLOGICAL CONDITIONS MVP .....	60
TABLE B.12: QUALITY CARE FOR THE TREATMENT OF EAR, NOSE, AND THROAT DISORDERS MVP .....	64
TABLE B.13: QUALITY CARE IN MENTAL HEALTH AND SUBSTANCE USE DISORDERS MVP .....	67
TABLE B.14: REHABILITATIVE SUPPORT FOR MUSCULOSKELETAL CARE MVP .....	70
TABLE B.15: VALUE IN PRIMARY CARE MVP .....	74
VERSION HISTORY .....	77

## Introduction

In the [CY 2021 Physician Fee Schedule \(PFS\) Final Rule](#) (85 FR 84849 through 84854), the [CY 2022 PFS Final Rule](#) (86 FR 65998 through 66031), the [CY 2023 PFS Final Rule](#) (87 FR 70210 through 70211), and the [CY 2024 PFS Final Rule](#) (88 FR 79978 through 80047) we finalized criteria to use in the development of MVPs, MVP reporting requirements, MVP maintenance, and the selection of measures and activities within each MVP.

In the [CY 2025 PFS Proposed Rule](#), Appendix 3, CMS proposed 6 new MVPs, as well as modifications to 16 previously finalized MVPs.

**This resource includes the finalized versions of these MVPs and the modifications to previously finalized MVPs for implementation beginning in the 2025 MIPS performance period.**

Each MVP includes measures and activities from the quality performance category, improvement activities performance category, and cost performance category that are relevant to the clinical specialty or medical condition of the MVP. In addition, each MVP includes a foundational layer (which is the same for all MVPs) that is comprised of population health measures and Promoting Interoperability performance category objectives and measures. For each MVP, we note potential clinician types who may want to consider reporting the MVP, if finalized and/or modified.

Please refer to Appendix 3 in the [CY 2025 PFS Final Rule](#) for the finalized MVPs included in this resource, as well as the modifications to the previously finalized MVPs. For additional details regarding the [MVP candidate development and submission process](#), the [MVP candidate feedback process](#), and the [annual maintenance process for MVPs](#), please visit the [Quality Payment Program website](#).

## MVP Reporting Requirements

For each MVP, the following reporting requirements were finalized in the [CY 2022 PFS Final Rule](#) (86 FR 65998 through 66031). Additional details around subgroup participation and MVP reporting can be found in the [CY 2023 PFS Final Rule](#) and the [2023 MVPs Implementation Guide](#).

### Quality Performance Category

- Select and submit 4 quality measures.
- At least one measure must be an outcome measure (or a high priority measure if an outcome is not available or applicable).
  - This can include an outcome measure calculated by CMS through administrative claims, if available in the MVP.

### Improvement Activities Performance Category

- In the CY 2025 final rule, CMS is removing the activity weightings and simplifying requirements by reducing the number of activities clinicians are required to attest to completing. For MVP reporting, clinicians, groups, and subgroups (regardless of special status) must attest to 1 activity. Clinicians may still choose to report IA\_PCMH.

### Cost Performance Category

- CMS calculates performance exclusively on the cost measures included in the MVP using administrative claims data.

### Foundational Layer

#### Population Health Measures

- In the CY 2025 final rule, CMS is removing the requirement to select a measure during registration. CMS will calculate these measures through administrative claims and will be scored as part of the quality performance category.
- For the 2025 performance period, there are 2 population health measures available for selection:
  - Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups
  - Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

#### Promoting Interoperability Performance Category

- Must submit the same Promoting Interoperability measures required under traditional MIPS, unless you qualify for reweighting of the Promoting Interoperability performance category.

# Newly Finalized MVPs

**TABLE A.1: Complete Ophthalmologic Care MVP**

**Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year**

As noted in the introduction of this resource, we considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Complete Ophthalmologic Care MVP.

**Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:**

- Ophthalmology
- Optometry

**Measure Key**

- \* Existing measures and improvement activities with revisions
- \*\* Can be submitted only when included in an MVP
- ! High priority measures
- !! Outcome measures
- ~ Includes a health equity component

Quality	Improvement Activities	Cost
<p><b>Q012: Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation</b> (Collection Type: eCQM Specifications)</p> <p><b>(*)(!) Q019: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care</b> (Collection Type: eCQM Specifications)</p> <p><b>(*) Q117: Diabetes: Eye Exam</b> (Collection Type: eCQM Specifications, MIPS CQM Specifications)</p> <p><b>(*)(!) Q130: Documentation of Current Medications in the Medical Record</b> (Collection Type: eCQM Specifications, MIPS CQM Specifications)</p>	<p><b>(~) IA_AHE_1: Enhance Engagement of Medicaid and Other Underserved Populations</b></p> <p><b>IA_BE_4: Engagement of patients through implementation of improvements in patient portal</b></p> <p><b>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings</b></p> <p><b>IA_BE_25: Drug Cost Transparency</b></p> <p><b>(~) IA_CC_9: Implementation of practices/processes for developing regular individual care plans</b></p> <p><b>(~) IA_CC_10: Care transition documentation practice improvements</b></p> <p><b>IA_CC_13: Practice improvements to align with OpenNotes principles</b></p>	<p><b>(*) Cataract Removal with Intraocular Lens (IOL) Implantation</b></p>



## Complete Ophthalmologic Care MVP

Quality	Improvement Activities	Cost
<p><b>(!!) Q141: Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 20% OR Documentation of a Plan of Care</b> (Collection Type: Medicare Part B Claims Specifications, MIPS CQM Specifications)</p> <p><b>(!!) Q191: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery</b> (Collection Type: eCQM Specifications, MIPS CQM Specifications)</p> <p><b>Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</b> (Collection Type: Medicare Part B Claims, eCQM Specifications, MIPS CQM Specifications)</p> <p><b>(!!) Q303: Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(!) Q304: Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!) Q374: Closing the Referral Loop: Receipt of Specialist Report</b> (Collection Type: eCQM Specifications, MIPS CQM Specifications)</p> <p><b>(*)(!) Q384: Adult Primary Rhegmatogenous Retinal Detachment Surgery: No Return to the Operating Room Within 90 Days of Surgery</b> (Collection Type: MIPS CQM Specifications)</p>	<p><b>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b></p> <p><b>IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</b></p> <p><b>IA_PM_13: Chronic care and preventative care management for empaneled patients</b></p> <p><b>IA_PM_16: Implementation of medication management practice improvements</b></p> <p><b>(~) IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements</b></p>	

## Complete Ophthalmologic Care MVP

Quality	Improvement Activities	Cost
<p><b>(!!) Q385: Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(!!) Q389: Cataract Surgery: Difference Between Planned and Final Refraction</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(~)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>Q499: Appropriate Screening and Plan of Care for Elevated Intraocular Pressure Following Intravitreal or Periocular Steroid Therapy</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(* ) Q500: Acute Posterior Vitreous Detachment Appropriate Examination and Follow-up</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(* ) Q501: Acute Posterior Vitreous Detachment and Acute Vitreous Hemorrhage Appropriate Examination and Follow-up</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!!) Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(!!) IRIS2: Glaucoma – Intraocular Pressure Reduction</b> (Collection Type: QCDR)</p> <p><b>(!!) IRIS13: Diabetic Macular Edema – Loss of Visual Acuity</b> (Collection Type: QCDR)</p>		

## Complete Ophthalmologic Care MVP

Quality	Improvement Activities	Cost
<p><b>(!!) IRIS39: Intraocular Pressure Reduction Following Trabeculectomy or an Aqueous Shunt Procedure</b> (Collection Type: QCDR)</p> <p><b>(!!) IRIS54: Complications After Cataract Surgery</b> (Collection Type: QCDR)</p> <p><b>(!!) IRIS58: Improved Visual Acuity after Vitrectomy for Complications of Diabetic Retinopathy within 120 Days</b> (Collection Type: QCDR)</p> <p><b>(!!) IRIS61: Visual Acuity Improvement Following Cataract Surgery and Minimally Invasive Glaucoma Surgery</b> (Collection Type: QCDR)</p>		

## Foundational Layer

### Population Health Measures

**(!!) Q479: Hospital-Wide, 30-Day, All-Cause  
Unplanned Readmission (HWR) Rate for the Merit-  
Based Incentive Payment Systems (MIPS) Groups**  
(Collection Type: Administrative Claims)

**(!!) Q484: Clinician and Clinician Group Risk-  
standardized Hospital Admission Rates for Patients  
with Multiple Chronic Conditions**  
(Collection Type: Administrative Claims)

### Promoting Interoperability

- 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

# Newly Finalized MVPs

**TABLE A.2: Dermatological Care MVP**

**Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year**

As noted in the introduction of this resource, we considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Dermatological Care MVP.

**Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:**

- Dermatology
- Nurse practitioners
- Physician assistants

Measure Key	
^	New measures and improvement activities
*	Existing measures and improvement activities with revisions
**	Can be submitted only when included in an MVP
!	High priority measures
!!	Outcome measures
~	Includes a health equity component

Dermatological Care MVP		
Quality	Improvement Activities	Cost
<p><b>(*)(!) Q130: Documentation of Current Medications in the Medical Record</b> (Collection Type: eCQM Specifications, MIPS CQM Specifications)</p> <p><b>(*) Q176: Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</b> (Collection Type: Medicare Part B Claims Specifications, eCQM Specifications, MIPS CQM Specifications)</p>	<p>(~) IA_AHE_1: Enhance Engagement of Medicaid and Other Underserved Populations</p> <p>(~) IA_AHE_6: Provide Education Opportunities for New Clinicians</p> <p>IA_BE_4: Engagement of patients through implementation of improvements in patient portal</p> <p>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings</p> <p>IA_BE_15: Engagement of patients, family and caregivers in developing a plan of care</p> <p>IA_EPA_2: Use of telehealth services that expand practice access</p>	<p>Melanoma Resection</p>



## Dermatological Care MVP

Quality	Improvement Activities	Cost
<p><b>(!) Q397: Melanoma Reporting</b> (Collection Type: Medicare Part B Claims, MIPS CQM Specifications)</p> <p><b>(!!) Q410: Psoriasis: Clinical Response to Systemic Medications</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(!) Q440: Skin Cancer: Biopsy Reporting Time – Pathologist to Clinician</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!!) Q485: Psoriasis – Improvement in Patient-Reported Itch Severity</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!!) Q486: Dermatitis – Improvement in Patient-Reported Itch Severity</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(~)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!!) Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(^)(!) Q509: Melanoma: Tracking and Evaluation of Recurrence</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(!) AAD6: Skin Cancer: Biopsy Reporting Time – Clinician to Patient</b> (Collection Type: QCDR)</p>	<p><b>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b></p> <p><b>IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</b></p> <p><b>IA_PM_16: Implementation of medication management practice improvements</b></p> <p><b>IA_PSPA_8: Use of Patient Safety Tools</b></p>	

## Dermatological Care MVP

Quality	Improvement Activities	Cost
<p><b>(!) AAD8: Chronic Skin Conditions: Patient Reported Quality-of-Life</b> (Collection Type: QCDR)</p> <p><b>(!!) AAD12: Melanoma: - Appropriate Surgical Margins</b> (Collection Type: QCDR)</p> <p><b>(!) AAD16: Avoidance of Post-operative Systemic Antibiotics for Office-based Closures and Reconstruction After Skin Cancer Procedures</b> (Collection Type: QCDR)</p> <p><b>(!) AAD17: Continuation of Anticoagulation Therapy in the Office-based Setting for Closure and Reconstruction After Skin Cancer Resection Procedures</b> (Collection Type: QCDR)</p> <p><b>(!) AAD18: Avoidance of Opioid Prescriptions for Closure and Reconstruction After Skin Cancer Resection</b> (Collection Type: QCDR)</p>		

## Foundational Layer

Population Health Measures	Promoting Interoperability
<p><b>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Groups</b> (Collection Type: Administrative Claims)</p> <p><b>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions</b> (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> <li>• Security Risk Analysis</li> <li>• High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> <li>• e-Prescribing</li> <li>• Query of Prescription Drug Monitoring Program (PDMP)</li> <li>• Provide Patients Electronic Access to Their Health Information</li> <li>• Support Electronic Referral Loops By Sending Health Information</li> <li style="padding-left: 20px;">AND</li> <li>• Support Electronic Referral Loops By Receiving and Reconciling Health Information</li> <li style="padding-left: 20px;">OR</li> <li>• Health Information Exchange (HIE) Bi-Directional Exchange</li> <li style="padding-left: 20px;">OR</li> <li>• Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)</li> <li>• Immunization Registry Reporting</li> <li>• Syndromic Surveillance Reporting (Optional)</li> <li>• Electronic Case Reporting</li> <li>• Public Health Registry Reporting (Optional)</li> <li>• Clinical Data Registry Reporting (Optional)</li> <li>• Actions to Limit or Restrict Compatibility or Interoperability of CEHRT</li> <li>• ONC Direct Review Attestation</li> </ul>

# Newly Finalized MVPs

**TABLE A.3: Gastroenterology Care MVP**

**Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year**

As noted in the introduction of this resource, we considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Gastroenterology Care MVP.

**Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:**

- Gastroenterology
- Nurse practitioners
- Physician assistants

Measure Key	
*	Existing measures and improvement activities with revisions
**	Can be submitted only when included in an MVP
!	High priority measures
!!	Outcome measures
~	Includes a health equity component

Gastroenterology Care MVP		
Quality	Improvement Activities	Cost
<p><b>(*) Q113: Colorectal Cancer Screening</b> (Collection Type: Medicare Part B Claims Specifications, eCQM Specifications, MIPS CQM Specifications)</p> <p><b>(*)(!) Q130: Documentation of Current Medications in the Medical Record</b> (Collection Type: eCQM Specifications, MIPS CQM Specifications)</p> <p><b>(*)(!) Q185: Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</b> (Collection Type: Medicare Part B Claims Specifications, eCQM Specifications, MIPS CQM Specifications)</p>	<p><b>(~) IA_AHE_3: Promote use of Patient-Reported Outcome Tools</b></p> <p><b>(~) IA_AHE_6: Provide Education Opportunities for New Clinicians</b></p> <p><b>IA_BE_4: Engagement of patients through implementation of improvements in patient portal</b></p> <p><b>IA_CC_7: Regular training in care coordination</b></p> <p><b>(~) IA_CC_9: Implementation of practices/processes for developing regular individual care plans</b></p> <p><b>(~) IA_CC_10: Care transition documentation practice improvements</b></p> <p><b>IA_CC_13: Practice improvements to align with OpenNotes principles</b></p>	<p><b>Screening/Surveillance Colonoscopy</b></p> <p><b>Total Per Capita Cost (TPCC)</b></p>



## Gastroenterology Care MVP

Quality	Improvement Activities	Cost
<p><b>Q275: Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!) Q320: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients</b> (Collection Type: Medicare Part B Claims Specifications, MIPS CQM Specifications)</p> <p><b>(*)(!) Q374: Closing the Referral Loop: Receipt of Specialist Report</b> (Collection Type: eCQM Specifications, MIPS CQM Specifications)</p> <p><b>Q400: One-Time Screening for Hepatitis C Virus (HCV) and Treatment Initiation</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>Q401: Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(~)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!!) Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(!) GIQIC23: Appropriate follow-up interval based on pathology findings in screening colonoscopy</b> (Collection Type: QCDR)</p>	<p><b>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b></p> <p><b>IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</b></p>	

## Gastroenterology Care MVP

Quality	Improvement Activities	Cost
<p><b>(!!) GIQIC26: Screening Colonoscopy Adenoma Detection Rate</b> (Collection Type: QCDR)</p> <p><b>(!) NHCR4: Repeat screening or surveillance colonoscopy recommended within one year due to inadequate bowel preparation</b> (Collection Type: QCDR)</p>		

## Foundational Layer

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

# Newly Finalized MVPs

**TABLE A.4: Optimal Care for Patients with Urologic Conditions MVP**

**Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year**

As noted in the introduction of this resource, we considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Optimal Care for Patients with Urologic Conditions MVP

**Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:**

- General urologists
- Urology oncologists
- Nurse practitioners
- Physician assistants

Measure Key	
^	New measures and improvement activities
*	Existing measures and improvement activities with revisions
**	Can be submitted only when included in an MVP
!	High priority measures
!!	Outcome measures
~	Includes a health equity component

## Optimal Care for Patients with Urologic Conditions MVP

Quality	Improvement Activities	Cost
(!) <b>Q050: Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older</b> (Collection Type: MIPS CQM Specifications)	(~) <b>IA_AHE_3: Promote use of Patient-Reported Outcome Tools</b>	<b>Renal or Ureteral Stone Surgical Treatment</b>
(!) <b>Q318: Falls: Screening for Future Fall Risk</b> (Collection Type: eCQM Specifications)	<b>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings</b>	<b>Medicare Spending Per Beneficiary (MSPB) Clinician</b>
(!) <b>Q321: CAHPS for MIPS Clinician/Group Survey</b> (Collection Type: CAHPS Survey Vendor)	<b>IA_BE_15: Engagement of patients, family and caregivers in developing a plan of care</b>	(^) <b>Prostate Cancer</b>
(!) <b>Q358: Patient-Centered Surgical Risk Assessment and Communication</b> (Collection Type: MIPS CQM Specifications)	<b>IA_CC_7: Regular training in care coordination</b>	
	<b>IA_CC_13: Practice improvements to align with OpenNotes principles</b>	
	<b>IA_CC_17: Patient Navigator Program</b>	
	<b>IA_EPA_2: Use of telehealth services that expand practice access</b>	



## Optimal Care for Patients with Urologic Conditions MVP

Quality	Improvement Activities	Cost
<p><b>(*) Q462: Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy</b> (Collection Type: eCQM Specifications)</p> <p><b>(!!) Q476: Urinary Symptom Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia</b> (Collection Type: eCQM Specifications)</p> <p><b>(!) Q481: Intravesical Bacillus-Calmette Guerin for Non-muscle Invasive Bladder Cancer</b> (Collection Type: eCQM Specifications)</p> <p><b>(~)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!!) Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(!!) AQUA8: Hospital Admissions or Infectious Complications Within 30 days of Prostate Biopsy</b> (Collection Type: QCDR)</p> <p><b>(!!) AQUA14: Stones: Repeat Shock Wave Lithotripsy (SWL) Within 6 Months of Initial Treatment</b> (Collection Type: QCDR)</p> <p><b>(!) AQUA15: Stones: Urinalysis or Urine Culture Performed Before Surgical Stone Procedures</b> (Collection Type: QCDR)</p>	<p><b>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b></p> <p><b>IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</b></p> <p><b>IA_PM_17: Participation in Population Health Research</b></p> <p><b>IA_PM_21: Advance Care Planning</b></p> <p><b>(~) IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements</b></p> <p><b>IA_PSPA_12: Participation in private payer CPIA</b></p> <p><b>IA_PSPA_19: Implementation of formal quality improvement methods, practice changes or other practice improvement processes</b></p> <p><b>IA_PSPA_21: Implementation of fall screening and assessment programs</b></p>	

## Optimal Care for Patients with Urologic Conditions MVP

Quality	Improvement Activities	Cost
<p><b>AQUA16: Non-Muscle Invasive Bladder Cancer: Repeat Transurethral Resection of Bladder Tumor (TURBT) for T1 disease</b> (Collection Type: QCDR)</p> <p><b>(!) MUSIC4: Prostate Cancer: Active Surveillance/Watchful Waiting for Newly Diagnosed LowRisk Prostate Cancer Patients</b> (Collection Type: QCDR)</p>		

### Foundational Layer

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

# Newly Finalized MVPs

**TABLE A.5: Pulmonology Care MVP**

**Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year**

As noted in the introduction of this resource, we considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Pulmonology Care MVP.

**Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:**

- Pulmonology
- Sleep medicine
- Nurse practitioners
- Physician assistants

Measure Key	
*	Existing measures and improvement activities with revisions
**	Can be submitted only when included in an MVP
!	High priority measures
!!	Outcome measures
~	Includes a health equity component

Pulmonology Care MVP		
Quality	Improvement Activities	Cost
<p><b>(*)(!) Q047: Advance Care Plan</b> (Collection Type: Medicare Part B Claims, MIPS CQM Specifications)</p> <p><b>Q052: Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation and Long-Acting Inhaled Bronchodilator Therapy</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(**) Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</b> (Collection Type: Medicare Part B Claims Specifications, eCQM Specifications, MIPS CQM Specifications)</p> <p><b>Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</b> (Collection Type: Medicare Part B Claims Specifications, eCQM Specifications, MIPS CQM Specifications)</p>	<p>(~) IA_AHE_3: Promote use of Patient-Reported Outcome Tools</p> <p>IA_BE_23: Integration of patient coaching practices between visits</p> <p>(~) IA_CC_9: Implementation of practices/processes for developing regular individual care plans</p> <p>IA_EPA_2: Use of telehealth services that expand practice access</p> <p>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</p> <p>IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</p> <p>IA_PM_13: Chronic care and preventative care management for empaneled patients</p>	<p>Inpatient Chronic Obstructive Pulmonary Disease (COPD) Exacerbation</p> <p>Asthma/Chronic Obstructive Pulmonary Disease (COPD)</p>



## Pulmonology Care MVP

Quality	Improvement Activities	Cost
<p><b>(*) Q277: Sleep Apnea: Severity Assessment at Initial Diagnosis</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>Q279: Sleep Apnea: Assessment of Adherence to Obstructive Sleep Apnea (OSA) Therapy</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(!!) Q398: Optimal Asthma Control</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(~)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!!) Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>ACEP25: Tobacco Use: Screening and Cessation Intervention for Patients with Asthma and COPD</b> (Collection Type: QCDR)</p>	<p><b>IA_PM_16: Implementation of medication management practice improvements</b></p>	

## Foundational Layer

Population Health Measures	Promoting Interoperability
<p><b>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Groups</b> (Collection Type: Administrative Claims)</p> <p><b>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions</b> (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> <li>• Security Risk Analysis</li> <li>• High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> <li>• e-Prescribing</li> <li>• Query of Prescription Drug Monitoring Program (PDMP)</li> <li>• Provide Patients Electronic Access to Their Health Information</li> <li>• Support Electronic Referral Loops By Sending Health Information</li> <li style="padding-left: 20px;">AND</li> <li>• Support Electronic Referral Loops By Receiving and Reconciling Health Information</li> <li style="padding-left: 20px;">OR</li> <li>• Health Information Exchange (HIE) Bi-Directional Exchange</li> <li style="padding-left: 20px;">OR</li> <li>• Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)</li> <li>• Immunization Registry Reporting</li> <li>• Syndromic Surveillance Reporting (Optional)</li> <li>• Electronic Case Reporting</li> <li>• Public Health Registry Reporting (Optional)</li> <li>• Clinical Data Registry Reporting (Optional)</li> <li>• Actions to Limit or Restrict Compatibility or Interoperability of CEHRT</li> <li>• ONC Direct Review Attestation</li> </ul>

# Newly Finalized MVPs

**TABLE A.6: Surgical Care MVP**

**Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year**

As noted in the introduction of this resource, we considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Surgical Care MVP.

**Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:**

- General surgery
- Neurosurgery
- Cardiothoracic surgery
- Anesthesiologists
- Certified registered nurse anesthetists
- Nurse practitioners
- Physician assistants

**Measure Key**

- \* Existing measures and improvement activities with revisions
- \*\* Can be submitted only when included in an MVP
- ! High priority measures
- !! Outcome measures
- ~ Includes a health equity component

Surgical Care MVP		
Quality	Improvement Activities	Cost
<p><b>(*)(!) Q047: Advance Care Plan</b> (Collection Type: Medicare Part B Claims Specifications, MIPS CQM Specifications)</p> <p><b>(!!) Q164: Coronary Artery Bypass Graft (CABG): Prolonged Intubation</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(!!) Q167: Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure</b> (Collection Type: MIPS CQM Specifications)</p>	<p>(~) IA_AHE_3: Promote use of Patient-Reported Outcome Tools</p> <p>IA_BE_12: Use evidence-based decision aids to support shared decision-making</p> <p>IA_CC_15: PSH Care Coordination</p> <p>IA_CC_17: Patient Navigator Program</p> <p>IA_CC_18: Relationship-Centered Communication</p> <p>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</p>	<p>Colon and Rectal Resection</p> <p>Femoral or Inguinal Hernia Repair</p> <p>Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels</p> <p>Lumpectomy, Partial Mastectomy, Simple Mastectomy</p> <p>Medicare Spending Per Beneficiary (MSPB) Clinician</p>



## Surgical Care MVP

Quality	Improvement Activities	Cost
<p><b>(*)(!!) Q168: Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</b> (Collection Type: Medicare Part B Claims Specifications, eCQM Specifications, MIPS CQM Specifications)</p> <p><b>Q264: Sentinel Lymph Node Biopsy for Invasive Breast Cancer</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(!!) Q354: Anastomotic Leak Intervention</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!!) Q355: Unplanned Reoperation within the 30-Day Postoperative Period</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(!!) Q357: Surgical Site Infection (SSI)</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(!) Q358: Patient-Centered Surgical Risk Assessment and Communication</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(!!) Q445: Risk-Adjusted Operative Mortality for Coronary Artery Bypass Graft (CABG)</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(!!) Q459: Back Pain After Lumbar Surgery</b> (Collection Type: MIPS CQM Specifications)</p>	<p><b>IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</b></p> <p><b>(~) IA_PM_11: Regular review practices in place on targeted patient population needs</b></p> <p><b>(~) IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements</b></p> <p><b>IA_PSPA_8: Use of Patient Safety Tools</b></p>	<p><b>Non-Emergent Coronary Artery Bypass Graft (CABG)</b></p>

## Surgical Care MVP

Quality	Improvement Activities	Cost
<p><b>(!!) Q461: Leg Pain After Lumbar Surgery</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(!!) Q471: Functional Status After Lumbar Surgery</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(~)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQM Specifications)</p>		

## Foundational Layer

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

# Modifications to Previously Finalized MVPs

**TABLE B.1: Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP**

**Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year**

As noted in the beginning of this resource, we’re modifying previously finalized Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP to:

- Remove 1 quality measure
- Add 1 improvement activity

**Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:**

- Emergency medicine

Measure Key	
+	Additional quality measures, improvement activities, or cost measures
*	Existing measures and improvement activities with revisions
**	Can only be submitted only when included in an MVP
!	High priority measures
!!	Outcome measures
~	Includes a health equity component

Modifications to the Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP		
Quality	Improvement Activities	Cost
<p><b>(!) Q065: Appropriate Treatment for Upper Respiratory Infection (URI)</b> (Collection Type: eCQM Specifications, MIPS CQM Specifications)</p> <p><b>(!) Q116: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(!) Q321: CAHPS for MIPS Clinician/Group Survey</b> (Collection Type: CAHPS Survey Vendor)</p> <p><b>(*)(!) Q331: Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)</b> (Collection Type: MIPS CQM Specifications)</p>	<p><b>IA_BE_4: Engagement of patients through implementation of improvements in patient portal</b></p> <p><b>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings</b></p> <p><b>IA_BMH_12: Promoting Clinician Well-Being</b></p> <p><b>IA_CC_2: Implementation of improvements that contribute to more timely communication of test results</b> <b>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b></p> <p><b>IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</b></p>	<p><b>Emergency Medicine</b></p>



## Modifications to the Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP

Quality	Improvement Activities	Cost
<p><b>(!) Q415: Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(!) Q416: Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 Through 17 Years</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(~)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(!!) ACEP50: ED Median Time from ED arrival to ED departure for all Adult Patients</b> (Collection Type: QCDR)</p> <p><b>(!) ACEP52: Appropriate Emergency Department Utilization of Lumbar Spine Imaging for Acute Atraumatic Low Back Pain</b> (Collection Type: QCDR)</p> <p><b>(!) ECPR46: Avoidance of Opiates for Low Back Pain or Migraines</b> (Collection Type: QCDR)</p> <p><b>(!) HCPR24: Appropriate Utilization of Vancomycin for Cellulitis</b> (Collection Type: QCDR)</p>	<p><b>IA_PSPA_1: Participation in an AHRQ-listed patient safety organization</b></p> <p><b>(~) IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements</b></p> <p><b>IA_PSPA_15: Implementation of an Antimicrobial Stewardship Program (ASP)</b></p>	

## Foundational Layer

Population Health Measures	Promoting Interoperability
<p><b>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Groups</b> (Collection Type: Administrative Claims)</p> <p><b>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions</b> (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> <li>• Security Risk Analysis</li> <li>• High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> <li>• e-Prescribing</li> <li>• Query of Prescription Drug Monitoring Program (PDMP)</li> <li>• Provide Patients Electronic Access to Their Health Information</li> <li>• Support Electronic Referral Loops By Sending Health Information</li> <li style="padding-left: 20px;">AND</li> <li>• Support Electronic Referral Loops By Receiving and Reconciling Health Information</li> <li style="padding-left: 20px;">OR</li> <li>• Health Information Exchange (HIE) Bi-Directional Exchange</li> <li style="padding-left: 20px;">OR</li> <li>• Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)</li> <li>• Immunization Registry Reporting</li> <li>• Syndromic Surveillance Reporting (Optional)</li> <li>• Electronic Case Reporting</li> <li>• Public Health Registry Reporting (Optional)</li> <li>• Clinical Data Registry Reporting (Optional)</li> <li>• Actions to Limit or Restrict Compatibility or Interoperability of CEHRT</li> <li>• ONC Direct Review Attestation</li> </ul>

# Modifications to Previously Finalized MVPs

**TABLE B.2: Advancing Cancer Care MVP**

**Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year**

As noted in the beginning of this resource, we’re modifying the previously finalized Advancing Cancer Care MVP within the quality performance category of this MVP to:

- Add 5 quality measures
- Remove 2 quality measures
- Add 2 improvement activities
- Remove 2 improvement activities
- Add 1 cost measure

**Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:**

- Oncology
- Hematology

Measure Key	
+	Additional quality measures, improvement activities, or cost measures
^	New measures and improvement activities
*	Existing measures and improvement activities with revisions
**	Can be submitted only when included in an MVP
!	High priority measures
!!	Outcome measures
~	Includes a health equity component

## Modifications to the Advancing Cancer Care MVP

Quality	Improvement Activities	Cost
<p><b>(*)(!) Q047: Advance Care Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQM Specifications)</p> <p><b>(+)(!) Q102: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients</b> (Collection Type: eCQM Specifications, MIPS CQM Specifications)</p>	<p><b>IA_BE_4: Engagement of patients through implementation of improvements in patient portal</b></p> <p><b>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings</b></p> <p><b>IA_BE_15: Engagement of patients, family and caregivers in developing a plan of care</b></p> <p><b>IA_BE_24: Financial Navigation Program</b></p> <p><b>IA_BMH_12: Promoting Clinician Well-Being</b></p>	<p><b>(^)(+) Prostate Cancer</b></p> <p><b>Total Per Capita Cost (TPCC)</b></p>



## Modifications to the Advancing Cancer Care MVP

Quality	Improvement Activities	Cost
<p><b>Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQM Specifications)</p> <p><b>(*)(!) Q143: Oncology: Medical and Radiation – Pain Intensity Quantified</b> (Collection Type: eCQM Specifications, MIPS CQM Specifications)</p> <p><b>(!) Q144: Oncology: Medical and Radiation - Plan of Care for Pain</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(!) Q321: CAHPS for MIPS Clinician/Group Survey</b> (Collection Type: CAHPS Survey Vendor)</p> <p><b>(*)(!) Q450: Appropriate Treatment for Patients with Stage I (T1c) – III HER2 Positive Breast Cancer</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*) Q451: RAS (KRAS and NRAS) Gene Mutation Testing Performed for Patients with Metastatic Colorectal Cancer who receive Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibody Therapy</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(!) Q453: Percentage of Patients Who Died from Cancer Receiving Systemic Cancer-Directed Therapy in the Last 14 Days of Life (lower score – better)</b> (Collection Type: MIPS CQM Specifications)</p>	<p><b>IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop</b></p> <p><b>IA_CC_13: Practice Improvements to align with OpenNotes principles</b></p> <p><b>IA_CC_17: Patient Navigator Program</b></p> <p><b>IA_EPA_2: Use of telehealth services that expand practice access</b></p> <p><b>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b></p> <p><b>IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</b></p> <p><b>(~) IA_PM_14: Implementation of methodologies for improvements in longitudinal care management for high-risk patients</b></p> <p><b>IA_PM_15: Implementation of episodic care management practice improvements</b></p> <p><b>IA_PM_16: Implementation of medication management practice improvements</b></p> <p><b>IA_PM_21: Advance Care Planning</b></p> <p><b>IA_PSPA_13: Participation in Joint Commission Evaluation Initiative</b></p> <p><b>IA_PSPA_16: Use decision support—ideally platform-agnostic, interoperable clinical decision support (CDS) tools —and standardized treatment protocols to manage workflow on the care team to meet patient needs</b></p>	

## Modifications to the Advancing Cancer Care MVP

Quality	Improvement Activities	Cost
<p><b>(!) Q457: Percentage of Patients Who Died from Cancer Admitted to Hospice for Less than 3 days (lower score – better)</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*) Q462: Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy</b> (Collection Type: eCQM Specifications)</p> <p><b>(~)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*) Q490: Appropriate Intervention of Immune-related Diarrhea and/or Colitis in Patients Treated with Immune Checkpoint Inhibitors</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(+)(!!) Q495: Ambulatory Palliative Care Patients’ Experience of Feeling Heard and Understood</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!!) Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(+)(^)(!) Q506: Positive PD-L1 Biomarker Expression Test Result Prior to First-Line Immune Checkpoint Inhibitor Therapy</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(+)(^) Q507: Appropriate Germline Testing for Ovarian Cancer Patients</b> (Collection Type: MIPS CQM Specifications)</p>	<p><b>IA_PSPA_28: Completion of an Accredited Safety or Quality Improvement Program</b></p>	

## Modifications to the Advancing Cancer Care MVP

Quality	Improvement Activities	Cost
<p><b>(!) PIMSH13: Oncology: Mutation Testing for Stage IV Lung Cancer Completed Prior to Start of Targeted Therapy</b> (Collection Type: QCDR)</p> <p><b>(+)(^)(!) PIMSH17: Oncology: Utilization of Prophylactic GCSF for Cancer Patients Receiving Low-Risk Chemotherapy (inverse measure)</b> (Collection Type: QCDR)</p>		

### Foundational Layer

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

# Modifications to Previously Finalized MVPs

**TABLE B.3: Advancing Care for Heart Disease MVP**

**Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year**

As noted in the beginning of this resource, we’re modifying the previously finalized Advancing Care for Heart Disease MVP within the quality performance category of this MVP to:

- Add 1 quality measure
- Add 1 improvement activity

**Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:**

- Cardiology
- Internal medicine
- Family medicine

Measure Key	
+	Additional quality measures, improvement activities, or cost measures
*	Existing measures and improvement activities with revisions
**	Can be submitted only when included in an MVP
!	High priority measures
!!	Outcome measures
~	Includes a health equity component

Modifications to the Advancing Care for Heart Disease MVP		
Quality	Improvement Activities	Cost
<p><b>Q005: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Nepriylsin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)</b> (Collection Type: eCQM Specifications, MIPS CQM Specifications)</p> <p><b>Q006: Coronary Artery Disease (CAD): Antiplatelet Therapy</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>Q007: Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF ≤ 40%)</b> (Collection Type: eCQM Specifications, MIPS CQM Specifications)</p>	<p>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings</p> <p>IA_BE_12: Use evidence-based decision aids to support shared decision-making</p> <p>IA_BE_15: Engagement of patients, family and caregivers in developing a plan of care</p> <p>IA_BE_24: Financial Navigation Program</p> <p>IA_BE_25: Drug Cost Transparency</p> <p>(~) IA_CC_9: Implementation of practices/processes for developing regular individual care plans</p>	<p>Elective Outpatient Percutaneous Coronary Intervention (PCI)</p> <p>Heart Failure</p> <p>(* Inpatient (IP) Percutaneous Coronary Intervention (PCI)</p> <p>Medicare Spending Per Beneficiary (MSPB) Clinician</p> <p>Total Per Capita Cost (TPCC)</p>



## Modifications to the Advancing Care for Heart Disease MVP

Quality	Improvement Activities	Cost
<p><b>Q008: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)</b> (Collection Type: eCQM Specifications, MIPS CQM Specifications)</p> <p><b>(*)(!) Q047: Advance Care Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQM Specifications)</p> <p><b>Q118: Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF ≤40%)</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(**) Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQM Specifications)</p> <p><b>Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQM Specifications)</p> <p><b>(*)(!) Q238: Use of High-Risk Medications in Older Adults</b> (Collection Type: eCQM Specifications, MIPS CQM Specifications)</p> <p><b>(!) Q243: Cardiac Rehabilitation Patient Referral from an Outpatient Setting</b> (Collection Type: MIPS CQM Specifications)</p>	<p><b>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b></p> <p><b>IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</b></p> <p><b>IA_PM_13: Chronic care and preventative care management for empaneled patients</b></p> <p><b>(~) IA_PM_14: Implementation of methodologies for improvements in longitudinal care management for high-risk patients</b></p> <p><b>IA_PSPA_4: Administration of the AHRQ Survey of Patient Safety Culture</b></p> <p><b>(~) IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements</b></p>	

## Modifications to the Advancing Care for Heart Disease MVP

Quality	Improvement Activities	Cost
<p><b>Q326: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(!) Q377: Functional Status Assessments for Heart Failure</b> (Collection Type: eCQM Specifications)</p> <p><b>(!!) Q392: Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!!) Q393: Infection within 180 Days of Cardiac Implantable Electronic Device (CIED) Implantation, Replacement, or Revision</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(!!) Q441: Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(~)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!!) Q492: Risk-Standardized Acute Cardiovascular-Related Hospital Admission Rates for Patients with Heart Failure under the Merit-based Incentive Payment System</b> (Collection Type: Administrative Claims)</p> <p><b>(+)(!!) Q495: Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!!) Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months</b> (Collection Type: MIPS CQM Specifications)</p>		

## Foundational Layer

Population Health Measures	Promoting Interoperability
<p><b>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Groups</b> (Collection Type: Administrative Claims)</p> <p><b>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions</b> (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> <li>• Security Risk Analysis</li> <li>• High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> <li>• e-Prescribing</li> <li>• Query of Prescription Drug Monitoring Program (PDMP)</li> <li>• Provide Patients Electronic Access to Their Health Information</li> <li>• Support Electronic Referral Loops By Sending Health Information</li> <li style="padding-left: 20px;">AND</li> <li>• Support Electronic Referral Loops By Receiving and Reconciling Health Information</li> <li style="padding-left: 20px;">OR</li> <li>• Health Information Exchange (HIE) Bi-Directional Exchange</li> <li style="padding-left: 20px;">OR</li> <li>• Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)</li> <li>• Immunization Registry Reporting</li> <li>• Syndromic Surveillance Reporting (Optional)</li> <li>• Electronic Case Reporting</li> <li>• Public Health Registry Reporting (Optional)</li> <li>• Clinical Data Registry Reporting (Optional)</li> <li>• Actions to Limit or Restrict Compatibility or Interoperability of CEHRT</li> <li>• ONC Direct Review Attestation</li> </ul>

# Modifications to Previously Finalized MVPs

**TABLE B.4: Advancing Rheumatology Patient Care MVP**

**Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year**

As noted in the beginning of this resource, we’re modifying the previously finalized Advancing Rheumatology Patient Care MVP within the quality performance category of this MVP to:

- Add 3 quality measures
- Add 1 improvement activity
- Remove 1 improvement activity
- Add 1 cost measure

**Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:**

- Rheumatology

**Measure Key**

- + Additional quality measures, improvement activities, or cost measures
- ^ New measures and improvement activities
- \* Existing measures and improvement activities with revisions
- \*\* Can be submitted only when included in an MVP
- ! High priority measures
- !! Outcome measures
- ~ Includes a health equity component

## Modifications to the Advancing Rheumatology Patient Care MVP

Quality	Improvement Activities	Cost
<p><b>(+) Q039: Screening for Osteoporosis for Women Aged 65-85 Years of Age</b> (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQM Specification)</p>	<p>(~) IA_AHE_3: Promote use of Patient-Reported Outcome Tools</p> <p>(~) IA_BE_1: Use of certified EHR to capture patient reported outcomes</p>	<p>(^)(+) Rheumatoid Arthritis</p> <p>Total Per Capita Cost (TPCC)</p>
<p><b>(*)(!) Q130: Documentation of Current Medications in the Medical Record</b> (Collection Type: eCQM Specifications, MIPS CQM Specifications)</p>	<p>IA_BE_4: Engagement of patients through implementation of improvements in patient portal</p> <p>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings</p> <p>IA_BE_15: Engagement of patients, family and caregivers in developing a plan of care</p>	



## Modifications to the Advancing Rheumatology Patient Care MVP

Quality	Improvement Activities	Cost
<p><b>Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQM Specifications)</p> <p><b>(* Q176: Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(* Q177: Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(* Q178: Rheumatoid Arthritis (RA): Functional Status Assessment</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(* Q180: Rheumatoid Arthritis (RA): Glucocorticoid Management</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(~)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(* Q493: Adult Immunization Status</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!!) Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>ACR12: Disease Activity Measurement for Patients with PsA</b> (Collection Type: QCDR)</p>	<p><b>IA_BE_24: Financial Navigation Program</b></p> <p><b>IA_BE_25: Drug Cost Transparency</b></p> <p><b>IA_BMH_2: Tobacco use</b></p> <p><b>IA_EPA_2: Use of telehealth services that expand practice access</b></p> <p><b>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b></p> <p><b>IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</b></p> <p><b>IA_PM_16: Implementation of medication management practice improvements</b></p> <p><b>IA_PSPA_28: Completion of an Accredited Safety or Quality Improvement Program</b></p>	

## Modifications to the Advancing Rheumatology Patient Care MVP

Quality	Improvement Activities	Cost
<p><b>(!!) ACR14: Gout: Serum Urate Target</b> (Collection Type: QCDR)</p> <p><b>(!) ACR15: Safe Hydroxychloroquine Dosing</b> (Collection Type: QCDR)</p> <p><b>(+)(!) UREQA2: Ankylosing Spondylitis: Appropriate Pharmacologic Therapy</b> (Collection Type: QCDR)</p> <p><b>(+) UREQA9: Screening for Osteoporosis for Men Aged 70 Years and Older</b> (Collection Type: QCDR)</p> <p><b>(!!) UREQA10: Ankylosing Spondylitis: Controlled Disease Or Improved Disease Function</b> (Collection Type: QCDR)</p>		

## Foundational Layer

### Population Health Measures

**(!!) Q479: Hospital-Wide, 30-Day, All-Cause  
Unplanned Readmission (HWR) Rate for the Merit-  
Based Incentive Payment Systems (MIPS) Groups**  
(Collection Type: Administrative Claims)

**(!!) Q484: Clinician and Clinician Group Risk-  
standardized Hospital Admission Rates for Patients  
with Multiple Chronic Conditions**  
(Collection Type: Administrative Claims)

### Promoting Interoperability

- 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

# Modifications to Previously Finalized MVPs

**TABLE B.5: Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP**

**Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year**

As noted in the beginning of this resource, we’re modifying the previously finalized Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP within the quality performance category of this MVP to:

- Add 1 quality measure
- Remove 1 quality measure
- Add 1 improvement activity

**Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:**

- Neurology
- Neurosurgical
- Vascular surgery

<p><b>Measure Key</b></p> <ul style="list-style-type: none"> <li>+ Additional quality measures, improvement activities, or cost measures</li> <li>* Existing measures and improvement activities with revisions</li> <li>** Can be submitted only when included in an MVP</li> <li>! High priority measures</li> <li>!! Outcome measures</li> <li>~ Includes a health equity component</li> </ul>
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## Modifications to the Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP

Quality	Improvement Activities	Cost
<p><b>(*)(!) Q047: Advance Care Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQM Specifications)</p> <p><b>Q187: Stroke and Stroke Rehabilitation: Thrombolytic Therapy</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!!) Q236: Controlling High Blood Pressure</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQM Specifications)</p>	<p><b>(~) IA_BE_1: Use of certified EHR to capture patient reported outcomes</b></p> <p><b>IA_BE_4: Engagement of patients through implementation of improvements in patient portal</b></p> <p><b>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings</b></p> <p><b>IA_BE_24: Financial Navigation Program</b></p> <p><b>(~) IA_BMH_15: Behavioral/Mental Health and Substance Use Screening and Referral for Older Adults</b></p>	<p><b>Intracranial Hemorrhage or Cerebral Infarction</b></p>



## Modifications to the Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP

Quality	Improvement Activities	Cost
<p><b>Q326: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!!) Q344: Rate of Carotid Endarterectomy (CEA) or Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2)</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!!) Q413: Door to Puncture Time for Endovascular Stroke Treatment</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>Q438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease</b> (Collection Type: eCQM Specifications, MIPS CQM Specifications)</p> <p><b>(!!) Q441: Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(~)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(+)(!!) Q495: Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood</b> (Collection Type: MIPS CQM Specifications)</p>	<p><b>IA_CC_2: Implementation of improvements that contribute to more timely communication of test results</b></p> <p><b>IA_CC_13: Practice improvements to align with OpenNotes principles</b></p> <p><b>IA_CC_17: Patient Navigator Program</b></p> <p><b>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b></p> <p><b>IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</b></p> <p><b>IA_PM_13: Chronic care and preventative care management for empaneled patients</b></p> <p><b>IA_PM_15: Implementation of episodic care management practice improvements</b></p>	

## Foundational Layer

Population Health Measures	Promoting Interoperability
<p><b>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Groups</b> (Collection Type: Administrative Claims)</p> <p><b>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions</b> (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> <li>• Security Risk Analysis</li> <li>• High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> <li>• e-Prescribing</li> <li>• Query of Prescription Drug Monitoring Program (PDMP)</li> <li>• Provide Patients Electronic Access to Their Health Information</li> <li>• Support Electronic Referral Loops By Sending Health Information</li> <li style="padding-left: 20px;">AND</li> <li>• Support Electronic Referral Loops By Receiving and Reconciling Health Information</li> <li style="padding-left: 20px;">OR</li> <li>• Health Information Exchange (HIE) Bi-Directional Exchange</li> <li style="padding-left: 20px;">OR</li> <li>• Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)</li> <li>• Immunization Registry Reporting</li> <li>• Syndromic Surveillance Reporting (Optional)</li> <li>• Electronic Case Reporting</li> <li>• Public Health Registry Reporting (Optional)</li> <li>• Clinical Data Registry Reporting (Optional)</li> <li>• Actions to Limit or Restrict Compatibility or Interoperability of CEHRT</li> <li>• ONC Direct Review Attestation</li> </ul>

# Modifications to Previously Finalized MVPs

**TABLE B.6: Focusing on Women’s Health MVP**

**Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year**

As noted in the beginning of this resource, we’re modifying the previously finalized Focusing on Women’s Health MVP to:

- Add 1 quality measure
- Remove 1 quality measure
- Add 1 improvement activity

**Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:**

- Gynecology
- Obstetrics
- Urogynecology
- Certified nurse mid-wives
- Nurse practitioners
- Physician assistants

**Measure Key**

- + Additional quality measures, improvement activities, or cost measures
- \* Existing measures and improvement activities with revisions
- \*\* Can be submitted only when included in an MVP
- ! High priority measures
- !! Outcome measures
- ~ Includes a health equity component

## Modifications to the Focusing on Women’s Health MVP

Quality	Improvement Activities	Cost
<p><b>(+) Q039: Screening for Osteoporosis for Women Aged 65-85 Years of Age</b> (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQM Specification)</p> <p><b>Q048: Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older</b> (Collection Type: MIPS CQM Specifications)</p>	<p>(~) IA_AHE_1: Enhance Engagement of Medicaid and Other Underserved Populations</p> <p>(~) IA_AHE_3: Promote use of Patient-Reported Outcome Tools</p> <p>IA_BE_4: Engagement of patients through implementation of improvements in patient portal</p> <p>(~) IA_BE_16: Promote Self-management in Usual Care</p> <p>(~) IA_BMH_11: Implementation of a Trauma-Informed Care (TIC) Approach to Clinical Practice</p>	<p>Medicare Spending Per Beneficiary (MSPB) Clinician</p> <p>Total Per Capita Cost (TPCC)</p>



## Modifications to the Focusing on Women's Health MVP

Quality	Improvement Activities	Cost
<p><b>(*)(**)</b> <b>Q112: Breast Cancer Screening</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQM Specification)</p> <p><b>Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQM Specification)</p> <p><b>Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQM Specification)</p> <p><b>Q309: Cervical Cancer Screening</b> (Collection Type: eCQM Specifications)</p> <p><b>Q310: Chlamydia Screening in Women</b> (Collection Type: eCQM Specifications)</p> <p><b>(!!)</b> <b>Q335: Maternity Care: Elective Delivery (Without Medical Indication) at &lt; 39 Weeks (Overuse)</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!)</b> <b>Q336: Maternity Care: Postpartum Follow-up and Care Coordination</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>Q400: One-Time Screening for Hepatitis C Virus (HCV) and Treatment Initiation</b> (Collection Type: MIPS CQM Specifications)</p>	<p><b>(~)</b> <b>IA_BMH_14: Behavioral/Mental Health and Substance Use Screening and Referral for Pregnant and Postpartum Women</b></p> <p><b>(~)</b> <b>IA_CC_9: Implementation of practices/processes for developing regular individual care plans</b></p> <p><b>IA_EPA_2: Use of telehealth services that expand practice access</b></p> <p><b>(**)</b> <b>IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b></p> <p><b>IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</b></p> <p><b>(~)</b> <b>IA_PM_23: Use of Computable Guidelines and Clinical Decision Support to Improve Adherence for Cervical Cancer Screening and Management Guidelines</b></p>	

## Modifications to the Focusing on Women’s Health MVP

Quality	Improvement Activities	Cost
<p><b>(!) Q422: Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury</b> (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQM Specifications)</p> <p><b>Q431: Preventive Care and Screening: Unhealthy Alcohol Use: Screening &amp; Brief Counseling</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!) Q432: Proportion of Patients Sustaining a Bladder or Bowel Injury at the time of any Pelvic Organ Prolapse Repair</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!) Q448: Appropriate Workup Prior to Endometrial Ablation</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>Q475: HIV Screening</b> (Collection Type: eCQM Specifications)</p> <p><b>(~)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*) Q493: Adult Immunization Status</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>Q496: Cardiovascular Disease (CVD) Risk Assessment Measure - Proportion of Pregnant/Postpartum Patients that Receive CVD Risk Assessment with a Standardized Instrument</b> (Collection Type: MIPS CQM Specifications)</p>		

## Modifications to the Focusing on Women's Health MVP

Quality	Improvement Activities	Cost
<p><b>(!!) UREQA8: Vitamin D level: Effective Control of Low Bone Mass/Osteopenia and Osteoporosis: Therapeutic Level Of 25 OH Vitamin D Level Achieved</b> (Collection Type: QCDR)</p>		

## Foundational Layer

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

# Modifications to Previously Finalized MVPs

**TABLE B.7: Improving Care for Lower Extremity Joint Repair MVP**

**Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year**

As noted in the beginning of this resource, we’re modifying the previously finalized Improving Care for Lower Extremity Joint Repair MVP within the quality performance category of this MVP to:

- Add 2 improvement activities
- Remove 1 improvement activity

**Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:**

- Orthopedic surgery

**Measure Key**

- + Additional quality measures, improvement activities, or cost measures
- \* Existing measures and improvement activities with revisions
- \*\* Can be submitted only when included in an MVP
- ! High priority measures
- !! Outcome measures
- ~ Includes a health equity component

Quality	Improvement Activities	Cost
<p><b>(!) Q024: Communication with the Physician or Other Clinician Managing On-Going Care Post-Fracture for Men and Women Aged 50 Years and Older</b> (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQM Specifications)</p> <p><b>(**) Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQM Specifications)</p>	<p>(~) IA_AHE_3: Promote use of Patient-Reported Outcome Tools</p> <p>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings</p> <p>IA_BE_12 Use evidence-based decision aids to support shared decision-making</p> <p>IA_CC_7: Regular training in care coordination</p> <p>(~) IA_CC_9: Implementation of practices/processes for developing regular individual care plans</p>	<p>Elective Primary Hip Arthroplasty</p> <p>Knee Arthroplasty</p>



## Modifications to the Improving Care for Lower Extremity Joint Repair MVP

Quality	Improvement Activities	Cost
<p><b>(!) Q350: Total Knee or Hip Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy</b> (Collection Type: MIPS CQM Specifications)</p>	<p><b>IA_CC_13: Practice improvements to align with OpenNotes principles</b></p>	
<p><b>(!) Q351: Total Knee or Hip Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation</b> (Collection Type: MIPS CQM Specifications)</p>	<p><b>IA_CC_15: PSH Care Coordination</b></p>	
<p><b>(*)(!) Q376: Functional Status Assessment for Total Hip Replacement</b> (Collection Type: eCQM Specifications)</p>	<p><b>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b></p>	
<p><b>(*)(!!) Q470: Functional Status After Primary Total Knee Replacement</b> (Collection Type: MIPS CQM Specifications)</p>	<p><b>IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</b></p>	
<p><b>(!!) Q480: Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) for Merit-based Incentive Payment System (MIPS)</b> (Collection Type: Administrative Claims)</p>	<p><b>(~) IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements</b></p>	
<p><b>(~)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQM Specifications)</p>	<p><b>(~) IA_PSPA_18: Measurement and improvement at the practice and panel level</b></p>	

## Foundational Layer

Population Health Measures	Promoting Interoperability
<p><b>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Groups</b> (Collection Type: Administrative Claims)</p> <p><b>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions</b> (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> <li>• Security Risk Analysis</li> <li>• High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> <li>• e-Prescribing</li> <li>• Query of Prescription Drug Monitoring Program (PDMP)</li> <li>• Provide Patients Electronic Access to Their Health Information</li> <li>• Support Electronic Referral Loops By Sending Health Information</li> <li style="padding-left: 20px;">AND</li> <li>• Support Electronic Referral Loops By Receiving and Reconciling Health Information</li> <li style="padding-left: 20px;">OR</li> <li>• Health Information Exchange (HIE) Bi-Directional Exchange</li> <li style="padding-left: 20px;">OR</li> <li>• Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)</li> <li>• Immunization Registry Reporting</li> <li>• Syndromic Surveillance Reporting (Optional)</li> <li>• Electronic Case Reporting</li> <li>• Public Health Registry Reporting (Optional)</li> <li>• Clinical Data Registry Reporting (Optional)</li> <li>• Actions to Limit or Restrict Compatibility or Interoperability of CEHRT</li> <li>• ONC Direct Review Attestation</li> </ul>

# Modifications to Previously Finalized MVPs

**TABLE B.8: Optimal Care for Kidney Health MVP**

**Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year**

As noted in the beginning of this resource, we’re modifying the previously finalized Optimal Care for Kidney Health MVP within the quality performance category of this MVP to:

- Add 3 quality measures
- Add 1 improvement activity
- Add 3 cost measures

**Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:**

- Nephrology

Measure Key	
+	Additional quality measures, improvement activities, or cost measures
^	New measures and improvement activities
*	Existing measures and improvement activities with revisions
**	Can be submitted only when included in an MVP
!	High priority measures
!!	Outcome measures
~	Includes a health equity component

Modifications to the Optimal Care for Kidney Health MVP		
Quality	Improvement Activities	Cost
<p><b>(*)(!!) Q001: Diabetes: Glycemic Status Assessment Greater Than 9%</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQM Specifications)</p> <p><b>(*)(!) Q047: Advance Care Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQM Specifications)</p>	<p>(~) IA_AHE_3: Promote use of Patient-Reported Outcome Tools</p> <p>IA_BE_4: Engagement of patients through implementation of improvements in patient portal</p> <p>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings</p> <p>(~) IA_BE_14: Engage Patients and Families to Guide Improvement in the System of Care</p> <p>IA_BE_15: Engagement of patients, family and caregivers in developing a plan of care</p>	<p>Acute Kidney Injury Requiring New Inpatient Dialysis (AKI)</p> <p>(^)(+) Chronic Kidney Disease (CKD)</p> <p>(^)(+) End-Stage Renal Disease (ESRD)</p> <p>(^)(+) Kidney Transplant Management</p> <p>Total Per Capita Cost (TPCC)</p>

## Modifications to the Optimal Care for Kidney Health MVP

Quality	Improvement Activities	Cost
<p><b>(*)(!) Q130: Documentation of Current Medications in the Medical Record</b> (Collection Type: eCQM Specifications, MIPS CQM Specifications)</p> <p><b>(*)(!) Q236: Controlling High Blood Pressure</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQM Specifications)</p> <p><b>(!!) Q482: Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(~)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*) Q488: Kidney Health Evaluation</b> (Collection Type: eCQM Specifications, MIPS CQM Specifications)</p> <p><b>Q489: Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*) Q493: Adult Immunization Status</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(+)(!!) Q495: Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!) Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months</b> (Collection Type: MIPS CQM Specifications)</p>	<p><b>(~) IA_BE_16: Promote Self-management in Usual Care</b></p> <p><b>IA_CC_2: Implementation of improvements that contribute to more timely communication of test results</b></p> <p><b>IA_CC_13: Practice improvements to align with OpenNotes principles</b></p> <p><b>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b></p> <p><b>IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</b></p> <p><b>(~) IA_PM_11: Regular review practices in place on targeted patient population needs</b></p> <p><b>IA_PM_13: Chronic care and preventative care management for empaneled patients (Medium)</b></p> <p><b>IA_PM_16: Implementation of medication management practice improvements</b></p> <p><b>IA_PSPA_16: Use decision support—ideally platform-agnostic, interoperable clinical decision support (CDS) tools —and standardized treatment protocols to manage workflow on the care team to meet patient needs</b></p>	

## Modifications to the Optimal Care for Kidney Health MVP

Quality	Improvement Activities	Cost
<p><b>(+)(^) Q510: First Year Standardized Waitlist Ratio (FYSWR)</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(+)(^) Q511: Percentage of Prevalent Patients Waitlisted (PPPW) and Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW)</b> (Collection Type: MIPS CQM Specifications)</p>		
Foundational Layer		
Population Health Measures	Promoting Interoperability	
<p><b>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Groups</b> (Collection Type: Administrative Claims)</p> <p><b>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions</b> (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> <li>• Security Risk Analysis</li> <li>• High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> <li>• e-Prescribing</li> <li>• Query of Prescription Drug Monitoring Program (PDMP)</li> <li>• Provide Patients Electronic Access to Their Health Information</li> <li>• Support Electronic Referral Loops By Sending Health Information AND</li> <li>• Support Electronic Referral Loops By Receiving and Reconciling Health Information OR</li> <li>• Health Information Exchange (HIE) Bi-Directional Exchange OR</li> <li>• Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)</li> <li>• Immunization Registry Reporting</li> <li>• Syndromic Surveillance Reporting (Optional)</li> <li>• Electronic Case Reporting</li> <li>• Public Health Registry Reporting (Optional)</li> <li>• Clinical Data Registry Reporting (Optional)</li> <li>• Actions to Limit or Restrict Compatibility or Interoperability of CEHRT</li> <li>• ONC Direct Review Attestation</li> </ul>	

# Modifications to Previously Finalized MVPs

**TABLE B.9: Patient Safety and Support of Positive Experiences with Anesthesia MVP**

**Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year**

As noted in the beginning of this resource, we’re modifying the previously finalized Optimal Care for Kidney Health MVP within the quality performance category of this MVP to:

- Add 1 improvement activity
- Remove 1 improvement activity

**Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:**

- Anesthesiology

**Measure Key**

- + Additional quality measures, improvement activities, or cost measures
- \* Existing measures and improvement activities with revisions
- \*\* Can be submitted only when included in an MVP
- ! High priority measures
- !! Outcome measures
- ~ Includes a health equity component

Quality	Improvement Activities	Cost
<p><b>(!!) Q404: Anesthesiology Smoking Abstinence</b> (Collection Type: MIPS CQM Specifications)</p>	<p>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings</p>	<p>Medicare Spending Per Beneficiary (MSPB) Clinician</p>
<p><b>(!!) Q424: Perioperative Temperature Management</b> (Collection Type: MIPS CQM Specifications)</p>	<p>IA_BE_22: Improved practices that engage patient's pre-visit</p>	
<p><b>(!) Q430: Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy</b> (Collection Type: MIPS CQM Specifications)</p>	<p>IA_BMH_2: Tobacco use</p>	
<p><b>(!) Q463: Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics)</b> (Collection Type: MIPS CQM Specifications)</p>	<p>IA_CC_2: Implementation of improvements that contribute to more timely communication of test results</p>	
<p><b>(!) Q463: Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics)</b> (Collection Type: MIPS CQM Specifications)</p>	<p>IA_CC_15: PSH Care Coordination</p>	
<p><b>(!) Q463: Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics)</b> (Collection Type: MIPS CQM Specifications)</p>	<p>IA_CC_19: Tracking of clinician’s relationship to and responsibility for a patient by reporting MACRA patient relationship codes</p>	



## Modifications to the Patient Safety and Support of Positive Experiences with Anesthesia MVP

Quality	Improvement Activities	Cost
<p><b>(!) Q477: Multimodal Pain Management</b> (Collection Type: MIPS CQM Specifications)</p>	<p><b>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b></p>	
<p><b>(~)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQM Specifications)</p>	<p><b>IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</b></p>	
<p><b>(!) ABG44: Low Flow Inhalational General Anesthesia</b> (Collection Type: QCDR)</p>	<p><b>IA_PSPA_1: Participation in an AHRQ-listed patient safety organization</b></p>	
<p><b>(!!) AQI48: Patient-Reported Experience with Anesthesia</b> (Collection Type: QCDR)</p>	<p><b>(~) IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements</b></p>	
<p><b>(!!) EPREOP31: Intraoperative Hypotension (IOH) among Non-Emergent Noncardiac Surgical Cases</b> (Collection Type: QCDR)</p>	<p><b>IA_PSPA_16: Use decision support—ideally platform-agnostic, interoperable clinical decision support (CDS) tools —and standardized treatment protocols to manage workflow on the care team to meet patient needs</b></p>	

## Foundational Layer

### Population Health Measures

**(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Groups**  
(Collection Type: Administrative Claims)

**(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions**  
(Collection Type: Administrative Claims)

### Promoting Interoperability

- 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

# Modifications to Previously Finalized MVPs

**TABLE B.10: Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP**

**Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year**

As noted in the beginning of this resource, we’re modifying the previously finalized Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP within the quality performance category of this MVP to:

- Add 1 improvement activity
- Remove 1 improvement activity

**Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:**

- Infectious disease
- Immunology

**Measure Key**

- + Additional quality measures, improvement activities, or cost measures
- \* Existing measures and improvement activities with revisions
- \*\* Can be submitted only when included in an MVP
- ! High priority measures
- !! Outcome measures
- ~ Includes a health equity component

**Modifications to the Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP**

Quality	Improvement Activities	Cost
<p><b>(!) Q065: Appropriate Treatment for Upper Respiratory Infection (URI)</b> (Collection Type: eCQM Specifications, MIPS CQM Specifications)</p> <p><b>(*)(!) Q130: Documentation of Current Medications in the Medical Record</b> (Collection Type: eCQM Specifications, MIPS CQM Specification)</p>	<p><b>(~) IA_AHE_1: Enhance Engagement of Medicaid and Other Underserved Populations</b></p> <p><b>IA_BE_4: Engagement of patients through implementation of improvements in patient portal</b></p> <p><b>IA_BE_15: Engagement of patients, family and caregivers in developing a plan of care</b></p> <p><b>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b></p> <p><b>IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</b></p>	<p><b>Total Per Capita Cost (TPCC)</b></p>



## Modifications to the Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP

Quality	Improvement Activities	Cost
<p><b>Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQM Specification)</p> <p><b>Q205: Sexually Transmitted Infection (STI) Testing for People with HIV</b> (Collection Type: eCQM Specifications, MIPS CQM Specifications)</p> <p><b>Q240: Childhood Immunization Status</b> (Collection Type: eCQM Specifications)</p> <p><b>Q310: Chlamydia Screening in Women</b> (Collection Type: eCQM Specifications)</p> <p><b>(!!) Q338: HIV Viral Suppression</b> (Collection Type: eCQM Specifications, MIPS CQM Specifications)</p> <p><b>(*)(!) Q340: HIV Annual Retention in Care</b> (Collection Type: eCQM Specifications, MIPS CQM Specifications)</p> <p><b>Q387: Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>Q400: One-Time Screening for Hepatitis C Virus (HCV) and Treatment Initiation</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>Q401: Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis</b> (Collection Type: MIPS CQM Specifications)</p>	<p>(~) IA_PM_11: Regular review practices in place on targeted patient population needs</p> <p>(~) IA_PM_14: Implementation of methodologies for improvements in longitudinal care management for high-risk patients</p> <p>(~) IA_PM_22: Improving Practice Capacity for Human Immunodeficiency Virus (HIV) Prevention Services</p> <p>IA_PSPA_23: Completion of CDC Training on Antibiotic Stewardship</p> <p>IA_PSPA_32: Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support</p>	

## Modifications to the Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP

Quality	Improvement Activities	Cost
<p><b>Q475: HIV Screening</b> (Collection Type: eCQM Specifications)</p> <p><b>(~)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(* Q493: Adult Immunization Status</b> (Collection Type: MIPS CQM Specifications)</p>		

### Foundational Layer

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

# Modifications to Previously Finalized MVPs

**TABLE B.11: Quality Care for Patients with Neurological Conditions MVP**

**Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year**

As noted in the beginning of this resource, we’re modifying the previously finalized Optimal Care for Patients with Episodic Neurological Conditions and the Supportive Care for Neurodegenerative Conditions MVPs into a single consolidated neurological MVP titled Quality Care for Patients with Neurological Conditions:

- Add 2 quality measures
- Remove 6 quality measures
- Add 1 improvement activity
- Remove 1 improvement activity

**Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:**

- Neurology

**Measure Key**

- + Additional quality measures, improvement activities, or cost measures
- \* Existing measures and improvement activities with revisions
- \*\* Can be submitted only when included in an MVP
- ! High priority measures
- !! Outcome measures
- ~ Includes a health equity component

Quality	Improvement Activities	Cost
<p><b>(*)(!) Q047: Advance Care Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQM Specifications)</p> <p><b>(*)(!) Q130: Documentation of Current Medications in the Medical Record</b> (Collection Type: eCQM Specifications, MIPS CQM Specifications)</p> <p><b>(+)(*)(!) Q155: Falls: Plan of Care</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!) Q238: Use of High-Risk Medications in Older Adults</b> (Collection Type: eCQM Specifications, MIPS CQM Specifications)</p>	<p>(~) IA_AHE_3: Promote use of Patient-Reported Outcome Tools</p> <p>IA_BE_4: Engagement of patients through implementation of improvements in patient portal</p> <p>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings</p> <p>(~) IA_BE_16: Promote Self-management in Usual Care</p> <p>IA_BE_24: Financial Navigation Program</p> <p>IA_BMH_4: Depression screening</p>	<p>Medicare Spending Per Beneficiary (MSPB) Clinician</p>



## Modifications to the Quality Care for Patients with Neurological Conditions MVP

Quality	Improvement Activities	Cost
<p><b>Q268: Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*) Q281: Dementia: Cognitive Assessment</b> (Collection Type: eCQM Specifications)</p> <p><b>(*) Q282: Dementia: Functional Status Assessment</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!) Q286: Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!) Q288: Dementia: Education and Support of Caregivers for Patients with Dementia</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*) Q290: Assessment of Mood Disorders and Psychosis for Patients with Parkinson’s Disease</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*) Q291: Assessment of Cognitive Impairment or Dysfunction for Patients with Parkinson’s Disease</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!) Q293: Rehabilitative Therapy Referral for Patients with Parkinson’s Disease</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!) Q386: Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences</b> (Collection Type: MIPS CQM Specifications)</p>	<p><b>IA_BMH_8: Electronic Health Record Enhancements for BH data capture</b></p> <p><b>IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop</b></p> <p><b>IA_EPA_2: Use of telehealth services that expand practice access</b></p> <p><b>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b></p> <p><b>IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</b></p> <p><b>(~) IA_PM_11: Regular review practices in place on targeted patient population needs</b></p> <p><b>IA_PM_16: Implementation of medication management practice improvements</b></p> <p><b>IA_PM_21: Advance Care Planning</b></p> <p><b>IA_PSPA_21: Implementation of fall screening and assessment programs</b></p>	

## Modifications to the Quality Care for Patients with Neurological Conditions MVP

Quality	Improvement Activities	Cost
<p><b>(!) Q419: Overuse of Imaging for the Evaluation of Primary Headache</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(~)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(+)(!!) Q495: Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!!) Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months</b> (Collection Type: MIPS CQM Specifications)</p>		

## Foundational Layer

### Population Health Measures

**(!!) Q479: Hospital-Wide, 30-Day, All-Cause  
Unplanned Readmission (HWR) Rate for the Merit-  
Based Incentive Payment Systems (MIPS) Groups**  
(Collection Type: Administrative Claims)

**(!!) Q484: Clinician and Clinician Group Risk-  
standardized Hospital Admission Rates for Patients  
with Multiple Chronic Conditions**  
(Collection Type: Administrative Claims)

### Promoting Interoperability

- 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

# Modifications to Previously Finalized MVPs

**TABLE B.12: Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP**

**Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year**

As noted in the beginning of this resource, we’re modifying the previously finalized Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP within the quality performance category of this MVP to:

- Remove 2 quality measures
- Add 1 improvement activity
- Remove 1 improvement activity

**Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:**

- Otolaryngology

**Measure Key**

- + Additional quality measures, improvement activities, or cost measures
- \* Existing measures and improvement activities with revisions
- \*\* Can be submitted only when included in an MVP
- ! High priority measures
- !! Outcome measures
- ~ Includes a health equity component

## Modifications to the Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP

Quality	Improvement Activities	Cost
<p><b>(**) Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQM Specification)</p> <p><b>Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQM Specification)</p> <p><b>(*) Q277: Sleep Apnea: Severity Assessment at Initial Diagnosis</b> (Collection Type: MIPS CQM Specifications)</p>	<p><b>(~) IA_AHE_3: Promote use of Patient-Reported Outcome Tools</b></p> <p><b>IA_BE_4: Engagement of patients through implementation of improvements in patient portal</b></p> <p><b>IA_BE_15: Engagement of patients, family and caregivers in developing a plan of care</b></p> <p><b>IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop</b></p> <p><b>IA_CC_13: Practice improvements to align with OpenNotes principles</b></p>	<p><b>Medicare Spending Per Beneficiary (MSPB) Clinician</b></p>



## Modifications to the Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP

Quality	Improvement Activities	Cost
<p><b>(*)(!) Q331: Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(!) Q332: Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!!) Q355: Unplanned Reoperation within the 30-Day Postoperative Period</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(!!) Q357: Surgical Site Infection (SSI)</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(~)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>AAO20: Tympanostomy Tubes: Comprehensive Audiometric Evaluation</b> (Collection Type: QCDR)</p> <p><b>AAO21: Otitis Media with Effusion (OME): Comprehensive Audiometric Evaluation for Chronic OME &gt; or = 3 months</b> (Collection Type: QCDR)</p>	<p><b>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b></p> <p><b>IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</b></p> <p><b>IA_PM_16: Implementation of medication management practice improvements</b></p> <p><b>(~) IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements</b></p>	

## Foundational Layer

### Population Health Measures

**(!!) Q479: Hospital-Wide, 30-Day, All-Cause  
Unplanned Readmission (HWR) Rate for the Merit-  
Based Incentive Payment Systems (MIPS) Groups**  
(Collection Type: Administrative Claims)

**(!!) Q484: Clinician and Clinician Group Risk-  
standardized Hospital Admission Rates for Patients  
with Multiple Chronic Conditions**  
(Collection Type: Administrative Claims)

### Promoting Interoperability

- 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

# Modifications to Previously Finalized MVPs

**TABLE B.13: Quality Care in Mental Health and Substance Use Disorders MVP**

**Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year**

As noted in the beginning of this resource, we’re modifying the previously finalized Quality Care in Mental Health and Substance Use Disorders MVP within the quality performance category of this MVP to:

- Add 1 improvement activity

**Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:**

- Mental health
- Behavioral health
- Psychiatry

**Measure Key**

- + Additional quality measures, improvement activities, or cost measures
- \* Existing measures and improvement activities with revisions
- \*\* Can be submitted only when included in an MVP
- ! High priority measures
- !! Outcome measures
- ~ Includes a health equity component

Quality	Improvement Activities	Cost
<p><b>(*) Q009: Antidepressant Medication Management</b> (Collection Type: eCQM Specifications)</p>	<p>(~) IA_AHE_1: Enhance Engagement of Medicaid and Other Underserved Populations</p>	<p><b>Medicare Spending Per Beneficiary (MSPB) Clinician</b></p>
<p><b>Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQM Specification)</p>	<p>(~) IA_AHE_3: Promote use of Patient-Reported Outcome Tools</p> <p>IA_BE_12: Use evidence-based decision aids to support shared decision-making.</p>	<p><b>Depression</b></p> <p><b>Psychoses and Related Conditions</b></p>
<p><b>(!) Q305: Initiation and Engagement of Substance Use Disorder Treatment</b> (Collection Type: eCQM Specifications)</p>	<p>(~) IA_BE_16: Promote Self-management in Usual Care</p> <p>IA_BE_23: Integration of patient coaching practices between visits</p>	

## Modifications to the Quality Care in Mental Health and Substance Use Disorders MVP

Quality	Improvement Activities	Cost
<p><b>Q366: Follow-Up Care for Children Prescribed ADHD Medication (ADD)</b> (Collection Type: eCQM Specifications)</p>	<p>IA_BMH_2: Tobacco use</p> <p>IA_BMH_5: MDD prevention and treatment interventions</p>	
<p><b>(!!) Q370: Depression Remission at Twelve Months</b> (Collection Type: eCQM Specifications, MIPS CQM Specification)</p>	<p>(~) IA_BMH_7: Implementation of Integrated Patient Centered Behavioral Health Model</p>	
<p><b>(!) Q382: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment</b> (Collection Type: eCQM Specifications)</p>	<p>(~) IA_BMH_14: Behavioral/Mental Health and Substance Use Screening and Referral for Pregnant and Postpartum Women</p>	
<p><b>(*)(!!) Q383: Adherence to Antipsychotic Medications For Individuals with Schizophrenia</b> (Collection Type: MIPS CQM Specifications)</p>	<p>(~) IA_BMH_15: Behavioral/Mental Health and Substance Use Screening and Referral for Older Adults</p>	
<p><b>(!) Q468: Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)</b> (Collection Type: MIPS CQM Specifications)</p>	<p>IA_EPA_2: Use of telehealth services that expand practice access</p>	
<p><b>(~)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQM Specifications)</p>	<p><b>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b></p>	
<p><b>(~)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQM Specifications)</p>	<p>IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</p>	
<p><b>(!!) Q502: Improvement or Maintenance of Functioning for Individuals with a Mental and/or Substance Use Disorder</b> (Collection Type: MIPS CQM Specifications)</p>	<p>IA_PSPA_32: Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support</p>	
<p><b>(*)(!) Q504: Initiation, Review, And/Or Update To Suicide Safety Plan For Individuals With Suicidal Thoughts, Behavior, Or Suicide Risk</b> (Collection Type: MIPS CQM Specifications)</p>		
<p><b>(!!) Q505: Reduction in Suicidal Ideation or Behavior Symptoms</b> (Collection Type: MIPS CQM Specifications)</p>		

## Modifications to the Quality Care in Mental Health and Substance Use Disorders MVP

Quality	Improvement Activities	Cost
<p><b>(!!) MBHR2: Anxiety Response at 6-months</b> (Collection Type: QCDR)</p> <p><b>(!!) MBHR7: Posttraumatic Stress Disorder (PTSD) Outcome Assessment for Adults and Children</b> (Collection Type: QCDR)</p>		

### Foundational Layer

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

# Modifications to Previously Finalized MVPs

**TABLE B.14: Rehabilitative Support for Musculoskeletal Care MVP**

**Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year**

As noted in the beginning of this resource, we’re modifying the previously finalized Rehabilitative Support for Musculoskeletal Care MVP within the quality performance category of this MVP to:

- Add 5 quality measures
- Add 1 improvement activity
- Remove 1 improvement activity

**Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:**

- Chiropractic medicine
- Physiatry
- Physical therapy
- Occupational therapy

**Measure Key**

- + Additional quality measures, improvement activities, or cost measures
- \* Existing measures and improvement activities with revisions
- \*\* Can be submitted only when included in an MVP
- ! High priority measures
- !! Outcome measures
- ~ Includes a health equity component

## Modifications to the Rehabilitative Support for Musculoskeletal Care MVP

Quality	Improvement Activities	Cost
<p><b>(+)(!) Q050: Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(**) Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQM Specification)</p> <p><b>(*)(!) Q155: Falls: Plan of Care</b> (Collection Type: MIPS CQM Specification)</p>	<p><b>(~) IA_AHE_3: Promote use of Patient-Reported Outcome Tools</b></p> <p><b>(~) IA_AHE_6: Provide Education Opportunities for New Clinicians</b></p> <p><b>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings</b></p> <p><b>IA_BMH_12: Promoting Clinician Well-Being</b></p> <p><b>(~) IA_BMH_15: Behavioral/Mental Health and Substance Use Screening and Referral for Older Adults</b></p> <p><b>IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop</b></p>	<p><b>Low Back Pain</b></p>

## Modifications to the Rehabilitative Support for Musculoskeletal Care MVP

Quality	Improvement Activities	Cost
<p><b>(!!) Q217: Functional Status Change for Patients with Knee Impairments</b> (Collection Type: MIPS CQM Specifications)</p>	<p><b>IA_CC_8: Implementation of documentation improvements for practice/process improvements</b></p>	
<p><b>(!!) Q218: Functional Status Change for Patients with Hip Impairments</b> (Collection Type: MIPS CQM Specifications)</p>	<p><b>IA_CC_12: Care coordination agreements that promote improvements in patient tracking across settings</b></p>	
<p><b>(!!) Q219: Functional Status Change with Lower Leg, Foot or Ankle Impairments</b> (Collection Type: MIPS CQM Specifications)</p>	<p><b>IA_EPA_2: Use of telehealth services that expand practice access</b></p>	
<p><b>(!!) Q220: Functional Status Change for Patients with Low Back Impairments</b> (Collection Type: MIPS CQM Specifications)</p>	<p><b>(~) IA_EPA_3: Collection and use of patient experience and satisfaction data on access</b></p>	
<p><b>(!!) Q221: Functional Status Change for Patients with Shoulder Impairments</b> (Collection Type: MIPS CQM Specifications)</p>	<p><b>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b></p>	
<p><b>(!!) Q222: Functional Status Change for Patients with Elbow, Wrist or Hand Impairments</b> (Collection Type: MIPS CQM Specifications)</p>	<p><b>IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</b></p>	
<p><b>(!!) Q478: Functional Status Change for Patients with Neck Impairments</b> (Collection Type: MIPS CQM Specifications)</p>	<p><b>IA_PSPA_16: Use decision support—ideally platform-agnostic, interoperable clinical decision support (CDS) tools —and standardized treatment protocols to manage workflow on the care team to meet patient needs</b></p>	
<p><b>(!!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQM Specifications)</p>	<p><b>IA_PSPA_21: Implementation of fall screening and assessment programs</b></p>	
<p><b>(+)(!!) MSK6: Patients Suffering From a Neck Injury who Improve Pain</b> (Collection Type: QCDR)</p>		

## Modifications to the Rehabilitative Support for Musculoskeletal Care MVP

Quality	Improvement Activities	Cost
<p><b>(+)(!!) MSK7: Patients Suffering From an Upper Extremity Injury who Improve Pain</b> (Collection Type: QCDR)</p> <p><b>(+)(!!) MSK8: Patients Suffering From a Back Injury who Improve Pain</b> (Collection Type: QCDR)</p> <p><b>(+)(!!) MSK9: Patients Suffering From a Lower Extremity Injury who Improve Pain</b> (Collection Type: QCDR)</p>		

## Foundational Layer

Population Health Measures	Promoting Interoperability
<p><b>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Groups</b> (Collection Type: Administrative Claims)</p> <p><b>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions</b> (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> <li>• Security Risk Analysis</li> <li>• High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> <li>• e-Prescribing</li> <li>• Query of Prescription Drug Monitoring Program (PDMP)</li> <li>• Provide Patients Electronic Access to Their Health Information</li> <li>• Support Electronic Referral Loops By Sending Health Information</li> <li style="padding-left: 20px;">AND</li> <li>• Support Electronic Referral Loops By Receiving and Reconciling Health Information</li> <li style="padding-left: 20px;">OR</li> <li>• Health Information Exchange (HIE) Bi-Directional Exchange</li> <li style="padding-left: 20px;">OR</li> <li>• Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)</li> <li>• Immunization Registry Reporting</li> <li>• Syndromic Surveillance Reporting (Optional)</li> <li>• Electronic Case Reporting</li> <li>• Public Health Registry Reporting (Optional)</li> <li>• Clinical Data Registry Reporting (Optional)</li> <li>• Actions to Limit or Restrict Compatibility or Interoperability of CEHRT</li> <li>• ONC Direct Review Attestation</li> </ul>

# Modifications to Previously Finalized MVPs

**TABLE B.15: Value in Primary Care MVP**

**Beginning with the CY 2025 MIPS Performance Period / 2027 MIPS Payment Year**

As noted in the beginning of this resource, we’re modifying the previously finalized Value in Primary Care MVP within the quality performance category of this MVP to:

- Add 2 improvement activities
- Remove 1 improvement activity

**Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:**

- Preventive medicine
- Internal medicine
- Family medicine
- Geriatrics

**Measure Key**

- + Additional quality measures, improvement activities, or cost measures
- ^ New measures and improvement activities
- \* Existing measures and improvement activities with revisions
- \*\* Can be submitted only when included in an MVP
- ! High priority measures
- !! Outcome measures
- ~ Includes a health equity component

## Modifications to the Value in Primary Care MVP

Quality	Improvement Activities	Cost
<p><b>(*)(!!) Q001: Diabetes: Glycemic Status Assessment Greater Than 9%</b>                      (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQM Specifications)</p> <p><b>(*)(!) Q047: Advance Care Plan</b>                      (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQM Specifications)</p>	<p><b>(~) IA_AHE_3: Promote use of Patient-Reported Outcome Tools</b></p> <p><b>IA_BE_4: Engagement of patients through implementation of improvements in patient portal</b></p> <p><b>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings</b></p> <p><b>IA_BE_12: Use evidence-based decision aids to support shared decision-making</b></p> <p><b>IA_CC_2: Implementation of improvements that contribute to more timely communication of test results</b></p>	<p><b>Asthma/Chronic Obstructive Pulmonary Disease (COPD)</b></p> <p><b>Diabetes</b></p> <p><b>Depression</b></p> <p><b>Heart Failure</b></p> <p><b>Total Per Capita Cost (TPCC)</b></p>



## Modifications to the Value in Primary Care MVP

Quality	Improvement Activities	Cost
<p><b>Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQM Specifications)</p> <p><b>(*)(!!) Q236: Controlling High Blood Pressure</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQM Specifications)</p> <p><b>(!) Q305: Initiation and Engagement of Substance Use Disorder Treatment</b> (Collection Type: eCQM Specifications)</p> <p><b>(!) Q321: CAHPS for MIPS Clinician/Group Survey</b> (Collection Type: CAHPS Survey Vendor)</p> <p><b>Q438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease</b> (Collection Type: eCQM Specifications, MIPS CQM Specifications)</p> <p><b>Q475: HIV Screening</b> (Collection Type: eCQM Specifications)</p> <p><b>(!!) Q483: Person-Centered Primary Care Measure Patient Reported Outcome Performance Measure (PCPCM PRO-PM)</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(~)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*) Q493: Adult Immunization Status</b> (Collection Type: MIPS CQM Specifications)</p>	<p><b>IA_CC_13: Practice improvements to align with OpenNotes principles</b></p> <p><b>(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b></p> <p><b>IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</b></p> <p><b>(~) IA_PM_11: Regular review practices in place on targeted patient population needs</b></p> <p><b>IA_PM_13: Chronic care and preventative care management for empaneled patient</b></p> <p><b>IA_PM_16: Implementation of medication management practice improvements</b></p> <p><b>(~) IA_PM_22: Improving Practice Capacity for Human Immunodeficiency Virus (HIV) Prevention Services</b></p> <p><b>(~) IA_PM_23: Use of Computable Guidelines and Clinical Decision Support to Improve Adherence for Cervical Cancer Screening and Management Guidelines</b></p> <p><b>(^)(+) IA_PM_25: Save a Million Hearts: Standardization of Approach to Screening and Treatment for Cardiovascular Disease Risk</b></p>	

## Modifications to the Value in Primary Care MVP

Quality	Improvement Activities	Cost
<p><b>(*) Q497: Preventive Care and Wellness (composite)</b> (Collection Type: MIPS CQM Specifications)</p> <p><b>(*)(!) Q504: Initiation, Review, And/Or Update To Suicide Safety Plan For Individuals With Suicidal Thoughts, Behavior, Or Suicide Risk</b> (Collection Type: MIPS CQM Specifications)</p>		

### Foundational Layer

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

## Version History

Date	Change Description
05/21/2025	Added footnote on page 1 explaining activities that have been suspended for the 2025 performance period; removed suspended activities.
11/07/2024	Updated page 3 to include link to the CY 2025 PFS Final Rule.
11/01/2024	Original version