



**Merit-based Incentive Payment System (MIPS) Value  
Pathways (MVP) Candidate  
2026 Performance Year  
Neuropsychology**

## MVP Candidate Feedback Process

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

Note: This document is for 2026 MVP Candidate Feedback only and shouldn't be used as a reference for reporting MVPs in the 2025 performance year.

## MVP Candidate Feedback Instructions

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

**MVP candidate feedback should be submitted to [PIMMSMVPsupport@gdit.com](mailto:PIMMSMVPsupport@gdit.com) for Centers for Medicare & Medicaid Services (CMS) consideration between December 11, 2024, and 11:59 p.m. ET on January 24, 2025.**

Please include the following information in the email:

- **Subject Line:** Draft 2026 MVP Candidate Feedback
- **Email Body:** Your feedback for consideration and public posting. Please indicate the MVP name to which your feedback relates.

CMS will post feedback received and considered relevant to a draft 2026 MVP candidate at [MVP Candidate Feedback Process](#) in February 2025.

**TABLE 1: Neuropsychology MVP**

Quality	Improvement Activities	Cost
<b>Q130: Documentation of Current Medications in the Medical Record</b> (Collection Type: eCQM, MIPS CQM) High Priority	<b>IA_AHE_1: Enhance Engagement of Medicaid and Other Underserved Populations</b>	<b>MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician</b>
<b>Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan</b> (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	<b>IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health</b>	<b>TPCC_1: Total Per Capita Cost</b>
<b>Q181: Elder Maltreatment Screen and Follow-up Plan</b> (Collection Type: Medicare Part B Claims, MIPS CQM) High Priority	<b>IA_BE_4: Engagement of patients through implementation of improvements in patient portal</b>	
<b>Q282: Dementia: Functional Status Assessment</b> (Collection Type: MIPS CQM)	<b>IA_BE_14: Engage Patients and Families to Guide Improvement in the System of Care</b>	
<b>Q286: Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia</b> (Collection Type: MIPS CQM) High Priority	<b>IA_BE_15: Engagement of Patients, Family, and Caregivers in Developing a Plan of Care</b>	
<b>Q288: Dementia: Education and Support of Caregivers for Patients with Dementia</b> (Collection Type: MIPS CQM) High Priority	<b>IA_BE_16: Promote Self-management in Usual Care</b>	
<b>Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQM) High Priority	<b>IA_BE_22: Improved Practices that Engage Patients Pre-Visit</b>	
<b>MBHR1: Use of Anxiety Severity Measure</b> (Collection Type: QCDR)	<b>IA_BMH_7: Implementation of Integrated Patient Centered Behavioral Health Model</b>	
<b>MBHR11: Cognitive Assessment with Counseling on Safety and Potential Risk</b> (Collection Type: QCDR)	<b>IA_CC_9: Implementation of practices/processes for developing regular individual care plans</b>	
<b>MBHR13: Social Role Functioning Assessment utilizing PROMIS Adult Ability to Participate in Social Roles and Activities</b> (Collection Type: QCDR)	<b>IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b>	
<b>MBHR15: Consideration of Cultural-Linguistic and Demographic Factors in Cognitive Assessment</b> (Collection Type: QCDR) High Priority	<b>IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</b>	
	<b>IA_PM_21: Advance Care Planning</b>	
	<b>IA_PM_26: Vaccine Achievement for Practice Staff: COVID-19, Influenza, and Hepatitis B</b>	

**TABLE 1: Neuropsychology MVP**

Quality	Improvement Activities	Cost
<p><b>MBHR16: Comprehensive Cognitive Assessment Assists with Differential Diagnosis</b> (Collection Type: QCDR) High Priority</p> <p><b>MBHR18: Provision of Feedback Following a Cognitive or Mental Status Assessment with Documentation of Understanding of Test Results and Subsequent Healthcare Plan with Timely Transmission of Results</b> (Collection Type: QCDR) High Priority</p>		

**TABLE 2: Foundational Layer**

The foundational layer is the same for every MVP.

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) Eligible Clinician 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> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Support Electronic Referral Loops By Receiving and Reconciling Health Information</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Health Information Exchange (HIE) Bi-Directional Exchange</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <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>