MIPS Value Pathways (MVP) Development and Maintenance Webinar
December 11, 2024

>>Ketchum: Hello, everyone. Thank you for joining today's CMS MVP Development and Maintenance Webinar. This presentation will be followed by a Q&A session where attendees will have the opportunity to ask questions. You can either submit written questions via the Q&A box or you can raise your hand to ask a question via the webinar audio. CMS subject matter experts will address as many questions as time allows. To note, a recording of this webinar and accompanying slides will be shared online on the Quality Payment Program Webinar Library in the coming weeks.

Now I'll turn it over to Kati Moore at CMS to begin. Kati?

>>Kati Moore, CMS: Great. Thanks, Hallie. Good afternoon and good morning for any West Coast folks on with us today, but thank you all so much for joining today.

I know it's a really busy time of year for everyone, so we appreciate you being interested in MIPS Value Pathways, or MVPs, and how we develop and maintain MVPs, so really appreciate you participating today and look forward to discussion.

Next slide, please. And we can go one more.

So I'm just going to cover a couple high-level overview slides before we get into a lot more of the details most folks on the call are probably looking for. But just in case we have any folks that are new or really just trying to understand what MVPs are or how we got here, I first want to encourage everyone to check out our website, so qpp.cms.gov, and we have an entire MVP section of the website that can explain in greater detail all of our MIPS policies and what MVPs are available right now and then how you can get engaged, involved with us in developing. So we'll go over a lot of that today, but a great resource there as well as if you're looking to participate that way, there are some other resources there and tools, so I encourage you to check that out.

So just a quick overview, so since the inception of the Quality Payment Program in 2017, we are continuously looking at ways to improve the program. So again, our two participation tracks, the Merit-based Incentive Payment System, MIPS, which we're going to be talking about today, and then just the other participation track or Advanced Alternative Payment Model or APMs participation track. And what we're really looking as we're continuing to improve QPP as a whole, we've been taking steps to really acknowledge the differences and variations in clinician practices and different clinician types. To do that, we're continuing to refine our program requirements, respond to feedback that we've heard from across the board from our health care community, but really through -- we have a lot of different feedback channels, so mainly is our regulations and our rules to our formal comment process, but then we also engage throughout the year in forums like this, where we love to hear your thoughts and suggestions for improving our program. So again, thank you for giving us your time and thoughts today.

We're also always looking for ways that we can reduce reporting burden where it makes sense, and then ultimately really encouraging that meaningful participation. So we're looking, which is why we're moving towards MVPs, to really make sure that how clinicians are participating in the program is meaningful for them and their patients, and then ultimately the goal of improving patient outcomes, ensuring that Medicare beneficiaries are as healthy as possible.

So MVPs is really one of the ways you can meet your reporting requirements for MIPS. Each MVP includes a subset of measures and activities, and these are, as always, established through a rulemaking process, and they're related to either a specific specialty or a medical condition. And this move to MVPs and this transition that we're continuing to go through really honors our commitment to keeping the patient at the center of our work, and that's really our goal as we're moving towards this new way of reporting. We plan to sunset traditional MIPS, and we'll go through -- we have a rulemaking process to do that at a future date.

We can go to the next slide. Great. Thanks.

So this slide really highlights that progression of MVP development and is our timeline for eventually transitioning from what we refer to as traditional MIPS, which is how the program was originally designed, to MVPs.

So currently clinicians have three reporting options: They have traditional MIPS, MVPs, and the APM Performance Pathway, or APP. And then, as you'll see here on the graphic that's starting in 2026, any multi-specialty group that intends to report MVPs will be required to report as a subgroup or individuals. And then, as I said before, we do plan to end traditional MIPS at some point in the future. We haven't proposed a date for that yet, but we will do so at a future date.

Thank you very much. Okay. And with that, I'm going to turn it over to Michelle Peterman, who's going to go over our MVP participation requirements and get us going today. Thanks.

>>Michelle Peterman, CMS: Thanks a lot, Kati. Hi, everyone.

Now we're going to go a little bit deeper into our MVP development and maintenance slides, and we'll hope that you'll get a lot of good information from this. So this very first slide, it just highlights the MVP participation requirements and the types of participants that may register for MVP reporting.

So as you can see on this slide, it's individual clinicians, single specialty groups, multi-specialty groups, subgroups, and APM Entities. If you note, there is an asterisk next to the multi-specialty group participants. This annotates a special note there at the bottom of the slide. We just really want to note and emphasize that starting in 2026, that multi-specialty groups will be required to report either as an individual or form subgroups. We just want to be sure that folks are tracking this policy as it will be a new requirement starting in 2026. So not this upcoming year, but next year. We just want you all to be prepared. So we may mention it a few times throughout this presentation.

Next slide, please.

All right. So this one, this slide highlights how we have broadened our opportunities for the public to provide feedback on our potential MVP candidates. So we will determine and post feasible MVP candidates on our website that Kati was mentioning. We do that to solicit feedback from the public for a 45-day period. Once the 45-day feedback period closes, we will post those applicable feedback received on our website. So posting the MVP candidates for feedback, it doesn't guarantee that the candidate will move forward for rulemaking, we review all the feedback received, and we incorporate changes, and then it must go through the rulemaking process.

We are not required to notify the group or the organization that originally submitted the candidate of any updates in advance of the rulemaking due to rulemaking policies and how we are required to go through that process. So this 45-day candidate process is actually starting today. So it starts today, and it will go through January 24. So you all keep an eye out for that and look for our new draft MVPs.

Next slide, please.

So this slide actually goes through a high-level overview of our MVP development process. So to the far left in the orange arrow there, we begin the MVP candidate development. During this time, the MVP is being developed based on our needs and priority list that we post on our website as well. We can receive these either internally by us developing them or through interested stakeholders, and we receive those regularly. The next arrow, the bluish one, is the draft MVP. We discuss our draft MVPs with interested parties. So we reach out to folks and have meetings with them, and we have a collaborative process where we go back and forth and we get feedback on the draft MVPs. The next part is the gray arrow is MVP feedback. This is where we provide the 45-day feedback I was just discussing for the general public to provide the feedback. The next step in the green arrow is where we propose the MVP, and that's done through our Physician Fee Schedule proposed rule. Then the, I guess that's teal -- the teal arrow is where our MVP moves to the final rule. And we're receiving feedback through all of these processes the entire way. And even in our final step here on our development, our MVP

maintenance, that is also a time where we continue to give opportunity for the public to provide feedback on those finalized MVPs because we can modify them, modify an MVP through our future rules. And so that's on an ongoing basis that we will accept that.

Next slide, please.

For MVP maintenance, this one provides a high level of the maintenance process. So it is an opportunity for the public to recommend changes to our previously finalized MVPs. So we do accept those on a rolling basis. So typically recommendations are submitted, that are submitted prior to the end of January will be considered for the upcoming rulemaking cycle. If we receive them after that time, they'll more than likely go into the next rulemaking cycle. So if you do have recommendations, it's best to do them prior to the end of January so we can get those incorporated.

We give the public an opportunity to provide the feedback on the potential revisions we're considering. We may share the revisions through the various platforms such as a live or prerecorded webinar or other public communication channels as we deem appropriate.

Next slide, please.

So for the MVP registration, these are a few high level dates that you need to be aware of and a little bit of do's and don'ts. So it's important for MVP registration, you must register for an MVP and the registration is between April 1 and December 1. And the second point here is that you must select an MVP that you intend on reporting. And then third, once you register, you will not be able to make changes to the MVP you select after the close of the registration period. And you won't be able to report on an MVP you didn't register for. So it's really important when you go to register that, you know, you're ready and you know which MVP you'd like to do and that you intend to do so that you don't have an issue when it actually comes to the reporting piece.

Next slide, please.

This is specifically for subgroups, MVP registration for subgroups. So subgroup reporting has been voluntary for 2023, '24, and '25. So this upcoming year will be voluntary as well. So in 2026, like I noted earlier, for multi-specialty groups that will report through an MVP, they will have to report as a subgroup.

Also in addition to the required MVP registration information, the subgroup must include a list of their TIN and NPIs in the subgroup; plain language name for the subgroup, as that will be used for public reporting; a description of the composition of the subgroup, which may be selected from a list or described in a narrative.

It's also important to note over on this right side that a clinician may only register for one subgroup per TIN. So those are highlights on that piece. I think there's more on the next slide, actually.

Next slide.

Yeah, so a little bit more on subgroups for registration. So for a subgroup, it must include at least one clinician that is MIPS eligible as an individual. And these two highlighted things here on the bullet points, we use the initial 12-month segment of the 24-month MIPS determination period to determine the eligibility of clinicians intending to participate and register as a subgroup. And subgroups inherit the eligibility and special statuses of the affiliated group, so which is identified by the TIN.

So to participate as a subgroup, the TIN will need to exceed the low-volume threshold at the group level. And then subgroups will not be evaluated for low-volume threshold at the subgroup level because it takes on the group's eligibility.

And then the second bullet here is about the special statuses. The subgroup also inherits the special statuses held by the group, even if the subgroup does not meet those criteria, you know, for example, a small practice or something like that. Subgroups will also not be evaluated for

special statuses at their subgroup. It's the same exact rule as the other one. It is evaluated at the group level, not the subgroup level. So those are important to note.

All right. Next slide, please.

All right. So this one's a little bit about third parties. So for third parties, we have a couple of exceptions for third parties who are supporting MVPs. So in general, a QCDR or a third party must support all the measures in an MVP. However, these are two qualifying reasons or exceptions to that rule. So if an MVP includes several specialties, then the QCDR is only expected to support the measures that are pertinent to the specialty of their clinicians. Or the second exception is that they're only required to be reported by the QCDR measure owner. In instances where a QCDR does not own the QCDR measure in the MVP, the QCDR can only support the QCDR measures if they have the appropriate permissions.

Next slide, please.

All right. So now we're going to go a little deeper into our 2025 policy updates.

Next slide, please.

So this slide provides a high-level overview of our 2025 policy -- MVP policy updates. So in the Physician Fee Schedule Final Rule, we did finalize six new MVPs. We modified all of our previously finalized MVPs, and that included consolidation of two neurology-focused MVPs. We made them into one neurology MVP. I'll talk about that a little more in a minute. We also finalized that beginning in 2025, we will calculate all available population health measures for an MVP participant and apply the highest-scoring population health measure to their quality performance score. So in previous years, MVP participants had to select a population health measure during registration, but now you no longer have to do that. And then lastly, we removed the weighting from all improvement activities. And so now MVP participants only need to attest to one IA. There's no more high- or medium-weighting for improvement activities performance category.

We have a lot more information on these changes in the 2025 Finalized MVP Guide and the 2025 QPP Policies Final Rule Fact Sheet, and those are on our QPP website as well.

Next slide, please.

So these are our new MVPs for 2025. Like I noted before, there were six of them that we finalized. And these are most applicable to clinicians who treat patients, so the ophthalmology and optometry for Comprehensive Ocular Care MVP. Dermatology includes non-physician practitioners such as nurse practitioners and physician assistants for Dermatologic Care MVP. Gastroenterology including non-physician practitioners for Gastroenterology Care MVP. Pulmonology and sleep medicine including non-physician practitioners for Pulmonology Care. General urologists, urology oncologists, and subspecialties focused on urology care for women for the Optimal Care for Patients with Urological Conditions. And the last one, general surgery, neurosurgery, cardiothoracic surgery, anesthesiologists including non-physician practitioners such as certified registered nurse anesthetists, nurse practitioners, and physician assistants for the Surgical Care MVP. That was a mouthful.

Next slide, please.

So the next two slides are going to be talking about the previously finalized MVPs. So these, all of these, we had modifications for 2025. So we made modifications to all the previously finalized MVPs. We either expanded upon clinical concepts, we added advanced health equity, addressed maintenance requests from the public, and we removed measures and activities that they were either finalized for removal from the respective inventory or replaced by more robust measures. So all of these are also in the 2025 PFS Rule and also in our final list of MVPs available for reporting on the QPP website. I'm not going to read them all out, but this slide and then if you can go to the next slide, these ones as well. So all of those were all, modifications were made to each of those.

Next slide, please.

Okay, so this slide is talking about the neurology MVP I mentioned earlier. And we did consolidate these two neurology-focused MVPs into the single neurological MVP. The previously finalized Optimal Care for Patients with Episodic Neurological Conditions MVP and the Supportive Care for Neurodegenerative Conditions MVP, they were consolidated and they were finalized as the Quality Care for Patients with Neurological Conditions MVPs. So clinicians that reported one of the original neurological MVPs will likely want to review the consolidated neurological MVP and determine whether to register and report this MVP in 2025. So we want to make sure that everyone is aware that this was a change.

Next slide, please.

All right, so this one's kind of got a lot on it. It is our reporting requirements and policy updates. I'll run through them quickly, but really the main thing that changed was the improvement activities like I said earlier. So for quality, MVP participants need to select four quality measures. One of the four measures must be an outcome or a high-priority, if an outcome is not available. For improvement activities, this is the one that has changed. IAs no longer have weights and only one activity needs to be selected for attestation. MVP participants will continue to be scored on the cost measures included in the MVP. The score is calculated automatically using administrative claims data, so you don't need to choose which cost measures to report. If a cost performance category score cannot be calculated for a clinician or group, then the cost category is reweighted following the traditional MIPS scoring policies.

For the foundational layer, this is across all MVPs are the same, we'll calculate and use the highest score of the population health measures using administrative claims data and this score will be part of the quality performance category. And then MVP participants will report on the same PI measures required under traditional MIPS unless you qualify for reweighting due to things like clinician type, special status or an approved PI Hardship Exception Application. Subgroups will need to submit PI data at the group level, not the subgroup level.

Okay, so now I'm going to pass the presentation over to Ijeoma. She's going to be reviewing the MVP candidate submission process and MVP maintenance information.

>>Ijeoma Okafor, PIMMS: Thank you, Michelle. All right, so just a quick overview, so CMS does invite the general public to submit MVP candidates for future rulemaking and we do accept MVP candidates on a rolling basis. If you do submit an MVP candidate between now and the mid of next year, just keep in mind that CMS will consider this for performance year 2027 or for future rulemaking. CMS has concluded its review for 2026.

And if you're interested in submitting an MVP candidate, you'll want to complete the MVP Development Standardized Template. So this process is separate from the Call for Measures and Activities. We just want to note that. So when you're submitting an MVP candidate, it is a completely different process. So we are committed to working closely with you, clinicians, patients, specialty societies, and third parties, to establish MVPs that support meaningful measurement of specialties, medical conditions, public health priority that are meaningful to our patients. So it is critical. We do need your help, it is critical to ensure that MVPs align with the critical needs and practical considerations for a given specialty or medical condition.

Next slide, please.

If you're thinking of submitting an MVP candidate, one thing that you may want to look at is the 2025 MVP needs and priorities. We do encourage those that are interested in submitting an MVP candidate to review this. So this does show and cover specialties or clinical topics that do have gaps that either don't have an MVP or they're under MVPs with limited coverage. So we do encourage stakeholders to look at those, look at the list, and if applicable to you, see how you can help and submit either measures, quality measures, cost measures, or improvement activities to help develop MVPs for these areas. And the needs and priorities document is available on the QPP website.

Next slide.

So some general guidance to keep in mind when submitting an MVP candidate is that we want the candidate to consist of limited, connected, and complementary sets of measures and activities that are meaningful to clinicians. We also want to include measures and activities that result in comparative performance data. So we want it to be valuable to patients and caregivers so that caregivers can evaluate their clinical performance against similar clinician data, and then also for patients so that they can make accurate and the best decision regarding their patient care. We also want the MVP candidate to promote subgroup reporting that's comprehensive and reflective of the services provided by multi-specialty groups. We also want to include measures selected using the Meaningful Measures approach wherever possible and to include the patient voice. We also want to reduce the barriers to the Alternative Payment Model. So that's by including measures that are part of APMs to help with that transition. And then we also would like MVP candidates to support in the transition to digital quality measures. So wherever possible, if you can include them in MVP candidates, that is what CMS would be looking for in regards to guidance.

And then you can review additional guidance on the MVP Candidate Development and Submissions website or download the MIPS Value Pathways Development Resource ZIP that includes this information.

Next slide.

So now we're going to move over to talking about guidance for the specific measures and improvement activity areas. So when we look at quality measures, you should consider whether the quality measures are applicable to the MVP topic.

So you'll want to note the clinician types that are available for a measure, whether the measure is just applicable for one collection type versus multiple collection types. If possible, you want to include QCDR measures that meet all requirements for inclusion. So the current MIPS quality measures and QCDR measure inventory includes both cross-cutting and specialty-specific measures. So when you are developing an MVP, consider whether, you know, your MVP has multiple cross-cutting measures, whether it's only specialty-specific or whether it has

a nice mix of both. And so you can review the MIPS Quality Measures List and the QCDR Measures List on the QPP website.

Next slide, please.

Next, we'll go over the improvement activity guidance. So we would like an MVP candidate to prioritize activities that best drive the quality of performance addressed in each MVP topic. We also want you to include improvement activities that complement or supplement quality measures versus being a duplicate or covering the same issues or same topics as the quality measures included in the MVP. And then lastly, we also want to promote the inclusion of health equity-focused improvement activities. So if you want to review the current improvement activity list, you can, again, check the QPP resource website. Or, again, we encourage you, if you have new improvement activities that you would like to submit, you can submit that through the Call of Measures and Activities.

Next slide.

Next, we'll cover cost measure guidance. So each MVP has to include at least one cost measure to be considered for rulemaking. When you're looking at the cost measures, there are episode-based cost measures and population-based measures. So just a quick overview, there are four types of episode-based cost measures. The first is a procedural episode-based cost measure, which applies to clinicians that perform procedures of a defined purpose or type, such as orthopedic surgeons. We also have acute episode-based cost measures, which covers clinicians that provide care for a specific acute condition that requires a hospital stay. So that would apply to clinicians such as hospitalists. And then next, we have the settings episode-based cost measure. This applies to clinicians who provide care to patients in a specific setting, so such as an emergency department. And then lastly, we have the chronic condition episode-based cost measure that accounts for the ongoing management of a disease or condition.

We also have two population-based cost measures. So that's the Medicare Spending Per Beneficiary cost measure that assesses an episode of care around a patient's admission into an

inpatient hospital. And then we also have the Total Per Capita Cost Measure that analyzes the overall cost of care reflecting of an ongoing primary care relationship.

Next slide, please.

Okay. Next, we'll go over the MVP candidate submission and review process.

Next slide.

So as I previously mentioned, anyone that's interested in submitting an MVP candidate needs to complete the MVP Development Standardized Template. So that is available on the QPP website. So we want to ensure that each MVP candidate includes measures and activities across quality, cost, and improvement activities performance categories.

And then each MVP will also include the same foundational layer that includes the entire set of Promoting Interoperability measures and two population health measures as listed. And so this will be the same for all MVPs. So there will be no edits or additions that you need to make to the foundational layer.

Next slide.

Okay. And going into more detail on the template, so there are various tables in this template. So if you want to submit an MVP candidate, you only need to complete Table 1 and Table 2A. So Table 1 includes high-level descriptions such as the MVP Name, Point(s) of Contact, the Intent of the Measure, Measure and Activity Linkages, Appropriateness, Comprehensibility, and Incorporation of the Patient Voice.

And in Table 2, that's where you'll want to list all the measures and improvement activities that you want to include in your MVP candidate submission.

So the table below shows what information you'll need to provide for each type of measure and improvement activity. So for instance, for quality measure, you'll want to include the Measure ID, the CBE, if available, Measure Title, the different Collection Type(s), and then also Rationale for Inclusion.

So Tables 2B and 2C are pre-filled. That's the foundational measures, and you don't need to make any edits or updates to these tables. They will already be completed.

Next slide.

So once you submit an MVP candidate, CMS will conduct an internal review of each candidate and reach out only if there's any questions, if you need any additional answers or questions, as necessary. If CMS determines that a meeting is needed, we will reach out in an iterative dialogue with the MVP submitter. And keep in mind that if the MVP candidate you submitted is applicable to other groups or if there's two, say, medical societies that are submitting similar MVPs, we will encourage collaboration on an MVP candidate to make sure it meets the clinician needs of all groups and their patient population.

Next slide, please.

Okay. So the 2026, just to note that the 2026 MVP candidates are now currently available on the QPP website to review for a 45-day period. So anyone that is interested in reviewing the MVP candidates and if you have any recommendations or feedback, you can submit it to the PIMMS MVP support mailbox for CMS consideration. And this process only applies to the new MVPs. Feedback for previously finalized MVPs is reserved for the MVP maintenance process, which I'll go into more detail later on in the slide.

Next slide, please.

So when considering MVP feedback, CMS will display the feedback received on the MVP candidates on the QPP website following the close of the 45-day candidate period. So CMS will

also review and determine whether to incorporate recommendations into an MVP candidate before proposing it in rulemaking. So, it is possible that not all MVP candidates will be proposed, so just want to keep that in mind.

And then the three things that CMS won't do is they won't post the feedback that is considered unrelated to the MVP candidate. So if you provide a general comment or, let's say, a comment to a previously finalized MVP, something that's unrelated, it won't be posted on the QPP website. CMS also won't respond directly to any feedback received. Again, you will be made aware of the MVP candidates once through rulemaking. And then the last thing is CMS will also not consult with the group or organization that submitted the MVP in advance of rulemaking.

All right, next slide, please.

So these are the six MVP candidates that are available for review and for you to submit recommendations on. So if any of these areas are applicable to you, Interventional Radiology, Diagnostic Radiology, Neuropsychology, Podiatry, Pathology, or Vascular Surgery, we encourage you to go on the QPP website, review the MVP candidates, and submit any feedback as necessary.

Next slide, please.

So in regards to next steps, so once the MVP feedback process has concluded, we will now move on to the rulemaking process. So CMS will carefully review and identify which of the MVP candidates to propose through the Physician Fee Schedule, the Notice of Proposed Rulemaking, and then CMS will only indicate which MVPs move forward through the Final Rule. So again, you'll want to keep a lookout for when the Notice of Proposed Rulemaking comes out to be able to provide feedback on any of the MVPs. And while the goal is for this to be a collaborative process with CMS, however, CMS will make any final determinations about MVPs.

Next slide, please.

So moving on to MVP maintenance.

Next slide.

So if you're interested in leaving any feedback on any of the previously finalized MVPs, you can through the MVP maintenance process. We do accept recommendations on a rolling basis. So again, any recommendations that you do have, you can submit them through -- you can send them via email to the PIMMS MVP support mailbox. We do encourage you to break it down by performance category. So if you see the image to the right, we would like you to include the MVP title along with a description of the recommended changes by performance category. You can also review the MVP Maintenance Process PDF that is available on the QPP website for more information on how to submit an MVP maintenance recommendation.

Next slide, please.

So what happens after you submit maintenance feedback? So CMS will evaluate the recommendations submitted to the PIMMS MVP support mailbox and determine whether the feedback is appropriate and aligned with the broader vision of the MVP. So once CMS reviews the feedback, they will determine, again, whether or not to share the recommendation via various platforms, you know, either through a live webinar, maybe a previously recorded webinar, or other communication channels. So CMS will not communicate with the general public about whether the recommendations were accepted outside of rulemaking. And so, again, this is a plug to, again, look at the proposed rule when it comes out. We do encourage anyone interested, anyone that has any previously finalized MVPs that they're interested in or any of the new MVPs to review the proposed rule when it comes out.

Next slide, please.

And so the MVP maintenance is only reserved for changes that you want to make to MVPs, such as adding or removing a measure. If you want to make any changes or recommend any changes to an existing measure or prevent activity within an MVP, that is where you'll want to go through the Call for Measures and Activities channels. So if you want to request a recommendation for changes to a MIPS quality measure, they may be submitted for consideration during the proposed rulemaking cycle or by contacting the measure steward directly. And then if you want to make changes to the existing improvement activities or cost measures, they may be submitted through the Call for Measures and Activities. And so any changes to the specific measures or improvement activities by itself will also be reflected in the MVP.

Next slide, please.

All right. And I will hand it over for help and support.

>>Ketchum: Thank you. Now we will share some helpful links and resources to learn more about MVPs. So on this slide, you can see a few of the MVP resources available on the QPP website, including the MVP Learning Experience webpage, the 2025 Finalized MIPS Value Pathways Guide, a document that you saw earlier in today's presentation outlining the transition from traditional MIPS to MVPs, and an MVP Overview Video. Additionally, we do have the 2025 QPP Policies Final Rule Fact Sheet on the QPP Resource Library, and then all of the recorded MVP webinars, including their slide decks, recordings, and transcripts are also available on the QPP Webinar Library.

And then if you still have questions, we encourage you to reach out to the QPP Service Center by email, by creating a QPP Service Center ticket, or by calling the phone number listed on the screen. Folks are available to help you on Monday through Friday from 8 a.m. to 8 p.m. Eastern Time.

Next slide, please.

So we're now going to start the Q&A portion of the webinar.

We can go to the next slide.

As a reminder, you can ask questions using the Q&A box, or you can raise your hand to ask a question via the webinar audio, and we'll unmute your line. As a reminder, you must have a working microphone to ask a question out loud.

So we can go ahead and get started with a question we have in the Q&A box from Stephanie. The question reads, “Can you please outline the steps that measure stewards can take to have QCDR measures added to MVPs so the measures can become active in MIPS while we pursue submission to the measures under consideration and go through rulemaking to move the measures into the public domain?”

And I believe Colleen would like to answer this question, so Colleen, I'll turn the floor over to you.

>>Colleen Jeffrey, PIMMS: Thank you. Yeah. This is Colleen from the PIMMS team. Yes, we definitely highly encourage including QCDR measures within the MIPS Quality Measure Inventory. If you would like to see your QCDR measure in an MVP, I do suggest reaching out to that PIMMS MVP support mailbox that Ijeoma spoke to earlier and kind of just outline your plan and which measures that you're wanting to put through the call for measures, and just giving us a heads up on that, and then we can definitely always discuss inclusion or removal of measures within MVPs during that maintenance process as well. So happy to have further conversations or give any more support that's necessary via email. So please feel free to reach out and let us know of those measures that you're planning to submit to MUC.

>>Ketchum: All right. Thank you, Colleen. As a reminder, if you want to go ahead and submit a question via the chat box, you can go ahead and type that in so that we can read it out loud. Or if you want to answer your question over the phone, please raise your hand and we will unmute

your line. That being said, we do have a question from the audience from Vinayak. Vinayak, we have unmuted your line if you'd like to unmute yourself.

>>Attendee: Hi. Good morning, everyone. Thank you for the insightful webinar. I just had some preliminary questions on the low volume threshold. So the low volume threshold for the MIPS program were like, you know, the clinician should have greater than $90,000 of Part B claim services, 200 patients and 200, I think, services provided as well. Do the low volume threshold continue to stay the same for MVP or do you have some special low volume thresholds established for the MVP program?

>>Michelle Peterman, CMS: I can take that one. No, the low volume threshold is the same for all of the program for MVPs as well. And it would have to be at the group level that you'd have to reach those thresholds in order to meet the low volume threshold. And you have your hand back up.

>>Attendee: Yeah. And then the follow up question I had was, you know, we are a multispecialty group and then we have primary care TINs and we have specialty TINs as well. So let's say a patient sees a primary care provider under a primary care TIN and sees a cardiologist under a cardiologist TIN. And let's say the number of services in primary care are obviously very high in comparison to the cardiology team. Will that patient's activity be included in both the TINs for the MVP or how does the patient allocation attribution work for the MVP?

>>Michelle Peterman, CMS: So for the MVPs for low volume threshold, it's measured at the group level. So if it's primary care, that's how it's going to be established as to what your eligibility is and how that falls under there. But in 2026, you definitely would want to switch into having a subgroup, you know, for the two different specialties, that way that can be captured better. But still your eligibility is still going to fall back to the group level.

>>Attendee: Okay. You're saying even if a patient sees a cardiologist even once, they will still be counted in that TIN as well. Right? In addition to their primary care TIN?

>>Michelle Peterman, CMS: I'm not sure if I'm following what you mean.

>>Attendee: So, you know, you have all these quality measures under each MVP, right? So you have a primary care MVP and then let's say there's a specialty MVP, another specialty MVP. What I'm asking is that there are so many quality measures under each MVP. If a patient is seeing the specialty specialist even once during the year and undergoes some testing and so forth, that activity will still be included in that MVP for the quality reporting. Right?

>>Michelle Peterman, CMS: Yeah. So I think what you're talking about is the quality piece, not the low volume threshold. So, yeah. So it would go towards the quality measure for that. It's the 20-case minimum, right, for that.

>>Attendee: Oh, the 20-case minimum. That's what I was asking.

>>Michelle Peterman, CMS: That's different from the low volume threshold. Low volume threshold is an eligibility requirement, whereas each individual quality measure has its own measurements.

>>Attendee: Yeah, that's exactly what I was hoping for. Thank you, Michelle. Appreciate it.

>>Ketchum: Thank you for that discussion. We just wanted to do a couple other calls to see if anyone else had a question that they wanted to ask over the line. So if you have a question you'd like to ask, please go ahead and raise your hand and we will unmute your line to ask your question over the phone.

All right. It looks like we have a question on the line from Beth. Beth, we have unmuted your line if you'd like to unmute yourself. Beth, it looks like you're still muted.

Beth, we're going to do one final call. It looks like you just can't use your microphone.

All right. Thank you.

So if anyone else has a question they would like to ask, please go ahead and raise your hand so we can unmute your line. Or if you want to type your answer into the Q&A box, we are happy to answer it that way. As a reminder, you must have a working mic to ask a question via the audio.

All right.

So seeing no further questions, we are going to go ahead and end the Q&A portion of this webinar. Thank you, everyone, for your questions. So we'll now turn it back to Michelle Peterman to conclude the call. Michelle?

>>Michelle Peterman, CMS: Thank you, everyone, for your attendance today and all the great questions you had for us. I did want to put out one more plug for the MVP 45-day draft candidate feedback period. Like we said earlier, it does begin today and it will go through January 24. We would greatly appreciate your input on those draft candidates. So you can refer to the additional resources slide. It provides lots of information and good resources to find all of the information that we've talked about today. We do appreciate you all and look forward to your continued collaboration. We hope everyone has a great day. Thank you so much.