

Quality Payment
PROGRAM

MIPS Value Pathway (MVP) Maintenance Feedback Webinar

February 2025



Purpose and Scope of the MVP Maintenance Webinar

- This prerecorded webinar will focus on reviewing a summary of feasible maintenance recommendations that the Centers for Medicare and Medicaid Services (CMS) received as potential updates to previously finalized MVPs for 2026 calendar year (CY) rulemaking.
 - CMS welcomes questions regarding MVPs or feedback on the maintenance recommendations covered during this presentation. For more information on how to submit feedback, refer to the Help and Support section at the end of the presentation.
- The ongoing maintenance process for finalized MVPs is **separate** from the MVP candidate solicitation process described in the CY 2021 PFS final rule (85 FR 84854 through 84856).
 - The 45-day MVP candidate feedback period closed on 1/24/2025.
- Links to detailed resources about MVPs beyond the scope of this session are provided at the end of this presentation.



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Introduction

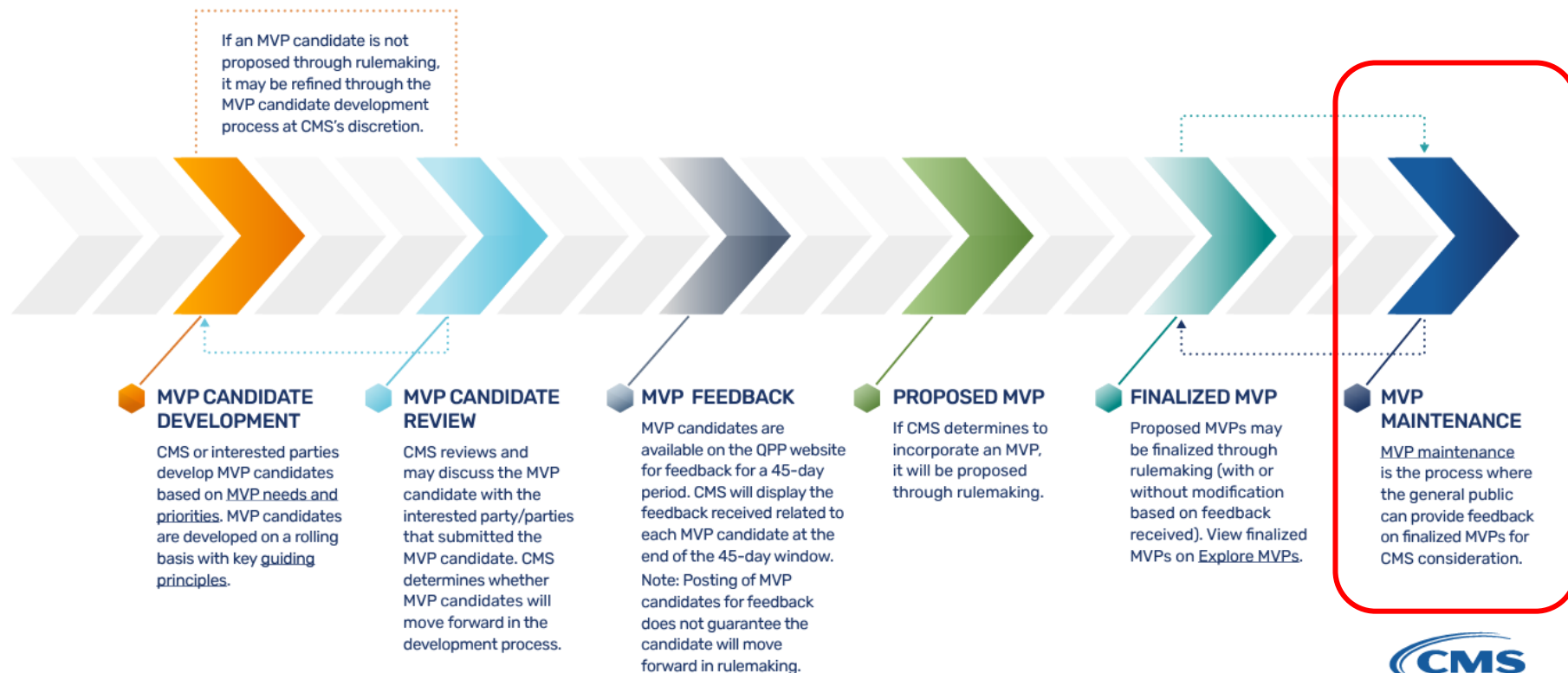
MIPS Value Pathways (MVPs) Ongoing Maintenance Process

As noted in the calendar year (CY) [2023 Physician Fee Schedule \(PFS\) Final Rule](#) under the “MVP Maintenance Process” section (87 FR 46266), CMS solicits feedback regarding proposed revisions to finalized MVPs during its annual MVP maintenance process.



MVP Maintenance Overview and Feedback Process

MVP Development Process



How to Recommend Changes to a Previously Finalized MVPs

- [Explore MVPs](#) that are available for the 2025 performance year (PY).
- On a rolling basis throughout the year, CMS is accepting requests from the general public for changes to the 21 established MVPs finalized in Appendix 3: MVP Inventory of the [CY 2025 PFS Final Rule](#) (89 FR 97710).
- Submit all recommended changes by email to PIMMSMVPSupport@gdit.com for CMS consideration.

(MVP Title)	
Performance Category	Requested Change and Rationale
Quality	
Improvement Activities	
Cost	
Foundational Layer – Population Health	
Foundational Layer – Promoting Interoperability	

What to submit

At a minimum, please provide the below information as organized in the table.

- The email should include:
 1. Title of the MVP(s) and
 2. Description and rationale of recommended change(s) broken down by performance category.
- Refer to the [MVP Maintenance Process \(PDF\)](#) for more details



What happens after you submit feedback?

- Recommendations submitted to the PIMMSMVPsupport@gdit.com mailbox prior to this webinar and deemed feasible by CMS are included for the public to provide feedback.
- CMS is unable to communicate whether recommendations are accepted ahead of rulemaking and would ultimately decide whether to make updates to the finalized MVPs through future notice and comment rulemaking. For example, suggesting the addition or removal of a quality measure or improvement activity.
- As discussed in the CY 2022 PFS final rule (86 FR 65410), CMS will solicit recommendations for potential changes to established MVPs from all interested parties through an MVP maintenance process.
- Any CMS approved changes to a previously finalized MVP will be proposed through future notice and comment rulemaking.



Recommending changes to existing MIPS measures and improvement activities within an MVP

- This MVP maintenance solicitation doesn't extend to requests for changes to existing individual MIPS measures and improvement activities. Changes to individual MIPS measures and improvement activities are made through separate established processes under the traditional MIPS performance category policies and criteria for measures and activities. Those changes would be reflected within established MVPs.
 - Changes to MIPS quality measures may be submitted for consideration during the proposed rulemaking comment cycle, or by contacting the measure steward directly.
 - Changes to existing improvement activities and cost measures may be submitted for consideration through the annual [Call for Measures and Activities](#).
- Any changes to existing MIPS measures and improvement activities will be proposed through future notice and comment rulemaking.



Finalized MVPs

Newly Finalized MVPs

Ophthalmology

Comprehensive Ocular Care

Dermatology

Dermatological Care

Gastroenterology

Gastroenterology Care

Pulmonology

Pulmonology Care

Surgical

Surgical Care

Urology

Optimal Care for Patients with Urologic Conditions



Previously Finalized MVPs

Infectious Disease

Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV

Mental/ Behavioral Health

Quality Care in Mental Health and Substance Use Disorders

Musculoskeletal

Rehabilitative Support for Musculoskeletal Care

Otolaryngology

Quality Care for the Treatment of Ear, Nose, and Throat Disorders

Women's Health

Focusing on Women's Health



Previously Finalized MVPs Cont.

Anesthesia

Patient Safety and Support of Positive Experiences with Anesthesia

Cancer Care

Advancing Cancer Care

Emergency Medicine

Adopting Best Practices and Promoting Patient Safety within Emergency Medicine

Neurological

Quality Care for Patients with Neurological Conditions

Heart Disease

Advancing Care for Heart Disease



Previously Finalized MVPs Cont.

Kidney Health

Optimal Care for Kidney Health

Lower Extremity

Improving Care for Lower Extremity Joint Repair

Primary Care

Value in Primary Care

Rheumatology

Advancing Rheumatology Patient Care

Stroke

Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes



MVP Maintenance Feedback

Quality Measure Requests

- These maintenance recommendations were suggested for consideration to:
 - Advancing Cancer Care

No.	Recommendation	Support for Modification
1	<p>Add to MVP: PIMSH15: Antiemetic Therapy for Low- and Minimal-Emetic-Risk Antineoplastic Agents in the Infusion Center - Avoidance of Overuse (Lower Score - Better) Percentage of cancer patients aged 18 years and older treated with low- or minimal-emetic-risk antineoplastic agents in the infusion center who are administered inappropriate pre-treatment antiemetic therapy.</p> <p>PIMSH16: Appropriate Antiemetic Therapy for High- and Moderate-Emetic-Risk Antineoplastic Agents in the Infusion Center Percentage of cancer patients aged 18 years and older treated with high- or moderate-emetic-risk antineoplastic agents in the infusion center who are administered appropriate pre-treatment antiemetic therapy.</p>	<p>CMS has determined the recommendation to add PIMSH15 and PIMSH16 is feasible as these measure concepts address appropriate cancer care treatment.</p>



Quality Measure Requests

- These maintenance recommendations were suggested for consideration to:
 - Dermatology Care

No.	Recommendation	Support for Modification
1	<p>Add to MVP: Q047: Advance Care Plan. Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.</p>	CMS has determined the recommendation to add Q047 is feasible as this measure supports patient's wishes regarding medical treatment.
2	<p>Swap in MVP: Q130: Documentation of Current Medications in the Medical Record. Percentage of visits for which the eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. For: Q238: Use of High-Risk Medications in Older Adults. Percentage of patients 65 years of age and older who were ordered at least two high-risk medications from the same drug class.</p>	CMS has determined the recommendation to swap Q130 for Q238 is feasible since Q238 focuses on older adults prescribed high-risk medications rather than documentation of medications. Some medications are considered high risk due to increased risk of harm from drug side-effects and drug toxicity causing concern for patient safety.



Quality Measure Requests

- These maintenance recommendations were suggested for consideration to:
 - Rehabilitative Support for Musculoskeletal Care

No.	Recommendation	Support for Modification
1	<p>Add to MVP: Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan. Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter.</p> <p>Q182: Functional Outcome Assessment. Percentage of visits for patients aged 18 years and older with documentation of a current functional outcome assessment using a standardized functional outcome assessment tool on the date of the encounter AND documentation of a care plan based on identified functional outcome deficiencies within two days of the date of the identified deficiencies.</p>	<p>CMS has determined the recommendation to add Q134 and Q182 is feasible as the measures could encourage broader participation in reporting the Rehabilitative Support for Musculoskeletal Care MVP among physical therapists.</p>



Improvement Activity Requests

- These maintenance recommendations were suggested for consideration to:
 - Rehabilitative Support for Musculoskeletal Care

No.	Recommendation	Support for Modification
2	<p>Add to MVP: IA_BE_15: Engagement of Patients, Family and Caregivers in Developing a Plan of Care IA_BE_16: Promote Self-management into Usual Care IA_CC_9: Implementation of practices/processes for developing regular individual care plans IA_PM_13: Chronic Care and Preventative Care Management for Empaneled Patients</p> <p>Refer to Explore Measures & Activities for the full description and list of actions to implement these improvement activities.</p>	<p>CMS has determined the recommendation to add IA_BE_15, IA_BE_16, IA_CC_9, and IA_PM_13 is feasible as these activities could provide additional improvement activity options for physical therapists.</p>



Help and Support

How to Submit Feedback or Questions

If you have a question regarding MVPs or would like to provide feedback on the maintenance recommendations covered during this presentation, please submit a QPP Service Center ticket.

- Contact the Quality Payment Program Service Center by email at: QPP@cms.hhs.gov, by phone at 1-866-288-8292 (Monday-Friday, 8 a.m. - 8 p.m. ET), or by creating a [QPP Service Center ticket](#).
 - To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.
 - Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant



MVPs Resources

- For more information on MVPs, please visit the following webpages or download these helpful Quality Payment Program (QPP) resources:
 - [MVP Learning Experiences webpage](#)
 - [2023 MVP Implementation Guide](#)
 - [Transition from Traditional MIPS to MVPs Graphic](#)
 - [MVPs Overview Video](#)
- Previous MIPS webinars that cover the most recent MVP policy topics include:
 - [MVP Development and Maintenance Annual Webinar \(December 13, 2023\)](#)
 - [Overview of Quality Payment Program Policy Updates \(November 14, 2023\)](#)
- Find other MVP webinar slide decks and recording at [QPP Webinar Library](#)
- To download and review regulatory resources:
 - [2024 QPP Final Rule Resources](#)
 - [2023 QPP Final Rule Resources](#)
 - [2022 QPP Final Rule Resources](#)
 - [2021 QPP Final Rule Resources](#)
- Interested in submitting an MVP candidate? Visit [MVP Candidate Development & Submission](#)

