



## Calendar Year (CY) 2026 Proposed and Modified Merit-based Incentive Payment System (MIPS) Value Pathways (MVPs)

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# 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), and the [CY 2023 PFS Final Rule](#) (87 FR 70210 through 70211), 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 2026 PFS Proposed Rule, Appendix 3, CMS proposed 6 new MVPs, as well as modifications to 21 previously finalized MVPs.

**This resource includes the newly proposed MVPs and the proposed modifications to previously finalized MVPs for implementation.**

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.

We have reformatted the MVP tables to stratify quality measures by clinical conditions and/or episodes of care for each MVP identified as “Clinical Groupings.” When applicable, an “Advancing Health and Wellness” and/or “Experience of Care” clinical grouping is included for cross-cutting quality measures. This new stratified format offers a streamlined set of quality measures to aid clinicians in selecting the most clinically relevant measures applicable to their clinical area and identifies when quality and cost measures are linked.

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](#).

CMS will accept comments on the CY 2026 PFS proposed rule until September 12, 2025, and will respond to comments in the CY 2026 PFS Final Rule. You can submit comments electronically or by mail. When commenting, refer to file code: CMS-1832-P. Proposed MVPs are subject to change in the CY 2026 Final Rule after consideration of public comments.

- **Electronically:** [www.regulations.gov](http://www.regulations.gov)
- **Regular mail:** Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1832-P, P.O. Box 8016, Baltimore, MD 21244-8016.
- **Express or overnight mail:** Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1832-P, Mail Stop C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850.

## 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 2025 PFS Final Rule](#) and the [2025 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

- 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.
- In the CY 2026 proposed rule, CMS is proposing a 2-year informational performance period for new cost measures, allowing clinicians to receive feedback on their score(s) and find opportunities to improve performance before a new cost measure affects their MIPS final score. In addition, CMS is proposing to update attribution rules for the Total Per Capita Cost (TPCC) measure.

## Foundational Layer

### Population Health Measures

- There are 2 population health measures. CMS calculates both population health measures for you using administrative claims data (if you meet the case minimum) and assigns the higher of these measures to your quality score:
  - 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.
  - Information on the Promoting Interoperability performance category reweighting policy is located on the [QPP website](#).
- In the CY 2026 proposed rule, CMS is proposing:
  - To suppress PI\_PHCDRR\_3: Electronic Case Reporting for the CY 2025 (current) performance period.
  - Modifications to PI\_PPHI\_1: Security Risk Analysis and PI\_PPHI\_2: High Priority Practices SAFER Guide measures.
  - A new optional bonus measure under the Public Health and Clinical Data Exchange Objective.

**Symbol Key:**

Single asterisk (\*): existing measures and improvement activities with proposed revisions.

Caret symbol (^): new proposed MIPS quality and Promoting Interoperability measures.

Plus sign (+): quality measures, improvement activities, cost measures, and Promoting Interoperability measures proposed for addition to a previously finalized MVP.

Double exclamation (!!): quality measures considered outcome measures

Population Health Measures	Promoting Interoperability
<p><b>(!!) Q479:</b> Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Groups (Collection Type: Administrative Claims)</p> <p><b>(*)(!!) Q484:</b> Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (Collection Type: Administrative Claims)</p>	<p><b>(*) PI_PPHI_1:</b> Security Risk Analysis</p> <p><b>(*) PI_PPHI_2:</b> High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</p> <p><b>PI_EP_1:</b> e-Prescribing</p> <p><b>PI_EP_2:</b> Query of Prescription Drug Monitoring Program (PDMP)</p> <p><b>PI_PEA_1:</b> Provide Patients Electronic Access to Their Health Information</p> <p><b>PI_HIE_1:</b> Support Electronic Referral Loops By Sending Health Information AND <b>PI_HIE_4:</b> Support Electronic Referral Loops By Receiving and Reconciling Health Information OR <b>PI_HIE_5:</b> Health Information Exchange (HIE) Bi-Directional Exchange OR <b>PI_HIE_6:</b> Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)</p> <p><b>PI_PHCDRR_1:</b> Immunization Registry Reporting</p> <p><b>PI_PHCDRR_2:</b> Syndromic Surveillance Reporting (Optional)</p> <p><b>PI_PHCDRR_3:</b> Electronic Case Reporting</p> <p><b>PI_PHCDRR_4:</b> Public Health Registry Reporting (Optional)</p> <p><b>PI_PHCDRR_5:</b> Clinical Data Registry Reporting (Optional)</p> <p><b>(^)(+) PI_PHCDRR_X:</b> Public Health Reporting Under TEFCA (Optional)</p> <p><b>PI_ONCACB_1:</b> ONC-ACB Surveillance Attestation (Optional)</p> <p><b>PI_INFBLO_1:</b> Actions to Limit or Restrict Compatibility or Interoperability of CEHRT Attestation</p> <p><b>PI_ONCDIR_1:</b> ONC Direct Review Attestation</p>

# Proposed MVPs

**Table A.1: Diagnostic Radiology MVP**

**Beginning with the CY 2026 MIPS Performance Period / 2028 MIPS Payment Year**

We considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the proposed Diagnostic Radiology MVP. The proposed Diagnostic Radiology MVP assesses meaningful outcomes in diagnostic radiology. We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

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

- Diagnostic Radiology

**Measure Key**

- \* Existing measures and improvement activities with proposed revisions
- \*\* Measures and improvement activities only available when included in an MVP
- ! Improvement activities with an advancing health and wellness component
- ^ New proposed MIPS quality and Promoting Interoperability measures

Diagnostic Radiology MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
General Diagnostic Radiology	<b>Q145:</b> Radiology: Exposure Dose Indices Reported for Procedures Using Fluoroscopy (Collection Type: MIPS CQM, Medicare Part B Claims)	No	Yes	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>Q360:</b> Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies (Collection Type: MIPS CQM)	No	Yes	
	<b>Q494:</b> Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Clinician Level) (Collection Type: eCQM)	No	No	
Body Imaging (Thoracic/Abdominal)	<b>Q364:</b> Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines (Collection Type: MIPS CQM)	No	Yes	N/A
	<b>Q405:</b> Appropriate Follow-up Imaging for Incidental Abdominal Lesions (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	
	<b>Q406:</b> Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	

Diagnostic Radiology MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	<b>QMM17:</b> Appropriate Follow-up Recommendations for Ovarian-Adnexal Lesions using the Ovarian-Adnexal Reporting and Data System (O-RADS) (Collection Type: QCDR)	No	Yes	
Advancing Health and Wellness	<b>QMM18:</b> Use of Breast Cancer Risk Score on Mammography (Collection Type: QCDR)	No	Yes	N/A
	(*) <b>QMM26:</b> Screening Abdominal Aortic Aneurysm Reporting with Recommendations (Collection Type: QCDR)	No	Yes	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician

#### **Diagnostic Radiology Improvement Activities**

- **IA\_BE\_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **(!) IA\_BMH\_12:** Promoting Clinician Well-Being
- **IA\_CC\_7:** Regular training in care coordination
- **IA\_CC\_8:** Implementation of documentation improvements for practice/process improvements
- **IA\_CC\_12:** Care coordination agreements that promote improvements in patient tracking across settings
- **IA\_CC\_19:** Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes
- **(\*\*) IA\_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA\_PSPA\_1:** Participation in an AHRQ-listed patient safety organization
- **IA\_PSPA\_2:** Participation in MOC Part IV
- **IA\_PSPA\_7:** Use of QCDR data for ongoing practice assessment and improvements
- **IA\_PSPA\_12:** Participation in private payer CPIA

**Table A.2: Interventional Radiology MVP**

**Beginning with the CY 2026 MIPS Performance Period / 2028 MIPS Payment Year**

We considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the proposed Interventional Radiology MVP. The proposed Interventional Radiology MVP assesses meaningful outcomes in interventional radiology. We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

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

- Interventional Radiology

**Measure Key**

- \* Existing measures and improvement activities with proposed revisions
- \*\* Measures and improvement activities only available when included in an MVP
- ! Improvement activities with an advancing health and wellness component
- ^ New proposed MIPS quality and Promoting Interoperability measures

Interventional Radiology MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Vascular	(*) <b>Q420:</b> Varicose Vein Treatment with Saphenous Ablation: Outcome Survey (Collection Type: MIPS CQM)	Yes	Yes	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>Q421:</b> Appropriate Assessment of Retrievable Inferior Vena Cava (IVC) Filters for Removal (Collection Type: MIPS CQM)	No	No	
	<b>Q465:</b> Uterine Artery Embolization Technique: Documentation of Angiographic Endpoints and Interrogation of Ovarian Arteries (Collection Type: MIPS CQM)	No	Yes	
Dialysis-Related	<b>RCOIR12:</b> Tunneled Hemodialysis Catheter Clinical Success Rate (Collection Type: QCDR)	Yes	Yes	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician  <b>COST_HAC_1:</b> Hemodialysis Access Creation
	<b>RCOIR13:</b> Percutaneous Arteriovenous Fistula for Dialysis - Clinical Success Rate (Collection Type: QCDR)	Yes	Yes	
	<b>RPAQIR14:</b> Arteriovenous Graft Thrombectomy Clinical Success Rate (Collection Type: QCDR)	Yes	Yes	
	<b>RPAQIR15:</b> Arteriovenous Fistulae Thrombectomy Clinical Success Rate (Collection Type: QCDR)	Yes	Yes	
Neurological Intervention	<b>Q413:</b> Door to Puncture Time for Endovascular Stroke Treatment (Collection Type: MIPS CQM)	No	Yes	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician  <b>COST_IHCL_1:</b> Intracranial Hemorrhage or Cerebral Infarction



Interventional Radiology MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
General Interventional Radiology	<b>Q145:</b> Radiology: Exposure Dose Indices Reported for Procedures Using Fluoroscopy (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>(*) Q374:</b> Closing the Referral Loop: Receipt of Specialist Report (Collection Type: eCQM, MIPS CQM)	No	No	<b>COST_HAC_1:</b> Hemodialysis Access Creation

### Interventional Radiology Improvement Activities

- **IA\_BE\_1:** Use of certified EHR to capture patient reported outcomes
- **IA\_BE\_4:** Engagement of Patients through Implementation of New Patient Portal
- **IA\_BE\_12:** Use evidence-based decision aids to support shared decision-making
- **(\*)(!) IA\_BE\_X:** Promote Use of Patient-Reported Outcome Tools
- **(!) IA\_BMH\_12:** Promoting Clinician Well-Being
- **IA\_CC\_7:** Regular training in care coordination
- **IA\_CC\_8:** Implementation of documentation improvements for practice/process improvements
- **(!) IA\_CC\_9:** Implementation of practices/processes for developing regular individual care plans
- **IA\_CC\_15:** PSH Care Coordination
- **IA\_CC\_17:** Patient Navigator Program
- **IA\_CC\_19:** Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes
- **IA\_EPA\_2:** Use of telehealth services that expand practice access
- **IA\_EPA\_3:** Collection and use of patient experience and satisfaction data on access
- **(\*)(!) IA\_EPA\_X:** Provide Education Opportunities for New Clinicians
- **(\*\*) IA\_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA\_PM\_17:** Participation in Population Health Research
- **IA\_PSPA\_1:** Participation in an AHRQ-listed patient safety organization.
- **IA\_PSPA\_18:** Measurement and improvement at the practice and panel level
- **IA\_PSPA\_25:** Cost Display for Laboratory and Radiographic Orders

## Table A.3: Neuropsychology MVP

### Beginning with the CY 2026 MIPS Performance Period / 2028 MIPS Payment Year

We considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the proposed Neuropsychology MVP. The proposed Neuropsychology MVP focuses on the clinical specialty of providing treatment and management of neuropsychological care. We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

### Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This Proposed MVP, if Finalized:

- Neuropsychology
- Nonphysician practitioners (NPPs) such as Nurse practitioners and Physician assistants

#### Measure Key

- \* Existing measures and improvement activities with proposed revisions
- \*\* Measures and improvement activities only available when included in an MVP
- ! Improvement activities with an advancing health and wellness component
- ^ New proposed MIPS quality and Promoting Interoperability measures

Neuropsychology MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Neurodegenerative Disorders	<b>Q282:</b> Dementia: Functional Status Assessment (Collection Type: MIPS CQM)	No	No	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician  <b>(*) TPCC_1:</b> Total Per Capita Cost
	<b>Q286:</b> Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia (Collection Type: MIPS CQM)	No	Yes	
	<b>Q288:</b> Dementia: Education and Support of Caregivers for Patients with Dementia (Collection Type: MIPS CQM)	No	Yes	
General Neuropsychology	<b>MBHR13:</b> Social Role Functioning Assessment utilizing PROMIS Adult Ability to Participate in Social Roles and Activities (Collection Type: QCDR)	No	No	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician  <b>(*) TPCC_1:</b> Total Per Capita Cost
Advancing Health and Wellness	<b>(*) Q130:</b> Documentation of Current Medications in the Medical Record (Collection Type: eCQM, MIPS CQM)	No	Yes	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician  <b>(*) TPCC_1:</b> Total Per Capita Cost
	<b>(*) Q134:</b> Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	
	<b>Q181:</b> Elder Maltreatment Screen and Follow-up Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	

Neuropsychology MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Experience of Care	<b>MBHR15:</b> Consideration of Cultural-Linguistic and Demographic Factors in Cognitive Assessment (Collection Type: QCDR)	No	Yes	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>MBHR18:</b> 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 (Collection Type: QCDR)	No	Yes	<b>(*) TPCC_1:</b> Total Per Capita Cost

#### **Neuropsychology Improvement Activities**

- **IA\_BE\_4:** Engagement of Patients through Implementation of New Patient Portal
- **IA\_BE\_14:** Engage Patients and Families to Guide Improvement in the System of Care
- **IA\_BE\_15:** Engagement of Patients, Family, and Caregivers in Developing a Plan of Care
- **(!) IA\_BE\_16:** Promote Self-management in Usual Care
- **IA\_BE\_22:** Improved Practices that Engage Patients Pre-Visit
- **IA\_BMH\_7:** Implementation of Integrated Patient Centered Behavioral Health Model
- **(!) IA\_CC\_9:** Implementation of practices/processes for developing regular individual care plans
- **(\*) IA\_EPA\_X:** Enhance Engagement of Medicaid and Other Underserved Populations
- **(\*\*) IA\_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA\_PM\_21:** Advance Care Planning

## Table A.4: Pathology MVP

### Beginning with the CY 2026 MIPS Performance Period / 2028 MIPS Payment Year

We considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the proposed Pathology MVP. The proposed Pathology MVP assesses meaningful outcomes in pathology. We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

### Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This Proposed MVP, if Finalized:

- Pathology

#### Measure Key

- \* Existing measures and improvement activities with proposed revisions
- \*\* Measures and improvement activities only available when included in an MVP
- ! Improvement activities with an advancing health and wellness component
- ^ New proposed MIPS quality and Promoting Interoperability measures

Pathology MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Pathology	<b>Q249:</b> Barrett's Esophagus (Collection Type: Medicare Part B Claims, MIPS CQM)	No	No	N/A
	<b>Q250:</b> Radical Prostatectomy Pathology Reporting (Collection Type: Medicare Part B Claims, MIPS CQM)	No	No	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>Q395:</b> Lung Cancer Reporting (Biopsy/Cytology Specimens) (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	N/A
	<b>Q396:</b> Lung Cancer Reporting (Resection Specimens) (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>Q397:</b> Melanoma Reporting (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	N/A
	<b>Q440:</b> Skin Cancer: Biopsy Reporting Time – Pathologist to Clinician (Collection Type: MIPS CQM)	No	Yes	
	<b>Q491:</b> Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status (Collection Type: MIPS CQM)	No	Yes	
	<b>CAP30:</b> Urinary Bladder Cancer: Complete Analysis and Timely Reporting (Collection Type: QCDR)	No	Yes	
	<b>CAP34:</b> Molecular Assessment: Biomarkers in Non-Small Cell Lung Cancer (Collection Type: QCDR)	No	Yes	
	<b>CAP40:</b> Squamous Cell Skin Cancer: Complete Reporting (Collection Type: QCDR)	No	Yes	

Pathology MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	<b>QMM21:</b> Incorporating results of concurrent studies into Final Reports for Bone Marrow Aspirate of patients with Leukemia, Myelodysplastic syndrome, or Chronic Anemia (Collection Type: QCDR)	No	Yes	
	<b>QMM25:</b> Use of Structured Reporting for Urine Cytology Specimens (Collection Type: QCDR)	No	Yes	
	<b>QMM29:</b> Use of Appropriate Classification System for Lymphoma Specimen (Collection Type: QCDR)	No	Yes	
	<b>QMM30:</b> Appropriate Use of Bethesda System for Reporting Thyroid Cytopathology on Fine Needle Aspirations (FNA) of Thyroid Nodule(s) (Collection Type: QCDR)	No	Yes	

#### **Pathology Improvement Activities**

- **IA\_BE\_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **IA\_BE\_15:** Engagement of Patients, Family, and Caregivers in Developing a Plan of Care
- **(\*)(!) IA\_BE\_X:** Promote Use of Patient-Reported Outcome Tools
- **(!) IA\_BMH\_12:** Promoting Clinician Well-Being
- **(!) IA\_CC\_9:** Implementation of practices/processes for developing regular individual care plans
- **IA\_CC\_12:** Care coordination agreements that promote improvements in patient tracking across settings
- **IA\_CC\_19:** Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes
- **(\*\*) IA\_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA\_PSPA\_1:** Participation in an AHRQ-listed patient safety organization
- **IA\_PSPA\_2:** Participation in MOC Part IV
- **IA\_PSPA\_12:** Participation in private payer CPIA
- **IA\_PSPA\_13:** Participation in Joint Commission Evaluation Initiative
- **(\*) IA\_PSPA\_X:** Adopt Certified Health Information Technology for Security Tags for Electronic Health Record Data

**Table A.5: Podiatry MVP**

**Beginning with the CY 2026 MIPS Performance Period / 2028 MIPS Payment Year**

We considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the proposed Podiatry MVP. The proposed Podiatry MVP focuses on assessing meaningful outcomes in foot and ankle care for patients with chronic conditions, wound/ulcers, and general care for the podiatry patient. We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

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

- Podiatry
- NPPs such as nurse practitioners and physician assistants

**Measure Key**

- \* Existing measures and improvement activities with proposed revisions
- \*\* Measures and improvement activities only available when included in an MVP
- ! Improvement activities with an advancing health and wellness component
- ^ New proposed MIPS quality and Promoting Interoperability measures

Podiatry MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Chronic Conditions	<b>Q126:</b> Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation (Collection Type: MIPS CQM)	No	No	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>Q127:</b> Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear (Collection Type: MIPS CQM)	No	No	
Wound/Ulcer	<b>REGCLR5:</b> Offloading with Remote Monitoring (Collection Type: QCDR)	Yes	Yes	N/A
	<b>REGCLR8:</b> Monitor and Improve Treatment Outcomes in Chronic Wound Healing (Collection Type: QCDR)	Yes	Yes	
	<b>USWR22:</b> Nutritional Assessment and Intervention Plan in patients with Wounds and Ulcers (Collection Type: QCDR)	No	No	
	<b>USWR32:</b> Adequate Compression at each visit for Patients with Venous Leg Ulcers (VLUs) appropriate to arterial supply (Collection Type: QCDR)	Yes	Yes	
	<b>USWR33:</b> Diabetic Foot Ulcer (DFU) Healing or Closure (Collection Type: QCDR)	Yes	Yes	
	<b>USWR34:</b> Venous Leg Ulcer (VLU) Healing or Closure (Collection Type: QCDR)	Yes	Yes	

Podiatry MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	<b>USWR35:</b> Adequate Off-loading of Diabetic Foot Ulcers performed at each visit, appropriate to location of ulcer (Collection Type: QCDR)	No	No	
<b>General Podiatry</b>	<b>(*) Q374:</b> Closing the Referral Loop: Receipt of Specialist Report (Collection Type: MIPS CQM, eCQM)	No	Yes	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
<b>Advancing Health and Wellness</b>	<b>Q155:</b> Falls: Plan of Care (Collection Type: MIPS CQM)	No	Yes	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>Q226:</b> Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	
	<b>Q317:</b> Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	
	<b>Q358:</b> Patient-Centered Surgical Risk Assessment and Communication (Collection Type: MIPS CQM)	No	Yes	
	<b>MEX5:</b> Hammer Toe Outcome (Collection Type: QCDR)	Yes	Yes	N/A
	<b>REGCLR1:</b> Heel Pain Treatment Outcomes for Adults (Collection Type: QCDR)	Yes	Yes	
	<b>REGCLR3:</b> Bunion Outcome - Adult and Adolescent (Collection Type: QCDR)	Yes	Yes	

#### **Podiatry Improvement Activities**

- **IA\_BE\_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **(!) IA\_BMH\_12:** Promoting Clinician Well-Being
- **IA\_CC\_19:** Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes
- **(\*) IA\_EPA\_X:** Enhance Engagement of Medicaid and Other Underserved Populations
- **(\*\*) IA\_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA\_PM\_14:** Implementation of methodologies for improvements in longitudinal care management for high risk patients
- **IA\_PSPA\_7:** Use of QCDR data for ongoing practice assessment and improvements
- **IA\_PSPA\_18:** Measurement and improvement at the practice and panel level
- **IA\_PSPA\_22:** CDC Training on CDC's Guideline for Prescribing Opioids for Chronic Pain
- **IA\_PSPA\_23:** Completion of CDC Training on Antibiotic Stewardship

## Table A.6: Vascular Surgery MVP

### Beginning with the CY 2026 MIPS Performance Period / 2028 MIPS Payment Year

We considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the proposed Vascular Surgery MVP. The proposed Vascular Surgery MVP focuses on the clinical specialty of surgery. We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

### Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This Proposed MVP, if Finalized:

- Vascular Surgery
- NPPs such as nurse practitioners and physician assistants

#### Measure Key

- \* Existing measures and improvement activities with proposed revisions
- \*\* Measures and improvement activities only available when included in an MVP
- ! Improvement activities with an advancing health and wellness component
- ^ New proposed MIPS quality and Promoting Interoperability measures

Vascular Surgery MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Interventional	<b>Q259:</b> Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post- Operative Day #2) (Collection Type: MIPS CQM)	Yes	Yes	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>Q344:</b> Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post- Operative Day #2) (Collection Type: MIPS CQM)	Yes	Yes	
Surgical	<b>Q355:</b> Unplanned Reoperation within the 30 Day Postoperative Period (Collection Type: MIPS CQM)	Yes	Yes	<b>COST_HAC_1:</b> Hemodialysis Access Creation  <b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>Q356:</b> Unplanned Hospital Readmission within 30 Days of Principal Procedure (Collection Type: MIPS CQM)	Yes	Yes	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>(*) Q357:</b> Surgical Site Infection (SSI) (Collection Type: MIPS CQM)	Yes	Yes	<b>COST_HAC_1:</b> Hemodialysis Access Creation  <b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician



Vascular Surgery MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Dialysis-Related	<b>RCOIR12:</b> Tunneled Hemodialysis Catheter Clinical Success Rate (Collection Type: QCDR)	Yes	Yes	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician  <b>COST_HAC_1:</b> Hemodialysis Access Creation
	<b>RCOIR13:</b> Percutaneous Arteriovenous Fistula for Dialysis - Clinical Success Rate (Collection Type: QCDR)	Yes	Yes	
	<b>RPAQIR14:</b> Arteriovenous Graft Thrombectomy Clinical Success Rate (Collection Type: QCDR)	Yes	Yes	
	<b>RPAQIR15:</b> Arteriovenous Fistulae Thrombectomy Clinical Success Rate (Collection Type: QCDR)	Yes	Yes	
General Vascular Surgery	(*) <b>Q374:</b> Closing the Referral Loop: Receipt of Specialist Report (Collection Type: eCQM, MIPS CQM)	No	Yes	<b>COST_CCLI_1:</b> Revascularization For Lower Extremity Chronic Critical Limb Ischemia  <b>COST_HAC_1:</b> Hemodialysis Access Creation  <b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
Advancing Health and Wellness	(*) <b>Q001:</b> Diabetes: Glycemic Status Assessment Greater Than 9% (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	Yes	Yes	<b>COST_CCLI_1:</b> Revascularization For Lower Extremity Chronic Critical Limb Ischemia
	(*) <b>Q130:</b> Documentation of Current Medications in the Medical Record (Collection Type: eCQM, MIPS CQM)	No	Yes	
	<b>Q226:</b> Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	<b>COST_HAC_1:</b> Hemodialysis Access Creation  <b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>Q438:</b> Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Collection Type: eCQM, MIPS CQM)	No	No	
Experience of Care	(*) <b>Q047:</b> Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	<b>COST_CCLI_1:</b> Revascularization For Lower Extremity Chronic Critical Limb Ischemia
	<b>Q321:</b> CAHPS for MIPS Clinician/Group Survey (Collection Type: CSV)	No	Yes	
	<b>Q358:</b> Patient-Centered Surgical Risk Assessment and Communication (Collection Type: MIPS CQM)	No	Yes	<b>COST_HAC_1:</b> Hemodialysis Access Creation  <b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician

#### **Vascular Surgery Improvement Activities**

- **IA\_BE\_1:** Use of certified EHR to capture patient reported outcomes

- **IA\_BE\_4:** Engagement of Patients through Implementation of New Patient Portal
- **IA\_BE\_12:** Use evidence-based decision aids to support shared decision-making
- **(\*)(!) IA\_BE\_X:** Promote Use of Patient-Reported Outcome Tools
- **IA\_CC\_15:** PSH Care Coordination
- **IA\_EPA\_2:** Use of telehealth services that expand practice access
- **IA\_EPA\_3:** Collection and use of patient experience and satisfaction data on access
- **(\*)(!) IA\_EPA\_X:** Provide Education Opportunities for New Clinicians
- **(\*\*) IA\_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA\_PM\_2:** Anticoagulant Management Improvements
- **(!) IA\_PM\_5:** Engagement of community for health status improvement
- **IA\_PM\_11:** Regular Review Practices in Place on Targeted Patient Population Needs
- **IA\_PM\_15:** Implementation of episodic care management practice improvements
- **IA\_PM\_16:** Implementation of medication management practice improvements
- **IA\_PM\_21:** Advance Care Planning
- **IA\_PSPA\_1:** Participation in an AHRQ—listed patient safety organization

# Modifications to Previously Finalized MVPs

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

## Beginning with the CY 2026 MIPS Performance Period / 2028 MIPS Payment Year

We are proposing to modify the previously finalized Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP to:

- Remove 1 quality measure
- Remove 3 improvement activities

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

## Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This Proposed MVP, if Finalized:

- Emergency medicine
- NPPs such as nurse practitioners and physician assistants

### Measure Key

- \* Existing measures and improvement activities with proposed revisions
- \*\* Measures and improvement activities only available when included in an MVP
- ! Improvement activities with an advancing health and wellness component
- ^ New proposed MIPS quality and Promoting Interoperability measures
- + Quality measures, improvement activities, cost measures, and Promoting Interoperability measures proposed for addition to a previously finalized MVP

Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Infectious Disease/ Antibiotic Stewardship	<b>Q065:</b> Appropriate Treatment for Upper Respiratory Infection (URI) (Collection Type: eCQM, MIPS CQM)	No	Yes	<b>COST_EDV_1:</b> Emergency Medicine
	<b>Q116:</b> Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (Collection Type: MIPS CQM)	No	Yes	
	<b>Q331:</b> Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse) (Collection Type: MIPS CQM)	No	Yes	
	(*) <b>HCPR24:</b> Appropriate Utilization of Vancomycin for Cellulitis (Collection Type: QCDR)	No	Yes	
Trauma	<b>Q415:</b> Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older (Collection Type: MIPS CQM)	No	Yes	<b>COST_EDV_1:</b> Emergency Medicine
	<b>Q416:</b> Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 Through 17 Years (Collection Type: MIPS CQM)	No	Yes	
Orthopedic Emergencies	<b>ACEP52:</b> Appropriate Emergency Department Utilization of Lumbar Spine Imaging for Acute Atraumatic Low Back Pain (Collection Type: QCDR)	No	Yes	<b>COST_EDV_1:</b> Emergency Medicine

Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	<b>ECPR46:</b> Avoidance of Opiates for Low Back Pain or Migraines (Collection Type: QCDR)	No	Yes	
Experience of Care	<b>Q321:</b> CAHPS for MIPS Clinician/Group Survey (Collection Type: CAHPS Survey Vendor)	No	Yes	<b>COST_EDV_1:</b> Emergency Medicine
	<b>ACEP50:</b> ED Median Time from ED arrival to ED departure for all Adult Patients (Collection Type: QCDR)	Yes	Yes	

#### **Adopting Best Practices and Promoting Patient Safety within Emergency Medicine Improvement Activities**

- **IA\_BE\_4:** Engagement of Patients through Implementation of New Patient Portal
- **IA\_BE\_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **(!) IA\_BMH\_12:** Promoting Clinician Wellbeing
- **(\*\*) IA\_MVP:** Practice-Wide Quality Improvement in the MIPS Value Pathways Program
- **IA\_PSPA\_1:** Participation in an AHRQ-listed patient safety organization
- **IA\_PSPA\_7:** Use of QCDR data for ongoing practice assessment and improvements
- **(!) IA\_PSPA\_15:** Implementation of an ASP

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

**Beginning with the CY 2026 MIPS Performance Period / 2028 MIPS Payment Year**

We are proposing to modify the previously finalized Advancing Cancer Care MVP to:

- Add 2 quality measures
- Remove 1 quality measure
- Remove 3 improvement activities

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

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

- Oncology
- Hematology
- NPPs such as nurse practitioners and physician assistants

**Measure Key**

- \* Existing measures and improvement activities with proposed revisions
- \*\* Measures and improvement activities only available when included in an MVP
- ! Improvement activities with an advancing health and wellness component
- ^ New proposed MIPS quality and Promoting Interoperability measures
- + Quality measures, improvement activities, cost measures, and Promoting Interoperability measures proposed for addition to a previously finalized MVP

Advancing Cancer Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Medical Oncology	(*) <b>Q450:</b> Appropriate Treatment for Patients with Stage I (T1c) – III HER2 Positive Breast Cancer (Collection Type: MIPS CQM)	No	Yes	(*) <b>TPCC_1:</b> Total Per Capita Cost
	(*) <b>Q451:</b> 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 (Collection Type: MIPS CQM)	No	No	
	<b>Q462:</b> Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy (Collection Type: eCQM)	No	No	<b>COST_PC_1:</b> Prostate Cancer
	<b>Q490:</b> Appropriate Intervention of Immune-related Diarrhea and/or Colitis in Patients Treated with Immune Checkpoint Inhibitors (Collection Type: MIPS CQM)	No	No	(*) <b>TPCC_1:</b> Total Per Capita Cost
	<b>Q506:</b> Positive PD-L1 Biomarker Expression Test Result Prior to First-Line Immune Checkpoint Inhibitor Therapy (Collection Type: MIPS CQM)	No	Yes	(*) <b>TPCC_1:</b> Total Per Capita Cost
	<b>Q507:</b> Appropriate Germline Testing for Ovarian Cancer Patients (Collection Type: MIPS CQM)	No	No	

Advancing Cancer Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	(*) <b>PIMSH13:</b> Oncology: Mutation Testing for Stage IV Lung Cancer Completed Prior to the Start of Targeted Therapy (Collection Type: QCDR)	No	Yes	
	(+) <b>PIMSH15:</b> Antiemetic Therapy for Low- and Minimal-Emetic-Risk Antineoplastic Agents in the Infusion Center - Avoidance of Overuse (Lower Score - Better) (Collection Type: QCDR)	No	Yes	<b>COST_PC_1:</b> Prostate Cancer
	(+) <b>PIMSH16:</b> Appropriate Antiemetic Therapy for High- and Moderate-Emetic-Risk Antineoplastic Agents in the Infusion Center (Collection Type: QCDR)	No	Yes	(*) <b>TPCC_1:</b> Total Per Capita Cost
	<b>PIMSH17:</b> Oncology: Utilization of Prophylactic GCSF for Cancer Patients Receiving Low-Risk Chemotherapy (inverse measure) (Collection Type: QCDR)	No	Yes	(*) <b>TPCC_1:</b> Total Per Capita Cost
<b>Radiation Oncology</b>	<b>Q102:</b> Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients (Collection Type: eQCM, MIPS CQM)	No	Yes	<b>COST_PC_1:</b> Prostate Cancer
	(*) <b>Q143:</b> Oncology: Medical and Radiation – Pain Intensity Quantified (Collection Type: eQCM, MIPS CQM)	No	Yes	(*) <b>TPCC_1:</b> Total Per Capita Cost
<b>Advancing Health and Wellness</b>	(*) <b>Q134:</b> Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eQCM, MIPS CQM)	No	No	<b>COST_PC_1:</b> Prostate Cancer  (*) <b>TPCC_1:</b> Total Per Capita Cost
<b>Experience of Care</b>	(*) <b>Q047:</b> Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	<b>COST_PC_1:</b> Prostate Cancer  (*) <b>TPCC_1:</b> Total Per Capita Cost
	<b>Q321:</b> CAHPS for MIPS Clinician/Group Survey (Collection Type: CAHPS Survey Vendor)	No	Yes	
	(*) <b>Q453:</b> Percentage of Patients Who Died from Cancer Receiving Systemic Cancer-Directed Therapy in the Last 14 Days of Life (lower score – better) (Collection Type: MIPS CQM)	No	Yes	
	(*) <b>Q457:</b> Percentage of Patients Who Died from Cancer Admitted to Hospice for Less than 3 days (lower score – better) (Collection Type: MIPS CQM)	Yes	Yes	
	<b>Q495:</b> Ambulatory Palliative Care Patients’ Experience of Feeling Heard and Understood (Collection Type: MIPS CQM)	Yes	Yes	
	(*) <b>Q503:</b> Gains in Patient Activation Measure (PAM) Scores at 12 Months (Collection Type: MIPS CQM)	Yes	Yes	

#### Advancing Cancer Care Improvement Activities

- **IA\_BE\_4:** Engagement of Patients through Implementation of New Patient Portal

- **IA\_BE\_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **IA\_BE\_15:** Engagement of Patients, Family, and Caregivers in Developing a Plan of Care
- **IA\_BE\_24:** Financial Navigation Program
- **(!) IA\_BMH\_12:** Promoting Clinician Well-Being
- **IA\_CC\_13:** Practice Improvements to Align with OpenNotes Principles
- **IA\_CC\_17:** Patient Navigator Program
- **IA\_EPA\_2:** Use of telehealth services that expand practice access
- **(\*\*) IA\_MVP:** Practice-Wide Quality Improvement in the MIPS Value Pathways Program
- **IA\_PM\_14:** Implementation of methodologies for improvements in longitudinal care management for high-risk patients
- **IA\_PM\_15:** Implementation of episodic care management practice improvements
- **IA\_PM\_16:** Implementation of medication management practice improvements
- **IA\_PM\_21:** Advance Care Planning
- **IA\_PSPA\_13:** Participation in Joint Commission Evaluation Initiative
- **IA\_PSPA\_16:** Use of 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
- **IA\_PSPA\_28:** Completion of an Accredited Safety or Quality Improvement Program

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

**Beginning with the CY 2026 MIPS Performance Period / 2028 MIPS Payment Year**

We are proposing to modify the previously finalized Advancing Care for Heart Disease MVP to:

- Remove 1 quality measure
- Remove 3 improvement activities

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

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

- Cardiology
- Internal medicine
- Family medicine
- NPPs such as nurse practitioners and physician assistants

**Measure Key**

- \* Existing measures and improvement activities with proposed revisions
- \*\* Measures and improvement activities only available when included in an MVP
- ! Improvement activities with an advancing health and wellness component
- ^ New proposed MIPS quality and Promoting Interoperability measures
- + Quality measures, improvement activities, cost measures, and Promoting Interoperability measures proposed for addition to a previously finalized MVP

Advancing Care for Heart Disease MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Congestive Heart Failure	<b>Q005:</b> Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Neprilysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD) (Collection Type: eCQM, MIPS CQM)	No	No	<b>COST_HF_1:</b> Heart Failure  <b>(*) TPCC_1:</b> Total Per Capita Cost
	<b>Q008:</b> Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) (Collection Type: eCQM, MIPS CQM)	No	No	
	<b>Q377:</b> Functional Status Assessments for Heart Failure (Collection Type: eCQM)	No	Yes	
	<b>Q492:</b> Risk-Standardized Acute Unplanned Cardiovascular-Related Admission Rates for Patients with Heart Failure for the Merit-based Incentive Payment System (Collection Type: Administrative Claims)	Yes	Yes	
General Cardiology	<b>Q006:</b> Coronary Artery Disease (CAD): Antiplatelet Therapy (Collection Type: MIPS CQM)	No	No	<b>COST_HF_1:</b> Heart Failure  <b>COST_EOPCI_1:</b> Elective Outpatient Percutaneous Coronary Intervention (PCI)
	<b>Q007:</b> Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%) (Collection Type: eCQM, MIPS CQM)	No	No	



Advancing Care for Heart Disease MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	<b>Q118:</b> Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%) (Collection Type: MIPS CQM)	No	No	<b>COST_STEMI_1:</b> Inpatient (IP) Percutaneous Coronary Intervention (PCI)
	<b>Q243:</b> Cardiac Rehabilitation Patient Referral from an Outpatient Setting (Collection Type: MIPS CQM)	No	Yes	(*) <b>TPCC_1:</b> Total Per Capita Cost
	<b>Q326:</b> Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy (Collection Type: MIPS CQM)	No	No	<b>COST_HF_1:</b> Heart Failure (*) <b>TPCC_1:</b> Total Per Capita Cost
	(*) <b>Q441:</b> Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control) (Collection Type: MIPS CQM)	Yes	Yes	(*) <b>TPCC_1:</b> Total Per Capita Cost
Electrophysiology	<b>Q392:</b> Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation (Collection Type: MIPS CQM)	Yes	Yes	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>Q393:</b> Infection within 180 Days of Cardiac Implantable Electronic Device (CIED) Implantation, Replacement, or Revision (Collection Type: MIPS CQM)	Yes	Yes	<b>COST_EOPCI_1:</b> Elective Outpatient Percutaneous Coronary Intervention (PCI)  <b>COST_STEMI_1:</b> Inpatient (IP) Percutaneous Coronary Intervention (PCI)  <b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
Advancing Health and Wellness	(**) <b>Q128:</b> Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	<b>COST_HF_1:</b> Heart Failure
	(*) <b>Q134:</b> Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	<b>COST_EOPCI_1:</b> Elective Outpatient Percutaneous Coronary Intervention (PCI)
	<b>Q238:</b> Use of High-Risk Medications in Older Adults (Collection Type: eCQM, MIPS CQM)	No	Yes	<b>COST_STEMI_1:</b> Inpatient (IP) Percutaneous Coronary Intervention (PCI) (*) <b>TPCC_1:</b> Total Per Capita Cost

Advancing Care for Heart Disease MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
				<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
Experience of Care	(*) <b>Q047:</b> Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	<b>COST_HF_1:</b> Heart Failure
	<b>Q495:</b> Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood (Collection Type: MIPS CQM)	Yes	Yes	<b>COST_EOPCI_1:</b> Elective Outpatient Percutaneous Coronary Intervention (PCI)
	(*) <b>Q503:</b> Gains in Patient Activation Measure (PAM®) Scores at 12 Months (Collection Type: MIPS CQM)	Yes	Yes	<b>COST_STEMI_1:</b> Inpatient (IP) Percutaneous Coronary Intervention (PCI)  (*) <b>TPCC_1:</b> Total Per Capita Cost  <b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician

#### Advancing Care for Heart Disease Improvement Activities

- (\*)(!) **IA\_AHW\_X:** Chronic Care and Preventative Care Management for Empaneled Patients
- **IA\_BE\_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **IA\_BE\_12:** Use evidence-based decision aids to support shared decision-making
- **IA\_BE\_15:** Engagement of Patients, Family, and Caregivers in Developing a Plan of Care
- **IA\_BE\_24:** Financial Navigation Program
- **IA\_BE\_25:** Drug Cost Transparency
- (!) **IA\_CC\_9:** Implementation of practices/processes for developing regular individual care plans
- (\*\*) **IA\_MVP:** Practice-Wide Quality Improvement in the MIPS Value Pathways Program
- **IA\_PM\_14:** Implementation of methodologies for improvements in longitudinal care management for high risk patients
- **IA\_PSPA\_4:** Administration of the AHRQ Survey of Patient Safety Culture
- **IA\_PSPA\_7:** Use of QCDR data for ongoing practice assessment and improvements

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

**Beginning with the CY 2026 MIPS Performance Period / 2028 MIPS Payment Year**

We are proposing to modify previously finalized Advancing Rheumatology Patient Care MVP to:

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

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

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

- Rheumatology
- NPPs such as nurse practitioners and physician assistants

**Measure Key**

- \* Existing measures and improvement activities with proposed revisions
- \*\* Measures and improvement activities only available when included in an MVP
- ! Improvement activities with an advancing health and wellness component
- ^ New proposed MIPS quality and Promoting Interoperability measures
- + Quality measures, improvement activities, cost measures, and Promoting Interoperability measures proposed for addition to a previously finalized MVP

Advancing Rheumatology Patient Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Rheumatoid Arthritis	<b>Q177:</b> Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity (Collection Type: MIPS CQM)	No	No	<b>COST_RA_1:</b> Rheumatoid Arthritis  <b>(*) TPCC_1:</b> Total Per Capita Cost
	<b>Q178:</b> Rheumatoid Arthritis (RA): Functional Status Assessment (Collection Type: MIPS CQM)	No	No	
	<b>Q180:</b> Rheumatoid Arthritis (RA): Glucocorticoid Management (Collection Type: MIPS CQM)	No	No	
	<b>(+) ACR16:</b> Rheumatoid Arthritis Patients with Low Disease Activity or Remission (Collection Type: QCDR)	Yes	Yes	
Autoimmune/ Inflammatory Diseases	<b>(*) ACR12:</b> Disease Activity Measurement for Patients with PsA (Collection Type: QCDR)	No	No	<b>(*) TPCC_1:</b> Total Per Capita Cost
	<b>ACR14:</b> Gout: Serum Urate Target (Collection Type: QCDR)	Yes	Yes	
	<b>ACR15:</b> Safe Hydroxychloroquine Dosing (Collection Type: QCDR)	No	Yes	<b>COST_RA_1:</b> Rheumatoid Arthritis  <b>(*) TPCC_1:</b> Total Per Capita Cost

Advancing Rheumatology Patient Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	<b>UREQA10:</b> Ankylosing Spondylitis: Controlled Disease Or Improved Disease Function (Collection Type: QCDR)	Yes	Yes	(*) <b>TPCC_1:</b> Total Per Capita Cost
Advancing Health and Wellness	<b>Q039:</b> Screening for Osteoporosis for Women Aged 65-85 Years of Age (Collection Type: Medicare Part B Claims, MIPS CQM)	No	No	<b>COST_RA_1:</b> Rheumatoid Arthritis  (*) <b>TPCC_1:</b> Total Per Capita Cost
	(*) <b>Q130:</b> Documentation of Current Medications in the Medical Record (Collection Type: eCQM, MIPS CQM)	No	Yes	
	(*) <b>Q134:</b> Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	
	(*) <b>Q176:</b> Tuberculosis Screening Prior to First Course Biologic Therapy (Collection Type: MIPS CQM)	No	No	
	(+) <b>ACR10:</b> Hepatitis B Safety Screening (Collection Type: QCDR)	No	Yes	
	<b>UREQA9:</b> Screening for Osteoporosis for Men Aged 70 Years and Older (Collection Type: QCDR)	No	No	
	(*) <b>Q493:</b> Adult Immunization Status (Collection Type: MIPS CQM)	No	No	
Experience of Care	(*) <b>Q503:</b> Gains in Patient Activation Measure (PAM) Scores at 12 Months (Collection Type: MIPS CQM)	Yes	Yes	<b>COST_RA_1:</b> Rheumatoid Arthritis  (*) <b>TPCC_1:</b> Total Per Capita Cost

#### Advancing Rheumatology Improvement Activities

- **IA\_BE\_1:** Use of certified EHR to capture patient reported outcomes
- **IA\_BE\_4:** Engagement of Patients through Implementation of New Patient Portal
- **IA\_BE\_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **IA\_BE\_15:** Engagement of Patients, Family, and Caregivers in Developing a Plan of Care
- **IA\_BE\_24:** Financial Navigation Program
- **IA\_BE\_25:** Drug Cost Transparency
- (\*)(!) **IA\_BE\_X:** Promote Use of Patient-Reported Outcome Tools
- (!) **IA\_BMH\_2:** Tobacco use
- **IA\_EPA\_2:** Use of telehealth services that expand practice access
- (\*\*) **IA\_MVP:** Practice-Wide Quality Improvement in the MIPS Value Pathways Program
- **IA\_PM\_16:** Implementation of medication management practice improvements
- **IA\_PSPA\_28:** Completion of an Accredited Safety or Quality Improvement Program

**Table B.5: Complete Ophthalmologic Care MVP**

**Beginning with the CY 2026 MIPS Performance Period / 2028 MIPS Payment Year**

We are proposing to modify previously finalized Complete Ophthalmologic Care MVP to:

- Remove 1 quality measure
- Remove 2 improvement activities

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

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

- Ophthalmology
- Optometry
- NPPs such as nurse practitioners and physician assistants

**Measure Key**

- \* Existing measures and improvement activities with proposed revisions
- \*\* Measures and improvement activities only available when included in an MVP
- ! Improvement activities with an advancing health and wellness component
- ^ New proposed MIPS quality and Promoting Interoperability measures
- + Quality measures, improvement activities, cost measures, and Promoting Interoperability measures proposed for addition to a previously finalized MVP

Complete Ophthalmologic Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Cataract	(*) <b>Q191:</b> Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery (Collection Type: eCQM, MIPS CQM)	Yes	Yes	<b>COST_IOL_1</b> Cataract Removal with Intraocular Lens (IOL) Implantation
	<b>Q303:</b> Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (Collection Type: MIPS CQM)	Yes	Yes	
	<b>Q304:</b> Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery (Collection Type: MIPS CQM)	No	Yes	
	(*) <b>Q389:</b> Cataract Surgery: Difference Between Planned and Final Refraction (Collection Type: MIPS CQM)	Yes	Yes	
	<b>IRIS54:</b> Complications After Cataract Surgery (Collection Type: QCDR)	Yes	Yes	
	<b>IRIS61:</b> Visual Acuity Improvement Following Cataract Surgery and Minimally Invasive Glaucoma Surgery (Collection Type: QCDR)	Yes	Yes	
General Ophthalmology	(*) <b>Q117:</b> Diabetes: Eye Exam (Collection Type: eCQM, MIPS CQM)	No	No	<b>COST_IOL_1</b>

Complete Ophthalmologic Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	(*) <b>Q374:</b> Closing the Referral Loop: Receipt of Specialist Report (Collection Type: eCQM, MIPS CQM)	No	Yes	Cataract Removal with Intraocular Lens (IOL) Implantation
Retinal Disease	<b>Q019:</b> Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (Collection Type: eCQM)	No	Yes	N/A
	<b>Q384:</b> Adult Primary Rhegmatogenous Retinal Detachment Surgery: No Return to the Operating Room Within 90 Days of Surgery (Collection Type: MIPS CQM)	Yes	Yes	
	<b>Q385:</b> Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery (Collection Type: MIPS CQM)	Yes	Yes	
	<b>Q499:</b> Appropriate screening and plan of care for elevated intraocular pressure following intravitreal or periocular steroid therapy (Collection Type: MIPS CQM)	No	No	
	(*) <b>Q500:</b> Acute posterior vitreous detachment appropriate examination and follow-up (Collection Type: MIPS CQM)	No	No	
	(*) <b>Q501:</b> Acute posterior vitreous detachment and acute vitreous hemorrhage appropriate examination and follow-up (Collection Type: MIPS CQM)	No	No	
	(*) <b>IRIS13:</b> Diabetic Macular Edema - Loss of Visual Acuity (Collection Type: QCDR)	Yes	Yes	
	<b>IRIS58:</b> Improved Visual Acuity after Vitrectomy for Complications of Diabetic Retinopathy within 120 Days (Collection Type: QCDR)	Yes	Yes	
Glaucoma	(*) <b>Q012:</b> Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation (Collection Type: eCQM)	No	No	N/A
	(*) <b>Q141:</b> Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 20% OR Documentation of a Plan of Care (Collection Type: Medicare Part B Claims, MIPS CQM)	Yes	Yes	
	(*) <b>IRIS2:</b> Glaucoma – Intraocular Pressure Reduction (Collection Type: QCDR)	Yes	Yes	
	<b>IRIS39:</b> Intraocular Pressure Reduction Following Trabeculectomy or an Aqueous Shunt Procedure (Collection Type: QCDR)	Yes	Yes	
Advancing Health and Wellness	(*) <b>Q130:</b> Documentation of Current Medications in the Medical Record (Collection Type: eCQM, MIPS CQM)	No	Yes	COST_IOL_1

Complete Ophthalmologic Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	<b>Q226:</b> Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	Cataract Removal with Intraocular Lens (IOL) Implantation
<b>Experience of Care</b>	<b>(*) Q503:</b> Gains in Patient Activation Measure (PAM) Scores at 12 Months (PAM Performance Measure, PAM-PM) (Collection Type: MIPS CQM)	Yes	Yes	<b>COST_IOL_1</b> Cataract Removal with Intraocular Lens (IOL) Implantation

#### Complete Ophthalmologic Care Improvement Activities

- **(\*)(!) IA\_AHW\_X:** Chronic Care and Preventative Care Management for Empaneled Patients
- **IA\_BE\_4:** Engagement of Patients through Implementation of New Patient Portal
- **IA\_BE\_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **IA\_BE\_25:** Drug Cost Transparency
- **(!) IA\_CC\_9:** Implementation of practices/processes for developing regular individual care plans
- **IA\_CC\_10:** Care transition documentation practice improvements
- **IA\_CC\_13:** Practice improvements to align with OpenNotes principles
- **(\*) IA\_EPA\_X:** Enhance Engagement of Medicaid and Other Underserved Populations
- **(\*\*) IA\_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA\_PM\_16:** Implementation of medication management practice improvements
- **IA\_PSPA\_7:** Use of QCDR data for ongoing practice assessment and improvements

**Table B.6: Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP**

**Beginning with the CY 2026 MIPS Performance Period / 2028 MIPS Payment Year**

We are proposing to modify previously finalized Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP to:

- Remove 1 quality measure
- Remove 3 improvement activities

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

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

- Neurology
- Neurosurgical
- Vascular surgery
- NPPs such as nurse practitioners and physician assistants

**Measure Key**

- \* Existing measures and improvement activities with proposed revisions
- \*\* Measures and improvement activities only available when included in an MVP
- ! Improvement activities with an advancing health and wellness component
- ^ New proposed MIPS quality and Promoting Interoperability measures
- + Quality measures, improvement activities, cost measures, and Promoting Interoperability measures proposed for addition to a previously finalized MVP

Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Stroke Prevention	<b>Q236:</b> Controlling High Blood Pressure (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	Yes	Yes	<b>COST_IHCL_1:</b> Intracranial Hemorrhage or Cerebral Infarction
	<b>Q326:</b> Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy (Collection Type: MIPS CQM)	No	No	
	<b>Q344:</b> Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2) (Collection Type: MIPS CQM)	Yes	No	
	<b>Q438:</b> Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Collection Type: eCQM, MIPS CQM)	No	No	
	<b>(*) Q441:</b> Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control) (Collection Type: MIPS CQM)	Yes	Yes	
Stroke Care	<b>Q187:</b> Stroke and Stroke Rehabilitation: Thrombolytic Therapy (Collection Type: MIPS CQM)	No	No	<b>COST_IHCL_1:</b> Intracranial Hemorrhage or Cerebral Infarction
	<b>Q413:</b> Door to Puncture Time for Endovascular Stroke Treatment (Collection Type: MIPS CQM)	Yes	Yes	



Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Experience of Care	(*) Q047: Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	COST_IHCl_1: Intracranial Hemorrhage or Cerebral Infarction
	Q495: Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood (Collection Type: MIPS CQM)	Yes	Yes	

#### Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes Improvement Activities

- (\*)(!) IA\_AHW\_X: Chronic Care and Preventative Care Management for Empaneled Patients
- IA\_BE\_4: Engagement of Patients through Implementation of New Patient Portal
- IA\_BE\_6: Regularly Assess Patient Experience of Care and Follow Up on Findings
- IA\_BE\_25: Drug Cost Transparency
- (!) IA\_CC\_9: Implementation of practices/processes for developing regular individual care plans
- IA\_CC\_10: Care transition documentation practice improvements
- IA\_CC\_13: Practice improvements to align with OpenNotes principles
- (\*) IA\_EPA\_X: Enhance Engagement of Medicaid and Other Underserved Populations
- (\*\*) IA\_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways
- IA\_PM\_16: Implementation of medication management practice improvements
- IA\_PSPA\_7: Use of QCDR data for ongoing practice assessment and improvements

**Table B.7: Dermatological Care MVP**

**Beginning with the CY 2026 MIPS Performance Period / 2028 MIPS Payment Year**

We are proposing to modify previously finalized Dermatological Care MVP to:

- Add 2 quality measures
- Remove 4 quality measures
- Remove 1 improvement activity

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

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

- Dermatology
- NPPs such as nurse practitioners and physician assistants

**Measure Key**

- \* Existing measures and improvement activities with proposed revisions
- \*\* Measures and improvement activities only available when included in an MVP
- ! Improvement activities with an advancing health and wellness component
- ^ New proposed MIPS quality and Promoting Interoperability measures
- + Quality measures, improvement activities, cost measures, and Promoting Interoperability measures proposed for addition to a previously finalized MVP

Dermatological Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Skin Cancer	<b>Q397:</b> Melanoma Reporting (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	<b>COST_MR_1:</b> Melanoma Resection
	<b>Q440:</b> Skin Cancer: Biopsy Reporting Time – Pathologist to Clinician (Collection Type: MIPS CQM)	No	Yes	
	<b>Q509:</b> Melanoma: Tracking and Evaluation of Recurrence (Collection Type: MIPS CQM)	No	No	
	<b>AAD6:</b> Skin Cancer: Biopsy Reporting Time – Clinician to Patient (Collection Type: QCDR)	No	Yes	
	<b>AAD12:</b> Melanoma: – Appropriate Surgical Margins (Collection Type: QCDR)	Yes	Yes	
	<b>AAD16:</b> Avoidance of Post-operative Systemic Antibiotics for Office-based Closures and Reconstruction After Skin Cancer Procedures (Collection Type: QCDR)	No	Yes	
Inflammatory Conditions	<b>(*) Q176:</b> Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy (Collection Type: MIPS CQM)	No	Yes	N/A
	<b>Q486:</b> Dermatitis – Improvement in Patient-Reported Itch Severity (Collection Type: MIPS CQM)	Yes	Yes	

Dermatological Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	<b>Q410:</b> Psoriasis: Clinical Response to Systemic Medications (Collection Type: MIPS CQM)	Yes	Yes	<b>COST_MR_1:</b> Melanoma Resection
	<b>Q485:</b> Psoriasis – Improvement in Patient-Reported Itch Severity (Collection Type: MIPS CQM)	Yes	Yes	
	<b>Q226:</b> Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	
Experience of Care	<b>(+)(*) Q047:</b> Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	<b>COST_MR_1:</b> Melanoma Resection
	<b>(*) Q503:</b> Gains in Patient Activation Measure (PAM) Scores at 12 Months (PAM Performance Measure, PAM-PM) (Collection Type: MIPS CQM)	Yes	Yes	
	<b>AAD8:</b> Chronic Skin Conditions: Patient Reported Quality-of-Life (Collection Type: QCDR)	No	Yes	N/A
Advancing Health and Wellness	<b>(+) Q238:</b> Use of High-Risk Medications in Older Adults (Collection Type: eCQM, MIPS CQM)	No	Yes	N/A

#### Dermatological Care Improvement Activities

- **IA\_BE\_4:** Engagement of Patients through Implementation of New Patient Portal
- **IA\_BE\_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **IA\_BE\_15:** Engagement of Patients, Family and Caregivers in Developing a Plan of Care
- **IA\_EPA\_2:** Use of telehealth services that expand practice access
- **(\*) IA\_EPA\_X:** Enhance Engagement of Medicaid and Other Underserved Populations
- **(\*)(!) IA\_EPA\_X:** Provide Education Opportunities for New Clinicians
- **(\*\*) IA\_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA\_PM\_16:** Implementation of medication management practice improvements
- **IA\_PSPA\_8:** Use of Patient Safety Tools

**Table B.8: Focusing on Women’s Health MVP**

**Beginning with the CY 2026 MIPS Performance Period / 2028 MIPS Payment Year**

We are proposing to modify previously finalized Focusing on Women’s Health MVP to:

- Remove 1 quality measure
- Remove 4 improvement activities

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

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

- Gynecology
- Obstetrics
- Urogynecology
- NPPs such as certified nurse mid-wives, nurse practitioners, and physician assistants

**Measure Key**

- \* Existing measures and improvement activities with proposed revisions
- \*\* Measures and improvement activities only available when included in an MVP
- ! Improvement activities with an advancing health and wellness component
- ^ New proposed MIPS quality and Promoting Interoperability measures
- + Quality measures, improvement activities, cost measures, and Promoting Interoperability measures proposed for addition to a previously finalized MVP

Focusing on Women’s Health MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Obstetrics	<b>Q335:</b> Maternity Care: Elective Delivery (Without Medical Indication) at < 39 Weeks (Overuse) (Collection Type: MIPS CQM)	Yes	Yes	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>Q336:</b> Maternity Care: Postpartum Follow-up and Care Coordination (Collection Type: MIPS CQM)	No	Yes	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician  (*) <b>TPCC_1:</b> Total Per Capita Cost
	<b>Q496:</b> Cardiovascular Disease (CVD) Risk Assessment Measure - Proportion of Pregnant/Postpartum Patients that Receive CVD Risk Assessment with a Standardized Instrument (Collection Type: MIPS CQM)	No	No	(*) <b>TPCC_1:</b> Total Per Capita Cost
Gynecology	<b>Q422:</b> Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>Q432:</b> Proportion of Patients Sustaining a Bladder Injury at the Time of any Pelvic Organ Prolapse Repair (Collection Type: MIPS CQM)	Yes	Yes	

Focusing on Women's Health MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	<b>Q448:</b> Appropriate Workup Prior to Endometrial Ablation (Collection Type: MIPS CQM)	No	Yes	
Advancing Health and Wellness	<b>Q039:</b> Screening for Osteoporosis for Women Aged 65-85 Years of Age (Collection Type: Medicare Part B Claims, MIPS CQM)	No	No	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician  <b>(*) TPCC_1:</b> Total Per Capita Cost
	<b>Q048:</b> Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older (Collection Type: MIPS CQM)	No	No	
	<b>(*)(**) Q112:</b> Breast Cancer Screening (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	
	<b>(*) Q134:</b> Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	
	<b>Q226:</b> Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	
	<b>Q309:</b> Cervical Cancer Screening (Collection Type: eCQM)	No	No	
	<b>Q310:</b> Chlamydia Screening in Women (Collection Type: eCQM)	No	No	
	<b>Q400:</b> One-Time Screening for Hepatitis C Virus (HCV) and Treatment Initiation (Collection Type: MIPS CQM)	No	No	
	<b>Q431:</b> Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling (Collection Type: MIPS CQM)	No	No	
	<b>Q475:</b> HIV Screening (Collection Type: eCQM)	No	No	
	<b>(*) Q493:</b> Adult Immunization Status (Collection Type: MIPS CQM)	No	No	
	<b>UREQA8:</b> Vitamin D level: Effective Control of Low Bone Mass/Osteopenia and Osteoporosis: Therapeutic Level Of 25 OH Vitamin D Level (Collection Type: QCDR)	Yes	Yes	

#### Focusing on Women's Health Improvement Activities

- **IA\_BE\_4:** Engagement of Patients through Implementation of New Patient Portal
- **(!) IA\_BE\_16:** Promote Self-management in Usual Care
- **(\*)(!) IA\_BE\_X:** Promote Use of Patient-Reported Outcome Tools
- **IA\_BMH\_11:** Implementation of a Trauma-Informed Care (TIC) Approach to Clinical Practice
- **(!) IA\_BMH\_14:** Behavioral/Mental Health and Substance Use Screening and Referral for Pregnant and Postpartum Women
- **(!) IA\_CC\_9:** Implementation of practices/processes for developing regular individual care plans
- **IA\_EPA\_2:** Use of telehealth services that expand practice access

- (\*) **IA\_EPA\_X**: Enhance Engagement of Medicaid and Other Underserved Populations
- (\*\*) **IA\_MVP**: Practice-Wide Quality Improvement in the MIPS Value Pathways Program
- (!) **IA\_PM\_23**: Use of Computable Guidelines and Clinical Decision Support to Improve Adherence for Cervical Cancer Screening and Management Guidelines

**Table B.9: Gastroenterology Care MVP**

**Beginning with the CY 2026 MIPS Performance Period / 2028 MIPS Payment Year**

We are proposing to modify previously finalized Gastroenterology Care MVP to:

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

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

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

- Gastroenterology
- NPPs such as nurse practitioners and physician assistants

**Measure Key**

- \* Existing measures and improvement activities with proposed revisions
- \*\* Measures and improvement activities only available when included in an MVP
- ! Improvement activities with an advancing health and wellness component
- ^ New proposed MIPS quality and Promoting Interoperability measures
- + Quality measures, improvement activities, cost measures, and Promoting Interoperability measures proposed for addition to a previously finalized MVP

Gastroenterology Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Interventional/ Endoscopy	(*) <b>GIQIC26:</b> Screening Colonoscopy Adenoma Detection Rate (Collection Type: QCDR)	Yes	Yes	<b>COST_SSC_1:</b> Screening/Surveillance Colonoscopy
	N/A	N/A	N/A	(*) <b>TPCC_1:</b> Total Per Capita Cost (+) <b>COST_LGH_1:</b> Lower Gastrointestinal Hemorrhage
Hepatobiliary	<b>Q400:</b> One-Time Screening for Hepatitis C Virus (HCV) and Treatment Initiation (Collection Type: MIPS CQM)	No	No	(*) <b>TPCC_1:</b> Total Per Capita Cost
	<b>Q401:</b> Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis (Collection Type: MIPS CQM)	No	No	
	(^)(+) <b>TBD:</b> Hepatitis C Virus (HCV): Sustained Virological Response (SVR) (Collection Type: MIPS CQM)	Yes	Yes	
Inflammatory	<b>Q275:</b> Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy (Collection Type: MIPS CQM)	No	No	(*) <b>TPCC_1:</b> Total Per Capita Cost

Gastroenterology Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
General Gastroenterology	(*) Q374: Closing the Referral Loop: Receipt of Specialist Report (Collection Type: eCQM, MIPS CQM)	No	No	COST_SSC_1: Screening/Surveillance Colonoscopy  (*) TPCC_1: Total Per Capita Cost  (+) COST_LGH_1: Lower Gastrointestinal Hemorrhage
Advancing Health and Wellness	(*)(**) Q113: Colorectal Cancer Screening (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	COST_SSC_1: Screening/Surveillance Colonoscopy  (*) TPCC_1: Total Per Capita Cost  (+) COST_LGH_1: Lower Gastrointestinal Hemorrhage
	(*) Q130: Documentation of Current Medications in the Medical Record (Collection Type: eCQM, MIPS CQM)	No	Yes	
	Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	
	Q320: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	
	(*) Q374: Closing the Referral Loop: Receipt of Specialist Report (Collection Type: eCQM, MIPS CQM)	No	No	
	GIQIC23: Appropriate follow-up interval based on pathology findings in screening colonoscopy (Collection Type: QCDR)	No	Yes	
	(*) NHCR4: Repeat screening or surveillance colonoscopy recommended within one year due to inadequate bowel preparation (Collection Type: QCDR)	No	Yes	
Experience of Care	(*) Q503: Gains in Patient Activation Measure (PAM) Scores at 12 Months (PAM Performance Measure, PAM-PM) (Collection Type: MIPS CQM)	Yes	Yes	COST_SSC_1: Screening/Surveillance Colonoscopy  (*) TPCC_1: Total Per Capita Cost

#### Gastroenterology Care Improvement Activities

- IA\_BE\_4: Engagement of Patients through Implementation of New Patient Portal
- (\*)(!) IA\_BE\_X: Promote Use of Patient-Reported Outcome Tools
- IA\_CC\_7: Regular training in care coordination
- (!) IA\_CC\_9: Implementation of practices/processes for developing regular individual care plans
- IA\_CC\_10: Care transition documentation practice improvements
- IA\_CC\_13: Practice improvements to align with OpenNotes principles
- (\*)(!) IA\_EPA\_X: Provide Education Opportunities for New Clinicians
- (\*\*) IA\_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways



**Table B.10: Improving Care for Lower Extremity Joint Repair MVP**

**Beginning with the CY 2026 MIPS Performance Period / 2028 MIPS Payment Year**

We are proposing to modify previously finalized Improving Care for Lower Extremity Joint Repair MVP to:

- Remove 1 quality measure
- Remove 2 improvement activities

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

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

- Orthopedic surgery
- NPPs such as nurse practitioners and physician assistants

**Measure Key**

- \* Existing measures and improvement activities with proposed revisions
- \*\* Measures and improvement activities only available when included in an MVP
- ! Improvement activities with an advancing health and wellness component
- ^ New proposed MIPS quality and Promoting Interoperability measures
- + Quality measures, improvement activities, cost measures, and Promoting Interoperability measures proposed for addition to a previously finalized MVP

Improving Care for Lower Extremity Joint Repair MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Non-Surgical	<b>Q024:</b> Communication with the Physician or Other Clinician Managing On-Going Care Post-Fracture for Men and Women Aged 50 Years and Older (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	<b>COST_PHA_1:</b> Elective Primary Hip Arthroplasty
	<b>Q024:</b> Communication with the Physician or Other Clinician Managing On-Going Care Post-Fracture for Men and Women Aged 50 Years and Older (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	<b>COST_KA_1:</b> Knee Arthroplasty
Surgical	<b>Q350:</b> Total Knee or Hip Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy (Collection Type: MIPS CQM)	No	Yes	<b>COST_PHA_1:</b> Elective Primary Hip Arthroplasty
	<b>Q351:</b> Total Knee or Hip Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation (Collection Type: MIPS CQM)	No	Yes	<b>COST_KA_1:</b> Knee Arthroplasty
	<b>(*) Q376:</b> Functional Status Assessment for Total Hip Replacement (Collection Type: eCQM)	No	Yes	<b>COST_PHA_1:</b> Elective Primary Hip Arthroplasty
	<b>Q470:</b> Functional Status After Primary Total Knee Replacement (Collection Type: MIPS CQM)	Yes	Yes	<b>COST_KA_1:</b> Knee Arthroplasty
	<b>(*) Q480:</b> 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) (Collection Type: Administrative Claims)	Yes	Yes	<b>COST_PHA_1:</b> Elective Primary Hip Arthroplasty

Improving Care for Lower Extremity Joint Repair MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
				<b>COST_KA_1:</b> Knee Arthroplasty
<b>Advancing Health and Wellness</b>	(**) <b>Q128:</b> Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	<b>COST_PHA_1:</b> Elective Primary Hip Arthroplasty  <b>COST_KA_1:</b> Knee Arthroplasty

#### Improving Care for Lower Extremity Joint Repair Improvement Activities

- **IA\_BE\_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **IA\_BE\_12:** Use evidence-based decision aids to support shared decision-making
- **(\*)(!) IA\_BE\_X:** Promote Use of Patient-Reported Outcome Tools
- **IA\_CC\_7:** Regular training in care coordination
- **(!) IA\_CC\_9:** Implementation of practices/processes for developing regular individual care plans
- **IA\_CC\_13:** Practice Improvements to Align with OpenNotes Principles
- **IA\_CC\_15:** PSH Care Coordination
- **(\*\*) IA\_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA\_PSPA\_7:** Use of QCDR data for ongoing practice assessment and improvements
- **IA\_PSPA\_18:** Measurement and improvement at the practice and panel level

**Table B.11: Optimal Care for Kidney Health MVP**

**Beginning with the CY 2026 MIPS Performance Period / 2028 MIPS Payment Year**

We are proposing to modify previously finalized Optimal Care for Kidney Health MVP to:

- Add 1 quality measure
- Remove 1 quality measure
- Remove 3 improvement activities

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

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

- Nephrology

**Measure Key**

- \* Existing measures and improvement activities with proposed revisions
- \*\* Measures and improvement activities only available when included in an MVP
- ! Improvement activities with an advancing health and wellness component
- ^ New proposed MIPS quality and Promoting Interoperability measures
- + Quality measures, improvement activities, cost measures, and Promoting Interoperability measures proposed for addition to a previously finalized MVP

Optimal Care for Kidney Health MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
General Nephrology	(*)Q001: Diabetes: Glycemic Status Assessment Greater Than 9% (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	Yes	Yes	COST_AKID_1: Acute Kidney Injury Requiring New Inpatient Dialysis
	Q236: Controlling High Blood Pressure (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	Yes	Yes	COST_CKD_1: Chronic Kidney Disease (CKD)  COST_ESRD_1: End-Stage Renal Disease  COST_KTM_1: Kidney Transplant Management  (*) TPCC_1: Total Per Capita Cost
	(*) Q488: Kidney Health Evaluation (Collection Type: eCQM, MIPS CQM)	No	No	(*) TPCC_1: Total Per Capita Cost
	Q489: Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy (Collection Type: MIPS CQM)	No	No	COST_CKD_1: Chronic Kidney Disease (CKD)  COST_ESRD_1: End-Stage Renal Disease

Optimal Care for Kidney Health MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
				(*) <b>TPCC_1:</b> Total Per Capita Cost
Dialysis/Transplant	<b>Q482:</b> Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate (Collection Type: MIPS CQM)	Yes	Yes	<b>COST_CKD_1:</b> Chronic Kidney Disease (CKD)  <b>COST_ESRD_1:</b> End-Stage Renal Disease  (*) <b>TPCC_1:</b> Total Per Capita Cost
	<b>Q510:</b> First Year Standardized Waitlist Ratio (FYSWR) (Collection Type: MIPS CQM)	Yes	No	<b>COST_ESRD_1:</b> End-Stage Renal Disease  (*) <b>TPCC_1:</b> Total Per Capita Cost
	<b>Q511:</b> Percentage of Prevalent Patients Waitlisted (PPPW) and Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW) (Collection Type: MIPS CQM)	Yes	No	
	(^)(+) <b>TBD:</b> Prevalent Standardized Kidney Transplant Waitlist Ratio (PSWR) (Collection Type: MIPS CQM)	No	No	
Advancing Health and Wellness	(*) <b>Q130:</b> Documentation of Current Medications in the Medical Record (Collection Type: eCQM, MIPS CQM)	No	Yes	<b>COST_AKID_1:</b> Acute Kidney Injury Requiring New Inpatient Dialysis
	(*) <b>Q493:</b> Adult Immunization Status (Collection Type: MIPS CQM)	No	No	<b>COST_CKD_1:</b> Chronic Kidney Disease (CKD)  <b>COST_ESRD_1:</b> End-Stage Renal Disease  <b>COST_KTM_1:</b> Kidney Transplant Management  (*) <b>TPCC_1:</b> Total Per Capita Cost
Experience of care	(*) <b>Q047:</b> Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	<b>COST_AKID_1:</b> Acute Kidney Injury Requiring New Inpatient Dialysis
	<b>Q495:</b> Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood (Collection Type: MIPS CQM)	Yes	Yes	<b>COST_CKD_1:</b> Chronic Kidney Disease (CKD)  <b>COST_ESRD_1:</b> End-Stage Renal Disease  <b>COST_KTM_1:</b>
	(*) <b>Q503:</b> Gains in Patient Activation Measure (PAM) Scores at 12 Months (Collection Type: MIPS CQM)	Yes	Yes	

Optimal Care for Kidney Health MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
				Kidney Transplant Management (*) TPCC_1: Total Per Capita Cost

#### Optimal Care for Kidney Health Improvement Activities

- (\*)(!) IA\_AHW\_X: Chronic Care and Preventative Care Management for Empaneled Patients
- IA\_BE\_4: Engagement of Patients through Implementation of New Patient Portal
- IA\_BE\_6: Regularly Assess Patient Experience of Care and Follow Up on Findings
- IA\_BE\_14: Engage Patients and Families to Guide Improvement in the System of Care
- IA\_BE\_15: Engagement of Patients, Family and Caregivers in Developing a Plan of Care
- (!) IA\_BE\_16: Promote Self-management in Usual Care
- (\*)(!) IA\_BE\_X: Promote Use of Patient-Reported Outcome Tools
- IA\_CC\_13: Practice Improvements to Align with OpenNotes Principles
- (\*\*) IA\_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways
- IA\_PM\_11: Regular Review Practices in Place on Targeted Patient Population Needs
- IA\_PM\_16: Implementation of medication management practice improvements
- IA\_PSPA\_16: Use of 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

**Table B.12: Optimal Care for Patients with Urologic Conditions MVP**

**Beginning with the CY 2026 MIPS Performance Period / 2028 MIPS Payment Year**

We are proposing to modify previously finalized Optimal Care for Patients with Urologic Conditions MVP to:

- Remove 1 quality measure
- Remove 3 improvement activities

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

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

- General urologists
- Urology oncologists
- NPPs such as nurse practitioners and physician assistants

**Measure Key**

- \* Existing measures and improvement activities with proposed revisions
- \*\* Measures and improvement activities only available when included in an MVP
- ! Improvement activities with an advancing health and wellness component
- ^ New proposed MIPS quality and Promoting Interoperability measures
- + Quality measures, improvement activities, cost measures, and Promoting Interoperability measures proposed for addition to a previously finalized MVP

Optimal Care for Patients with Urologic Conditions MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Urological Cancer	<b>Q462:</b> Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy (Collection Type: eCQM)	No	No	<b>COST_PC_1:</b> Prostate Cancer
	<b>Q476:</b> Urinary Symptom Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia (Collection Type: eCQM)	Yes	Yes	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>Q481:</b> Intravesical Bacillus-Calmette Guerin for Non-muscle Invasive Bladder Cancer (Collection Type: eCQM)	No	Yes	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>AQUA8:</b> Hospital Admissions or Infectious Complications Within 30 days of Prostate Biopsy (Collection Type: QCDR)	Yes	Yes	<b>COST_PC_1:</b> Prostate Cancer <b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>AQUA16:</b> Non-Muscle Invasive Bladder Cancer: Repeat Transurethral Resection of Bladder Tumor (TURBT) for T1 disease (Collection Type: QCDR)	No	No	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician

Optimal Care for Patients with Urologic Conditions MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	<b>MUSIC4:</b> Prostate Cancer: Active Surveillance/Watchful Waiting for Newly Diagnosed Low Risk Prostate Cancer Patients (Collection Type: QCDR)	No	Yes	<b>COST_PC_1:</b> Prostate Cancer  <b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
General Urology	<b>Q050:</b> Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older (Collection Type: MIPS CQM)	No	Yes	<b>COST_RUSST_1:</b> Renal or Ureteral Stone Surgical Treatment  <b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>AQUA14:</b> Stones: Repeat Shock Wave Lithotripsy (SWL) Within 6 Months of Initial Treatment (Collection Type: QCDR)	Yes	Yes	
	<b>AQUA15:</b> Stones: Urinalysis or Urine Culture Performed Before Surgical Stone Procedures (Collection Type: QCDR)	No	Yes	
Advancing Health and Wellness	<b>Q318:</b> Falls: Screening for Future Fall Risk (Collection Type: eCQM)	No	Yes	<b>COST_PC_1:</b> Prostate Cancer  <b>COST_RUSST_1:</b> Renal or Ureteral Stone Surgical Treatment  <b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
Experience of Care	<b>Q321:</b> CAHPS for MIPS Clinician/Group Survey (Collection Type: CAHPS Survey Vendor)	No	Yes	<b>COST_PC_1:</b> Prostate Cancer  <b>COST_RUSST_1:</b> Renal or Ureteral Stone Surgical Treatment  <b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>Q358:</b> Patient-Centered Surgical Risk Assessment and Communication (Collection Type: MIPS CQM)	No	Yes	
	(*) <b>Q503:</b> Gains in Patient Activation Measure (PAM) Scores at 12 Months (PAM Performance Measure, PAM-PM) (Collection Type: MIPS CQM)	Yes	Yes	

#### **Optimal Care for Patients with Urologic Conditions Improvement Activities**

- **IA\_BE\_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **IA\_BE\_15:** Engagement of Patients, Family and Caregivers in Developing a Plan of Care
- **(\*)(!) IA\_BE\_X:** Promote Use of Patient-Reported Outcome Tools
- **IA\_CC\_7:** Regular training in care coordination
- **IA\_CC\_13:** Practice improvements to align with OpenNotes principles
- **IA\_CC\_17:** Patient Navigator Program
- **IA\_EPA\_2:** Use of telehealth services that expand practice access
- **(\*\*) IA\_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA\_PM\_17:** Participation in Population Health Research

- **IA\_PM\_21:** Advance Care Planning
- **IA\_PSPA\_7:** Use of QCDR data for ongoing practice assessment and improvements
- **IA\_PSPA\_12:** Participation in private payer CPIA
- **IA\_PSPA\_21:** Implementation of fall screening and assessment programs



**Table B.13: Patient Safety and Support of Positive Experiences with Anesthesia MVP**

**Beginning with the CY 2026 MIPS Performance Period / 2028 MIPS Payment Year**

We are proposing to modify previously finalized Patient Safety and Support of Positive Experiences with Anesthesia MVP to:

- Remove 2 quality measures
- Remove 2 improvement activities

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

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

- Anesthesiology
- NPPs such as certified registered nurse anesthetists (CRNAs) and physician assistants

**Measure Key**

- \* Existing measures and improvement activities with proposed revisions
- \*\* Measures and improvement activities only available when included in an MVP
- ! Improvement activities with an advancing health and wellness component
- ^ New proposed MIPS quality and Promoting Interoperability measures
- + Quality measures, improvement activities, cost measures, and Promoting Interoperability measures proposed for addition to a previously finalized MVP

Patient Safety and Support of Positive Experiences with Anesthesia MVP				
Condition	Quality			Cost
	Measure	Outcome	High Priority	
Sedation/General Anesthesia	<b>Q404:</b> Anesthesiology Smoking Abstinence (Collection Type: MIPS CQM)	Yes	Yes	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>Q430:</b> Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy (Collection Type: MIPS CQM)	No	Yes	
	<b>Q463:</b> Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics) (Collection Type: MIPS CQM)	No	Yes	
	<b>ABG44:</b> Low Flow Inhalational General Anesthesia (Collection Type: QCDR)	No	Yes	
	<b>EPREOP31:</b> Intraoperative Hypotension (IOH) among Non-Emergent Noncardiac Surgical Cases (Collection Type: QCDR)	Yes	Yes	
Pain Management	<b>Q477:</b> Multimodal Pain Management (Collection Type: MIPS CQM)	Yes	Yes	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
Experience of Care	<b>AQI48:</b> Patient-Reported Experience with Anesthesia (Collection Type: QCDR)	Yes	Yes	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician

## Patient Safety and Support of Positive Experiences with Anesthesia Improvement Activities

- **IA\_BE\_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **IA\_BE\_22:** Improved practices that engage patients pre-visit
- **(!) IA\_BMH\_2:** Tobacco use
- **IA\_CC\_15:** PSH Care Coordination
- **IA\_CC\_19:** Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes
- **(\*\*) IA\_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA\_PSPA\_1:** Participation in an AHRQ-listed patient safety organization
- **IA\_PSPA\_7:** Use of QCDR data for ongoing practice assessment and improvements
- **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

**Table B.14: Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP**

**Beginning with the CY 2026 MIPS Performance Period / 2028 MIPS Payment Year**

We are proposing to modify previously finalized Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP to:

- Add 1 quality measure
- Remove 1 quality measure
- Remove 4 improvement activities
- Add 3 cost measures

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

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

- Infectious Disease
- Immunology
- NPPs such as nurse practitioners and physician assistants

**Measure Key**

- \* Existing measures and improvement activities with proposed revisions
- \*\* Measures and improvement activities only available when included in an MVP
- ! Improvement activities with an advancing health and wellness component
- ^ New proposed MIPS quality and Promoting Interoperability measures
- + Quality measures, improvement activities, cost measures, and Promoting Interoperability measures proposed for addition to a previously finalized MVP

Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
<b>Chronic: Hep C, HIV/AIDS</b>	<b>Q205:</b> Sexually Transmitted Infection (STI) Testing for People with HIV (Collection Type: eCQM, MIPS CQM)	No	No	(*) TPCC_1: Total Per Capita Cost
	<b>Q338:</b> HIV Viral Suppression (Collection Type: eCQM, MIPS CQM)	Yes	Yes	
	<b>Q340:</b> HIV Medical Visit Frequency (Collection Type: MIPS CQM)	No	Yes	
	<b>Q387:</b> Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users (Collection Type: MIPS CQM)	No	No	
	<b>Q401:</b> Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis (Collection Type: MIPS CQM)	No	No	
	<b>(^)(+) TBD:</b> Hepatitis C Virus (HCV): Sustained Virological Response (SVR) (Collection Type: MIPS CQM)	Yes	Yes	
<b>Acute Infection</b>	<b>Q065:</b> Appropriate Treatment for Upper Respiratory Infection (URI) (Collection Type: eCQM, MIPS CQM)	No	Yes	(*) TPCC_1: Total Per Capita Cost

Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	N/A			(+) <b>COST_RIH_1:</b> Respiratory Infection Hospitalization (+) <b>COST_S_1:</b> Sepsis (+) <b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
Advancing Health and Wellness	(*) <b>Q130:</b> Documentation of Current Medications in the Medical Record (Collection Type: eCQM, MIPS CQM)	No	Yes	(+) <b>COST_RIH_1:</b> Respiratory Infection Hospitalization (+) <b>COST_S_1:</b> Sepsis (+) <b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	(*) <b>Q134:</b> Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	
	<b>Q240:</b> Childhood Immunization Status (Collection Type: eCQM)	No	No	
	<b>Q310:</b> Chlamydia Screening in Women (Collection Type: eCQM)	No	No	
	<b>Q400:</b> One-Time Screening for Hepatitis C Virus (HCV) and Treatment Initiation (Collection Type: MIPS CQM)	No	No	
	<b>Q475:</b> HIV Screening (Collection Type: eCQM)	No	No	
	(*) <b>Q493:</b> Adult Immunization Status (Collection Type: MIPS CQM)	No	No	

#### **Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV Improvement Activities**

- **IA\_BE\_4:** Engagement of Patients through Implementation of New Patient Portal
- **IA\_BE\_15:** Engagement of patients, family and caregivers in developing a plan of care
- (\*) **IA\_EPA\_X:** Enhance Engagement of Medicaid and Other Underserved Populations
- (\*\*) **IA\_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA\_PM\_11:** Regular review practices in place on targeted patient population needs
- **IA\_PM\_14:** Implementation of methodologies for improvements in longitudinal care management for high risk patients
- (!) **IA\_PM\_22:** Improving Practice Capacity for Human Immunodeficiency Virus (HIV) Prevention Services
- **IA\_PSPA\_23:** Completion of CDC Training on Antibiotic Stewardship
- (!) **IA\_PSPA\_32:** Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support

**Table B.15: Pulmonology Care MVP**

**Beginning with the CY 2026 MIPS Performance Period / 2028 MIPS Payment Year**

We are proposing to modify previously finalized Pulmonology Care MVP to:

- Remove 1 quality measure
- Remove 3 improvement activities

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

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

- Pulmonology
- Sleep medicine
- NPPs such as nurse practitioners and physician assistants

**Measure Key**

- \* Existing measures and improvement activities with proposed revisions
- \*\* Measures and improvement activities only available when included in an MVP
- ! Improvement activities with an advancing health and wellness component
- ^ New proposed MIPS quality and Promoting Interoperability measures
- + Quality measures, improvement activities, cost measures, and Promoting Interoperability measures proposed for addition to a previously finalized MVP

Pulmonology Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
<b>Asthma</b>	<b>Q398:</b> Optimal Asthma Control (Collection Type: MIPS CQM)	Yes	Yes	<b>COST_ACOPD_1:</b> Asthma/ Chronic Obstructive Pulmonary Disease (COPD)
<b>COPD</b>	<b>Q052:</b> Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation and Long-Acting Inhaled Bronchodilator Therapy (Collection Type: MIPS CQM)	No	No	<b>COST_ACOPD_1:</b> Asthma/ Chronic Obstructive Pulmonary Disease (COPD)
	<b>ACEP25:</b> Tobacco Use: Screening and Cessation Intervention for Patients with Asthma and COPD (Collection Type: QCDR)	No	No	<b>COST_COPDE_1:</b> Inpatient Chronic Obstructive Pulmonary Disease (COPD) Exacerbation
<b>Sleep Medicine</b>	<b>Q277:</b> Sleep Apnea: Severity Assessment at Initial Diagnosis (Collection Type: MIPS CQM)	No	No	N/A
	<b>Q279:</b> Sleep Apnea: Assessment of Adherence to Obstructive Sleep Apnea (OSA) Therapy (Collection Type: MIPS CQM)	No	No	
<b>Advancing Health and Wellness</b>	<b>(**) Q128:</b> Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	<b>COST_ACOPD_1:</b> Asthma/ Chronic Obstructive Pulmonary Disease (COPD)
	<b>Q226:</b> Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	<b>COST_COPDE_1:</b> Inpatient Chronic Obstructive Pulmonary Disease (COPD) Exacerbation

Pulmonology Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Experience of Care	(*) Q047: Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	<b>COST_ACOPD_1:</b> Asthma/ Chronic Obstructive Pulmonary Disease (COPD)
	(*) Q503: Gains in Patient Activation Measure (PAM) Scores at 12 Months (PAM Performance Measure, PAM-PM) (Collection Type: MIPS CQM)	Yes	Yes	<b>COST_COPDE_1:</b> Inpatient Chronic Obstructive Pulmonary Disease (COPD) Exacerbation

#### Pulmonology Care Improvement Activities

- (\*)(!) IA\_AHW\_X: Chronic Care and Preventative Care Management for Empaneled Patients
- IA\_BE\_23: Integration of patient coaching practices between visits
- (\*)(!) IA\_BE\_X: Promote Use of Patient-Reported Outcome Tools
- IA\_CC\_9: Implementation of practices/processes for developing regular individual care plans
- IA\_EPA\_2: Use of telehealth services that expand practice access
- (\*\*) IA\_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways
- IA\_PM\_16: Implementation of medication management practice improvements

**Table B.16: Quality Care for Patients with Neurological Conditions MVP**

**Beginning with the CY 2026 MIPS Performance Period / 2028 MIPS Payment Year**

We are proposing to modify previously finalized Quality Care for Patients with Neurological Conditions MVP to:

- Add 1 quality measure
- Remove 4 quality measures
- Remove 3 improvement activities

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

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

- Neurology
- NPPs such as nurse practitioners and physician assistants

**Measure Key**

- \* Existing measures and improvement activities with proposed revisions
- \*\* Measures and improvement activities only available when included in an MVP
- ! Improvement activities with an advancing health and wellness component
- ^ New proposed MIPS quality and Promoting Interoperability measures
- + Quality measures, improvement activities, cost measures, and Promoting Interoperability measures proposed for addition to a previously finalized MVP

Quality Care for Patients with Neurological Conditions MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Brain Conditions	<b>Q268:</b> Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy (Collection Type: MIPS CQM)	No	No	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
Dementia	(*) <b>Q281:</b> Dementia: Cognitive Assessment (Collection Type: eCQM)	No	No	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>Q282:</b> Dementia: Functional Status Assessment (Collection Type: MIPS CQM)	No	No	
	<b>Q286:</b> Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia (Collection Type: MIPS CQM)	No	Yes	
	<b>Q288:</b> Dementia: Education and Support of Caregivers for Patients with Dementia (Collection Type: MIPS CQM)	No	Yes	
Neurodegenerative Disorders	<b>Q291:</b> Assessment of Cognitive Impairment or Dysfunction for Patients with Parkinson's Disease (Collection Type: MIPS CQM)	No	No	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>Q293:</b> Rehabilitative Therapy Referral for Patients with Parkinson's Disease (Collection Type: MIPS CQM)	No	Yes	

Quality Care for Patients with Neurological Conditions MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	<b>Q386:</b> Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences (Collection Type: MIPS CQM)	No	Yes	
Advancing Health and Wellness	(*) <b>Q130:</b> Documentation of Current Medications in the Medical Record (Collection Type: eCQM, MIPS CQM)	No	Yes	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>Q238:</b> Use of High-Risk Medications in Older Adults (Collection Type: eCQM, MIPS CQM)	No	Yes	
	(^)(+) <b>TBD:</b> Patient reported falls and plan of care (Collection Type: MIPS CQM)	No	Yes	
Experience of Care	(*) <b>Q047:</b> Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>Q495:</b> Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood (Collection Type: MIPS CQM)	Yes	Yes	
	(*) <b>Q503:</b> Gains in Patient Activation Measure (PAM) Scores at 12 Months (PAM Performance Measure, PAM-PM) (Collection Type: MIPS CQM)	Yes	Yes	

#### **Quality Care for Patients with Neurological Conditions Improvement Activities**

- **IA\_BE\_4:** Engagement of Patients through Implementation of New Patient Portal
- **IA\_BE\_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **(!) IA\_BE\_16:** Promote Self-management in Usual Care
- **IA\_BE\_24:** Financial Navigation Program
- **(\*)(!) IA\_BE\_X:** Promote Use of Patient-Reported Outcome Tools
- **(!) IA\_BMH\_4:** Depression screening
- **IA\_EPA\_2:** Use of telehealth services that expand practice access
- **(\*\*) IA\_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA\_PM\_11:** Regular review practices in place on targeted patient population needs
- **IA\_PM\_16:** Implementation of medication management practice improvements
- **IA\_PM\_21:** Advance Care Planning
- **IA\_PSPA\_21:** Implementation of fall screening and assessment programs



**Table B.17: Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP**

**Beginning with the CY 2026 MIPS Performance Period / 2028 MIPS Payment Year**

We are proposing to modify previously finalized Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP to:

- Add 1 quality measure
- Remove 1 quality measure
- Remove 3 improvement activities

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

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

- Otolaryngology
- NPPs such as audiologists, nurse practitioners, and physician assistants

**Measure Key**

- \* Existing measures and improvement activities with proposed revisions
- \*\* Measures and improvement activities only available when included in an MVP
- ! Improvement activities with an advancing health and wellness component
- ^ New proposed MIPS quality and Promoting Interoperability measures
- + Quality measures, improvement activities, cost measures, and Promoting Interoperability measures proposed for addition to a previously finalized MVP

Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Otology	<b>AAO20:</b> Tympanostomy Tubes: Comprehensive Audiometric Evaluation (Collection Type: QCDR)	No	No	N/A
	<b>AAO21:</b> Otitis Media with Effusion (OME): Comprehensive Audiometric Evaluation for Chronic OME > or = 3 months (Collection Type: QCDR)	No	No	
Sleep Disorders	<b>Q277:</b> Sleep Apnea: Severity Assessment at Initial Diagnosis (Collection Type: MIPS CQM)	No	No	N/A
General Otolaryngology	<b>Q331:</b> Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse) (Collection Type: MIPS CQM)	No	Yes	N/A
	<b>Q332:</b> Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use) (Collection Type: MIPS CQM)	No	Yes	
	<b>(+) AAO16:</b> Age-Related Hearing Loss: Audiometric Evaluation (Collection Type: QCDR)	No	Yes	
Surgical	<b>Q355:</b> Unplanned Reoperation within the 30 Day Postoperative Period (Collection Type: MIPS CQM)	Yes	Yes	<b>MSPB_1:</b> Medicare Spending Per
	<b>(*) Q357:</b> Surgical Site Infection (SSI)	Yes	Yes	

Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	(Collection Type: MIPS CQM)			Beneficiary (MSPB) Clinician
Advancing Health and Wellness	(**) <b>Q128:</b> Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>Q226:</b> Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	

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

- **IA\_BE\_4:** Engagement of Patients through Implementation of New Patient Portal
- **IA\_BE\_15:** Engagement of Patients, Family and Caregivers in Developing a Plan of Care
- **(\*)(!) IA\_BE\_X:** Promote Use of Patient-Reported Outcome Tools
- **IA\_CC\_13:** Practice improvements to align with OpenNotes principles
- **(\*\*) IA\_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA\_PM\_16:** Implementation of medication management practice improvements
- **IA\_PSPA\_7:** Use of QCDR data for ongoing practice assessment and improvements

**Table B.18: Quality Care in Mental Health and Substance Use Disorders MVP**

**Beginning with the CY 2026 MIPS Performance Period / 2028 MIPS Payment Year**

We are proposing to modify previously finalized Quality Care in Mental Health and Substance Use Disorders MVP to:

- Remove 1 quality measure
- Remove 5 improvement activities

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

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

- Mental health
- Behavioral health
- Psychiatry
- NPPs such as clinical social workers, nurse practitioners, and physician assistants

**Measure Key**

- \* Existing measures and improvement activities with proposed revisions
- \*\* Measures and improvement activities only available when included in an MVP
- ! Improvement activities with an advancing health and wellness component
- ^ New proposed MIPS quality and Promoting Interoperability measures
- + Quality measures, improvement activities, cost measures, and Promoting Interoperability measures proposed for addition to a previously finalized MVP

Quality Care in Mental Health and Substance Use Disorders MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Mental Health—General	<b>Q009:</b> Anti-Depressant Medication Management (Collection Type: eCQM)	No	No	<b>COST_DEP_1:</b> Depression
	<b>(*) Q134:</b> Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	<b>COST_DEP_1:</b> Depression  <b>COST_PRC_1:</b> Psychoses/Related Conditions  <b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>Q366:</b> Follow-Up Care for Children Prescribed ADHD Medication (Collection Type: eCQM)	No	No	N/A
	<b>Q370:</b> Depression Remission at Twelve Months (Collection Type: eCQM, MIPS CQM)	Yes	Yes	<b>COST_DEP_1:</b> Depression  <b>COST_PRC_1:</b> Psychoses/Related Conditions
	<b>Q383:</b> Adherence to Antipsychotic Medications For Individuals with Schizophrenia (Collection Type: MIPS CQM)	Yes	Yes	<b>COST_PRC_1:</b> Psychoses/Related Conditions

Quality Care in Mental Health and Substance Use Disorders MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	<b>MBHR2:</b> Anxiety Response at 6-months (Collection Type: QCDR)	Yes	Yes	<b>COST_DEP_1:</b> Depression  <b>COST_PRC_1:</b> Psychoses/Related Conditions
	<b>MBHR7:</b> Posttraumatic Stress Disorder (PTSD) Outcome Assessment for Adults and Children (Collection Type: QCDR)	Yes	Yes	N/A
Mental Health— Suicide	<b>Q382:</b> Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (Collection Type: eCQM)	No	Yes	<b>COST_DEP_1:</b> Depression  <b>COST_PRC_1:</b> Psychoses/Related Conditions
	<b>Q504:</b> Initiation, Review, And/Or Update To Suicide Safety Plan For Individuals With Suicidal Thoughts, Behavior, Or Suicide Risk (Collection Type: MIPS CQM)	No	Yes	
	<b>Q505:</b> Reduction in Suicidal Ideation or Behavior Symptoms (Collection Type: MIPS CQM)	Yes	Yes	
Substance Use Disorder	<b>Q305:</b> Initiation and Engagement of Substance Use Disorder Treatment (Collection Type: eCQM)	No	Yes	N/A
	<b>Q468:</b> Continuity of Pharmacotherapy for Opioid Use Disorder (OUD) (Collection Type: MIPS CQM)	No	Yes	
Experience of Care	(*) <b>Q502:</b> Improvement or Maintenance of Functioning for Individuals with a Mental and/or Substance Use Disorder (Collection Type: MIPS CQM)	Yes	Yes	<b>COST_DEP_1:</b> Depression  <b>COST_PRC_1:</b> Psychoses/Related Conditions  <b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician

#### Quality Care in Mental Health and Substance Use Improvement Activities

- **IA\_BE\_12:** Use evidence-based decision aids to support shared decision-making
- **(!) IA\_BE\_16:** Promote Self-management in Usual Care
- **IA\_BE\_23:** Integration of patient coaching practices between visits
- **(\*)(!) IA\_BE\_X:** Promote Use of Patient-Reported Outcome Tools
- **(!) IA\_BMH\_2:** Tobacco use
- **(!) IA\_BMH\_5:** MDD prevention and treatment interventions
- **IA\_BMH\_7:** Implementation of Integrated Patient Centered Behavioral Health Model
- **(!) IA\_BMH\_14:** Behavioral/Mental Health and Substance Use Screening and Referral for Pregnant and Postpartum Women

- **(!) IA\_BMH\_15:** Behavioral/Mental Health and Substance Use Screening and Referral for Older Adults
- **IA\_EPA\_2:** Use of telehealth services that expand practice access
- **(\*) IA\_EPA\_X:** Enhance Engagement of Medicaid and Other Underserved Populations
- **(\*\*) IA\_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **(!) IA\_PSPA\_32:** Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support

**Table B.19: Rehabilitative Support for Musculoskeletal Care MVP**

**Beginning with the CY 2026 MIPS Performance Period / 2028 MIPS Payment Year**

We are proposing to modify previously finalized Rehabilitative Support for Musculoskeletal Care MVP to:

- Add 2 quality measures
- Remove 1 quality measure
- Add 3 improvement activities
- Remove 4 improvement activities

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

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

- Chiropractic
- Physiatry
- Physical therapy
- Occupational therapy
- NPPs such as nurse practitioners and physician assistants

**Measure Key**

- \* Existing measures and improvement activities with proposed revisions
- \*\* Measures and improvement activities only available when included in an MVP
- ! Improvement activities with an advancing health and wellness component
- ^ New proposed MIPS quality and Promoting Interoperability measures
- + Quality measures, improvement activities, cost measures, and Promoting Interoperability measures proposed for addition to a previously finalized MVP

Rehabilitative Support for Musculoskeletal Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Orthopedic	(+) <b>Q182:</b> Functional Outcome Assessment (Collection Type: MIPS CQM)	No	Yes	<b>COST_LBP_1:</b> Low Back Pain
	<b>Q217:</b> Functional Status Change for Patients with Knee Impairments (Collection Type: MIPS CQM)	Yes	Yes	N/A
	<b>Q218:</b> Functional Status Change for Patients with Hip Impairments (Collection Type: MIPS CQM)	Yes	Yes	
	<b>Q219:</b> Functional Status Change with Lower Leg, Foot or Ankle Impairments (Collection Type: MIPS CQM)	Yes	Yes	
	<b>Q220:</b> Functional Status Change for Patients with Low Back Impairments (Collection Type: MIPS CQM)	Yes	Yes	<b>COST_LBP_1:</b> Low Back Pain
	<b>Q221:</b> Functional Status Change for Patients with Shoulder Impairments (Collection Type: MIPS CQM)	Yes	Yes	N/A
	<b>Q222:</b> Functional Status Change for Patients with Elbow, Wrist or Hand Impairments	Yes	Yes	

Rehabilitative Support for Musculoskeletal Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	(Collection Type: MIPS CQM)			
	<b>Q478:</b> Functional Status Change for Patients with Neck Impairments (Collection Type: MIPS CQM)	Yes	Yes	
	(*) <b>MSK6:</b> Patients Suffering From a Neck Injury who Improve Pain (Collection Type: QCDR)	Yes	Yes	
	(*) <b>MSK7:</b> Patients Suffering From an Upper Extremity Injury who Improve Pain (Collection Type: QCDR)	Yes	Yes	
	(*) <b>MSK8:</b> Patients Suffering From a Back Injury who Improve Pain (Collection Type: QCDR)	Yes	Yes	<b>COST_LBP_1:</b> Low Back Pain
	(*) <b>MSK9:</b> Patients Suffering From a Lower Extremity Injury who Improve Pain (Collection Type: QCDR)	Yes	Yes	N/A
<b>Geriatric</b>	<b>Q050:</b> Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older (Collection Type: MIPS CQM)	No	Yes	N/A
<b>Advancing Health and Wellness</b>	(**) <b>Q128:</b> Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	<b>COST_LBP_1:</b> Low Back Pain
	(+)(*) <b>Q134:</b> Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	
	<b>Q155:</b> Falls: Plan of Care (Collection Type: MIPS CQM)	No	Yes	

#### Rehabilitative Support for Musculoskeletal Care Improvement Activities

- (+)(\*)(!) **IA\_AHW\_X:** Chronic Care and Preventative Care Management for Empaneled Patients
- **IA\_BE\_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- (+) **IA\_BE\_15:** Engagement of Patients, Family and Caregivers in Developing a Plan of Care
- (+)(!) **IA\_BE\_16:** Promote Self-management in Usual Care
- (\*)(!) **IA\_BE\_X:** Promote Use of Patient-Reported Outcome Tools
- (!) **IA\_BMH\_12:** Promoting Clinician Well-Being
- (!) **IA\_BMH\_15:** Behavioral/Mental Health and Substance Use Screening and Referral for Older Adults
- **IA\_CC\_8:** Implementation of documentation improvements for practice/process improvements
- **IA\_CC\_12:** Care coordination agreements that promote improvements in patient tracking across settings
- **IA\_EPA\_2:** Use of telehealth services that expand practice access
- **IA\_EPA\_3:** Collection and use of patient experience and satisfaction data on access
- (\*)(!) **IA\_EPA\_X:** Provide Education Opportunities for New Clinicians

- **(\*\*) IA\_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **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
- **IA\_PSPA\_21:** Implementation of fall screening and assessment programs



**Table B.20: Surgical Care MVP**

**Beginning with the CY 2026 MIPS Performance Period / 2028 MIPS Payment Year**

We are proposing to modify previously finalized Surgical Care MVP to:

- Remove 2 quality measures
- Remove 2 improvement activities

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

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

- General surgery
- Neurosurgery
- Cardiothoracic surgery
- NPPs such as nurse practitioners and physician assistants

**Measure Key**

- \* Existing measures and improvement activities with proposed revisions
- \*\* Measures and improvement activities only available when included in an MVP
- ! Improvement activities with an advancing health and wellness component
- ^ New proposed MIPS quality and Promoting Interoperability measures
- + Quality measures, improvement activities, cost measures, and Promoting Interoperability measures proposed for addition to a previously finalized MVP

Surgical Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Cardiothoracic Surgery	<b>Q164:</b> Coronary Artery Bypass Graft (CABG): Prolonged Intubation (Collection Type: MIPS CQM)	Yes	Yes	<b>COST_NECABG_1:</b> Non-Emergent Coronary Artery Bypass Graft (CABG)  <b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>Q167:</b> Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure (Collection Type: MIPS CQM)	Yes	Yes	
	<b>Q168:</b> Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration (Collection Type: MIPS CQM)	Yes	Yes	
	<b>Q445:</b> Risk-Adjusted Operative Mortality for Coronary Artery Bypass Graft (CABG) (Collection Type: MIPS CQM)	Yes	Yes	
General Surgery	<b>Q354:</b> Anastomotic Leak Intervention (Collection Type: MIPS CQM)	Yes	Yes	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>Q355:</b> Unplanned Reoperation within the 30-Day Postoperative Period (Collection Type: MIPS CQM)	Yes	Yes	<b>COST_LPMSM_1:</b> Lumpectomy, Partial Mastectomy, Simple Mastectomy  <b>COST_CRR_1:</b> Colon and Rectal Resection  <b>COST_FIHR_1:</b> Femoral or Inguinal Hernia Repair

Surgical Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
				<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	(*) <b>Q357:</b> Surgical Site Infection (SSI) (Collection Type: MIPS CQM)	Yes	Yes	<b>COST_LSFDD_1:</b> Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels  <b>COST_LPMSM_1:</b> Lumpectomy, Partial Mastectomy, Simple Mastectomy  <b>COST_CRR_1:</b> Colon and Rectal Resection  <b>COST_FIHR_1:</b> Femoral or Inguinal Hernia Repair  <b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
Neurosurgical	<b>Q459:</b> Back Pain After Lumbar Surgery (Collection Type: MIPS CQM)	Yes	Yes	<b>COST_LSFDD_1:</b> Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels
	<b>Q461:</b> Leg Pain After Lumbar Surgery (Collection Type: MIPS CQM)	Yes	Yes	<b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician
	<b>Q471:</b> Functional Status After Lumbar Surgery (Collection Type: MIPS CQM)	Yes	Yes	
Advancing Health and Wellness	<b>Q226:</b> Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	<b>COST_NECABG_1:</b> Non-Emergent Coronary Artery Bypass Graft (CABG)  <b>COST_LSFDD_1:</b> Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels  <b>COST_LPMSM_1:</b> Lumpectomy, Partial Mastectomy, Simple Mastectomy  <b>COST_CRR_1:</b> Colon and Rectal Resection  <b>COST_FIHR_1:</b> Femoral or Inguinal Hernia Repair  <b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician

Surgical Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Experience of Care	(*) Q047: Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	<b>COST_NECABG_1:</b> Non-Emergent Coronary Artery Bypass Graft (CABG)
	Q358: Patient-Centered Surgical Risk Assessment and Communication (Collection Type: MIPS CQM)	No	Yes	<b>COST_LSFDD_1:</b> Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels  <b>COST_LPMSM_1:</b> Lumpectomy, Partial Mastectomy, Simple Mastectomy  <b>COST_CRR_1:</b> Colon and Rectal Resection  <b>COST_FIHR_1:</b> Femoral or Inguinal Hernia Repair  <b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician

#### Surgical Care Improvement Activities

- **IA\_BE\_12:** Use evidence-based decision aids to support shared decision-making
- **(\*)(!) IA\_BE\_X:** Promote Use of Patient-Reported Outcome Tools
- **IA\_CC\_15:** PSH Care Coordination
- **IA\_CC\_17:** Patient Navigator Program
- **IA\_CC\_18:** Relationship-Centered Communication
- **(\*\*) IA\_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA\_PM\_11:** Regular review practices in place on targeted patient population needs
- **IA\_PSPA\_7:** Use of QCDR data for ongoing practice assessment and improvements
- **IA\_PSPA\_8:** Use of Patient Safety Tools

**Table B.21: Value in Primary Care MVP**

**Beginning with the CY 2026 MIPS Performance Period / 2028 MIPS Payment Year**

We are proposing to modify previously finalized Value in Primary Care MVP to:

- Remove 1 quality measure
- Remove 4 improvement activities

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

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

- Family medicine
- Geriatrics
- Internal Medicine
- Preventive medicine
- NPPs such as nurse practitioners and physician assistants

**Measure Key**

- \* Existing measures and improvement activities with proposed revisions
- \*\* Measures and improvement activities only available when included in an MVP
- ! Improvement activities with an advancing health and wellness component
- ^ New proposed MIPS quality and Promoting Interoperability measures
- + Quality measures, improvement activities, cost measures, and Promoting Interoperability measures proposed for addition to a previously finalized MVP

Value in Primary Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Chronic Conditions	(*)Q001: Diabetes: Glycemic Status Assessment Greater Than 9% (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	Yes	Yes	COST_D_1: Diabetes
	Q236: Controlling High Blood Pressure (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	Yes	Yes	(*) TPCC_1: Total Per Capita Cost COST_ACOPD_1: Asthma/ Chronic Obstructive Pulmonary Disease (COPD) COST_D_1: Diabetes COST_DEP_1: Depression COST_HF_1: Heart Failure (*) TPCC_1: Total Per Capita Cost
	Q305: Initiation and Engagement of Substance Use Disorder Treatment (Collection Type: eCQM)	No	Yes	N/A

Value in Primary Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	<b>Q438:</b> Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Collection Type: eCQM, MIPS CQM)	No	No	<b>TPCC_1:</b> Total Per Capita Cost
	<b>Q504:</b> Initiation, Review, And/Or Update To Suicide Safety Plan For Individuals With Suicidal Thoughts, Behavior, Or Suicide Risk (Collection Type: MIPS CQM)	No	Yes	<b>COST_DEP_1:</b> Depression  (*) <b>TPCC_1:</b> Total Per Capita Cost
Advancing Health and Wellness	(*) <b>Q134:</b> Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	<b>COST_ACOPD_1:</b> Asthma/ Chronic Obstructive Pulmonary Disease (COPD)
	<b>Q475:</b> HIV Screening (Collection Type: eCQM)	No	No	<b>COST_D_1:</b> Diabetes
	(*) <b>Q493:</b> Adult Immunization Status (Collection Type: MIPS CQM)	No	No	<b>COST_DEP_1:</b> Depression
	<b>Q497:</b> Preventive Care and Wellness (composite) (Collection Type: MIPS CQM)	No	No	<b>COST_HF_1:</b> Heart Failure  (*) <b>TPCC_1:</b> Total Per Capita Cost
Experience of Care	(*) <b>Q047:</b> Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	<b>COST_ACOPD_1:</b> Asthma/ Chronic Obstructive Pulmonary Disease (COPD)
	<b>Q321:</b> CAHPS for MIPS Clinician/Group Survey (Collection Type: CAHPS Survey Vendor)	No	Yes	<b>COST_D_1:</b> Diabetes
	<b>Q483:</b> Person-Centered Primary Care Measure Patient Reported Outcome Performance Measure (PCPCM PRO-PM) (Collection Type: MIPS CQM)	Yes	Yes	<b>COST_DEP_1:</b> Depression  <b>COST_HF_1:</b> Heart Failure  (*) <b>TPCC_1:</b> Total Per Capita Cost

#### Value in Primary Care Improvement Activities

- (\*)(!) **IA\_AHW\_X:** Chronic Care and Preventative Care Management for Empaneled Patients
- **IA\_BE\_4:** Engagement of Patients through Implementation of New Patient Portal
- **IA\_BE\_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **IA\_BE\_12:** Use evidence-based decision aids to support shared decision-making
- (\*)(!) **IA\_BE\_X:** Promote Use of Patient-Reported Outcome Tools
- **IA\_CC\_13:** Practice improvements to align with OpenNotes principles
- (\*\*) **IA\_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA\_PM\_11:** Regular review practices in place on targeted patient population needs
- **IA\_PM\_16:** Implementation of medication management practice improvements

- **(!) IA\_PM\_22:** Improving Practice Capacity for Human Immunodeficiency Virus (HIV) Prevention Services
- **(!) IA\_PM\_23:** Use of Computable Guidelines and Clinical Decision Support to Improve Adherence for Cervical Cancer Screening and Management Guidelines
- **(!) IA\_PM\_25:** Save a Million Hearts: Standardization of Approach to Screening and Treatment for Cardiovascular Disease Risk

## Version History

Date	Change Description
7/15/2025	Original version.