

Quality Payment PROGRAM



Merit-based Incentive Payment System (MIPS) Value Pathways (MVP) Candidate 2027 Performance Year Hospitalist and Critical Care

MVP Candidate Feedback Process

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

Note: This document is for 2027 MVP Candidate Feedback only and shouldn't be used as a reference for reporting MVPs in the 2026 performance year.

MVP Candidate Feedback Instructions

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

MVP candidate feedback should be submitted to MVPsupport@cms.hhs.gov for Centers for Medicare & Medicaid Services (CMS) consideration between January 5, 2026, and 11:59 p.m. ET on February 6, 2026.

Please include the following information in the email:

- **Subject Line:** Draft 2027 MVP Candidate Feedback
- **Email Body:** Your feedback for consideration and public posting. Please indicate the MVP name to which your feedback relates.

CMS will publish feedback received and considered relevant to a draft 2027 MVP candidate on the QPP website.

TABLE 1: Hospitalist and Critical Care MVP

Hospitalist and Critical Care MVP – Quality and Cost Clinical Grouping				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Medication	Q005: 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	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician Cost_HF_1: Heart Failure
	Q008: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) (Collection Type: eCQM*, MIPS CQM)	No	No	
	ECPR51: Discharge Prescription of Naloxone after Opioid Poisoning or Overdose (Collection Type: QCDR)	No	Yes	
General Clinical Care	HCPR27: Point-of-Care Ultrasound: Evaluation for Pneumothorax after Central Venous Catheter (CVC) Placement (Collection Type: QCDR)	No	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
Advancing Health and Wellness	Q130: Documentation of Current Medications in the Medical Record (Collection Type: eCQM, MIPS CQM)	No	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician Cost_HF_1: Heart Failure
Experience of Care	Q047: Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician Cost_HF_1: Heart Failure
	HCPR25: Physician's Orders for Life-Sustaining Treatment (POLST) Form (Collection Type: QCDR)			

*Please note this collection type does not include inpatient coding and may not be applicable.

Hospitalist and Critical Care Improvement Activities

- **IA_BE_15:** Engagement of Patients, Family, and Caregivers in Developing a Plan of Care
- **IA_BE_24:** Financial Navigation Program
- **IA_BMH_2:** Tobacco use
- **IA_BMH_4:** Depression screening
- **IA_BMH_12:** Promoting Clinician Well-Being
- **IA_BMH_15:** Behavioral/Mental Health and Substance Use Screening & Referral for Older Adults
- **IA_CC_11:** Care transition standard operational improvements
- **IA_CC_13:** Practice improvements to align with OpenNotes principles
- **IA_CC_15:** PSH Care Coordination
- **IA_CC_17:** Patient Navigator Program
- **IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PM_16:** Implementation of medication management practice improvements
- **IA_PM_21:** Advance Care Planning

- **IA_PM_24:** Implementation of Protocols and Provision of Resources to Increase Lung Cancer Screening Uptake
- **IA_PSPA_8:** Use of patient safety tools
- **IA_PSPA_15:** Implementation of an ASP
- **IA_PSPA_21:** Implementation of fall screening and assessment programs

TABLE 2: Foundational Layer

The foundational layer is the same for every MVP.

Foundational Layer	
Population Health Measures	Promoting Interoperability
<p>Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups (Collection Type: Administrative Claims)</p> <p>Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> • PI_PPHI_1: Security Risk Analysis • PI_PPHI_2: High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide) • PI_EP_1: e-Prescribing • PI_EP_2: Query of Prescription Drug Monitoring Program (PDMP) • PI_PEA_1: Provide Patients Electronic Access to Their Health Information • PI_HIE_1: Support Electronic Referral Loops By Sending Health Information <p>AND</p> <ul style="list-style-type: none"> • PI_HIE_4: Support Electronic Referral Loops By Receiving and Reconciling Health Information <p>OR</p> <ul style="list-style-type: none"> • PI_HIE_5: Health Information Exchange (HIE) Bi-Directional Exchange <p>OR</p> <ul style="list-style-type: none"> • PI_HIE_6: Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA) • PI_PHCDRR_1: Immunization Registry Reporting • PI_PHCDRR_2: Syndromic Surveillance Reporting (Optional) • PI_PHCDRR_3: Electronic Case Reporting • PI_PHCDRR_4: Public Health Registry Reporting (Optional) • PI_PHCDRR_5: Clinical Data Registry Reporting (Optional) • PI_PHCDRR_6: Public Health Reporting Under TEFCA (Optional) • PI_ONCACB_1: ONC-ACB Surveillance Attestation (Optional) • PI_INFLO_1: Actions to Limit or Restrict Compatibility or Interoperability of CEHRT Attestation • PI_ONCDIR_1: ONC Direct Review Attestation