



MIPS Value Pathways (MVPs) Overview Fact Sheet

[Updated: 09/04/2020](#)

Overview

In the 2020 [Medicare Physician Fee Schedule \(PFS\) Final Rule](#), CMS had finalized its [MIPS Value Pathways \(MVPs\)](#), a participation framework to begin with the 2021 performance period. However, we recognize stakeholder concerns about this timeline, even more so now that clinicians are working hard to address the 2019 Coronavirus (COVID-19) public health emergency within their practices and communities. Therefore, we will not be implementing MVPs as a reporting option for MIPS measures and activities during the 2021 performance period. Instead, we are proposing additions to the framework's guiding principles and the establishment of MVP development criteria to support stakeholder collaboration in developing MVPs with CMS.

We are also proposing a process to receive and evaluate MVP candidates beginning with the 2022 performance period, including the use of a standardized template. You can review updated guiding principles, proposed detailed development criteria, and the proposed submission process below.

We are committed to continue working closely with clinicians, patients, specialty societies, third parties, and others to establish the MVPs, to align with our goal of moving away from siloed performance category activities and measures and moving towards set of measure options more relevant to a clinician's scope of practice that is meaningful to patient care.

We want to develop the future state of MIPS together with each of you to ensure that we are reducing burden, driving value through meaningful participation, and, most importantly, improving outcomes for patients.

MIPS Value Pathways

The MVPs framework aims to align and connect measures and activities across the Quality, Cost, Promoting Interoperability, and Improvement Activities performance categories of MIPS for different specialties or conditions. In addition, the MVPs framework incorporates a foundation that leverages Promoting Interoperability measures and a set of administrative claims-based quality measures that focus on population health/public health priorities and reduce reporting. We believe this combination of administrative claims-based measures and specialty/condition specific measures will streamline MIPS reporting, reduce complexity and burden, and improve measurement.

Through the MVPs framework, we will provide enhanced data and feedback to clinicians. We also intend to analyze existing Medicare information so that we can provide clinicians and patients with more information to improve health outcomes. We believe the MVPs framework will help to simplify MIPS, create a more cohesive and meaningful participation experience, improve value, reduce clinician burden, and better align with APMs to help ease the transition between the two tracks. Implementing the MVPs framework honors our commitment to keeping



the patient at the center of our work. In addition to achieving better health outcomes and lowering costs for patients, we anticipate that these MVPs will result in comparable performance data that helps patients make more informed healthcare decisions.

2021 Proposed Changes

We have heard from stakeholders about the need for clearer guidelines to follow as they work to develop MVP candidates. Therefore, beginning with the 2022 MIPS performance period, we proposed a process for stakeholders to follow when submitting an MVP candidate for CMS review, which will include the use of a standardized submission template if finalized:

- CMS would hold a public-facing MVP development webinar to review MVP development criteria, timelines, and processes in which to submit a candidate MVP.
- Stakeholders would formally submit their MVP candidates using a standardized template (to be published in the QPP Resource Library).
- We would review and evaluate MVP candidates as they are received (asking follow-up questions as needed), against the aforementioned described criteria.
- We would also vet the quality, QCDR, and cost measures from a technical perspective to validate the coding and inclusion of clinician types intended to be measured.
- When an MVP candidate is identified as feasible for the upcoming performance periods, we would schedule meetings with the stakeholder collaborators to discuss our feedback and next steps.
- Because MVPs must be established through rulemaking, CMS will not communicate to the stakeholder whether an MVP candidate has been approved, disapproved, or is being considered for a future year, prior to the publication of the proposed rule.

Additionally, we proposed updates to the MVP guiding principles as well as a new set of development criteria beginning with the 2022 performance period:

MVP GUIDING PRINCIPLES

(PROPOSED UPDATES IN BOLD)

1. MVPs should consist of limited, **connected, complementary** sets of measures and activities that are meaningful to clinicians, which will reduce clinician burden, **align** scoring, and lead to sufficient comparative data.
2. MVPs should include measures and activities that would result in providing comparative performance data that is valuable to patients and caregivers in evaluating clinician performance and making choices about their care; **MVPs will enhance this comparative performance data as they allow subgroup reporting that comprehensively reflects the services provided by multispecialty groups.**

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3. MVPs should include measures **selected using the Meaningful Measures approach and, wherever possible, the patient voice must be included**, to encourage performance improvements in high priority areas.
 4. MVPs should reduce barriers to APM participation by including measures that are part of APMs where feasible, and by linking cost and quality measurement.
 5. **MVPs should support the transition to digital quality measures.**

PROPOSED MVP DEVELOPMENT CRITERIA

- Utilize measures and activities across all four performance categories, if feasible (Quality, Cost, Improvement Activities, and Promoting Interoperability)
- Have a clearly defined intent of measurement
- Align with the Meaningful Measure Framework
- Have measure and activity linkages within the MVP
- Be clinically appropriate
- Be developed collaboratively across specialties in instances where the MVP is relevant to multiple specialties
- Be comprehensive and understandable by clinicians, groups, and patients
- To the extent feasible, include electronically specified quality measures
- Incorporates the patient voice
- Ensures quality measures align with existing MIPS quality measure criteria, and considers the following: whether the quality measures are applicable and available to the clinicians and groups, and what collection types measures are available through
- Beginning with the 2022 performance period, may include QCDR measures that have been fully tested
- Ensures that the cost measure is related to the other measures and activities included in the MVP, and if a relevant cost measure for specific types of care are not available, includes a broadly applicable cost measure that is applicable to the clinician type, and considers what additional cost measures should be prioritized for future development/inclusion in the MVP
- Includes improvement activities that can improve the quality of performance in clinical practice, that complement and/or supplement the quality action of the measures in the MVP, and uses broadly applicable improvement activities when specialty or sub-specialty improvement activities are not available
- Must include the entire set of Promoting Interoperability measures
- Includes the administrative-claims based measure, Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-based Incentive Payment System Program (MIPS) Eligible Clinician Groups

For More Information

- Visit the [MIPS Value Pathways webpage](#) on the [QPP website](#)
- View the [MIPS Value Pathways Diagrams](#)
- Watch the [MIPS Value Pathways: The Future of MIPS](#) video
- Review the [2021 PFS Proposed Rule](#) for further information on proposed MVP policies that would begin with the 2022 performance year.

Version History Table

DATE	CHANGE DESCRIPTION
09/04/2020	<ul style="list-style-type: none">• Updated language to reflect the 2021 PFS Proposed Rule policies and proposed changes.
11/25/2019	<ul style="list-style-type: none">• Updated language to reflect the 2020 PFS Final Rule policies and removed list of RFI questions following the close of the RFI.• Transferred content to MVPs design template.
9/25/2019	<ul style="list-style-type: none">• On page 2, removed redundant question: Should clinicians and groups be able to self-select an MVP or if an MVP should be assigned. If assigned, what is the best way to assign an MVP – should it be based on place of service codes, specialty designation on Part B claims, or in the case of groups, should the assigned MVP(s) be based on the specialty designation of the majority of clinicians in the group, specific services, or other factors?• Added links to the MIPS Value Pathways webpage on pages 1 and 7.
8/15/2019	<ul style="list-style-type: none">• Original version