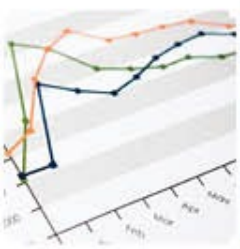


MIPS Value Pathways And Quality Reporting for MIPS



MIPS Value Pathways (MVPs)

A new voluntary way to meet MIPS reporting requirements

- Alternative to “traditional MIPS” and “APM Performance Pathway (APM)”

Each MVP includes a subset of measures and activities that are related to a specialty or medical condition to offer more meaningful participation in MIPS

Not required but CMS intends to sunset traditional MIPS through future rulemaking.

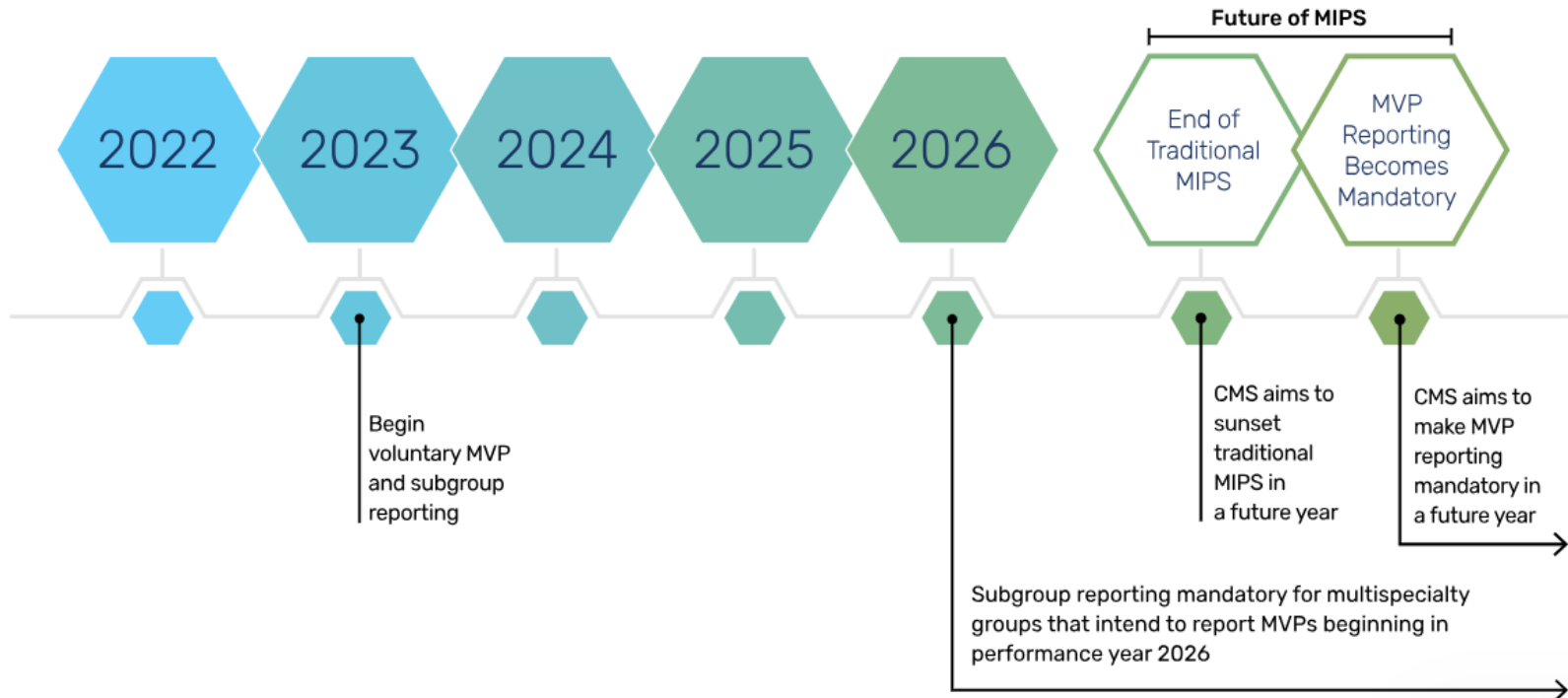
It is crucial to understand MIPS first then prepare to transition to MIPS Value Pathways

Transition from Traditional MIPS to MVPs

Traditional MIPS

MIPS Value Pathways (MVPs)

Alternative Payment Model (APM) Performance Pathway (APP)



<https://qpp.cms.gov/mips/mips-value-pathways>

Small Practice Flexibilities for Reporting MVPs

Meeting quality reporting requirements by reporting all Medicare Part B claims measures in your selected MVP, even when there are fewer than 4 measures included.

Receiving 6 bonus points in the quality performance category as long as 1 measure is submitted, just as in traditional MIPS.

Receiving 3 points for quality measures without a benchmark or that don't meet case minimum requirements, just as in traditional MIPS.

Automatic re-weighting of the Promoting Interoperability category when reporting an MVP(s), just as in traditional MIPS.

Small practices don't have reduced reporting requirements in the improvement activities performance category when reporting an MVP. All MVP participants must perform 1 high-weighted or 2 medium-weighted improvement activities from those available in their selected MVP.

Why MVPs- Sooner than Later

A more connected assessment of quality of care

- Each MVP is developed with a given specialty or medical condition in mind. With more meaningful groupings of measures and activities, MVPs offers a more connected assessment of quality of care.

Why MVPs

Streamlined, reduced set of measures and improvement activities

- We've heard there is too much choice and complexity when selecting and reporting measures and activities in traditional MIPS, causing an increase in administrative burden. With a reduced list of measures and activities to choose from in each MVP, there are fewer options which create deeper measure and activity links and less administrative burden.

Why MVPs

Enhanced performance feedback

- The streamlined, reduced set of measures and improvement activities offer a more connected assessment of quality of care which allows us to offer the opportunity for enhanced performance feedback. This feedback will provide comparisons between similar clinicians that choose to report the same MVP, offering more clinically relevant comparisons. MVPs focus on measures and improvement activities that are relevant to a given specialty or medical condition.

Why MVPs

An Opportunity to become familiar with MVPs and the future of MIPS

- MVP reporting isn't currently mandatory, but we intend to sunset traditional MIPS through rulemaking in future years. We encourage the early adoption of reporting MVPs to allow clinicians to get comfortable reporting MVPs and preparing for any potential practice workflow changes. For the 2023 performance year, you can choose to report an MVP in addition to another reporting option, such as traditional MIPS or the APP, and CMS will take the highest score you receive.

Why MVPs

Potential to reduce reporting burden across CMS programs

- As we transition to MVPs, we are evaluating opportunities to reduce the burden in overall CMS reporting programs. For example, there is some consistency between some CMS Innovation Center (CMMI) models and MVPs. As we continue to receive MVP candidates for development and review annual recommendations for MVP revisions, we will continue to seek out alignment opportunities between MVPs and other CMS programs as applicable.

Participation Options

Individual

Group

Subgroup

APM
Entity

Participation Options for Reporting MVPs



Individual

Select this option to register a single clinician to report an MVP. You can register to report an MVP as an individual in addition to reporting an MVP as part of a group (see 'Group') or subgroup (see 'Subgroup').

View examples of MVP participation as an individual:

Example Description	Example MVP(s)
A cardiologist who is the only clinician at a clinic in rural Oklahoma	Advancing Care for Heart Disease
A neurologist employed at a primary care clinic in Manhattan, working among other clinicians (e.g., physicians, nurses)	Optimal Care for Patients with Episodic Neurological Conditions
The only orthopedic surgeon at a small hospital in Arkansas	Improving Care for Lower Extremity Joint Repair

Participation Options for Reporting MVPs



Group

Select this option to register to report one MVP as a group, on behalf of all the clinicians in your practice. You can register as a group in addition to registering individual clinicians (see 'Individual') or a subset of clinicians (see 'Subgroup') to report a different MVP.

View examples of MVP participation as a group:

Example Description	Example MVP(s)
A rehabilitation center in downtown Denver employing various clinicians (e.g., orthopedic surgeons, orthopedic nurses, physical therapists) supporting patients recovering from knee surgery	Improving Care for Lower Extremity Joint Repair
A primary care clinic in suburban Illinois employing various clinicians (e.g., primary care physicians, nurse practitioners, and specialist physicians) regularly treating patients with chronic diseases (see example under 'Subgroup' to learn how a subset of this group might also participate)	Optimizing Chronic Disease Management
A multi-site rheumatology practice employing various clinicians (e.g., rheumatologists, nurses) providing rheumatological care across the state of California	Advancing Rheumatology Patient Care

Participation Options for Reporting MVPs



Subgroup

Select this option to register a subset - some but not all - of the clinicians within your practice to report one MVP as a subgroup. Recommended for multispecialty groups to allow for reporting of more than one MVP based on clinical relevance. Subgroup participation will be required for multispecialty practices wishing to report MVPs beginning in the 2026 performance year.

View examples of MVP participation as a subgroup:

Example Description	Example MVP(s)
A multispecialty clinic including cardiologists, heart failure specialists, and electrophysiologists selects a subset of clinicians from each specialty to report as a subgroup.	Advancing Care for Heart Disease
An anesthesiology practice employing various anesthesiology clinicians (e.g., anesthesiologists, certified registered nurse anesthetists [CRNAs]), and finds that the relevance of an MVP's measures and activities varies based on the clinician's daily workload. This clinic determines they will form 2 subgroups, reporting the same MVP, but a different set of measures and activities are selected.	Patient Safety and Support of Positive Experiences with Anesthesia
Several internal medicine physicians at a primary care clinic in suburban Illinois employing various clinicians (e.g., primary care physicians, nurse practitioners, and specialist physicians) and regularly supporting treatment for patients with heart disease (see example under 'Group' to learn how these clinicians might participate on the 'Group' level as well)	Optimizing Chronic Disease Management

Participation Options for Reporting MVPs



APM Entity

Select this option to register as an APM Entity to report an MVP.

View examples of MVP participation as an APM Entity:

Example Description	Example MVP(s)
An APM Entity participating in the Comprehensive Care for Joint Replacement (CJR) Model	Improving Care for Lower Extremity Joint Repair
An APM Entity participating in the Primary Care First (PCF) Model	Optimizing Chronic Disease Management Advancing Care for Heart Disease

Can a Clinician Report Multiple MVPs?

- A clinician can participate in multiple ways to report multiple MVPs.
- For example, the entire group of internal medicine clinicians can participate as a group to report the "Optimizing Chronic Disease Management" MVP and a subset of those clinicians can participate as a subgroup to report the "Advancing Care for Heart Disease" MVP.
- A clinician can participate as an individual, subgroup, group, APM Entity, or in any combination of these 4 participation options.

2024 MVPs

Adopting Best Practices and Promoting Patient Safety within Emergency Medicine

Advancing Cancer Care

Advancing Care for Heart Disease

Advancing Rheumatology Patient Care

Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes

Focusing on Women's Health

Improving Care for Lower Extremity Joint Repair

Optimal Care for Kidney Health

Patient Safety and Support of Positive Experiences with Anesthesia

Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV

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

Quality Care in Mental Health and Substance Use Disorders

Rehabilitative Support for Musculoskeletal Care

Supportive Care for Neurodegenerative Conditions

Value in Primary Care

<https://qpp.cms.gov/mips/explore-mips-value-pathways?py=2024>

Value in Primary Care

Focused on the clinical theme of promoting quality care for patients to reduce the risk of diseases, disabilities, and death.

- Quality
 - 4 measures (1 must be outcome measure)
 - 12 month reporting period
- Improvement Activities
 - 2 medium, 1 high, or PCMH activity
- Cost
 - No reporting, calculated from Medicare claims data
- Promoting Interoperability
- Population Health

Maintenance Process for MIPS MVPs

- Provides the general public with the opportunity to recommend changes to finalized MVPs for CMS to consider in future rulemaking.
 - Email Recommendations to CMS
 - Examples of recommended changes may include:
 - The addition or removal of a measure or improvement activity
 - The addition of an applicable medical specialty for an MVP
 - We'll review and evaluate all recommended changes.



Quality Reporting

A component of MIPS

Quality Overview

Worth 30% of Final Score

There are 5 collection types for MIPS quality measures:

- Electronic Clinical Quality Measures (eCQMs);
- MIPS Clinical Quality Measures (CQMs);
- Qualified Clinical Data Registry (QCDR) Measures;
- Medicare Part B Claims Measures; and
- The Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey.

Quality is weighted differently based on the size of the practice:

- 30% of the total MIPS score for **large** practices (16 or more NPIs).
- 50% of the total MIPS score for **small** practices (15 or fewer NPIs) that do not report the Promoting Interoperability (PI) category.

Quality Reporting Requirements

Choose six measures (including an **outcome** OR a **high-priority** measure) OR a specialty measure set OR a MIPS Value Pathway (MVP).

- NOTE: If reporting an MVP **four quality measures** are selected from the list of measures in the MVP (one must be an outcome or a high-priority measure).

Collect and report data for **all 12 months** of the performance year

- January-December

Report at least **75%** of eligible encounters for **all insurances**

- includes Medicare and non-Medicare.

Scoring

Up to 10 points per measure, aiming for 60 points in total for the Quality category.

- Measures are scored based on performance compared to benchmarks, with some "topped-out" measures having a maximum of 7 points.

Quality is scored based on how they stack up against set benchmarks. For a measure to get a reliable score means:

- There's a benchmark in place
- It meets the case minimum
 - Usually, 20 cases submitted per measure
- It fulfills data completeness requirements
 - At least 75% of eligible patients/cases are reported

Bonus points are only available for small practices.

- Six bonus points will continue to be added to the quality performance category score for clinicians in small practices who submit at least one measure

Effective Data Management

Standardize Data Entry Processes

- Establish clear guidelines for data entry to minimize errors. Consistent data entry methods lead to more accurate and reliable data.

Regular Data Audits

- Periodically audit your data for accuracy and completeness. Regular audits help identify and correct errors in a timely manner.

Training and Education

- Regularly train staff on the importance of accurate data collection and reporting.

Prepare for Submission Deadlines

- Be aware of MIPS reporting deadlines and prepare your submission well in advance to avoid last-minute rushes that can lead to errors.



Quality Reporting Tips

Stay informed

- Annually review each quality measure's specifications to confirm requirements haven't changed

Prioritize High-Impact Measures

- Choose measures that enhance patient outcomes and offer high scores

Optimize Current Performance

- Use historical performance data to identify strong areas and those needing improvement; select measures accordingly to demonstrate progress or strengths

Relevance

- Before selecting measures consider your patient population and specialty.

Report More Than Required

- CMS considers your top-performing measures

Plan for Future

- Select measures aligning with long-term quality improvement goals

Thank you!

- Questions?
- Next week: Cost and Improvement Activities
- If you have a topic you would like us to cover on a monthly webinar, please let us know!