

Quality Payment PROGRAM



Merit-based Incentive Payment System (MIPS) Value Pathways (MVP) Candidate 2027 Performance Year Diabetic Disease

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.

The 2027 MVP Candidate Feedback Period ended on February 6, 2026.

This document contains feedback we received during the 30-day MVP Candidate Feedback Period for the Diabetic Disease MVP.

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. Centers for Medicare & Medicaid Services (CMS) will indicate finalized MVPs exclusively through the Calendar Year (CY) 2027 Medicare Physician Fee Schedule (PFS) Final Rule.

Review the MVP candidate details, and feedback received from the general public below.

TABLE 1: Diabetic Disease MVP

Diabetic Disease MVP – Quality and Cost Clinical Grouping				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Ophthalmology	Q019: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (Collection Type: eCQM)	No	Yes	N/A
	Q117: Diabetes: Eye Exam (Collection Type: eCQM, MIPS CQM)	No	No	
	IRIS13: Diabetic Macular Edema - Loss of Visual Acuity (Collection Type: QCDR)	Yes	Yes	
	IRIS58: Improved Visual Acuity after Vitrectomy for Complications of Diabetic Retinopathy within 120 Days (Collection Type: QCDR)	Yes	Yes	
Podiatry	Q126: Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation (Collection Type: MIPS CQM)	No	No	N/A
	Q127: Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear (Collection Type: MIPS CQM)	No	No	
	USWR35: Adequate Off-loading of Diabetic Foot Ulcers performed at each visit, appropriate to location of ulcer (Collection Type: QCDR)	No	No	

Diabetic Disease MVP – Quality and Cost Clinical Grouping

Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Multispecialty	Q001: Diabetes: Glycemic Status Assessment Greater Than 9% (Collection Type: eCQM, MIPS CQM, Medicare Part B Claims)	Yes	Yes	COST_D_1: Diabetes TPCC_1: Total Per Capita Cost
	Q438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Collection Type: eCQM, MIPS CQM)	No	No	
	Q488: Kidney Health Evaluation (Collection Type: eCQM, MIPS CQM)	No	No	
Advancing Health and Wellness	Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Collection Type: eCQM, MIPS CQM, Medicare Part B Claims)	No	No	COST_D_1: Diabetes TPCC_1: Total Per Capita Cost
	Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: eCQM, MIPS CQM, Medicare Part B Claims)	No	No	
	Q317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented (Collection Type: eCQM, MIPS CQM, Medicare Part B Claims)	No	No	
	Q431: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling (Collection Type: MIPS CQM)	No	No	

Diabetic Disease Improvement Activities

- **IA_AHW_1:** Chronic Care and Preventative Care Management for Empaneled Patients
- **IA_BE_1:** Use of certified EHR to capture patient reported outcomes
- **IA_BE_3:** Engagement with QIN-QIO to implement self-management training programs
- **IA_BE_4:** Engagement of patients through implementation of improvements in new patient portal
- **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_16:** Promote Self-management in Usual Care
- **IA_BE_19:** Use group visits for common chronic conditions (e.g., diabetes)
- **IA_BE_23:** Integration of patient coaching practices between visits
- **IA_CC_14:** Practice Improvements that Engage Community Resources to Support Patient Health Goals
- **IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PM_4:** Glycemic management services
- **IA_PM_5:** Engagement of community for health status improvement
- **IA_PM_16:** Implementation of medication management practice improvements
- **IA_PM_19:** Glycemic Screening Services
- **IA_PM_20:** Glycemic Referring Services
- **IA_PM_25:** Save a Million Hearts: Standardization of Approach to Screening and Treatment for Cardiovascular Disease Risk

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

Diabetic Disease MVP Feedback Received

Below is the feedback we received during the 30-day MVP Candidate Feedback Period for the Diabetic Disease MVP. We didn’t include feedback considered out of scope to the draft 2027 MVP candidate.

Feedback: A couple of commenters appreciated the number of eCQM options available in this MVP candidate. One commenter recommended the addition of Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan.

Feedback: A few commenters expressed support for the quality measures included in this MVP candidate. A couple commenters expressed support for the improvement activities included in this MVP candidate.

Feedback: One commenter agreed with the inclusion of Q488: Kidney Health Evaluation in this MVP candidate.

Feedback: One commenter recommended the addition of Q493: Adult Immunization Status measure in this MVP candidate. The commenter believes including Q493 would support preventive care for Medicare beneficiaries with chronic disease and align with quality measurement expectations across programs.

Feedback: A couple commenters supported the inclusion of Q317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented.



Feedback: One commenter recommended the inclusion of IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings. The commenter believes including IA_BE_6 would increase opportunities for podiatrists to participate in this MVP.

Feedback: One commenter suggested the specialties likely to align with this MVP candidate are already adequately represented by other MVPs included in the MIPS program.

Feedback: One commenter expressed support for this MVP candidate. The commenter recommended incorporating additional nutrition-related quality measures to ensure meaningful participation by registered dietitian nutritionists (RDNs) in reporting this MVP candidate. The commenter emphasized that RDNs play a critical role in preventing, managing, and treating diabetes as part of team-based, high-value care.

Feedback: One commenter believes there are limited opportunities for podiatrists to score high enough to avoid a penalty based on the measures included in this MVP candidate.

Feedback: One commenter expressed concern with the Total Per Capita Cost (TPCC) measure being included in this MVP candidate. The commenter believes it holds clinicians accountable for costs outside their control and may not fully eliminate inappropriate attributes to excluded specialties.

Feedback: One commenter expressed support for MVP topics specifically devoted to the prevention and management of chronic conditions including this MVP candidate.

Feedback: One commenter expressed support for the concept of a diabetes-focused, condition-specific MVP, emphasizing that it better aligns with patient-centered care. However, the commenter raised concerns regarding the current structure of this MVP candidate.

Specifically, the commenter disagreed with the inclusion of specialty-specific quality measures (e.g., ophthalmology and podiatry), which focus on discrete services that could lead to fragmented reporting and limit comparability rather than providing a comprehensive assessment of diabetes care. They suggested the measures in this MVP candidate should emphasize the overall management of diabetes.

Additionally, the commenter noted significant gaps in comprehensive diabetes care measures, particularly the absence of measures addressing blood pressure control. To address these issues, they recommended revising the MVP candidate to focus on core clinical standards for diabetes management and prioritize critical measures—such as blood pressure control, cholesterol management, tobacco use, and blood sugar control—that would more effectively assess the quality of comprehensive care for diabetic patients.

Feedback: One commenter recommended removing TPCC cost measure since this MVP candidate includes an episode cost measure specifically designed for diabetes. The commenter believes the TPCC cost measure remains fundamentally flawed even with recent updates taken into consideration.

Feedback: One commenter recommended adding MUC2025-034: Low Density Lipoprotein Cholesterol (LDL-C) Monitoring and Management if approved for use in MIPS through the Measures Under Consideration (MUC) process.