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.

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 Hospitalist and Critical Care 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: 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**
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) **Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions** (Collection Type: Administrative Claims)	• **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 AND • **PI_HIE_4:** Support Electronic Referral Loops By Receiving and Reconciling Health Information OR • **PI_HIE_5:** Health Information Exchange (HIE) Bi-Directional Exchange OR • **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_INFBLO_1:** Actions to Limit or Restrict Compatibility or Interoperability of CEHRT Attestation • **PI_ONCDIR_1:** ONC Direct Review Attestation

Hospitalist and Critical Care MVP Feedback Received

Below is the feedback we received during the 30-day MVP Candidate Feedback Period for the Hospitalist and Critical Care MVP. We didn't include feedback considered out of scope to the draft 2027 MVP candidate.

Feedback: A couple of commenters recommended more eCQM options be considered for this MVP. One commenter specifically recommended the addition of Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan, Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention, Q318: Falls: Screening for Future Fall Risk, Q488: Kidney Health Evaluation, Q494: Excessive

Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Clinician Level), and Q238: Use of High-Risk Medications in Older Adults.

Feedback: One commenter recommended the addition of Q374: Closing the Referral Loop: Receipt of Specialist Report as it would support continuity of care by enabling the treating clinicians to track patient treatment following discharge and Q377: Functional Status Assessments for Heart Failure to provide treating clinicians with a more complete understanding of patients' functional status and care needs.

Feedback: One commenter expressed support for the measures included in this MVP candidate, while also expressing concern with the limited number of eCQM measures. The commenter recommended the addition of Q374: Closing the Referral Loop: Receipt of Specialist Report and Q007: Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial to increase the eCQM options and make it feasible to report the MVP candidate using only eCQM measures.

Feedback: One commenter expressed support for this MVP candidate but recommended the addition of Q187: TPA for Acute Ischemic Stroke, HCPR24: Appropriate Utilization of Vancomycin for Cellulitis, and IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings. The commenter believes the addition of these measures and activity would enhance this MVP candidate by offering a balanced, high-impact focus on clinical outcomes, appropriate utilization, and patient-centered improvement.

Feedback: One commenter expressed concern with this MVP candidate. While the measures are part of the Hospitalist Specialty Set in MIPS and are reportable by hospitalists, the commenter feels the measures only reflect a small portion of hospitalists' work. Additionally, the four MIPS measures included are either topped out or nearly topped out, raising concerns the measures may be removed from the MIPS program without viable replacements in the pipeline or force hospitalists to rely on QCDR measures to meet minimum reporting requirements. They believe the inclusion of QCDR measures improves clinical relevance but leaves significant gaps in capturing hospitalist performance.

Feedback: One commenter generally supported the process of aligning episode-based cost measures with available clinical quality measures in the MVP candidate.

Feedback: A couple commenters expressed disappointment that this MVP candidate didn't integrate facility-based measures, as permitted by statute. The commenters believe the facility-based measures should be an option for this MVP candidate. One commenter believes the use of specific hospital program measures tailored to hospitalists' work could make the MVP candidate more meaningful, reduce administrative burden, and align with hospitals' goals.

Feedback: A couple commenters raised concerns about the inclusion of certain elements within this MVP candidate, particularly the foundational layer. The commenters believe Q484: Clinician and Clinician Group Risk-Standardized Hospital Admissions Rates for Patients with Multiple Chronic Conditions is inappropriate for hospitalists and should be excluded. Q484 tracks unplanned admission rates for patients with multiple chronic conditions and is designed to assess the outcomes and quality of ambulatory/outpatient care. Given that hospitalists primarily care for hospitalized patients, their admission rate would inherently be 100%, making the measure irrelevant in this context.

The commenters also expressed concerns with the inclusion of Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Eligible Clinician Groups. They feel this measure may not be suitable for assessing performance at the clinician level.

Additionally, the commenters recommended removing the Promoting Interoperability performance category measures from this MVP candidate as these measures may not be appropriate for hospitalists. Hospitalists have historically been exempted from the MIPS Promoting Interoperability performance category due to the nature of their relationship with hospitals. Hospitals operate their own Promoting Interoperability programs, measures, and requirements, and hospitalists exclusively use these hospital systems.

Feedback: One commenter believes this MVP candidate should focus on patient health conditions rather than a medical specialty. The commenter believes this MVP candidate combines hospitalists and critical care physicians into a single specialty-based MVP, despite their distinct roles and patient types. The commenters' overarching concern is that this MVP candidate risks inappropriate comparisons and increases administrative burden with

limited practical benefit. In addition, the commenter feels many of the quality and cost measures are not relevant to hospitalist or critical care patients, including the heart failure measures, while other key measures are missing, like central line infection rates.

Feedback: One commenter expressed support for the inclusion of 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) and Q008: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) in this MVP candidate.

Feedback: One commenter doesn't believe the available eCQM measures included in this MVP candidate are generally aligned to hospitalists and critical care clinicians who see a wide range of diseases and conditions.

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.

Feedback: One commenter suggested the addition of Q438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease and Q488: Kidney Health Evaluation to this MVP candidate. According to the commenter, incorporating these measures could help clinicians identify comorbid conditions and associated consequences earlier, thereby reducing risks and improving patient outcomes.