Quality Payment
PROGRAM

Calendar Year (CY) 2027 Proposed and Modified Merit-based Incentive Payment System (MIPS) Value Pathways (MVPs)

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Introduction

In the CY 2021 Physician Fee Schedule (PFS) Final Rule (85 FR 84849 through 84854), the CY 2022 PFS Final Rule (86 FR 65998 through 66031), and the CY 2023 PFS Final Rule (87 FR 70210 through 70211), we finalized criteria to use in the development of MVPs, MVP reporting requirements, MVP maintenance, and the selection of measures and activities within each MVP.

In the CY 2027 PFS Proposed Rule, Appendix 3, Centers for Medicare & Medicaid Services (CMS) proposed 3 new MVPs, as well as modifications to all 27 previously finalized MVPs.

This resource includes the newly proposed MVPs and proposed modifications to previously finalized MVPs for implementation.

Each MVP includes measures and activities from the quality performance category, improvement activities performance category, and cost performance category that are relevant to the clinical specialty or medical condition of the MVP. In addition, each MVP includes a foundational layer (which is the same for all MVPs) that is comprised of population health measures and Promoting Interoperability performance category objectives and measures. For each MVP, we note potential clinician types who may want to consider reporting the MVP.

For additional details regarding the MVP candidate development and submission process, the MVP candidate feedback process, and the annual maintenance process for MVPs, please visit the Quality Payment Program (QPP) website.

CMS will accept comments on the CY 2027 PFS proposed rule until September 14, 2026, and will respond to comments in the CY 2027 PFS Final Rule. You can submit comments electronically or by mail. When commenting, refer to file code: CMS-1848-P. Proposed MVPs are subject to change in the CY 2027 Final Rule after consideration of public comments.

- **Electronically:** www.regulations.gov
- **Regular mail:** Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1848-P, P.O. Box 8016, Baltimore, MD 21244-8016.
- **Express or overnight mail:** Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1848-P, Mail Stop C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850.

MVP Reporting Requirements and Proposal

For each MVP, the following reporting requirements were finalized in the CY 2022 PFS Final Rule (86 FR 65998 through 66031). Additional details around subgroup participation and MVP reporting can be found in the 2026 MVPs Implementation Guide in the QPP Resource Library.

Quality Performance Category

- Select and submit 4 quality measures.
    - **For the CY 2019 through CY 2026 performance periods, 2021 through 2028 MIPS payment years,** at least one measure must be an outcome measure (or a high priority measure if an outcome isn't available or applicable).
        - This can include an outcome measure calculated by CMS through administrative claims, if available in the MVP.
    - In the **CY 2027 proposed rule,** CMS is proposing MIPS core measures for the quality performance category and replacing the outcome high priority measure reporting requirement with a MIPS core measure reporting requirement.
        - Clinicians would be required to report a core measure as 1 of their 4 quality measures in an MVP. They would need to select any measure with the core measure designation for their selected MVP.
        - If a clinician, group, virtual group, subgroup, or APM Entity reporting an MVP doesn't have an applicable MIPS core measure available to report, we're proposing to implement an attestation process:
            - The clinician would be required to attest that there wasn't an applicable core measure available for them to report.
            - The clinician would then choose another measure to report in place of the core measure.

Improvement Activities Performance Category

- Clinicians, groups, and subgroups (regardless of special status) must attest to one activity. Clinicians may still choose to report IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation.

Cost Performance Category

- CMS calculates performance exclusively on the cost measures included in the MVP using administrative claims data.

Foundational Layer

Population Health Measures

- There are 2 population health measures. CMS calculates both population health measures for you using administrative claims data (if you meet the case minimum) and assigns the higher of these measures to your quality score:
    - Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups
    - Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

Promoting Interoperability Performance Category

- You must submit the same Promoting Interoperability measures required under traditional MIPS, unless you qualify for reweighting of the Promoting Interoperability performance category. Information on the Promoting Interoperability performance category reweighting policy is located on the QPP website.

Symbol Key:
Single asterisk (*): existing measures and improvement activities with proposed revisions.
Plus sign (+): measures and improvement activities proposed for addition to a previously finalized MVP.

Population Health Measures	Promoting Interoperability Measures
(*) Q479: Hospital-wide, 30-Day, All-cause Unplanned Readmission (HWR) Rate for the Merit-based Incentive Payment System (MIPS) Groups (Collection Type: Administrative Claims) **Q484:** Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (MCC) (Collection Type: Administrative Claims)	**PI_PPHI_2:** High Priority Practices Safety Assurance Factors for EHR Resilience (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 Using the Trusted Exchange Framework and Common Agreement (TEFCA) **(+)(*) PI_HIE_7:** Electronic Prior Authorization (Optional) **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 Using TEFCA (Optional) **PI_INFBLO_1:** Actions to Limit or Restrict Compatibility or Interoperability of CEHRT Attestation

Proposed MVPs

Table A.1: Diabetic Disease MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

We considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Diabetic Disease MVP. The proposed Diabetic Disease MVP assesses meaningful outcomes in diabetic disease care. We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

Measure Key

- ! MIPS core measure within an MVP
- ^ Proposed new measure or improvement activity
- * Existing measures and improvement activities with Proposed revisions
- ** Measures and improvement activities only available when included in an MVP
- !! Improvement activities with an advancing health and wellness component

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Primary Care
- Endocrinology
- Ophthalmology
- Podiatry, and
- Nonphysician practitioners (NPPs) such as clinical nurse specialists, nurse practitioners, and physician assistants

TABLE A.1a: Diabetic Disease MVP MIPS Core Measures

Diabetic Disease MVP MIPS Core Measures
Q001: Diabetes: Glycemic Status Assessment Greater Than 9%
Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
Q317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
Q488: Kidney Health Evaluation

TABLE A.1b: Diabetic Disease MVP Clinical Groupings

Diabetic Disease MVP		
Clinical Grouping	**Quality**	**Cost**
Ophthalmology	**Q019:** Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (Collection Type: eCQM)	**N/A**

Diabetic Disease MVP		
Clinical Grouping	**Quality**	**Cost**
	Q117: Diabetes: Eye Exam (Collection Type: eCQM, MIPS CQM)	
	IRIS58: Improved Visual Acuity after Vitrectomy for Complications of Diabetic Retinopathy within 120 Days (Collection Type: QCDR)	
Podiatry	**Q126:** Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation (Collection Type: MIPS CQM)	**N/A**
	Q127: Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear (Collection Type: MIPS CQM)	
	USWR35: Adequate Off-loading of Diabetic Foot Ulcers performed at each visit, appropriate to location of ulcer (Collection Type: QCDR)	
Multispecialty	**(!)(*) Q001:** Diabetes: Glycemic Status Assessment Greater Than 9% (Collection Type: eCQM, MIPS CQM, Medicare Part B Claims)	**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)	
	(!) Q488: Kidney Health Evaluation (Collection Type: eCQM, MIPS CQM)	
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)	**COST_D_1:** Diabetes **TPCC_1:** Total Per Capita Cost
	(*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	
	Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: eCQM, MIPS CQM, Medicare Part B Claims)	
	(!)(*) Q317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented (Collection Type: eCQM, MIPS CQM, Medicare Part B Claims)	

Diabetic Disease Improvement Activities

- **(!!) IA_AHW_1:** Chronic Care and Preventative Care Management for Empaneled Patients
- **(^)(!!) IA_AHW_X:** Lifestyle Approaches to Diabetes Remediation
- **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_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **(!!) 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_9:** Implementation of practices/processes for developing regular individual care plans

- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **(*)(!!) IA_PM_4:** Glycemic management services
- **IA_PM_16:** Implementation of medication management practice improvements
- **(!!) IA_PM_25:** Save a Million Hearts: Standardization of Approach to Screening and Treatment for Cardiovascular Disease Risk

Table A.2: Hospitalist MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

We considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Hospitalist MVP. The proposed Hospitalist MVP assesses meaningful outcomes for patients receiving care provided by hospitalists. We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Hospitalists
- NPPs such as clinical nurse specialists, nurse practitioners, and physician assistants

Measure Key

! MIPS core measure within an MVP

* Existing measures and improvement activities with Proposed revisions

** Measures and improvement activities only available when included in an MVP

!! Improvement activities with an advancing health and wellness component

TABLE A.2a: Hospitalist MVP MIPS Core Measures

Hospitalist MVP MIPS Core Measures
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)
Q008: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
Q047: Advance Care Plan

TABLE A.2b: Hospitalist MVP Clinical Groupings

Hospitalist MVP		
Clinical Grouping	**Quality**	**Cost**
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)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	(!) Q008: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) (Collection Type: eCQM^^, MIPS CQM)	
	(*) ECPR51: Discharge Prescription of Naloxone after Opioid Poisoning or Overdose (Collection Type: QCDR)	
	HCPR24: Appropriate Utilization of Vancomycin for Cellulitis (Collection Type: QCDR)	

Hospitalist MVP		
Clinical Grouping	**Quality**	**Cost**
General Clinical Care	**HCPR27:** Point-of-Care Ultrasound: Evaluation for Pneumothorax after Central Venous Catheter (CVC) Placement (Collection Type: QCDR)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	HCPR30: Avoidance of Sliding-Scale Insulin Monotherapy for Admitted Diabetic Patients (Collection Type: QCDR)	
Advancing Health and Wellness	**Q238:** Use of High-Risk Medications in Older Adults (Collection Type: eCQM, MIPS CQM)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
Experience of Care	**(!) Q047:** Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	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 Improvement Activities

- **IA_BE_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **(!!) IA_BMH_12:** Promoting Clinician Well-Being
- **(!!) IA_BMH_15:** Behavioral/Mental Health and Substance Use Screening & Referral for Older Adults
- **(*) IA_CC_8:** Implementation of documentation improvements for practice/process improvements
- **(*)(!!) IA_CC_9:** Implementation of practices/processes for developing regular individual care plans
- **IA_CC_13:** Practice improvements to align with OpenNotes principles
- **(**) 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_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 A.3: Hypertension MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

We considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Hypertension MVP. The proposed Hypertension MVP assesses meaningful outcomes for patients receiving care for hypertension and appropriate preventive interventions for those considered high-risk. We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

Measure Key

- ! MIPS core measure within an MVP
- ^ Proposed new measure or improvement activity
- * Existing measures and improvement activities with Proposed revisions
- ** Measures and improvement activities only available when included in an MVP
- !! Improvement activities with an advancing health and wellness component

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Cardiology
- Family Medicine
- Geriatrics
- Internal Medicine
- Nutrition and Dietician
- Preventive Medicine
- NPPs such as clinical nurse specialists, nurse practitioners, and physician assistants

TABLE A.3a: Hypertension MVP MIPS Core Measures

Hypertension MVP MIPS Core Measures
Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Q236: Controlling High Blood Pressure

TABLE A.3b: Hypertension MVP Clinical Groupings

Hypertension MVP		
Clinical Grouping	**Quality**	**Cost**
Prevention	**(!)(**) Q128:** Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	**TPCC_1:** Total Per Capita Cost

Hypertension MVP		
Clinical Grouping	**Quality**	**Cost**
	Q239: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (Collection Type: eCQM)	
	(*) Q317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	
	Q489: Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy (Collection Type: MIPS CQM)	
Treatment and Control	**(!)(*) Q236:** Controlling High Blood Pressure (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	**TPCC_1:** Total Per Capita Cost
	(*) Q441: Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control) (Collection Type: MIPS CQM)	
	(^) TBD: Low Density Lipoprotein Cholesterol (LDL-C) Monitoring and Management (Collection Type: MIPS CQM)	
Advancing Health and Wellness	**(*) Q130:** Documentation of Current Medications in the Medical Record (Collection Type: eCQM, MIPS CQM)	**TPCC_1:** Total Per Capita Cost
	(!) Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	
	Q431: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling (Collection Type: MIPS CQM)	
Experience of Care	**Q047:** Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	**TPCC_1:** Total Per Capita Cost
	(*) Q374: Closing the Referral Loop: Receipt of Specialist Report (Collection Type: eCQM, MIPS CQM)	
	Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months (Collection Type: MIPS CQM)	

Hypertension Improvement Activities

- **(!!) IA_AHW_1:** Chronic care and preventative care management for empaneled patients
- **(^)(!!) IA_AHW_X:** Lifestyle Approaches to Diabetes Remediation
- **(!!) IA_BE_16:** Promote Self-management in Usual Care
- **(!!) IA_BMH_2:** Tobacco use
- **(*) IA_CC_8:** Implementation of documentation improvements for practice/process improvements
- **(**) IA_MVP:** Practice-Wide Quality Improvement in the MIPS Value Pathways Program

- **(*)(!!) IA_PM_4:** Glycemic management services
- **(!!) IA_PM_5:** Engagement of community for health status improvement
- **(!!) IA_PM_25:** Save a Million Hearts: Standardization of Approach to Screening and Treatment for Cardiovascular Disease Risk
- **(*) IA_PSPA_16:** Use of decision support —ideally platform-agnostic, interoperable clinical decision support (CDS) tools —and standardized treatment protocols to manage workflow on the care team to meet patient needs
- **IA_PSPA_28:** Completion of an Accredited Safety or Quality Improvement Program

Modifications to Previously Finalized MVPs

Table B.1: Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

We're proposing to modify the previously finalized Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP to:

- Add 1 quality measure
- Remove 1 quality measure and 2 QCDR measures

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Emergency Medicine
- NPPs such as clinical nurse specialists, nurse practitioners, and physician assistants

Measure Key

! MIPS core measure within an MVP
+ Measures and improve activities proposed for addition to a previously finalized MVP
** Measures and improvement activities only available when included in an MVP
!! Improvement activities with an advancing health and wellness component

TABLE B.1a: Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP MIPS Core Measures

Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP MIPS Core Measures
Q116: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis
Q331: Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)
Q416: Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 Through 17 Years

TABLE B.1b: Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP Clinical Groupings

Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP		
Clinical Grouping	**Quality**	**Cost**
Infectious Disease/ Antibiotic Stewardship	**Q065:** Appropriate Treatment for Upper Respiratory Infection (URI) (Collection Type: eCQM, MIPS CQM)	**COST_EDV_1:** Emergency Medicine
	(+) Q066: Appropriate Testing for Pharyngitis (Collection Type: eCQM, MIPS CQM)	
	(!) Q116: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (Collection Type: MIPS CQM)	
	(!) Q331: Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse) (Collection Type: MIPS CQM)	

Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP		
Clinical Grouping	**Quality**	**Cost**
	HCPR24: Appropriate Utilization of Vancomycin for Cellulitis (Collection Type: QCDR)	
Trauma	**(!) Q416:** Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 Through 17 Years (Collection Type: MIPS CQM)	**COST_EDV_1:** Emergency Medicine
Experience of Care	**Q321:** CAHPS for MIPS Clinician/Group Survey (Collection Type: CMS-approved Survey Vendor)	**COST_EDV_1:** Emergency Medicine
	ACEP50: ED Median Time from ED arrival to ED departure for all Adult Patients (Collection Type: QCDR)	

Adopting Best Practices and Promoting Patient Safety within Emergency Medicine Improvement Activities

- **IA_BE_4:** Engagement of Patients through Implementation of New Patient Portal
- **IA_BE_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **(!!) IA_BMH_12:** Promoting Clinician Wellbeing
- **(**) IA_MVP:** Practice-Wide Quality Improvement in the MIPS Value Pathways Program
- **IA_PSPA_1:** Participation in an AHRQ-listed patient safety organization
- **IA_PSPA_7:** Use of QCDR data for ongoing practice assessment and improvements
- **(!!) IA_PSPA_15:** Implementation of an ASP

Table B.2: Advancing Cancer Care MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

We're proposing to modify the previously finalized Advancing Cancer Care MVP to:

- Add 2 QCDR measures
- Remove 1 quality measure
- Add 1 improvement activity
- Remove 1 improvement activity

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Oncology
- Hematology
- NPPs such as clinical nurse specialists, nurse practitioners, and physician assistants

Measure Key

! MIPS core measure within an MVP
+ Measures and improve activities proposed for addition to a previously finalized MVP
* Existing measures and improvement activities with Proposed revisions
** Measures and improvement activities only available when included in an MVP
!! Improvement activities with an advancing health and wellness component

TABLE B.2a: Advancing Cancer Care MVP MIPS Core Measures

Advancing Cancer Care MVP MIPS Core Measures
Q102: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
Q144: Oncology: Medical and Radiation - Plan of Care for Pain
Q451: RAS (KRAS and NRAS) Gene Mutation Testing Performed for Patients with Metastatic Colorectal Cancer who receive Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibody Therapy
Q457: Percentage of Patients Who Died from Cancer Admitted to Hospice for Less than 3 days (lower score – better)
Q495: Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood
Q506: Positive PD-L1 Biomarker Expression Test Result Prior to First-Line Immune Checkpoint Inhibitor Therapy

TABLE B.2b: Advancing Cancer Care MVP Clinical Groupings

Advancing Cancer Care MVP		
Clinical Grouping	**Quality**	**Cost**
Medical Oncology	**Q450:** Appropriate Treatment for Patients with Stage I (T1c) – III HER2 Positive Breast Cancer (Collection Type: MIPS CQM)	**TPCC_1:** Total Per Capita Cost

Advancing Cancer Care MVP		
Clinical Grouping	**Quality**	**Cost**
	(!) Q451: RAS (KRAS and NRAS) Gene Mutation Testing Performed for Patients with Metastatic Colorectal Cancer who receive Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibody Therapy (Collection Type: MIPS CQM)	
	Q462: Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy (Collection Type: eCQM)	**COST_PC_1:** Prostate Cancer **TPCC_1:** Total Per Capita Cost
	Q490: Appropriate Intervention of Immune-related Diarrhea and/or Colitis in Patients Treated with Immune Checkpoint Inhibitors (Collection Type: MIPS CQM)	
	(!) Q506: Positive PD-L1 Biomarker Expression Test Result Prior to First-Line Immune Checkpoint Inhibitor Therapy (Collection Type: MIPS CQM)	**TPCC_1:** Total Per Capita Cost
	(*) Q507: Appropriate Germline Testing for Ovarian Cancer Patients (Collection Type: MIPS CQM)	
	(*) PIMSH13: Oncology: Mutation Testing for Stage IV Lung Cancer Completed Prior to the Start of Targeted Therapy (Collection Type: QCDR)	
	PIMSH17: Oncology: Utilization of Prophylactic GCSF for Cancer Patients Receiving Low-Risk Chemotherapy (inverse measure) (Collection Type: QCDR)	**TPCC_1:** Total Per Capita Cost
	(+) PIMSH19: Antiemetic Therapy for Low- and Minimal-Emetic-Risk Antineoplastic Agents - Avoidance of Overuse (Lower Score - Better) (Collection Type: QCDR)	**COST_PC_1:** Prostate Cancer **TPCC_1:** Total Per Capita Cost
	(+) PIMSH20: Appropriate Antiemetic Therapy for High- and Moderate-Emetic-Risk Antineoplastic Agents (Collection Type: QCDR)	
Radiation Oncology	**(!)(*) Q102:** Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients (Collection Type: eCQM, MIPS CQM)	**COST_PC_1:** Prostate Cancer **TPCC_1:** Total Per Capita Cost
	(!)(*) Q144: Oncology: Medical and Radiation - Plan of Care for Pain (Collection Type: MIPS CQM)	
Advancing Health and Wellness	**(*) Q134:** Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	**COST_PC_1:** Prostate Cancer **TPCC_1:** Total Per Capita Cost
Experience of Care	**Q047:** Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	**COST_PC_1:** Prostate Cancer

Advancing Cancer Care MVP		
Clinical Grouping	**Quality**	**Cost**
	Q321: CAHPS for MIPS Clinician/Group Survey (Collection Type: CMS-approved Survey Vendor)	**TPCC_1:** Total Per Capita Cost
	(*) Q453: Percentage of Patients Who Died from Cancer Receiving Systemic Cancer-Directed Therapy in the Last 14 Days of Life (lower score – better) (Collection Type: MIPS CQM)	
	(!)(*) Q457: Percentage of Patients Who Died from Cancer Admitted to Hospice for Less than 3 days (lower score – better) (Collection Type: MIPS CQM)	
	(!) Q495: Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood (Collection Type: MIPS CQM)	
	Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months (Collection Type: MIPS CQM)	

Advancing Cancer Care Improvement Activities

- **IA_BE_4:** Engagement of Patients through Implementation of New Patient Portal
- **IA_BE_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **IA_BE_24:** Financial Navigation Program
- **(!) IA_BMH_12:** Promoting Clinician Well-Being
- **(+)(*)(!!) IA_CC_9:** Implementation of practices/processes for developing regular individual care plans
- **IA_CC_13:** Practice Improvements to Align with OpenNotes Principles
- **IA_CC_17:** Patient Navigator Program
- **IA_EPA_2:** Use of telehealth services that expand practice access
- **(**) IA_MVP:** Practice-Wide Quality Improvement in the MIPS Value Pathways Program
- **IA_PM_14:** Implementation of methodologies for improvements in longitudinal care management for high-risk patients
- **IA_PM_15:** Implementation of episodic care management practice improvements
- **IA_PM_16:** Implementation of medication management practice improvements
- **IA_PM_21:** Advance Care Planning
- **IA_PSPA_13:** Participation in Joint Commission Evaluation Initiative
- **(*) IA_PSPA_16:** Use of decision support —ideally platform-agnostic, interoperable clinical decision support (CDS) tools —and standardized treatment protocols to manage workflow on the care team to meet patient needs
- **IA_PSPA_28:** Completion of an Accredited Safety or Quality Improvement Program

Table B.3: Advancing Care for Heart Disease MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

We're proposing to modify the previously finalized Advancing Care for Heart Disease MVP to:

- Add 1 quality measure
- Remove 3 quality measures
- Remove 1 improvement activity

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Cardiology
- Internal Medicine
- Family Medicine
- NPPs such as clinical nurse specialists, nurse practitioners, and physician assistants

Measure Key

!	MIPS core measure within an MVP
^	Proposed new measure or improvement activity
+	Measures and improve activities proposed for addition to a previously finalized MVP
*	Existing measures and improvement activities with Proposed revisions
**	Measures and improvement activities only available when included in an MVP
!!	Improvement activities with an advancing health and wellness component

TABLE B.3a: Advancing Care for Heart Disease MVP MIPS Core Measures

Advancing Care for Heart Disease MVP MIPS Core Measures
Q441: Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)
Q492: Risk-standardized Acute Cardiovascular-related Hospital Admission Rates for Patients with Heart Failure under the Merit-based Incentive Payment System
TBD: Low Density Lipoprotein Cholesterol (LDL-C) Monitoring and Management

TABLE B.3b: Advancing Care for Heart Disease MVP Clinical Groupings

Advancing Care for Heart Disease MVP		
Clinical Grouping	**Quality**	**Cost**
Congestive Heart Failure	**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)	**COST_HF_1:** Heart Failure **TPCC_1:** Total Per Capita Cost
	Q008: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) (Collection Type: eCQM, MIPS CQM)	
	Q377: Functional Status Assessments for Heart Failure (Collection Type: eCQM)	

Advancing Care for Heart Disease MVP		
Clinical Grouping	**Quality**	**Cost**
	(!) Q492: Risk-standardized Acute Cardiovascular-related Hospital Admission Rates for Patients with Heart Failure under the Merit-based Incentive Payment System (Collection Type: Administrative Claims)	
General Cardiology	**Q118:** Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF ≤ 40%) (Collection Type: MIPS CQM)	**COST_HF_1:** Heart Failure **COST_EOPCI_1:** Elective Outpatient Percutaneous Coronary Intervention (PCI) **COST_STEMI_1:** Inpatient (IP) Percutaneous Coronary Intervention (PCI) **TPCC_1:** Total Per Capita Cost
	Q243: Cardiac Rehabilitation Patient Referral from an Outpatient Setting (Collection Type: MIPS CQM)	
	(!)(*) Q441: Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control) (Collection Type: MIPS CQM)	**TPCC_1:** Total Per Capita Cost
	(!)(^)(+) TBD: Low Density Lipoprotein Cholesterol (LDL-C) Monitoring and Management	
Electrophysiology	**(*) Q392:** Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation (Collection Type: MIPS CQM)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	(*) Q393: Infection within 180 Days of Cardiac Implantable Electronic Device (CIED) Implantation, Replacement, or Revision (Collection Type: MIPS CQM)	**COST_EOPCI_1:** Elective Outpatient Percutaneous Coronary Intervention (PCI) **COST_STEMI_1:** Inpatient (IP) Percutaneous Coronary Intervention (PCI) **MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
Advancing Health and Wellness	**(**) Q128:** Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	**COST_HF_1:** Heart Failure **COST_EOPCI_1:** Elective Outpatient Percutaneous Coronary Intervention (PCI)

Advancing Care for Heart Disease MVP		
Clinical Grouping	**Quality**	**Cost**
	(*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	**COST_STEMI_1:** Inpatient (IP) Percutaneous Coronary Intervention (PCI) **TPCC_1:** Total Per Capita Cost **MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	Q238: Use of High-Risk Medications in Older Adults (Collection Type: eCQM, MIPS CQM)	
Experience of Care	**Q047:** Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	**COST_HF_1:** Heart Failure **COST_EOPCI_1:** Elective Outpatient Percutaneous Coronary Intervention (PCI) **COST_STEMI_1:** Inpatient (IP) Percutaneous Coronary Intervention (PCI) **TPCC_1:** Total Per Capita Cost **MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	Q495: Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood (Collection Type: MIPS CQM)	
	Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months (Collection Type: MIPS CQM)	

Advancing Care for Heart Disease Improvement Activities

- **(!!) IA_AHW_1:** Chronic Care and Preventative Care Management for Empaneled Patients
- **IA_BE_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **(!!) IA_BE_12:** Use evidence-based decision aids to support shared decision-making
- **IA_BE_24:** Financial Navigation Program
- **IA_BE_25:** Drug Cost Transparency
- **(*)(!!) IA_CC_9:** Implementation of practices/processes for developing regular individual care plans
- **(**) IA_MVP:** Practice-Wide Quality Improvement in the MIPS Value Pathways Program
- **IA_PM_14:** Implementation of methodologies for improvements in longitudinal care management for high-risk patients
- **IA_PSPA_4:** Administration of the AHRQ Survey of Patient Safety Culture
- **IA_PSPA_7:** Use of QCDR data for ongoing practice assessment and improvements

Table B.4: Advancing Rheumatology Patient Care MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

We're proposing to modify the previously finalized Advancing Rheumatology Patient Care MVP to:

- Add 1 QCDR measure
- Remove 1 QCDR measure
- Add 1 improvement activity
- Remove 1 improvement activity

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Rheumatology
- NPPs such as clinical nurse specialists, nurse practitioners, and physician assistants

Measure Key

!	MIPS core measure within an MVP
+	Measures and improve activities proposed for addition to a previously finalized MVP
*	Existing measures and improvement activities with Proposed revisions
**	Measures and improvement activities only available when included in an MVP
!!	Improvement activities with an advancing health and wellness component

TABLE B4a: Advancing Rheumatology Patient Care MVP MIPS Core Measures

Advancing Rheumatology Patient Care MVP MIPS Core Measures
Q039: Screening for Osteoporosis for Women Aged 65-85 Years of Age
Q178: Rheumatoid Arthritis (RA): Functional Status Assessment
Q180: Rheumatoid Arthritis (RA): Glucocorticoid Management

TABLE B4b: Advancing Rheumatology Patient Care MVP Clinical Groupings

Advancing Rheumatology Patient Care MVP		
Clinical Grouping	**Quality**	**Cost**
Rheumatoid Arthritis	**Q177:** Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity (Collection Type: MIPS CQM)	**COST_RA_1:** Rheumatoid Arthritis **TPCC_1:** Total Per Capita Cost
	(!)(*) Q178: Rheumatoid Arthritis (RA): Functional Status Assessment (Collection Type: MIPS CQM)	
	(!) Q180: Rheumatoid Arthritis (RA): Glucocorticoid Management (Collection Type: MIPS CQM)	
Autoimmune/ Inflammatory Diseases	**(*) ACR14:** Gout: Serum Urate Target (Collection Type: QCDR)	**TPCC_1:** Total Per Capita Cost

Advancing Rheumatology Patient Care MVP		
Clinical Grouping	**Quality**	**Cost**
	(*) ACR15: Safe Hydroxychloroquine Dosing (Collection Type: QCDR)	**COST_RA_1:** Rheumatoid Arthritis **TPCC_1:** Total Per Capita Cost
	UREQA10: Ankylosing Spondylitis: Controlled Disease Or Improved Disease Function (Collection Type: QCDR)	**TPCC_1:** Total Per Capita Cost
Advancing Health and Wellness	**(!) Q039:** Screening for Osteoporosis for Women Aged 65-85 Years of Age (Collection Type: Medicare Part B Claims, MIPS CQM)	**COST_RA_1:** Rheumatoid Arthritis **TPCC_1:** Total Per Capita Cost
	(*) Q130: Documentation of Current Medications in the Medical Record (Collection Type: eCQM, MIPS CQM)	
	(*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	
	(*) Q176: Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy (Collection Type: MIPS CQM)	
	(*) ACR10: Hepatitis B Safety Screening (Collection Type: QCDR)	
	(+) UREQA8: Vitamin D level: Effective Control of Low Bone Mass/Osteopenia and Osteoporosis: Therapeutic Level Of 25 OH Vitamin D Level Achieved (Collection Type: QCDR)	
	UREQA9: Screening for Osteoporosis for Men Aged 70 Years and Older (Collection Type: QCDR)	
	Q493: Adult Immunization Status (Collection Type: MIPS CQM)	
Experience of Care	**Q503:** Gains in Patient Activation Measure (PAM®) Scores at 12 Months (Collection Type: MIPS CQM)	**COST_RA_1:** Rheumatoid Arthritis **TPCC_1:** Total Per Capita Cost

Advancing Rheumatology Improvement Activities

- **IA_BE_1:** Use of certified EHR to capture patient reported outcomes
- **IA_BE_4:** Engagement of Patients through Implementation of New Patient Portal
- **IA_BE_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **IA_BE_24:** Financial Navigation Program
- **IA_BE_25:** Drug Cost Transparency
- **(!!) IA_BE_26:** Promote Use of Patient-Reported Outcome Tools
- **(!!) IA_BMH_2:** Tobacco use
- **(+)(*)(!!) IA_CC_9:** Implementation of practices/processes for developing regular individual care plans

- **IA_EPA_2:** Use of telehealth services that expand practice access
- **(**) IA_MVP:** Practice-Wide Quality Improvement in the MIPS Value Pathways Program
- **IA_PM_16:** Implementation of medication management practice improvements
- **IA_PSPA_28:** Completion of an Accredited Safety or Quality Improvement Program

Table B.5: Complete Ophthalmologic Care MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

We're proposing to modify the previously finalized Complete Ophthalmologic Care MVP to:

- Remove 1 quality measure and 2 QCDR measures
- Add 1 improvement activity
- Remove 1 improvement activity

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Ophthalmology
- Optometry
- NPPs such as clinical nurse specialists, nurse practitioners, and physician assistants

Measure Key

!	MIPS core measure within an MVP
+	Measures and improve activities proposed for addition to a previously finalized MVP
*	Existing measures and improvement activities with Proposed revisions
**	Measures and improvement activities only available when included in an MVP
!!	Improvement activities with an advancing health and wellness component

TABLE B.5a: Complete Ophthalmologic Care MVP MIPS Core Measures

Complete Ophthalmologic Care MVP MIPS Core Measures
Q012: Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation
Q141: Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 20% OR Documentation of a Plan of Care
Q304: Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery
Q385: Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery
Q501: Acute posterior vitreous detachment and acute vitreous hemorrhage appropriate examination and follow-up

TABLE B.5b: Complete Ophthalmologic Care MVP Clinical Groupings

Complete Ophthalmologic Care MVP		
Clinical Grouping	**Quality**	**Cost**
Cataract	**(*) Q191:** Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery (Collection Type: eCQM, MIPS CQM)	**COST_IOL_1** Cataract Removal with Intraocular Lens (IOL) Implantation
	Q303: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (Collection Type: MIPS CQM)	

Complete Ophthalmologic Care MVP		
Clinical Grouping	**Quality**	**Cost**
	(!) Q304: Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery (Collection Type: MIPS CQM)	
	Q389: Cataract Surgery: Difference Between Planned and Final Refraction (Collection Type: MIPS CQM)	
	IRIS61: Visual Acuity Improvement Following Cataract Surgery and Minimally Invasive Glaucoma Surgery (Collection Type: QCDR)	
General Ophthalmology	**Q117:** Diabetes: Eye Exam (Collection Type: eCQM, MIPS CQM)	**COST_IOL_1** Cataract Removal with Intraocular Lens (IOL) Implantation
	(*) Q374: Closing the Referral Loop: Receipt of Specialist Report (Collection Type: eCQM, MIPS CQM)	
Retinal Disease	**Q019:** Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (Collection Type: eCQM)	**N/A**
	(!) Q385: Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery (Collection Type: MIPS CQM)	
	Q499: Appropriate Screening and Plan of Care for Elevated Intraocular Pressure Following Intravitreal or Periocular Steroid Therapy (Collection Type: MIPS CQM)	
	Q500: Acute Posterior Vitreous Detachment Appropriate Examination and Follow-up (Collection Type: MIPS CQM)	
	(!) Q501: Acute Posterior Vitreous Detachment and Acute Vitreous Hemorrhage Appropriate Examination and Follow-up (Collection Type: MIPS CQM)	
	IRIS58: Improved Visual Acuity after Vitrectomy for Complications of Diabetic Retinopathy within 120 Days (Collection Type: QCDR)	
Glaucoma	**(!) Q012:** Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation (Collection Type: eCQM)	**N/A**

Complete Ophthalmologic Care MVP		
Clinical Grouping	**Quality**	**Cost**
	(!)(*) Q141: Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 20% OR Documentation of a Plan of Care (Collection Type: Medicare Part B Claims, MIPS CQM)	
	(*) IRIS2: Glaucoma – Intraocular Pressure Reduction (Collection Type: QCDR)	
	IRIS39: Intraocular Pressure Reduction Following Trabeculectomy or an Aqueous Shunt Procedure (Collection Type: QCDR)	
Advancing Health and Wellness	**(*) Q130:** Documentation of Current Medications in the Medical Record (Collection Type: eCQM, MIPS CQM)	**COST_IOL_1** Cataract Removal with Intraocular Lens (IOL) Implantation
	Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	
Experience of Care	**Q503:** Gains in Patient Activation Measure (PAM®) Scores at 12 Months (Collection Type: MIPS CQM)	**COST_IOL_1** Cataract Removal with Intraocular Lens (IOL) Implantation

Complete Ophthalmologic Care Improvement Activities

- **(!!) IA_AHW_1:** Chronic Care and Preventative Care Management for Empaneled Patients
- **IA_BE_4:** Engagement of Patients through Implementation of New Patient Portal
- **IA_BE_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **IA_BE_25:** Drug Cost Transparency
- **(+)(*) IA_CC_8:** Implementation of documentation improvements for practice/process improvements
- **(*)(!!) IA_CC_9:** Implementation of practices/processes for developing regular individual care plans
- **IA_CC_13:** Practice improvements to align with OpenNotes principles
- **IA_EPA_7:** Enhance Engagement of Medicaid and Other Underserved Populations
- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PM_16:** Implementation of medication management practice improvements
- **IA_PSPA_7:** Use of QCDR data for ongoing practice assessment and improvements

Table B.6: Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

We're proposing to modify the previously finalized Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP to:

- Remove 1 quality measure

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Neurology
- Neurosurgical
- Vascular Surgery
- NPPs such as clinical nurse specialists, nurse practitioners, and physician assistants

Measure Key

!	MIPS core measure within an MVP
*	Existing measures and improvement activities with Proposed revisions
**	Measures and improvement activities only available when included in an MVP
!!	Improvement activities with an advancing health and wellness component

TABLE B.6a: Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP MIPS Core Measures

Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP MIPS Core Measures
Q047: Advance Care Plan
Q236: Controlling High Blood Pressure
Q441: Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)

TABLE B.6b: Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP Clinical Groupings

Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP		
Clinical Grouping	**Quality**	**Cost**
Stroke Prevention	**(!)(*) Q236:** Controlling High Blood Pressure (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	**COST_IHCI_1:** Intracranial Hemorrhage or Cerebral Infarction
	Q344: Rate of Carotid Endarterectomy (CEA) or Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2) (Collection Type: MIPS CQM)	
	(*) Q438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Collection Type: eCQM, MIPS CQM)	
	(!)(*) Q441: Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control) (Collection Type: MIPS CQM)	

Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP		
Clinical Grouping	**Quality**	**Cost**
Stroke Care	**Q187:** Stroke and Stroke Rehabilitation: Thrombolytic Therapy (Collection Type: MIPS CQM)	**COST_IHCI_1:** Intracranial Hemorrhage or Cerebral Infarction
	Q413: Door to Puncture Time for Endovascular Stroke Treatment (Collection Type: MIPS CQM)	
Experience of Care	**(!) Q047:** Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	**COST_IHCI_1:** Intracranial Hemorrhage or Cerebral Infarction
	Q495: Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood (Collection Type: MIPS CQM)	

Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes 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_4:** Engagement of Patients through Implementation of New Patient Portal
- **IA_BE_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **IA_BE_24:** Financial Navigation Program
- **IA_BMH_I5:** Behavioral/Mental Health and Substance Use Screening and Referral for Older Adults
- **IA_CC_13:** Practice improvements to align with OpenNotes principles
- **IA_CC_17:** Patient Navigator Program
- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PM_I5:** Implementation of episodic care management practice improvements

Table B.7: Dermatological Care MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

We're proposing to modify the previously finalized Dermatological Care MVP to:

- Remove 1 QCDR measure
- Add 1 improvement activity
- Remove 1 improvement activity

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Dermatology
- NPPs such as clinical nurse specialists, nurse practitioners, and physician assistants

Measure Key

! MIPS core measure within an MVP
\+ Measures and improve activities proposed for addition to a previously finalized MVP
* Existing measures and improvement activities with Proposed revisions
** Measures and improvement activities only available when included in an MVP
!! Improvement activities with an advancing health and wellness component

TABLE B.7a: Dermatological Care MVP MIPS Core Measures

Dermatological Care MVP MIPS Core Measures
Q176: Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy
Q410: Psoriasis: Clinical Response to Systemic Medications
Q486: Dermatitis – Improvement in Patient-Reported Itch Severity

TABLE B.7b: Dermatological Care MVP Clinical Groupings

Dermatological Care MVP		
Clinical Grouping	**Quality**	**Cost**
Skin Cancer	**(*) Q397:** Melanoma Reporting (Collection Type: Medicare Part B Claims, MIPS CQM)	**COST_MR_1:** Melanoma Resection
	(*) Q440: Skin Cancer: Biopsy Reporting Time – Pathologist to Clinician (Collection Type: MIPS CQM)	
	(*) Q509: Melanoma: Tracking and Evaluation of Recurrence (Collection Type: MIPS CQM)	
	(*) **AAD12:** Melanoma: - Appropriate Surgical Margins (Collection Type: QCDR)	
	(*) AAD6: Skin Cancer: Biopsy Reporting Time – Clinician to Patient (Collection Type: QCDR)	
Inflammatory Conditions	**(!)(*) Q176:** Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy (Collection Type: MIPS CQM)	**N/A**

Dermatological Care MVP		
Clinical Grouping	**Quality**	**Cost**
	Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	**COST_MR_1:** Melanoma Resection
	(!) Q410: Psoriasis: Clinical Response to Systemic Medications (Collection Type: MIPS CQM)	**N/A**
	Q485: Psoriasis – Improvement in Patient-Reported Itch Severity (Collection Type: MIPS CQM)	
	(!) Q486: Dermatitis – Improvement in Patient-Reported Itch Severity (Collection Type: MIPS CQM)	
Experience of Care	**Q047:** Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	**COST_MR_1:** Melanoma Resection
	Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months (Collection Type: MIPS CQM)	
	AAD8: Chronic Skin Conditions: Patient Reported Quality-of-Life (Collection Type: QCDR)	
Advancing Health and Wellness	**Q238:** Use of High-Risk Medications in Older Adults (Collection Type: eCQM, MIPS CQM)	**COST_MR_1:** Melanoma Resection

Dermatological Care Improvement Activities

- **IA_BE_4:** Engagement of Patients through Implementation of New Patient Portal
- **IA_BE_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **(+)(*)(!) IA_CC_9:** Implementation of practices/processes for developing regular individual care plans
- **IA_EPA_2:** Use of telehealth services that expand practice access
- **IA_EPA_7:** Enhance Engagement of Medicaid and Other Underserved Populations
- **(!!) IA_EPA_8:** Provide Education Opportunities for New Clinicians
- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PM_16:** Implementation of medication management practice improvements
- **IA_PSPA_8:** Use of Patient Safety Tools

Table B.8: Diagnostic Radiology MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

We're proposing to modify the previously finalized Diagnostic Radiology MVP to:

- Add 4 quality measures and 1 QCDR measure
- Remove 2 improvement activities

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Diagnostic Radiology
- Nuclear Medicine

Measure Key

!	MIPS core measure within an MVP
+	Measures and improve activities proposed for addition to a previously finalized MVP
*	Existing measures and improvement activities with Proposed revisions
**	Measures and improvement activities only available when included in an MVP
!!	Improvement activities with an advancing health and wellness component

TABLE B.8a: Diagnostic Radiology MVP MIPS Core Measures

Diagnostic Radiology MVP MIPS Core Measures
Q145: Radiology: Exposure Dose Indices Reported for Procedures Using Fluoroscopy
Q360: Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies
Q405: Appropriate Follow-up Imaging for Incidental Abdominal Lesions

TABLE B.8b: Diagnostic Radiology MVP Clinical Groupings

Diagnostic Radiology MVP		
Clinical Grouping	**Quality**	**Cost**
General Diagnostic Radiology	**(!) Q145:** Radiology: Exposure Dose Indices Reported for Procedures Using Fluoroscopy (Collection Type: MIPS CQM, Medicare Part B Claims)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	(!) Q360: Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies (Collection Type: MIPS CQM)	
	Q494: Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT in Adults (Clinician Level) (Collection Type: eCQM)	
	(+) ACRAD34: Multi-strata weighted average for 3 CT Exam Types: Overall Percent of CT exams for which Dose Length Product is at or below the size-specific diagnostic reference level (for CT abdomen-pelvis with contrast/single-phase scan, CT chest without contrast/single-phase scan, and CT head/brain without contrast/single-phase scan) (Collection Type: QCDR)	

Diagnostic Radiology MVP		
Clinical Grouping	**Quality**	**Cost**
Body Imaging (Thoracic/Abdominal)	**Q364:** Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines (Collection Type: MIPS CQM)	**N/A**
	(!) Q405: Appropriate Follow-up Imaging for Incidental Abdominal Lesions (Collection Type: Medicare Part B Claims, MIPS CQM)	
	Q406: Appropriate Follow-up Imaging for Incidental Thyroid Nodules (Collection Type: Medicare Part B Claims, MIPS CQM)	
	QMM17: Appropriate Follow-up Recommendations for Ovarian-Adnexal Lesions using the Ovarian-Adnexal Reporting and Data System (O-RADS) (Collection Type: QCDR)	
Nuclear Medicine	**(+) Q282:** Dementia: Functional Status Assessment (Collection Type: MIPS CQM)	**N/A**
	(+) Q286: Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia (Collection Type: MIPS CQM)	
	(+)(*) Q288: Dementia: Education and Support of Caregivers for Patients with Dementia (Collection Type: MIPS CQM)	
	(+) Q386: Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences (Collection Type: MIPS CQM)	
Advancing Health and Wellness	**QMM18:** Use of Breast Cancer Risk Score on Mammography (Collection Type: QCDR)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	QMM26: Screening Abdominal Aortic Aneurysm Reporting with Recommendations (Collection Type: QCDR)	

Diagnostic Radiology Improvement Activities

- **IA_BE_6**: Regularly Assess Patient Experience of Care and Follow Up on Findings
- **(!!) IA_BMH_12**: Promoting Clinician Well-Being
- **IA_CC_7**: Regular training in care coordination
- **(*) IA_CC_8**: Implementation of documentation improvements for practice/process improvements
- **IA_CC_19**: Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes
- **(**) IA_MVP**: Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PSPA_1**: Participation in an AHRQ-listed patient safety organization
- **IA_PSPA_7**: Use of QCDR data for ongoing practice assessment and improvements
- **IA_PSPA_12**: Participation in private payer CPIA

Table B.9: Focusing on Women's Health MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Gynecology
- Obstetrics
- Urogynecology
- NPPs such as certified nurse midwives, clinical nurse specialists, nurse practitioners, and physician assistants

Measure Key

! MIPS core measure within an MVP

* Existing measures and improvement activities with Proposed revisions

** Measures and improvement activities only available when included in an MVP

!! Improvement activities with an advancing health and wellness component

TABLE B.9a: Focusing on Women's Health MVP MIPS Core Measures

Focusing on Women's Health MVP MIPS Core Measures
Q039: Screening for Osteoporosis for Women Aged 65-85 Years of Age
Q112: Breast Cancer Screening
Q432: Proportion of Patients Sustaining a Bladder or Bowel Injury at the Time of any Pelvic Organ Prolapse Repair

TABLE B.9b: Focusing on Women's Health MVP Clinical Groupings

Focusing on Women's Health MVP		
Clinical Grouping	**Quality**	**Cost**
Obstetrics	**Q335:** Maternity Care: Elective Delivery (Without Medical Indication) at < 39 Weeks (Overuse) (Collection Type: MIPS CQM)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	(*) Q336: Maternity Care: Postpartum Follow-up and Care Coordination (Collection Type: MIPS CQM)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician **TPCC_1:** Total Per Capita Cost
	Q496: Cardiovascular Disease (CVD) Risk Assessment Measure - Proportion of Pregnant/Postpartum Patients that Receive CVD Risk Assessment with a Standardized Instrument (Collection Type: MIPS CQM)	**TPCC_1:** Total Per Capita Cost
Gynecology	**Q422:** Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury (Collection Type: Medicare Part B Claims, MIPS CQM)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	(!) Q432: Proportion of Patients Sustaining a Bladder or Bowel Injury at the Time of any Pelvic Organ Prolapse Repair (Collection Type: MIPS CQM)	

Focusing on Women's Health MVP		
Clinical Grouping	**Quality**	**Cost**
	Q448: Appropriate Workup Prior to Endometrial Ablation (Collection Type: MIPS CQM)	
Advancing Health and Wellness	**(!) Q039:** Screening for Osteoporosis for Women Aged 65-85 Years of Age (Collection Type: Medicare Part B Claims, MIPS CQM)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician **TPCC_1:** Total Per Capita Cost
	Q048: Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older (Collection Type: MIPS CQM)	
	(!)(**) Q112: Breast Cancer Screening (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	
	(*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	
	Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	
	Q309: Cervical Cancer Screening (Collection Type: eCQM)	
	Q310: Chlamydia Screening in Women (Collection Type: eCQM)	
	Q400: One-Time Screening for Hepatitis C Virus (HCV) and Treatment Initiation (Collection Type: MIPS CQM)	
	Q431: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling (Collection Type: MIPS CQM)	
	(*) Q475: HIV Screening (Collection Type: eCQM)	
	Q493: Adult Immunization Status (Collection Type: MIPS CQM)	
	UREQA8: Vitamin D level: Effective Control of Low Bone Mass/Osteopenia and Osteoporosis: Therapeutic Level Of 25 OH Vitamin D Level Achieved (Collection Type: QCDR)	

Focusing on Women's Health Improvement Activities

- **IA_BE_4:** Engagement of Patients through Implementation of New Patient Portal
- **(!!) IA_BE_16:** Promote Self-management in Usual Care
- **(!!) IA_BE_26:** Promote Use of Patient-Reported Outcome Tools
- **IA_BMH_11:** Implementation of a Trauma-Informed Care (TIC) Approach to Clinical Practice
- **(!!) IA_BMH_14:** Behavioral/Mental Health and Substance Use Screening and Referral for Pregnant and Postpartum Women
- **(*)(!!) IA_CC_9:** Implementation of practices/processes for developing regular individual care plans
- **IA_EPA_2:** Use of telehealth services that expand practice access
- **IA_EPA_7:** Enhance Engagement of Medicaid and Other Underserved Populations

- **(**) IA_MVP:** Practice-Wide Quality Improvement in the MIPS Value Pathways Program
- **(!!) IA_PM_23:** Use of Computable Guidelines and Clinical Decision Support to Improve Adherence for Cervical Cancer Screening and Management Guidelines

Table B.10: Gastroenterology Care MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

We're proposing to modify the previously finalized Gastroenterology Care MVP to:

- Remove 1 quality measure and 1 QCDR measure
- Add 1 improvement activity
- Remove 1 improvement activity

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Gastroenterology
- NPPs such as clinical nurse specialists, nurse practitioners, and physician assistants

Measure Key

! MIPS core measure within an MVP
+ Measures and improve activities proposed for addition to a previously finalized MVP
* Existing measures and improvement activities with Proposed revisions
** Measures and improvement activities only available when included in an MVP
!! Improvement activities with an advancing health and wellness component

TABLE B.10a: Gastroenterology Care MVP MIPS Core Measures

Gastroenterology Care MVP MIPS Core Measures
Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Q275: Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy
Q516: Hepatitis C Virus (HCV): Sustained Virological Response (SVR)

TABLE B.10b: Gastroenterology Care MVP Clinical Groupings

Gastroenterology Care MVP		
Clinical Grouping	**Quality**	**Cost**
Interventional/ Endoscopy	**GIQIC26:** Screening Colonoscopy Adenoma Detection Rate (Collection Type: QCDR)	**COST_SSC_1:** Screening/Surveillance Colonoscopy
	N/A	**COST_LGH_1:** Lower Gastrointestinal Hemorrhage
Hepatobiliary	**Q400:** One-Time Screening for Hepatitis C Virus (HCV) and Treatment Initiation (Collection Type: MIPS CQM)	**TPCC_1:** Total Per Capita Cost
	Q401: Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis (Collection Type: MIPS CQM)	

Gastroenterology Care MVP		
Clinical Grouping	**Quality**	**Cost**
	(!) Q516: Hepatitis C Virus (HCV): Sustained Virological Response (SVR) (Collection Type: MIPS CQM)	
Inflammatory	**(!) Q275**: Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy (Collection Type: MIPS CQM)	**TPCC_1:** Total Per Capita Cost
General Gastroenterology	**(*) Q374:** Closing the Referral Loop: Receipt of Specialist Report (Collection Type: eCQM, MIPS CQM)	**COST_SSC_1:** Screening/Surveillance Colonoscopy **TPCC_1:** Total Per Capita Cost **COST_LGH_1:** Lower Gastrointestinal Hemorrhage
Advancing Health and Wellness	**(**) Q113:** Colorectal Cancer Screening (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	**COST_SSC_1:** Screening/Surveillance Colonoscopy **TPCC_1:** Total Per Capita Cost **COST_LGH_1:** Lower Gastrointestinal Hemorrhage
	(*) Q130: Documentation of Current Medications in the Medical Record (Collection Type: eCQM, MIPS CQM)	
	(!) Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	
	(*) GIQIC23: Appropriate follow-up interval based on pathology findings in screening colonoscopy (Collection Type: QCDR)	
Experience of Care	**Q503:** Gains in Patient Activation Measure (PAM®) Scores at 12 Months (Collection Type: MIPS CQM)	**COST_SSC_1:** Screening/Surveillance Colonoscopy **TPCC_1:** Total Per Capita Cost **COST_LGH_1:** Lower Gastrointestinal Hemorrhage

Gastroenterology Care Improvement Activities

- **IA_BE_4:** Engagement of Patients through Implementation of New Patient Portal
- **(!!) IA_BE_26:** Promote Use of Patient-Reported Outcome Tools
- **IA_CC_7:** Regular training in care coordination
- **(+)(*) IA_CC_8:** Implementation of documentation improvements for practice/process improvements
- **(*)(!!) IA_CC_9:** Implementation of practices/processes for developing regular individual care plans
- **IA_CC_13:** Practice improvements to align with OpenNotes principles
- **(!!) IA_EPA_8:** Provide Education Opportunities for New Clinicians
- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways

Table B.11: Improving Care for Lower Extremity Joint Repair MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

We're proposing to modify the previously finalized Improving Care for Lower Extremity Joint Repair MVP to:

- Remove 1 quality measure

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Orthopedic Surgery
- NPPs such as clinical nurse specialists, nurse practitioners, and physician assistants

Measure Key

! MIPS core measure within an MVP
* Existing measures and improvement activities with Proposed revisions
** Measures and improvement activities only available when included in an MVP
!! Improvement activities with an advancing health and wellness component

TABLE B.11a: Improving Care for Lower Extremity Joint Repair MVP MIPS Core Measures

Improving Care for Lower Extremity Joint Repair MVP MIPS Core Measures
Q351: Total Knee or Hip Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation
Q470: Functional Status After Primary Total Knee Replacement
Q480: Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total knee Arthroplasty (TKA) for Merit-based Incentive Payment System (MIPS)

TABLE B.11b: Improving Care for Lower Extremity Joint Repair MVP Clinical Groupings

Improving Care for Lower Extremity Joint Repair MVP		
Clinical Grouping	**Quality**	**Cost**
Non-Surgical	**Q024:** Communication with the Physician or Other Clinician Managing On-Going Care Post-Fracture for Men and Women Aged 50 Years and Older (Collection Type: Medicare Part B Claims, MIPS CQM)	**N/A**
Surgical	**(!) Q351:** Total Knee or Hip Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation (Collection Type: MIPS CQM)	**COST_PHA_1:** Elective Primary Hip Arthroplasty **COST_KA_1:** Knee Arthroplasty
	Q376: Functional Status Assessments for Total Hip Replacement (Collection Type: eCQM)	**COST_PHA_1:** Elective Primary Hip Arthroplasty

Improving Care for Lower Extremity Joint Repair MVP		
Clinical Grouping	**Quality**	**Cost**
	(!) Q470: Functional Status After Primary Total Knee Replacement (Collection Type: MIPS CQM)	**COST_KA_1:** Knee Arthroplasty
	(!) Q480: Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) for Merit-based Incentive Payment System (MIPS) (Collection Type: Administrative Claims)	**COST_PHA_1:** Elective Primary Hip Arthroplasty **COST_KA_1:** Knee Arthroplasty
Advancing Health and Wellness	**(**) Q128:** Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	**COST_PHA_1:** Elective Primary Hip Arthroplasty **COST_KA_1:** Knee Arthroplasty

Improving Care for Lower Extremity Joint Repair Improvement Activities

- **IA_BE_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **IA_BE_12:** Use evidence-based decision aids to support shared decision-making
- **(!!) IA_BE_26:** Promote Use of Patient-Reported Outcome Tools
- **IA_CC_7:** Regular training in care coordination
- **(*)(!!) IA_CC_9:** Implementation of practices/processes for developing regular individual care plans
- **IA_CC_13:** Practice Improvements to Align with OpenNotes Principles
- **IA_CC_15:** PSH Care Coordination
- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PSPA_7:** Use of QCDR data for ongoing practice assessment and improvements
- **IA_PSPA_18:** Measurement and improvement at the practice and panel level

Table B.12: Interventional Radiology MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

We're proposing to modify the previously finalized Interventional Radiology MVP to:

- Remove 1 improvement activity

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Interventional Radiology
- NPPs such as clinical nurse specialists, nurse practitioners, and physician assistants

Measure Key

! MIPS core measure within an MVP

* Existing measures and improvement activities with Proposed revisions

** Measures and improvement activities only available when included in an MVP

!! Improvement activities with an advancing health and wellness component

TABLE B.12a: Interventional Radiology MVP MIPS Core Measures

Interventional Radiology MVP MIPS Core Measures
Q145: Radiology: Exposure Dose Indices Reported for Procedures Using Fluoroscopy
Q413: Door to Puncture Time for Endovascular Stroke Treatment
Q420: Varicose Vein Treatment with Saphenous Ablation: Outcome Survey

TABLE B.12b: Interventional Radiology MVP Clinical Groupings

Interventional Radiology MVP		
Clinical Grouping	**Quality**	**Cost**
Vascular	**(!) Q420:** Varicose Vein Treatment with Saphenous Ablation: Outcome Survey (Collection Type: MIPS CQM)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	Q421: Appropriate Assessment of Retrievable Inferior Vena Cava (IVC) Filters for Removal (Collection Type: MIPS CQM)	
	Q465: Uterine Artery Embolization Technique: Documentation of Angiographic Endpoints and Interrogation of Ovarian Arteries (Collection Type: MIPS CQM)	
Dialysis-Related	**RCOIR12:** Tunneled Hemodialysis Catheter Clinical Success Rate (Collection Type: QCDR)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician **COST_HAC_1:** Hemodialysis Access Creation
	RCOIR13: Percutaneous Arteriovenous Fistula for Dialysis - Clinical Success Rate (Collection Type: QCDR)	
	RPAQIR14: Arteriovenous Graft Thrombectomy Clinical Success Rate (Collection Type: QCDR)	

Interventional Radiology MVP		
Clinical Grouping	**Quality**	**Cost**
	RPAQIR15: Arteriovenous Fistulae Thrombectomy Clinical Success Rate (Collection Type: QCDR)	
Neurological Intervention	**(!) Q413:** Door to Puncture Time for Endovascular Stroke Treatment (Collection Type: MIPS CQM)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician **COST_IHCI_1:** Intracranial Hemorrhage or Cerebral Infarction
General Interventional Radiology	**(!) Q145:** Radiology: Exposure Dose Indices Reported for Procedures Using Fluoroscopy (Collection Type: Medicare Part B Claims, MIPS CQM)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician **COST_HAC_1:** Hemodialysis Access Creation
	(*) Q374: Closing the Referral Loop: Receipt of Specialist Report (Collection Type: eCQM, MIPS CQM)	

Interventional Radiology Improvement Activities

- **IA_BE_1:** Use of certified EHR to capture patient reported outcomes
- **IA_BE_4:** Engagement of Patients through Implementation of New Patient Portal
- **IA_BE_12:** Use evidence-based decision aids to support shared decision-making
- **(!!) IA_BE_26:** Promote Use of Patient-Reported Outcome Tools
- **(!!) IA_BMH_12:** Promoting Clinician Well-Being
- **IA_CC_7:** Regular training in care coordination
- **(*) IA_CC_8:** Implementation of documentation improvements for practice/process improvements
- **(*)(!!) IA_CC_9:** Implementation of practices/processes for developing regular individual care plans
- **IA_CC_17:** Patient Navigator Program
- **IA_CC_19:** Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes
- **IA_EPA_2:** Use of telehealth services that expand practice access
- **IA_EPA_3:** Collection and use of patient experience and satisfaction data on access
- **(!!) IA_EPA_8:** Provide Education Opportunities for New Clinicians
- **(**) IA_MVP**: Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PM_17:** Participation in Population Health Research
- **IA_PSPA_1:** Participation in an AHRQ-listed patient safety organization.
- **IA_PSPA_18:** Measurement and improvement at the practice and panel level
- **IA_PSPA_25:** Cost Display for Laboratory and Radiographic Orders

Table B.13: Neuropsychology MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

We're proposing to modify the previously finalized Neuropsychology to:

- Remove 1 improvement activity

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Neuropsychology
- NPPs such as clinical nurse specialists, nurse practitioners, and physician assistants

Measure Key

! MIPS core measure within an MVP

* Existing measures and improvement activities with Proposed revisions

** Measures and improvement activities only available when included in an MVP

!! Improvement activities with an advancing health and wellness component

TABLE B.13a: Neuropsychology MVP MIPS Core Measures

Neuropsychology MVP MIPS Core Measures
Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan
Q181: Elder Maltreatment Screen and Follow-up Plan
Q282: Dementia: Functional Status Assessment

TABLE B.13b: Neuropsychology MVP Clinical Groupings

Neuropsychology MVP		
Clinical Grouping	**Quality**	**Cost**
Neurodegenerative Disorders	**(!) Q282:** Dementia: Functional Status Assessment (Collection Type: MIPS CQM)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician **TPCC_1:** Total Per Capita Cost
	Q286: Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia (Collection Type: MIPS CQM)	
	(*) Q288: Dementia: Education and Support of Caregivers for Patients with Dementia (Collection Type: MIPS CQM)	
Advancing Health and Wellness	**(*) Q130:** Documentation of Current Medications in the Medical Record (Collection Type: eCQM, MIPS CQM)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician **TPCC_1:** Total Per Capita Cost
	(!)(*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	
	(!) Q181: Elder Maltreatment Screen and Follow-up Plan (Collection Type: Medicare Part B Claims, MIPS CQM	

Neuropsychology Improvement Activities

- **IA_BE_4:** Engagement of Patients through Implementation of New Patient Portal
- **(!!) IA_BE_14:** Engage Patients and Families to Guide Improvement in the System of Care
- **(!!) IA_BE_16:** Promote Self-management in Usual Care
- **IA_BE_22:** Improved Practices that Engage Patients Pre-Visit
- **IA_BMH_7:** Implementation of Integrated Patient Centered Behavioral Health Model
- **(*)(!!) IA_CC_9:** Implementation of practices/processes for developing regular individual care plans
- **(*) IA_EPA_7:** Enhance Engagement of Medicaid and Other Underserved Populations
- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PM_21:** Advance Care Planning

Table B.14: Optimal Care for Kidney Health MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

We're proposing to modify the previously finalized Optimal Care for Kidney Health MVP to:

- Add 1 improvement activity
- Remove 1 improvement activity

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Nephrology
- NPPs such as clinical nurse specialists, nurse practitioners, and physician assistants

Measure Key

! MIPS core measure within an MVP
\+ Measures and improve activities proposed for addition to a previously finalized MVP
* Existing measures and improvement activities with Proposed revisions
** Measures and improvement activities only available when included in an MVP
!! Improvement activities with an advancing health and wellness component

TABLE B.14a: Optimal Care for Kidney Health MVP MIPS Core Measures

Optimal Care for Kidney Health MVP MIPS Core Measures
Q236: Controlling High Blood Pressure
Q482: Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate
Q489: Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy

TABLE B.14b: Optimal Care for Kidney Health MVP Clinical Groupings

Optimal Care for Kidney Health MVP		
Clinical Grouping	**Quality**	**Cost**
General Nephrology	**(*) Q001:** Diabetes: Glycemic Status Assessment Greater Than 9% (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	**COST_AKID_1:** Acute Kidney Injury Requiring New Inpatient Dialysis **COST_CKD_1:** Chronic Kidney Disease (CKD) **COST_ESRD_1:**

Optimal Care for Kidney Health MVP		
Clinical Grouping	**Quality**	**Cost**
	(!)(*) Q236: Controlling High Blood Pressure (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	End-Stage Renal Disease **COST_KTM_1:** Kidney Transplant Management **TPCC_1:** Total Per Capita Cost
	Q488: Kidney Health Evaluation (Collection Type: eCQM, MIPS CQM)	**TPCC_1:** Total Per Capita Cost
	(!) Q489: Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy (Collection Type: MIPS CQM)	**COST_CKD_1:** Chronic Kidney Disease (CKD) **COST_ESRD_1:** End-Stage Renal Disease **TPCC_1:** Total Per Capita Cost
Dialysis/Transplant	**(!) Q482:** Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate (Collection Type: MIPS CQM)	**COST_CKD_1:** Chronic Kidney Disease (CKD) **COST_ESRD_1:** End-Stage Renal Disease **TPCC_1:** Total Per Capita Cost
	Q510: First Year Standardized Waitlist Ratio (FYSWR) (Collection Type: MIPS CQM)	**COST_ESRD_1:** End-Stage Renal Disease **TPCC_1:** Total Per Capita Cost
	Q511: Percentage of Prevalent Patients Waitlisted for Kidney Transplant (PPPW) and Percentage of Prevalent Patients Waitlisted for Kidney Transplant in Active Status (aPPPW) (Collection Type: MIPS CQM)	
	Q512: Prevalent Standardized Kidney Transplant Waitlist Ratio (PSWR) (Collection Type: MIPS CQM)	
Advancing Health and Wellness	**(*) Q130:** Documentation of Current Medications in the Medical Record (Collection Type: eCQM, MIPS CQM)	**COST_AKID_1:** Acute Kidney Injury Requiring New Inpatient Dialysis **COST_CKD_1:** Chronic Kidney Disease (CKD) **COST_ESRD_1:** End-Stage Renal Disease **COST_KTM_1:** Kidney Transplant Management **TPCC_1:** Total Per Capita Cost
	Q493: Adult Immunization Status (Collection Type: MIPS CQM)	

Optimal Care for Kidney Health MVP		
Clinical Grouping	**Quality**	**Cost**
Experience of care	**Q047:** Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	**COST_AKID_1:** Acute Kidney Injury Requiring New Inpatient Dialysis **COST_CKD_1:** Chronic Kidney Disease (CKD) **COST_ESRD_1:** End-Stage Renal Disease **COST_KTM_1:** Kidney Transplant Management **TPCC_1:** Total Per Capita Cost
	Q495: Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood (Collection Type: MIPS CQM)	
	Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months (Collection Type: MIPS CQM)	

Optimal Care for Kidney Health Improvement Activities

- **(!!) IA_AHW_1:** Chronic Care and Preventative Care Management for Empaneled Patients
- **IA_BE_4:** Engagement of Patients through Implementation of New Patient Portal
- **IA_BE_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **IA_BE_14:** Engage Patients and Families to Guide Improvement in the System of Care
- **(!!) IA_BE_16**: Promote Self-management in Usual Care
- **(!!) IA_BE_26:** Promote Use of Patient-Reported Outcome Tools
- **(+)(*)(!!) IA_CC_9:** Implementation of practices/processes for developing regular individual care plans
- **IA_CC_13**: Practice Improvements to Align with OpenNotes Principles
- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PM_11:** Regular Review Practices in Place on Targeted Patient Population Needs
- **IA_PM_16:** Implementation of medication management practice improvements
- **(*) IA_PSPA_16:** Use of decision support —ideally platform-agnostic, interoperable clinical decision support (CDS) tools —and standardized treatment protocols to manage workflow on the care team to meet patient needs

Table B.15: Optimal Care for Patients with Urologic Conditions MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

We're proposing to modify the previously finalized Optimal Care for Patients with Urologic Conditions MVP to:

- Remove 4 QCDR measures
- Add 2 improvement activities
- Remove 1 improvement activity

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Urology
- General Urologists
- Urology Oncologists
- Urogynecology
- NPPs such as clinical nurse specialists, nurse practitioners, and physician assistants

Measure Key

! MIPS core measure within an MVP
* Existing measures and improvement activities with Proposed revisions
** Measures and improvement activities only available when included in an MVP
!! Improvement activities with an advancing health and wellness component

TABLE B.15a: Optimal Care for Patients with Urologic Conditions MVP MIPS Core Measures

Optimal Care for Patients with Urologic Conditions MVP MIPS Core Measures
Q050: Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older
Q358: Patient-Centered Surgical Risk Assessment and Communication
Q462: Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy

TABLE B.15b: Optimal Care for Patients with Urologic Conditions MVP Clinical Groupings

Optimal Care for Patients with Urologic Conditions MVP		
Clinical Grouping	**Quality**	**Cost**
Urological Cancer	**(!) Q462:** Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy (Collection Type: eCQM)	**COST_PC_1:** Prostate Cancer **MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	(*) Q476: Urinary Symptom Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia (Collection Type: eCQM)	
	(*) Q481: Intravesical Bacillus-Calmette Guerin for Non-muscle Invasive Bladder Cancer (Collection Type: eCQM)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician

Optimal Care for Patients with Urologic Conditions MVP		
Clinical Grouping	**Quality**	**Cost**
	(*) MUSIC4: Prostate Cancer: Active Surveillance/Watchful Waiting for Newly Diagnosed Low Risk Prostate Cancer Patients (Collection Type: QCDR)	**COST_PC_1:** Prostate Cancer **MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
General Urology	**(!) Q050:** Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older (Collection Type: MIPS CQM)	**COST_RUSST_1:** Renal or Ureteral Stone Surgical Treatment **MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
Advancing Health and Wellness	**Q318:** Falls: Screening for Future Fall Risk (Collection Type: eCQM)	**COST_PC_1:** Prostate Cancer **COST_RUSST_1:** Renal or Ureteral Stone Surgical Treatment **MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
Experience of Care	**Q321:** CAHPS for MIPS Clinician/Group Survey (Collection Type: CMS-approved Survey Vendor)	**COST_PC_1:** Prostate Cancer **COST_RUSST_1:** Renal or Ureteral Stone Surgical Treatment **MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	(!) Q358: Patient-Centered Surgical Risk Assessment and Communication (Collection Type: MIPS CQM)	
	Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months (Collection Type: MIPS CQM)	

Optimal Care for Patients with Urologic Conditions Improvement Activities

- **IA_BE_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **(+)(!!) IA_BE_16:** Promote Self-management in Usual Care
- **(!!) IA_BE_26:** Promote Use of Patient-Reported Outcome Tools
- **IA_CC_7**: Regular training in care coordination
- **(+)(*)(!!) IA_CC_9:** Implementation of practices/processes for developing regular individual care plans
- **IA_CC_13:** Practice improvements to align with OpenNotes principles
- **IA_CC_17:** Patient Navigator Program
- **IA_EPA_2:** Use of telehealth services that expand practice access
- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PM_17:** Participation in Population Health Research
- **IA_PM_21:** Advance Care Planning
- **IA_PSPA_7:** Use of QCDR data for ongoing practice assessment and improvements

- **IA_PSPA_12:** Participation in private payer CPIA
- **IA_PSPA_21:** Implementation of fall screening and assessment programs

Table B.16: Pathology MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

We're proposing to modify the previously finalized Pathology MVP to:

- Add 1 QCDR measure
- Remove 1 QCDR measure
- Add 4 improvement activities
- Remove 3 improvement activities

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Pathology

Measure Key

!	MIPS core measure within an MVP
^	Proposed new measure or improvement activity
+	Measures and improve activities proposed for addition to a previously finalized MVP
*	Existing measures and improvement activities with Proposed revisions
**	Measures and improvement activities only available when included in an MVP
!!	Improvement activities with an advancing health and wellness component

TABLE B.16a: Pathology MVP MIPS Core Measures

Pathology MVP MIPS Core Measures
Q396: Lung Cancer Reporting (Resection Specimens)
Q440: Skin Cancer: Biopsy Reporting Time – Pathologist to Clinician
Q491: Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status

TABLE B.16b: Pathology MVP Clinical Groupings

Pathology MVP		
Clinical Grouping	**Quality**	**Cost**
Pathology	**Q249:** Barrett's Esophagus (Collection Type: Medicare Part B Claims, MIPS CQM)	**N/A**
	(*) Q250: Radical Prostatectomy Pathology Reporting (Collection Type: Medicare Part B Claims, MIPS CQM)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	(*) Q395: Lung Cancer Reporting (Biopsy/Cytology Specimens) (Collection Type: Medicare Part B Claims, MIPS CQM)	**N/A**
	(!)(*) Q396: Lung Cancer Reporting (Resection Specimens) (Collection Type: Medicare Part B Claims, MIPS CQM)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	(*) Q397: Melanoma Reporting (Collection Type: Medicare Part B Claims, MIPS CQM)	**N/A**
	(!)(*) Q440: Skin Cancer: Biopsy Reporting Time – Pathologist to Clinician (Collection Type: MIPS CQM)	
	(!)(*) Q491: Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status	

Pathology MVP		
Clinical Grouping	**Quality**	**Cost**
	(Collection Type: MIPS CQM)	
	(*) CAP30: Urinary Bladder Cancer: Complete Analysis and Timely Reporting (Collection Type: QCDR)	
	CAP34: Molecular Assessment: Biomarkers in Non-Small Cell Lung Cancer (Collection Type: QCDR)	
	CAP40: Squamous Cell Skin Cancer: Complete Reporting (Collection Type: QCDR)	
	QMM21: Incorporating results of concurrent studies into Final Reports for Bone Marrow Aspirate of patients with Leukemia, Myelodysplastic syndrome, or Chronic Anemia (Collection Type: QCDR)	
	QMM29: Use of Appropriate Classification System for Lymphoma Specimen (Collection Type: QCDR)	
	QMM30: Appropriate Use of Bethesda System for Reporting Thyroid Cytopathology on Fine Needle Aspirations (FNA) of Thyroid Nodule(s) (Collection Type: QCDR)	
	(+) QMM33: Immunohistochemistry (IHC) and/or Molecular BRAF Testing Status in Metastatic Melanoma (Collection Type: QCDR)	

Pathology Improvement Activities

- **IA_BE_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **(!!) IA_BE_26:** Promote Use of Patient-Reported Outcome Tools
- **(!!) IA_BMH_12:** Promoting Clinician Well-Being
- **(+)(*)(!!) IA_CC_8:** Implementation of documentation improvements for practice/process improvements
- **(*)(!!) IA_CC_9:** Implementation of practices/processes for developing regular individual care plans
- **IA_CC_19:** Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes
- **(^)(+) IA_CC_XX:** Use of Data to Improve Practice Workflows
- **(^)(+) IA_CC_XX:** Understand and Improve Diagnostic Performance
- **(+) IA_ EPA_8:** Provide Education Opportunities for New Clinicians
- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PSPA_1:** Participation in an AHRQ-listed patient safety organization
- **IA_PSPA_12:** Participation in private payer CPIA
- **IA_PSPA_13:** Participation in Joint Commission Evaluation Initiative
- **IA_PSPA_35:** Adopt Certified Health Information Technology for Security Tags for Electronic Health Record Data

Table B.17: Patient Safety and Support of Positive Experiences with Anesthesia MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

We're proposing to modify the previously finalized Patient Safety and Support of Positive Experiences with Anesthesia MVP to:

- Add 2 quality measures and 2 QCDR measures
- Remove 2 quality measures and 3 QCDR measures

Measure Key

!	MIPS core measure within an MVP
*	Existing measures and improvement activities with Proposed revisions
**	Measures and improvement activities only available when included in an MVP
!!	Improvement activities with an advancing health and wellness component

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Anesthesiology
- NPPs such as certified registered nurse anesthetists (CRNAs), clinical nurse specialists, nurse practitioners, and physician assistants

TABLE B.17a: Patient Safety and Support of Positive Experiences with Anesthesia MVP MIPS Core Measures

Patient Safety and Support of Positive Experiences with Anesthesia MVP MIPS Core Measures
Q404: Anesthesiology Smoking Abstinence
Q477: Multimodal Pain Management
TBD: Intraoperative Hypotension (IOH) among Non-Emergent Noncardiac Surgical Cases

TABLE B.17b: Patient Safety and Support of Positive Experiences with Anesthesia MVP Clinical Groupings

Patient Safety and Support of Positive Experiences with Anesthesia MVP		
Clinical Grouping	**Quality**	**Cost**
Sedation/General Anesthesia	**(!) Q404:** Anesthesiology Smoking Abstinence (Collection Type: MIPS CQM)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	(!)(^)(+) TBD: Intraoperative Hypotension (IOH) among Non-Emergent Noncardiac Surgical Cases (Collection Type: MIPS CQM)	
	(+) AQI65: Avoidance of Cerebral Hyperthermia for Procedures Involving Cardiopulmonary Bypass (Collection Type: QCDR)	
	(+) AQI71: Ambulatory Glucose Management (Collection Type: QCDR)	
Pain Management	**(!) Q477**: Multimodal Pain Management (Collection Type: MIPS CQM)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician

Patient Safety and Support of Positive Experiences with Anesthesia MVP		
Clinical Grouping	**Quality**	**Cost**
Experience of Care	**(^)(+) TBD:** Patient-Reported Experience with Anesthesia (Collection Type: MIPS CQM)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician

Patient Safety and Support of Positive Experiences with Anesthesia Improvement Activities

- **IA_BE_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **IA_BE_22:** Improved practices that engage patients pre-visit
- **(!!) IA_BMH_2:** Tobacco use
- **IA_CC_15:** PSH Care Coordination
- **IA_CC_19:** Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes
- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PSPA_1:** Participation in an AHRQ-listed patient safety organization
- **IA_PSPA_7:** Use of QCDR data for ongoing practice assessment and improvements
- **(*) IA_PSPA_16:** Use decision support—ideally platform-agnostic, interoperable clinical decision support (CDS) tools —and standardized treatment protocols to manage workflow on the care team to meet patient needs

Table B.18: Podiatry MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

We're proposing to modify the previously finalized Podiatry MVP to:

- Remove 2 QCDR measures

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Podiatry
- NPPs such as clinical nurse specialists, nurse practitioners, and physician assistants

Measure Key

! MIPS core measure within an MVP
* Existing measures and improvement activities with Proposed revisions
** Measures and improvement activities only available when included in an MVP
!! Improvement activities with an advancing health and wellness component

TABLE B.18a: Podiatry MVP MIPS Core Measures

Podiatry MVP MIPS Core Measures
Q126: Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation
Q155: Falls: Plan of Care
Q358: Patient-Centered Surgical Risk Assessment and Communication

TABLE B.18b: Podiatry MVP Clinical Groupings

Podiatry MVP		
Clinical Grouping	**Quality**	**Cost**
Chronic Conditions	**(!) Q126:** Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation (Collection Type: MIPS CQM)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	Q127: Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear (Collection Type: MIPS CQM)	
Wound/Ulcer	**USWR32:** Adequate Compression at each visit for Patients with Venous Leg Ulcers (VLUs) appropriate to arterial supply (Collection Type: QCDR)	**N/A**
	USWR33: Diabetic Foot Ulcer (DFU) Healing or Closure (Collection Type: QCDR)	
	USWR34: Venous Leg Ulcer (VLU) Healing or Closure (Collection Type: QCDR)	

Podiatry MVP		
Clinical Grouping	**Quality**	**Cost**
	USWR35: Adequate Off-loading of Diabetic Foot Ulcers performed at each visit, appropriate to location of ulcer (Collection Type: QCDR)	
General Podiatry	**(*) Q374:** Closing the Referral Loop: Receipt of Specialist Report (Collection Type: eCQM, MIPS CQM,)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
Advancing Health and Wellness	**(!) Q155:** Falls: Plan of Care (Collection Type: MIPS CQM)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	
	(*) Q317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	
	(!) Q358: Patient-Centered Surgical Risk Assessment and Communication (Collection Type: MIPS CQM)	
	MEX5: Hammer Toe Outcome (Collection Type: QCDR)	**N/A**
	REGCLR1: Heel Pain Treatment Outcomes for Adults (Collection Type: QCDR)	
	REGCLR3: Bunion Outcome - Adult and Adolescent (Collection Type: QCDR)	

Podiatry Improvement Activities

- **IA_BE_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **(!!) IA_BMH_12:** Promoting Clinician Well-Being
- **IA_CC_19:** Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes
- **IA_EPA_7:** Enhance Engagement of Medicaid and Other Underserved Populations
- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PM_14:** Implementation of methodologies for improvements in longitudinal care management for high risk patients
- **IA_PSPA_7:** Use of QCDR data for ongoing practice assessment and improvements
- **IA_PSPA_18:** Measurement and improvement at the practice and panel level
- **IA_PSPA_22:** CDC Training on CDC's Guideline for Prescribing Opioids for Chronic Pain
- **IA_PSPA_23:** Completion of CDC Training on Antibiotic Stewardship

Table B.19: Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

We're proposing to modify the previously finalized Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP to:

- Add 1 improvement activity
- Remove 1 improvement activities

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Infectious Disease
- Immunology
- NPPs such as clinical nurse specialists, nurse practitioners, and physician assistants

Measure Key

!	MIPS core measure within an MVP
+	Measures and improve activities proposed for addition to a previously finalized MVP
*	Existing measures and improvement activities with Proposed revisions
**	Measures and improvement activities only available when included in an MVP
!!	Improvement activities with an advancing health and wellness component

TABLE B.19a: Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP MIPS Core Measures

Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP MIPS Core Measures
Q205: Sexually Transmitted Infection (STI) Testing for People with HIV
Q338: HIV Viral Suppression
Q516: Hepatitis C Virus (HCV): Sustained Virological Response (SVR)

TABLE B.19b: Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP Clinical Groupings

Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP		
Clinical Grouping	**Quality**	**Cost**
Chronic: Hep C, HIV/AIDS	**(!) Q205:** Sexually Transmitted Infection (STI) Testing for People with HIV (Collection Type: eCQM, MIPS CQM)	**TPCC_1:** Total Per Capita Cost
	(!) Q338: HIV Viral Suppression (Collection Type: eCQM, MIPS CQM)	
	Q340: HIV Annual Retention in Care (Collection Type: eCQM, MIPS CQM)	
	Q387: Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users (Collection Type: MIPS CQM)	

Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP		
Clinical Grouping	**Quality**	**Cost**
	Q401: Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis (Collection Type: MIPS CQM)	
	(!) Q516: Hepatitis C Virus (HCV): Sustained Virological Response (SVR) (Collection Type: MIPS CQM)	
Acute Infection	**Q065:** Appropriate Treatment for Upper Respiratory Infection (URI) (Collection Type: eCQM, MIPS CQM)	**N/A**
	N/A	**COST_RIH_1:** Respiratory Infection Hospitalization **COST_S_1:** Sepsis **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)	**COST_RIH_1:** Respiratory Infection Hospitalization **COST_S_1:** Sepsis **MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician **TPCC_1:** Total Per Capita Cost
	(*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	
	Q240: Childhood Immunization Status (Collection Type: eCQM)	
	Q310: Chlamydia Screening in Women (Collection Type: eCQM)	
	Q400: One-Time Screening for Hepatitis C Virus (HCV) and Treatment Initiation (Collection Type: MIPS CQM)	
	(*) Q475: HIV Screening (Collection Type: eCQM)	
	Q493: Adult Immunization Status (Collection Type: MIPS CQM)	

Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV Improvement Activities

- **IA_BE_4:** Engagement of Patients through Implementation of New Patient Portal
- **(+)(*)(!!) IA_CC_9:** Implementation of practices/processes for developing regular individual care plans
- **IA_EPA_7:** Enhance Engagement of Medicaid and Other Underserved Populations
- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PM_11:** Regular review practices in place on targeted patient population needs
- **IA_PM_14:** Implementation of methodologies for improvements in longitudinal care management for high risk patients

- **(!!) IA_PM_22:** Improving Practice Capacity for Human Immunodeficiency Virus (HIV) Prevention Services
- **IA_PSPA_23:** Completion of CDC Training on Antibiotic Stewardship
- **(!!) IA_PSPA_32:** Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support

Table B.20: Pulmonology Care MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Pulmonology
- Sleep medicine
- NPPs such as clinical nurse specialists, nurse practitioners, and physician assistants

Measure Key

! MIPS core measure within an MVP

* Existing measures and improvement activities with Proposed revisions

** Measures and improvement activities only available when included in an MVP

!! Improvement activities with an advancing health and wellness component

TABLE B.20a: Pulmonology Care MVP MIPS Core Measures

Pulmonology Care MVP MIPS Core Measures
Q052: Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation and Long-Acting Inhaled Bronchodilator Therapy
Q279: Sleep Apnea: Assessment of Adherence to Obstructive Sleep Apnea (OSA) Therapy
Q398: Optimal Asthma Control

TABLE B.20b: Pulmonology Care MVP Clinical Groupings

Pulmonology Care MVP		
Clinical Grouping	**Quality**	**Cost**
Asthma	**(!)(*) Q398:** Optimal Asthma Control (Collection Type: MIPS CQM)	**COST_ACOPD_1:** Asthma/ Chronic Obstructive Pulmonary Disease (COPD)
COPD	**(!) Q052:** Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation and Long-Acting Inhaled Bronchodilator Therapy (Collection Type: MIPS CQM)	**COST_ACOPD_1:** Asthma/ Chronic Obstructive Pulmonary Disease (COPD) **COST_COPDE_1:** Inpatient Chronic Obstructive Pulmonary Disease (COPD) Exacerbation
	ACEP25: Tobacco Use: Screening and Cessation Intervention for Patients with Asthma and COPD (Collection Type: QCDR)	
Sleep Medicine	**Q277:** Sleep Apnea: Severity Assessment at Initial Diagnosis (Collection Type: MIPS CQM)	**N/A**
	(!) Q279: Sleep Apnea: Assessment of Adherence to Obstructive Sleep Apnea (OSA) Therapy (Collection Type: MIPS CQM)	

Pulmonology Care MVP		
Clinical Grouping	**Quality**	**Cost**
Advancing Health and Wellness	**(**) Q128:** Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	**COST_ACOPD_1:** Asthma/ Chronic Obstructive Pulmonary Disease (COPD) **COST_COPDE_1:** Inpatient Chronic Obstructive Pulmonary Disease (COPD) Exacerbation
	Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	
Experience of Care	**Q047:** Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	**COST_ACOPD_1:** Asthma/ Chronic Obstructive Pulmonary Disease (COPD) **COST_COPDE_1:** Inpatient Chronic Obstructive Pulmonary Disease (COPD) Exacerbation
	Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months (Collection Type: MIPS CQM)	

Pulmonology Care Improvement Activities

- **(!!) IA_AHW_1:** Chronic Care and Preventative Care Management for Empaneled Patients
- **(!!) IA_BE_23:** Integration of patient coaching practices between visits
- **(!!) IA_BE_26:** Promote Use of Patient-Reported Outcome Tools
- **(*)(!!) IA_CC_9:** Implementation of practices/processes for developing regular individual care plans
- **IA_EPA_2:** Use of telehealth services that expand practice access
- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PM_16:** Implementation of medication management practice improvements

Table B.21: Quality Care for Patients with Neurological Conditions MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Neurology
- NPPs such as clinical nurse specialists, nurse practitioners, and physician assistants

Measure Key

! MIPS core measure within an MVP

* Existing measures and improvement activities with Proposed revisions

** Measures and improvement activities only available when included in an MVP

!! Improvement activities with an advancing health and wellness component

TABLE B.21a: Quality Care for Patients with Neurological Conditions MVP MIPS Core Measures

Quality Care for Patients with Neurological Conditions MVP MIPS Core Measures
Q238: Use of High-Risk Medications in Older Adults
Q282: Dementia: Functional Status Assessment
Q495: Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood

TABLE B.21b: Quality Care for Patients with Neurological Conditions MVP Clinical Groupings

Quality Care for Patients with Neurological Conditions MVP		
Clinical Grouping	**Quality**	**Cost**
Brain Conditions	**Q268:** Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy (Collection Type: MIPS CQM)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
Dementia	**Q281:** Dementia: Cognitive Assessment (Collection Type: eCQM)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	(!) Q282: Dementia: Functional Status Assessment (Collection Type: MIPS CQM)	
	Q286: Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia (Collection Type: MIPS CQM)	
	(*) Q288: Dementia: Education and Support of Caregivers for Patients with Dementia (Collection Type: MIPS CQM)	
Neurodegenerative Disorders	**(*) Q291:** Assessment of Cognitive Impairment or Dysfunction for Patients with Parkinson's Disease (Collection Type: MIPS CQM)	**MSPB_1**: Medicare Spending Per Beneficiary (MSPB) Clinician
	Q293: Rehabilitative Therapy Referral for Patients with Parkinson's Disease (Collection Type: MIPS CQM)	

Quality Care for Patients with Neurological Conditions MVP		
Clinical Grouping	**Quality**	**Cost**
	Q386: Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences (Collection Type: MIPS CQM)	
Advancing Health and Wellness	**(*) Q130:** Documentation of Current Medications in the Medical Record (Collection Type: eCQM, MIPS CQM)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	(!) Q238: Use of High-Risk Medications in Older Adults (Collection Type: eCQM, MIPS CQM)	
	(*) Q513: Patient reported falls and plan of care (Collection Type: MIPS CQM)	
Experience of Care	**Q047:** Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	(!) Q495: Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood (Collection Type: MIPS CQM)	
	Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months (Collection Type: MIPS CQM)	

Quality Care for Patients with Neurological Conditions Improvement Activities

- **IA_BE_4:** Engagement of Patients through Implementation of New Patient Portal
- **IA_BE_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **(!!) IA_BE_16:** Promote Self-management in Usual Care
- **IA_BE_24:** Financial Navigation Program
- **(!!) IA_BE_26:** Promote Use of Patient-Reported Outcome Tools
- **(*)(!!) IA_BMH_4:** Depression screening
- **IA_EPA_2:** Use of telehealth services that expand practice access
- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PM_11:** Regular review practices in place on targeted patient population needs
- **IA_ PM_16:** Implementation of medication management practice improvements
- **IA_PM_21:** Advance Care Planning
- **(!!) IA_PSPA_21:** Implementation of fall screening and assessment programs

Table B.22: Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

We're proposing to modify the previously finalized Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP to:

- Add 1 quality measure
- Remove 1 quality measure and 2 QCDR measures
- Add 8 improvement activities
- Remove 1 improvement activity

Measure Key

!	MIPS core measure within an MVP
^	Proposed new measure or improvement activity
+	Measures and improve activities proposed for addition to a previously finalized MVP
*	Existing measures and improvement activities with Proposed revisions
**	Measures and improvement activities only available when included in an MVP
!!	Improvement activities with an advancing health and wellness component

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Otolaryngology
- NPPs such as audiologists, clinical nurse specialists, nurse practitioners, and physician assistants

TABLE B.22a: Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP MIPS Core Measures

Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP MIPS Core Measures
Q331: Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)
Q357: Surgical Site Infection (SSI)
TBD: Age-Related Hearing Loss: Comprehensive Audiometric Evaluation

TABLE B.22b: Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP Clinical Groupings

Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP		
Clinical Grouping	**Quality**	**Cost**
Otology	**(*) AAO20:** Tympanostomy Tubes: Comprehensive Audiometric Evaluation (Collection Type: QCDR)	**N/A**
Sleep Disorders	**Q277:** Sleep Apnea: Severity Assessment at Initial Diagnosis (Collection Type: MIPS CQM)	**N/A**

Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP		
Clinical Grouping	**Quality**	**Cost**
General Otolaryngology	**(!) Q331:** Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse) (Collection Type: MIPS CQM)	**N/A**
	(!)(^)(+) TBD: Age-Related Hearing Loss: Comprehensive Audiometric Evaluation (Collection Type: MIPS CQM)	
Surgical	**Q355:** Unplanned Reoperation within the 30-Day Postoperative Period (Collection Type: MIPS CQM)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	(!) Q357: Surgical Site Infection (SSI) (Collection Type: MIPS CQM)	
Advancing Health and Wellness	**(**) Q128:** Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	

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

- **IA_BE_4:** Engagement of Patients through Implementation of New Patient Portal
- **(+) IA_BE_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **(!!) IA_BE_26:** Promote Use of Patient-Reported Outcome Tools
- **(+) IA_CC_7:** Regular training in care coordination
- **(+)(*) IA_CC_8:** Implementation of documentation improvements for practice/process improvements
- **(+)(*)(!!) IA_CC_9:** Implementation of practices/processes for developing regular individual care plans
- **IA_CC_13:** Practice improvements to align with OpenNotes principles
- **(+) IA_CC_17:** Patient Navigator Program
- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **(+) IA_PM_14:** Implementation of methodologies for improvements in longitudinal care management for high risk patients
- **IA_PM_16:** Implementation of medication management practice improvements
- **(+) IA_PM_17:** Participation in Population Health Research
- **IA_PSPA_7:** Use of QCDR data for ongoing practice assessment and improvements
- **(+) IA_PSPA_12:** Participation in private payer CPIA

Table B.23: Quality Care in Mental Health and Substance Use Disorders MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

We're proposing to modify the previously finalized Quality Care in Mental Health and Substance Use Disorders MVP to:

- Add 1 improvement activity
- Remove 1 improvement activity

Measure Key

!	MIPS core measure within an MVP
+	Measures and improve activities proposed for addition to a previously finalized MVP
*	Existing measures and improvement activities with Proposed revisions
**	Measures and improvement activities only available when included in an MVP
!!	Improvement activities with an advancing health and wellness component

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Mental health
- Behavioral health
- Psychiatry
- NPPs such as clinical social workers, clinical nurse specialists, nurse practitioners, and physician assistants

TABLE B.23a: Quality Care in Mental Health and Substance Use Disorders MVP MIPS Core Measures

Quality Care in Mental Health and Substance Use Disorders MVP MIPS Core Measures
Q305: Initiation and Engagement of Substance Use Disorder Treatment
Q370: Depression Remission at Twelve Months
Q383: Adherence to Antipsychotic Medications For Individuals with Schizophrenia

TABLE B.23b: Quality Care in Mental Health and Substance Use Disorders MVP Clinical Groupings

Quality Care in Mental Health and Substance Use Disorders MVP		
Clinical Grouping	**Quality**	**Cost**
Mental Health—General	**Q009:** Anti-Depressant Medication Management (Collection Type: eCQM)	**COST_DEP_1**: Depression
	(*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	**COST_DEP_1:** Depression **COST_PRC_1:** Psychoses/Related Conditions **MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician

Quality Care in Mental Health and Substance Use Disorders MVP		
Clinical Grouping	**Quality**	**Cost**
	Q366: Follow-Up Care for Children Prescribed ADHD Medication (Collection Type: eCQM)	**N/A**
	(!) Q370: Depression Remission at Twelve Months (Collection Type: eCQM, MIPS CQM)	**COST_DEP_1:** Depression **COST_PRC_1:** Psychoses/Related Conditions
	(!)(*) Q383: Adherence to Antipsychotic Medications For Individuals with Schizophrenia (Collection Type: MIPS CQM)	**COST_PRC_1:** Psychoses/Related Conditions
	MBHR2: Anxiety Response at 6-months (Collection Type: QCDR)	**COST_DEP_1:** Depression **COST_PRC_1:** Psychoses/Related Conditions
	MBHR7: Posttraumatic Stress Disorder (PTSD) Outcome Assessment for Adults and Children (Collection Type: QCDR)	**N/A**
Mental Health—Suicide	**Q382:** Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (Collection Type: eCQM)	**COST_DEP_1:** Depression **COST_PRC_1:** Psychoses/Related Conditions
	Q504: Initiation, Review, and/or Update to Suicide Safety Plan for Individuals with Suicidal Thoughts, Behavior, or Suicide Risk (Collection Type: MIPS CQM)	
	(*) Q505: Reduction in Suicidal Ideation or Behavior Symptoms (Collection Type: MIPS CQM)	
Substance Use Disorder	**(!) Q305:** Initiation and Engagement of Substance Use Disorder Treatment (Collection Type: eCQM)	**N/A**
	Q468: Continuity of Pharmacotherapy for Opioid Use Disorder (OUD) (Collection Type: MIPS CQM)	
Experience of Care	**Q502:** Improvement or Maintenance of Functioning for Individuals with a Mental and/or Substance Use Disorder (Collection Type: MIPS CQM)	**COST_DEP_1:** Depression **COST_PRC_1:** Psychoses/Related Conditions **MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician

Quality Care in Mental Health and Substance Use Improvement Activities

- **(!!) IA_BE_12:** Use evidence-based decision aids to support shared decision-making
- **(!!) IA_BE_16:** Promote Self-management in Usual Care
- **(!!) IA_BE_23:** Integration of patient coaching practices between visits

- **(!!) IA_BE_26:** Promote Use of Patient-Reported Outcome Tools
- **(!!) IA_BMH_2:** Tobacco use
- **(+)(*)(!!) IA_BMH_4:** Depression screening and follow-up plan
- **IA_BMH_7:** Implementation of Integrated Patient Centered Behavioral Health Model
- **(!!) IA_BMH_14:** Behavioral/Mental Health and Substance Use Screening and Referral for Pregnant and Postpartum Women
- **(!!) IA_BMH_15:** Behavioral/Mental Health and Substance Use Screening and Referral for Older Adults
- **IA_EPA_2:** Use of telehealth services that expand practice access
- **IA_EPA_7:** Enhance Engagement of Medicaid and Other Underserved Populations
- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **(!!) IA_PSPA_32:** Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support

Table B.24: Rehabilitative Support MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

We're proposing to rename the Rehabilitative Support for Musculoskeletal Care MVP to Rehabilitative Support MVP to better reflect the measures and activities included. We're also proposing to modify the MVP to:

- Add 5 quality measures
- Remove 7 quality measure
- Add 1 improvement activity
- Remove 2 improvement activities

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Chiropractic
- Physiatry
- Physical Therapy
- Occupational Therapy
- NPPs such as clinical nurse specialists, nurse practitioners, and physician assistants

Measure Key

!	MIPS core measure within an MVP
^	Proposed new measure or improvement activity
+	Measures and improve activities proposed for addition to a previously finalized MVP
*	Existing measures and improvement activities with Proposed revisions
**	Measures and improvement activities only available when included in an MVP
!!	Improvement activities with an advancing health and wellness component

TABLE B.24a: Rehabilitative Support MVP MIPS Core Measures

Rehabilitative Support MVP MIPS Core Measures
Q050: Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older
Q155: Falls: Plan of Care
TBD: Functional Improvement for Patients with Back Impairments

TABLE B.24b: Rehabilitative Support MVP Clinical Groupings

Rehabilitative Support MVP		
Clinical Grouping	**Quality**	**Cost**
Orthopedic	**Q182:** Functional Outcome Assessment (Collection Type: MIPS CQM)	**COST_LBP_1:** Low Back Pain
	(^)(+) TBD: Functional Improvement for Patients with Neck Impairments (Collection Type: MIPS CQM)	**N/A**

Rehabilitative Support MVP		
Clinical Grouping	**Quality**	**Cost**
	(^)(+) **TBD:** Functional Improvement for Patients with Upper Extremity Impairments (Collection Type: MIPS CQM)	
	(^)(+) **TBD:** Functional Improvement for Patients with Lower Extremity Impairments (Collection Type: MIPS CQM)	
	(^)(+) **TBD:** Functional Improvement for Patients with Knee Impairments (Collection Type: MIPS CQM)	
	(!)(^)(+) **TBD:** Functional Improvement for Patients with Back Impairments (Collection Type: MIPS CQM)	**COST_LBP_1:** Low Back Pain
	MSK6: Patients Suffering From a Neck Injury who Improve Pain (Collection Type: QCDR)	**N/A**
	MSK7: Patients Suffering From an Upper Extremity Injury who Improve Pain (Collection Type: QCDR)	
	MSK8: Patients Suffering From a Back Injury who Improve Pain (Collection Type: QCDR)	**COST_LBP_1:** Low Back Pain
	MSK9: Patients Suffering From a Lower Extremity Injury who Improve Pain (Collection Type: QCDR)	**N/A**
Geriatric	**(!) Q050:** Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older (Collection Type: MIPS CQM)	**N/A**
Advancing Health and Wellness	**(**) Q128:** Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	**COST_LBP_1:** Low Back Pain
	(*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	
	(!) Q155: Falls: Plan of Care (Collection Type: MIPS CQM)	

Rehabilitative Support for Musculoskeletal Care Improvement Activities

- **(!!) IA_AHW_1:** Chronic Care and Preventative Care Management for Empaneled Patients
- **IA_BE_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **(!!) IA_BE_16:** Promote Self-management in Usual Care
- **(!!) IA_BE_26:** Promote Use of Patient-Reported Outcome Tools
- **(!!) IA_BMH_12:** Promoting Clinician Well-Being

- **(!!) IA_BMH_15:** Behavioral/Mental Health and Substance Use Screening and Referral for Older Adults
- **(*) IA_CC_8**: Implementation of documentation improvements for practice/process improvements
- **(+)(*)(!!) IA_CC_9:** Implementation of practices/processes for developing regular individual care plans
- **IA_EPA_2:** Use of telehealth services that expand practice access
- **IA_EPA_3:** Collection and use of patient experience and satisfaction data on access
- **(!) IA_EPA_8:** Provide Education Opportunities for New Clinicians
- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **(*) IA_PSPA_16:** Use decision support—ideally platform-agnostic, interoperable clinical decision support (CDS) tools —and standardized treatment protocols to manage workflow on the care team to meet patient needs
- **(!!) IA_PSPA_21:** Implementation of fall screening and assessment programs

Table B.25: Surgical Care MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- General surgery
- Neurosurgery
- Cardiothoracic surgery
- NPPs such as clinical nurse specialists, nurse practitioners, and physician assistants

Measure Key

! MIPS core measure within an MVP

* Existing measures and improvement activities with Proposed revisions

** Measures and improvement activities only available when included in an MVP

!! Improvement activities with an advancing health and wellness component

TABLE B.25a: Surgical Care MVP MIPS Core Measures

Surgical Care MVP MIPS Core Measures
Q047: Advance Care Plan
Q164: Coronary Artery Bypass Graft (CABG): Prolonged Intubation
Q354: Anastomotic Leak Intervention
Q357: Surgical Site Infection (SSI)
Q358: Patient-Centered Surgical Risk Assessment and Communication
Q459: Back Pain After Lumbar Surgery

TABLE B.25b: Surgical Care MVP Clinical Groupings

Surgical Care MVP		
Clinical Grouping	**Quality**	**Cost**
Cardiothoracic Surgery	**(!) Q164:** Coronary Artery Bypass Graft (CABG): Prolonged Intubation (Collection Type: MIPS CQM)	**COST_NECABG_1:** Non-Emergent Coronary Artery Bypass Graft (CABG) **MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	(*) Q167: Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure (Collection Type: MIPS CQM)	
	(*) Q168: Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration (Collection Type: MIPS CQM)	
	Q445: Risk-Adjusted Operative Mortality for Coronary Artery Bypass Graft (CABG) (Collection Type: MIPS CQM)	
General Surgery	**(!) Q354:** Anastomotic Leak Intervention (Collection Type: MIPS CQM)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	Q355: Unplanned Reoperation within the 30-Day Postoperative Period (Collection Type: MIPS CQM)	**COST_LPMSM_1:** Lumpectomy, Partial Mastectomy, Simple Mastectomy

Surgical Care MVP		
Clinical Grouping	**Quality**	**Cost**
		COST_CRR_1: Colon and Rectal Resection **COST_FIHR_1:** Femoral or Inguinal Hernia Repair **MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	(!) Q357: Surgical Site Infection (SSI) (Collection Type: MIPS CQM)	**COST_LSFDD_1:** Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels **COST_LPMSM_1:** Lumpectomy, Partial Mastectomy, Simple Mastectomy **COST_CRR_1:** Colon and Rectal Resection **COST_FIHR_1**: Femoral or Inguinal Hernia Repair **MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
Neurosurgical	**(!) Q459:** Back Pain After Lumbar Surgery (Collection Type: MIPS CQM)	**COST_LSFDD_1:** Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels **MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	Q461: Leg Pain After Lumbar Surgery (Collection Type: MIPS CQM)	
	Q471: Functional Status After Lumbar Surgery (Collection Type: MIPS CQM)	
Advancing Health and Wellness	**Q226:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	**COST_NECABG_1:** Non-Emergent Coronary Artery Bypass Graft (CABG) **COST_LSFDD_1:** Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels **COST_LPMSM_1:** Lumpectomy, Partial Mastectomy, Simple Mastectomy **COST_CRR_1:** Colon and Rectal Resection **COST_FIHR_1:** Femoral or Inguinal Hernia Repair **MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician

Surgical Care MVP		
Clinical Grouping	**Quality**	**Cost**
Experience of Care	**(!) Q047:** Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	**COST_NECABG_1:** Non-Emergent Coronary Artery Bypass Graft (CABG) **COST_LSFDD_1:** Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels **COST_LPMSM_1:** Lumpectomy, Partial Mastectomy, Simple Mastectomy **COST_CRR_1:** Colon and Rectal Resection **COST_FIHR_1:** Femoral or Inguinal Hernia Repair **MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	(!) Q358: Patient-Centered Surgical Risk Assessment and Communication (Collection Type: MIPS CQM)	

Surgical Care Improvement Activities

- **(!!) IA_BE_12:** Use evidence-based decision aids to support shared decision-making
- **(!!) IA_BE_26:** Promote Use of Patient-Reported Outcome Tools
- **IA_CC_15:** PSH Care Coordination
- **IA_CC_17:** Patient Navigator Program
- **(!!) IA_CC_18:** Relationship-Centered Communication
- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PM_11:** Regular review practices in place on targeted patient population needs
- **IA_PSPA_7:** Use of QCDR data for ongoing practice assessment and improvements
- **IA_PSPA_8:** Use of Patient Safety Tools

Table B.26: Value in Primary Care MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

We're proposing to modify the previously finalized Value in Primary Care MVP to:

- Add 1 quality measure
- Remove 1 quality measure

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Family Medicine
- Geriatrics
- Internal Medicine
- Preventive Medicine
- NPPs such as clinical nurse specialists, nurse practitioners, and physician assistants

Measure Key

!	MIPS core measure within an MVP
^	Proposed new measure or improvement activity
+	Measures and improve activities proposed for addition to a previously finalized MVP
*	Existing measures and improvement activities with Proposed revisions
**	Measures and improvement activities only available when included in an MVP
!!	Improvement activities with an advancing health and wellness component

TABLE B.26a: Value in Primary Care MVP MIPS Core Measures

Value in Primary Care MVP MIPS Core Measures
Q001: Diabetes: Glycemic Status Assessment Greater Than 9%
Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan
Q236: Controlling High Blood Pressure

TABLE B.26b: Value in Primary Care MVP Clinical Groupings

Value in Primary Care MVP		
Clinical Grouping	**Quality**	**Cost**
Chronic Conditions	**(!)(*) Q001:** Diabetes: Glycemic Status Assessment Greater Than 9% (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	**COST_D_1:** Diabetes **TPCC_1:** Total Per Capita Cost
	(!)(*) Q236: Controlling High Blood Pressure (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	**COST_ACOPD_1:** Asthma/ Chronic Obstructive Pulmonary Disease (COPD) **COST_D_1:** Diabetes **COST_DEP_1:** Depression **COST_HF_1:** Heart Failure

Value in Primary Care MVP		
Clinical Grouping	**Quality**	**Cost**
		TPCC_1: Total Per Capita Cost
	Q305: Initiation and Engagement of Substance Use Disorder Treatment (Collection Type: eCQM)	**N/A**
	(*) Q438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Collection Type: eCQM, MIPS CQM)	**TPCC_1:** Total Per Capita Cost
	Q504: Initiation, Review, and/or Update to Suicide Safety Plan for Individuals with Suicidal Thoughts, Behavior, or Suicide Risk (Collection Type: MIPS CQM)	**COST_DEP_1:** Depression **TPCC_1:** Total Per Capita Cost
	(^)(+) TBD: Low Density Lipoprotein Cholesterol (LDL-C) Monitoring and Management (Collection Type: MIPS CQM)	**TPCC_1:** Total Per Capita Cost
Advancing Health and Wellness	**(!)(*) Q134:** Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	**COST_ACOPD_1:** Asthma/ Chronic Obstructive Pulmonary Disease (COPD) **COST_D_1:** Diabetes **COST_DEP_1:** Depression **COST_HF_1:** Heart Failure **TPCC_1:** Total Per Capita Cost
	(*) Q475: HIV Screening (Collection Type: eCQM)	
	Q493: Adult Immunization Status (Collection Type: MIPS CQM)	
	(*) Q497: Preventive Care and Wellness (composite) (Collection Type: MIPS CQM)	
Experience of Care	**Q047:** Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	**COST_ACOPD_1:** Asthma/ Chronic Obstructive Pulmonary Disease (COPD) **COST_D_1:** Diabetes **COST_DEP_1:** Depression **COST_HF_1:** Heart Failure **TPCC_1:** Total Per Capita Cost
	Q321: CAHPS for MIPS Clinician/Group Survey (Collection Type: CMS-approved Survey Vendor)	

Value in Primary Care Improvement Activities

- **(!!) IA_AHW_1:** Chronic Care and Preventative Care Management for Empaneled Patients
- **IA_BE_4:** Engagement of Patients through Implementation of New Patient Portal
- **IA_BE_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **IA_BE_12:** Use evidence-based decision aids to support shared decision-making
- **(!!) IA_BE_26:** Promote Use of Patient-Reported Outcome Tools
- **IA_CC_13:** Practice improvements to align with OpenNotes principles
- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PM_11:** Regular review practices in place on targeted patient population needs
- **IA_PM_16:** Implementation of medication management practice improvements

- **(!!) IA_PM_22:** Improving Practice Capacity for Human Immunodeficiency Virus (HIV) Prevention Services
- **(!!) IA_PM_23:** Use of Computable Guidelines and Clinical Decision Support to Improve Adherence for Cervical Cancer Screening and Management Guidelines
- **(!!) IA_PM_25:** Save a Million Hearts: Standardization of Approach to Screening and Treatment for Cardiovascular Disease Risk

Table B.27: Vascular Surgery MVP

Beginning with the CY 2027 MIPS Performance Period, 2029 MIPS Payment Year

We're proposing to modify the previously finalized Vascular Surgery MVP to:

- Remove 1 improvement activity

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Vascular Surgery
- NPPs such as clinical nurse specialists, nurse practitioners, and physician assistants

Measure Key

! MIPS core measure within an MVP

* Existing measures and improvement activities with Proposed revisions

** Measures and improvement activities only available when included in an MVP

!! Improvement activities with an advancing health and wellness component

TABLE B.27a: Vascular Surgery MVP MIPS Core Measures

Vascular Surgery MVP MIPS Core Measures
Q344: Rate of Carotid Endarterectomy (CEA) or Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2)
Q356: Unplanned Hospital Readmission within 30 Days of Principal Procedure
Q358: Patient-Centered Surgical Risk Assessment and Communication

TABLE B.27b: Vascular Surgery MVP Clinical Groupings

Vascular Surgery MVP		
Clinical Grouping	**Quality**	**Cost**
Interventional	**Q259:** Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #2) (Collection Type: MIPS CQM)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	(!) Q344: Rate of Carotid Endarterectomy (CEA) or Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2) (Collection Type: MIPS CQM)	
Surgical	**Q355:** Unplanned Reoperation within the 30-Day Postoperative Period (Collection Type: MIPS CQM)	**COST_HAC_1:** Hemodialysis Access Creation

Vascular Surgery MVP		
Clinical Grouping	**Quality**	**Cost**
		MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	(!) Q356: Unplanned Hospital Readmission within 30 Days of Principal Procedure (Collection Type: MIPS CQM)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	Q357: Surgical Site Infection (SSI) (Collection Type: MIPS CQM)	**COST_HAC_1:** Hemodialysis Access Creation **MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
Dialysis-Related	**RCOIR12:** Tunneled Hemodialysis Catheter Clinical Success Rate (Collection Type: QCDR)	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician **COST_HAC_1:** Hemodialysis Access Creation
	RCOIR13: Percutaneous Arteriovenous Fistula for Dialysis - Clinical Success Rate (Collection Type: QCDR)	
	RPAQIR14: Arteriovenous Graft Thrombectomy Clinical Success Rate (Collection Type: QCDR)	
	RPAQIR15: Arteriovenous Fistulae Thrombectomy Clinical Success Rate (Collection Type: QCDR)	
General Vascular Surgery	**(*) Q374:** Closing the Referral Loop: Receipt of Specialist Report (Collection Type: eCQM, MIPS CQM)	**COST_CCLI_1:** Revascularization For Lower Extremity Chronic Critical Limb Ischemia **COST_HAC_1:** Hemodialysis Access Creation **MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
Advancing Health and Wellness	**(*) Q001:** Diabetes: Glycemic Status Assessment Greater Than 9% (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	**COST_CCLI_1:** Revascularization For Lower Extremity Chronic Critical Limb Ischemia **COST_HAC_1:** Hemodialysis Access Creation **MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	(*) Q130: Documentation of Current Medications in the Medical Record (Collection Type: eCQM, MIPS CQM)	
	Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	
	(*) Q438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Collection Type: eCQM, MIPS CQM)	
Experience of Care	**Q047:** Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	**COST_CCLI_1:** Revascularization For Lower Extremity Chronic Critical Limb

Vascular Surgery MVP		
Clinical Grouping	**Quality**	**Cost**
	Q321: CAHPS for MIPS Clinician/Group Survey (Collection Type: CMS-approved Survey Vendor)	Ischemia **COST_HAC_1:** Hemodialysis Access Creation **MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	(!) Q358: Patient-Centered Surgical Risk Assessment and Communication (Collection Type: MIPS CQM)	

Vascular Surgery Improvement Activities

- **IA_BE_1:** Use of certified EHR to capture patient reported outcomes
- **IA_BE_1:** Use of certified EHR to capture patient reported outcomes
- **IA_BE_4:** Engagement of Patients through Implementation of New Patient Portal
- **(!!) IA_BE_12:** Use evidence-based decision aids to support shared decision-making
- **(!!) IA_BE_26:** Promote Use of Patient-Reported Outcome Tools
- **IA_CC_15:** PSH Care Coordination
- **IA_EPA_2:** Use of telehealth services that expand practice access
- **IA_EPA_3:** Collection and use of patient experience and satisfaction data on access
- **IA_EPA_8:** Provide Education Opportunities for New Clinicians
- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **(!!) IA_PM_5:** Engagement of community for health status improvement
- **IA_PM_11:** Regular Review Practices in Place on Targeted Patient Population Needs
- **IA_PM_15:** Implementation of episodic care management practice improvements
- **IA_PM_16:** Implementation of medication management practice improvements
- **IA_PM_21:** Advance Care Planning
- **IA_PSPA_1:** Participation in an AHRQ-listed patient safety organization

Version History

Date	Change Description
7/14/2026	Original version.