



HEALTHCARE INTELLIGENCE DELIVERED



# MIPS Value Pathways (MVPs)

## The new concept in 2023

### Merit-Based Incentive Payment (MIPS) Background

The Centers for Medicare and Medicaid Services (CMS) introduced the Quality Payment Program in 2015 with two tracks: MIPS and Advance Payment Model (APM).

In MIPS, performance-based payment adjustments are made for the services provided to Medicare patients based on a Final Score. Performance is measured across 4 areas – Quality, Improvement Activities (IA), Promoting Interoperability (PI) and Cost.

As the MIPS program has matured, the difficulty of avoiding payment penalties has been steadily increasing. Also, clinicians and stakeholders have expressed that MIPS is overly complex.

### What are MVPs?

MVP is a conceptual participation framework applying to future proposals beginning with the 2023 performance year. The MVP framework aims to align and connect measures and activities across the Quality, Cost, PI, and IA performance categories of MIPS for different specialties or conditions. MVPs are based on a specialty, medical condition, or episode of care and are established through the CMS rule-making process.

### How are MVPs going to make reporting more meaningful?

Traditional MIPS reporting can be confusing. Scoring logic and the reporting requirement of each category are unique. In addition, there are many measures and activities to choose from, many of which are not relevant to a clinician's specialty.

The introduction of MVPs is a landmark change aimed at reducing the reporting burden while also moving away from certain activities and measures. Reporting on an aligned set of performance measure options relevant to a clinician's scope of practice is more meaningful to clinicians, allows patients and caregivers to make more informed choices using comparative performance data and places greater emphasis on patient care. MVPs also reduce barriers to APM participation and support the transition to digital quality measures.

For multispecialty groups, the MVP subgroup reporting option provides a way to report performance information meaningful to the various specialties and teams within the group.

### Who can report MVPs?

For the 2023 MIPS performance period, MVPs may be reported by individual MIPS eligible clinicians, multi-specialty groups, single-specialty groups, subgroups, or APM Entities.

## What are the reporting requirements of an MVP?

**Quality Reporting Requirements-** 4 quality measures, including 1 outcome measure (or, if an outcome measure is not available, 1 high priority measure, included in the MVP, excluding the population health measure).

**IA Reporting Requirements-** an MVP Participant must report one of the following: two medium-weighted improvement activities; one high-weighted improvement activity; or participation in a certified or recognized patient-centered medical home (PCMH) or comparable specialty practice.

**Cost Reporting Requirements-** As in traditional MIPS, cost measures are calculated by CMS using administrative claims data.

### Foundation Layer Reporting Requirements:

**PI Reporting Requirements-** The entire set of Promoting Interoperability measures, as a part of the foundation layer, are included in all MVPs.

**Population Health Measures-** As part of the foundation layer, at the time of MVP Registration, the Participant must select one Population Health Measure. The score from the selected measure is added to the Quality Performance Category of the MVP.

QUALITY	IA	COST
4 quality measures, including 1 outcome measure	2 medium-weighted improvement activities OR one high-weighted improvement activity OR PCMH	no submission required
Entire Set of <b>PI</b> Measures		
1 <b>Population Health</b> Measure		

## First steps to prepare for MVP reporting

MVPs will be available for submission in performance year 2023. Being informed about the nuances of the evolution of MVPs will enable clinicians to choose the best possible option for their reporting, aiming to earn positive payment adjustments, simplify the reporting and enable better focus on patient care.

1. CMS already finalized 7 MVPs in 2022 Final Rule. Identify whether any of them are related to your specialty:
  - Advancing Rheumatology Patient Care
  - Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes
  - Advancing Care for Heart Disease
  - Optimizing Chronic Disease Management
  - Adopting Best Practices and Promoting Patient Safety within Emergency Medicine
  - Improving Care for Lower Extremity Joint Repair
  - Support of Positive Experiences with Anesthesia
2. If you identify a relevant MVP, check if you are already submitting for the quality measures. If so, how do your previous year's scores look like? Then look at the listed IAs to see if you are already reporting on them.
3. Ideas for an additional MVP that supports meaningful measurement of a specialty, condition or public health priority that is meaningful to patient care can be brought to CMS as they have published guidelines for Candidate Development and Submission.
4. It is expected that CMS will publish more MVPs in the proposed rule 2023. After reviewing if any of the MVPs pertain to your specialty/practice, send your comments to CMS.
5. Remember that all PI measures are mandatory unless exceptions are claimed. Review and update your health-IT systems as per the requirements.

**Any questions? Reach out to us! We have subject matter experts ready to help.**