Quality Payment Program (QPP) Proposals in the CY 2022 Physician Fee Schedule (PFS) Notice of Proposed Rule Making (NPRM): MIPS Value Pathways (MVPs) Proposals

General

POLICY AREA	PROPOSAL
MVP Development Criteria	In the CY 2021 PFS final rule, we established a set of criteria for use in the development and selection of MVPs. Specifically, we had finalized that we are not prescriptive on the number of quality measures that are included in an MVP. Through this rulemaking cycle, we are proposing reporting requirements for MVPs and discuss the allowance of clinician choice in selecting which quality measures and improvement activities to report. We believe that it is important to provide clarity in our expectations of the number of quality measures and improvement activities that are available for an MVP Participant to choose. We propose the following additions to the MVP development criteria beginning with the 2022 performance year/2024 payment year: • MVPs must include at least one outcome measure that is relevant to the MVP topic, so MVP Participants are measured on outcomes that are meaningful to the care they provide. • Each MVP that is applicable to more than one clinician specialty should include at least one outcome measure that is relevant to each clinician specialty included.

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	• In instances when outcome measures are not available, each MVP must include at least one high priority measure that is relevant to the MVP topic, so MVP Participants are measured on high priority measures that are meaningful to the care they provide. • Allow the inclusion of outcomes-based administrative claims measures within the quality component of an MVP. • Each MVP must include at least one high priority measure that is relevant to each clinician specialty included. • To be included in an MVP, a qualified clinical data registry (QCDR) measure must be fully tested.
Timeline	We propose that MVPs would be available gradually, beginning with the 2023 performance year. Our intent with this delayed timeframe is to provide practices the time they need to review requirements, update workflows, and prepare their systems as needed to report MVPs. • For the **2023 and 2024 performance years**, we propose to allow individual clinicians, single specialty groups, multispecialty groups, subgroups, and APM Entities to report MVPs. • For the **2025 performance year** and for future years, we propose to allow individual clinicians, single specialty groups, subgroups, and APM Entities to report MVPs. We are requesting public comment on our aim to sunset traditional MIPS after the end of the 2027 performance and data submission periods. We would like to note that we are not proposing the timeframe in which MVP reporting would no longer be voluntary and the future sunset of traditional MIPS at this time; any proposal to sunset traditional MIPS would be

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	made in future rulemaking. Our discussion of the MVP implementation timeline is an effort to be transparent with our long-term vision of the MIPS program.
Participation Options	For the 2023 and 2024 MIPS performance years, we propose the following in the definition of an MVP Participant: • Individual clinicians • Single specialty groups • Multispecialty groups* • Subgroups • APM Entities * Beginning in the 2025 performance year, we propose that multispecialty groups would be required to form subgroups in order to report MVPs.
MVP Participant Registration	To report an MVP, we propose that an MVP Participant would register for the MVP between April 1 and November 30 of the performance year, or a later date as specified by CMS. To. To report the CAHPS for MIPS survey associated with an MVP, we propose that a group, subgroup, or APM Entity complete their MVP registration by June 30 of the performance year to align with the CAHPS for MIPS registration deadline. At the time of MVP registration, we propose that an MVP Participant would select: • The MVP they intend to report. • One population health measure included in the MVP.

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	• Any outcomes-based administrative claims measure on which the MVP Participant intends to be scored, if available within the MVP. We propose that an MVP Participant would not be able to submit or make changes to the MVP they select after the close of the registration period (November 30 of the performance year) and would not be allowed to report on an MVP they didn't register for. Appendix A provides an overview of MVP reporting requirements, Appendix B provides an overview of the overall proposed registration timeline, and Appendix C presents a crosswalk of the various clinician types, the information expected at the time of registration, and a reminder of the MVP reporting requirements if our proposals are finalized as proposed.

Third Party Intermediaries	For **third party intermediaries**, we are proposing to:
	• Require that QCDRs, Qualified Registries, and Health IT vendors support:
	  ○ MVPs relevant to the specialties they support beginning with the 2023 performance year.
	  ○ Subgroup reporting beginning with the 2023 performance year.
	• Require that CAHPS for MIPS survey vendors support subgroup reporting and MVPs relevant to the CAHPS for MIPS measure associated with an MVP beginning with the 2023 performance year.

Proposed MVPs and Reporting Requirements

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MVPs	We are proposing 7 MVPs would be available beginning with the 2023 performance year. The MVPs were developed ensuring that each MVP includes complementary measures and activities. The MVPs support patient-centered care, a continued emphasis on the importance of patient outcomes, population health, health equity, interoperability, and reduced reporting burden for clinicians. We recognize that there are many types of MVPs we need to develop, and that the traditional MIPS framework is needed until we have a sufficient number of MVPs available. Through the MVP development work, we'll gradually implement MVPs for more specialties and subspecialties that participate in the program. The 7 proposed MVPs for the 2023 performance year align with the following clinical topics: 1. Rheumatology 2. Stroke Care and Prevention 3. Heart Disease 4. Chronic Disease Management 5. Emergency Medicine 6. Lower Extremity Joint Repair 7. Anesthesia
Reporting Requirements	We propose the following MVP reporting requirements (additional details about subgroup reporting requirements are provided in the Subgroups section below): • Foundational Layer (MVP agnostic) ○ Population Health Measures

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	▪ MVP Participants would select at the time of MVP Participant registration, 1 population health measure to be calculated on. The results would be added to the quality score. ▪ For the 2023 performance period, we anticipate there will be 2 population health measures available for selection. • Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System Program (MIPS) Eligible Clinician Groups (finalized in CY 2021 PFS final rule) • Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (proposed) ○ Promoting Interoperability Performance Category ▪ MVP Participants would report on the same Promoting Interoperability measures required under traditional MIPS, unless they qualified for automatic reweighting or had an approved hardship exception. • Quality Performance Category ○ MVP Participants would select 4 quality measures. One 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. • Improvement Activities Performance Category ○ MVP Participants would select 2 medium-weighted improvement activities **OR** one high-weighted improvement activity **OR** IA_PCMH, if available in the MVP.

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	• Cost Performance Category ○ CMS would calculate performance exclusively on the cost measures that are included in the MVP using administrative claims data. (Note that MVP Participants don't submit data on cost measures.)

Subgroups

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Subgroup Definition	We propose the following definition for subgroups: "A subset of a group which contains at least one MIPS eligible clinician and is identified by a combination of the group Taxpayer Identification Number (TIN), the subgroup identifier, and each eligible clinician's National Provider Identifier (NPI)."
Subgroup Participation	For the first year(s) of subgroup implementation, we propose to limit subgroup reporting only to clinicians reporting through MVPs or APM Performance Pathway (APP). Voluntary reporters, opt-in eligible clinicians, and virtual groups wouldn't be able to report to MIPS through an MVP for the 2023 performance year, due to implementation challenges. However, we're requesting comment as to whether they should be allowed to report MVPs in the future.
Requirement to Participate as a Subgroup	To support clinicians in their transition to subgroup reporting, we propose that subgroup reporting be voluntary for the 2023 and 2024 performance years.

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Subgroup Eligibility and Special Statuses	We propose that subgroups inherit the eligibility and special status determinations of the affiliated group (identified by TIN):
	• To participate as a subgroup, the TIN would have to exceed the low-volume threshold at the group level.
	  ○ Subgroups wouldn't be evaluated for the low-volume threshold at the subgroup level.
	• The subgroup would inherit any special statuses held by the group, even if the subgroup composition would not meet the criteria.
	  ○ Subgroups would not be evaluated for special statuses at the subgroup level.

Subgroup Registration	We propose that registration for subgroup participation would take place April 1-November 30 of the performance year or a later date as specified by CMS. To report the CAHPS for MIPS survey associated with an MVP, we propose that a subgroup complete their CAHPS for MIPS survey registration by June 30 of the performance year. To participate as a subgroup, each subgroup would be required to: • Identify the MVP the subgroup will report (along with one population health measure included in the MVP and any outcomes-based administrative claims measure on which the subgroup intends to be scored, if available). • Identify the clinicians in the subgroup by TIN/NPI. • Provide a plain language name for the subgroup for purposes of public reporting.

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	Upon successful registration submission, we would assign a unique subgroup identifier that would be separate from the individual NPI identifier, the group TIN identifier, and the MVP identifier. Appendix A provides an overview of MVP reporting requirements, Appendix B provides an overview of the overall proposed registration timeline, and Appendix C presents a crosswalk of the various clinician types, the information expected at the time of registration, and a reminder of the MVP reporting requirements if our proposals are finalized as proposed.

Subgroup Reporting Requirements	We propose the following MVP reporting requirements for subgroup participation:
	• Foundational Layer (MVP agnostic)
	  ○ Population Health Measures
	  ▪ Subgroups would select one population health measure to be calculated on. The results are added to the quality score.
	  ○ Promoting Interoperability Performance Category
	  ▪ Subgroups would submit Promoting Interoperability data at the **group level, not the subgroup level**.
	• Quality Performance Category
	  ○ Subgroups would select 4 quality measures available for the MVP.
	  ○ One must be an outcome measure (or a high-priority measure if an outcome is not available or applicable). This can include an outcome measure calculated by CMS through administrative claims, if available in the MVP.
	• Improvement Activities Performance Category

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	○ Subgroups would select 2 medium-weighted improvement activities **OR** 1 high-weighted improvement activity available for the MVP. • Cost Performance Category ○ CMS would calculate the subgroup's performance exclusively on the cost measures included in the MVP using administrative claims data. (Note that subgroups don't submit data on the cost measures).

Scoring

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Foundational Layer (MVP agnostic) Scoring	We propose the following scoring policies for the foundational layer measures (population health and Promoting Interoperability): • Population health measures selected by MVP Participants would be included in the quality performance category score. ○ Similar to our policies for administrative claims measures in traditional MIPS, these measures would be excluded from scoring if the measure doesn't have a benchmark or meet case minimum. ○ If an outcome-based administrative claims measure is available and selected by the MVP Participant to fulfill the outcome measure requirement, the measure would receive zero achievement points when the measure doesn't have a benchmark or meet case minimum.

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	○ **Exception:** Subgroups would receive the score of the population health measure of their affiliated group, if applicable, in the event that the measure selected by the subgroup doesn't have a benchmark or meet case minimum. • Measures in the Promoting Interoperability performance category would be scored in alignment with traditional MIPS scoring policies. Subgroups would use the Promoting Interoperability performance category score from their affiliated group.
Quality Performance Category Scoring	We propose that MVP quality performance category scoring policies would align with those used in traditional MIPS. We're proposing the following policy changes for traditional MIPS, which would also apply to MVPs: • Remove the 3-point floor for quality measure scoring. ○ Measures without a benchmark or that don't meet case minimum would earn 0 points. (This includes outcome-based administrative claims measures if available and selected by the MVP Participant.) • **Exception**: Small practices would continue to earn 3 points for these measures. ○ Measures that can be scored against a benchmark would earn 1-10 points. • Introduce a new policy for scoring new measures without a benchmark providing a 5-point floor for 2 performance periods (receive 5 to 10 points). • Parallel recommendations under traditional MIPS to not include bonus points for reporting measures that are high priority or reporting using end-to-end reporting.

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	Similar to our quality scoring policies for traditional MIPS, if an MVP Participant reported more than the required number of quality measures, we would use the 4 highest scoring measures. Also, an MVP Participant would receive zero achievement points for the quality performance category for any required measures that weren't reported.
Improvement Activities Performance Category Scoring	We propose that each medium-weighted improvement activity be assigned 20 points and each high-weighted improvement activity be assigned 40 points.
Cost Performance Category Scoring	We propose that MVP cost performance category scoring policies align with those used in traditional MIPS. We would score only the cost measures included in the MVP.
Final MVP Scoring	We propose that MVP scoring policies generally would align with those used in traditional MIPS across all performance categories, with few exceptions. Performance category weights would be consistent with traditional MIPS performance category weights. Reweighting policies for the redistribution of category weights would also align with traditional MIPS, with the exception that we wouldn't reweight the quality performance category if we can't calculate a score for the MIPS eligible clinician because there isn't at least one quality measure applicable and available to the clinician. We propose to update the scoring hierarchy to include subgroups. As defined under existing policy, a MIPS eligible clinician would receive the highest final score that can be attributed to their TIN/NPI combination from any reporting option (traditional MIPS, APM Performance Pathway (APP) reporting, or MVP reporting) and participation option (as an individual, group, subgroup, or APM Entity) with the exception of virtual groups; clinicians that participate as a virtual group will always receive the virtual group's final score. We believe that proposing to include subgroups in the scoring hierarchy would allow for meaningful data collection and

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	assessment under MVPs, while applying our existing policy of allowing clinicians to receive the highest final score and payment adjustment that can be attributed to them.

Performance Feedback and Public Reporting

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Enhanced Performance Feedback	We propose to provide comparative performance feedback within the annual performance feedback to show the performance of like clinicians who report on the same MVP.
Public Reporting of Performance on MVPs	We propose to delay public reporting of new improvement activities and Promoting Interoperability measures and attestations reported via MVPs by one year. We propose to begin publicly reporting subgroup-level performance information beginning with PY 2024 on the compare tool hosted by CMS. Last, we propose that subgroup scores be publicly reported separately from group scores.

We Want to Hear from You

We welcome your feedback on the proposed policies for the 2022 performance year of the Quality Payment Program. Please note that the official method for commenting is outlined below.

How Do I Comment on the CY 2022 Proposed Rule?

The proposed rule includes directions for submitting comments. Comments must be received within the 60-day comment period.

FAX transmissions won't be accepted. Use one of the following ways to officially submit your comments:

- Electronically through regulations.gov
- Regular mail
- Express or overnight mail
- Hand or courier

The proposed rule can be accessed through the "Regulatory Resources" section of the QPP Resource Library.

Contact Us

We will continue to provide support to clinicians who need assistance. While our support offerings will reflect our efforts to streamline and simplify the Quality Payment Program, we understand that clinicians will still need assistance to help them successfully participate.

We also encourage clinicians to contact the QPP Service Center at 1-866-288-8292, Monday through Friday, 8am – 8pm ET or by email at QPP@cms.hhs.gov. Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant. You can also visit the Quality Payment Program website for educational resources, information, and upcoming webinars.

Version History Table

DATE	CHANGE DESCRIPTION
07/13/2021	• Original posting

Appendix A: MVP Reporting Requirements

The table below provides an overview of the MVP reporting requirements.

QUALITY PERFORMANCE CATEGORY*	IMPROVEMENT ACTIVITIES PERFORMANCE CATEGORY*	COST PERFORMANCE CATEGORY
An MVP Participant selects 4 quality measures, 1 must be an outcome measure (or a high priority measure if an outcome is not available or applicable). Note: As applicable, an administrative claims measure, that is outcome-based, may be selected at the time of MVP registration to meet the outcome measure requirement.	MVP Participant selects: • Two medium weighted improvement activities **OR** one high weighted improvement activity. **OR** • Participates in a certified or recognized patient-centered medical home (PCMH) or comparable specialty practice, as described at (82 FR 53652) and at §414.1380(b)(3)(ii)	An MVP Participant is scored on the cost measures included in the MVP they select and report.

FOUNDATIONAL LAYER (MVP AGNOSTIC)

Population Health Measures*
An MVP Participant selects 1 population health measure, at the time of MVP registration, to be scored on. The results are added to the quality performance category score.

Promoting Interoperability (PI) Performance Category
An MVP Participant is required to meet the Promoting Interoperability performance category requirements at § 414.1375(b).

*Indicates MVP Participant may select measures and/or improvement activities.

Appendix B: MVP Participant Registration

The table below provides an overview of the proposed registration process and timeline for MVP and subgroup registration beginning with the 2023 MIPS performance year.

April 1st of the applicable performance year	MVP Participants may begin to register for MVP reporting.
June 30th of the applicable performance year (or a later date as specified by CMS)	Groups, subgroups, and APM entities, who intend to report the CAHPS for MIPS Survey Measure through an MVP, must submit: • MVP selection and population health measure selection • As applicable, select an outcomes-based administrative claims measure that is associated with an MVP. • As applicable, each subgroup must submit a list of each TIN/NPI associated with the subgroup. • As applicable, each subgroup must submit a plain language name for the subgroup. • Separately register through the MIPS registration system by June 30th to participate in the CAHPS for MIPS Survey
November 30th of the applicable performance year	The registration period closes. New registrations or changes to registration would not be accepted after November 30th. MVP Participants cannot make any changes to registration of: • MVP selection • Population health measure selection

- As applicable, the selection of an outcomes-based administrative claims measure associated with the MVP
- As applicable, the list of each TIN/NPI associated with the subgroup.
- As applicable, subgroup participation (including the subgroup's plan language name).

Appendix C: Information Required at the Time of MVP Participant Registration and Reporting Expectations for MVP Participants

The table below provides a crosswalk of the various clinician types, the information expected at the time of MVP registration, and a reminder of the MVP reporting requirements if our proposals are finalized as proposed.

WHO REPORTS	INFORMATION REQUIRED AT THE TIME OF MVP REGISTRATION	MVP REPORTING REQUIREMENTS
YEARS 1-2 (2023 AND 2024)		
Individual Clinicians	MVP selection, Population Health Measure selection, and (as applicable) outcomes-based administrative claims measure selection, as proposed at § 414.1365(b)(2).	Requirements in Appendix A.
Groups	MVP selection, Population Health Measure selection, and (as applicable) administrative claims-based measure selection, as proposed at § 414.1365(b)(2).	Requirements in Appendix A. Members of the group would be required to report on the same measures and activities within an MVP.
Subgroups	MVP selection, Population Health Measure selection, (as applicable) the outcomes-based administrative claims measure selection, and the subgroup participant information described at § 414.1365(b)(2). Subgroups would also receive a subgroup identifier from CMS at the time of registration.	Requirements in Appendix A. Members of the subgroup would be required to report on the same measures and activities within an MVP.

APM Entities	MVP selection, Population Health Measure selection, and as applicable outcomes-based administrative claims measure selection, as proposed at § 414.1365(b)(2).	Requirements in Appendix A.
YEAR 3 AND FUTURE YEARS (2025 AND BEYOND)		
Individual Clinicians	MVP selection, Population Health Measure selection, and (as applicable) outcomes-based administrative claims measure selection, as proposed at § 414.1365(b)(2).	Requirements in Appendix A.
Single Specialty Groups[+]	MVP selection, Population Health Measure selection, and (as applicable) outcomes-based administrative claims measure selection, as proposed at § 414.1365(b)(2).	Requirements in Appendix A. Members of the group would be required to report on the same measures and activities within an MVP.
Subgroups	MVP selection, Population Health Measure selection, (as applicable) outcomes-based administrative claims measure selection, and the subgroup participant information described at § 414.1365(b)(2). Subgroups would also receive a subgroup identifier from CMS at the time of registration.	Requirements in Appendix A. Members of the subgroup would be required to report on the same measures and activities within an MVP.
APM Entities	MVP selection, Population Health Measure selection, and as applicable outcomes-based administrative claims measure selection, as proposed at § 414.1365(b)(2).	Requirements in Appendix A.

[+]Multispecialty Groups would be required to form subgroups to report an MVP. We refer readers to § 414.1305 for the definitions of MVP Participant, single specialty group, multispecialty group, and subgroup.