

## Summary of CY22 Physician Fee Schedule (PFS) MIPS Value Pathway (MVP) Changes

11/08/2021

Final Rule Text: <https://public-inspection.federalregister.gov/2021-23972.pdf>

### MVP Participant Definition

- From CY2023 to CY2025 MIPS performance period, MVP participant was finalized to mean:
  - An individual MIPS eligible clinician
  - Multispecialty group
  - Single specialty group
  - Subgroup
  - APM entity that is assessed on an MVP
- Beginning in the CY2026 MIPS performance period and future years, MVP participant means:
  - Individual MIPS eligible clinician
  - Single specialty group
  - Subgroup
  - APM Entity that is assessed on an MVP

**TABLE 43: Who Can Report MVPs**

Who Can Report MVPs	
CY 2023- CY 2025 MIPS Performance Period	Individual MIPS eligible clinicians, single specialty groups, multispecialty groups*, subgroups, and APM Entities.
CY 2026 MIPS Performance Period, and Future Years	Individual MIPS eligible clinicians, single specialty groups, subgroups*, and APM Entities.

\*Multispecialty Groups will be required to report as subgroups in order to report MVPs beginning with the CY 2026 MIPS performance period/2028 MIPS payment year.

- It was finalized that for the implementation of MVPs, certain clinicians would not be able to participate including:
  - Voluntary reporters
  - Opt-in eligible clinicians
  - Virtual groups

### Finalized MVP Implementation Timeline

- CY2023 MIPS Performance Period
  - An initial set of MVPs are available for reporting
  - MVP reporting is voluntary
- No additional timelines were finalized at this time

### *Subgroup Implementation Timeline for MVP Reporting*

- CY2023 through CY2025 MIPS Performance Period groups may voluntarily form subgroups to report MVPs.

- CY2026 MIPS Performance Period and future years, multispecialty groups will be required to form subgroups in order to report MVPs.

### **Selection of Measures and Improvement Activities within an MVP**

#### *Requirement of Outcomes or High Priority Measures*

- Beginning CY2022 MIPS performance period, MVPs must include at least one outcome measure that is relevant to the MVP topic.
- Beginning CY2022 MIPS performance period, 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.

#### *Population Health Measure*

- Finalized definition that a population health measure means a quality measure that indicates the equality of a population or cohort's overall health and well-being, such as, access to care, clinical outcomes, coordination of care and community services, health behaviors, preventive care and screening, health equity, or utilization of health services.

#### *Maintenance Process for MVPs*

- Beginning with CY2023 MIPS performance period, an annual maintenance process will begin for finalized MVPs:
  - Beginning the January of the year prior to the performance period, stakeholders can submit their recommendations to revise established MVPs – the stakeholder input would be accepted on a rolling basis.
  - Any changes to the MVPs would be addressed through future notice and comment rulemaking.

### **MVP Reporting Requirements**

#### *Quality Reporting Requirements in MVPs*

- CMS finalized that an MVP Participant must select and report, if applicable, four 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).
  - An exception to this was created for small practices with an MVP that does not include four Medicare Part B claims measures.

#### *Cost Reporting Requirements in MVPs*

- CMS finalized that an MVP Participant is scored on the cost measures included in the MVP they select and report.

#### *Improvement Activity Requirements in MVPs*

- CMS finalized that an MVP Participant who reports an MVP, 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.

*Promoting Interoperability*

- CMS finalized an MVP Participant is required to meet the Promoting Interoperability performance category.

**TABLE 47: 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).  <i>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.</i>	MVP Participant selects: Two medium weighted improvement activities <b>OR</b> One high weighted improvement activity. <b>OR</b> 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 that are included in the MVP that they select and report.
<p><i>Foundational Layer (MVP agnostic)</i></p> <p><b>Population Health Measures*</b> 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.</p> <p><b>Promoting Interoperability (PI) Performance Category</b> An MVP Participant is required to meet the Promoting Interoperability performance category requirements at § 414.1375(b).</p>		

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

**MVP Registration Process**

**TABLE 48: Registration Process for MVP and Subgroup Elections Beginning with the CY 2023 MIPS Performance Period**

April 1 <sup>st</sup> of the applicable performance period, or a later date specified by CMS	MVP Participants may begin to register for MVP reporting.
June 30 <sup>th</sup> of the applicable performance period, or a later date specified by CMS	Groups, subgroups, APM entities, who intend to report the CAHPS for MIPS Survey Measure through an MVP, must submit: <ul style="list-style-type: none"> <li>● MVP selection and population health measure selection</li> <li>● As applicable, select an outcomes-based administrative claims measure that is associated with an MVP.</li> <li>● As applicable, each subgroup must submit a list of each TIN/NPI associated with the subgroup.</li> <li>● As applicable, each subgroup must submit a plain language name for the subgroup.</li> <li>● Separately register through the MIPS registration system by June 30<sup>th</sup> to participate in the CAHPS for MIPS Survey.</li> </ul>
November 30 <sup>th</sup> of the applicable performance period, or a later date specified by CMS	The registration period closes. New registrations or changes to registration will not be accepted <u>after November 30th</u> .  MVP Participants <u>cannot</u> make any changes to registration of: <ul style="list-style-type: none"> <li>● MVP selection</li> <li>● Population health measure selection</li> <li>● As applicable, the selection of an outcomes-based administrative claims measure associated with the MVP</li> <li>● As applicable, the list of each TIN/NPI associated with the subgroup.</li> <li>● As applicable, subgroup participation (including the subgroup's plan language name).</li> </ul>