MACRA requires CMS by law to implement an incentive program, referred to as the Quality Payment Program (QPP), that provides two participation tracks:

**MIPS (Merit-based Incentive Payment System)**

There are two ways to take part in the Quality Payment Program:

- If you are a MIPS eligible clinician, you will be subject to a performance-based payment adjustment through MIPS.

**Advanced APMs (Advanced Alternative Payment Models)**

- If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for sufficiently participating in an innovative payment model.
Combined legacy programs into a single, improved program.

- Physician Quality Reporting System (PQRS)
- Value-Based Payment Modifier (VM)
- Medicare EHR Incentive Program (EHR) for Eligible Professionals
• Comprised of **four** performance categories

• **So What?** *The points from each performance category are added together to give you a MIPS Final Score*

• The MIPS Final Score is compared to the MIPS performance threshold to determine if you receive a **positive**, **negative**, or **neutral payment adjustment**

**MIPS Performance Categories in 2020**

- **Quality**: 45% of MIPS Score
- **Cost**: 15% of MIPS Score
- **Improvement Activities**: 15% of MIPS Score
- **Promoting Interoperability**: 25% of MIPS Score

= 100% of MIPS Final Score

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**Merit-based Incentive Payment System (MIPS)**

Quick Overview
Current Participation in MIPS

What we’ve heard from clinicians:

• The current structure of MIPS and the reporting requirements are confusing

• There is too much choice and complexity when it comes to selecting and reporting measures and activities

• The measures and activities aren’t always relevant to a clinician’s specialty

• It’s hard for patients to compare performance across clinicians
CMS Response to Feedback: MIPS Value Pathways (MVPs)

• While there have been incremental changes to the program each year, additional long-term improvements are needed to align with CMS’s goal to develop a meaningful program for every clinician, regardless of practice size or specialty.

• CMS is committed to the transformation of the Merit-based Incentive Payment System (MIPS) through the **MIPS Value Pathways (MVPs)**, a new participation framework beginning in the 2021 performance year.
What Are MVPs?

This new framework will:

• Remove barriers to Alternative Payment Model (APM) participation

• Move away from siloed activities and towards an aligned set of measure options more relevant to a clinician’s scope of practice that is meaningful to patient care

• Promote value by focusing on Quality and Cost measures and Improvement Activities built on a foundation of population health measures calculated from administrative claims-based quality measures and Promoting Interoperability concepts

• Further reduce reporting burden

• Keep the patient at the center of our work
# MIPS Value Pathways

<table>
<thead>
<tr>
<th>Current Structure of MIPS (In 2020)</th>
<th>New MIPS Value Pathways Framework (In Next 1-2 Years)</th>
<th>Future State of MIPS (In Next 3-5 Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Many Choices</td>
<td>• Cohesive</td>
<td>• Simplified</td>
</tr>
<tr>
<td>• Not Meaningfully Aligned</td>
<td>• Lower Reporting Burden</td>
<td>• Increased Voice of the Patient</td>
</tr>
<tr>
<td>• Higher Reporting Burden</td>
<td>• Focused Participation around Pathways that are Meaningful to Clinician’s Practice/Specialty or Public Health Priority</td>
<td>• Increased CMS Provided Data</td>
</tr>
<tr>
<td>• Many Choices</td>
<td>• Simplified</td>
<td>• Facilitates Movement to Alternative Payment Models (APMs)</td>
</tr>
<tr>
<td>• Not Meaningfully Aligned</td>
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</tbody>
</table>

### Building Pathways Framework

**MIPS Value Pathways**
Clinicians report on fewer measures and activities based on specialty and/or outcome within a MIPS Value Pathway

### Moving to Value

Implementation to begin in 2021

### Value

- Quality
- Improvement Activities
- Cost

- Foundation
  - Promoting Interoperability
  - Population Health Measures

### Full Implemented Pathways

Continue to increase CMS provided data and feedback to reduce reporting burden on clinicians

### Population Health Measures:
A set of administrative claims-based quality measures that focus on public health priorities and/or cross-cutting population health issues; CMS provides the data through administrative claims measures, for example, the All-Cause Hospital Readmission measure.

- **Clinician/Group Reported Data**
- **CMS Provided Data**

Goal is for clinicians to report less burdensome data as MIPS evolves and for CMS to provide more data through administrative claims and enhanced performance feedback that is meaningful to clinicians and patients.
MIPS Value Pathways: Surgical Example

MIPS moving towards value; focusing participation on specific meaningful measures/activities or public health priorities; facilitating movement to Advanced APM track

Surgeon chooses from same set of measures as all other clinicians, regardless of specialty or practices

Surgeon reports same “foundation” of PI and population health measures as all other clinicians, but now has a MIPS Value Pathway with surgical measures and activities aligned with specialty

Surgeon reports same foundation of measures with patient-reported outcomes also included

Four performance categories feel like four different programs

Surgeon reports on fewer measures overall in a pathway that is meaningful to their practice

Performance category measures in Surgical Pathway are more meaningful to their practice

Reporting burden higher and population health not addressed

CMS provides more data; reporting burden on surgeon reduced

CMS provides even more data (e.g., comparative analytics) using claims data and surgeon’s reporting burden even further reduced

MIPS Value Pathways for Surgeons

**QUALITY MEASURES**
- Unplanned Reoperation within the 30-Day Postoperative Period (Quality ID: 355)
- Surgical Site Infection (SSI) (Quality ID: 357)
- Patient-Centered Surgical Risk Assessment and Communication (Quality ID: 358)

**IMPROVEMENT ACTIVITIES**
- Use of Patient Safety Tools (IA_PSPA_8)
- Implementing the Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop (IA_CC_1)
- OR
- Completion of an Accredited Safety or Quality Improvement Program (IA_PSPA_28)

**COST MEASURES**
- Medicare Spending Per Beneficiary (MSPB_1)
- Revascularization for Lower Extremity Chronic Critical Limb Ischemia (COST_CCLI_1)
- Knee Arthroplasty (COST_KA_1)

*Measures and activities selected for illustrative purposes and are subject to change.

Population Health Measures: a set of administrative claims-based quality measures that focus on public health priorities and/or cross-cutting population health issues; CMS provides the data through administrative claims measures, for example, the All-Cause Hospital Readmission measure.
MIPS Value Pathways: Diabetes Example

MIPS moving towards value; focusing participation on specific meaningful measures/activities or public health priorities; facilitating movement to Advanced APM track

Endocrinologist chooses from same set of measures as all other clinicians, regardless of specialty or practice area

Four performance categories feel like four different programs

Reporting burden higher and population health not addressed

Endocrinologist reports some “foundation” of PI and population health measures as all other clinicians but now has a MIPS Value Pathway with measures and activities that focus on diabetes prevention and treatment

Endocrinologist reports on fewer measures overall in a pathway that is meaningful to their practice

Endocrinologist reports on same foundation of measures with patient-reported outcomes also included

Endocrinologist reports fewer measures overall in a pathway that is meaningful to their practice

Performance category measures in endocrinologist’s Diabetes Pathway are more meaningful to their practice

CMS provides even more data (e.g. comparative analytics) using claims data and endocrinologist’s reporting burden even further reduced

MIPS Value Pathways for Diabetes

<table>
<thead>
<tr>
<th>QUALITY MEASURES</th>
<th>IMPROVEMENT ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemoglobin A1c (HbA1c) Poor Care Control (&gt;9%) (Quality ID: 001)</td>
<td>Glycemic Management Services (IA_PM_4)</td>
</tr>
<tr>
<td>Diabetes: Medical Attention for Nephropathy (Quality ID: 139)</td>
<td>Chronic Care and Preventative Care Management for Empanelled Patients (IA_PM_13)</td>
</tr>
<tr>
<td>Evaluation Controlling High Blood Pressure (Quality ID: 236)</td>
<td>Electronic Submission of Patient Centered Medical Home Accreditation (IA_PCMH)</td>
</tr>
</tbody>
</table>

COST MEASURES

| Total Per Capita Cost (TPC_1) |
| Medicare Spending Per Beneficiary (MSPB_1) |

*Measures and activities selected for illustrative purposes and are subject to change.

Population Health Measures: a set of administrative claims-based quality measures that focus on public health priorities and/or cross-cutting population health issues; CMS provides the data through administrative claims measures, for example, the All-Cause Hospital Readmission measure.
What Will MVPs Do?

*Through this new framework, CMS intends to:*

- Provide enhanced data and feedback to clinicians
- Analyze existing Medicare information to provide clinicians and patients with more information to improve health outcomes
- Reduce reporting burden by limiting the number of required specialty or condition-specific measures

  - **Note:** All clinicians or groups reporting on a clinical area would be reporting the same measures sets
Next Steps for MVPs

• After consideration of the comments submitted to the MVPs Request for Information, CMS is finalizing a modified proposal to define MVPs as a *subset* of measures and activities established through rulemaking.

• CMS recognizes concerns about the implementation timeline of MVPs and will establish an incremental implementation that does not eliminate the current MIPS framework.

• CMS is committed to working with stakeholders to develop this new framework, as well as develop additional ways to reduce burden in the MIPS program.
Future MVPs Collaboration

• We are just beginning our development of MVPs

• We appreciate your continued support and input as we work to make MIPS a more cohesive and less burdensome program for clinicians

• We look forward to further collaboration as we continue transforming QPP
MVPs Resources

• We encourage the health care community to review the [MIPS Value Pathways video](https://qpp.cms.gov/mips/mips-value-pathways) and our [illustrative diagram](https:).

• You can find more information available on the QPP website at: [https://qpp.cms.gov/mips/mips-value-pathways](https://qpp.cms.gov/mips/mips-value-pathways)
Help us improve the Quality Payment Program experience!

We’re looking for participants to collaborate with us and provide feedback related to qpp.cms.gov, including the following topics:

- Educational Materials
- Website Content
- Website Design
- Reporting
- Eligibility
- Performance Feedback

The QPP Research Teams invite you to participate in our Human-Centered Design efforts.

Our research sessions range from 30-60 minutes and you can join by phone or webinar.

Interested in participating? Email your name, title, topic of interest, and organization to: QPPUserResearch@cms.hhs.gov
Technical Assistance

Available Resources

CMS has no cost resources and organizations on the ground to provide help to clinicians who are participating in the Quality Payment Program:

Small & Solo Practices
Small, Underserved, and Rural Support (SURS)
- Provides virtual outreach, guidance, and technical assistance to clinicians in solo or small practices (15 or fewer), particularly those in rural and underserved areas, to promote successful health IT adoption, optimization, and delivery system reform activities.
- Assistance will be tailored to the needs of the clinicians.
- There are 11 SURS organizations providing assistance to small practices in all 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands.
- For more information or assistance getting connected, contact QPPSURS@IMPAQINT.com.

Technical Support
All Eligible Clinicians Are Supported By:
- Quality Payment Program Website: qpp.cms.gov
  Serves as a starting point for information on the Quality Payment Program.
- Quality Payment Program Service Center
  Assists with all Quality Payment Program questions, 1-866-288-8292 QPP@cms.hhs.gov
  • Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.
- Center for Medicare & Medicaid Innovation (CMMI) Learning Systems
  Helps clinicians share best practices for success, and move through stages of transformation to successful participation in APMs. More information about the Learning Systems is available through your model’s support inbox.

Learn more about technical assistance: https://qpp.cms.gov/about/help-and-support#technical-assistance
Feedback Questions

• Do you have any questions or concerns about the framework we outlined for you?

• What additional information would be helpful to you?
Feedback Questions

• What have you been hearing from the clinicians you represent about the move to MVPs?

• What would these clinicians like to see happen?

• Thinking about MVPs and burden reduction, what do you consider a priority for MVP development?
To ask a question, raise your hand and we will unmute your line, or submit via the Questions box.

For those dialed in via phone, you must have your audio pin entered. If you’re listening through your computer speakers and want to ask a question, you must have a working microphone.

Speakers will discuss as many as time allows.