

# Quality Payment Program (QPP) Proposals in the Calendar Year (CY) 2023 Physician Fee Schedule (PFS) Notice of Proposed Rule Making (NPRM): MIPS Value Pathways (MVPs) Proposals

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POLICY AREA	PROPOSAL
<b>General</b>	
<b>MVP Development</b>	<p>We're proposing to broaden the opportunities for the public to provide feedback on viable MVP candidates by posting draft versions of MVP candidates on the <a href="#">QPP website</a> to solicit feedback for a 30-day period. We would review all feedback and determine if any recommended changes should be incorporated into a candidate MVP before it's proposed in rulemaking. We wouldn't consult with the group or organization that submitted the original MVP candidate in advance of rulemaking.</p> <p>We're also clarifying how MVPs can be developed to reflect team-based care and the patient journey by describing how MVPs can involve multiple clinician types that engage with the patient. For example, an MVP on surgical and post-operative care may include the involvement of clinician types such as nurse practitioners and physician assistants.</p>
<b>MVP Maintenance</b>	<p>The MVP maintenance process provides interested parties with the opportunity to recommend changes to finalized MVPs for CMS to consider in future rulemaking. In the CY2022 PFS Final Rule we finalized the process to submit recommended changes to previously finalized MVPs by sending an email to CMS detailing the recommended changes for the MVP, by performance category. We're proposing to expand opportunities for interested parties to participate in MVP maintenance to include an annual public webinar to discuss potential MVP revisions that have been identified, as feasible.</p>
<b>MVP Participation Options</b>	<p>As finalized in the CY2022 PFS Final Rule, for the 2023, 2024, and 2025 MIPS performance years, we define an MVP Participant as a:</p> <ul style="list-style-type: none"> <li>• Individual clinician</li> <li>• Single specialty group</li> <li>• Multispecialty group*</li> <li>• Subgroup</li> <li>• Alternative Payment Models (APM) Entity</li> </ul>

POLICY AREA	PROPOSAL
	<p>* Beginning in the 2026 performance year, multispecialty groups will be required to form subgroups in order to report MVPs.</p> <p>In the CY2022 PFS NPRM, we proposed, but didn't finalize, to use the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) as the data source for specialty determination of single specialty and multi-specialty groups. After additional analysis and in consideration of comments received, we're proposing to revise the definitions of single specialty and multispecialty groups to identify Medicare Part B claims as the data source for determining specialty type. Specifically, we're proposing to define a single specialty group as a group that consists of one specialty type as determined by CMS using Medicare Part B claims, and to define a multi-specialty group as a group that consists of 2 or more specialty types as determined by CMS using Medicare Part B claims.</p>
<b>Proposed &amp; Modified MVPs</b>	
<b>MVPs</b>	<p>We're proposing 5 new MVPs and revising the 7 previously established MVPs that would be available beginning with the 2023 performance year.</p> <p>The 5 new proposed MVPs for the 2023 performance year are:</p> <ol style="list-style-type: none"> <li>1. Advancing Cancer Care</li> <li>2. Optimal Care for Kidney Health</li> <li>3. Optimal Care for Patients with Episodic Neurological Conditions</li> <li>4. Supportive Care for Neurodegenerative Conditions</li> <li>5. Promoting Wellness</li> </ol> <p>Modifications to 7 previously established MVPs:</p> <ol style="list-style-type: none"> <li>1. <b>Advancing Care for Heart Disease MVP</b> – we're proposing to expand the coverage of the MVP by including measures for subspecialists such as electrophysiology, heart failure, and interventionalists. This proposal includes the addition of 6 quality measures and 2 improvement activities, and the removal of 2 improvement activities. We're also proposing to add the ONC Direct Review attestation</li> </ol>

POLICY AREA	PROPOSAL
	<p>requirement that was inadvertently omitted from the Promoting Interoperability performance category in the CY 2022 PFS Final Rule.</p> <ol style="list-style-type: none"> <li>2. <b>Optimizing Chronic Disease Management MVP</b> – we’re proposing to include another patient survey measure, Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS, to offer additional patient survey measure choices. We’re also proposing to add the ONC Direct Review attestation requirement that was inadvertently omitted from the Promoting Interoperability performance category in the CY 2022 PFS Final Rule.</li> <li>3. <b>Advancing Rheumatology Patient Care</b> – we’re proposing to remove 2 improvement activities (based on updates to the improvement activities inventory and redundancy with quality measures in the MVP) and to add one quality measure and one improvement activity. We’re also proposing to add the ONC Direct Review attestation requirement that was inadvertently omitted from the Promoting Interoperability performance category in the CY 2022 PFS Final Rule.</li> <li>4. <b>Improving Care for Lower Extremity Joint Repair</b> – we’re proposing to remove one improvement activity based on updates to the improvement activities inventory and to add one improvement activity. We’re also proposing to add the ONC Direct Review attestation requirement that was inadvertently omitted from the Promoting Interoperability performance category in the CY 2022 PFS Final Rule.</li> <li>5. <b>Adopting Best Practices and Promoting Patient Safety within Emergency Medicine</b> – we’re proposing to remove 2 improvement activities based on updates to the improvement activities inventory and to add one improvement activity. We’re also proposing to add the ONC Direct Review attestation requirement that was inadvertently omitted from the Promoting Interoperability performance category in the CY 2022 PFS Final Rule.</li> <li>6. <b>Patient Safety and Support of Positive Experiences with Anesthesia</b> – we’re proposing to remove one improvement activity based on updates to the improvement activities inventory and to add one improvement activity. We’re also proposing to add the ONC Direct Review attestation requirement that was inadvertently omitted from the Promoting Interoperability performance category in the CY 2022 PFS Final Rule.</li> </ol>

POLICY AREA	PROPOSAL
	<p>7. <b>Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes</b> – we’re proposing to add the ONC Direct Review attestation requirement that was inadvertently omitted from the Promoting Interoperability performance category in the CY 2022 PFS Final Rule.</p>
<b>Subgroups</b>	
<b>Subgroup Registration</b>	<p>We previously finalized that clinicians who choose to participate in a subgroup to report an MVP must register as a subgroup between April 1 and November 30 of the performance year. In addition to the required MVP registration information*, the subgroup registration must include:</p> <ul style="list-style-type: none"> <li>• A list of TIN/NPIs in the subgroup,</li> <li>• A plain language name for the subgroup (which will be used for public reporting).</li> </ul> <p>We’re proposing to add a 3<sup>rd</sup> required element to the subgroup registration:</p> <ul style="list-style-type: none"> <li>• A description of the composition of the subgroup, which may be selected from a list or described in a narrative.</li> </ul> <p>We’re also proposing that a clinician (identified by National Provider Identifier (NPI)) would only be allowed to register for one subgroup per Taxpayer Identification Number (TIN).</p> <p>We’re not proposing any other criteria limiting the composition of subgroups. We’d like to encourage flexibility for groups to explore different ways clinicians may form subgroups and support team-based care delivery.</p> <p>*Please refer to <a href="#">Appendix A</a> for more information about previously finalized policies, including MVP registration requirements.</p>
<b>Subgroup Eligibility</b>	<p>We’re proposing to use the first segment of the MIPS determination period to determine the eligibility of clinicians intending to participate and register as a subgroup.</p> <ul style="list-style-type: none"> <li>• As previously finalized, each subgroup must include at least one MIPS eligible clinician.</li> </ul>

POLICY AREA	PROPOSAL
<p><b>Subgroup Scoring</b></p>	<p>For measures calculated through administrative claims, we're proposing to calculate and score these measures at the TIN level (of the affiliate group), not at the subgroup level:</p>
	<p><b>Foundational Layer (MVP Agnostic):</b>  We're proposing for each selected population health measure in an MVP, subgroups would be assigned the affiliated group's score, if available. In instances where a group score is not available, each such measure is excluded from the subgroup's final score.</p>
	<p><b>Quality Performance Category:</b>  We're proposing for each selected outcomes-based administrative claims measure in an MVP, subgroups would be assigned the affiliated group's score, if available. In instances where a group score is not available, each such measure will be assigned a zero score.</p>
	<p><b>Cost Performance Category:</b>  We're proposing that subgroups would be assigned the affiliated group's cost score, if available for the cost performance category in an MVP. In instances where a group score is not available, each such measure is excluded from the subgroup's final score.</p>
<p><b>Subgroup Final Score</b></p>	<p>We're proposing to not assign a score for a subgroup that registers but doesn't submit data as a subgroup.</p>

## We Want to Hear from You

We welcome your feedback on the proposed policies for the 2023 performance year of the Quality Payment Program (QPP). Please note that the official method for commenting is outlined below.

## How Do I Comment on the CY 2023 Proposed Rule?

The proposed rule includes directions for submitting comments. Comments must be received within the 60-day comment period, which closes on September 6, 2022. When commenting refer to file code: CMS-1770-P.

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

- Electronically through [regulations.gov](https://www.regulations.gov)
- Regular mail
- Express or overnight mail

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](mailto: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
7/8/2022	Updated to include details about submitting comments on page 7.
7/7/2022	Original posting

# APPENDIX A: CY2022 PFS Final Rule: Previously Finalized MVP Policies Beginning in Performance Year (PY) 2023

## CY22 PFS Final Rule: Previously Finalized General Policies

POLICY AREA	FINALIZED POLICY
<p><b>Timeline</b></p>	<p>MVPs will be available gradually, beginning with the 2023 performance year. Our intent is to provide practices, health care organization, and third party intermediaries with the time they need to review requirements, update workflows, and prepare their systems as needed to report MVPs.</p> <ul style="list-style-type: none"> <li>• For the <b>2023, 2024, and 2025 performance years</b>, we will allow individual clinicians, single specialty groups, multispecialty groups, subgroups, and APM Entities to report MVPs.</li> <li>• For the <b>2026 performance year</b> and for future years, we will allow individual clinicians, single specialty groups, subgroups, and APM Entities to report MVPs.</li> </ul>
<p><b>MVP Registration</b></p>	<p>To report an MVP, an MVP Participant will register for the MVP between April 1 and 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, a group, subgroup, or APM Entity must complete their MVP registration by June 30 of the performance year to align with the CAHPS for MIPS registration deadline.</p> <p>At the time of MVP registration, an MVP Participant will select:</p> <ul style="list-style-type: none"> <li>• The MVP they intend to report.</li> <li>• One population health measure included in the MVP.</li> </ul>

POLICY AREA	FINALIZED POLICY
	<ul style="list-style-type: none"> <li>Any outcomes-based administrative claims measure on which the MVP Participant intends to be scored, if available within the MVP.</li> </ul> <p>An MVP Participant won't 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 won't be allowed to report on an MVP they didn't register for.</p> <p>To participate as a subgroup, each subgroup will be required to:</p> <ul style="list-style-type: none"> <li>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, as described above).</li> <li>Identify the clinicians in the subgroup by TIN/NPI.</li> <li>Provide a plain language name for the subgroup for purposes of public reporting.</li> </ul> <p>Upon a successful subgroup registration submission, we will assign a unique subgroup identifier that will be separate from the individual NPI identifier, the group TIN identifier, and the MVP identifier.</p> <p><b>Note:</b> we're proposing additional subgroup registration requirements in the CY2023 PFS NPRM.</p>
<p><b>Third Party Intermediaries</b></p>	<p>QCDRs, Qualified Registries, and Health IT vendors must support:</p> <ul style="list-style-type: none"> <li>MVPs relevant to the specialties they support beginning with the 2023 performance year.</li> </ul>

POLICY AREA	FINALIZED POLICY
	<ul style="list-style-type: none"> <li>Subgroup reporting beginning with the 2023 performance year.</li> </ul> <p>CMS approved survey vendors must support subgroup reporting for the CAHPS for MIPS survey measure associated with an MVP beginning with the 2023 performance year.</p>

### CY22 PFS Final Rule: Previously Finalized MVPs & Reporting Requirements

POLICY AREA	FINALIZED POLICIES
<p><b>MVPs</b></p>	<p>There are 7 MVPs previously finalized for the 2023 performance year:</p> <ol style="list-style-type: none"> <li>Advancing Rheumatology Patient Care</li> <li>Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes</li> <li>Advancing Care for Heart Disease</li> <li>Optimizing Chronic Disease Management</li> <li>Adopting Best Practices and Promoting Patient Safety within Emergency Medicine</li> <li>Improving Care for Lower Extremity Joint Repair</li> <li>Patient Safety and Support of Positive Experiences with Anesthesia</li> </ol>
<p><b>Reporting Requirements</b></p>	<p>MVP reporting requirements (additional details about subgroup reporting requirements are provided in the Subgroups section below) include:</p> <ul style="list-style-type: none"> <li>Quality Performance Category <ul style="list-style-type: none"> <li>MVP Participants will select 4 quality measures. One must be an outcome measure (or a high-priority measure if an outcome isn't available or</li> </ul> </li> </ul>

POLICY AREA	FINALIZED POLICIES
	<p>applicable). This can include an outcome measure calculated by CMS through administrative claims, if available in the MVP.</p> <ul style="list-style-type: none"> <li>• Improvement Activities Performance Category <ul style="list-style-type: none"> <li>○ MVP Participants will select 2 medium-weighted improvement activities <b>OR</b> one high-weighted improvement activity <b>OR</b> IA_PCMH (participation in a patient-centered medical home).</li> </ul> </li> <li>• Cost Performance Category <ul style="list-style-type: none"> <li>○ MVP Participants will be scored on the cost measures included in the selected MVP.</li> </ul> </li> <li>• Foundational Layer (MVP Agnostic) <ul style="list-style-type: none"> <li>○ Population Health Measures <ul style="list-style-type: none"> <li>▪ MVP Participants will select, at the time of MVP Participant registration, one population health measure to be calculated on. The results will be added to the quality score.</li> <li>▪ For the 2023 performance period, we anticipate there will be 2 population health measures available for selection. <ul style="list-style-type: none"> <li>• 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).</li> <li>• Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (finalized in CY 2022 PFS Final Rule).</li> </ul> </li> </ul> </li> </ul> </li> </ul>

POLICY AREA	FINALIZED POLICIES
	<ul style="list-style-type: none"> <li>○ Promoting Interoperability Performance Category           <ul style="list-style-type: none"> <li>▪ MVP Participants will report on the same Promoting Interoperability measures required under traditional MIPS, unless they qualify for reweighting of the Promoting Interoperability performance category due to clinician type, special status, or an approved Promoting Interoperability Hardship Exception Application.</li> </ul> </li> </ul>

### CY22 PFS Final Rule: Previously Finalized Subgroups Policies

POLICY AREA	FINALIZED POLICIES
<b>Subgroup Definition</b>	<p>We finalized the following definition for subgroups:</p> <p>“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).”</p>
<b>Subgroup Participation</b>	<p>We will limit subgroup reporting only to clinicians reporting through MVPs. Voluntary reporters, opt-in eligible clinicians, and virtual groups won’t be able to report through an MVP for the 2023 performance year, due to implementation challenges.</p>
<b>Requirement to Participate as a Subgroup</b>	<p>To support clinicians in their transition to subgroup reporting, subgroup reporting will be voluntary for the 2023, 2024, and 2025 performance years. Multispecialty groups that report</p>

POLICY AREA	FINALIZED POLICIES
	through an MVP will have to report as a subgroups beginning with CY 2026 MIPS performance period.
<b>Subgroup Eligibility and Special Statuses</b>	<p>Subgroups inherit the eligibility and special status determinations of the affiliated group (identified by TIN):</p> <ul style="list-style-type: none"> <li>• To participate as a subgroup, the TIN will need to exceed the low-volume threshold at the group level. <ul style="list-style-type: none"> <li>○ Subgroups won't be evaluated for the low-volume threshold at the subgroup level.</li> </ul> </li> <li>• The subgroup will inherit any special statuses held by the group, even if the subgroup composition doesn't meet the criteria. <ul style="list-style-type: none"> <li>○ Subgroups won't be evaluated for special statuses at the subgroup level.</li> </ul> </li> </ul>
<b>Subgroup Reporting Requirements</b>	<p>MVP reporting requirements for subgroup participation include:</p> <ul style="list-style-type: none"> <li>• Quality Performance Category <ul style="list-style-type: none"> <li>○ Subgroups will select 4 quality measures available for the MVP.</li> <li>○ 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.</li> </ul> </li> <li>• Improvement Activities Performance Category <ul style="list-style-type: none"> <li>○ Subgroups will select 2 medium-weighted improvement activities OR one high-weighted improvement activity OR IA_PCMH (participation in a PCMH).</li> </ul> </li> <li>• Cost Performance Category <ul style="list-style-type: none"> <li>○ Subgroups will be scored on the cost measures included in the selected MVP.</li> </ul> </li> </ul>

POLICY AREA	FINALIZED POLICIES
	<ul style="list-style-type: none"> <li>• Foundational Layer (MVP Agnostic)               <ul style="list-style-type: none"> <li>○ Population Health Measures                   <ul style="list-style-type: none"> <li>▪ Subgroups will select one population health measure to be calculated on. The results are added to the quality score.</li> </ul> </li> <li>○ Promoting Interoperability Performance Category                   <ul style="list-style-type: none"> <li>▪ Subgroups will submit Promoting Interoperability data at the group level, not the subgroup level.</li> </ul> </li> </ul> </li> </ul> <p><b>Note:</b> we're proposing policies in the CY2023 PFS NPRM that may impact subgroup reporting requirements and scoring.</p>

### CY22 PFS Final Rule: Previously Finalized MVP Scoring Policies

POLICY AREA	FINALIZED POLICIES
<p><b>Quality Performance Category Scoring</b></p>	<p>MVP quality performance category scoring policies will align with those used in traditional MIPS. The following policy changes for traditional MIPS were finalized, which also apply to MVPs:</p> <ul style="list-style-type: none"> <li>• Beginning with the 2023 performance period, remove the 3-point floor for quality measure scoring from traditional MIPS. Except as noted below, no 3-point floor will be available under MVPs.               <ul style="list-style-type: none"> <li>○ Measures without a benchmark or that don't meet case minimum will earn zero points. (This includes outcome-based administrative claims measures if available and selected by the MVP Participant).</li> </ul> </li> </ul>

POLICY AREA	FINALIZED POLICIES
	<ul style="list-style-type: none"> <li>▪ <b>Exception:</b> Small practices will continue to earn 3 points for these measures under traditional MIPS and MVPs.               <ul style="list-style-type: none"> <li>○ Measures that can be scored against a benchmark will earn 1-10 points.</li> </ul> </li> </ul> <p>Similar to our quality scoring policies for traditional MIPS, if an MVP Participant reports more than the required number of quality measures, we will use the 4 highest scoring measures. Additionally, an MVP Participant will receive zero achievement points for the quality performance category for any required measures that aren't reported.</p> <p>If an outcome-based administrative claims measure is available and selected by the MVP Participant to fulfill the outcome measure requirement, the measure will receive zero achievement points when the measure doesn't have a benchmark or meet case minimum.</p> <ul style="list-style-type: none"> <li>• <b>Note:</b> If an MVP Participant is unsure whether a selected outcomes-based administrative claims measure score is attainable, we encourage the selection and reporting of an additional outcome measure to decrease the likelihood that they receive a score of zero for an unreported outcome measure.</li> </ul>
<p><b>Improvement Activities Performance Category Scoring</b></p>	<p>Each medium-weighted improvement activity will be assigned 20 points and each high-weighted improvement activity will be assigned 40 points for all MVP participants. (This scoring differs from traditional MIPS where medium-weighted improvement activities are assigned 10 points and high-weighted improvement activities are assigned 20 points.)</p>

POLICY AREA	FINALIZED POLICIES
<p><b>Cost Performance Category Scoring</b></p>	<p>MVP cost performance category scoring policies will align with those used in traditional MIPS. We will score an MVP Participant only on the cost measures included in the selected MVP.</p>
<p><b>Foundational Layer (MVP agnostic) Scoring</b></p>	<p>The following are the scoring policies for the foundational layer measures (population health and Promoting Interoperability):</p> <ul style="list-style-type: none"> <li>• The population health measure selected by MVP Participants will be included in the quality performance category score. <ul style="list-style-type: none"> <li>○ Similar to our policies for administrative claims measures in traditional MIPS, these measures will be excluded from scoring if the measure doesn't have a benchmark or meet case minimum.</li> <li>○ Exception: Subgroups will 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.</li> </ul> </li> </ul> <p>Measures in the Promoting Interoperability performance category will be scored in alignment with traditional MIPS scoring policies. Subgroups will submit the Promoting Interoperability performance category data of their affiliated group.</p>
<p><b>Final Score</b></p>	<p>MVP scoring policies for determining the final score will generally align with those used in traditional MIPS across all performance categories, with few exceptions. Performance category weights will be consistent with traditional MIPS performance category weights. Reweighting policies for the redistribution of category weights will also align with traditional MIPS, with the exception that we won't reweight the quality performance category if we can't</p>

POLICY AREA	FINALIZED POLICIES
	<p>calculate a score for the MIPS eligible clinician because there isn't at least one quality measure applicable and available to the clinician.</p> <p>We finalized to update the scoring hierarchy to include subgroups. A MIPS eligible clinician will receive the highest final score that can be attributed to their TIN/NPI combination from any reporting option (traditional MIPS, 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 including subgroups in the scoring hierarchy will allow for meaningful data collection and 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.</p>