2021 MIPS Value Pathways (MVPs) Overview Fact Sheet

Updated: 08/09/2021

Overview

In the CY 2020 Physician Fee Schedule (PFS) Final Rule, we finalized MIPS Value Pathways (MVPs) as a reporting framework to begin with the 2021 performance year. However, we recognize stakeholder concerns about this timeline, even more so now that clinicians are working hard to address the 2019 Coronavirus (COVID-19) public health emergency within their practices and communities. Therefore, we aren't implementing MVPs as a reporting option for MIPS measures and activities during the 2021 performance year. In the 2021 PFS Final Rule we finalized additions to the framework's guiding principles and the establishment of MVP development criteria to support stakeholder collaboration in developing MVPs with CMS.

We also finalized a process to receive and evaluate MVP candidates, including the use of a standardized template. You can review updated guiding principles, detailed development criteria, and the finalized submission process below.

We're committed to continue working closely with clinicians, patients, specialty societies, third parties, and others to establish the MVPs, to align with our goal of moving away from siloed performance category activities and measures and moving towards set of measure options more relevant to a clinician's scope of practice that is meaningful to patient care.

We want to develop the future state of MIPS together with each of you to ensure that we are reducing burden, driving value through meaningful participation, and, most importantly, improving outcomes for patients.

MIPS Value Pathways

The MVPs framework aims to align and connect measures and activities across the MIPS performance categories of quality, cost, and improvement activities for different specialties or conditions. In addition, the MVPs framework incorporates a foundation that leverages Promoting Interoperability measures and a set of administrative claims-based quality measures that focus on population health/public health priorities and reduce reporting. We believe this combination of administrative claims-based measures and specialty/condition specific measures will streamline MIPS reporting, reduce complexity and burden, and improve measurement.

Through the MVPs framework, we'll provide enhanced data and feedback to clinicians. We also intend to analyze existing Medicare information so that we can provide clinicians and patients with more information to improve health outcomes. We believe the MVPs framework will help to simplify MIPS, create a more cohesive and meaningful participation experience, improve value, reduce clinician burden, and better align with Alternative Payment Models (APMs) to help ease the transition between the 2 tracks. Implementing the MVPs framework honors our commitment to keeping the patient at the center of our work. In addition to achieving better health outcomes

and lowering costs for patients, we anticipate that these MVPs will result in comparable performance data that helps patients make more informed healthcare decisions.

2021 Finalized Changes

We've heard from stakeholders about the need for clearer guidelines to follow as they work to develop MVP candidates. We finalized a process for stakeholders to follow when submitting an MVP candidate for CMS review, which includes the use of a standardized MVP Candidate Submission Template:

- We will hold a public-facing MVP development webinar to review MVP development criteria, timelines, and processes in which to submit a candidate MVP.
- Stakeholders will formally submit MVP candidates using the standardized MVP Candidate Submission Template (available in the QPP Resource Library).
- We will review and evaluate MVP candidates as they are received (asking follow-up questions as needed), against the development criteria described below.
- We will vet the quality, qualified clinical data registry (QCDR), and cost measures from a technical perspective to validate the coding and inclusion of clinician types intended to be measured.
- When an MVP candidate is identified as feasible for upcoming performance years, we will schedule meetings with the stakeholder collaborators to discuss our feedback and next steps.
- Because MVPs must be established through rulemaking, CMS won't communicate to the stakeholder whether an MVP candidate has been approved, disapproved, or is being considered for a future year, prior to the publication of the proposed rule.

Additionally, we finalized updates to the MVP guiding principles as well as a new set of development criteria:

MVP GUIDING PRINCIPLES
1. MVPs should consist of limited, connected, complementary sets of measures and activities that are meaningful to clinicians, which will reduce clinician burden, align scoring, and lead to sufficient comparative data.
2. MVPs should include measures and activities that would result in providing comparative performance data that is valuable to patients and caregivers in evaluating clinician performance and making choices about their care; MVPs will enhance this comparative performance data as they allow subgroup reporting that comprehensively reflects the services provided by multispecialty groups.
3. MVPs should include measures selected using the Meaningful Measures approach and, wherever possible, the patient voice must be included, to encourage performance improvements in high-priority areas.

4. MVPs should reduce barriers to APM participation by including measures that are part of APMs where feasible, and by linking cost and quality measurement.

5. MVPs should support the transition to digital quality measures.

FINALIZED MVP DEVELOPMENT CRITERIA

- Use measures and activities from the quality, cost, and improvement activities performance categories
- Have a clearly defined intent of measurement
- Align with the Meaningful Measure Framework
- Have measure and activity linkages within the MVP
- Be clinically appropriate
- Be developed collaboratively across specialties in instances where the MVP is relevant to multiple specialties
- Be comprehensive and understandable by clinicians, groups, and patients
- To the extent feasible, include electronically specified quality measures
- Incorporate the patient voice
- Ensure quality measures align with existing MIPS quality measure criteria, and consider the following: whether the quality measures are applicable and available to the clinicians and groups, and the available collection types for the measures
- Beginning with the 2022 performance year, include QCDR measures that have been fully tested
- Ensure that the cost measure is related to the other measures and activities included in the MVP, and if a relevant cost measure for specific types of care are not available, include a broadly applicable cost measure that is applicable to the clinician type, and consider what additional cost measures should be prioritized for future development/inclusion in the MVP
- Include improvement activities that can improve the quality of performance in clinical practice, that complement and/or supplement the quality action of the measures in the MVP, and uses broadly applicable improvement activities when specialty or sub-specialty improvement activities are not available
- Must include the entire set of Promoting Interoperability measures
- Include the administrative-claims based measure, Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-based Incentive Payment System Program (MIPS) Eligible Clinician Groups

For More Information

- Visit the MIPS Value Pathways webpage on the QPP website
- View the MIPS Value Pathways Diagrams

- Review the 2021 PFS Final Rule for further information on finalized MVP policies

Version History Table

DATE	CHANGE DESCRIPTION
08/09/2021	• Updated language to reflect the 2021 PFS Final Rule policies.
09/04/2020	• Updated language to reflect the 2021 PFS Proposed Rule policies and proposed changes.
11/25/2019	• Updated language to reflect the 2020 PFS Final Rule policies and removed list of RFI questions following the close of the RFI. • Transferred content to MVPs design template.
9/25/2019	• On page 2, removed redundant question: Should clinicians and groups be able to self-select an MVP or if an MVP should be assigned. If assigned, what is the best way to assign an MVP – should it be based on place of service codes, specialty designation on Part B claims, or in the case of groups, should the assigned MVP(s) be based on the specialty designation of the majority of clinicians in the group, specific services, or other factors? • Added links to the MIPS Value Pathways webpage on pages 1 and 7.
8/15/2019	• Original version