MIPS Value Pathways (MVPs) for 2023

October 20th, 2022
2:00 PM EST

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Agenda

- **Traditional MIPS Recap**
  - Program Overview
- **MIPs Value Pathways**
  - Differences between MVPs and Traditional MIPs
  - MVP Reporting Structure
- **New MVPs Proposed for 2023**
- **Score Comparison: Traditional MIPS vs MVP**
- **Transitioning to MVPs**
- **Submitted Questions**

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Traditional MIPs Recap

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MIPs Recap

- 2015 MACRA legislation established the Quality Payment Program – combining PQRS and other CMS programs into MIPS

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MIPs Recap

Individual providers enrolled in Medicare for *at least* one year who also exceed the program's low volume threshold ***must*** participate

Low Volume Threshold (LVT):

- **$90,000** or more in Medicare part B charges **and**
- **200** or more Medicare beneficiaries **and**
- **200** or more Medicare covered services

- Individuals who exceed ***some*** elements of the LVT may opt-in but are not required to report

- Providers with sufficient participation within Advanced APMs are exempt from MIPs

https://qpp.cms.gov/participation-lookup - check NPI eligibility

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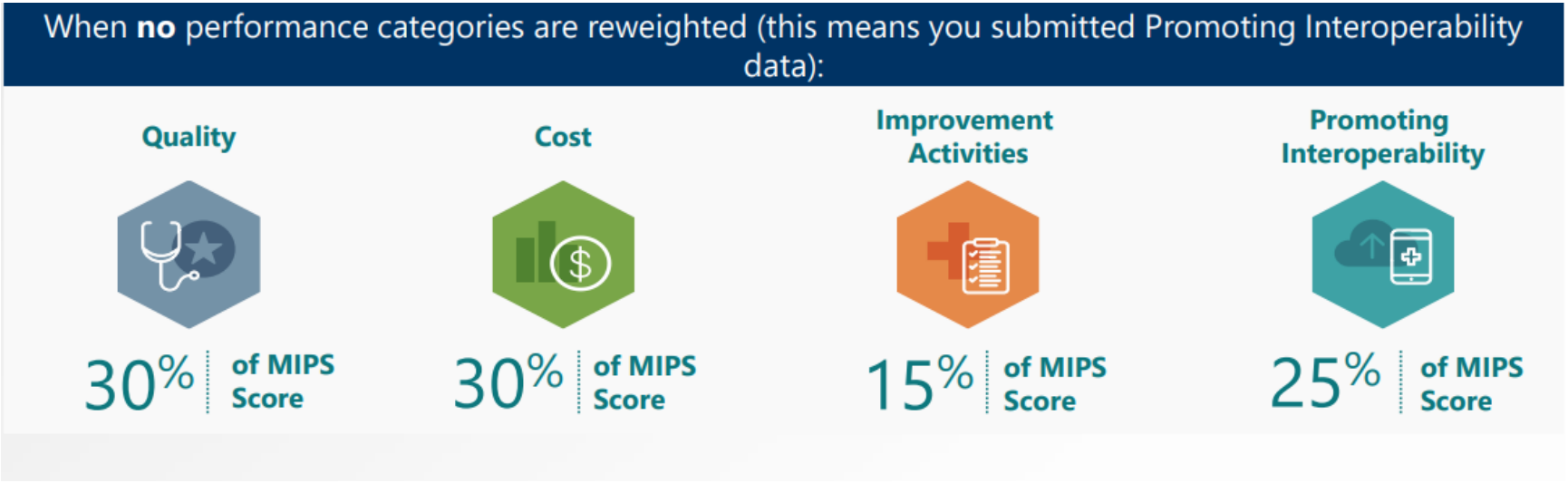
MIPs Recap

- Final MIPs score is a combination of four performance categories



- Each category has a unique score and category weight towards final MIPs score

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MIPs Recap

MIPS participants earn payment adjustments onto future Medicare claims based on their final MIPS score

2022 MIPs Thresholds	2023 MIPs Thresholds
Penalty: 75 points **Exceptional Performer:** 89 points **Maximum Payment Adjustment**: +/- 9%	**Penalty: 75** points **Exceptional Performer:** N/A **Maximum Payment Adjustment:** +/- 9%

Payment adjustments are applied **2 years** *after* a performance period.

- 2020 payment adjustments apply to 2022 Medicare claims

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MIPs Recap

- **MIPs reporting identified as burdensome from the beginning**
  - **2017 - 82%** of MGMA survey responders reported that MIPs was ‘very’ or ‘extremely’ burdensome
  - Common criticisms include:
    - Program too complex, difficult to keep up with
    - Quality reporting is not always representative of clinical practice
    - Completing annual reporting requirements increases administrative load and costs
    - Bonus payments awarded don’t offset the time/cost to report to program
  - In 2020, CMS introduced their solution….

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MIPS Value Pathways

The Future of MIPs

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MVPs - Disclaimer

- **Several policies related to MVPs are still in the process of finalization through rulemaking**
- **Information may change prior to 2023 performance year**
  - **2023 Fee Schedule Rule pending final rule – expected in November**

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MVPs

- **Introduced in 2020 rulemaking, MIPs Value Pathways are a new reporting structure available starting 2023**
  - MVPs are a subset of measures and activities specific to a *disease* or *specialty*
    - MVPs approved through annual rulemaking
  - Goal of MVPs is to move away from ‘siloed’ reporting and streamline requirements for clinicians
    - MVPs require less data submission compared to ‘traditional MIPs’

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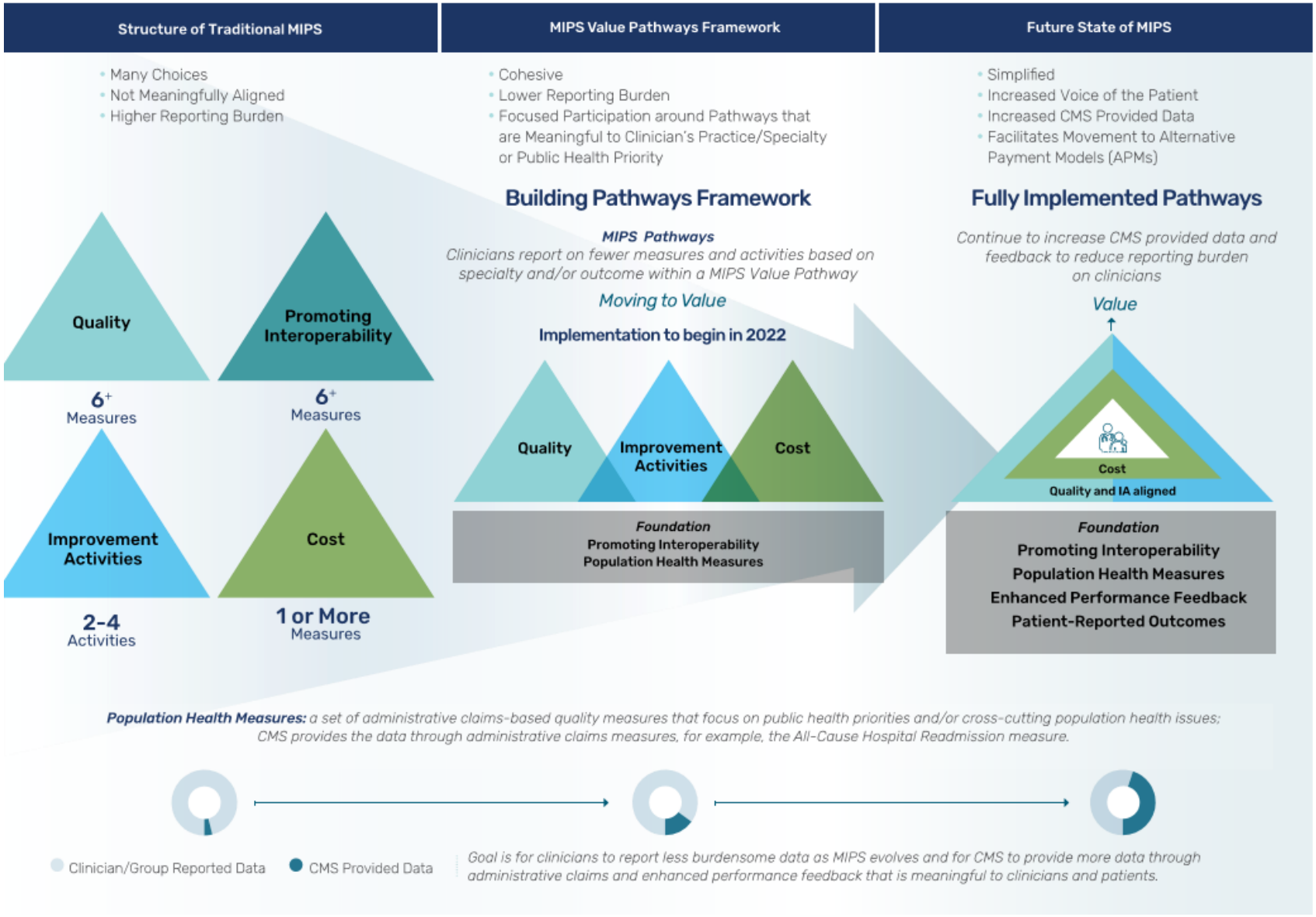
MVPs


Structure of Traditional MIPS
Many Choices
Not Meaningfully Aligned
Higher Reporting Burden
Quality
6+ Measures
Promoting Interoperability
6+ Measures
Improvement Activities
2-4 Activities
Cost
1 or More Measures
MIPS Value Pathways Framework
Cohesive
Lower Reporting Burden
Focused Participation around Pathways that are Meaningful to Clinician's Practice/Specialty or Public Health Priority
Building Pathways Framework
MIPS 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 2022
Quality
Improvement Activities
Cost
Foundation
Promoting Interoperability
Population Health Measures
Future State of MIPS
Simplified
Increased Voice of the Patient
Increased CMS Provided Data
Facilitates Movement to Alternative Payment Models (APMs)
Fully Implemented Pathways
Continue to increase CMS provided data and feedback to reduce reporting burden on clinicians
Value
Cost
Quality and IA aligned
Foundation
Promoting Interoperability
Population Health Measures
Enhanced Performance Feedback
Patient-Reported Outcomes
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.

MVPs

- **How are MVPs different than 'traditional' MIPs?**
  - Measures/activities reported under MVP are ***defined***
    - Participants no longer select from ALL measures/activities available and choose from measures/activities within the MVP
  - Participants are required to **register** to report an MVP during a performance year
    - *April 1st – November 30th of a performance year*
  - Data collection automated where possible
  - **Sub-group/Multi-specialty** reporting

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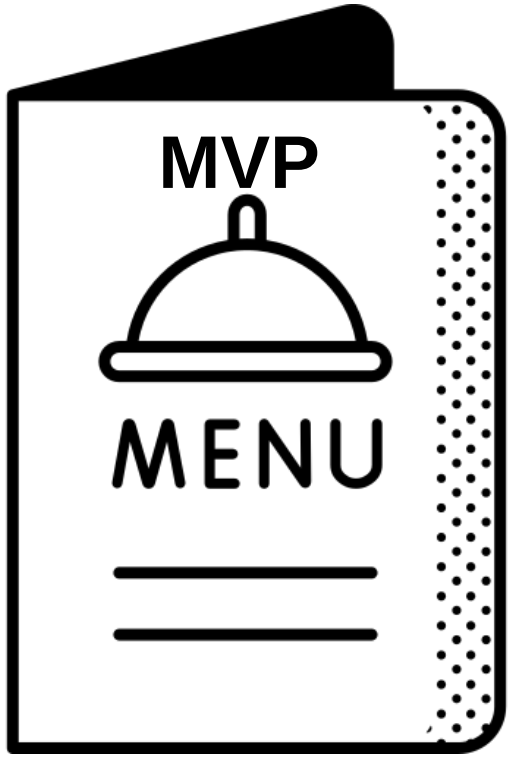
MVPs

VS



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MVPs

- **MVP Reporting Structure**
  - **'Foundation Layer' for <u>all</u> MVPs includes:**
  - Choice of **<u>One</u>** Population Health Measure
    - **479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician <u>Groups</u>**
      - Readmission rate for beneficiaries age 65 or older who were hospitalized and experienced an unplanned readmission for any cause to a short-stay acute-care hospital within 30 days of discharge
    - **484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions**
      - Unplanned hospital admissions among Medicare Fee-for-Service (FFS) patients aged 65 years and older with multiple chronic conditions
  - **Promoting Interoperability Category** – full reporting required unless participants qualify for reweighting

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MVPs

- **MVP Reporting Structure**
  - **Quality**
    - Participants select **4** Quality measures offered under the MVP
      - Small practices can continue to submit via Medicare part B Claims within MVP
    - One must be an outcome or high priority measure
  - **Improvement Activities**
    - Participants select between reporting 1 high weighted OR 2 medium weighted activities
  - **Cost**
    - Participants are calculated on Cost measures included in MVP, if possible

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MVPs

- **MVP Scoring**
  - Scoring logic for MVPs will follow the same policies as traditional MIPs
  - No special MVP scoring features at this time

  - **Quality**
    - Case minimums/data-completeness thresholds same as MIPs
    - Quality measures will use same benchmarks as MIPs
    - Can report more than required measures and QPP will take highest scoring

  - **Category Reweighting**
    - Same principles still apply for participants exempt from Promoting Interoperability or not scored on Cost

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MVPs

- **Sub-Group Reporting**
  - Targeted towards Multi-specialty groups to promote reporting which reflects all services
    - Will eventually be mandatory
  - Clinicians under one TIN can form smaller groupings of NPIs for reporting purposes
  - Sub-groups are defined when registering for MVP
    - Sub-group is named/given an ID at that time
  - Any group level special statuses are applied to Sub-groups

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MVPs

- **What are the first MVPs available for reporting?**

  - Rheumatology
  - Stroke Care and Prevention
  - Heart Disease
  - Chronic Disease Management
  - Emergency Medicine
  - Lower Extremity Joint Repair
  - Anesthesia

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MVPs

- **Other MVPs proposed ahead of 2023:**

  - Advancing Cancer Care
  - Optimal Care for Kidney Health
  - Optimal Care for Patients with Episodic Neurological Conditions
  - Supportive Care for Neurodegenerative Conditions
  - Promoting Wellness

**If *finalized*, these will be available to report in 2023

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New MVPs Proposed for 2023

Quality, Improvement Activity, and Cost Measures

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Proposed MVP – Advancing Cancer Care

QUALITY MEASURES – PICK 4
47: Advance Care Plan
134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan
143: Oncology: Medical and Radiation – Pain Intensity Quantified
144: Oncology: Medical and Radiation – Plan of Care for Pain
321: CAHPS for MIPS Clinician/Group Survey (Collection Type: CAHPS Survey Vendor)
450: Appropriate Treatment for Patients with Stage I (T1c) – III HER2 Positive Breast Cancer
451: RAS (KRAS and NRAS) Gene Mutation Testing Performed for Patients with Metastatic Colorectal Cancer who Receive Anti-Epidermal Growth Factor Receptor (EGFR) Monoclonal Antibody Therapy
452: Patients with Metastatic Colorectal Cancer and RAS (KRAS or NRAS) Gene Mutation Spared Treatment with Anti-Epidermal Growth Factor Receptor (EGFR) Monoclonal Antibodies
453: Percentage of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life
457: Percentage of Patients Who Died from Cancer Admitted to Hospice for Less than 3 days
462: Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy
PIMSH2: Oncology: Utilization of GCSF in Metastatic Colorectal Cancer **(Collection Type: QCDR)**
PIMSH8: Oncology: Mutation Testing for Lung Cancer Completed Prior to Start of Targeted Therapy **(Collection Type: QCDR)**

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Proposed MVP – Advancing Cancer Care

Improvement Activities – Pick 1 High or 2 Medium
IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal (Medium)
IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings (High)
IA_BE_15: Engagement of Patients, Family and Caregivers in Developing a Plan of Care (Medium)
IA_BE_24: Financial Navigation Program (Medium)
IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop (Medium)
IA_CC_17: Patient Navigator Program (High)
IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record (High)
IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation (Medium)
IA_PM_14: Implementation of Methodologies for Improvements in Longitudinal Care Management for High Risk Patients (Medium)
IA_PM_15: Implementation of Episodic Care Management Practice Improvements (Medium)
IA_PM_16: Implementation of Medication Management Practice Improvements (Medium)
IA_PM_21: Advance Care Planning (Medium)
IA_PSPA_16: Use of Decision Support and Standardized Treatment Protocols (Medium)

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Proposed MVP – Advancing Cancer Care

COST
Total Per Capita Cost (TPCC)
The TPCC measures the overall cost of care delivered to a patient with a focus on the primary care they receive from their provider(s). The measure is a payment-standardized, risk-adjusted, and specialty-adjusted measure

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Proposed MVP – Optimal Care for Kidney Health

QUALITY MEASURES – PICK 4
001: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
47: Advance Care Plan
110: Preventive Care and Screening: Influenza Immunization
111: Pneumococcal Vaccination Status for Older Adults
130: Documentation of Current Medications in the Medical Record
236: Controlling High Blood Pressure
482: Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate
TBD: Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy

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Proposed MVP – Optimal Care for Kidney Health

Improvement Activities – Pick 1 High or 2 Medium
IA_AHE_3: Promote Use of Patient-Reported Outcome Tools (High)
IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal (Medium)
IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings (High)
IA_BE_14: Engage Patients and Families to Guide Improvement in the System of Care (High)
IA_BE_15: Engagement of Patients, Family, and Caregivers in Developing a Plan of Care (Medium)
IA_BE_16: Promote Self-Management in Usual Care (Medium)
IA_CC_2: Implementation of Improvements that Contribute to More Timely Communication of Test Results (Medium)
IA_CC_13: Practice Improvements for Bilateral Exchange of Patient Information (Medium)
IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation (Medium)
IA_PM_11: Regular Review Practices in Place on Targeted Patient Population Needs (Medium)
IA_PM_14: Implementation of Methodologies for Improvements in Longitudinal Care Management for High Risk Patients (Medium)
IA_PM_16: Implementation of Medication Management Practice Improvements (Medium)
IA_PSPA_16: Use of Decision Support and Standardized Treatment Protocols (Medium)
IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation (Medium)
IA_PM_11: Regular Review Practices in Place on Targeted Patient Population Needs (Medium)
IA_PM_14: Implementation of Methodologies for Improvements in Longitudinal Care Management for High Risk Patients (Medium)
IA_PM_16: Implementation of Medication Management Practice Improvements (Medium)
IA_PSPA_16: Use of Decision Support and Standardized Treatment Protocols (Medium)

Proposed MVP – Optimal Care for Kidney Health

COST
Total Per Capita Cost (TPCC)
The TPCC measures the overall cost of care delivered to a patient with a focus on the primary care they receive from their provider(s). The measure is a payment-standardized, risk-adjusted, and specialty-adjusted measure
Acute Kidney Injury Requiring New Inpatient Dialysis (AKI)
The Acute Kidney Injury Requiring New Inpatient Dialysis episode-based cost measure evaluates a clinician's risk-adjusted cost to Medicare for patients who receive their first inpatient dialysis service for acute kidney injury during the performance period. The measure score is the clinician's risk-adjusted cost for the episode group averaged across all episodes attributed to the clinician. This procedural measure includes costs of services that are clinically related to the attributed clinician's role in managing care during each episode from the clinical event that opens, or "triggers," the episode through 30 days after the trigger.

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Proposed MVP – Optimal Care for Patients with Episodic Neurological Conditions

QUALITY MEASURES – PICK 4
47: Advance Care Plan
130: Documentation of Current Medications in the Medical Record
268: Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy
419: Overuse of Imaging for the Evaluation of Primary Headache
AAN5: Medication Prescribed for Acute Migraine Attack **(Collection Type: QCDR)**
AAN22: Quality of Life Outcome for Patients with Neurologic Conditions **(Collection Type: QCDR)**
AAN29: Comprehensive Epilepsy Care Center Referral or Discussion for Patients with Epilepsy **(Collection Type: QCDR)**
AAN30: Migraine Preventive Therapy Management **(Collection Type: QCDR)**
AAN31: Acute Treatment Prescribed for Cluster Headache **(Collection Type: QCDR)**
AAN32: Preventive Treatment Prescribed for Cluster Headache **(Collection Type: QCDR)**

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Proposed MVP – Optimal Care for Patients with Episodic Neurological Conditions

Improvement Activities – Pick 1 High or 2 Medium
IA_AHE_3: Promote Use of Patient-Reported Outcome Tools (High)
IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal (Medium)
IA_BE_16: Promote Self-Management in Usual Care (Medium)
IA_BE_24: Financial Navigation Program (Medium)
IA_BMH_4: Depression screening (Medium)
IA_BMH_8: Electronic Health Record Enhancements for BH data capture (Medium)
IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop (Medium)
IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record (High)
IA_EPA_2: Use of Telehealth Services that Expand Practice Access (Medium)
IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation
IA_PM_11: Regular Review Practices in Place on Targeted Patient Population Needs (Medium)
IA_PM_16: Implementation of Medication Management Practice Improvements (Medium)
IA_PM_21: Advance Care Planning (Medium)
IA_PSPA_21: Implementation of Fall Screening and Assessment Programs (Medium)

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Proposed MVP – Optimal Care for Patients with Episodic Neurological Conditions

COST
Medicare Spending Per Beneficiary (MSPB) Clinician
The Medicare Spending Per Beneficiary (MSPB) measure evaluates hospitals' efficiency relative to the efficiency of the national median hospital. Specifically, the MSPB measure assesses Medicare Part A and Part B payments for services provided by hospitals during an episode that spans from three days prior to an inpatient hospital admission through 30 days after discharge.

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Proposed MVP – Supportive Care for Neurodegenerative Conditions

QUALITY MEASURES – PICK 4
47: Advance Care Plan
238: Use of High-Risk Medications in Older Adults
281: Dementia: Cognitive Assessment
282: Dementia: Functional Status Assessment
286: Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia
288: Dementia: Education and Support of Caregivers for Patients with Dementia
290: Assessment of Mood Disorders and Psychosis for Patients with Parkinson's Disease
291: Assessment of Cognitive Impairment or Dysfunction for Patients with Parkinson's Disease
293: Rehabilitative Therapy Referral for Patients with Parkinson's Disease
386: Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences
AAN9: Querying and Follow-Up About Symptoms of Autonomic Dysfunction for Patients with Parkinson's Disease **(Collection Type: QCDR)**
AAN22: Quality of Life Outcome for Patients with Neurologic Conditions **(Collection Type: QCDR)**
AAN34: Patient reported falls and plan of care **(Collection Type: QCDR)**

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Proposed MVP – Supportive Care for Neurodegenerative Conditions

Improvement Activities – Pick 1 High or 2 Medium
IA_AHE_3: Promote Use of Patient-Reported Outcome Tools (High)
IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal (Medium)
IA_BE_16: Promote Self-Management in Usual Care (Medium)
IA_BE_24: Financial Navigation Program (Medium)
IA_BMH_4: Depression Screening (Medium)
IA_BMH_8: Electronic Health Record Enhancements for BH data capture (Medium)
IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop (Medium)
IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record (High)
IA_EPA_2: Use of Telehealth Services that Expand Practice Access (Medium)
IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation (Medium)
IA_PM_11: Regular Review Practices in Place on Targeted Patient Population Needs (Medium)
IA_PM_16: Implementation of Medication Management Practice Improvements (Medium)
IA_PM_21: Advance Care Planning (Medium)
IA_PSPA_21: Implementation of Fall Screening and Assessment Programs (Medium)

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Proposed MVP – Supportive Care for Neurodegenerative Conditions

COST
Medicare Spending Per Beneficiary (MSPB) Clinician
The Medicare Spending Per Beneficiary (MSPB) measure evaluates hospitals' efficiency relative to the efficiency of the national median hospital. Specifically, the MSPB measure assesses Medicare Part A and Part B payments for services provided by hospitals during an episode that spans from three days prior to an inpatient hospital admission through 30 days after discharge.

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Proposed MVP – Promoting Wellness

QUALITY MEASURES – PICK 4
39: Screening for Osteoporosis for Women Aged 65-85 Years of Age
112: Breast Cancer Screening
113: Colorectal Cancer Screening
128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan
226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
309: Cervical Cancer Screening
310: Chlamydia Screening for Women
321: CAHPS for MIPS Clinician/Group Survey (Collection Type: CAHPS Survey Vendor)
400: One-Time Screening for Hepatitis C Virus (HCV) for all Patients
431: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
475: HIV Screening
483: Person-Centered Primary Care Measure Patient Reported Outcome Performance Measure (PCPCM PRO-PM)
TBD: Adult Immunization Status

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Proposed MVP – Promoting Wellness

Improvement Activities – Pick 1 High or 2 Medium
IA_AHE_3: Promote Use of Patient-Reported Outcome Tools (High)
IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal (Medium)
IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings (High)
IA_BE_12: Use Evidence-Based Decision Aids to Support Shared Decision-Making (Medium)
IA_BMH_9: Unhealthy Alcohol Use for Patients with Co-occurring Conditions of Mental Health and Substance Abuse and Ambulatory Care Patients (Medium)
IA_CC_2: Implementation of Improvements that Contribute to More Timely Communication of Test Results (Medium)
IA_CC_13: Practice Improvements for Bilateral Exchange of Patient Information (Medium)
IA_CC_14: Practice Improvements that Engage Community Resources to Support Patient Health Goals (High)
IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record (High)
IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation
IA_PM_11: Regular Review Practices in Place on Targeted Patient Population Needs (Medium)
IA_PM_13: Chronic Care and Preventative Care Management for Empaneled Patients (Medium)
IA_PM_16: Implementation of Medication Management Practice Improvements (Medium)
IA_PSPA_19: Implementation of Formal Quality Improvement Methods, Practice Changes, or Other Practice Improvement Processes (Medium)

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Proposed MVP – Promoting Wellness

COST
Total Per Capita Cost (TPCC)
The TPCC measures the overall cost of care delivered to a patient with a focus on the primary care they receive from their provider(s). The measure is a payment-standardized, risk-adjusted, and specialty-adjusted measure

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Traditional MIPS vs MVP Score Comparison

Anesthesia MVP Example

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Score Comparison Anesthesia MVP

- **Example 1**
  - **Large practice Anesthesia GROUP Level Submission**
- **Example 2**
  - **Small Practice Anesthesia GROUP Level Submission**
- **Assumptions:**
  - **Non-patient facing special status (2X Improvement Activities, exempt from PI)**
  - **Full credit for Improvement Activities**
  - **Reporting full specialty set under traditional MIPS**
  - **Not scored on COST or Administrative Claims Measures**

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Score Comparison Anesthesia MVP

- **Quality Options for MVP**
  - **Select 4 from the following:**

Measure Options
404: Anesthesiology Smoking Abstinence
424: Perioperative Temperature Management ***(outcome measure)***
430: Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy
463: Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics)
477: Multimodal Pain Management
AQI48: Patient-Reported Experience with Anesthesia*
AQI69: Intraoperative Antibiotic Redosing*

***QCDR Measure**

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Score Comparison Anesthesia MVP

- **Improvement Activities**
  - **Select 1 High or 2 Medium Weighted Activities:**

ID #	Activity title	Activity Weighting
IA_BE_6	Regularly Assess Patient Experience of Care and Follow Up on Findings	High
IA_BE_22	Improved practices that engage patients pre-visit	Medium
IA_BMH_2	Tobacco use	Medium
IA_CC_2	Implementation of improvements that contribute to more timely communication of test results	Medium
IA_CC_15	PSH Care Coordination	High
IA_CC_19	Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes	High
IA_EPA_1	Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record	High
IA_PSPA_1	Participation in an AHRQ-listed patient safety organization	Medium
IA_PSPA_7	Use of QCDR data for ongoing practice assessment and improvements	Medium
IA_PSPA_16	Use of decision support and standardized treatment protocols	Medium
IA_PSPA_20	Leadership engagement in regular guidance and demonstrated commitment for implementing practice improvement changes	Medium

Score Comparison Anesthesia MVP

- **Example 1 - Large practice GROUP Level Submission**

Traditional MIPS		MVP	
1) 424: Perioperative Temperature Management ***(outcome measure)***	10 pts	1) 424: Perioperative Temperature Management ***(outcome measure)***	10 pts
2) 404: Anesthesiology Smoking Abstinence	10 pts	2) 404: Anesthesiology Smoking Abstinence	10 pts
3) 477: Multimodal Pain Management	10 pts	3) 477: Multimodal Pain Management	10 pts
4) 430: Prevention of Post-Operative Nausea and Vomiting (PONV)	7 pts	4) 430: Prevention of Post-Operative Nausea and Vomiting (PONV)	7 pts
5) 463: Prevention of Post-Operative Vomiting (POV) (Pediatrics)	7 pts		
Total Quality Score	**44/50**	**Total Quality Score**	**37/40**
Quality - Category Points (85%)	**74.8 pts**	**Quality - Category Points (85%)**	**78.62 pts**
IA - Category Points (15%)	**15 pts**	**IA - Category Points (15%)**	**15 pts**
Final Score	**89.8 pts**	**Final Score**	**93.62 pts**

Score Comparison Anesthesia MVP

- **Example 1 - Large practice GROUP Level Submission**

Traditional MIPS		MVP	
1) 424: Perioperative Temperature Management ***(outcome measure)***	10 pts	1) 424: Perioperative Temperature Management ***(outcome measure)***	10 pts
2) 404: Anesthesiology Smoking Abstinence	7 pts	2) 404: Anesthesiology Smoking Abstinence	7 pts
3) 477: Multimodal Pain Management	6 pts	3) 477: Multimodal Pain Management	6 pts
4) 430: Prevention of Post-Operative Nausea and Vomiting (PONV)	3 pts	4) 430: Prevention of Post-Operative Nausea and Vomiting (PONV)	3 pts
5) 463: Prevention of Post-Operative Vomiting (POV) (Pediatrics)	3 pts		
Total Quality Score	**29/50**	**Total Quality Score**	**26/40**
Quality - Category Points (85%)	**49.3 pts**	**Quality - Category Points (85%)**	**55.25 pts**
IA - Category Points (15%)	**15 pts**	**IA - Category Points (15%)**	**15 pts**
Final Score	**64.3 pts**	**Final Score**	**70.25 pts**

Score Comparison Anesthesia MVP

- **Example 2 - Small practice GROUP Level Submission**

Traditional MIPS		MVP	
1) 424: Perioperative Temperature Management ***(outcome measure)***	10 pts	1) 424: Perioperative Temperature Management ***(outcome measure)***	10 pts
2) 404: Anesthesiology Smoking Abstinence	10 pts	2) 404: Anesthesiology Smoking Abstinence	10 pts
3) 477: Multimodal Pain Management	10 pts	3) 477: Multimodal Pain Management	10 pts
4) 430: Prevention of Post-Operative Nausea and Vomiting (PONV)	7 pts	4) 430: Prevention of Post-Operative Nausea and Vomiting (PONV)	7 pts
5) 463: Prevention of Post-Operative Vomiting (POV) (Pediatrics)	7 pts		
Small Practice Bonus	6 pts	Small Practice Bonus	6 pts
Total Quality Score	**50/50**	**Total Quality Score**	**40/40**
Quality - Category Points (50%)	**50 pts**	**Quality - Category Points (50%)**	**50 pts**
IA - Category Points (50%)	**50 pts**	**IA - Category Points (50%)**	**50 pts**
Final Score	**100 pts**	**Final Score**	**100 pts**

Score Comparison Anesthesia MVP

- **Example 2 - Small practice GROUP Level Submission**

Traditional MIPS		MVP	
1) 424: Perioperative Temperature Management ***(outcome measure)***	10 pts	1) 424: Perioperative Temperature Management ***(outcome measure)***	10 pts
2) 404: Anesthesiology Smoking Abstinence	7 pts	2) 404: Anesthesiology Smoking Abstinence	7 pts
3) 477: Multimodal Pain Management	6 pts	3) 477: Multimodal Pain Management	6 pts
4) 430: Prevention of Post-Operative Nausea and Vomiting (PONV)	3 pts	4) 430: Prevention of Post-Operative Nausea and Vomiting (PONV)	3 pts
5) 463: Prevention of Post-Operative Vomiting (POV) (Pediatrics)	3 pts		
Small Practice Bonus	6 pts	Small Practice Bonus	6 pts
Total Quality Score	**35/50**	**Total Quality Score**	**32/40**
Quality - Category Points (50%)	**35 pts**	**Quality - Category Points (50%)**	**40 pts**
IA - Category Points (50%)	**50 pts**	**IA - Category Points (50%)**	**50 pts**
Final Score	**85 pts**	**Final Score**	**90 pts**

Transitioning to MVPs

MVPs - Transition

- **MVP reporting begins as voluntary**
  - Consider adopting prior to MVPs being mandatory

- **MVPs and Traditional MIPs will be available in tandem at first**
  - Participants can report both ways and QPP will take the higher of the two scores

- **Review current MVPs for potential adoption**
  - **MVP Toolkits available on** - https://qpp.cms.gov/resources/resource-library
  - Consider submission options for Quality measures

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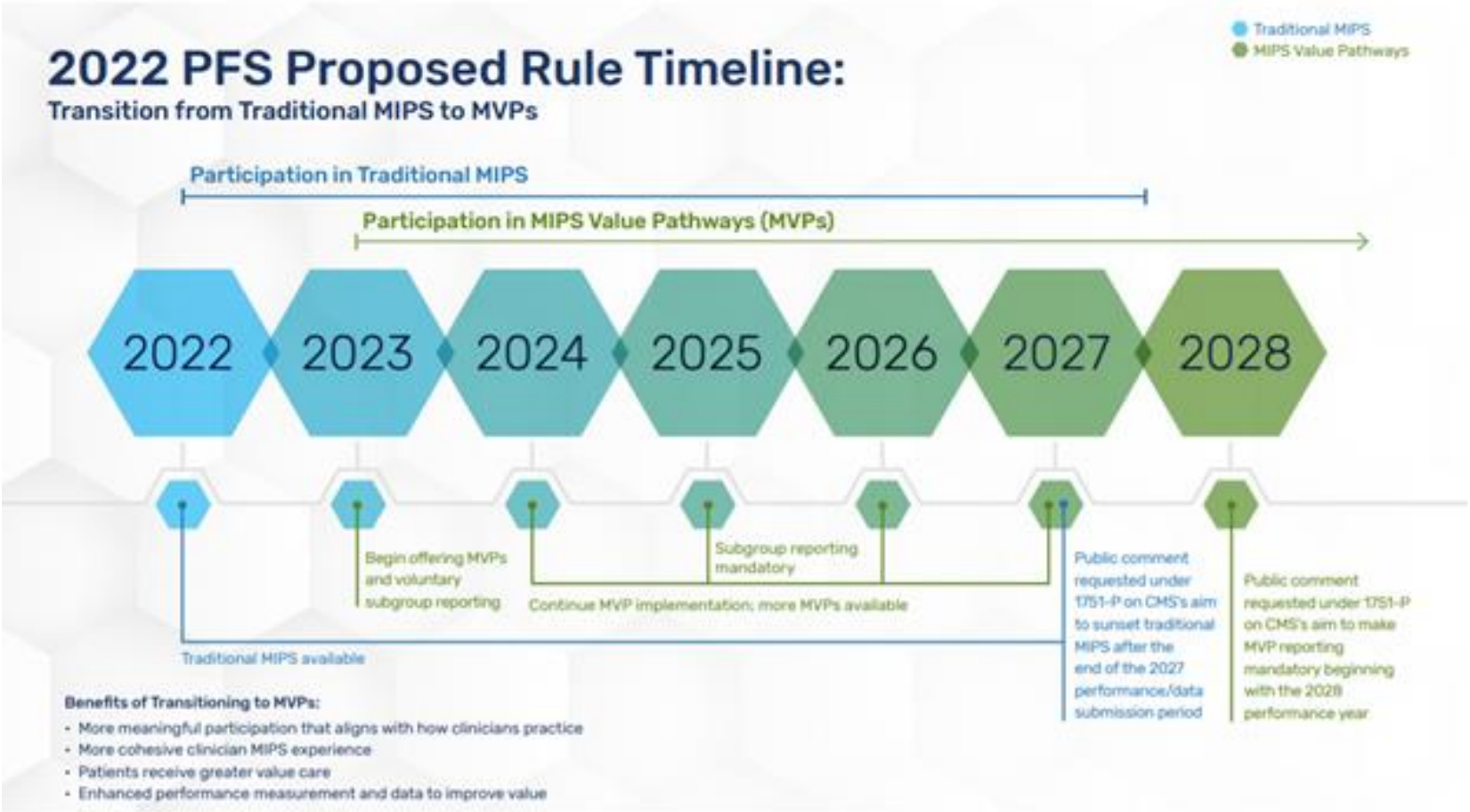
MVPs - Transition



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Submitted Questions

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Thanks!

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