2025 PFS Proposed Changes

Changes proposed under the 2025 PFS Proposed Rule

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Proposed Changes

- MIPS
- MVP
- APP

Quality Category

PROPOSED CHANGES

Quality Category

CMS is proposing to add 9 new Quality measures.

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eCQMs:

1. CMS1056: Excessive Radiation Dose of Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Clinician Level) (Previously Finalized)

2. CMS1157 HIV Annual Retention in Care (measure was previously a CQM "HIV Medical Visit Frequency", collection type is being expanded to include eCQM and name is updated for 2025.

CMS is proposing to add 9 new Quality measures

PRO-PMs:

3.   PRO-PM: Patient Reported Pain Interference Following Chemotherapy among Adults with Breast Cancer

CMS is proposing to add 9 new Quality measures

CQMs:

4. Positive PD-L1 Biomarker Expression Test Result Prior to First-Line Immune Checkpoint Inhibitor Therapy
5. Appropriate Germline Testing for Ovarian Cancer Patients
6. Adult COVID-19 Vaccination Status
7. Melanoma: Tracking and Evaluation of Recurrence
8. First Year Standardized Waitlist Ratio (RYSWR)
9. Percentage of Prevalent Patients Waitlisted (PPPW) and Percentage of Prevalent Patients Waitlisted in Active Status (PPPW)

Quality Category

They're proposing to remove 11 other measures and make changes to 66 existing measures.

Quality Category

For ACOs submitting under APP they are proposing to increase the number of Quality measures required for submission over the next couple of years.
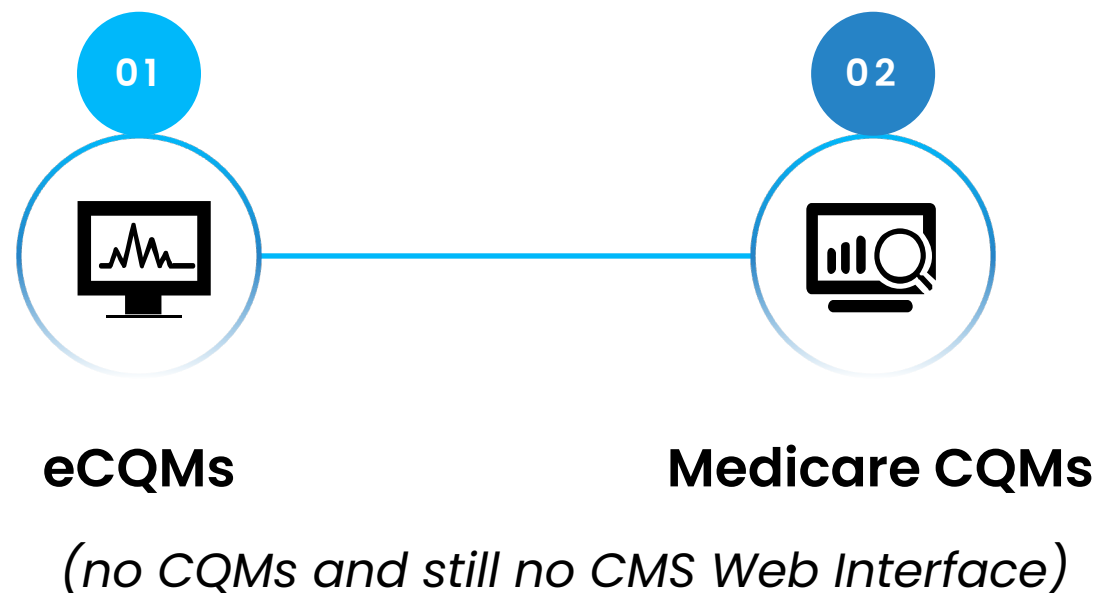
Proposed Required Quality Measures

2025
Breast Cancer screening (CMS 112) and Colorectal Cancer screening (CMS 113)

2026
Initiation and Engagement of Substance Use Disorder Treatment (CMS 305)

2028
Screening for Social Drivers of Health (CMS 487) and Adult Immunization Status (CMS 493)

CMS is also proposing that ACOs only be allowed the following collection types starting in 2025.

01

eCQMs

02

Medicare CQMs

(no CQMs and still no CMS Web Interface)

Why is CMS doing this?

Their stated goal is to align the measures to the Adult Universal Foundation measure set and prioritize eCQMs as the "gold standard" collection type that underlies CMS digital quality measure strategic roadmap. Medicare CQMs serve as a transition collection type while ACOs adopt digital quality measurement.

eCQM Incentive

If an ACO chooses to report eCQMs, CMS is proposing to extend the reporting incentive for meeting the Shared Savings Program quality performance standard.

Score in the 10th percentile on one outcome eCQM **AND**

Score in the 40th percentile on one of other eCQMs

Will meet the Quality Performance Standard for Shared Savings.

If an ACO choose to report Medicare CQMs instead of eCQMs CMS is proposing a flat benchmark

Standard Measure

Decile	Performance Rate Range
1	<10
2	10-19.99
3	20-29.99
4	30-39.99
5	40-49.99
6	50-59.99
7	60-69.99
8	70-79.99
9	80-89.99
10	>=90

Inverse Measure

Decile	Performance Rate Range
1	99-90.01
2	90-80.01
3	80-70.01
4	70-60.01
5	60-50.01
6	50-40.01
7	40-30.01
8	30-20.01
9	20-10.01
10	<=10

MIPS

MVP

APP

CMS is proposing to keep the data completeness threshold at 75% through 2028 for all measure types across all reporting frameworks.

CMS is proposing a complex organization adjustment to account for the organizational complexities facing APM entities, and virtual groups when reporting eCQMs.

1 measure achievement point would be added for each eCQM submitted for an APM entity or virtual group. Measure must meet data completeness requirements and case minimum requirements.

Improvement Activities Category

PROPOSED CHANGES

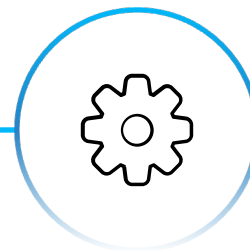# CMS is proposing to remove improvement activity weights to simplify scoring.
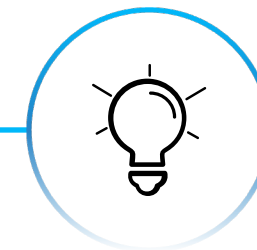
MIPS

MVP

MVP – Clinicians, Groups, Subgroups

1 activity = 40 points
(full credit)

MIPS – Clinicians, Groups, Virtual groups with the small practice, rural, non-patient facing or health professional shortage area

1 activity = 40 points
(full credit)

MIPS - All other clinicians, groups, virtual groups must attest to

2 activities = 40 points
(full credit)

Improvement Activities Category

CMS is proposing to add 2 new Improvement Activities measures.

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MIPS

MVP

APP

1. Implementation of Protocols and Provision of Resources to Increase Lung Cancer Screening Uptake
2. Serve a Million Hearts: Standardization of Approach to Screening and Treatment for Cardiovascular Disease Risk

Improvement Activities Category

CMS is also proposing to
modify two existing measures
and
Remove 8 Improvement
Activities

CMS is also proposing to modify two existing measure and remove 8 Improvement Activities

MIPS

MVP

APP

REMOVE:
1. EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who have Real-Time Access to Patient's Medical Records
2. PM_12: Population Empanelment
3. CC_1: Implementation of Use of Specialist Reports back to Referring Clinician or Group to Close Referral Loop
4. CC_2: Implementation of Improvements that Contribute to More Timely Communication of Test Results
5. ERP_4: Implementation of a Personal Protective Equipment (PPE) Plan
6. ERP_5: Implementation of a Laboratory Preparedness Plan
7. BMH_8: Electronic Health Record Enhancements of BH Data Capture
8. PSPA_27: Invasive Procedure or Surgery Anticoagulation Medication Management

Promoting Interoperability Category

PROPOSED CHANGES

Promoting Interoperability Category

MIPS

MVP

APP

CMS is NOT proposing automatic reweighting for clinical social works, this will end 2025. Automatic reweighting will only apply for the following special status:

- Ambulatory Surgical Center (ASC) – based
- Hospital-based
- Non-patient facing
- Small practice status

MIPS

MVP

APP

There were no measure or
requirement changes proposed
for the PI category.

Cost Category

PROPOSED CHANGES

Cost Category

CMS is proposing 6 new episode-based Cost measures, all with a 20-episode case minimum.

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1. Respiratory Infection Hospitalization
2. Chronic Kidney Disease
3. End-Stage Renal Disease
4. Kidney Transplant Management
5. Prostate Cancer
   Rheumatoid Arthritis

Other Proposed Changes

CMS is proposing to allow "prepaid shared savings" for those ACOs who have a history of earning shared savings.

CMS is proposing 6 new MVPs.

1. Ophthalmology

2. Dermatology

3. Gastroenterology

4. Pulmonology

5. Urrology

6. Surgical Care

MIPS

MVP

CMS did not propose a new year to sunset Traditional MIPS reporting but said "We anticipate that we may be ready to fully transition to MVPs by CY 2029."

Under MVPs, sub-group reporting is still mandatory in 2026 (if you opt to submit MVPs), however CMS is proposing a small practice multi-specialty exception from forming subgroups in 2026.

CMS is proposing to calculate ALL available population health measures in the applicable MVP. The highest scoring population health measures would be used for scoring.

If finalized, MVP participants would no longer select pop health measures as part of the MVP registration process.

MIPS

MVP

CMS proposed leaving the score threshold at 75 points for 2025.

CMS is proposing a "minimum" criteria for qualifying a submission for Quality, IA, and PI. Some clinicians were being unfairly penalized for a submission error.

Quality = Submission must include Numerator and Denominator information for at least one Quality measures to be considered a submission.

Improvement Activities = Submission must include a "yes" response for at least one IA to be considered a submission.

Promoting Interoperability = All required elements to report objective and associated measures and attestation statements