

Quality Payment Program

# MVPs

THE 2024 REPORTING GUIDE

# Quality Payment Program MVPs

## A REPORTING GUIDE

Medisolv, Inc. | [www.medisolv.com](http://www.medisolv.com)  
10960 Grantchester Way, Suite 520 | Columbia, MD 21044  
(844) 633-4765 | [info@medisolv.com](mailto:info@medisolv.com)

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# OVERVIEW

The MIPS (Merit-based Incentive Payment System) reporting program was started as a way to streamline the reporting requirements for clinicians and provide the public visibility into clinician performance.

One of the biggest shortfalls of the program is that it lumped all of the specialists into a group and the usual MIPS measures were almost never reported for the specialists within a group. MVP Reporting changes that.

## MIPS Value Pathways

# MVP

MVP Reporting is a new way to meet your MIPS reporting requirements. It is organized by specialty and contains measures relevant to that specialty group.

# TIMELINE

CMS is phasing in MVP reporting over the next five or so years. And while CMS has yet to fully commit to it, they continue to say that they are considering retiring the traditional MIPS framework by 2028, at which point MVPs will become mandatory unless you're eligible to report the Alternative Payment Model Performance Pathway (APP).

**2024**

Reporting an MVP is available (voluntary)

**2025**

Reporting an MVP is available (voluntary)

**2026**

Reporting an MVP is available (voluntary)  
Subgroup reporting is required

**2027**

Reporting an MVP is available (voluntary)  
Subgroup reporting is required  
Last Year for Traditional MIPS (proposed)

**2028**

MVP reporting is required (proposed)  
Subgroup reporting is required

## What is a subgroup?

Quite simply, it's a subset of clinicians within your TIN (Taxpayer Identification Number). Subgroups will help CMS gather more meaningful data about the performance of everyone within your group. Large multi-specialty groups could have multiple subgroups and report multiple MVPs.

# MVP PATHWAY OPTIONS

# ELIGIBILITY

# 16 MVPs AVAILABLE IN 2024

## Medisolv-Supported MVPs

1.	Adopting Best Practices and Promoting Patient Safety within Emergency Medicine
2.	Advancing Care for Heart Disease
3.	Focusing on Women's Health
4.	Value in Primary Care
5.	Quality Care for the Treatment of Ear, Nose and Throat Disorders
6.	Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV
7.	Quality Care in Mental Health and Substance Use Disorders
8.	Rehabilitative Support for Musculoskeletal Care
9.	Advancing Cancer Care
10.	Advancing Care for Rheumatology Patient Care
11.	Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes
12.	Improving Care for Lower Extremity Joint Repair
13.	Optimal Care for Kidney Health
14.	Optimal Care for Patients with Episodic Neurological Conditions
15.	Patient Safety and the Support of Positive Experience with Anesthesia
16.	Supportive Care for Neurodegenerative Conditions

## CHOOSING YOUR MVP

- Individual clinicians can **participate** at different participant levels to report multiple MVPs. For example, an individual cardiologist may participate in the Optimizing Chronic Disease Management MVP as part of a group, and the Advancing Care for Heart Disease MVP as part of a subgroup.

## You are eligible to report an MVP if you qualify as one of the following:

Individual MIPS eligible clinician

Single specialty group

Multi-specialty group

Subgroup

APM entity

## To sign up to participate for MVP reporting in 2024 you must:

Register for the MVP between April 1, 2024 – November 30, 2024

### NOTE:

The registration timeline is within the reporting year. So—if you plan to participate in 2024—you should have started collecting your measure performance January 1, 2024. Not ready for this year? Plan now to begin collecting data on January 1 for 2025 participation.

Once you've registered for an MVP you may not change your decision after November 30, however, you may also report using another method and CMS will take your best score.



# MVP FRAMEWORK

# MVP CATEGORIES

Each category of MVP reporting has a different set of requirements that you must complete in order to achieve a high score and earn incentive money.

There are five categories that make up the MVP reporting option. CMS has divided them into two groups.

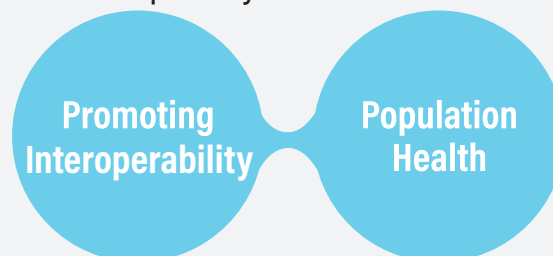
## MVP-Specific

Categories containing measures and activities clinically relevant to your selected pathway.



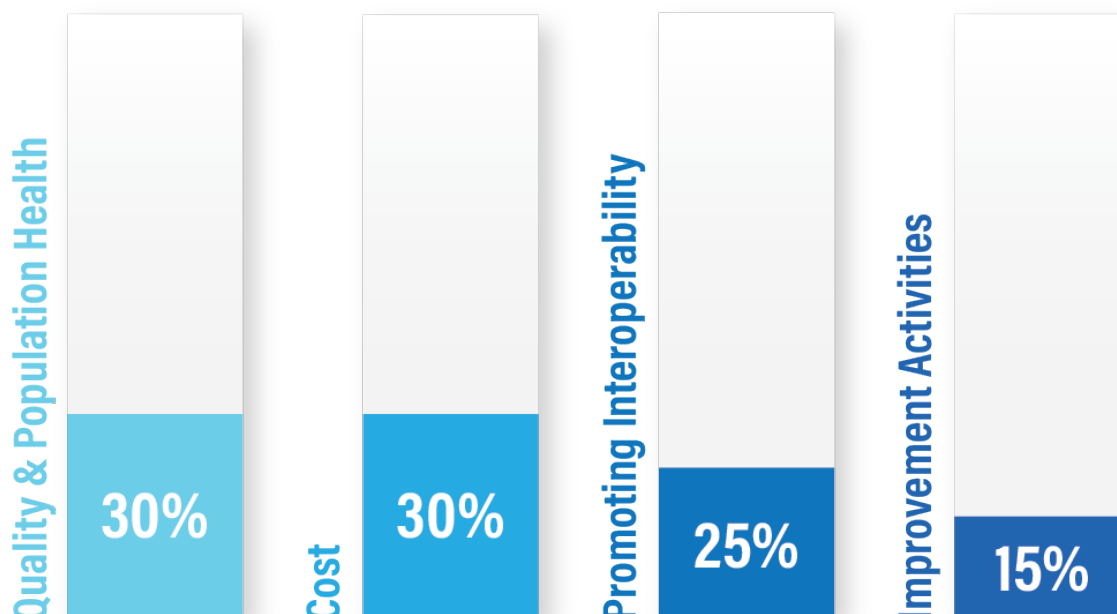
## Foundational Layer:

Categories containing universal measures and activities that apply to all MVPs regardless of clinical specialty or medical condition.



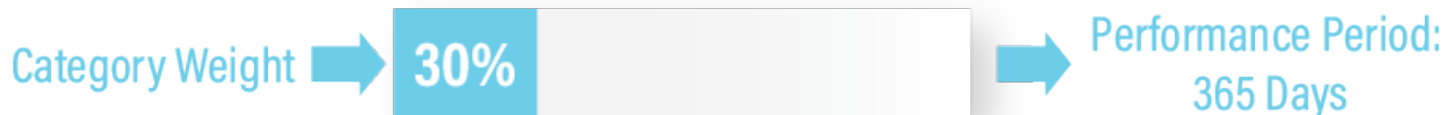
## Category Weights

Each of these categories carries a different weight. Your score in each category will be totaled into one final MVP score.




# CATEGORY REQUIREMENTS

# QUALITY CATEGORY



## REQUIREMENTS

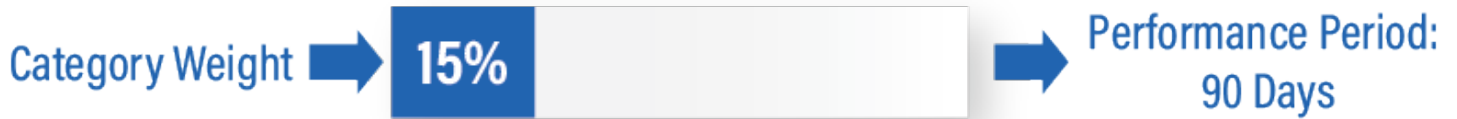
- Register for one or more of the 16 available MVPs between April 1-November 30, 2024
- Submit 4 quality measures within the specific MVP (for each MVP) one must be an outcome measure or high-priority measure
- For CQMs Only: Must meet a data completeness threshold of 75% → 
- You may use a combo of collection types (eCQMs or CQMs)

## COLLECTION TYPES

1.	eCQMs (Electronic Clinical Quality Measures)
2.	MIPS CQMs (previously called Registry measures)
3.	QCDR measures (Qualified Clinical Data Registry)
4.	Administrative claims quality measures*
5.	CAHPS for MIPS survey measures

*\* Only small practices may submit quality measures using claims*

# IMPROVEMENT ACTIVITIES CATEGORY



## REQUIREMENTS

- Submit 1 of the following combinations of activities
  - 1 high-weighted activity
  - 2 medium-weighted activities

## OTHER CONSIDERATIONS

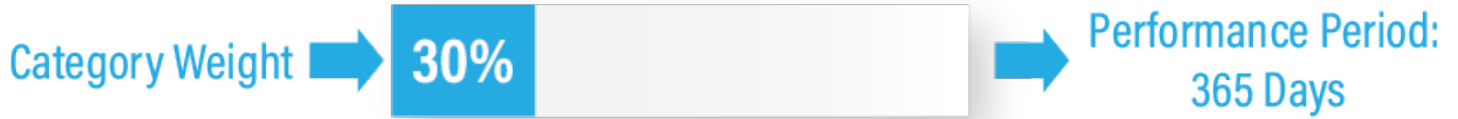
Improvement activities are worth double in the MVP framework. So, while these requirements look similar to the traditional MIPS program, you have to submit less to achieve 40 points.

**Medium-weight activity: 20 points**

**High-weight activity: 40 points**

You must keep documentation of the efforts you undertook to meet the improvement activity for 6 years subsequent to submission.

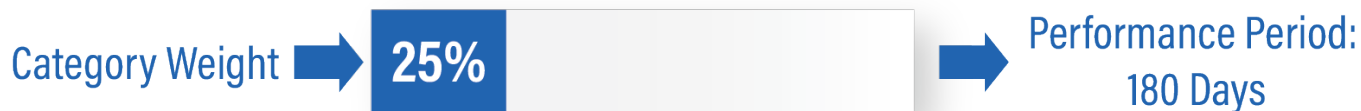
# COST CATEGORY



## REQUIREMENTS

- CMS will evaluate your performance on cost measures via claims data
- You will only be scored on the Cost measure relevant to your specific MVP

# PROMOTING INTEROPERABILITY CATEGORY



## REQUIREMENTS

- Submit the required measures (measure list below)
- Attest to these two measures: Prevention of Information Blocking and ONC Direct Review
- Collect your data using an EHR technology certified by ONC to meet the 2015 Cures Edition Certification
- Provide your EHR's CMS Identification code from the Certified Health IT Product List (CHPL)
- Conduct or review a security risk analysis on your CEHRT functionality on an annual basis
- Attest "yes" to conducting an annual assessment of the Safety Assurance Factors for EHR Resilience Guides (SAFER Guides)

## MEASURE LIST

Objective	Measure	Maximum Pts	Required/Optional
Electronic Prescribing	E-Prescribing	10	Required
	Query PDMP	10	Required
Health Information Exchange	Sending Health Information AND	15	Required to choose 1 of 3 options
	Receiving and Reconciling Health Information OR	15	
	HIE Bi-Directional Exchange OR	30	
	Enable Exchange Under TECCA	30	
Provider to Patient Exchange	Provide Patients Electronic Access to Health Information	25	Required
Public Health and Clinical Data Exchange	Electronic Case Reporting	25	Electronic Case Reporting and Immunization Registry Required
	Immunization Registry		
	Public Health Registry	5 Bonus Points for 1	Optional
	Syndromic Surveillance		
	Clinical Data Registry		

# PROMOTING INTEROPERABILITY CATEGORY

(CONTINUED)

## REWEIGHTING

CMS is discontinuing automatic re-weighting for the following clinician types:

- Physical therapist
- Occupational therapist
- Qualified speech – language pathologist
- Clinical psychologist
- Registered dietitians or nutrition professionals

CMS will continue to automatically assign a weight of zero to this category for:

- Clinical social workers

## PI Measures

Query of Prescription Drug Monitoring Program (PDMP)

- Exclusion modified to the following: “Does not electronically prescribe any Schedule II opioids or Schedule III or IV drugs during the performance period”

Safety Assurance Factors for EHR Resilience (SAFER) Guides

- Requires a “yes” attestation response beginning with 2024

The Public Health and Clinical Data Exchange Objective has two Active Engagement options that must be completed for each associated measure:

- Option 1: Pre-production and Validation
- Option 2: Validated Data Production

Clinicians are required to report level of engagement for EACH measure and beginning in 2024 must transition from option 1 to option 2 after one year.

Example: If the Clinician submits Option 1 as the level of active engagement for the Syndromic Surveillance Reporting measure for 2024, the Clinician must report option 2 for that measure in 2025.



# POPULATION HEALTH CATEGORY



## REQUIREMENTS

- Select 1 of the 2 population health measures available at the time of MVP registration
    - Q479: Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups
- OR**
- Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

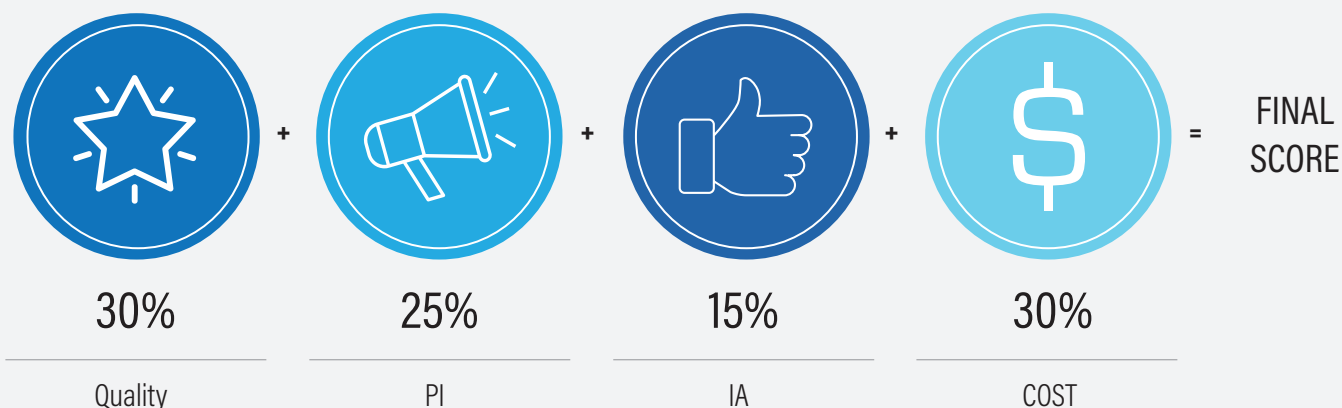
### NOTE:

CMS calculates performance based on administrative claims data.

# CALCULATING YOUR SCORE

# QPP Final Score: MVP Framework

## MVP Framework Calculation



## MIPS 2024 Score Threshold

Regardless of which framework you use, you must score at least 75 points to avoid a 9% penalty.

## Feedback and Public Display of Performance Results

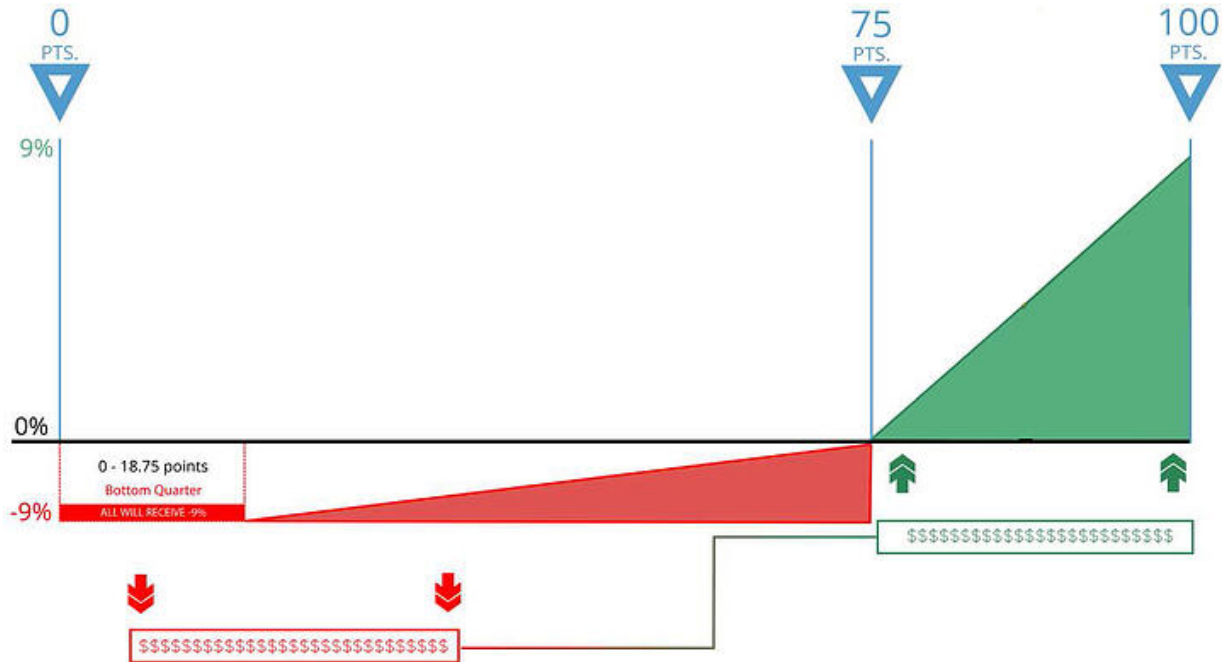
If you report an MVP, CMS will provide comparative performance feedback to show you the performance of like clinicians who reported the same MVP. CMS won't provide that report to you until 2025 (for 2024 reporting).

Subgroup data reported in 2025 will be publicly reported on Care Compare at the end of 2026 or early 2027.

# SCORE THRESHOLD

# REIMBURSEMENTS

To avoid a -9% penalty, you must score at least 75 points.



**0-18.75**  
PTS.

If your score is between 0 and 18.75 points in 2024, you will lose -9% from your 2026 Medicare fee schedule (in red above).

**18.76-74.99**  
PTS.

If your score is between 18.76 and 74.99 points you will receive a reduction to your 2026 Medicare fee schedule between -8.99% and 0%.

**75-100**  
PTS.

75 points is the performance threshold. CMS will take the funds of those who did not meet the threshold (in red) and distribute them among those who did (in green). Anyone whose MIPS score is between 75 and 100 points will receive a portion of those funds – up to a 9% increase to their 2026 Medicare fee schedule.

# DATES TO REMEMBER

# 2024 REPORTING YEAR CALENDAR

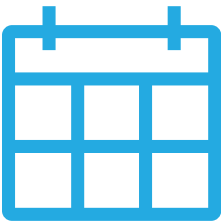
The important dates you need to remember are as follows.



## Quality & Cost Category

January 1, 2024

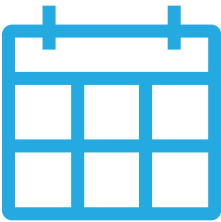
This is the start date to track **365 days** of Quality, Population Health and Cost category measures.



## PI Category

January 1 - July 4, 2024

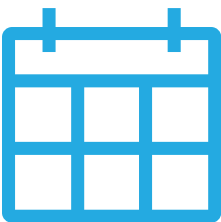
For the PI category, you may start between **January 1 and July 4, 2024** to track your measures for a minimum of 180 days.



## IA Category

January 1 - October 2, 2024

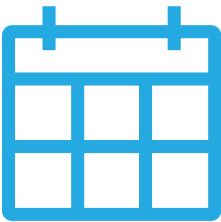
For the IA category, you may start between **January 1 and October 2, 2024** to track your measures for a minimum of 90 days.



## Registration Window

April 1 - November 30, 2024

You may register to report an MVP in 2024 within this time frame.



## Submission Deadline

March 31, 2025

The last day to submit all of your performance data is March 31, 2025.

# MEDISOLV CAN HELP

## Medisolv MVP Package

Medisolv's quality reporting software, ENCOR, is designed to meet your MVP reporting needs. We consistently hear from our clients that the biggest differentiator between Medisolv and other vendors is the level of one-on-one support. Especially if you use an EHR vendor right now, you'll notice a huge difference.

- We help troubleshoot technical and clinical issues to improve your measures.
- We keep you on track for your submission deadlines and ensure you don't miss critical dates
- We help you select and set up measures that make sense based on your hospital's situation.
- You receive one dedicated advisor that you can call anytime with questions or concerns.

**CONTACT US**

