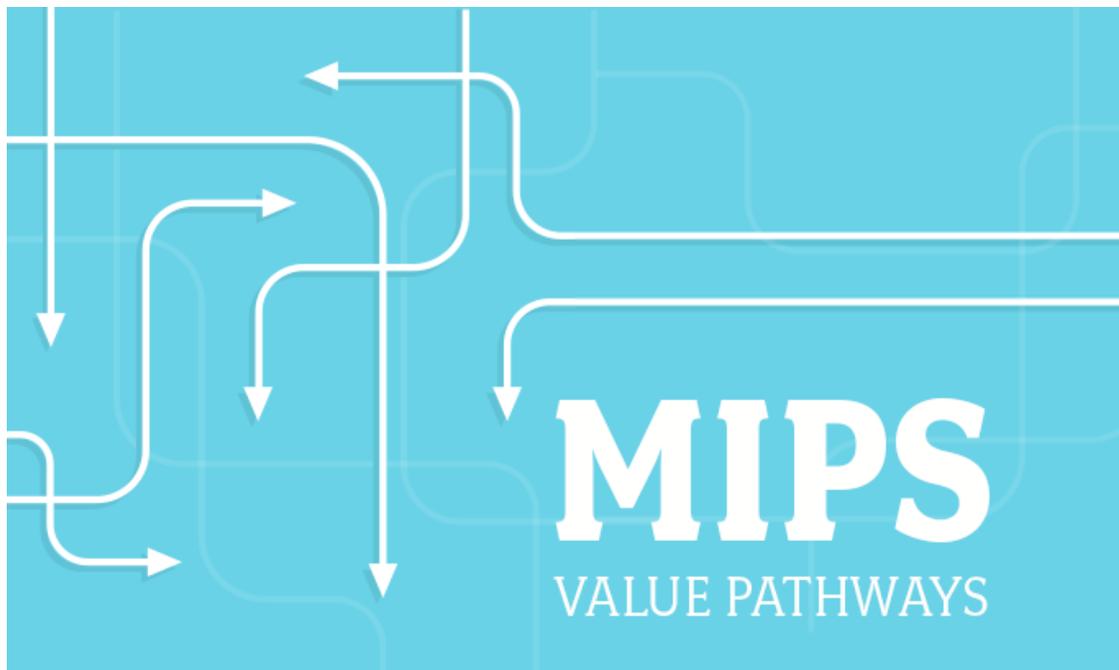


## MAHEF Spotlight Series

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### CMS' MIPS Value Pathways

*MIPS is not new to healthcare organizations. Introduced in 2017 as one option within CMS' Quality Payment Program, MIPS continues to adapt over time and respond to situational challenges such as COVID (you can check out CMS' COVID-19 Response for QPP [here](#)). One future change coming to MIPS are MVPs. This topic spotlight will discuss MVPs and things you should start planning for now.*



#### What are MVPs?

Most valuable players, kind of. To CMS, MVP stands for MIPS Value Pathway, the “most valuable player” in value measurement, and are a subset of measures and activities that can be used to meet MIPS reporting requirements. They will be scored much like the traditional MIPS program but there will be less wiggle room in terms of reporting options. Additionally, CMS stated that “MVPs should support

the transition to digital quality measures” as one of its guiding principles for MVP development. Thus, MVPs have a secondary goal of increasing automated data collection (think eCQMs) via the EHR, data registries, and other electronic sources. You can check out CMS’ website on MVPs [here](#).

### **Why MVPs?**

Both to simplify and to standardize. One criticism of the MIPS program is that it is overly complex and creates siloed reporting across practices, specialties, and priority areas. The goal of MVPs is to create an easier reporting structure that also standardizes measures and activities across specialties or priority areas and aligns the four performance categories together. One thing that won’t change with MVPs- Promoting Interoperability measures. CMS has required that the full set of Promoting Interoperability measures be included in all MVPs.

### **Can you give me an example?**

CMS has provided two key examples thus far, one for diabetes and one for surgery (both can be seen in this [Health Affairs article](#)). In the diabetes example, endocrinologists would report core measures specific to diabetes prevention and treatment, rather than choosing measures available to all clinicians. This would mean that all endocrinologists would be reporting the same data that is (in theory) more meaningful to their practice, such as A1c control and evaluation for high blood pressure. Additionally, quality improvement activities and cost measures would align with diabetes prevention and treatment outcomes, where applicable.

### **How are MVPs developed?**

By you. CMS has invited interested stakeholders to develop and submit MVPs for consideration. While anyone could technically submit an MVP candidate application, professional organizations will be key stakeholders in their development, and professional organizations have already voiced their thoughts and concerns about the new program. You can see comments from professional organizations to CMS regarding making MVPs mandatory [here](#) and [here](#).

### **When will MVPs start?**

COVID-19 has delayed the implementation of MVPs until PY2022. It’s unclear at this point if MVPs will roll out next year or not, but it is best for organizations to plan for a PY2022 rollout if they plan to participate.

### **Will this be required?**

Initially, no, but likely yes over time as the program is developed further. Under the Final Rule for the 2022 Medicare PFS, MVPs will be voluntary until PY2027. In PY2028, MVPs will become mandatory and sunseting of the traditional MIPS program will begin. As noted above, professional organizations have stated their concerns about mandatory participation. Furthermore, the MVPs aren’t well-defined or in some cases even developed yet. Thus, it’s unclear if this timeline will be maintained as we move forward; however, based on CMS’ action with other quality payment programs, it is safe to assume that the push from CMS will be for mandatory participation.

### **What should I do now?**

Get involved with your professional organizations and CMS’ call for comments. At this stage, MVPs are still very much in their infancy and thus have the ability to be influenced. The main influence on how they are developed (and even on how they roll out) will come from professional organizations. Also work with your EHR

vendor to ensure reporting capabilities. As reporting requirements change and adapt over time, so too may your EHR reporting systems. New reporting requirements may also mean shifts to clinician documentation to ensure data is accurate and accessible for reporting. Much remains to be seen as MVPs are rolled out, however, we can rest assured that they are coming!

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