



Traditional MIPS & MIPS Value Pathways (MVPs) Toolkit

A guide to understanding reporting options and deciding how to report for the Quality Payment Program (QPP) through the ACR's RISE Registry

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Introduction

The ACR RISE Registry staff have put together this toolkit to assist you in deciding how to report for the 2023 QPP performance year. Starting in the 2023 performance period (Jan 1 – Dec 31, 2023), practices utilizing the ACR’s RISE Registry will be able to report for the Quality Payment Program (QPP) via **two** reporting frameworks:

Traditional MIPS

This is the original framework for collecting and reporting data to MIPS. [Traditional MIPS](#) is more of a siloed experience of reporting quality and promoting interoperability measures and improvement activities. This framework has historically been the only reporting framework offered via the RISE registry.

MIPS Value Pathways (MVPs)

A **NEW** reporting framework that will offer clinicians a subset of quality measures and improvement activities that are relevant to a specialty, medical condition, or episode of care. While there are twelve finalized [MVPs](#), practices in RISE will be able to report the [Advancing Rheumatology Patient Care MVP](#).

Traditional MIPS

[Traditional MIPS](#) is the original framework available to MIPS eligible clinicians for collecting and reporting data to MIPS. Your performance is measured across four performance categories:

- [Quality](#)
- [Promoting Interoperability \(PI\)](#)
- [Improvement Activities \(IA\)](#)
- [Cost](#)

With traditional MIPS, you submit the quality and promoting interoperability measures and improvement activities you perform during the performance year; the Centers for Medicare & Medicaid Services (CMS) collects and calculates the cost measures for you.

The four performance categories are scored and make up your MIPS final score which determines the payment adjustment applied to your Medicare Part B claims.

MIPS Value Pathways (MVPs) – NEW!

The CMS has taken steps to update both the MIPS and Advanced Alternative Payment Models (APMs) participation tracks to acknowledge the unique variation in clinician practices, reduce reporting burden, encourage meaningful participation, and improve patient outcomes. [MVPs](#) are tied to the goal of moving away from siloed reporting of measures and activities towards focused sets of measures and activities that are more meaningful to a clinician’s practice, specialty, or public health priority.

MVPs are a subset of measures and activities that can be used to meet MIPS reporting requirements beginning in the 2023 performance year. The MVP framework aims to align and connect measures and activities across the quality, cost, and improvement activities performance categories of MIPS for different specialties or conditions.

Advancing Rheumatology Patient Care MVP

The Advancing Rheumatology Patient Care MVP focuses on the clinical theme of providing fundamental treatment and management of rheumatological conditions and is most applicable to clinicians who specialize in treating patients with rheumatologic conditions. Please access the [Advancing Rheumatology Patient Care MVP Toolkit](#) to see the reporting requirements for each performance category.

Advancing Rheumatology Patient Care MVP

See details of the Advancing Rheumatology Patient Care MVP, taken from the CMS’s [2023 MVPs Implementation Guide](#).

Advancing Rheumatology Patient Care MVP

Beginning with the 2023 Performance Year:

We considered measures and improvement activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Advancing Rheumatology Patient Care MVP.

Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:

- Rheumatology

Measure Key

- * Existing measures and activities with finalized revisions
- ^ New measures finalized for inclusion in MIPS beginning with the 2023 performance year
- ! High priority quality measures
- !! Quality outcome measures
- ~ Improvement activities that include a health equity component
- + Measure/improvement activity additions to MVP
- % Attestation to IA_PCMH provides full credit for the improvement activity performance category
- ** Individual measures duplicating a component of the composite Adult Immunization Status measure.

Advancing Rheumatology Patient Care MVP

Quality	Improvement Activities	Cost
<p>(*)(**) Q111: Pneumococcal Vaccination Status for Older Adults (Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p>(*)(!) Q130: Documentation of Current Medications in the Medical Record (Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p>(+)(*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p>(*) Q176: Tuberculosis Screening Prior to First Course Biologic Therapy (MIPS CQMs Specifications)</p>	<p>(~) IA_AHE_3: Promote use of Patient-Reported Outcome Tools (High)</p> <p>(~) IA_BE_1: Use of certified EHR to capture patient reported outcomes (Medium)</p> <p>IA_BE_4: Engagement of patients through implementation of improvements in patient portal (Medium)</p> <p>IA_BE_15: Engagement of patients, family and caregivers in developing a plan of care (Medium)</p>	<p>Total Per Capita Cost (TPCC)</p>

Advancing Rheumatology Patient Care MVP (Continued)

Advancing Rheumatology Patient Care MVP		
Quality	Improvement Activities	Cost
Q177: Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity (MIPS CQMs Specifications)	IA_BMH_2: Tobacco use (Medium)	Total Per Capita Cost (TPCC)
Q178: Rheumatoid Arthritis (RA): Functional Status Assessment (MIPS CQMs Specifications)	(~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record (High)	
Q180: Rheumatoid Arthritis (RA): Glucocorticoid Management (MIPS CQMs Specifications)	IA_EPA_2: Use of telehealth services that expand practice access (Medium)	
ACR12: Disease Activity Measurements for Patients with PsA (QCDR)	(+)(%) IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation	
(!!) ACR14: Gout Serum Urate Target (QCDR)	IA_PM_16: Implementation of medication management practice improvements (Medium)	
(!) ACR15: Safe Hydroxychloroquine Dosing (QCDR)	IA_PSPA_28: Completion of an Accredited Safety or Quality Improvement Program (Medium)	

Advancing Rheumatology Patient Care MVP (Continued)

Foundational Layer	
Population Health Measures	Promoting Interoperability
<p>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups (Administrative Claims)</p> <p>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (Administrative Claims)</p>	<ul style="list-style-type: none"> • Actions to Limit or Restrict Compatibility or Interoperability of CEHRT • e-Prescribing • Query of the Prescription Drug Monitoring Program (PDMP) • Provide Patients Electronic Access to Their Health Information • Support Electronic Referral Loops By Sending Health Information AND • Support Electronic Referral Loops By Receiving And Reconciling Health Information OR • Health Information Exchange (HIE) Bi-Directional Exchange OR • (^) Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA) • Immunization Registry Reporting • Electronic Case Reporting • Syndromic Surveillance Reporting (Optional) • Public Health Registry Reporting (Optional) • Clinical Data Registry Reporting (Optional) • Security Risk Analysis • Safety Assurance Factors for EHR Resilience Guide (SAFER Guide) • (+) ONC Direct Review

Primary Differences Between Traditional MIPS & MVP Reporting through RISE

The table below highlights the primary differences between the two reporting frameworks through the RISE Registry.

Description	Traditional MIPS	Advancing Rheumatology Patient Care MVP
Registration	Eligible clinicians do not need to register for traditional MIPS to report.	MVP participants will be required to register their MVP selection in advance between April 3 and November 30, 2023.
Quality Category	You must select 6 quality measures from the pool of 25+ measures in RISE to report on.	You must select 4 quality measures from the pool of 10 measures included in the Advancing Rheumatology Patient Care MVP to report on.
Improvement Activities (IA) Category	<p>You must review the list of improvement activities offered in the entire QPP (100+) and report one of the following combinations of activities:</p> <ul style="list-style-type: none"> • 2 high-weighted activities, • 1 high-weighted activity and 2 medium-weighted activities, or • 4 medium-weighted activities 	<p>You must review the 10 improvement activities included in the MVP and report 1 of the following 2 options:</p> <ul style="list-style-type: none"> • 2 medium weighted improvement activities • 1 high weighted improvement activity
Promoting Interoperability (PI) Category	Promoting Interoperability requirements are the same in MVPs as they are in traditional MIPS.	
Population Health (Foundational Layer)	N/A	You must select one population health measure at the time of MVP registration (between April 3 and November 30, 2023) to report on.
Cost Category	You'll be evaluated and scored on each cost measure for which you meet or exceed the established case minimum.	You'll only be scored on cost measure TPCC_1 - Total Per Capita Cost (TPCC).

MVP Registration

To report an MVP, an MVP Participant and subgroup must register for the MVP between **April 3** and **November 30** of the performance year. At the time of MVP registration, an MVP Participant will select:

- The MVP they intend to report (*Note: The Advancing Rheumatology Patient Care MVP is the only MVP available for reporting via RISE Registry*)
- One population health measure included in the MVP foundational layer
- Any outcomes-based administrative claims measure on which the MVP Participant intends to be scored, if available within the MVP

An MVP Participant won't be able to submit or make changes to the MVP they select after the close of the registration period (November 30 of the performance year) and won't be allowed to report on an MVP they didn't register for.

Frequently Asked Questions

Q: Am I required to report the Advancing Rheumatology Patient Care MVP?

A: No, reporting the MVP is optional.

Q: Am I required to report both MVPs and traditional MIPS?

A: No, you can choose to report either one or both. CMS will consider the highest score from any reporting type.

Q: Will reporting MVPs be required in the future?

A: Most likely. Starting in 2026, any multispecialty groups intending to report MVPs will be required to report as subgroups. CMS plans to sunset traditional MIPS in the future, at which point MVPs will become mandatory unless the clinician is eligible to report the APP.

Q: What aspects should I consider when choosing how to report – Traditional MIPS, the Advancing Rheumatology Patient Care MVP, or both?

A: Things to consider are:

- Are you tracking performance on the quality measures included in the MVP?
- How well are you performing on those measures?
- Might your MIPS score be higher with performance calculated on 6 measures (required for traditional MIPS) instead of 4 (required for the MVP)?
- Are the improvement activities included in the MVP meaningful and reasonably implemented in your practice?
- Are you an early-adopter or do you prefer to wait for later versions? The MVP is brand new, therefore there could be “bugs” in the experience at first.
- Do you have the time and/or ability to report for both the MVP and traditional MIPS? As a reminder, CMS will consider the highest score from any reporting type.

Q: How can I determine if reporting via traditional MIPS or the Advancing Rheumatology Patient Care MVP through RISE is going to give me a higher score?

A: Practices will be able to complete both the traditional MIPS and MVP dashboards in RISE to see what the *estimated* score will be for each reporting option.

Q: What quality measures in the RISE registry are reportable via traditional MIPS?

A: All the quality measures in the RISE registry, except for QPP110 and QPP111, are reportable via traditional MIPS.

Q: What quality measures in the RISE registry are reportable via the Advancing Rheumatology Patient Care MVP?

A: The following quality measures in the RISE registry can be reported in the MVP:

- ACR12 - Disease Activity Measurements for Patients with PsA
- ACR14 - Gout Serum Urate Target

- ACR15 - Safe Hydroxychloroquine Dosing
- QPP111 - Pneumococcal Vaccination Status for Older Adults
- QPP130 - Documentation of Current Medications in the Medical Record
- QPP134 - Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- QPP176 - Tuberculosis Screening Prior to First Course Biologic Therapy
- QPP177 - Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity
- QPP178 - Rheumatoid Arthritis (RA): Functional Status Assessment
- QPP180 - Rheumatoid Arthritis (RA): Glucocorticoid Management

Q: What improvement activities are reportable via the Advancing Rheumatology Patient Care MVP?

A: The following improvement activities can be reported in the MVP:

- IA_AHE_3: Promote use of Patient-Reported Outcome Tools
- IA_BE_1: Use of certified EHR to capture patient reported Outcomes
- IA_BE_4: Engagement of patients through implementation of improvements in patient portal
- IA_BE_15: Engagement of patients, family and caregivers in developing a plan of care
- IA_BMH_2: Tobacco use
- IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record
- IA_EPA_2: Use of telehealth services that expand practice access
- IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation
- IA_PM_16: Implementation of medication management practice improvements
- IA_PSPA_28: Completion of an Accredited Safety or Quality Improvement Program

Q: As new cost measures are adopted for MVPs, will they apply only to clinicians choosing to report those MVPs? Or will they apply to all MIPS participants who have enough volume to qualify for the measure?

A: Clinicians and groups participating in Traditional MIPS will be evaluated and scored on each cost measure for which they meet or exceed the established case minimum. For those reporting an MVP, they will be evaluated and scored only on cost measures within the MVP for which they meet or exceed the established case minimum.

Resources

[Reporting Options Overview](#)

[Traditional MIPS](#)

[MIPS Value Pathways \(MVP\)](#)

[Advancing Rheumatology Patient Care MVP Toolkit](#)

[2023 MVPs Implementation Guide](#)

[Transition from Traditional MIPS to MVPs](#)

[2023 QPP Final Rule Resources](#)

[RISE Registry Login](#)

[2023 Quality Benchmarks](#) – **COMING SOON**

[2023 Quality Measures in RISE](#) – **COMING SOON**

[2023 RISE Recommended Quality Measures](#) – **COMING SOON**

Contact Information

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