Quality Payment
PROGRAM

MIPS Value Pathways

Feedback Received on the Merit-based Incentive Payment System (MIPS) Value Pathways (MVP) Candidate for Consideration for the 2025 Performance Year

Dermatological Care MVP

MVP Candidate Feedback Process

The MVP Candidate Feedback Process is an opportunity for the general public to participate in the MVP development process and provide feedback on MVP candidates before they're potentially proposed in rulemaking. Learn more about the MVP Candidate Feedback Process on the QPP website.

The 2025 MVP Candidate Feedback Period ended on January 29, 2024.

This document contains the feedback we received during the 45-day MVP Candidate Feedback Period for the Dermatological Care MVP.

Note: This document is for 2025 MVP Candidate Feedback only and shouldn't be used as a reference for reporting MVPs in the 2024 performance year. CMS will indicate finalized MVPs exclusively through the Physician Fee Schedule (PFS) Final Rule.

Review the MVP candidate details, and feedback received from the general public below.

TABLE 1: Dermatological Care MVP

Quality	Improvement Activities	Cost
Q130: Documentation of Current Medications in the Medical Record (eCQM, MIPS CQM) High Priority **Q137: Melanoma: Continuity of Care – Recall System** (MIPS CQM) High Priority **Q176: Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy** (MIPS CQM) **Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention** (Medicare Part B Claims, eCQM, MIPS CQM) **Q410: Psoriasis: Clinical Response to Systemic Medications** (MIPS CQM) High Priority, Outcome **Q485: Psoriasis – Improvement in Patient-Reported Itch Severity** (MIPS CQM) High Priority, Outcome **Q486: Dermatitis – Improvement in Patient-Reported Itch Severity** (MIPS CQM) High Priority, Outcome	**IA_AHE_1: Enhance Engagement of Medicaid and Other Underserved Populations** (High Weight) **IA_AHE_6: Provide Education Opportunities for New Clinicians** (High Weight) **IA_BE_4: Engagement of patients through implementation of improvements in patient portal** (Medium Weight) **IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings** (High Weight) **IA_BE_15: Engagement of Patients, Family and Caregivers in Developing a Plan of Care** (Medium Weight) **IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop** (Medium Weight) **IA_CC_2: Implementation of improvements that contribute to more timely communication of test results**	**Melanoma Resection**

TABLE 1: Dermatological Care MVP

Quality	Improvement Activities	Cost
Q487: Screening for Social Drivers of Health (MIPS CQM) High Priority **AAD8: Chronic Skin Conditions: Patient Reported Quality-of-Life** (QCDR) High Priority **AAD16: Avoidance of Post-operative Systemic Antibiotics for Office-based Closures and Reconstruction After Skin Cancer Procedures** (QCDR) High Priority **AAD18: Avoidance of Opioid Prescriptions for Closure and Reconstruction After Skin Cancer Resection** (QCDR) High Priority	(Medium Weight) **IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record** (High Weight) **IA_EPA_2: Use of telehealth services that expand practice access** (Medium Weight) **IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways** (High Weight) **IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation** **IA_PM_16: Implementation of medication management practice improvements** (Medium Weight) **IA_PSPA_8: Use of Patient Safety Tools** (Medium Weight)	

TABLE 2: Foundational Layer

The foundational layer is the same for every MVP.

Foundational Layer

Population Health Measures	Promoting Interoperability
Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups (Collection Type: Administrative Claims) **Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions** (Collection Type: Administrative Claims)	• Security Risk Analysis • High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide) • e-Prescribing • Query of 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

Foundational Layer	
Population Health Measures	**Promoting Interoperability**
	OR • Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA) • Immunization Registry Reporting • Syndromic Surveillance Reporting (Optional) • Electronic Case Reporting • Public Health Registry Reporting (Optional) • Clinical Data Registry Reporting (Optional) • Actions to Limit or Restrict Compatibility or Interoperability of CEHRT • ONC Direct Review Attestation

Dermatological Care MVP Feedback Received

Below is the feedback we received during the 45-day MVP Candidate Feedback Period for the Dermatological Care MVP. We didn't include feedback considered out of scope to the draft 2025 MVP candidate.

Feedback: One commenter recommended the removal of AAD18: Avoidance of Opioid Prescriptions for Closure and Reconstruction After Skin Cancer Resection. The commenter believes the objective of the measure results in practicing medicine as an insurance provider and goes against the responsibility of the physician to do no harm.
Feedback: One commenter recommended the addition of the following quality measure: Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months (PAM® Performance Measure, PAM®-PM).
Feedback: A couple commenters expressed support for this MVP.
Feedback: A few commenters didn't agree with the broad dermatology MVP candidate. A couple commenters recommended narrowing the scope of the MVP to better represent the two areas of dermatology, noted as medical and surgical. Comments suggested a focus on skin cancer, a neoplastic disease, which has a cost measure as well as clinically relevant quality measures allowing for meaningful measurement.
Feedback: One commenter expressed concerns with the lack of meaningful relationships between quality, cost measures and improvement activities within the MVP which may unfairly evaluate and compare dermatologists from the two different areas of focus.
Feedback: One commenter expressed concern regarding the limited number of eCQMs included in this MVP. Another commenter supported the eCQMs available but recommended the addition of Q374: Closing the Referral Loop: Receipt of Specialist Report; Q238: Use of High-Risk Medications in Older Adults; and Q321: CAHPS for MIPS Clinician/Group Survey (CAHPS Survey Vendor) in order to provide additional eCQM options.

Feedback: One commenter recommended the inclusion of Q440: Skin Cancer: Biopsy Reporting Time – Pathologists to Clinician and Q397: Melanoma Reporting to allow subspecialties like dermatopathologists to participate in the MVP.