Quality Payment
PROGRAM

MIPS Value Pathways

Merit-based Incentive Payment System (MIPS) Value Pathways (MVP) Candidate for Consideration for the 2024 Performance Year

Quality Care for Otolaryngology

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 Public Candidate Feedback Process on the Quality Payment Program (QPP) website.

Review the table below for the measures and activities included in the Quality Care for Otolaryngology MVP candidate. More information about the MVP Candidate Feedback Process is available on the QPP website.

Note: This document is for the 2024 MVP Candidate Feedback only and shouldn't be used as a reference for reporting MVPs in the 2023 performance year.

MVP Candidate Public Comment Instructions

Review TABLE 1: Quality Care for Otolaryngology MVP outlined in this document.

MVP candidate comments should be submitted to PIMMSMVPSupport@gdit.com for Centers for Medicare & Medicaid Services (CMS) consideration between January 9, 2023, and 11:59 p.m. ET on February 8, 2023.

Please include the following information in the email:

- **Subject Line:** Draft 2024 MVP Candidate Comment
- **Email Body:** Feedback for consideration and public posting. Please indicate the MVP to which your comment relates.

CMS won't post comments that are considered out of scope to the draft 2024 MVP candidates.

TABLE 1: Quality Care for Otolaryngology MVP

Quality	Improvement Activities	Cost
Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM) **Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention** (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM) **Q277: Sleep Apnea: Severity Assessment at Initial Diagnosis** (Collection Type: MIPS CQM) **Q331: Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)** (Collection Type: MIPS CQM) High Priority **Q332: Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)** (Collection Type: MIPS CQM) High Priority **Q355: Unplanned Reoperation within the 30 Day Postoperative Period** (Collection Type: MIPS CQM) High Priority, Outcome **Q357: Surgical Site Infection (SSI)** (Collection Type: MIPS CQM) High Priority, Outcome **Q402: Tobacco Use and Help with Quitting Among Adolescents** (Collection Type: MIPS CQM) **AAO16: Age-Related Hearing Loss: Comprehensive Audiometric Evaluation** (Collection Type: QCDR) High Priority **AAO20: Tympanostomy Tubes: Comprehensive Audiometric Evaluation** (Collection Type: QCDR) **AAO21: Otitis Media with Effusion (OME): Comprehensive Audiometric Evaluation for Chronic OME > or = 3 months** (Collection Type: QCDR) **AAO23: Allergic Rhinitis: Intranasal Corticosteroids or Oral Antihistamines** (Collection Type: QCDR)	**IA_AHE_3: Promote Use of Patient-Reported Outcome Tools** (High) **IA_BE_4: Engagement of patients through implementation of improvements in patient portal** (Medium) **IA_BE_15: Engagement of Patients, Family, and Caregivers in Developing a Plan of Care** (Medium) **IA_BE_21: Improved Practices that Disseminate Appropriate Self-Management Materials** (Medium) **IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop** (Medium) **IA_CC_13: Practice Improvements for Bilateral Exchange of Patient Information** (Medium) **IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation** **IA_PM_16: Implementation of medication management practice improvements** (Medium) **IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements** (Medium) **IA_PSPA_19: Implementation of formal quality improvement methods, practice changes, or other practice improvement processes** (Medium)	**Medicare Spending Per Beneficiary**

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 • Safety Assurance Factors for EHR Resilience Guide (SAFER Guide) • 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 • 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

Version History

Date	Description
01/09/2023	Original posting.