Quality Payment
PROGRAM

MIPS Value Pathways

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

Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV

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 MVP Public Candidate Feedback Process on the QPP website.

The 2024 MVP Candidate Feedback Period ended on February 8, 2023. Review the feedback received from the general public below, following the MVP candidate details.

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.

TABLE 1: Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP

Quality	Improvement Activities	Cost
Q130: Documentation of Current Medications in the Medical Record (Collection Type: eCQM, MIPS CQM) High Priority **Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan** (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM) **Q205: HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis** (Collection Type: MIPS CQM) **Q240: Childhood Immunization Status** (Collection Type: eCQM) **Q310: Chlamydia Screening for Women** (Collection Type: eCQM) **Q338: HIV Viral Load Suppression** (Collection Type: MIPS CQM) High Priority, Outcome **Q340: HIV Medical Visit Frequency** (Collection Type: MIPS CQM) High Priority **Q387: Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users** (Collection Type: MIPS CQM) **Q400: One-Time Screening for Hepatitis C Virus (HCV) for all Patients** (Collection Type: MIPS CQM) **Q401: Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis** (Collection Type: MIPS CQM) **Q475: HIV Screening** (Collection Type: eCQM) **Q493: Adult Immunization Status** (Collection Type: MIPS CQM)	**IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health** (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_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record** (High) **IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation** **IA_PM_6: Use of Toolsets or Other Resources to Close Health and Health Care Inequities Across Communities** (Medium) **IA_PM_11: Regular Review Practices in Place on Targeted Patient Population Needs** (Medium) **IA_PM_14: Implementation of methodologies for improvements in longitudinal care management for high risk patients** (Medium) **IA_PSPA_23: Completion of CDC Training on Antibiotic Stewardship** (High) **IA_PSPA_32: Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support** (High)	**Total Per Capita Cost (TPCC)**

TABLE: 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

Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP Feedback

Below is the feedback we received during the 30-day MVP Candidate Feedback Period for the Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP. We didn't include feedback considered out of scope to the draft 2024 MVP candidate.

Feedback: A couple of commenters expressed strong support of the MVP.
Feedback: One commenter recommended the addition of eCQMs after going through the appropriate endorsement process that would also further advance the transition to digital quality measures.
Feedback: One commenter specifically supported the number of eCQM options included in the MVP.
Feedback: One commenter was concerned that of the 12 quality measures, only 2 are measurements of the clinician's actions. The other 10 measures require that the patient take action (usually completing an immunization or screening blood draw). They felt that an unfair number of quality measures are based on patient action in this MVP.
Feedback: One commenter encouraged CMS to adopt measures and improvement activities that address gaps in HIV prevention and align with CMS's health equity goals.
Feedback: One commenter recommended 2 additional measures with an eCQM version be considered:

- Q065: Appropriate Treatment for Upper Respiratory Tract Infection (URI)
- Q066: Appropriate Testing for Pharyngitis

Feedback: One commenter recommended including 2 similar eCQM options in addition to the Q493: Adult Immunization Status measure:

- Q110: Preventive Care and Screening: Influenza Immunization
- Q111: Pneumococcal Vaccination Status for Older Adults

Feedback: One commenter recommended the addition of the following measures:

- Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
- Q317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
- Comprehensive Diabetes Care (*Note: not currently a MIPS quality measure*)
- Proportion of Days Covered: Antiretroviral Medications (PDC-ARV) measure (*Note: not currently a MIPS quality measure*)

Feedback: One commenter recommended the inclusion of the following improvement activities:

- IA_AHE_5: MIPS Eligible Clinician Leadership in Clinical Trials or CBPR
- IA_AHE_6: Provide Education Opportunities for New Clinicians

Feedback: One commenter recommended CMS consider the following improvement activities:

- IA_AHE_1: Enhance Engagement of Medicaid and Other Underserved Populations
- IA_AHE_3: Promote use of patient-reported outcome tools

- IA-AHE-12: Practice improvements that engage community resources to address drivers of health
- IA_BE_12: Use evidence-based decision aids to support shared decision-making
- IA_BE_15: Engagement of patients, family, and caregivers in developing a plan of care
- IA_BE_16: Evidence-based techniques to promote self-management into usual care
- IA_BE_21: Improved practices that disseminate appropriate self-management materials (*Note: deleted in 2022*)
- IA_CC_9: Implementation of practices and processes for developing regular individual care plans

Version History

Date	Description
02/22/2023	Original posting.