Merit-based Incentive Payment System (MIPS) Value Pathways (MVP) Candidate – 2025 Performance Year

Gastroenterology 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 Quality Payment Program (QPP) website.

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.

MVP Candidate Feedback Instructions

Review the measures and activities included in TABLE 1: Gastroenterology Care MVP below.

MVP candidate feedback should be submitted to PIMMSMVPSupport@gdit.com for Centers for Medicare & Medicaid Services (CMS) consideration between December 15, 2023, and 11:59 p.m. ET on January 29, 2024.

Please include the following information in the email:

- **Subject Line:** Draft 2025 MVP Candidate Feedback
- **Email Body:** Your feedback for consideration and public posting. Please indicate the MVP name to which your feedback relates.

CMS won't post feedback that is considered unrelated to the draft 2025 MVP candidates.

TABLE 1: Gastroenterology Care MVP

Quality	Improvement Activities	Cost
Q130: Documentation of Current Medications in the Medical Record (eCQM, MIPS CQM) High Priority **Q185: Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use** (MIPS CQM) High Priority **Q275: Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy** (MIPS CQM) **Q320: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients** (Medicare Part B Claims, MIPS CQM) High Priority **Q374: Closing the Referral Loop: Receipt of Specialist Report** (eCQM, MIPS CQM) High Priority **Q400: One-Time Screening for Hepatitis C Virus (HCV) and Treatment Initiation** (MIPS CQM) **Q401: Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis** (MIPS CQM) **Q439: Age-Appropriate Screening Colonoscopy** (MIPS CQM) High Priority **Q487: Screening for Social Drivers of Health** (MIPS CQM) High Priority **GIQIC23: Appropriate follow-up interval based on pathology findings in screening colonoscopy** (QCDR) High Priority **GIQIC26: Screening Colonoscopy Adenoma Detection Rate** (QCDR) High Priority, Outcome **NHCR4: Repeat screening or surveillance colonoscopy recommended within one year due to inadequate/poor bowel preparation** (QCDR) High Priority	**IA_AHE_3: Promote use of Patient-Reported Outcome Tools** (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_CC_2: Implementation of improvements that contribute to more timely communication of test results** (Medium Weight) **IA_CC_7: Regular training in care coordination** (Medium Weight) **IA_CC_9: Implementation of practices/processes for developing regular individual care plans** (Medium Weight) **IA_CC_10: Care transition documentation practice improvements** (Medium Weight) **IA_CC_13: Practice improvements to align with OpenNotes principles** (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_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways** (High Weight) **IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation**	**Screening/Surveillance Colonoscopy** **Total Per Capita Cost**

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 **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