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

Pulmonology 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: Pulmonology 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: Pulmonology Care MVP

Quality	Improvement Activities	Cost
Q047: Advance Care Plan (Medicare Part B Claims, MIPS CQM) High Priority **Q052: Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation for Long-Acting Inhaled Bronchodilator Therapy** (MIPS CQM) **Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan** (Medicare Part B Claims, eCQM, MIPS CQM) **Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention** (Medicare Part B Claims, eCQM, MIPS CQM) **Q277: Sleep Apnea: Severity Assessment at Initial Diagnosis** (MIPS CQM) **Q279: Sleep Apnea: Assessment of Adherence to Obstructive Sleep Apnea (OSA) Therapy** (MIPS CQM) **Q398: Optimal Asthma Control** (MIPS CQM) High Priority, Outcome **Q487: Screening for Social Drivers of Health** (MIPS CQMs) High Priority **ACEP25: Tobacco Use: Screening and Cessation Intervention for Patients with Asthma and COPD** (QCDR)	**IA_AHE_3: Promote Use of Patient-Reported Outcome Tools** (High Weight) **IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health** (High Weight) **IA_BE_23: Integration of patient coaching practices between visits** (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_9: Implementation of practices/processes for developing regular individual care plans** (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_13: Chronic Care and Preventative Care Management for Empaneled Patients** (Medium Weight) **IA_PM_16: Implementation of medication management practice improvements** (Medium Weight)	**Inpatient Chronic Obstructive Pulmonary Disease (COPD) Exacerbation** **Asthma/Chronic Obstructive Pulmonary Disease (COPD)**

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