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

Optimal Care for Patients with Urologic Conditions 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: Optimal Care for Patients with Urologic Conditions 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: Optimal Care for Patients with Urologic Conditions MVP

Quality	Improvement Activities	Cost
Q050: Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older (MIPS CQM) High Priority **Q318: Falls: Screening for Future Fall Risk** (eCQM) High Priority **Q321: CAHPS for MIPS Clinician/Group Survey** (CSV) High Priority **Q358: Patient-Centered Surgical Risk Assessment and Communication** (MIPS CQM) High Priority **Q462: Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy** (eCQM) **Q476: Urinary Symptom Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia** (eCQM) High Priority, Outcome **Q481: Intravesical Bacillus-Calmette Guerin for Non-muscle Invasive Bladder Cancer** (eCQM) High Priority **Q487: Screening for Social Drivers of Health** (MIPS CQM) High Priority **AQUA8: Hospital admissions or infectious complications within 30 days of prostate biopsy** (QCDR) High Priority, Outcome **AQUA14: Stones: Repeat Shock Wave Lithotripsy (SWL) Within 6 Months of Initial Treatment** (QCDR) High Priority, Outcome **AQUA15: Stones: Urinalysis or Urine Culture Performed Before Surgical Stone Procedures** (QCDR) High Priority **AQUA16: Non-Muscle Invasive Bladder Cancer: Repeat Transurethral Resection of Bladder Tumor (TURBT) for T1 disease** (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_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_7: Regular training in care coordination** (Medium Weight) **IA_CC_13: Practice improvements to align with OpenNotes principles** (Medium Weight) **IA_CC_17: Patient Navigator Program** (High 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_17: Participation in Population Health Research** (Medium Weight) **IA_PM_21: Advance Care Planning**	**Renal or Ureteral Stone Surgical Treatment** **Medicare Spending Per Beneficiary (MSPB) Clinician** **Prostate Cancer**[1]

[1] The Prostate Cancer episode-based cost measure was submitted to the 2023-2024 Measures Under Consideration (MUC) List. The Prostate Cancer episode-based cost measure will only be considered for use in this MVP if it's proposed and finalized for use in MIPS via rulemaking.

TABLE 1: Optimal Care for Patients with Urologic Conditions MVP

Quality	Improvement Activities	Cost
	(Medium Weight) **IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements** (Medium Weight) **IA_PSPA_12: Participation in private payer CPIA** (Medium Weight) **IA_PSPA_19: Implementation of formal quality improvement methods, practice changes, or other practice improvement processes** (Medium Weight) **IA_PSPA_21: Implementation of fall screening and assessment programs** (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 **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