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 in Mental Health and Substance Use Disorder

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 in Mental Health and Substance Use Disorder 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 in Mental Health and Substance Use Disorder 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 in Mental Health and Substance Use Disorder MVP

Quality	Improvement Activities	Cost
Q107: Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (Collection Type: eCQM)	**IA_AHE_1: Enhance Engagement of Medicaid and Other Underserved Populations** (High)	**MSPB Clinician**
Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	**IA_BE_12: Use evidence-based decision aids to support shared decision-making.** (Medium)	**Depression[1]**
Q305: Initiation and Engagement of Substance Use Disorder Treatment (Collection Type: eCQM) High Priority	**IA_BE_16: Evidenced-based techniques to promote self-management into usual care** (Medium)	**Psychoses and Related Conditions[2]**
Q366: Follow-Up Care for Children Prescribed ADHD Medication (ADD) (Collection Type: eCQM)	**IA_BE_23: Integration of patient coaching practices between visits** (Medium)	
Q370: Depression Remission at Twelve Months (Collection Type: eCQM, MIPS CQM) High Priority, Outcome	**IA_BMH_5: MDD prevention and treatment interventions** (Medium)	
Q382: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (Collection Type: eCQM) High Priority	**IA_BMH_7: Implementation of Integrated Patient Centered Behavioral Health Model** (High)	
Q383: Adherence to Antipsychotic Medications For Individuals with Schizophrenia (Collection Type: MIPS CQM) High Priority, Outcome	**IA_CC_14: Practice Improvements that Engage Community Resources to Support Patient Health Goals** (Medium)	
Q468: Continuity of Pharmacotherapy for Opioid Use Disorder (OUD) (MIPS CQM) High Priority	**IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation**	
MBHR2: Anxiety Response at 6-months (Collection Type: QCDR) High Priority, Outcome	**IA_PM_6: Use of toolsets or other resources to close healthcare disparities across communities** (Medium)	
MBHR7: Posttraumatic Stress Disorder (PTSD) Outcome Assessment for Adults and Children (Collection Type: QCDR) High Priority, Outcome	**IA_PSPA_32: Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support** (High)	
MBHR15: Consideration of Cultural-Linguistic and Demographic Factors in Cognitive Assessment (Collection Type: QCDR) High Priority		

[1] The Depression episode-based cost measure received conditional support for rulemaking from the 2022-2023 Measure Applications Partnership (MAP) Clinician Workgroup. The Depression 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.

[2] The Psychoses and Related Conditions episode-based cost measure received conditional support for rulemaking from the 2022-2023 Measure Applications Partnership (MAP) Clinician Workgroup. The Psychoses and Related Conditions 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: Quality Care in Mental Health and Substance Use Disorder MVP

Quality	Improvement Activities	Cost
PP11: Improvement or Maintenance in Recovery for All Individuals Seen For Mental Health and/or Substance Use Care (Collection Type: QCDR) High Priority, Outcome **PP12: Initiation, Review, And/Or Update to Suicide Safety Plan for Individuals with Suicidal Thoughts, Behavior or Suicide Risk** (Collection Type: QCDR)		

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.