Quality Payment
PROGRAM

MIPS Value Pathways

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

Musculoskeletal Care and Rehabiliative Support

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 Musculoskeletal Care and Rehabilitative Support 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: Musculoskeletal Care and Rehabilitative Support 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: Musculoskeletal Care and Rehabilitative Support MVP

Quality	Improvement Activities	Cost
Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Collection Type: Medicare Part B Claims, MIPS CQM, eCQM) **Q155: Falls: Plan of Care** (Collection Type: Medicare Part B Claims, MIPS CQM) **Q217: Functional Status Change for Patients with Knee Impairments** (Collection Type: MIPS CQM) High Priority, Outcome **Q218: Functional Status Change for Patients with Hip Impairments** (Collection Type: MIPS CQM) High Priority, Outcome **Q219: Functional Status Change for Patients with Lower Leg, Foot or Ankle Impairments** (Collection Type: MIPS CQM) High Priority, Outcome **Q220: Functional Status Change for Patients with Low Back Impairments** (Collection Type: MIPS CQM) High Priority, Outcome **Q221: Functional Status Change for Patients with Shoulder Impairments** (Collection Type: MIPS CQM) High Priority, Outcome **Q222: Functional Status Change for Patients with Elbow, Wrist or Hand Impairments** (Collection Type: MIPS CQM) High Priority, Outcome **Q478: Functional Status Change for Patients with Neck Impairments** (Collection Type: MIPS CQM) High Priority, Outcome **IROMS12: Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation patients with knee injury pain.** (Collection Type: QCDR) High Priority, Outcome	**IA_AHE_3: Promote Use of Patient-Reported Outcome Tools** (High) **IA_AHE_6: Provide Education Opportunities for New Clinicians** (High) **IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health.** (High) **IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings** (High) **IA_CC_8: Implementation of documentation improvements for practice/process improvements** (Medium) **IA_CC_12: Care coordination agreements that promote improvements in patient tracking across settings** (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_EPA_2: Use of telehealth services that expand practice access** (Medium) **IA_PCMH: Implementation of Patient-Centered Medical Home model** **IA_PM_13: Chronic Care and Preventative Care Management for Empaneled Patients** (Medium) **IA_PSPA_16: Use of decision support and standardized treatment protocols** (Medium)	**Low Back Pain**[1]

[1] The Low Back Pain episode-based cost measure received conditional support for rulemaking from the 2022-2023 Measure Applications Partnership (MAP) Clinician Workgroup. The Low Back Pain 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: Musculoskeletal Care and Rehabilitative Support MVP

Quality	Improvement Activities	Cost
IROMS14: Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation patients with hip, leg or ankle (lower extremity except knee) injury. (Collection Type: QCDR) High Priority, Outcome **IROMS16: Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation patients with neck pain/injury.** (Collection Type: QCDR) High Priority, Outcome **IROMS18: Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation patients with low back pain** (Collection Type: QCDR) High Priority, Outcome **IROMS20: Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation patients with arm, shoulder, or hand injury.** (Collection Type: QCDR) High Priority, Outcome		

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.