Quality Payment
PROGRAM

MIPS Value Pathways

Feedback Received on the Merit-based Incentive Payment System (MIPS) Value Pathways (MVP) Candidate for Consideration for the 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 QPP website.

The 2025 MVP Candidate Feedback Period ended on January 29, 2024.

This document contains the feedback we received during the 45-day MVP Candidate Feedback Period for the Gastroenterology Care MVP.

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. CMS will indicate finalized MVPs exclusively through the Physician Fee Schedule (PFS) Final Rule.

Review the MVP candidate details, and feedback received from the general public below.

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**	**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**	**Screening/Surveillance Colonoscopy** **Total Per Capita Cost**

Table 1: Gastroenterology Care MVP

Quality	Improvement Activities	Cost
(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	(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**	

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

Foundational Layer	
Population Health Measures	**Promoting Interoperability**
	• 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

Gastroenterology Care MVP Feedback Received

Below is the feedback we received during the 45-day MVP Candidate Feedback Period for the Gastroenterology Care MVP. We didn't include feedback considered out of scope to the draft 2025 MVP candidate.

Feedback: One commenter recommended the addition of quality measure Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months (PAM® Performance Measure, PAM®-PM).
Feedback: One commenter recommended the addition of IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols to this MVP. The commenter believes this improvement activity aligns with CMS's broader priority of improving health equity through its program. In addition, the commenter believes it advances the ability for providers to assess food insecurity and nutrition risk (both key drivers of health disparities), and encourages providers to address identified issues, reduce inequities, and improve outcomes.
Feedback: One commenter expressed concern regarding the limited number of eCQMs included in this MVP. Another commenter supported the eCQMs available but recommended the addition of Q113: Colorectal Cancer Screening and Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan in order to provide additional eCQM options.
Feedback: A couple commenters recommended a narrower focus on colorectal cancer prevention since the proposed MVP candidate doesn't account for the full spectrum of gastrointestinal care. A couple commenters suggested a singular clinical condition will offer the granularity needed to be meaningful to both patients and clinicians, while enhancing comparative reporting. One commenter noted a colorectal cancer MVP would be consistent with the White House Cancer Moonshot initiative.
Feedback: One commenter opposed the inclusion of the Total Per Capita Cost (TPCC) measure in MVPs with preventative care measures such as this MVP. The commenter believes TPCC doesn't account for the benefit of preventive services in reducing costs long term.
Feedback: A couple commenters believe there is a lack of alignment between cost and quality measures in this MVP and are concerned with the inclusion of the Total Per Capita Cost (TPCC)

measure in a preventive services-focused MVP (such as this MVP candidate). They believe the TPCC measure may penalize physicians for successfully improving the utilization of recommended preventive services as total costs are measured in the same year as those services provided.