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

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 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 Pulmonology 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: 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**	**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)	**Inpatient Chronic Obstructive Pulmonary Disease (COPD) Exacerbation** **Asthma/Chronic Obstructive Pulmonary Disease (COPD)**

TABLE 1: Pulmonology Care MVP

Quality	Improvement Activities	Cost
(MIPS CQMs) High Priority **ACEP25: Tobacco Use: Screening and Cessation Intervention for Patients with Asthma and COPD** (QCDR)	**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)	

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)

Foundational Layer	
Population Health Measures	**Promoting Interoperability**
	• Actions to Limit or Restrict Compatibility or Interoperability of CEHRT • ONC Direct Review Attestation

Pulmonology Care MVP Feedback Received

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

Feedback: One commenter expressed support for this MVP. The commenter specifically supported the inclusion of Q277: Sleep Apnea: Severity Assessment at Initial Diagnosis, Q279: Sleep Apnea: Assessment of Adherence to Obstructive Sleep Apnea (OSA) therapy, as well as the other quality measures and improvement activities.
Feedback: One commenter recommended the addition of the following 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 this MVP currently doesn't offer sufficient reporting options for allergists. The commenter recommended inclusion of the following quality measures applicable to allergists in this MVP: Q130: Documentation of Current Medications in the Medical Record; Q332: Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use); and Q331 Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse).
Feedback: One commenter believes IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation is ambiguous and needs more explanation.
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 Q130: Documentation of Current Medications in the Medical Record; Q321: CAHPS for MIPS Clinician/Group Survey (CAHPS Survey Vendor); and Q374: Closing the Referral Loop: Receipt of Specialist Report in order to provide additional eCQM options.

Feedback: One commenter agreed with the inclusion of all proposed measures and improvement activities. The commenter also recommended the addition of the following quality measures: ACQR16: COPD Exacerbation or CHF Exacerbation requiring Hospital Admission: Palliative Care Evaluation; ACQR3: COPD: Steroids for no more than 5 days in COPD Exacerbation; and AAAAI17: Asthma Control: Minimal Important Difference Improvement.