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# Overview of MIPS Value Pathways (MVPs) and the New Urology MVP

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- Welcome and Introductions
- Background
  - AQUA Registry and available MIPS quality measures
- Merit-based Incentive Payment System (MIPS)
- MIPS Value Pathways (MVPs)
- Urology MVP
- Q&A
- Resources



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# Background

# AQUA: AUA's QUAlity Registry

- Launched in 2014
  - Designed to help providers to track performance at both practice and provider levels
  - 200 active practices and 2,398 active providers
  - 13 million unique patients and 106 million unique patient encounters
- Approved by CMS as a Qualified Clinical Data Registry (QCDR)
  - Entity that demonstrates clinical expertise in medicine and quality measurement development that collects medical or clinical data on behalf of CMS MIPS-eligible clinicians for patient and disease tracking to foster improvement in the quality of care provided to patients.
  - Requires annual approval by CMS
  - Can develop/support additional measures for MIPS
  - For performance year (PY) 2025, 54 measures supported
- [AQUA@auanet.org](mailto:AQUA@auanet.org) or 855-898-2782

- QPP Measures (aka “MIPS measures”)
  - N=195 for PY2025
  - Anyone can use them
  - Requires one-time approval through CMS’s rule-making process
    - Modifications and removals must go through the rule-making process
- QCDR Measures
  - Not included in the annual list of MIPS quality measures
  - Available only via QCDRs
  - Requires annual approval by CMS outside of the rule-making process



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# Merit-based Incentive Payment System (MIPS) Overview

# CMS Quality Payment Program (QPP)

- Established via the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) legislation
- Value-based payment program for clinicians
- Aim is to encourage provision of high-value, high-quality care in a cost-efficient manner

In MIPS, you may earn performance-based payment adjustments for the services you provide to Medicare patients.

## **MIPS**

Merit-based Incentive  
Payment System

There are  
2 tracks of the  
Quality Payment  
Program:

## **Advanced APMs**

Advanced Alternative  
Payment Models

An APM is a customized payment approach developed by CMS, often designed to provide incentives to clinicians who are providing high-quality, high-value care. APMs can focus on specific clinical conditions, care episodes, or populations.

# MIPS: Merit-Based Incentive Payment System

- MIPS-eligible clinicians earn payment adjustments (either bonuses or penalties) for Medicare Part B covered professional services based on performance in four categories





# MIPS: Merit-Based Incentive Payment System

- **Reporting options**

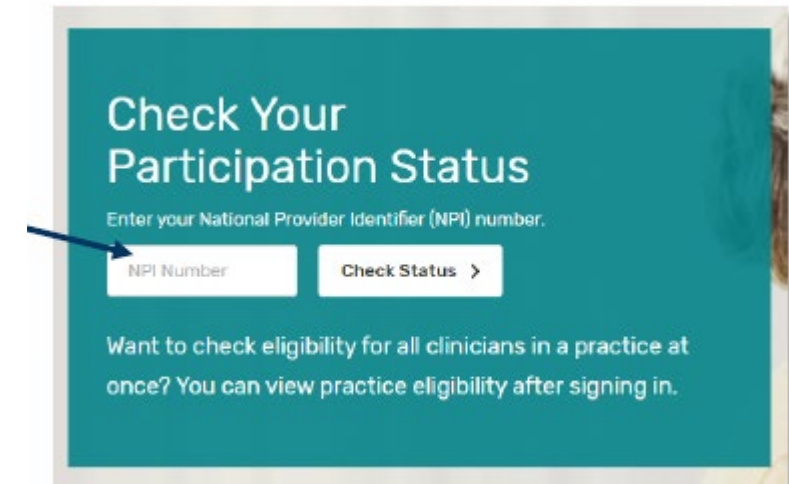
- Traditional MIPS
- MVP
- APM Performance Pathway

- **Participation options**

- Individual
- Group
- Virtual group (traditional MIPS only)
- Subgroup (MVP only)
- APM Entity

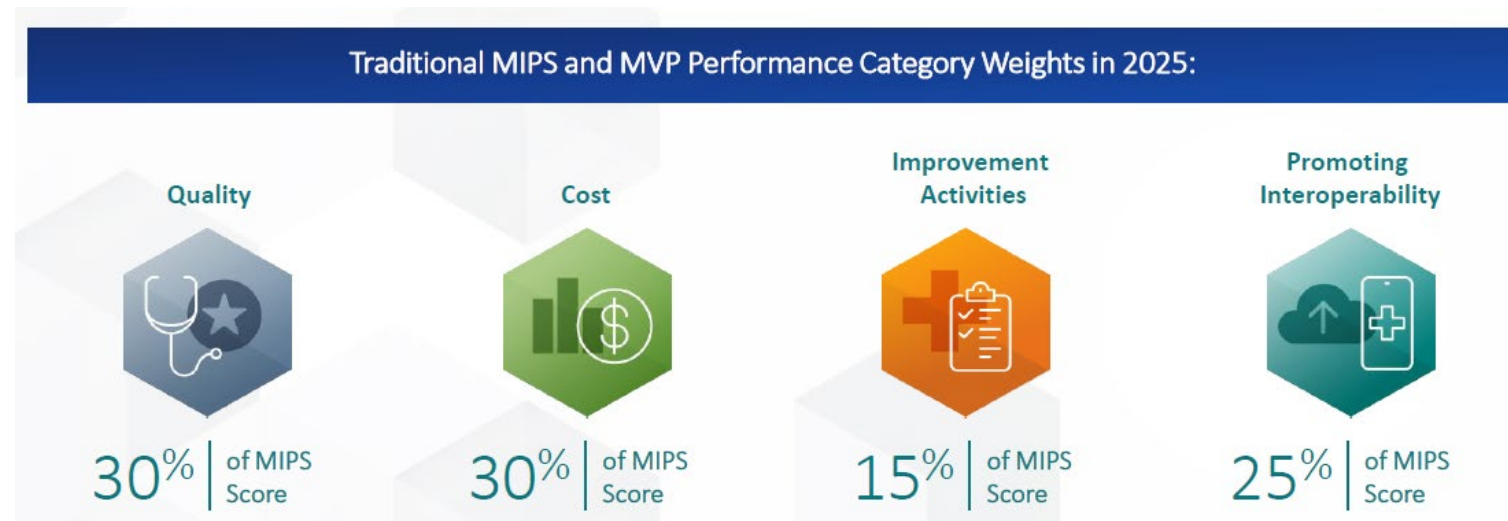
## Eligibility status

- Use NPI in the QPP Participation Status Tool (<https://qpp.cms.gov/participation-lookup>)
  - Provider type and service volume affects required vs. voluntary status and participation options



# MIPS: Merit-Based Incentive Payment System

- Each performance category is scored separately; results are then summed to get a final score
- **Weights vary by category** (also depends on reporting option, special status designation, application of extreme and uncontrollable circumstances or hardship exception)



# MIPS: Merit-Based Incentive Payment System

- PY2025 performance threshold is **75** points

Points	Payment Adjustment
0 - <75	Penalty*
75	Neutral
>75	Bonus

\*Those not participating incur a 9% penalty

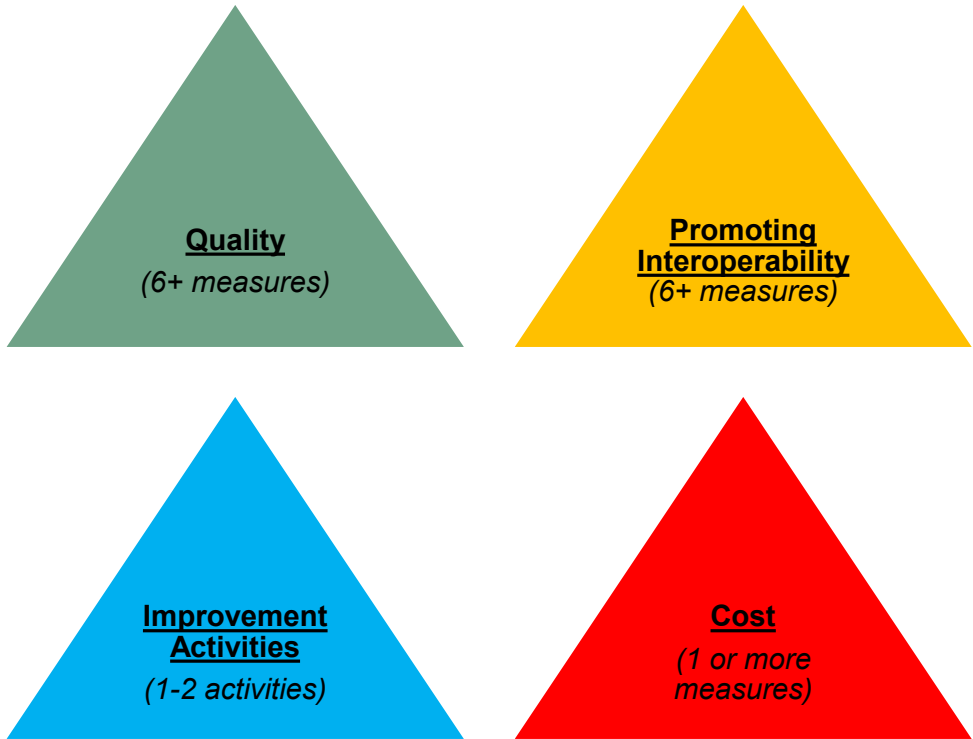
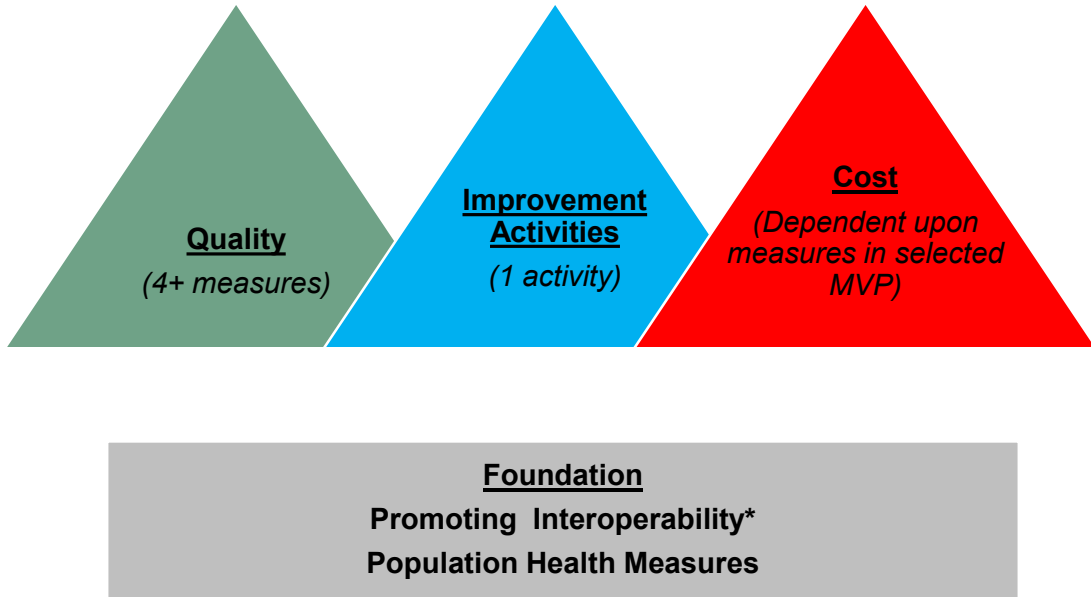


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# MIPS Value Pathways (MVPs) Overview

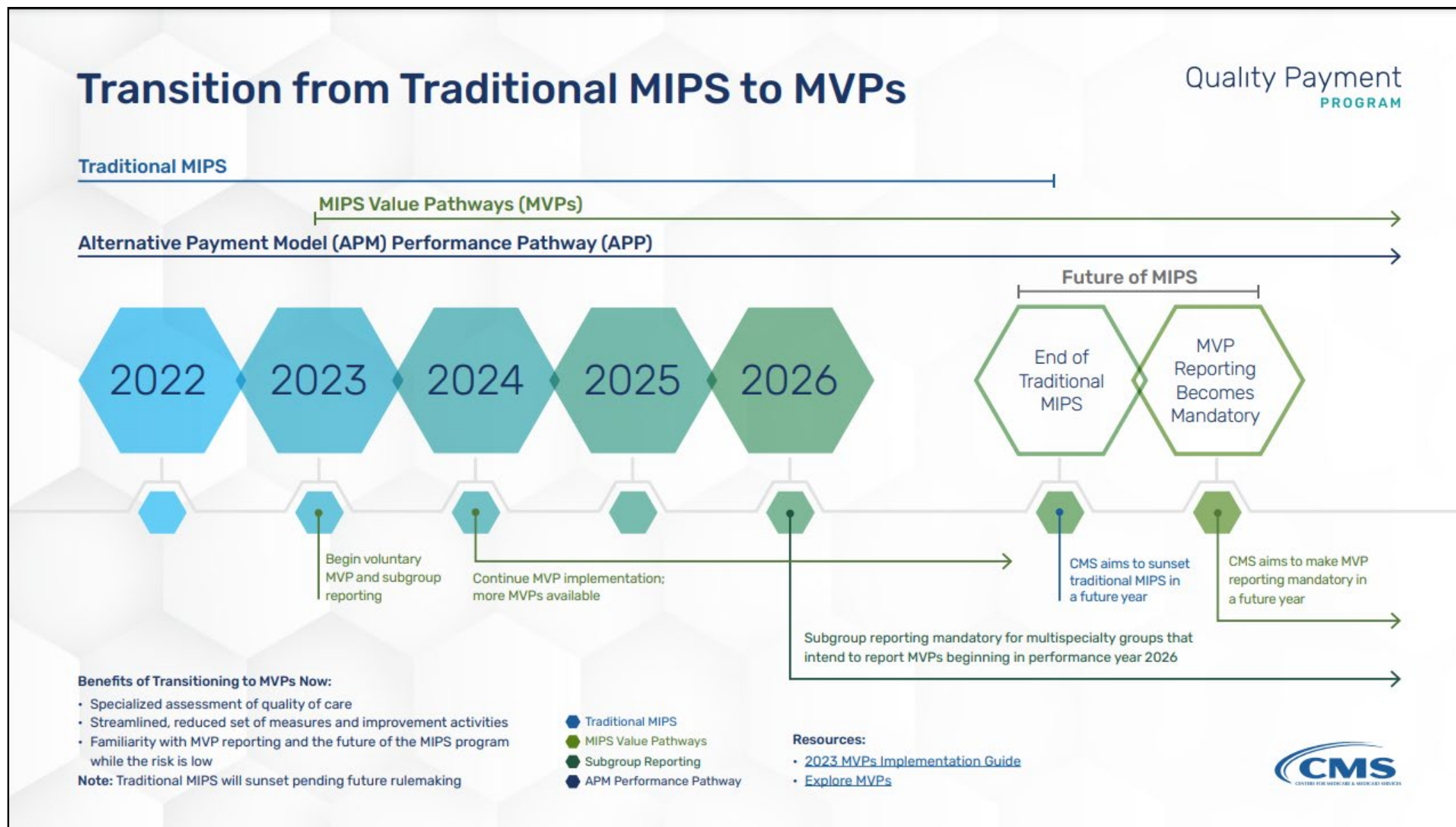
# MVPs: Newest MIPS Reporting Option

Traditional MIPS	MVPs
<ul style="list-style-type: none"> <li>• Many choices</li> <li>• Not meaningfully aligned</li> <li>• Higher reporting burden</li> </ul>	<ul style="list-style-type: none"> <li>• Fewer choices</li> <li>• More cohesive</li> <li>• Lower reporting burden</li> </ul>
 <p><b>Quality</b> (6+ measures)</p> <p><b>Promoting Interoperability</b> (6+ measures)</p> <p><b>Improvement Activities</b> (1-2 activities)</p> <p><b>Cost</b> (1 or more measures)</p>	 <p><b>Quality</b> (4+ measures)</p> <p><b>Improvement Activities</b> (1 activity)</p> <p><b>Cost</b> (Dependent upon measures in selected MVP)</p> <p><b>Foundation</b> Promoting Interoperability* Population Health Measures</p> <p><small>*Same Interoperability Measures as Traditional MIPS</small></p>

# Traditional MIPS vs. MVPs

	Traditional MIPS	MVPs
<b>Quality</b>	<ul style="list-style-type: none"><li>• 195 QPP measures available (plus QCDR measures)</li><li>• 6 measures required</li></ul>	<ul style="list-style-type: none"><li>• ~ 12-18 measures available</li><li>• 4 measures required</li><li>• Population health measures calculated by CMS</li></ul>
<b>Improvement Activities</b>	<ul style="list-style-type: none"><li>• 104 IAs available</li><li>• 1-2 required</li></ul>	<ul style="list-style-type: none"><li>• ~ 15-20 available</li><li>• 1 required</li></ul>
<b>Promoting Interoperability</b>	<ul style="list-style-type: none"><li>• Same</li></ul>	<ul style="list-style-type: none"><li>• Same</li></ul>
<b>Cost</b>	<ul style="list-style-type: none"><li>• 35 available</li><li>• CMS scores all applicable</li></ul>	<ul style="list-style-type: none"><li>• Typically, 1-3 available</li><li>• CMS scores all applicable</li></ul>

# Transitioning from Traditional MIPS to MVPs





# MVP Quick Facts

- Must be a MIPS-eligible clinician (cannot voluntarily report or opt-in)
  - Can report as an individual, group, subgroup, or APM entity
- Each “participant” can report on only one MVP
  - However, an individual clinician may participate in various ways to report multiple MVPs (e.g., to one MVP as a group and to another as a subgroup)
- Must register for MVP participation between April 1-December 1, 2025
- You don’t have to report the MVP you registered for
- Even if you report an MVP, you can also report traditional MIPS or the APM Performance Pathway (if applicable)
  - CMS will use the highest score for payment adjustments
- As with traditional MIPS, if you report more than 4 quality measures, CMS will select the highest-scoring measures





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# Optimal Care for Patients with Urologic Conditions MVP Overview

# Developing the Urology MVP

**2022-2023**

DRAFT developed  
through a consensus-  
based process

**January 2024**

Commented on the  
CMS version

**August 2024**

Commented on  
CMS's PFS proposed  
version

**November 2024**

CMS finalized and  
approved the MVP for  
PY2025 reporting

# Measures & IAs Included in the Urology MVP

## QUALITY MEASURES

- Q050: Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older<sup>^</sup>
- \*Q318: Falls: Screening for Future Fall Risk<sup>^</sup>
- Q321: CAHPS for MIPS Clinician/Group Survey
- Q358: Patient-Centered Surgical Risk Assessment and Communication<sup>^</sup>
- \*Q462: Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy
- \*Q476: Urinary Symptom Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia
- \*Q481: Intravesical Bacillus-Calmette Guerin for Non-muscle Invasive Bladder Cancer
- Q487: Screening for Social Drivers of Health<sup>^</sup>
- Q503: Gains in Patient Activation Measure (PAM<sup>®</sup>) Scores at 12 Months
- \*\*AQUA8: Hospital Admissions or Infectious Complications Within 30 Days of TRUS Biopsy
- \*\*AQUA14: Stones: Repeat Shock Wave Lithotripsy (SWL) Within 6 Months of Initial Treatment<sup>^</sup>
- \*\*AQUA15: Stones: Urinalysis Performed Before Surgical Stone Procedures<sup>^</sup>
- \*\*AQUA16: Non-Muscle Invasive Bladder Cancer: Repeat Transurethral Resection of Bladder Tumor (TURBT) for T1 disease
- \*\*MUSIC4: Prostate Cancer: Active Surveillance/ Watchful Waiting for Low Risk Prostate Cancer Patients

\*eCQMs; \*\*QCDR measures available in AQUA; <sup>^</sup>2025 Benchmark

## IMPROVEMENT ACTIVITIES

- IA\_AHE\_3: Promote use of Patient-Reported Outcome Tools
- IA\_AHE\_12: Practice Improvements that Engage Community Resources to Address Drivers of Health
- IA\_BE\_6: Regularly Assess Patient Experience of Care and Follow Up on Findings
- IA\_BE\_15: Engagement of patients, family and caregivers in developing a plan of care
- IA\_CC\_7: Regular training in care coordination
- IA\_CC\_13: Practice improvements to align with OpenNotes principles
- IA\_CC\_17: Patient Navigator Program
- IA\_EPA\_2: Use of telehealth services that expand practice access
- A\_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways
- IA\_PCMH: Electronic submission of Patient Centered Medical Home accreditation
- IA\_PM\_17: Participation in Population Health Research
- IA\_PM\_21: Advance Care Planning
- IA\_PM\_26: Vaccine Achievement for Practice Staff: COVID-19, Influenza, and Hepatitis B
- IA\_PSPA\_7: Use of QCDR data for ongoing practice assessment and improvements
- IA\_PSPA\_12: Participation in private payer CPIA
- IA\_PSPA\_19: Implementation of formal quality improvement methods, practice changes or other practice improvement processes
- IA\_PSPA\_21: Implementation of fall screening and assessment programs

## COST MEASURES

- Renal or Ureteral Stone Surgical Treatment
- Medicare Spending Per Beneficiary (MSPB) Clinician
- Prostate Cancer

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Q&A

# How is the AUA Supporting the Move to MVPs?

- Resources:

- [2024 Traditional MIPS Toolkit](#)
- [2024 MVP Toolkit](#)
- [This webinar](#) (will be posted soon)



- AQUA Registry supports 3 of 21 available MVPs
  - [Advancing Cancer Care](#)
  - [Focusing on Women's Health](#)
  - [Optimal Care for Patients with Urologic Conditions MVP](#)



# Will the Measures in the Urology MVP Change Over Time?

- Yes...but we don't know when or why or how
  - New measures may be approved for MIPS (or other “older” measures approved for inclusion)
  - Measures might be removed (e.g., due to lack of benchmarks, topped-out status)
- CMS “owns” MVPs
  - Opportunity to comment on MVPs on a rolling basis as well as in the January timeframe; can comment on proposed changes documented in the PFS proposed rule in summer timeframe

# What's the Deal with the Benchmarks?

- Currently 6 of the 14 quality measures in the Urology MVP have benchmarks
- The **KEY** to getting performance year and historical benchmarks for the remaining measures is for MIPS participants to **REPORT** measures that don't yet have benchmarks
  - Must have at least 20 instances reported, each of which must meet the data completeness threshold (75%) and the case minimum requirement (n=20) [results of 0% or 100% (for inverse measures) don't count]
  - CMS will use submitted measures with the highest scores to calculate the quality category score, so it doesn't hurt [in terms of scoring] to report more than the minimum number of measures, even if the results aren't your best

# How Does Traditional MIPS Differ From MVPs?

	Traditional MIPS	MVPs
<b>Quality</b>	<ul style="list-style-type: none"> <li>• 195 QPP measures available (plus QCDR measures)</li> <li>• 6 measures required</li> </ul>	<ul style="list-style-type: none"> <li>• ~ 12-18 measures available</li> <li>• 4 measures required</li> <li>• Population health measures calculated by CMS</li> </ul>
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<b>Advantages</b>	<ul style="list-style-type: none"> <li>• More choice for quality/IA</li> </ul>	<ul style="list-style-type: none"> <li>• Fewer required measures and IAs (most should be very relevant)</li> <li>• Likely held accountable for fewer cost measures</li> </ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>• May end up using measures not relevant for urology</li> <li>• More required measures and IAs</li> <li>• Potentially held accountable for several cost measures</li> </ul>	<ul style="list-style-type: none"> <li>• Less choice for quality/IA</li> <li>• <b><u>MAY</u></b> be harder for some providers to score well</li> </ul>

# How will MVPs Affect Overall Clinician Reimbursement?



# What Are We Recommending?

- **Start now:** Review measures available in MVPs to see if MVP reporting is feasible
  - If feasible, begin using relevant measures/IAs, before MVPs are mandatory
  - If not yet feasible, start putting necessary processes in place
- Consider reporting a relevant MVP (particularly the Urology MVP) **AND** report via traditional MIPS
  - Remember, CMS will use the highest score for payment

# What Are We Recommending?

- Larger/multi-specialty practices: Start thinking about options for subgroup reporting
  - Remember, subgroup reporting for MVPs will become mandatory for multi-specialty practices in 2026
- Report on measures that do not have benchmarks, especially if results are reasonable, regardless of reporting via traditional MIPS or MVP
  - Newer measures have 5- or 7-point floors
  - CMS will try to establish performance year benchmarks
  - We'll never get benchmarks if we don't increase reporting



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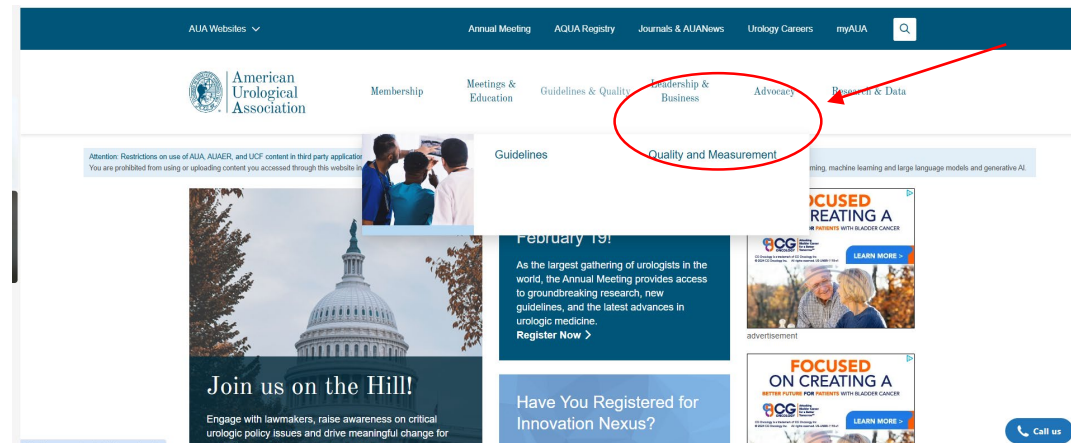
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# Resources

- Merit-based Incentive Payment Systems (MIPS)
  - <https://qpp.cms.gov/mips/traditional-mips>
- MIPS Value Pathways (MVPs)
  - <https://qpp.cms.gov/mips/mips-value-pathways>
- QPP Resource Library
  - <https://qpp.cms.gov/resources/resource-library>
- QPP Service Center
  - [QPP@cms.hhs.org](mailto:QPP@cms.hhs.org)



- Quality & Measurement Resources
  - <https://www.auanet.org/guidelines-and-quality/quality-and-measurement>



- Access to the Institute for Healthcare Improvement (IHI) Open School Courses
  - o Send an email to [quality@auanet.org](mailto:quality@auanet.org)

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This webinar will be  
posted here soon



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Thank you for attending the  
MVP Webinar!