

COORDINATING STROKE CARE TO PROMOTE PREVENTION AND CULTIVATE POSITIVE OUTCOMES MVP

Understanding MIPS Value Pathways (MVPs)



The Merit-based Incentive Payment System (MIPS) is one track of the Centers for Medicare & Medicaid Services (CMS) Quality Payment Program (QPP) that moved clinicians toward value-based payment gradually by retaining a fee-for-service option and adjusting payments based on performance across four performance categories: Quality, Cost, Promoting Interoperability, and Improvement Activities.

The [MIPS Value Pathways \(MVP\) track](#) builds off the “traditional MIPS” pathway described above and aims to transition clinicians reporting MIPS towards Alternative Payment Models (APMs) over time. There will be opportunities from year to year to update MVPs and in time CMS hopes they will demonstrate improvements in specific conditions and across specialties.

Neurologists, nurse practitioners, and physician assistants should consider reporting this MVP.

For the 2024 reporting year, there are three MVPs relevant to neurology. Information related to the measures and activities included in the Stroke MVP is detailed below.

QUALITY: Select four measures to report including one outcome measure (or high priority, if no outcome measure is applicable)

ID	Measure Title	Collection Type(s)	Measure Type	Applicability to Neurology
Q047	Advance Care Plan	Medicare Part B Claims MIPS CQM	Process High Priority	Inpatient Outpatient
Q187	Stroke and Stroke Rehabilitation: Thrombolytic Therapy	MIPS CQM	Process	Inpatient
Q236 eCQM 165v10	Controlling High Blood Pressure	Medicare Part B Claims eCQM MIPS CQM CMS Web Interface	Intermediate Outcome High Priority	Outpatient
Q326	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	MIPS CQM	Process	Inpatient Outpatient
Q344	Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-operative Day #2)	MIPS CQM	Outcome High Priority	N/A
Q409	Clinical Outcome Post Endovascular Stroke Treatment	MIPS CQM	Outcome High Priority	Inpatient
Q413	Door to Puncture Time for Endovascular Stroke Treatment	MIPS CQM	Intermediate Outcome High Priority	Inpatient
Q438 eCQM: 347v5	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	eCQM MIPS CQM CMS Web Interface	Process	Inpatient Outpatient
Q441	Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)	MIPS CQM	Intermediate Outcome High Priority	Outpatient
Q487	Screening for Social Drivers for Health	MIPS CQM	Process High Quality	Inpatient Outpatient

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IMPROVEMENT ACTIVITIES: Select two medium-weight or one high-weight activity to perform and attest to within the reporting period

ID	Activity Title	Weight
IA_AHE_9	Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols	Medium
IA_BE_1	Use of Certified EHR to Capture Patient-reported Outcomes	Medium
IA_BE_6	Regularly Assess Patient Experience of Care and Follow Up on Findings	High
IA_BE_24	Financial Navigation Program	Medium
IA_BMH_15	Behavioral/Mental Health and Substance Use Screening and Referral for Older Adults	High
IA_CC_2	Implementation of Improvement that Contribute to More Timely Communication of Test Results	Medium
IA_CC_13	Implementation of Improvement that Contribute to More Timely Communication of Test Results	Medium
IA_MVP	Practice-wide Quality Improvement in MIPS Value Pathways	High
IA_CC_17	Patient Navigator Program	High
IA_PCMH	Implementation of Patient-centered Medical Home model	N/A
IA_PM_13	Chronic care and preventative care management for empaneled patients	Medium
IA_PM_15	Implementation of Episodic Care Management Practice Improvements	Medium

COST: CMS calculates performance in this component using claims data; to be scored on this measure you must meet or exceed the established case minimum (20 cases)

ID	Measure Title	Measure Type	Episode Window	Evaluates	Triggered based on Claims Data from
COST_IHCL1	Intracranial Hemorrhage or Cerebral Infarction	Acute inpatient medical condition	Pre-trigger Period = 0 days Post-trigger Period = 90 days	Clinicians' risk-adjusted cost to Medicare for patients who receive inpatient treatment for cerebral infarction or intracranial hemorrhage during the performance period	Acute inpatient hospitals

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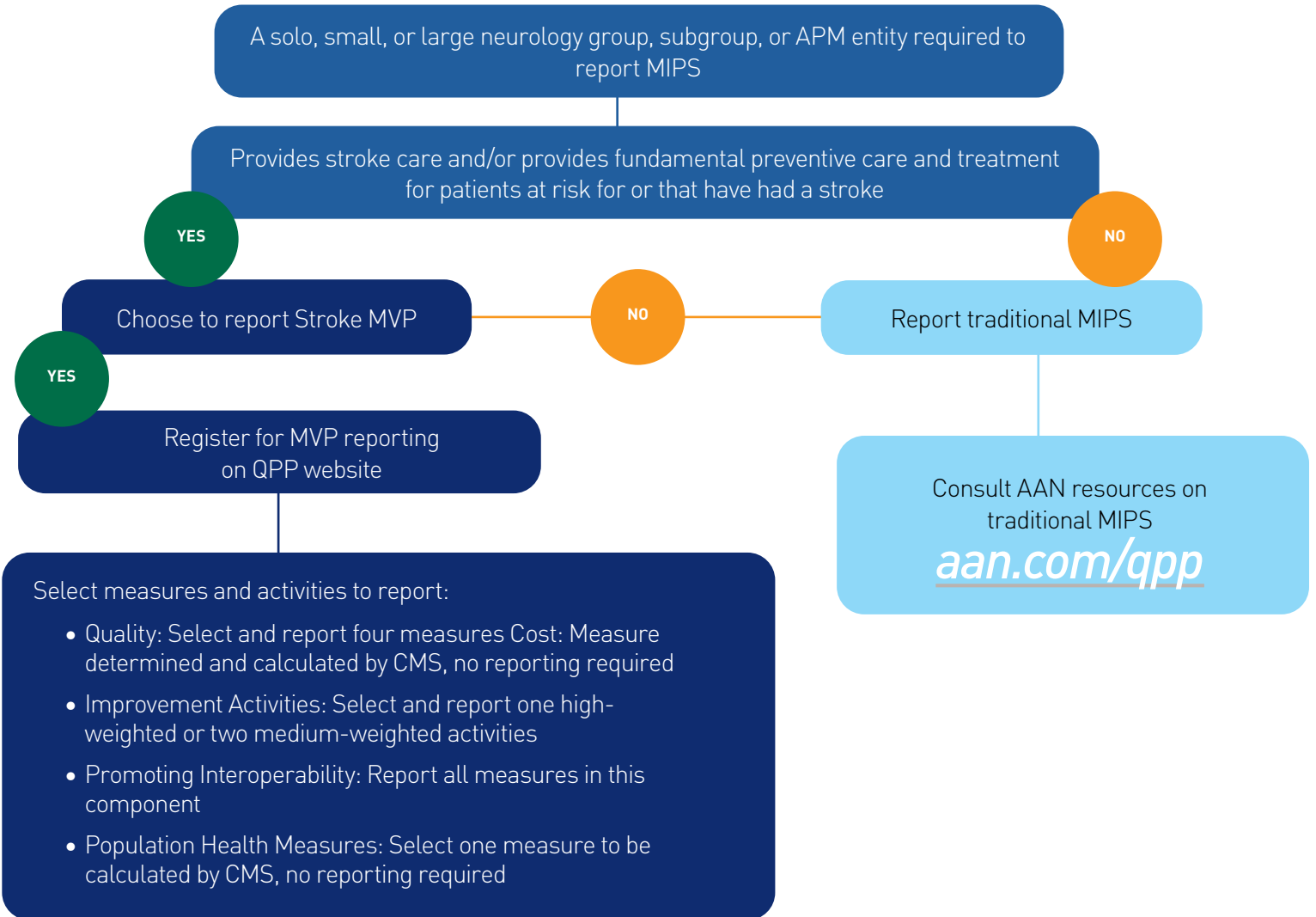


FOUNDATIONAL LAYER		
PROMOTING INTEROPERABILITY: Report all required measures; small practices (15 or fewer MIPS clinicians) do not have to report the PI component		
ID	Measures	Required
PI_INFBLO_1	Actions to Limit or Restrict Compatibility or Interoperability of CEHRT (previously Prevention of Information Blocking)	Yes
PI_ONCDIR_1	ONC Direct Review Attestation	Yes
PI_ONCACB_1	ONC-ACB Surveillance Attestation	No
PI_EP_1	e-Prescribing	Yes (exclusions available)
PI_EP_2	Query of the Prescription Drug Monitoring Program (PDMP)	No
PI_PEA_1	Provide Patients Electronic Access to their Health Information	Yes
PI_HIE_1	Support Electronic Referral Loops by Sending Health Information AND	Yes (exclusions available)
PI_HIE_4	Support Electronic Referral Loops by Receiving and Reconciling Health Information OR	Yes (exclusions available)
PI_HIE_6	Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)	Yes
PI_HIE_5	Health Information Exchange (HIE) Bi-directional Exchange OR	Yes
PI_PHCDRR_1	Immunization Registry Reporting	Yes (exclusions available)
PI_PHCDRR_2	Syndromic Surveillance Reporting	No
PI_PHCDRR_3	Electronic Case Reporting	Yes (exclusions available)
PH_PHCDRR_4	Public Health Registry Reporting	No
PI_PHCDRR_5	Clinical Data Registry Reporting	No
PI_PPHI_1	Security Risk Analysis	Yes
PI_PPHI_2	Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)	Yes

POPULATION HEALTH MEASURES: Select one measure for CMS to calculate using claims data (no reporting required)	
ID	Measures
Q479	Hospital-wide, 30-day, All-cause Unplanned Readmission (HWR) Rate for the Merit-based Incentive Payment Program (MIPS) Groups
Q484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

SHOULD I REPORT THIS MVP? DECISION TREE

For now, MVPs are optional. CMS will determine if an MVP may be applicable to your practice in the [QPP Participation Lookup](#) tool each year. If you are required to report MIPS and are eligible for an MVP, your practice can choose to report MVPs instead of traditional MIPS. Review the flow chart below to help decide how to report in 2024.



ADDITIONAL RESOURCES

- [AAN's Understanding MIPS Value Pathways Resource](#)
- [CMS MIPS Value Pathways \(MVPs\) Implementation Guide](#)
- [MIPS Eligibility and Participation Quick Start Guide](#)