

SUPPORTIVE CARE FOR NEURODEGENERATIVE CONDITIONS

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 Neurodegenerative Conditions MVP are 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
Q238	Use of High-risk Medications in Older Adults	eCQM MIPS CQM	Measure Type High Priority	Outpatient
Q149	Dementia: Cognitive Assessment	eCQM	Process	Outpatient
Q282	Dementia: Functional Status Assessment	MIPS CQM	Process	Inpatient Outpatient
Q286	Dementia: Safety Concern Screening and Follow-up for Patients with Dementia	MIPS CQM	Process High Priority	Inpatient Outpatient
Q288	Dementia: Education and Support of Caregivers for Patients with Dementia	MIPS CQM	Process High Priority	Outpatient
Q290	Assessment of Mood Disorders and Psychosis for Patients with Parkinson's Disease	MIPS CQM	Process	Outpatient
Q291	Assessment of Cognitive Impairment or Dysfunction for Patients with Parkinson's Disease	MIPS CQM	Process	Outpatient
Q293	Rehabilitative Therapy Referral for Patients with Parkinson's Disease	MIPS CQM	Process High Priority	Outpatient
Q386	Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences	MIPS CQM	Process High Priority	Outpatient
Q487	Screening for Social Drivers of Health	MIPs CQMs	Process High Priority	Inpatient Outpatient
AAN9	Querying and Follow-up About Symptoms of Autonomic Dysfunction for Patients with Parkinson's Disease	QCDR	Process	Inpatient Outpatient
AAN22	Quality of Life Outcome for Patients with Neurologic Conditions	QCDR	Process	Outpatient
AAN34	Patient Reported Falls and Plan of Care	QCDR	Process High Priority	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_3	Promote Use of Patient-reported Outcome Tools	High
IA_BE_4	Engagement of Patients Through Implementation of Improvements in Patient Portal	Medium
IA_BE_6	Regularly Assess Patient Experience of Care and Follow Up on Findings	High
IA_BE_16	Promote Self-Management in Usual Care	Medium
IA_BE_24	Financial Navigation Program	Medium
IA_BMH_4	Depression Screening	Medium
IA_BMH_8	Electronic Health Record Enhancements for BH Data Capture	Medium
IA_CC_1	Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop	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_MVP	Practice-Wide Quality Improvement in MIPS Value Pathways	High
IA_PCMH	Implementation of Patient-centered Medical Home model	N/A
IA_PM_11	Regular Review Practices in Place on targeted Patient Population Needs	Medium
IA_PM_16	Implementation of Medication Management Practice Improvements	Medium
IA_PM_21	Advance Care Planning	Medium
IA_PSPA_21	Implementation of Fall Screening and Assessment Programs	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
MSPB-1	Medicare Spending Per Beneficiary (MSPB) Clinician	Efficiency and Cost Reduction	Pre-index Admission Period: 3 days Post-discharge Period: 30 days	Hospitals' efficiency relative to the efficiency of national median hospital.	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

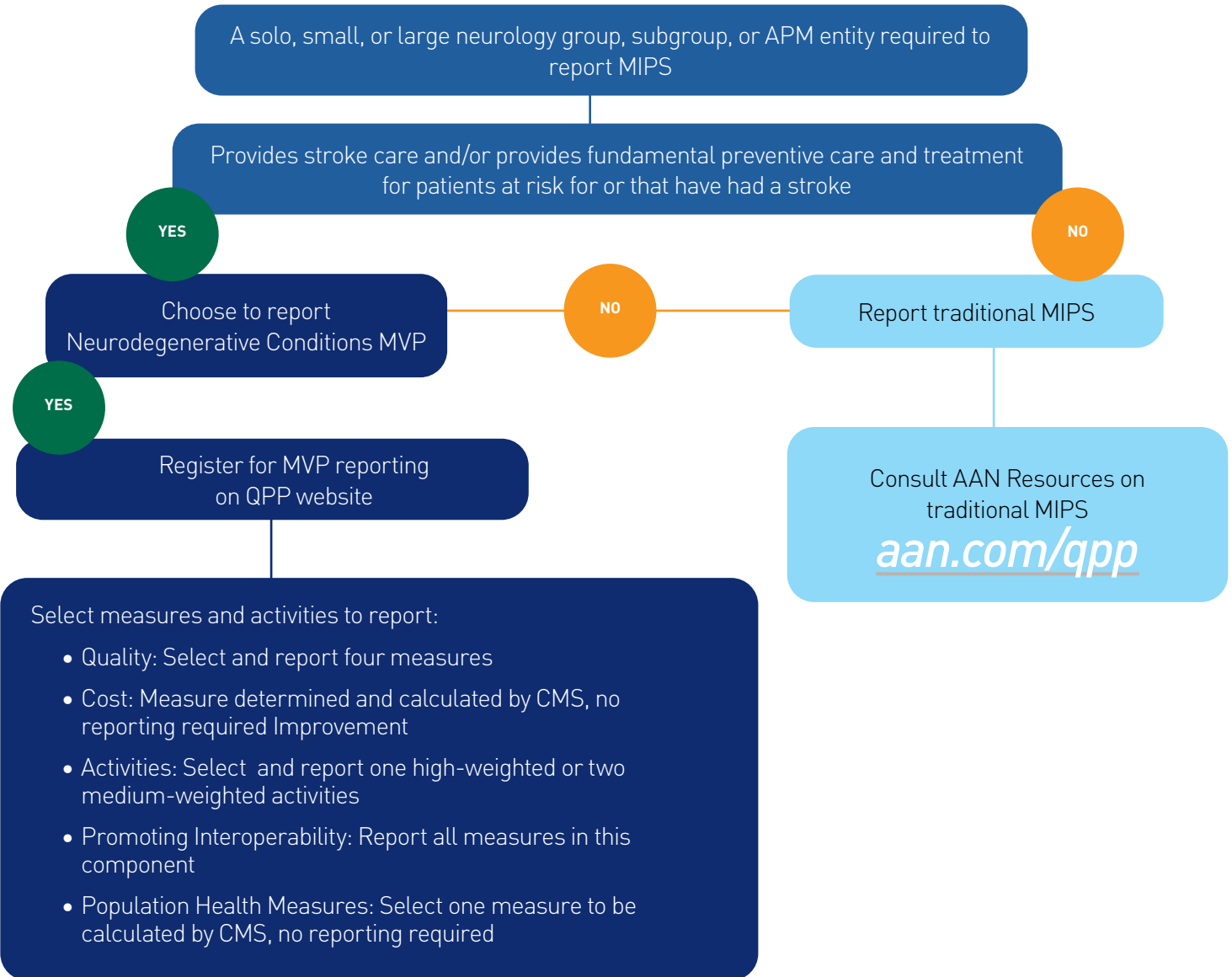
ID	Measures	Required
PI_INFBLD_1	Actions to Limit or Restrict Compatibility or Interoperability of CEHRT (previously Prevention of Information Blocking)	Yes
PI_ONCDIR_1	ONC Direct Review Attestation	Yes
PI_EP_1	e-Prescribing	Yes (exclusions available)
PI_EP_2	Query of the Prescription Drug Monitoring 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_5	Health Information Exchange (HIE) Bi-directional Exchange	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
	Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)	No

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](#)