

# Quality Payment PROGRAM



August 2024

Dear American Podiatric Medical Association (APMA) and US Wound Registry,

In an ongoing effort to address high priority areas and specialties for the development of MIPS Value Pathways (MVPs), our MVP Development Team worked to develop an MVP that assesses meaningful outcomes in foot and ankle care for patients with chronic conditions, wound/ulcers, and general care for the podiatry patient. We believe this MVP would allow clinicians within the umbrella of podiatry to report on quality measures, improvement activities, and cost measures that are applicable to their clinical practice and drive quality improvements in care.

Clinicians aren't expected to report all quality measures and improvement activities within this MVP. Rather, the intent is to allow some flexibility and choice to clinicians in reporting a subset of measures and activities within a proposed MVP.

CMS policy includes the following performance category reporting requirements for MVPs. Some of the policies include an asterisk (\*) to indicate a potential policy update included in the 2025 Notice of Proposed Rulemaking (NPRM). In the instance where a proposed policy isn't finalized the reporting requirements will be updated.

Performance Category	Reporting Requirement
<b>Quality</b>	<p>MVP Participants select and submit:</p> <p>4 Quality Measures</p> <ul style="list-style-type: none"> <li>1 must be an outcome measure (this includes outcome measures calculated by CMS through administrative claims, if available in MVP)</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>1 high priority measure if an outcome isn't available or applicable</li> </ul>
<b>Improvement Activity</b>	<p>*MVP Participants select and attest to:</p> <p>1 Improvement Activity</p> <p><b>OR</b></p> <p>IA_PCMH (participation in a patient-centered medical home)</p> <p><i>*The requirement to select 1 improvement activity and the removal of improvement activity weights is a 2025 NPRM proposal which hasn't been finalized as of August 2024. If the proposal isn't finalized the improvement activity requirements will be updated as necessary.</i></p>

<b>Cost</b>	CMS calculates performance exclusively on the cost measures that are included in the MVP using administrative claims data
<b>Foundational Layer</b>	<p>*Population Health Measures</p> <ul style="list-style-type: none"> <li>CMS will calculate measure through administrative claims and add result to the quality score.</li> </ul> <p>Promoting Interoperability Performance Category</p> <ul style="list-style-type: none"> <li>MVP Participants will report on the same Promoting Interoperability measures required under traditional MIPS, unless they qualify for reweighting of the Promoting Interoperability performance category due to clinician type, special status, or an approved Promoting Interoperability Hardship Exception Application.</li> </ul> <p><i>*The removal of the requirement to select a population health measure during registration is a 2025 NPRM proposal which hasn't been finalized as of August 2024. If the proposal isn't finalized the population health requirement will be updated as necessary.</i></p>
<b>APMA Feedback</b>	<b>APMA supports and appreciates the continued automatic reweighting of the Promoting Interoperability Performance Category for the "small practice" special status.</b>

We welcome your feedback on the proposed selection of measures and activities listed below and we look forward to discussing your responses or possible revisions (as applicable) to this draft MVP topic. Please add comments or questions pertaining to a measure or activity in the 'Response' column below and submit this document to the [PIMMSMVPSupport@gdit.com](mailto:PIMMSMVPSupport@gdit.com) mailbox.

**Quality performance category:**

The table below illustrates the suggested quality measures for this MVP candidate. Some 'Rationale' information is pulled from the currently posted measure specifications.

Quality Measures	Rationale	Response
<p><b>Q126:</b> Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation (Collection Type: MIPS CQMs Specifications)</p>	<p>We recommend the inclusion of this quality measure within the MVP as this measure ensures a consistent and thorough diagnostic approach to assessing for peripheral neuropathy in lower extremities for patients with diabetes.</p>	<p><b>APMA supports the inclusion of this measure in the Podiatry MVP.</b></p> <p><b>However, we remind CMS that according to the 2024 benchmark data, this measure is topped out with a 7-point scoring cap.</b></p>
<p><b>Q127:</b> Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear (Collection Type: MIPS CQMs Specifications)</p>	<p>We recommend the inclusion of this quality measure within the MVP as this measure would reduce or prevent wounds caused by ill-fitting shoes in people with diabetes.</p>	<p><b>APMA supports the inclusion of this measure in the Podiatry MVP.</b></p> <p><b>However, we remind CMS that according to the 2024 benchmark data, this measure is topped out with a 7-point scoring cap.</b></p>

Quality Measures	Rationale	Response
<p><b>Q155:</b> Falls: Plan of Care (Collection Type: Medicare Part B Claims Specifications, MIPS CQMs Specifications) High Priority</p>	<p>We recommend the inclusion of this quality measure within the MVP as this measure assesses for a documented plan of care for patients determined to have a future fall risk. Fall risk assessment and treatment is a vital component for patients experiencing lower extremity impairments.</p>	<p><b>APMA supports the inclusion of this measure in the Podiatry MVP.</b></p> <p><b>However, we remind CMS that according to the 2024 benchmark data, this measure is topped out with a 7-point scoring cap for both the MIPS CQM and the Medicare Part B Claims Collection Types.</b></p>
<p><b>Q219:</b> Functional Status Change for Patients with Lower Leg, Foot or Ankle Impairments (Collection Type: MIPS CQMs Specifications) High Priority, Outcome</p>	<p>We recommend the inclusion of this quality measure within the MVP as this measure assesses functional improvement for patients with lower extremity impairments. This measure is a Patient-Reported Outcome-based Performance Measure that captures the patient voice and assesses for improved functional status which has been associated with greater quality of life, self-efficacy, improved financial well-being, and lower future medical costs.</p>	<p><b>APMA does <u>not</u> support the inclusion of this measure in the Podiatry MVP.</b></p> <p><b>While at first glance, this measure appears to be an appropriate measure for podiatric physicians, also known as doctors of podiatric medicine (DPM), to utilize in their practice, the practical reality is that very few physicians typically perform the actions described in this measure. As acknowledged by CMS in a meeting with APMA on September 13, 2023, very few podiatrists have reported this measure, supporting our claim that this is not a measure DPMs typically perform in their practice. Indeed, for Measure #219, over 1,800 physical therapists reported on it in 2021, compared to just three podiatrists in the same year. APMA is further concerned that by including the measure in the Podiatry MVP measure set, podiatrists may utilize it incorrectly, not fully understanding the requirements or the tool utilized, resulting in skewed data and results, potential misuse affecting patient care, as well as possible poor scoring outcomes for those podiatrists.</b></p>
<p><b>Q226:</b> Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims Specifications, eCQM Specifications, MIPS CQMs Specifications)</p>	<p>We recommend the inclusion of this quality measure within the MVP as this measure is intended to promote tobacco screening and cessation interventions for those who use tobacco products. Evidence indicates tobacco screening and brief cessation intervention (including counseling and/or pharmacotherapy) is successful in helping tobacco users quit. This measure is part of the CQMC and is consistent with measures in other CMS reporting programs.</p>	<p><b>APMA supports the inclusion of this measure in the Podiatry MVP.</b></p> <p><b>However, we remind CMS that according to the 2024 benchmark data, this measure is topped out with a 7-point scoring cap for the Medicare Part B Claims Collection Type.</b></p>

Quality Measures	Rationale	Response
<p><b>Q317:</b> Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</p> <p>(Collection Type: Medicare Part B Claims Specifications, eCQM Specifications, MIPS CQMs Specifications)</p>	<p>We recommend the inclusion of this quality measure within the MVP as this measure plays a vital role in the prevention or management of the progression of high blood pressure resulting in the development of vascular disease which can lead to peripheral arterial disease (PAD) and decreased circulation in lower extremities.</p>	<p><b>APMA supports the inclusion of this measure in the Podiatry MVP.</b></p> <p><b>However, we remind CMS that according to the 2024 benchmark data, this measure is topped out with a 7-point scoring cap for the Medicare Part B Claims Collection Type.</b></p>
<p><b>Q358:</b> Patient-Centered Surgical Risk Assessment and Communication</p> <p>(Collection Type: MIPS CQMs Specifications)</p> <p>High Priority</p>	<p>We recommend the inclusion of this quality measure within the MVP as this measure looks to improve communication between physicians and patients, thereby encouraging patient-centered care and shared decision making in surgical care. Providing a personalized estimate of a patient’s risk of post-operative complications also helps to build trust in physicians as the patient is better informed.</p>	<p><b>APMA is comfortable with the inclusion of this measure in the Podiatry MVP.</b></p> <p><b>While APMA is comfortable with the inclusion of this measure, we do want to acknowledge the additional administrative burden associated with using the risk calculator.</b></p> <p><b>We also remind CMS that according to the 2024 benchmark data, this measure is topped out with a 7-point scoring cap.</b></p>
<p><b>Q487:</b> Screening for Social Drivers of Health</p> <p>(Collection Type: MIPS CQMs Specifications)</p> <p>High Priority</p>	<p>We recommend the inclusion of this quality measure. This quality measure applies to the MVP as it assesses for screening of health-related social needs. CMS recognizes the importance of making DOH measures standard across programs, thus identified the development and implementation of “measures that reflect social and economic determinants” as a key priority and measurement gaps to be addressed through Meaningful Measures 2.0 (Centers for Medicare &amp; Medicaid Services, 2022).</p>	<p><b>APMA is comfortable with the inclusion of this measure in the Podiatry MVP.</b></p>
<p><b>MEX5:</b> Hammer Toe Outcome</p> <p>(Collection Type: QCDR)</p> <p>High Priority, Outcome</p>	<p>We recommend the inclusion of this QCDR measure within the MVP as this measure addresses pain caused by toe deformity and ensures appropriate intervention for pain reduction.</p>	<p><b>APMA supports the inclusion of this measure in the Podiatry MVP.</b></p>
<p><b>REGCR1:</b> Heel Pain Treatment Outcomes for Adults</p> <p>(Collection Type: QCDR)</p> <p>High Priority, Outcome</p>	<p>We recommend the inclusion of this QCDR measure within the MVP as this measure addresses heel pain and ensures appropriate intervention for pain reduction.</p>	<p><b>APMA supports the inclusion of this measure in the Podiatry MVP.</b></p>

Quality Measures	Rationale	Response
<p><b>REGCLR3:</b> Bunion Outcome - Adult and Adolescent (Collection Type: QCDR) High Priority, Outcome</p>	<p>We recommend the inclusion of this QCDR measure within the MVP as this measure addresses bunion pain and ensures appropriate intervention for pain reduction. Alleviation of bunion pain can result in improvement in activities of daily living and quality of life.</p>	<p><b>APMA supports the inclusion of this measure in the Podiatry MVP.</b></p>
<p><b>REGCLR5:</b> Offloading with Remote Monitoring (Collection Type: QCDR) High Priority, Outcome</p>	<p>We recommend the inclusion of this QCDR measure within the MVP as this measure monitors patient compliance with offloading. This monitoring of patient adherence enables the provider to intervene when a patient isn't adhering to treatment.</p>	<p><b>APMA supports the inclusion of this measure in the Podiatry MVP.</b></p> <p>However, we note that according to the <b>2024 benchmark data</b>, there was an insufficient volume of data submitted in <b>PY 2022</b> to establish historical benchmark for this measure. According to the <b>2023 benchmark data</b>, there was also an insufficient volume of data to produce a performance year benchmark for <b>PY 2023</b>.</p> <p>APMA is concerned about the potential for a score of <b>0/10</b> on a measure such as this (lacking an historical and performance year benchmark). We urge CMS to consider extending its new measure scoring policy to measures that were adopted prior to the implementation of this policy. We believe this is critical to help incentivize the reporting of important specialty-focused measures that continue to lack a benchmark. Until this policy is extended, clinicians will be hesitant to take the risk associated with the reporting of these measures.</p>
<p><b>REGCLR8:</b> Monitor and Improve Treatment Outcomes in Chronic Wound Healing (Collection Type: QCDR) High Priority, Outcome</p>	<p>We recommend the inclusion of this QCDR measure within the MVP as this measure assesses chronic non-healing wounds ensuring a treatment plan is implemented to accelerate the wound healing rate.</p>	<p><b>APMA supports the inclusion of this measure in the Podiatry MVP.</b></p>
<p><b>USWR22:</b> Nutritional Assessment and Intervention Plan in patients with Wounds and Ulcers (Collection Type: QCDR)</p>	<p>We recommend the inclusion of this QCDR measure within the MVP as this measure ensures patients with wounds and/or ulcers have a valid nutrition assessment. There is "A level" of evidence (from randomized trials) that ONS, particularly with high protein content, can reduce the risk of developing pressure ulcers.</p>	<p><b>APMA supports the inclusion of this measure in the Podiatry MVP.</b></p> <p>However, we remind CMS that according to the <b>2024 benchmark data</b>, there was an insufficient volume of data submitted in <b>PY 2022</b> to establish historical benchmark for this measure. According to the <b>2023 benchmark data</b>, there was also an</p>

Quality Measures	Rationale	Response
		<p>insufficient volume of data to produce a performance year benchmark for PY 2023.</p> <p>APMA is concerned about the potential for a score of 0/10 on a measure such as this (lacking an historical and performance year benchmark). Again, we urge CMS to consider extending its new measure scoring policy to measures that were adopted prior to the implementation of this policy and continue to lack benchmarks.</p>
<p><b>USWR30:</b> Non-Invasive Arterial Assessment of patients with lower extremity wounds or ulcers for determination of healing potential (Collection Type: QCDR)</p>	<p>We recommend the inclusion of this QCDR measure within the MVP as this measure ensures patients with lower extremity ulcerations undergo a baseline vascular assessment at least once a year. Failure to identify ischemia is believed to be the most common reason for limb loss among patients with chronic lower extremity ulcers.</p>	<p><b>APMA supports the inclusion of this measure in the Podiatry MVP.</b></p> <p>However, we remind CMS that according to the 2024 benchmark data, there was an insufficient volume of data submitted in PY 2022 to establish historical benchmark for this measure. According to the 2023 benchmark data, there was also an insufficient volume of data to produce a performance year benchmark for PY 2023.</p> <p>APMA is concerned about the potential for a score of 0/10 on a measure such as this (lacking an historical and performance year benchmark). Again, we urge CMS to consider extending its new measure scoring policy to measures that were adopted prior to the implementation of this policy and continue to lack benchmarks.</p>
<p><b>USWR32:</b> Adequate Compression at each visit for Patients with Venous Leg Ulcers (VLUs) appropriate to arterial supply (Collection Type: QCDR) High Priority, Outcome</p>	<p>We recommend the inclusion of this QCDR measure within the MVP as this measure assesses for adequate compression for patients with venous leg ulcers. While reduced arterial flow is a potentially serious complication of venous compression, the most common reason venous ulcers fail to heal is inadequate compression.</p>	<p><b>APMA supports the inclusion of this measure in the Podiatry MVP.</b></p>
<p><b>USWR33:</b> Diabetic Foot Ulcer (DFU) Healing or Closure (Collection Type: QCDR) High Priority, Outcome</p>	<p>We recommend the inclusion of this QCDR measure within the MVP as this measure ensures healing or closure of diabetic foot ulcers within 6 months stratified by the Wound Healing Index (WHI). Reporting of healing rates stratified by the WHI makes it possible to see individual variations in quality between practitioners since the outcomes of EPs with similar wound severity can be fairly compared.</p>	<p><b>APMA supports the inclusion of this measure in the Podiatry MVP.</b></p>

Quality Measures	Rationale	Response
<p><b>USWR34:</b> Venous Leg Ulcer (VLU) Healing or Closure (Collection Type: QCDR) High Priority, Outcome</p>	<p>We recommend the inclusion of this QCDR measure within the MVP as this measure ensures healing or closure of venous leg ulcers (VLU) within 12 months stratified by the Wound Healing Index (WHI). Reporting VLU healing stratified by the WHI enables honest reporting of VLU healing rates.</p>	<p><b>APMA supports the inclusion of this measure in the Podiatry MVP.</b></p>
<p><b>USWR35:</b> Adequate Off-loading of Diabetic Foot Ulcers performed at each visit, appropriate to location of ulcer (Collection Type: QCDR)</p>	<p>We recommend the inclusion of this QCDR measure within the MVP as this measure assesses for adequate off-loading for diabetic foot ulcers during patient visits. Adequate off-loading increases the likelihood of DFU healing.</p>	<p><b>APMA supports the inclusion of this measure in the Podiatry MVP.</b></p>
		<p><b>Medicare Part B Claims measures:</b> There are only three Part B claims-based measures as part of the draft Podiatry MVP. For a small practice that continues to report quality measures via claims, we understand from our call with you on September 24, 2024, that providers would only have to report on these three measures, and they would not need to report any additional measures through a different Collection Type. While the reduced number of measures may seem helpful on the surface, the reality is that each of these measures are currently topped out with the 7-point scoring cap, which makes high-level performance of these measures a necessity to even get a mediocre score in the Quality Performance Category. A provider considering use of this draft Podiatry MVP may look at it and realize that the MVP is not a good fit because they will be limited in their choice of measures and unable to achieve more than a mediocre score with the claims measures available. They would then need to decide whether they should report on measures through other Collection Types, which leads to administrative burden and significant costs associated with use of a Qualified Registry or QCDR, which most small practices cannot sustain.</p> <p><b>APMA is concerned with the poor scoring potential.</b></p> <ul style="list-style-type: none"> <li>• All 3 of the Medicare Part B Claims measures that are currently part of the draft Podiatry MVP are topped out with a 7-point scoring cap.</li> <li>• 4 of 8 MIPS CQMs are topped out with a 7-point scoring cap and 1 of</li> </ul>



Quality Measures	Rationale	Response
		<p>8 has no benchmark for the 2024 PY.</p> <ul style="list-style-type: none"> <li>• There are only 2 eQMs which means if a provider chooses to report eQMs, they will also be required to select at least two other measures. If the provider chooses Medicare Part B Claims measures, they only have topped out and 7-point scoring cap measures to choose from and if the provider chooses MIPS CQMs or QCDR measures, they will be met with additional administrative and financial burdens to participate.</li> </ul> <p>As such, APMA requests that the topped-out status and 7-point scoring cap be removed for ALL quality measures that end up in the Podiatry MVP based on CMS' proposed approach for determining topped out measures impacted by limited measure choice and subject to the new defined topped out measure benchmark, as proposed in the CY 2025 PFS rule.</p> <p>APMA recommends that all measures in the MVP have any topped-out status and/or scoring cap removed as this could be a mechanism to incentivize participation in an MVP.</p> <p>Additionally, as we noted earlier, APMA also recommends that CMS extend the new measure scoring floor to measures that were introduced into the program prior to the adoption of that policy, yet still lack a benchmark. This will help to encourage submission of enough cases to develop a benchmark.</p> <p>APMA strongly opposes making MVPs mandatory and urges CMS to preserve choice in the program, particularly for specialties with a disproportionate number of small practice providers and relatively few relevant quality or cost measures. The field of medicine is diverse, and higher value care will never be achieved through a one-size-fits-all approach. Furthermore, MIPS remains a complex program and compliance is expensive. Participants should maintain the flexibility to choose a reporting strategy that is most relevant and</p>





Quality Measures	Rationale	Response
		<p>meaningful to their patient population, while also the most feasible for their practice.</p> <p>Overall, APMA has serious and ongoing concerns related to the lack of meaningful, feasible measures for podiatrists. As an example, in the 2024 Podiatry specialty measure set, all but two measures (one of which is only offered as an eQCM) are topped-out, lack a benchmark, or are subject to other scoring limitations that will make it increasingly difficult for podiatrists to meaningfully participate in the MIPS program or exceed the MIPS performance threshold, even if they are providing high quality care. This is an especially critical problem for podiatrists reporting via Part B claims— a relatively common Collection Type among our small practice members— since all three of the claims-based measures in the specialty set and in this draft Podiatry MVP are topped out and subject to scoring caps (some impose even greater limitations as a result of having benchmarks spread across less than 10 deciles). These scoring impediments pose serious challenges for podiatrists participating in traditional MIPS and will continue to pose serious challenges in this MVP, if approved. As such, APMA again requests that the topped-out status and 7-point scoring cap be removed for ALL quality measures that end up in the Podiatry MVP.</p> <p>Other challenges that our members face regarding quality measures include:</p> <ul style="list-style-type: none"> <li>• Not all electronic health records (EHRs) commonly used by podiatrists have made a sincere effort to incorporate quality measures into their systems to allow for easy data collection and reporting by providers. This impacts not just eQCM reporting, but also reporting of MIPS CQMs and QCDR measures, which often are extracted from EHR data.</li> <li>• There has been limited meaningful engagement of EHRs with QCDRs relevant to our</li> </ul>

Quality Measures	Rationale	Response
		<p>specialty. An example would be the challenges faced by USWR with their QCDR measures, which are currently only easily extractable through one EHR. No other EHR has been willing to participate meaningfully to ensure that their system can provide the data necessary to report USWR measures. That means 6 of the 19 quality measures in this draft Podiatry MVP are <i>not</i> readily available for podiatrists to consider/choose/report. This will add administrative burden and cost onto the providers. APMA requests information as to how CMS will address access and availability of such QCDR measures to allow more choice in quality measure selection.</p> <ul style="list-style-type: none"> <li>• APMA supports the inclusion of the QCDR measures in this draft Podiatry MVP to allow choice by providers. However, we remind CMS that QCDRs are not going to fill all the gaps in measures or data, especially if EHRs can't/won't participate meaningfully by including these measures or providing data for measure calculation.</li> <li>• APMA is concerned with the burden being placed upon providers being required to understand and record/register their MVP participation in advance and the potential additional administrative and financial burden that will be placed upon providers as they must know which registry/ies to use and pay the fees associated with them to comply with the MVP in which they may one day be mandatorily forced to participate.</li> <li>• There are administrative and financial burdens placed on</li> </ul>

Quality Measures	Rationale	Response
		<p>providers who deem MIPS CQM and/or QCDR measures most appropriate or fitting for their practice. These burdens should be taken into consideration.</p> <ul style="list-style-type: none"> <li>APMA is also significantly concerned about the MVP becoming mandatory in the future, especially if there are fewer than four quality measures in the MVP that pertain to a specific condition or procedure the provider manages or performs. In that case, the provider should only be required to report on the measures that align with the care they provide and should not be forced to use generic measure that are not directly relevant to the care they provide, or they should not be forced to participate in the MVP at all.</li> </ul> <p>In addition to the measures proposed herein by CMS, we recommend the following quality measures be added to the draft Podiatry MVP to provide podiatrists with greater choice of measures that are relevant to their patient populations and a greater chance of success in the program. We specifically recommend the following measures if those that are topped out and have a 7-point scoring cap are stripped of these statuses and scoring limitations.</p> <ul style="list-style-type: none"> <li>Falls: Screening for Future Fall Risk; eCQM CMS139v12</li> <li>Documentation of Current Medications in the Medical Record; eCQM CMS68v13 and MIPS CQM 130</li> <li>Closing the Referral Loop: Receipt of Specialist Report; eCQM CMS50v12 and MIPS CQM 374</li> <li>Surgical Site Infection (SSI); MIPS CQM 357</li> </ul>

## Improvement activity performance category:

The table below illustrates the suggested improvement activities for this MVP candidate.

Improvement Activities	Rationale	Response
<b>IA_AHE_3:</b> Promote Use of Patient-Reported Outcome Tools	We recommend the inclusion of this health equity and patient voice improvement activity within this MVP.	<b>APMA supports the inclusion of this IA.</b>
<b>IA_AHE_6:</b> Provide Education Opportunities for New Clinicians	We recommend the inclusion of this health equity improvement activity within this MVP.	<b>APMA supports the inclusion of this IA.</b>
<b>IA_AHE_11:</b> Create and Implement a Plan to Improve Care for Lesbian, Gay, Bisexual, Transgender, and Queer Patients	We recommend the inclusion of this health equity improvement activity within this MVP.	<b>APMA supports the inclusion of this IA.</b>
<b>IA_CC_7:</b> Regular training in care coordination	We recommend the inclusion of this care coordination improvement activity within this MVP.	
<b>IA_EPA_3:</b> Collection and use of patient experience and satisfaction data on access	We recommend the inclusion of this expanded practice access improvement activity within this MVP.	<b>APMA supports the inclusion of this IA.</b>
<b>IA_EPA_6:</b> Create and Implement a Language Access Plan	We recommend the inclusion of this expanded practice access improvement activity within this MVP.	<b>APMA supports the inclusion of this IA.</b>
<b>IA_MVP:</b> Practice-Wide Quality Improvement in MIPS Value Pathways	CMS is including this activity in all MVPs.	<b>APMA is comfortable with the inclusion of this IA.</b>
<b>IA_PCMH:</b> Electronic submission of Patient Centered Medical Home accreditation	IA_PCMH is included in all MVPs because MIPS eligible clinicians in a patient-centered medical home or comparable specialty practice may attest to it and receive an improvement activity score of 100 percent per statute (Code of Federal Regulations § 414.1380(b)(3)(ii)). CMS understands that IA_PCMH may not be appropriate for your specialty.	<b>APMA supports the inclusion of this IA.</b>

Improvement Activities	Rationale	Response
<b>IA_PM_4:</b> Glycemic management services	We recommend the inclusion of this population management improvement activity within this MVP.	
<b>IA_PM_5:</b> Engagement of community for health status improvement	We recommend the inclusion of this population management improvement activity within this MVP.	
<b>*IA_PM_XX:</b> Vaccine Achievement for Practice Staff: COVID-19, Influenza, and Hepatitis B	We recommend the inclusion of this population management improvement activity within this MVP.	<b>APMA supports the inclusion of this IA in the new or prior COVID-19 Vaccine Achievement for Practice Staff; IA_ERP_6 format.</b>
<b>IA_PSPA_21:</b> Implementation of fall screening and assessment programs	We recommend the inclusion of this patient safety and practice assessment improvement activity within this MVP.	<b>APMA supports the inclusion of this IA.</b>
		<p><b>APMA requests that the IAs above with no response from APMA be removed and the following be added:</b></p> <ul style="list-style-type: none"> <li>• Enhance Engagement of Medicaid and Other Underserved Populations; IA_AHE_1</li> <li>• Create and Implement an Anti-Racism Plan; IA_AHE_8</li> <li>• Regularly Assess Patient Experience of Care and Follow Up on Findings; IA_BE_6</li> <li>• Promoting Clinician Well-Being; IA_BMH_12</li> <li>• Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop; IA_CC_1</li> <li>• Implementation of improvements that contribute to more timely communication of test results; IA_CC_2</li> <li>• Tracking of clinician’s relationship to and responsibility for a patient by reporting MACRA patient relationship codes; IA_CC_19</li> </ul>

Improvement Activities	Rationale	Response
		<ul style="list-style-type: none"> <li>• Use of telehealth services that expand practice access; IA_EPA_2</li> <li>• Completion of the AMA STEPS Forward program; IA_PSPA_9 Use decision support—ideally platformagnostic, interoperable clinical decision support (CDS) tools—and standardized treatment protocols to manage workflow on the care team to meet patient needs; IA_PSPA_16</li> <li>• CDC Training on CDC’s Guideline for Prescribing Opioids for Chronic Pain; IA_PSPA_22</li> <li>• Completion of CDC Training on Antibiotic Stewardship; IA_PSPA_23</li> <li>• Completion of an Accredited Safety or Quality Improvement Program; IA_PSPA_28</li> </ul>

*\*This is a proposed change in the 2025 NPRM. If this proposal isn’t finalized this will be updated to reflect the current IA\_ERP\_6.*

**Cost performance category:**

The table below illustrates the suggested cost measures for this MVP candidate.

Cost Measure(s)	Rationale	Response
<p><b>MSPB_1:</b> Medicare Spending Per Beneficiary (MSPB) Clinician</p>	<p>We recommend inclusion of this cost measure. While the number of podiatrists attributed MSPB Clinician is low, the measure will capture attributed podiatrists who practice in a hospital setting, such as those involved in surgical procedures due to infection or metabolic disorders (e.g., amputations, ulcer care), and those who provide care during medical stays for conditions like diabetes and cellulitis. This cost measure aligns with quality measures in this MVP, such as Patient-Centered Surgical Risk Assessment and Communication (Q358) and measures for wound care/healing.</p>	<p><b>APMA is comfortable with inclusion of this measure as a placeholder until CMS has developed and tested a more accurate episode-specific replacement measure that relates to this MVP.</b></p>
<p><b>Non-Pressure Ulcers</b></p>	<p>We recommend the inclusion of the Non-Pressure Ulcers cost measure. This episode-based cost measure was submitted to the 2024-2025 Measures Under Consideration (MUC) List</p>	<p><b>While we appreciate the recent response from CMS and third-party contractors regarding our most recent comment letter on the Non-Pressure Ulcers Episode-Based</b></p>

	<p>and will only be considered for use in this MVP if it's proposed and finalized for use in MIPS via rulemaking. The Non-Pressure Ulcers episode-based cost measure will be frequently attributed to podiatrists and will align with the care assessed by many of the quality measures in this MVP, such as those related to wound care/healing.</p>	<p><b>Cost Measure currently under development, we continue to have concerns related to the accuracy and implementation of this measure, which we believe must be addressed before adopting this measure for MIPS and this MVP.</b></p>
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