

## MIPS Value Pathway (MVP) Options for 2025

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The CMS Physician Quality Reporting ~~Inventory Initiative~~ (PQRI) began in 2007 and became the Physician Quality Reporting System (PQRS) in 2011. At that time, Optometrists typically reported measures using the claims-based reporting method, although other methods for reporting were available. The Merit-based Incentive Payment System (MIPS) began in 2017, combining the reporting of quality measures, the ~~EHR-use incentives~~ incentive payments, and value-based modifier program ~~and the value-based modifier programs into~~ into one initiative and added ~~the~~ Clinical Practice Improvement Activities. The goal of MIPS was to streamline the existing programs into one and to allow providers more flexibility to choose measures that were clinically meaningful to their particular practices while improving patient outcomes. Cost scoring was added in 2018 but Optometry has always been exempted ~~ed~~ from this part of MIPS reporting. ~~As well~~ Additionally, there have always been low volume thresholds and other types of MIPS reporting exemptions ~~that~~ have applied to many Optometrists. In 2021, MIPS Value Pathways (MVP) ~~came into being~~ was proposed with implementation occurring in 2023. An appropriate MVP for Optometry was not developed until this year (2025). MVP is still optional for providers but may ease the reporting requirement. However, unless you meet the exemptions, some ~~type component~~ type component of MIPS/MVP reporting (claims-based, EHR-based, ~~r~~Registry based, other reporting methods) is required to avoid stiff Medicare reimbursement penalties. The details for each of the quality measures have not been published in full at this writing. The February 2025 article will focus on the specifics of the MIPS and MVP reporting requirements. CMS, per statements in the Final PFS Rule for 2025, intends to phase out traditional MIPS reporting and transitioning to MVP over the next few years.

MVP has integrated and combined quality measures, improvement activities (IA), and cost performance to ensure that a particular MVP is relevant to the clinical specialty. Think of this combination as nesting these three categories from traditional MIPS. Each MVP has the same foundational layer made up of Population Health (PH) measures and Promoting Interoperability (PI) objectives. For 2025, CMS finalized six new MVPs, including one designed to be reported by Optometrists and Ophthalmologists. The same flexibilities exist under MVP as under Traditional MIPS reporting. Small practices can be exempt from the full reporting requirements under Quality and PI as well as cost if a provider does not meet the requirements for minimum case numbers related to the cost measures. MVP can be reported by an individual provider, a group, or a subgroup of providers within a group, as well as an Alternative Payment Model (APM) approach.

There are small practice (15 or fewer providers as identified by group NPI and Tax ID numbers) flexibilities for reporting built into the MVP model. For an MVP, small practices can meet the quality requirement by only reporting via claims even when fewer than four such claims-based measures included in that MVP. Small practice providers can still earn six bonus points simply by submitting at least one quality measure and can earn three points for measures that either do not have a benchmark or do not meet the case minimum requirements. CMS will automatically re-weigh the PI category for small practices.

Small practices do not have reduced reporting requirements in the Improvement Activities (IA) performance category when reporting an MVP. Beginning in 2025, an IA will no longer have assigned weights. All MVP participants, including small practices, must perform 1 improvement activity from those available within their selected MVP.

The Quality Measure reporting methods are claims-based reporting on all patients with traditional Medicare or Railroad Medicare or electronic Clinical Quality Measures (eCQMs) reporting method via EHRs (this method depends on the EHR quality measure options) which report on all patients seen or reporting via MIPS Clinical Quality Measures (CQMs) that require participation in a registry. The final reporting method is by a Qualified Clinical Data Registry (QCDR) which also requires participation in a specific type of registry. Although some Optometrists report via a registry, the majority typically report ~~either by claims-based or by eCQMs~~.

The data collection and reporting for an MVP is similar to the MIPS process. For an MVP, ~~the~~ provider must choose four pre-determined quality measures to submit, with one being an outcome measure or, when an outcome measure if not

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available, a high priority measure. The quality measures will be familiar to most providers. There are only two of the quality measures that can be reported via claims, meaning that providers who cannot report using eQMs will only report two quality measures for the [Optometry/Ophthalmology MVP](#).

Providers must also choose one Improvement Activity (IA) measure for reporting. There are fourteen IAs from which to choose. CMS will continue to calculate the cost measures using administrative claims data. There is only one ~~c~~Cost measure in the Ophthalmology MVP - Cataract Removal with Intraocular Lens (IOL) Implantation.

The foundational layer consists of ~~ing~~ [both](#) Promoting Interoperability (PI) and Population Health (PH) components. The PI requirements are the same ~~required~~ as in ~~t~~Traditional MIPS reporting. The same score reweigh~~ing~~ is in place ~~if~~ when a provider meets the PI exemptions. ~~l~~ - CMS will calculate the PH section of this foundation layer.

In order to participate in any of the MVPs, ~~a~~ a provider, group or subgroup must register this intention with CMS. The registration window is April 1, 2025 through December 1, 2025 (see link below). ~~If~~ registered to participate in an MVP, the provider or group has until December 1, 2025 to change back to [traditional](#) MIPS reporting. ~~The data collection and reporting for MVP is similar to MIPS data collection and reporting.~~ More details can be found in the links below and in the February article on MIPS/MVP reporting.

Happy Coding...

#### **Resources**

**QPP Overview:** <https://qpp.cms.gov/mips/mvps/learn-about-mvp-reporting-option>

**QPP MVP Overview:** <https://qpp.cms.gov/mips/mvps/learn-about-mvp-reporting-option>

**QPP Resources Library:** <https://qpp.cms.gov/resources/resource-library>

**MVP Guide:** [2025 Finalized MVPs Guide \(PDF\)](#)

**Cost Measure Information:** [Cataract Removal with Intraocular Lens \(IOL\) Implantation](#)

**MVP Registration Information:** <https://qpp.cms.gov/mips/mvps/learn-about-mvp-registration>

**MVP Data Collection and Reporting:** <https://qpp.cms.gov/mips/mvps/learn-about-mvp-data-collection-and-submissions>

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