

Quality Payment PROGRAM



Merit-based Incentive Payment System (MIPS) Value Pathways (MVP) Candidate 2026 Performance Year Vascular Surgery

MVP Candidate Feedback Process

The MVP Candidate Feedback Process is an opportunity for the general public to participate in the MVP development process and provide feedback on MVP candidates before they're potentially proposed in rulemaking. Learn more about the [MVP Candidate Feedback Process](#) on the Quality Payment Program (QPP) website.

Note: This document is for 2026 MVP Candidate Feedback only and shouldn't be used as a reference for reporting MVPs in the 2025 performance year.

MVP Candidate Feedback Instructions

Review the measures and activities included in [TABLE 1: Vascular Surgery MVP](#) below.

MVP candidate feedback should be submitted to PIMMSMVPsupport@gdit.com for Centers for Medicare & Medicaid Services (CMS) consideration between December 11, 2024, and 11:59 p.m. ET on January 24, 2025.

Please include the following information in the email:

- **Subject Line:** Draft 2026 MVP Candidate Feedback
- **Email Body:** Your feedback for consideration and public posting. Please indicate the MVP name to which your feedback relates.

CMS will post feedback received and considered relevant to a draft 2026 MVP candidate at [MVP Candidate Feedback Process](#) in February 2025.

TABLE 1: Vascular Surgery MVP

Quality	Improvement Activities	Cost
<p>Q001: Diabetes: Glycemic Status Assessment Greater Than 9% (Collection Type: Medicare Part B Claims, MIPS CQM, eCQM) High Priority, Outcome</p> <p>Q047: Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM) High Priority</p> <p>Q130: Documentation of Current Medications in the Medical Record (Collection Type: MIPS CQM, eCQM) High Priority</p> <p>Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, MIPS CQM, eCQM)</p> <p>Q259: Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post- Operative Day #2) (Collection Type: MIPS CQM) High Priority, Outcome</p> <p>Q321: CAHPS for MIPS Clinician/Group Survey (Collection Type: CSV) High Priority</p> <p>Q344: Rate of Carotid Endarterectomy (CEA) or Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2) (Collection Type: MIPS CQM) High Priority, Outcome</p> <p>Q355: Unplanned Reoperation within the 30 Day Postoperative Period (Collection Type: MIPS CQM) High Priority, Outcome</p>	<p>IA_AHE_3: Promote Use of Patient-Reported Outcome Tools</p> <p>IA_AHE_6: Provide Education Opportunities for New Clinicians</p> <p>IA_BE_1: Use of certified EHR to capture patient reported outcomes</p> <p>IA_BE_4: Engagement of patients through implementation of improvements in patient portal</p> <p>IA_BE_12: Use evidence-based decision aids to support shared decision-making</p> <p>IA_CC_15: PSH Care Coordination</p> <p>IA_EPA_2: Use of telehealth services that expand practice access</p> <p>IA_EPA_3: Collection and use of patient experience and satisfaction data on access</p> <p>IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</p> <p>IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</p> <p>IA_PM_2: Anticoagulant Management Improvements</p> <p>IA_PM_5: Engagement of community for health status improvement</p> <p>IA_PM_11: Regular Review Practices in Place on Targeted Patient Population Needs</p> <p>IA_PM_15: Implementation of episodic care management practice improvements</p> <p>IA_PM_16: Implementation of medication management practice improvements</p> <p>IA_PM_26: Vaccine Achievement for Practice Staff: COVID-19, Influenza, and Hepatitis B</p>	<p>Medicare Spending Per Beneficiary (MSPB) Clinician</p> <p>COST_HAC_1: Hemodialysis Access Creation</p> <p>COST_CCLI_1: Revascularization for Lower Extremity Chronic Critical Limb Ischemia</p>

TABLE 1: Vascular Surgery MVP

Quality	Improvement Activities	Cost
<p>Q356: Unplanned Hospital Readmission within 30 Days of Principal Procedure (Collection Type: MIPS CQM) High Priority, Outcome</p>	<p>IA_PSPA_1: Participation in an AHRQ- listed patient safety organization.</p>	
<p>Q357: Surgical Site Infection (SSI) (Collection Type: MIPS CQM) High Priority, Outcome</p>		
<p>Q358: Patient-Centered Surgical Risk Assessment and Communication (Collection Type: MIPS CQM) High Priority</p>		
<p>Q374: Closing the Referral Loop: Receipt of Specialist Report (Collection Type: MIPS CQM, eCQM) High Priority</p>		
<p>Q438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Collection Type: CQM, MIPS eCQM)</p>		
<p>Q487: Screening for Social Drivers of Health (Collection Type: MIPS CQM) High Priority</p>		
<p>RCOIR12: Tunneled Hemodialysis Catheter Clinical Success Rate (Collection Type: QCDR) High Priority, Outcome</p>		
<p>RCOIR13: Percutaneous Arteriovenous Fistula for Dialysis - Clinical Success Rate (Collection Type: QCDR) High Priority, Outcome</p>		
<p>RPAQIR14: Arteriovenous Graft Thrombectomy Clinical Success Rate (Collection Type: QCDR) High Priority, Outcome</p>		
<p>RPAQIR15: Arteriovenous Fistulae Thrombectomy Clinical Success Rate (Collection Type: QCDR) High Priority, Outcome</p>		

TABLE 2: Foundational Layer

The foundational layer is the same for every MVP.

Foundational Layer	
Population Health Measures	Promoting Interoperability
<p>Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups (Collection Type: Administrative Claims)</p> <p>Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> • Security Risk Analysis • High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide) • e-Prescribing • Query of Prescription Drug Monitoring Program (PDMP) • Provide Patients Electronic Access to Their Health Information • Support Electronic Referral Loops By Sending Health Information <p>AND</p> <ul style="list-style-type: none"> • Support Electronic Referral Loops By Receiving and Reconciling Health Information <p>OR</p> <ul style="list-style-type: none"> • Health Information Exchange (HIE) Bi-Directional Exchange <p>OR</p> <ul style="list-style-type: none"> • Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA) • Immunization Registry Reporting • Syndromic Surveillance Reporting (Optional) • Electronic Case Reporting • Public Health Registry Reporting (Optional) • Clinical Data Registry Reporting (Optional) • Actions to Limit or Restrict Compatibility or Interoperability of CEHRT • ONC Direct Review Attestation