VENTRA™ Health

August 19, 2026

2027 CMS Proposed Rule & MIPS Overview

Submit your questions anytime using the Q&A button.

We will answer them at the end of the presentation.

The slides will be shared shortly after the event.

Speakers

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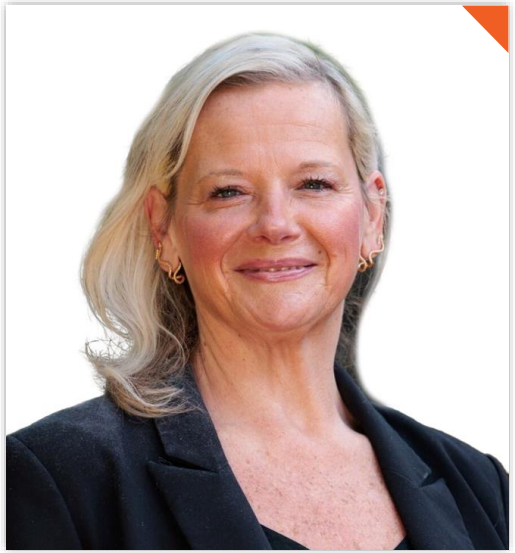

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Agenda

Topic	Speaker
Welcome	Dr. Jason Greenberg
Medicare Physician Fee Schedule	Shanna Howe
Specialty Impact Snapshot	
In Dollars & What To Do Now	
MIPS Eligibility and EUC	Samantha Johnson
MIPS Program Updates	
MIPS by Specialty	
Q&A	Dr. Greenberg + Team
Wrap-up	Dr. Jason Greenberg

Since 2019, Medicare's conversion factor has barely moved in nominal dollars, but adjusted for the same inflation squeezing every practice's costs. **Physicians are being paid roughly 25% less** in real terms than they were eight years ago. The 2027 proposed rule does nothing to reverse that trend.

The 2027 proposed rule represents the **biggest transformation of MIPS since its launch**, signaling a shift away from traditional reporting and toward specialty-focused pathways that will reshape how physicians are measured and how Medicare payments are impacted.

Reminder: Proposed Rule is open for comment

Comment Deadline

September

14

https://www.regulations.gov/docket/CMS-2026-2377

Scan to Comment

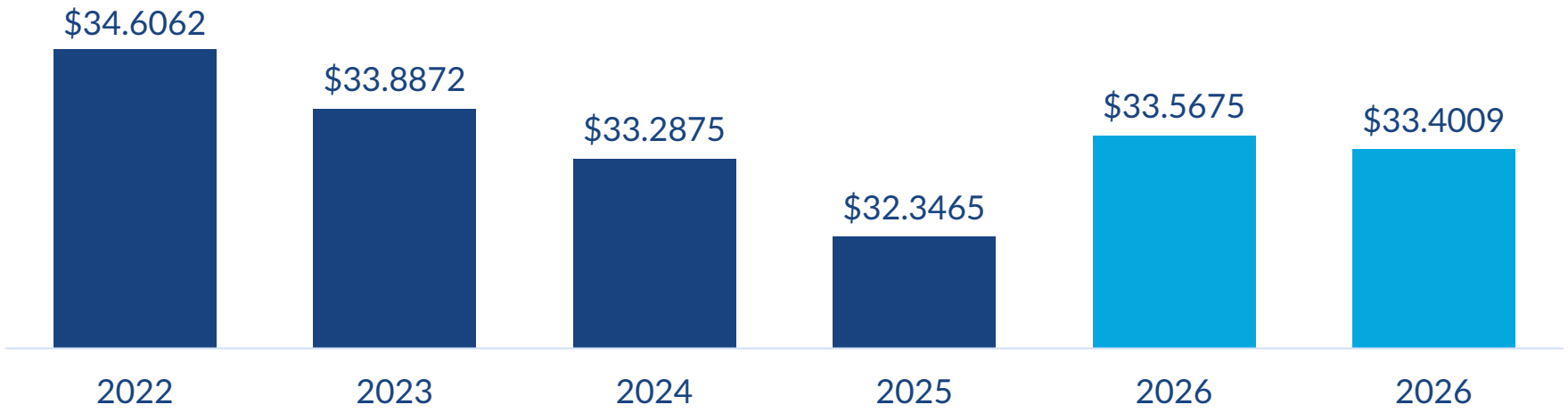
2027 CMS Proposed Rule

Medicare Physician Fee Schedule

CY 2027 Medicare Physician Fee Schedule

CY 2027 Conversion Factor (CF) — Proposed

- CMS proposes continuing two separate conversion factors (CF) based on APM participation status for CY 2027.
  - CY 2026 (Final): APM Qualified +3.77% to $33.5675; Non-Qualified +3.26% to $33.4009.
  - CY 2027 (Proposed): The 2.5% temporary 2026 bump expires — the main driver of the decrease. ~1% gap between tiers continues; exact $ CF not yet available in source materials.
- Comment Period: Proposed rule released July 14, 2026; comments open through September 14, 2026.

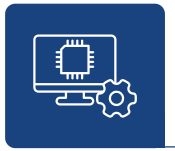


2026 Reflects two values: $33.5675 / $33.4009

As proposed, actual impact may still vary by each practice's procedural charge volumes, site of service (non-facility/facility), modality charge mix, & practice specific billing arrangements — all of which may influence the final outcomes of CMS' estimated impacts.

Anesthesia CY 2027 MPFS

Anesthesia has a separately calculated conversion factor (Proposed CY 2027)



CY 2027 Direction

CF proposed to decline ~1%–1.4% — smaller than the general PFS cut.

10-Unit Example

$204.98 (2026) → $202.14 (2027), about –1.38%.

Directional, not final.

Illustrative only.

Decrease to Work RVUs – Efficiency Adjustment

GAP – CY 2027 status not addressed in source materials. Confirm whether this policy/the follow-on cut continues before presenting; 2026 content retained below.

- CMS finalized a 2.5% decrease to wRVUs for non-time based codes
- CMS discussed Medicine becomes more efficient with technology/time and wRVU need adjusted down to reflect a gain in "efficiency"
- Proposes to cut by additional 2.5% again in 3 years
- Financial Impact – Decreased payment particularly for procedures and other non-time-based codes
- Emergency Department EM codes 99281-99285, Critical Care and Hospitalists/Observation CPTs are not impacted
- Groups that use wRVU or total RVUs as part of their bonus or comp models will want to adjust their plans so providers are not negatively impacted by decrease in wRVU

12001	12001
CPT	W RVU
0.34	0.16
PE RVU	MP RVU
1.3	
Total RVU	

Total RVU = Work RVU + Practice Expense RVU + Malpractice RVU00

Practice Expense RVU Recalculation - CY 2027 Update

- CMS continues recalculating indirect PE RVUs for facility-based services (CY 2027, budget-neutral)
- CMS discussed facility-based providers (hospital-based) have less overhead as most no longer have physical offices and the expense associated with them
- CMS argues the current methodology, which assumes physicians maintain separate practices even when working in hospitals, is outdated and does not accurately reflect the current landscape of physician practice
- Financial Impact – Varies by specialty; EM is a net beneficiary (~+1% RVU impact)
- Potential Compensation Plan/Bonus Plan Impact - Groups that use Total RVU as part of their bonus or comp models will want to adjust their plans so providers are not negatively impacted by decrease in PE RVUs

CPT	Description	2025 & 2026 Work RVU	2025 Practice Expense RVU	2026 Practice Expense RVU	PE RVU changes
99284	ED EM	2.74	0.57	0.45	-21%
99285	ED EM	4.00	0.79	0.65	-18%
99291	Critical Care	4.50	1.42	1.00	-30%
99223	IP/Obs Admit	3.50	1.39	0.90	-35%
99236	IP/Obs Admit Discharge Same Day	4.30	1.54	1.02	-34%

2027 Proposed Rule: Specialty Impact Snapshot

Emergency Medicine

–1.25%

~–1.25% net payment decrease projected for non-APM providers. RVU changes alone would be a positive ~1% — core ED E/M codes (99281–99285) are stable; the conversion factor cut is what pulls overall payment down.

Radiology

+2% - +3%

~+2% (diagnostic radiology/nuclear medicine) to ~+3% (interventional radiology/radiation oncology) — one of the few specialties with a net positive proposed impact, driven by code revaluation.

Anesthesia

1%–1.4%

Has its own separately calculated conversion factor, proposed to decline roughly 1%–1.4% for CY 2027 — smaller than the general PFS cut, due to a built-in anesthesia-specific adjustment.

Hospital Medicine

No separate CF

No separate conversion factor — paid under the same general PFS as EM. A new “Hospitalist” MVP quality-reporting pathway has been proposed for 2027 (a reporting change, not a payment figure).

In Dollars & What To Do Now

- **In Dollars:** The conversion factor cut shows up directly in real ED visit payments (non-APM/non-QP rate):

CPT Code	2026	2027 (Proposed)	Change
99284 (Level 4)	$118.24	$116.26	–$1.98 (–1.68%)
99285 (Level 5)	$171.35	$168.47	–$2.87 (–1.68%)

Because ED E/M RVUs are stable, the entire dollar change comes from the conversion factor cut alone.

Comment Period

CMS released its proposed CY 2027 rule on July 14, 2026; public comments are open through September 14, 2026.

What To Do Now

Confirm your practice's current Advanced APM participation status — it determines which conversion factor applies, and is a concrete, actionable step to take before the rule is finalized.

Keep In Mind

Everything here is proposed, not final. CMS's final rule typically follows in November and can shift these figures, sometimes meaningfully — use hedged language ("CMS is proposing," "estimated," "if finalized") when presenting.

Advanced APM Changes: QP Status

Key Concept: QP status would move from the individual NPI to the TIN/NPI combination, changing the financial value of APM participation for multi-TIN providers.

- Qualifying Participant (QP) status today generally follows the individual clinician
- CMS proposes tying QP status to the participating TIN/NPI combination
  - QP benefits would apply only to services billed through the entity participating in the APM
- Greatest impact on clinicians who bill under multiple TINs or practice across multiple organizations
  - Radiology, anesthesia, EM, and hospital medicine providers should confirm which TINs participate in an APM

2027 MIPS Program

Eligibility and Extreme & Uncontrollable Circumstances

MIPS Eligibility

PY 2027 MIPS Eligibility: Low Volume Threshold

CMS evaluates each TIN/NPI combination for MIPS eligibility and uses TINs to evaluate practices for eligibility. Eligible Clinicians (EC) must meet all the following low volume thresholds (LVT) to be eligible for MIPS participation:

- Bill more than $90,000 in Medicare Part B allowable covered professional services, and
- See more than 200 Medicare Part B patients, and
- Provide more than 200 covered professional services to Medicare Part B patients.

Eligible Clinicians (EC) are exempt from MIPS if they are not an EC type, enrolled in Medicare on or after January 1 of the performance year, or the EC is a Qualifying Participant (QP in an Advanced APM).

MIPS Eligibility

PY 2027 MIPS Eligibility: Determination Periods

MIPS Determination Period have two 12-month segments

First Segment

October 1, 2025 to September 30, 2026

Second Segment

October 1, 2026 to September 30, 2027

If you bill Medicare for Part B services in both segments, you must exceed the low-volume threshold for all three criteria during both segments to be eligible for MIPS.

Final eligible clinician eligibility and special status designations for PY 2026 & initial eligibility for PY 2027 become available in late November 2026.

EUC Waivers

Automatic Application of the Extreme and Uncontrollable Circumstance (EUC) Exception

1. CMS to Automatically Exempt MIPS Program Clinicians (not groups) Affected by FEMA – designated major disaster areas.
2. Physicians participating in MIPS at the group level should apply for an exemption if they wish to be reweighted for 2027.
3. All 4 MIPS performance categories reweighted to 0% of their final score unless they submit data for 2 or more performance categories.
4. The MIPS EUC Exception application for the 2027 performance year is available until **8 p.m. ET on December 31.**

Proposed Change

Automatic EUC determinations would no longer rely on PECOS data; hardship applications unchanged.

The automatic EUC policy does not apply to groups, virtual groups, or APM Entity participation.

EUC Waivers

1 The MIPS Extreme & Uncontrollable Circumstance Exception Application

Allows you to request reweighting for any or all performance categories

Natural Disaster

Ransom/Malware

Medical Issues

Other

2 The MIPS Promoting Interoperability (PI) Performance Category Hardship Exception application

Allows you to request reweighting the PI performance category to 0%

Decertified EHR Technology

Insufficient Internet Connectivity

Other EUCs

No Control Over the Availability of CEHRT

2026 Reminder

- The MIPS EUC Exception application for PY 2026 will close at 8 PM ET on December 31, 2026.

2027 MIPS Program

MIPS Updates

2027 Merit-based Incentive Payment System (MIPS)

Key Concept

The 75-point performance threshold and 75% data completeness requirement are unchanged, but CMS proposes ending Traditional MIPS after 2028 in favor of MVP reporting.

Timeline

2028 — Traditional MIPS would sunset after the 2028 performance year.

2029 — Beginning in 2029, MIPS eligible clinicians would report through a MVP or through the applicable APM pathway

MIPS Value Pathway

Three new MVPs proposed for 2027

- Diabetic Disease
- Hypertension
- Hospitalist

Virtual groups would be allowed to participate in MVP reporting beginning 2029.

2027 Performance Categories

Cost	Quality	Promoting Interoperability	Improvement Activities
▶ 35 cost measures – No additions or removals	▶ New measures proposed including adapting some QCDR measures ▶ Removal of 20 measures ▶ Substantive changes to 43 measures ▶ New Core Measure designation	▶ Removal of the required ONC Direct Review attestation ▶ Remove the Security Risk Analysis measure ▶ Changes to the Prior Authorization Measure ▶ New Electronic Prior Authorization Measure for Prescription Drugs	▶ CMS has proposed 6 new activities, 5 modified activities, and the removal of 11 activities ▶ Additions focus on prevention, wellness, nutrition, and chronic disease management

Improvement activities proposed for removal

Activity ID	Subcategory	Activity Title
IA_BMH_5	Behavioral and Mental Health	MDD Prevention and Treatment Interventions
IA_CC_10	Care Coordination	Care Transition Documentation Practice Improvements
IA_CC_11	Care Coordination	Care Transition Standard Operational Improvements
IA_CC_12	Care Coordination	Care Coordination Agreements that Promote Improvements in Patient Tracking Across Settings
IA_PSPA_2	Patient Safety and Practice Assessment	Participation in MOC Part IV
IA_CC_16	Care Coordination	Primary Care Physician and Behavioral Health Bilateral Electronic Exchange of Information for Shared Patients
IA_BE_15	Beneficiary Engagement	Engagement of Patients, Family, and Caregivers in Developing a Plan of Care
IA_PM_19	Population Management	Glycemic Screening Services
IA_PM_20	Population Management	Glycemic Referring Services
IA_EPA_4	Expanded Practice Access	Additional Improvements in Access as a Result of QIN/QIO TA
IA_PM_2	Population Management	Anticoagulant Management Improvements

New Proposed Improvement activities

Care Coordination

- Use of Data to Improve Practice Workflows
- Understand and Improve Diagnostic Performance

Advancing Health and Wellness

- Systematic Screening and Intervention for Nutrition and other Health-Impacting, Non-Clinical Issues
- Advance Care Planning Conversations to Support Patient Wellness and Care Preferences
- Clinician Use of Artificial Intelligence (AI) to Improve Patient Care
- Lifestyle Approaches to Diabetes Remediation

Beyond Traditional MIPS: MIPS Value Pathways

What are MVPs?	▶ MVPs are a reporting option within the Merit-based Incentive Payment System (MIPS). ▶ They offer clinicians a subset of measures and activities relevant to a specialty or medical condition. Think of them as "Curated" MIPS.
Why Choose MVPs?	▶ MVPs reduces reporting burden from 6 quality measure and 2 improvement activities. ▶ Only need to report 4 clinical quality measures and 1 improvement activity. ▶ Explore the catalog of finalized MVP.
Transitioning to MVPs	▶ Clinicians have three MIPS reporting options: MVPs, traditional MIPS, and the APM Performance Pathway (APP). ▶ Traditional MIPS would sunset after PY 2028; from 2029 an MVP or APM pathway would be required, and virtual groups could report MVPs

MVPs for Specialties

Most hospital-based specialties have an MVP developed by their medical society/association.

Anesthesia	Emergency Medicine	Cardiology
Interventional Radiology	Diagnostic Radiology	Pathology
New: Diabetic Disease	New: Hospitalists	New: Hypertension

Important: Reporting via an MVP requires registering your intent with CMS via your QPP account typically before Dec 1 of the Performance Year.

- You select 4 clinical quality measures from a pre-determined list.
- For Improvement Activities, you report one activity.
- CMS will calculate any cost measures that apply.
- Submit your Promoting Interoperability measures, if not already re-weighted.
- CMS will calculate population health measures automatically:
  - Hospital-Wide, 30-Day, All-Cause Unplanned Readmission
  - Clinician/Group Risk-standardized Hospital Admission rates for patients with multiple chronic conditions

CMS allows multiple submission types. Work with your MIPs Submission vendor to consider submitting both Traditional MIPS and MVPs.

Proposed Hospitalist MVP

Quality Measures Breakdown

Clinical Grouping	Quality Measures	Cost
Medication	(!) Q005: Heart Failure (HF): ACE Inhibitor or ARB or ARNI Therapy for Left Ventricular Systolic Dysfunction (LVSD) (Collection Type: eCQM, MIPS CQM)	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	(!) Q008: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) (Collection Type: eCQM, MIPS CQM)	
	(*) ECPR51: Discharge Prescription of Naloxone after Opioid Poisoning or Overdose (Collection Type: QCDR)	
General Clinical Care	HCPR24: Appropriate Utilization of Vancomycin for Cellulitis (Collection Type: QCDR)	
	HCPR27: Point-of-Care Ultrasound: Evaluation for Pneumothorax after Central Venous Catheter (CVC) Placement (Collection Type: QCDR)	
	HCPR30: Avoidance of Sliding-Scale Insulin Monotherapy for Admitted Diabetic Patients (Collection Type: QCDR)	
Advancing Health and Wellness	Q238: Use of High-Risk Medications in Older Adults (Collection Type: eCQM, MIPS CQM)	
Experience of Care	(!) Q047: Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	
	HCPR25: Physician's Orders for Life-Sustaining Treatment (POLST) Form (Collection Type: QCDR)	

Improvement Activity

- IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings
- IA_BMH_12: Promoting Clinician Well-Being
- IA_BMH_15: Behavioral/Mental Health and Substance Use Screening & Referral for Older Adults
- IA_CC_8: Implementation of documentation improvements for practice/process improvements
- IA_CC_9: Implementation of practices/processes for developing regular individual care plans
- IA_CC_13: Practice improvements to align with OpenNotes principles
- IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways
- IA_PM_16: Implementation of medication management practice improvements
- IA_PM_21: Advance Care Planning
- IA_PSPA_8: Use of patient safety tools
- IA_PSPA_15: Implementation of an ASP
- IA_PSPA_21: Implementation of fall screening and assessment programs

Proposed Diabetic Disease MVP (1 of 2)

Quality Measures Breakdown

Clinical Grouping	Quality Measures	Cost
Ophthalmology	Q019: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (Collection Type: eCQM)	N/A
	Q117: Diabetes: Eye Exam (Collection Type: eCQM, MIPS CQM)	
	IRIS58: Improved Visual Acuity after Vitrectomy for Complications of Diabetic Retinopathy within 120 Days (Collection Type: QCDR)	
Podiatry	Q126: Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation (Collection Type: MIPS CQM)	
	Q127: Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear (Collection Type: MIPS CQM)	
	USWR35: Adequate Off-loading of Diabetic Foot Ulcers performed at each visit, appropriate to location of ulcer (Collection Type: QCDR)	

Clinical Grouping	Quality Measures	Cost
Multispecialty	(!)(*) Q001: Diabetes: Glycemic Status Assessment Greater Than 9% (Collection Type: eCQM, MIPS CQM, Medicare Part B Claims)	COST_D_1: Diabetes TPCC_1: Total Per Capita Cost
	(*) Q438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Collection Type: eCQM, MIPS CQM)	
	(!) Q488: Kidney Health Evaluation (Collection Type: eCQM, MIPS CQM)	
Advancing Health and Wellness	(!)(**) Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Collection Type: eCQM, MIPS CQM, Medicare Part B Claims)	
	(*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	
	Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: eCQM, MIPS CQM, Medicare Part B Claims)	
	(!)(*) Q317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented (Collection Type: eCQM, MIPS CQM, Medicare Part B Claims)	

Proposed Diabetic Disease MVP (2 of 2)

Improvement Activity

- IA_AHW_1: Chronic Care and Preventative Care Management for Empaneled Patients
- IA_AHW_X: Lifestyle Approaches to Diabetes Remediation (new)
- IA_BE_1: Use of certified EHR to capture patient reported outcomes
- IA_BE_3: Engagement with QIN-QIO to implement self-management training programs
- IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings
- IA_BE_16: Promote Self-management in Usual Care
- IA_BE_19: Use group visits for common chronic conditions (e.g., diabetes)
- IA_BE_23: Integration of patient coaching practices between visits
- IA_CC_9: Implementation of practices/processes for developing regular individual care plans
- IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways
- IA_PM_4: Glycemic management services
- IA_PM_16: Implementation of medication management practice improvements
- IA_PM_25: Save a Million Hearts: Standardization of Approach to Screening and Treatment for Cardiovascular Disease Risk

Proposed Hypertension MVP (1 of 2)

Quality Measures Breakdown		
Clinical Grouping	**Quality Measures**	**Cost**
Prevention	(!)(**) Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	TPCC_1: Total Per Capita Cost
	Q239: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (Collection Type: eCQM)	
	(*) Q317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	
	Q489: Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy (Collection Type: MIPS CQM)	
Treatment and Control	(!)(*) Q236: Controlling High Blood Pressure (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	
	(*) Q441: Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control) (Collection Type: MIPS CQM)	
	TBD: Low Density Lipoprotein Cholesterol (LDL-C) Monitoring and Management (new measure) (Collection Type: MIPS CQM)	
	(*) Q130: Documentation of Current Medications in the Medical Record (Collection Type: eCQM, MIPS CQM)	
Advancing Health and Wellness	(!) Q226: **Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)**	
	Q431: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling (Collection Type: MIPS CQM)	
Experience of Care	Q047: Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	
	(*) Q374: Closing the Referral Loop: Receipt of Specialist Report (Collection Type: eCQM, MIPS CQM)	
	Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months (Collection Type: MIPS CQM)	

Proposed Hypertension MVP (2 of 2)

Improvement Activity

- IA_AHW_1: Chronic care and preventative care management for empaneled patients
- IA_AHW_X: Lifestyle Approaches to Diabetes Remediation (new)
- IA_BE_16: Promote Self-management in Usual Care
- IA_BMH_2: Tobacco use
- IA_CC_8: Implementation of documentation improvements for practice/process improvements
- IA_MVP: Practice-Wide Quality Improvement in the MIPS Value Pathways Program
- IA_PM_4: Glycemic management services
- IA_PM_5: Engagement of community for health status improvement
- IA_PM_25: Save a Million Hearts: Standardization of Approach to Screening and Treatment for Cardiovascular Disease Risk
- IA_PSPA_16: Use of clinical decision support tools and standardized treatment protocols to manage care team workflow
- IA_PSPA_28: Completion of an Accredited Safety or Quality Improvement Program

MIPS Core Measures: A New Reporting Requirement

Key Concept: Beginning in CY 2027, a new "MIPS core measure" designation replaces the outcome / high-priority measure requirement in both traditional MIPS and MVPs.

- 70+ quality measures designated as "core," with at least three in every MVP
- Replacing the outcome / high-priority measure requirement; high-priority is retired
- Will be required to report one core measure of your six in traditional MIPS, or one of four in an MVP
- If there is not a core measure available to you, you can submit an attestation and an a replacement measure.
- Topped-out core measures get a defined benchmark
- Small-practice are exempt

Radiology for PY 2027

Quality Updates

- CMS maintains the 10-point benchmark on measures from specialty sets with a limited number of measures available.
  - For CY 2026, this will include all the topped-out Diagnostic Radiology measures (360, 364, 405, and 406).

QP Status Update

- In our analysis we are seeing a large number of radiologists that would be affected by the QP status change.
- Many groups who have not had providers required to submit or had very few may see a large number of providers become required in 2027. BE PREPARED.

New MIPS Value Pathway (MVP)

- CMS has proposed to maintain the two MVPs introduced in 2026

CQM Measure Title	Measure ID
OPEIR: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies	360
OPEIR: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines	364
Appropriate Follow-up Imaging for Incidental Abdominal Lesions	405
Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients	406

Anesthesia for PY 2027

Quality Updates

- CMS maintains the 10-point benchmark on measures from specialty sets with a limited number of measures available.
- Measures Proposed for removal:
  - Measure 430: Prevention of Post-Operative Nausea and Vomiting (PONV) Combination Therapy
  - Measure 463: Prevention of Post-Operative Vomiting (POV) Combination Therapy (Pediatrics)

MIPS Value Pathway (MVP)

- CMS maintains the Patient Safety and Support of Positive Experiences with Anesthesia MVP option.

CQM Measure Title	Measure ID
Anesthesiology Smoking Abstinence	404
Multimodal Pain Management	477
NEW Patient Reporting Experience with Anesthesia	TBD
Intraoperataive Hypotension among Non- Emergent Noncardiac Surgical Cases	TBD

Emergency Medicine for PY 2027

Changes to the Specialty

- Measure 415 has been proposed for removal.
- Also could see a higher number of providers become elgible due to QP status change

Emergency Medicine MVP

- Adopting Best Practices and Promoting Patient Safety within Emergency Medicine.

Emergency Measure Set

65	Appropriate Treatment for Upper Respiratory Infection (URI) *
66	Appropriate Testing for Pharyngitis
116	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis *
181	Elder Maltreatment Screen and Follow Up Plan
187	Stroke and Stroke Rehabilitation: Thrombolytic Therapy
317	Blood Pressure
331	Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse) *
332	Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin
416	Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 Through 17 Years *

Hospital Medicine for PY 2027

Hospitalist Measure Set

- The hospitalist measure set remains unchanged for 2027 and includes just 4 measures
- 2 additional recommended QCDR measures for higher scoring opportunity

Hospitalists MVP

- New MVP proposed for 2027

Hospitalist Measure Set

Measure	Description
5	Heart failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin receptor Blocker (ARB) or Angiotensin Receptor Neprilysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
8	Heart Failure (HF): Beta Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
47	Advance Care Plan
130	Documentation of Current Medications in the Medical Record

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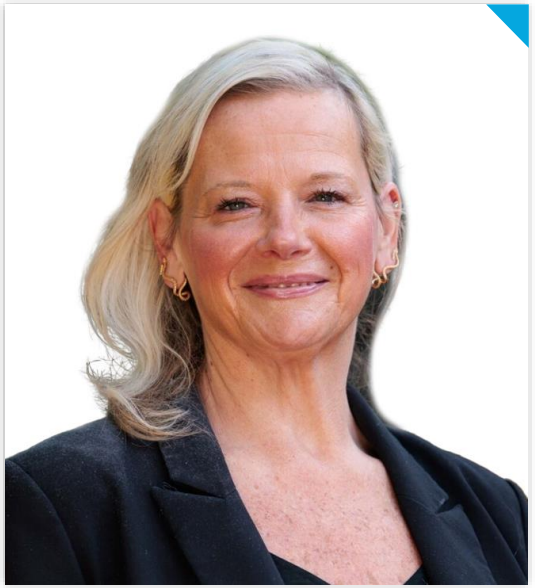
Q & A

Your MIPS & Payment Strategy Team

Payer Strategy & Contracting



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Other questions? Reach out to us at Sales@VentraHealth.com

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Thank you!