

VBC Release Highlights

June 27, 2025

Practice InsightsSM is pleased to announce updates in the application to support the Merit-Based Incentive Payment System (MIPS) and Enhancing Oncology Model (EOM).

MIPS Quality Measures Dashboard

The MIPS Quality Measures Dashboard will be updated to reflect the following refinement(s):

Measure	Description	Practice Impact
<p>PIMSH 18: Resolution or Improvement of a Health-Related Social Need</p>	<p>This is a new QCDR measure gauging patients who screen for 1 or more of the 5 core health-related social needs that have at least 1 of their social needs resolved or improved.</p> <p>Denominator includes all patients 18 years or older who screened positive for 1 or more of the 5 core domains included in a standardized HRSN screening.</p> <ul style="list-style-type: none"> • Requires two patient encounters during the performance period. • Denominator Exception: <ul style="list-style-type: none"> • Patient Declined assessment • Patient declined assistance • Denominator Exclusion: <ul style="list-style-type: none"> • Patients who have died prior to 6-month follow up • Patients who are actively enrolled in hospice during the 6-month follow up <p>Numerator includes patients who report resolution of at least 1 health-related social</p>	<p>Establish a numerator and denominator for this new measure.</p> <p>New measures in their first year of reporting.</p>

Measure	Description	Practice Impact
	<p>need or improvement to distress score within 6 months</p>	
<p>MIPS 134 eCQM: Preventive Care Screening: Screening for Depression and Follow Up Plan</p>	<p>Numerator: Added referral date condition to capture that the depression referral date should be documented within 2 days of the depression screening</p> <p>Note: Timeframe references 2 consecutive calendar days</p>	<p>Practices will notice a shift in the denominator and numerator</p>
<p>MIPS 134 CQM/Registry: Preventive Care Screening: Screening for Depression and Follow Up Plan</p>	<p>Denominator:</p> <ul style="list-style-type: none"> • Added new CPT codes and removed obsolete CPT codes • Removed Telehealth Modifier 95 code <p>Denominator Exclusion:</p> <ul style="list-style-type: none"> • Removed ICD9 codes for bipolar disorder <p>Numerator:</p> <p>Added referral date condition to capture that the depression referral date should be documented within 2 days of the depression screening</p> <p>Note: Timeframe references 2 consecutive calendar days</p>	<p>Practices will notice a shift in the denominator and numerator</p>

EOM Performance Measures Dashboard

The EOM Performance Measures Dashboard will be updated to reflect the following refinement(s):

Measure	Description	Practice Impact
<p>EOM-5: Preventive Care Screening: Screening for Depression and Follow Up Plan</p>	<p>Denominator:</p> <ul style="list-style-type: none"> • Added new CPT codes and removed obsolete CPT codes • Removed Telehealth Modifier 95 code <p>Denominator Exclusion:</p> <ul style="list-style-type: none"> • Removed ICD9 codes for bipolar disorder <p>Numerator:</p> <p>Added referral date condition to capture that the depression referral date should be documented within 2 days of the depression screening</p> <p>Note: Timeframe references 2 consecutive calendar days</p>	<p>Practices will notice a shift in the denominator and numerator</p>

Status of Dashboard Updates for 2025

CMS releases updates to the quality measure specifications annually for the MIPS program. These measure specifications have been reviewed, and Practice Insights is working on the required technical updates to align with the revised requirements. Ontada will continue to notify practices once measures have been updated based on the current 2025 requirements.

Measure	Description
MIPS Quality Measures Dashboard	
MIPS #001	Diabetes Hemoglobin A1c (HbA1cc) Poor Control (>9%) (Inverse Measure)
MIPS #047	Advance Care Plan
MIPS #130	Current Medications Documentation
MIPS #134 eCQM	Preventive Care Screening: Screening for Depression and Follow Up Plan
MIPS #134 CQM/Registry	Preventive Care Screening: Screening for Depression and Follow Up Plan
MIPS #143	Pain Intensity Quantified
MIPS #144	Pain Care Plan
MIPS #226	Tobacco Screening and Cessation
MIPS #236	Controlling High Blood Pressure
MIPS #238	Use of High-Risk Medications in Older Adults (Inverse Measure)
MIPS #374	Closing the Referral Loop

Measure	Description
MIPS #450	Appropriate Treatment for Patients with Stage I (T1c) III Her2 Positive Breast Cancer
MIPS #451	RAS (KRAS & NRAS) Testing Performed for Patients with Metastatic Colorectal Cancer who Receive Anti-EGFR Monoclonal Antibody Therapy
MIPS #453	Proportion Receiving Chemotherapy in the Last 14 Days of Life (Inverse Measure)
MIPS #457	Percentage of Patients who Died from Cancer Admitted to Hospice for Less than 3 Days
MIPS #462	Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy
MIPS #487	Screening for Social Drivers of Health
PIMSH #1	Advance Care Planning in Metastatic Disease
PIMSH #9	Supportive Care Drug Utilization in the Last 14 Days of Life (Inverse Measure)

Measure	Description
PIMSH #10	Hepatitis B Serology Testing and Prophylactic Treatment Prior to Receiving Anti-CD20 Targeting Drugs
PIMSH #13	Proportion of Stage IV nsNSCLC Patients Tested for Actionable Biomarkers and Received Mutation-Targeted Therapy
PIMSH #15	Antiemetic Therapy for Low-and Minimal-Emetic-Risk Antineoplastic Agents in the Infusion Center-Avoidance of Overuse (Inverse Measure)
PIMSH #16	Appropriate Antiemetic Therapy for High-and Moderate-Emetic-Risk Antineoplastic Agents in the Infusion Center
PIMSH #17	Utilization of Prophylactic GCSF for Cancer Patients Receiving Low-Risk Chemotherapy (Inverse Measure)
PIMSH #18	Resolution or Improvement of a Health-Related Social Need
EOM Performance Measures Dashboard	
EOM-4A	Pain Intensity Quantified

Measure	Description
EOM-4B	Pain Care Plan
EOM-5	Preventive Care Screening: Screening for Depression and Follow Up Plan