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MVP Overview & 2026 Quality Measure Review

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Mips Value Pathway (MVP) vs. Traditional MIPS

What to Know at the Start of the Year

- **Measure Selection.** CMS *pre-selects* which measures are eligible under that speciality MVP instead of letting you pick from the whole MIPS inventory.
- **You do not need to decide your reporting path in January.** MVPs are optional, and many practices choose later in the year.
- **The same clinical documentation supports both paths.** Quality data, Improvement Activities, and Promoting Interoperability workflows apply to MVP and Traditional MIPS.
- **Early-year focus should be on consistent data capture, not scoring optimization.** Turning off measures too early is the biggest risk.
- **Mid-year is the right time to evaluate performance and choose a path.** Data collected early preserves flexibility and avoids penalties.

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MVP vs. Traditional MIPS
Same Reporting Requirements, Fewer Measures in MVP

Traditional Mips: Report on 6 measures

MVP: Report on 4 measures

(1 outcome or high-priority measure required)

20 Eligible Instances Needed

75% Reporting Rate

(data submission for ≥75% of eligible patients)

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Ezderm Quality Measures that Support 2026 MVP Pathway

4
Measures

Dermatology Care MVP 2026 Measures
Measure 47: Advance Care Plan
Measure 176: Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy
NEW Measure 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Measure 410: Psoriasis: Clinical Response to Systemic Medications
Measure 485: Psoriasis – Improvement in Patient-Reported Itch Severity
Measure 486: Dermatitis – Improvement in Patient-Reported Itch Severity
NEW Measure 509: Melanoma: Tracking and Evaluation of Recurrence

Additional Note: MVP 2026 supports 15 total Quality measures; this shows Ezderm-supported measures.

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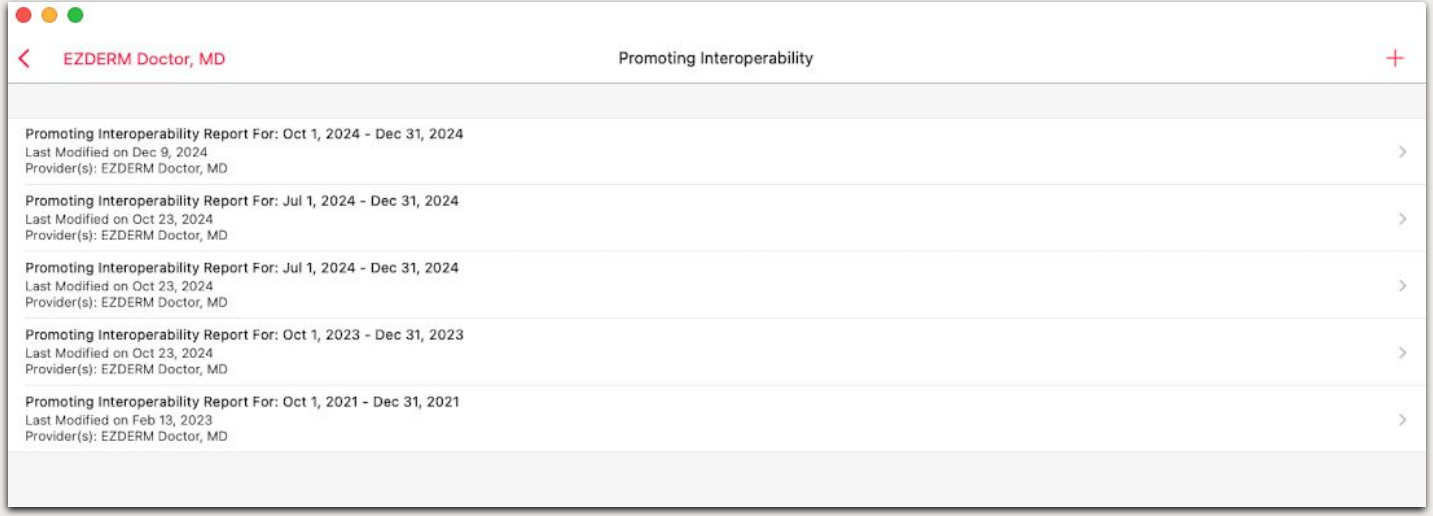
Ezderm supports the following **13 Quality measures** for 2026:

- Measure 47: Advance Care Plan (High Priority)
- Measure 410: Psoriasis - Clinical Response to Oral Systemic or Biologic Medications (Outcome measure)
- Measure 374: Closing the referral Loop: Receipt of Specialist Report (High Priority)
- Measure 130: Documentation of Current Medications in the Medical Record (High Priority)
- Measure 176: Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy
- Measure 485: Psoriasis – Improvement in Patient-Reported Itch Severity (High Priority)
- Measure 486: Dermatitis – Improvement in Patient-Reported Itch Severity (High Priority)
- Measure 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented.
- Measure 355: Unplanned Reoperation within the 30-Day Postoperative Period (High Priority & Outcome)
- Measure 357: Surgical Site Infection (SSI) (High Priority & Outcome)
- Measure 358: Patient-Centered Surgical Risk Assessment and Communication (High Priority)
- Measure 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- Measure 509: Melanoma: Tracking and Evaluation of Recurrence (High Priority)

⛔ *CMS removed measure 487 in the 2026 reporting year*

Promoting Interoperability

Practice exclusion available for practices under 15 providers.
Please reach out to customersuccess@Ezderm.com if you want to learn more about PI.



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How to Pull Quality Report In Ezderm

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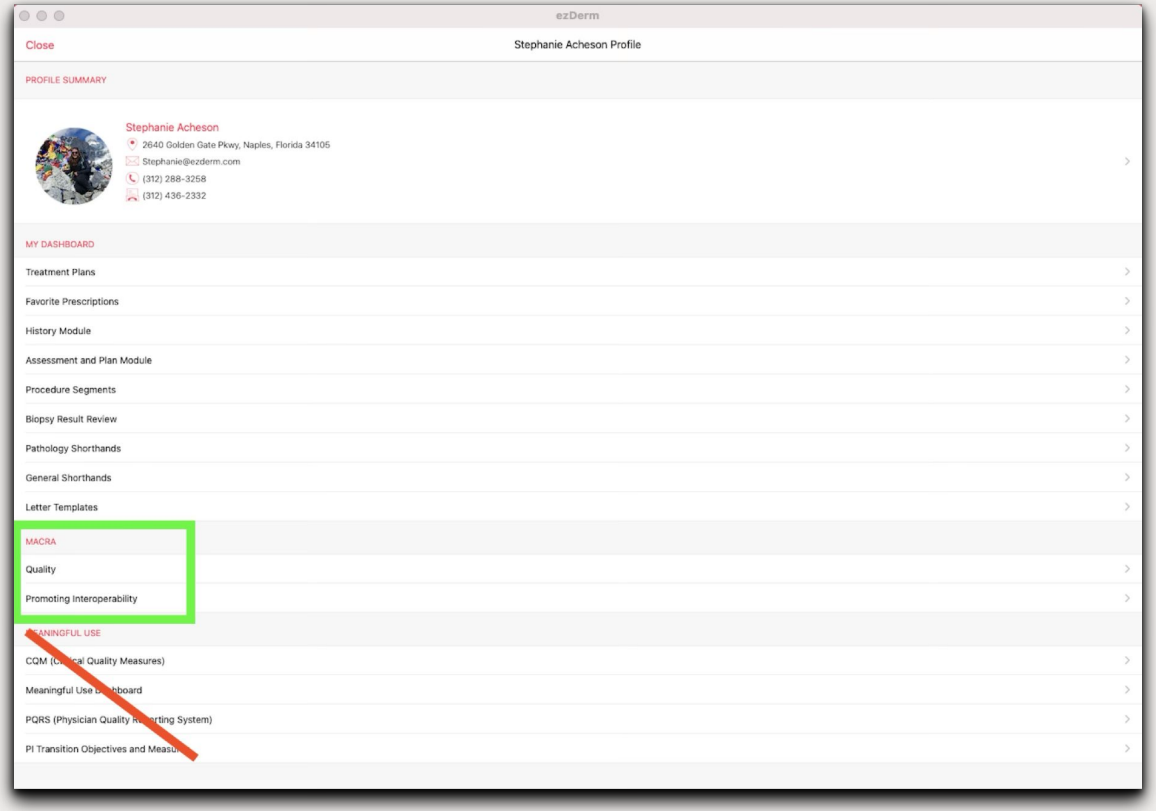
Interactive Quality Report

Now found under each Admin & Provider EHR Login. This allows Admins to help monitor progress throughout the year.



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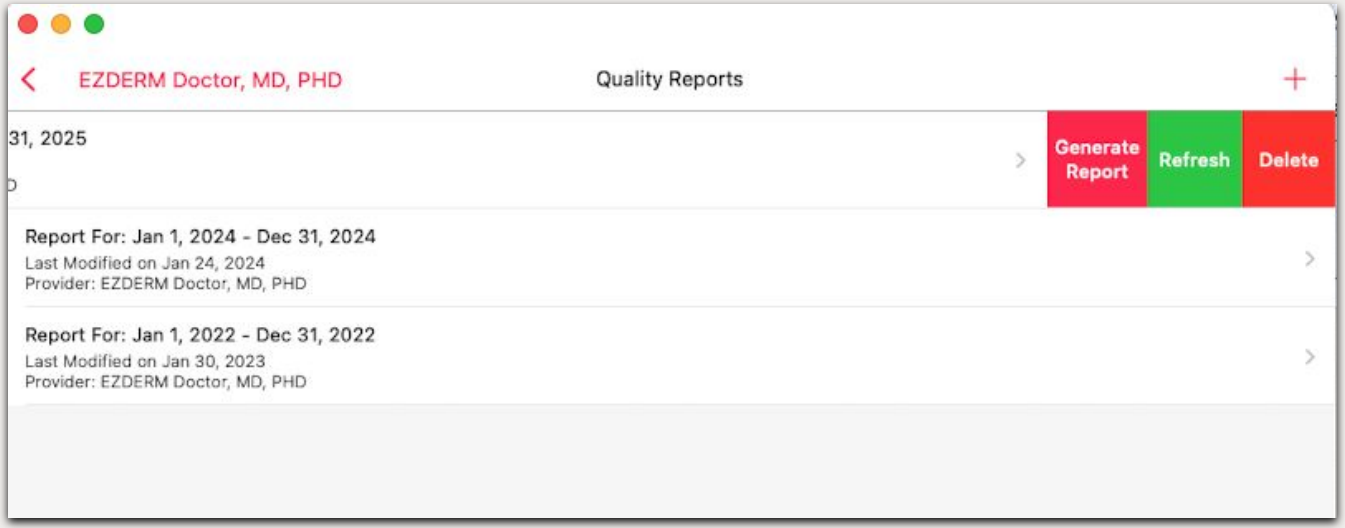

Don’t forget to refresh report to see updates!

Swipe left to Refresh the Report

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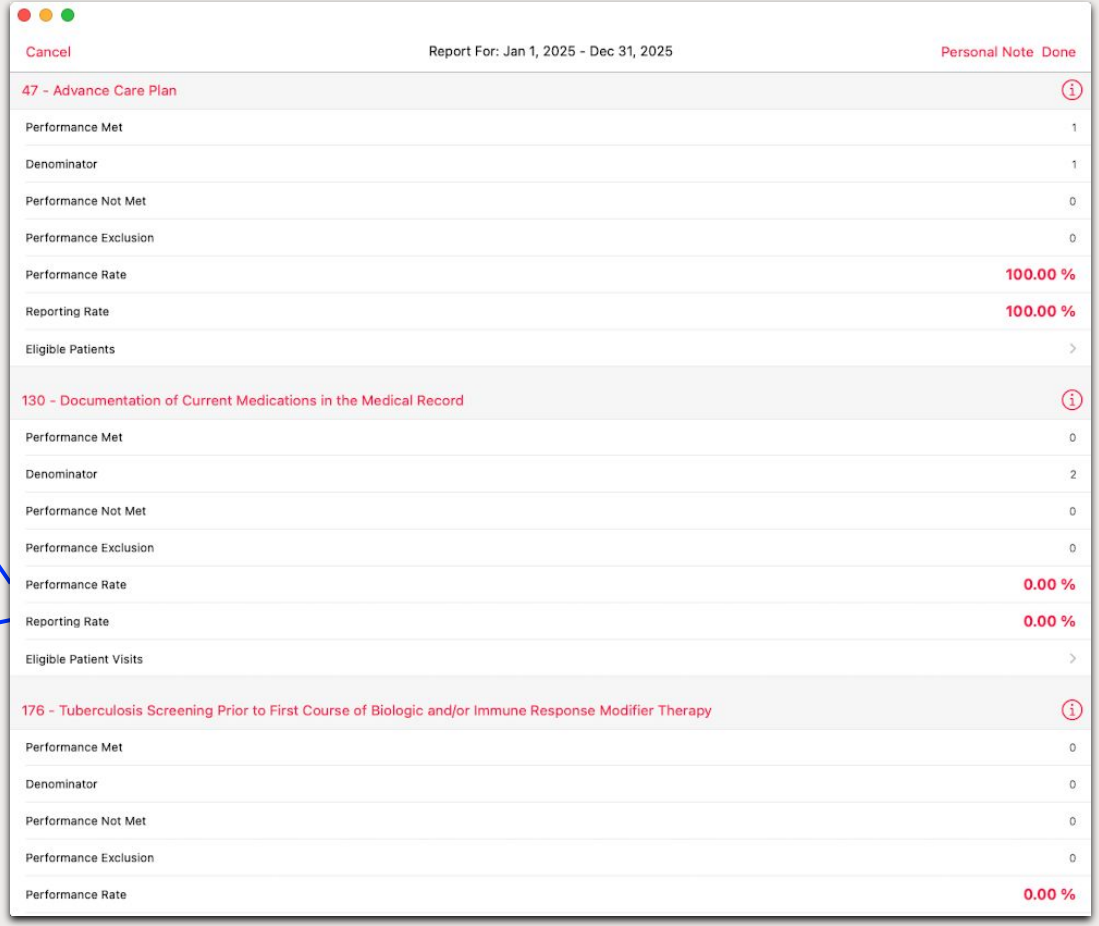
Performance Rate =
All visits that met the criteria / (patients that have completed visits - patients that were excluded)

Goal = 100%
Note: *2nd year we are seeing INVERSE Performance Rates for select measures*

Reporting Rate =
(MET + NOT MET + Exclusions) / visits that passed the Denominator

Goal = Greater than 75%



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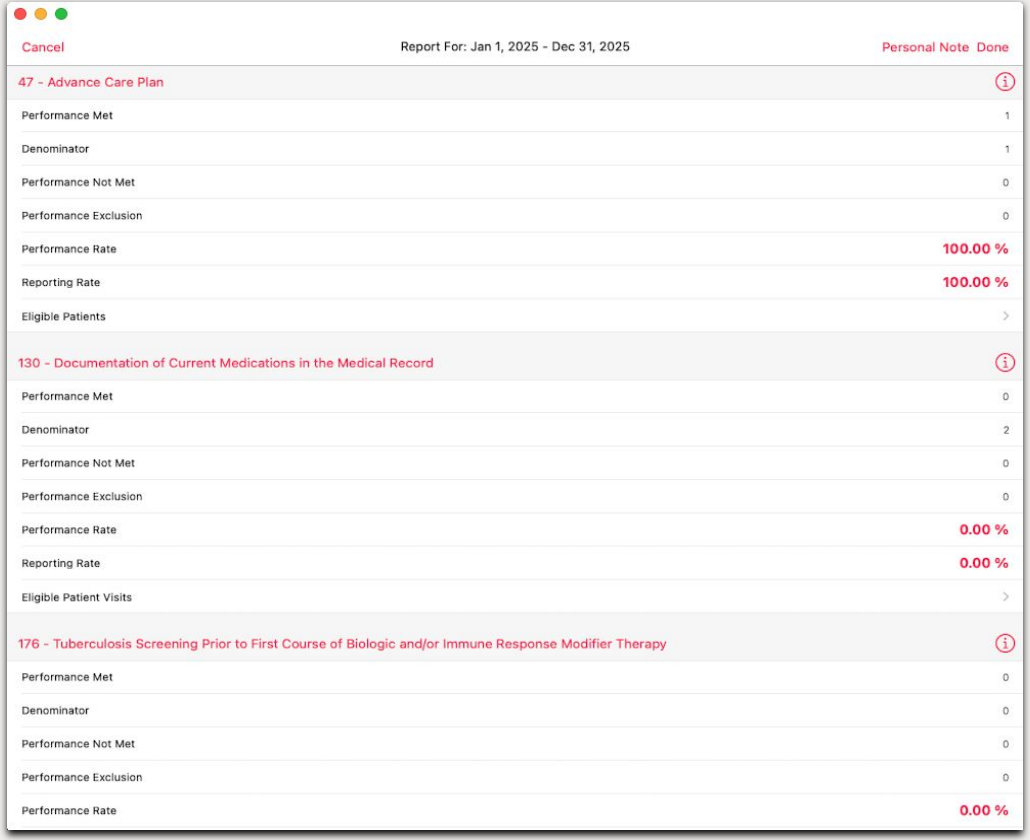

Quality Report

Tap “Eligible Patients” to review patient responses contributing to the score and any Incomplete measures

Additional Note: Measure 226 and 509 (new in 2026) are **not yet available in the report,** but will be coming soon.

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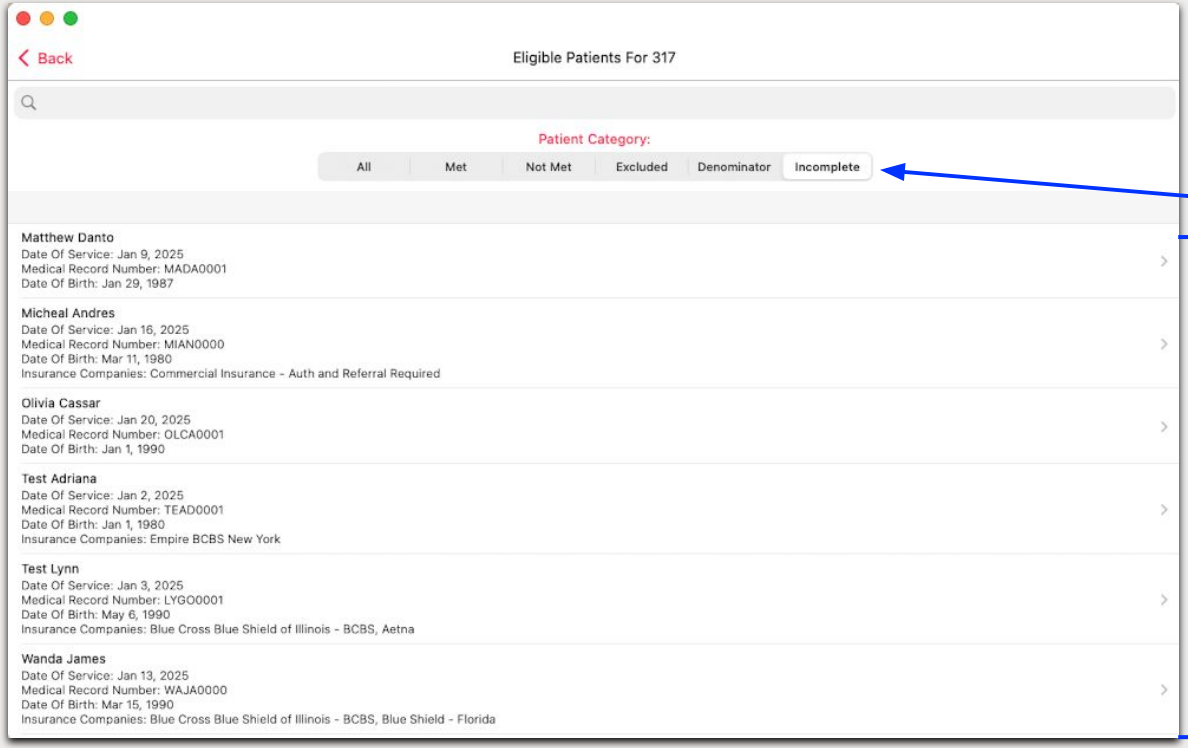

Incomplete Patients
Under eligible patients, review Incomplete visits if reporting rate is low

Click into each Incomplete patient to answer the MACRA question for the corresponding Encounter

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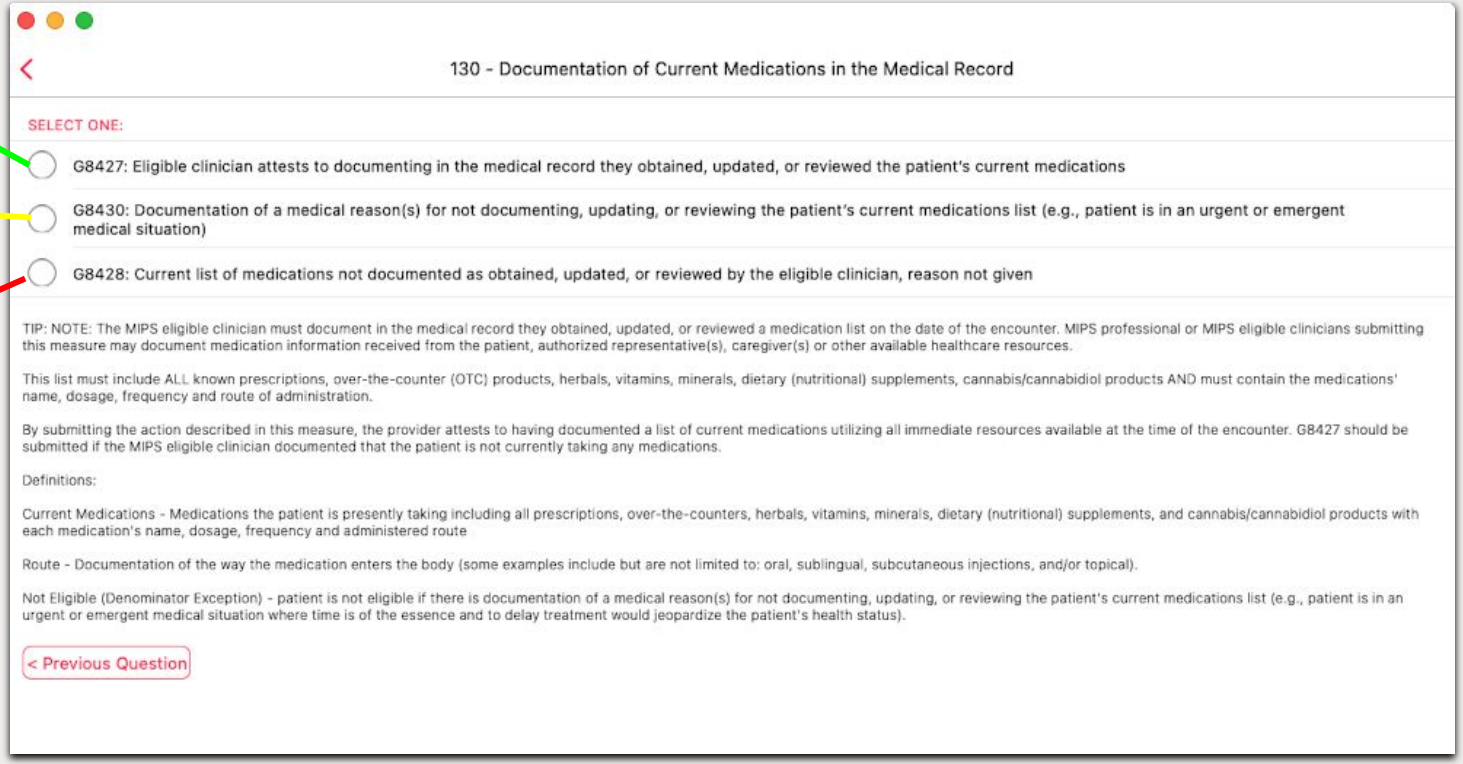
After clicking the "M" from the Progress Note, answer the question to complete the measure

Met

Excluded

Not Met



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💡 Tip: Schedule a Monthly Quality Report Review

Incorporate into your end-of-month routine

✅ Avoid Year-End Surprises

Don’t wait until Q4 to discover low performance, and track and improve throughout the year.

✅ Support Your Team Proactively

Provide timely retraining for users who consistently miss MIPS measures.

✅ Protect Incentives and Avoid Penalties

Consistent tracking helps ensure you meet thresholds to secure bonuses and avoid CMS penalties

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Quality Measure Descriptions & Tips

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NEW

MIPS Measure #226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Description:

Percentage of patients aged 12 years and older who were screened for tobacco use one or more times within the measurement period AND who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period if identified as a tobacco user.

Tips

- Watch workflow video: #226
- If the measure is not triggering, please confirm that an E&M code is present, as the measure is triggered by an E&M.

To trigger this measure within Ezderm

- When an eligible patient encounter with a qualifying E&M or CPT code is recorded, measure #226 will appear in the Available Measures list.
- Select the appropriate screening outcome and indicate whether a tobacco cessation intervention was provided.
- Tap Done to save and complete the measure.

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NEW

MIPS Measure #509: Melanoma: Tracking and Evaluation of Recurrence

Description:
Percentage of patients who had an excisional surgery for melanoma or melanoma in situ with initial American Joint Committee on Cancer (AJCC) staging of 0, I, or II, in the past 5 years in which **the operating clinician examines and/or diagnoses the patient for recurrence of melanoma.**

Tips

- **Denominator Is Limited to the Clinician who performed the excision**
- **2 Submission Criteria for the Numerator:** Documentation by the clinician who performed the surgery that an exam for recurrence of melanoma was performed on the patient within the performance period **AND** All patients that were diagnosed with a recurrent melanoma in the current performance period

GOAL=
0%
Performance

To trigger this measure within Ezderm

- When an eligible patient with a previously documented melanoma (see diagnoses below) and a qualifying E&M encounter is recorded, the #509 measure will appear
- Select the appropriate option for both numerator questions (note this is an **Inverse Measure**)

Diagnosis for Melanoma or Melanoma in situ (ICD-10-CM): *C43.0, C43.10, C43.111, C43.112, C43.121, C43.122, C43.20, C43.21, C43.22, C43.30, C43.31, C43.39, C43.4, C43.51, C43.52, C43.59, C43.60, C43.61, C43.62, C43.70, C43.71, C43.72, C43.8, C43.9, D03.0, D03.10, D03.111, D03.112, D03.20, D03.121, D03.122, D03.30, D03.39, D03.4, D03.51, D03.52, D03.59, D03.60, D03.61, D03.62, D03.70, D03.71, D03.72, D03.8, D03.9*

MIPS Measure #47: Advance Care Plan (Living Will)

Description: Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.

Tips

- The Advance Directive question can be enabled in your EZ Check-In settings, so patients are asked this question during their check-in process.
- Add a note under **History > Advance Healthcare Directive > Active Living Will,** click on black text > **Note** to indicate whom is the surrogate decision maker, relationship, and optional phone number.
- **The name of the surrogate is NOT required**; just that one has been identified. By answering YES or NO you will receive credit, but if NO you must document that the patient did not want to name a surrogate or discuss a care plan.

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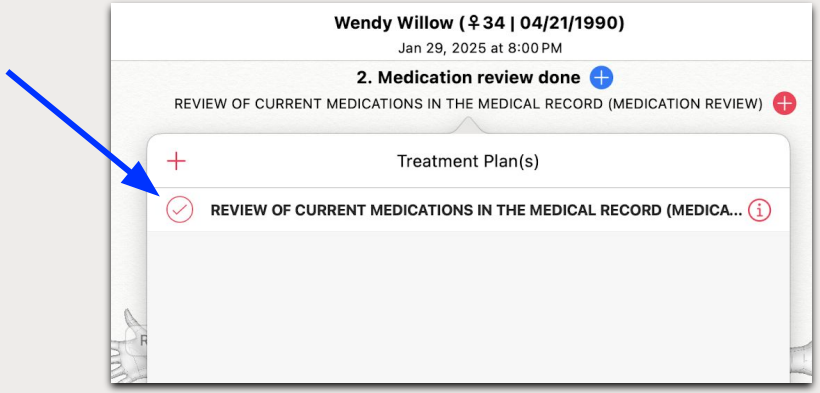
MIPS Measure #130: Documentation of Current Medications in the Medical Record

Description: Percentage of visits for patients over the age of 18 for which the eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This not only applies for prescriptions but for all medications, included vitamins, minerals, supplements and OTC products.

Tips

- "Merit- based Incentive Payment System (MIPS) eligible clinicians meet the intent of this measure by **making their best effort** to document a current, complete and accurate medication list during each encounter. "
- Use Dispensed **Medication and/or Medications** you can document dosage/route/frequency in the Note section (click on name of Rx > Note)
- Optional: Add **Medication Reconciliation Treatment Plan** (found in public database)



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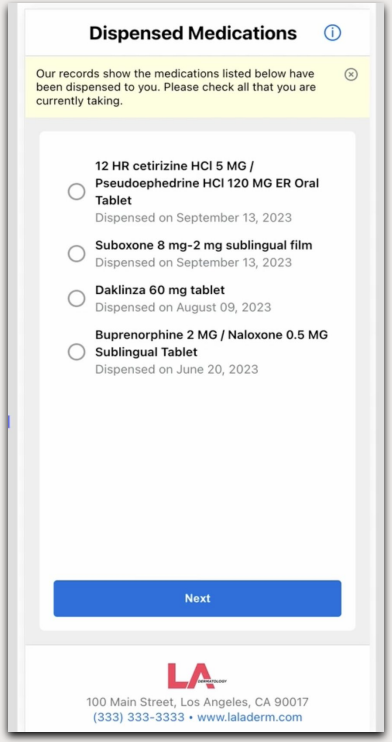
Description: Percentage of visits for patients over the age of 18 for which the eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This not only applies for prescriptions but for all medications, included vitamins, minerals and supplements

Tips Continued...

- Under **History > Dispensed Medication,** click on the ⊕ to document the patient's current medications from the pharmacy if a Medication Consent was signed.
- Activate **EZLINK Check In via SMS** and patients can select past medications from SureScripts Dispensed medications list (email customersuccess@Ezderm.com to learn more!)



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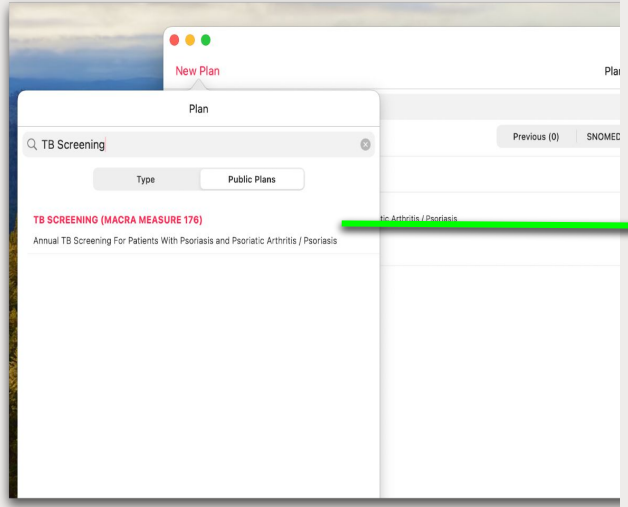
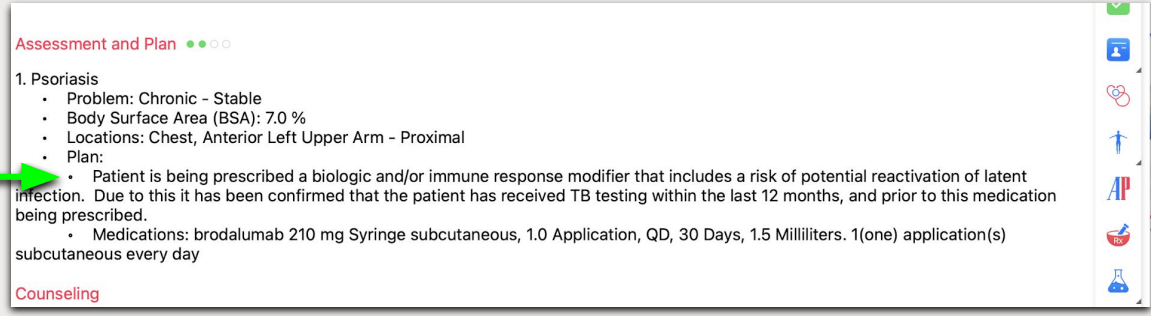
MIPS Measure #176: Tuberculosis Screening Prior to First Course ofBiologic and/or Immune Response Modifier Therapy

Description: If a patient aged 18 years and older has been newly prescribed a biologic/immune response modifier that includes a warning for potential reactivation of a latent infection, then medical record should indicate TB testing in the preceding 12-month period

Tips

- To be eligible, the patient must not have been prescribed any biologic or immune response therapy in the **15 months preceding the encounter** at which the biologic and/or immune response modifier was newly started.
- Treatment Plan available in the public database titled **TB Screening (MACRA Measure 176)** to document TB test done within the last 12 months





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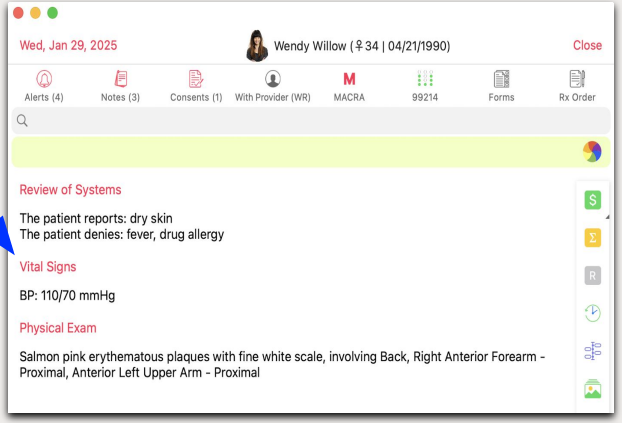
MIPS Measure #317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

Description: Percentage of patient visits for patients aged 18 years and older seen during the performance period who were screened for high blood pressure AND a recommended follow-up plan is documented, as indicated, if blood pressure is elevated or hypertensive

Tips

- Document BP within the Progress Note by going to **Vital Signs** > **Systolic/Diastolic**
  - **Automation:** If Normal BP, follow up plan not required and question automatically answered
- To be submitted at <u>each visit</u> during the reporting period
- If **BP is elevated or hypertensive**, recommend and document follow up, such as referring to PCP
  - The documented follow-up plan must be related to the current BP reading as indicated, example: “Patient referred to primary care provider for BP management”
- **Denominator Exception:** Patients with an active diagnosis of hypertension in the last 12 months are not eligible. Must be a new occurrence of hypertension and cannot be currently treated by another provider.



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MIPS Measure #355: Unplanned Reoperation within the 30-Day Postoperative Period

Description: Percentage of patients aged 18 years and older who had any unplanned reoperation within the 30-day postoperative period.

Tips

- **INVERSE MEASURE** – The "Performance Not Met" numerator option for this measure is the representation of the better clinical quality or control.
- Measure only applies to patients who undergo procedures by November 30th of the performance period to allow for the 30 days postoperative period
- We recommend either of these methods to manage this measure:
  - Answering this question as "NO" but if the patient returns with an Unplanned Reoperation within 30 days you can go back into the Encounter and mark the measure as YES
    - OR -
  - Waiting until 31+ days after the surgery to answer question. By choosing this option the system will capture these patients within the Incomplete section of your Quality Report

GOAL=
0%
Performance

To trigger this measure within Ezderm

- The encounter must include a specific surgical CPT code. A full list of applicable codes can be found here

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MIPS Measure #357: Surgical Site Infection (SSI)

Description: Percentage of patients aged 18 years and older who had a surgical site infection (SSI) that occurs within 30 days after the operation

Tips

- **INVERSE MEASURE** – The "Performance Not Met" numerator option for this measure is the representation of the better clinical quality or control.
- Measure only applies to patients who undergo procedures by November 30th of the performance period to allow for the 30 days postoperative period
- We recommend either of these methods to manage this measure:
  - Answering this question as "NO" but if the patient returns with a SSI within 30 days you can go back into Encounter and mark the measure as YES
    - OR -
  - Waiting until 31+ days after the surgery to answer question. By choosing this option the system will capture these patients within the Incomplete section of your Quality Report

GOAL=
0%
Performance

To trigger this measure within Ezderm

- The encounter must include a specific surgical CPT code. A full list of applicable codes can be found here

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MIPS Measure #358: Patient-Centered Surgical Risk Assessment and Communication

Description: Percentage of patients patients age 18 and over who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those risks with the surgeon

Tips

- Must document the surgical risk by using a **risk calculator**:
  - *"Risk calculators based on multi-institutional, validated clinical data are acceptable for this measure. ACS NSQIP offers a risk calculator, which can be used for operations in many surgical subspecialties "*
- CMS is flexible on allowing providers to use the tools they believe is best for their patient population as long as they are **validated tools**.

To trigger this measure within Ezderm

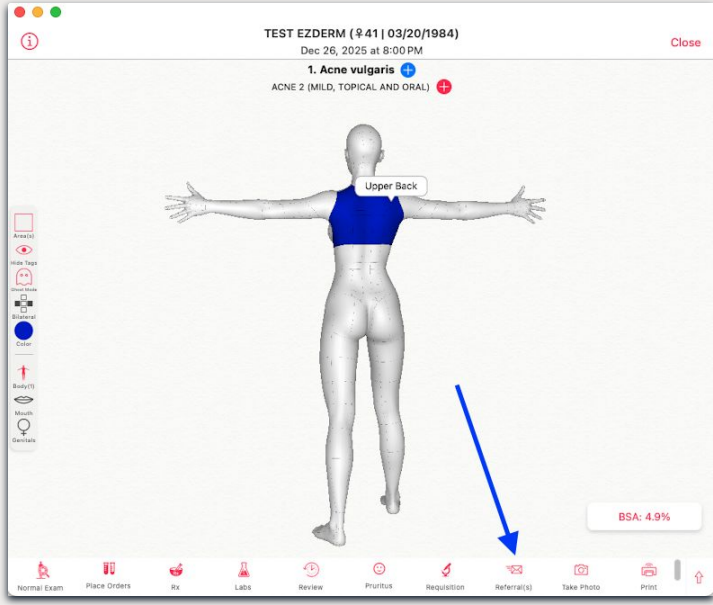
- The encounter must include a specific surgical CPT code. A full list of applicable codes can be found here

MIPS Measure #374: Closing the Referral Loop: Receipt of Specialist Report

Description: Percentage of patients regardless of age with referrals for which the referring clinician receives a report from the clinician to whom the patient was referred

Tips

- **Automation** of this measure available by sending via Referrals Icon > creates order in Inbox to track > Upload results from PM > Export/Import Results > create order in Pending Review for the Provider
- You are **not required to send a referral out through Ezderm**, but you will need to upload the report to the chart from the provider to whom the patient was referred if not following above steps
- Only first referrals made between January 1 – October 31 (the measurement period) will count towards the denominator to allow adequate time for the referring clinician to collect the consult report by the end of the performance period
- Referral can be made between providers from the same practice



To trigger this measure within Ezderm

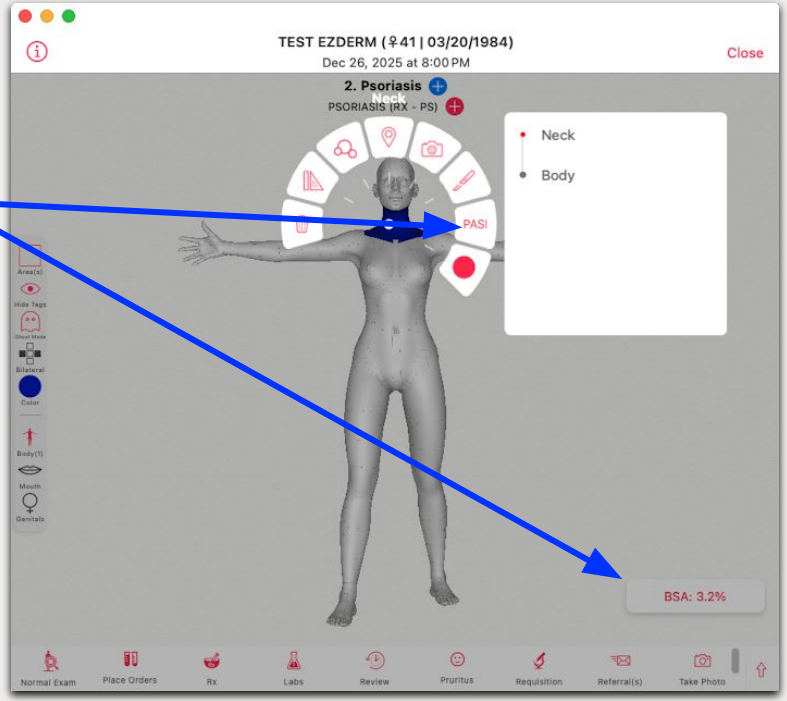
- E&M Code Present (Apply Treatment Plan(s))

MIPS Measure #410: Psoriasis: Clinical Response to Systemic Medications

Description: Percentage of all psoriasis vulgaris patients regardless of age receiving systemic medication who meet minimal physician-or patient- reported disease activity levels. It is implied that establishment and maintenance of an established minimum level of disease control as measured by physician-and/or patient-reported outcomes will increase patient satisfaction with and adherence to treatment.

Tips

- Diagnosis in treatment plan or impression field must be **Psoriasis Vulgaris** (not just Psoriasis)
- **BSA** (which calculates automatically based on locations selected), **PASI** or **PGA** scores can be viewed from the body map. Click on BSA to click through to PASI & PGA, long hold on each to indicate the severity. Or access PASI from wheel icon.



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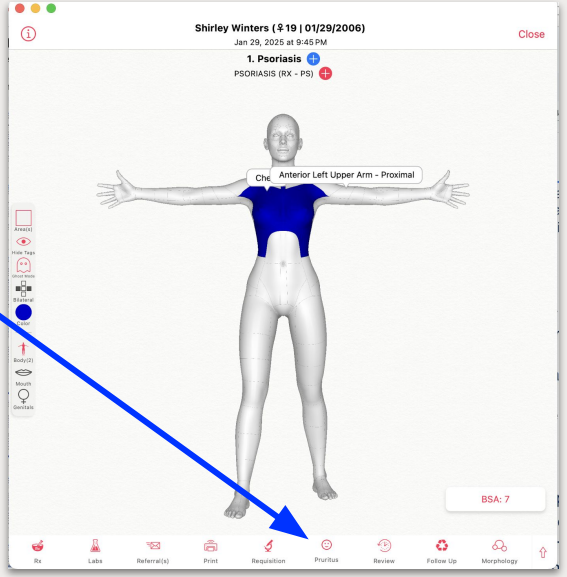
MIPS Measure #485: Psoriasis Improvement in Patient-Reported Itch Severity

Description: The percentage of patients aged 8 years and older, with a diagnosis of psoriasis where at an initial visit have a patient-reported itch severity assessment performed, score greater than or equal to 4, and who achieve a score reduction of 3 or more points at a follow-up visit.

Tips

- In the first encounter the measure will not automatically trigger, you need to add a **Pruritus Itch Score** from the 🙂icon at the bottom of the Physical Exam screen.
- For the subsequent appointments, the system will automatically answer the measure if you document the itch severity changes.
- These measures now apply to all follow-up encounters containing any diagnosis from their CMS diagnosis groups, rather than only the initial visit. Each measure is tied to the visit.
- A 3+ point reduction can occur over multiple visits.



If the icon isn't in your top row, long-press on the icon and drag it up for quicker access.

MIPS Measure #486: Dermatitis - Improvement in Patient-Reported Itch Severity

Description: The percentage of patients aged 8 years and older, with a diagnosis of dermatitis where at an initial (index) visit have a patient-reported itch severity assessment performed, score greater than or equal to 4, and who achieve a score reduction of 3 or more points at a follow-up visit.

Tips

- In the first encounter the measure will not automatically trigger, you need to add a Pruritus Itch Score from the 🙂icon at the bottom of the Physical Exam screen.
- For the subsequent appointments, the system will automatically answer the measure if you document the itch severity changes.
- These measures now apply to all follow-up encounters containing any diagnosis from their CMS diagnosis groups, rather than only the initial visit. Each measure is tied to the visit.
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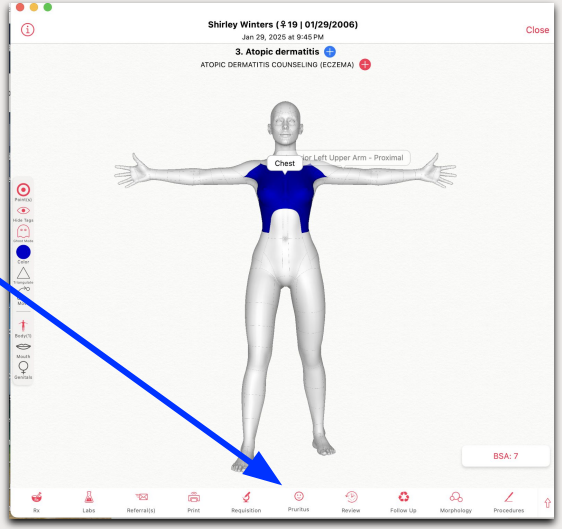

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NEW 2026 Measures

GOAL=
0%
Performance

#509: Melanoma: Tracking and Evaluation of Recurrence ***(Inverse Performance Measure)***

Percentage of patients who had an excisional surgery for melanoma or melanoma in situ with initial American Joint Committee on Cancer (AJCC) staging of 0, I, or II, in the past 5 years in which the operating clinician examines and/or diagnoses the patient for recurrence of melanoma.

Support Portal Link To Quality Measure Videos: #226 and #509 or all

Diagnosis for Melanoma or Melanoma in situ (ICD-10-CM): C43.0, C43.10, C43.111, C43.112, C43.121, C43.122, C43.20, C43.21, C43.22, C43.30, C43.31, C43.39, C43.4, C43.51, C43.52, C43.59, C43.60, C43.61, C43.62, C43.70, C43.71, C43.72, C43.8, C43.9, D03.0, D03.10, D03.111, D03.112, D03.20, D03.121, D03.122, D03.30, D03.39, D03.4, D03.51, D03.52, D03.59, D03.60, D03.61, D03.62, D03.70, D03.71, D03.72, D03.8, D03.9

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Additional Resources

- Find detailed videos on all measures on our support portal here
- For more information on bridging with Healthmonix, a CMS-certified data registry, see this article.
- For steps on how to pull a Quality report through Ezderm, see here
- CMS Quality Requirements here
- Check QPP Participation Requirements per provider: here

Final Takeaways & Action Items

🧠 Self Check:

✅ **Is my staff answering all MACRA measures that are triggered?**
Ensure everyone understands the importance of documentation

✅ **Have I selected the 6 Quality Measures I plan to report for MIPS?**
Pick measures where you can perform consistently well

✅ **When was the last time I ran a Quality Report in Ezderm?**
Monthly review helps avoid end-of-year surprises

📅 Prepare for September: Reporting Integration Request

- Mark your calendar to request **MIPS reporting integration** in September
- When ready, email: techsupport@Ezderm.com include the following information:
  - Will you be reporting as a **Group or Individual?**
  - Provide **NPI numbers** for all reporting providers

THANK YOU!