Quality Payment
PROGRAM

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)

2020 Quality Performance Category
Quick Start Guide

Updated 8/28/2020

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Contents

Already know what MIPS is?
Skip ahead by clicking the links in the Table of Contents

Purpose: *This resource focuses on the Quality performance category, providing the high level requirements and practical information about quality measure selection, data collection, and submission for the 2020 performance period for individual, group, and virtual group reporting. This resource does not address Alternate Payment Model (APM) participants scored under the APM Scoring Standard.*

COVID-19 and 2020 Participation: *For the 2020 performance year, we will be using our Extreme and Uncontrollable Circumstances policy to allow MIPS eligible clinicians, groups, and virtual groups to **submit an application** requesting reweighting of one or more MIPS performance categories to 0%. We have introduced a new high-weighted COVID-19 clinical trials improvement activity, which provides an opportunity for clinicians to receive credit in MIPS. For more information about the impact of COVID-19 on Quality Payment Program participation and additional flexibilities proposed in the 2021 QPP Proposed Rule on Quality Payment Program participation, see the Quality Payment Program* COVID-19 Response webpage.

How to Use This Guide

How to Use This Guide

Please Note: This guide was prepared for informational purposes only and is not intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It is not intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Table of Contents

The table of contents is interactive. Click on a chapter in the table of contents to read that section.

You can also click on the icon on the bottom left to go back to the table of contents.

Hyperlinks

Hyperlinks to the QPP website are included throughout the guide to direct the reader to more information and resources.

Overview

What is the Merit-based Incentive Payment System?

The Merit-based Incentive Payment System (MIPS) is one way to participate in the Quality Payment Program (QPP), a program authorized by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The program changes how we reimburse MIPS eligible clinicians for Part B covered professional services and rewards them for improving the quality of patient care and outcomes.

Under MIPS, we evaluate your performance across four categories that lead to improved quality and value in our healthcare system.

If you're eligible for MIPS in 2020:

- You generally have to submit data for the Quality, Improvement Activities, and Promoting Interoperability performance categories. (We collect and calculate data for the Cost performance category for you.)

- Your performance across the MIPS performance categories, each with a specific weight, will result in a MIPS final score of 0 to 100 points.

- Your MIPS final score will determine whether you receive a negative, neutral, or positive MIPS payment adjustment.

- Your MIPS payment adjustment is based off your performance during the 2020 performance period and applied to payments for covered professional services beginning on January 1, 2022.
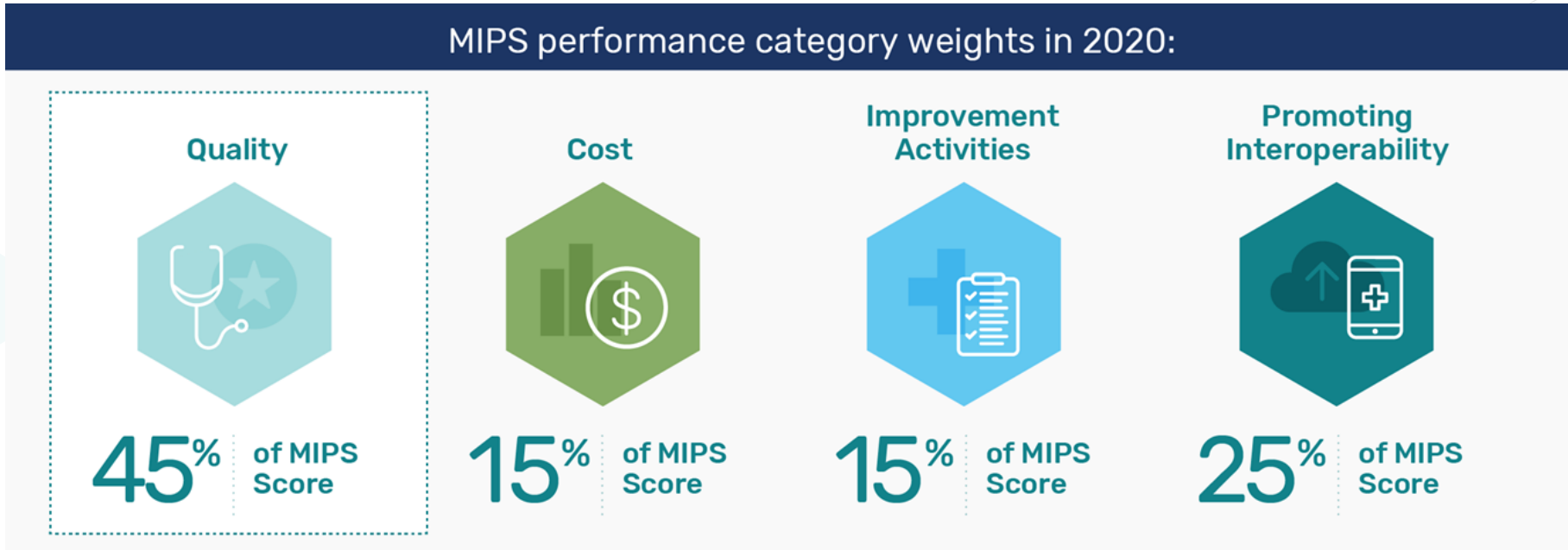
To learn more about how to participate in MIPS:

- *Visit the How MIPS Eligibility is Determined and Individual or Group Participation web pages on the Quality Payment Program website.*

- *View the 2020 MIPS Eligibility and Participation Quick Start Guide.*

- *Check your current participation status using the QPP Participation Status Tool.*

What is the MIPS Quality Performance Category?

The Quality performance category measures your performance on clinical practices and patient outcomes. The quality measures are tools that help us assess health care processes, outcomes and patient experiences to ensure they align with our quality goals for health care.

MIPS performance category weights in 2020:

Quality	Cost	Improvement Activities	Promoting Interoperability
45% of MIPS Score	15% of MIPS Score	15% of MIPS Score	25% of MIPS Score

What's New with Quality in 2020?
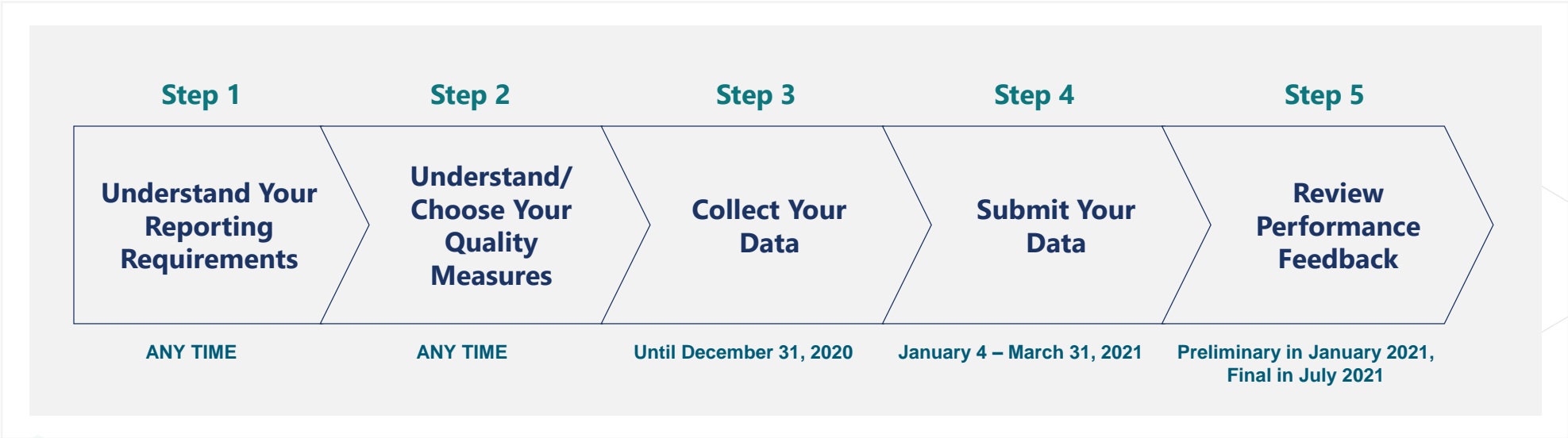
- **Increased data completeness from 60% to 70%**
  - <u>For Medicare Part B Claims</u>: 70% sample of all Medicare Part B patients
  - <u>For QCDR measures, MIPS CQMs, and eCQMs</u>: 70% sample of patients across all payers
  - *No change in data completeness for CMS Web Interface measures*
- **Measures that don't meet data completeness will earn 0 points**
  - Small practices will continue to earn 3 points
- **Established flat benchmark for MIPS #1 (Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)) and MIPS #236 (Controlling High Blood Pressure)**
  - We will use **flat benchmarks** for scoring all collection types for Measure 236, and the Medicare Part B claims and MIPS Clinical Quality Measure (CQM) collection types of Measure 001, as the historical, performance-based benchmarks may potentially incentivize treatment that may be inappropriate for the patient.
  - We will use **historical, performance-based benchmarks** for scoring the Electronic Clinical Quality Measure (eCQM) version of Measure 001.
- **Added new specialty sets**
  - Seven new specialty sets were established for Speech Language Pathology, Audiology, Clinical Social Work, Chiropractic Medicine, Pulmonology, Nutrition/Dietician, and Endocrinology. **Note:** Clinical Social Workers are not a MIPS eligible clinician type at this time.

Get Started with Quality in Five Steps

Get Started with Quality in Five Steps

Step 1
Understand Your Reporting Requirements
ANY TIME

Step 2
Understand/ Choose Your Quality Measures
ANY TIME

Step 3
Collect Your Data
Until December 31, 2020

Step 4
Submit Your Data
January 4 – March 31, 2021

Step 5
Review Performance Feedback
Preliminary in January 2021, Final in July 2021

Get Started with Quality in Five Steps

Step 1. Understand Your Reporting Requirements

The Quality performance category has a **12-month performance period** (January 1 – December 31, 2020) which means you must collect data for each measure for the full calendar year.

To meet the Quality performance category requirements, you have to report:

- **6 quality measures** (including at least 1 outcome measure or high-priority measure in absence of an applicable outcome measure); OR

- **A defined specialty measure set or sub-specialty measure** set (if the measure set has fewer than 6 measures, you need to submit all measures within that set); OR

- **All quality measures included in the CMS Web Interface** (an internet-based application available to groups and virtual groups with 25 or more eligible clinicians – advanced registration is required).

Did you know?

- Facility-based clinicians and groups have the option to use their Hospital Value Based Purchasing (VBP) Program score instead of reporting additional quality measures.

- The 2020 Facility-Based Measurement Fact Sheet will be available in early 2020, and we will add facility-based indicators to the QPP Participation Status Tool in late February.

- You can read more about facility-based measurement now on qpp.cms.gov.

Quality Payment
PROGRAM

Get Started with Quality in Five Steps

Step 2. Choose Your Quality Measures

There are more than 200 MIPS quality measures available for reporting in the 2020 performance period of MIPS. These measures are available through different collection types, some of which require you to work with a third party such as a Qualified Registry to collect and submit your data, while other collection types allow you to report measures yourself.

The table on the following page(s) walks you through the different collection types and links to the measure specifications available now on the QPP Resource Library. We will add the 2020 measures to the Explore Measures & Activities website in early 2020.

If you plan to work with a Qualified Registry or Qualified Clinical Data Registry, check the 2020 Qualified Postings linked in the table on the following pages to see which measures they support.

Helpful Hints

- You can earn measure bonus points if you:
  - Submit any additional outcome, patient experience or other high priority measures beyond the first required (if case minimum and data completeness are met).
  - Use Certified EHR Technology (CEHRT) to collect your measure data and meet electronic end-to-end reporting requirements.
- Use the 2020 Quality Measures List to identify:
  - The available collection type(s) for each measure,
  - Measure type (outcome, patient experience, etc.),
  - Specialty sets associated with each measure.
- Specialty Measure guides will be released in early 2020 to aid in measure selection if choosing to report on a defined specialty measure set or sub-specialty set.

Did you know?

Collection Type refers to the way you collect data for a quality measure. While an individual quality measure may be collected in multiple ways, each collection type has its own specification (instructions) for reporting that measure. You would follow the measure specifications that correspond with how you choose to collect your quality data.

For example: You are looking for a quality measure to report on the Use of High-Risk Medications in the Elderly. The measure is available as both a MIPS CQM and eCQM (distinct specifications). You would use the measure specification that corresponds with how you choose to collect your data.

You can report measures from multiple collection types to meet quality reporting requirements. (Exceptions noted in the table on the following pages.)

Get Started with Quality in Five Steps

Step 2. Choose Your Quality Measures *(continued)*

Collection Type	Quality Measures Available For 2020	What Do You Need to Know about This Collection Type?	Individual	Group	Virtual Group
Electronic Clinical Quality Measures (eCQMs)	2020 eCQM specifications	• You can report eCQMs if you have 2015 Edition CEHRT. • If reporting via Electronic Health Record, check to confirm your chosen eCQM measures are supported by your Certified Electronic Health Record Technology. • If you collect data using multiple EHR systems, you will need to aggregate your data before it's submitted. • eCQMs can be reported in combination with Medicare Part B Claims measures, MIPS CQMs, QCDR measures, and the CAHPS for MIPS survey measure.	✓	✓	✓
MIPS Clinical Quality Measures (MIPS CQMs) (formerly referred to as "Registry measures")	2020 Clinical Quality Measure Specifications and Supporting Documents	• MIPS CQMs are collected by third-party intermediaries and submitted on behalf of MIPS eligible clinicians. • If you chose this collection type, you will need to work with a Qualified Registry, Qualified Clinical Data Registry (QCDR), or Health IT vendor. To see the lists of CMS-approved Qualified Registries and QCDRs, visit the QPP Resource Library. • MIPS CQMs can be reported in combination with Medicare Part B Claims measures, eCQMs, QCDR measures, and the CAHPS for MIPS survey measure.	✓	✓	✓

Get Started with Quality in Five Steps

Step 2. Choose Your Quality Measures *(continued)*

Collection Type	Quality Measures Available For 2020	What Do You Need to Know about This Collection Type?	Individual	Group	Virtual Group
Qualified Clinical Data Registry (QCDR) Measures	[2020 QCDR Measure Specifications](#)	• QCDRs are CMS-approved entities with the flexibility to develop and track their own quality measures which are approved along with the entity during their self-nomination period. To see the list of CMS-approved QCDRs, visit the [QPP Resource Library](#). • These measures can be a great option for clinicians and practices that provide specialized care or who have trouble finding MIPS quality measures that feel relevant to their practice. • You will need to work with a QCDR to report these measures on your behalf. • QCDR measures can be reported in combination with eCQMs, MIPS CQMs, Medicare Part B Claims measures, and the CAHPS for MIPS survey measure.	✓	✓	✓
Medicare Part B Claims Measures	[2020 Medicare Part B Claims Specifications and Supporting Documents](#) [2020 Reporting MIPS Quality Measures through Part B Claims Quick Start Guide](#)	• Medicare Part B Claims measures are reported with the clinician's individual (rendering) NPI when reporting as a group or virtual group. • Medicare Part B Claims measures can be reported in combination with eCQMs, MIPS CQMs, QCDR measures, and the CAHPS for MIPS survey measure.	✓ Small practices (less than 16 clinicians) only	✓ Small practices (less than 16 clinicians) only	✓ Small practices (less than 16 clinicians in the virtual group) only

Get Started with Quality in Five Steps

Step 2. Choose Your Quality Measures *(continued)*

Collection Type	Quality Measures Available For 2020	What Do You Need to Know about This Collection Type?	Individual	Group	Virtual Group
CMS Web Interface	2020 CMS Web Interface Measure Specifications	• If you want to report through the CMS Web Interface, groups and virtual groups need to register between April 1, 2020 and June 30, 2020. • Reporting via the Web Interface requires that you submit data on a sample of Medicare patients for each measure within the application.	✗	✓ Groups with 25 or more clinicians only	✓ Groups with 25 or more clinicians only
CAHPS for MIPS Survey Measure	CAHPS for MIPS Survey Fact Sheet	• Groups and virtual groups can register between April 1, 2020 and June 30, 2020 to administer the CAHPS for MIPS measure, a survey measuring patient experience and care within a group or virtual group. • This survey must be administered by a CMS-Approved Survey Vendor. • This measure can be reported in combination with eCQMs, MIPS CQMs, Medicare Part B Claims measures, and QCDR measures.	✗	✓	✓
Administrative Claims	All Cause Hospital Readmission Measure	• There are no data submission requirements. • This measure does not count as one of the 6 measures required for reporting.	✗	✓ Groups with 16 or more clinicians only	✓ Virtual Groups with 16 or more clinicians only

Get Started with Quality in Five Steps

Step 3. Collect Your Data

You should **start data collection on January 1, 2020** to meet data completeness requirements. If you fail to meet data completeness requirements, you will receive **0 points** for the measure, unless you are small practice, in which case you will receive 3 points.

In 2020, the **data completeness requirement has increased to 70%**, which means that you need to report performance or exclusion/exception data for at least 70% of patients that are eligible for the measure's denominator.

- Selectively reporting data that misrepresents your performance in a disingenuous manner, commonly referred to as "**cherry-picking**," results in data that are not true, accurate, or complete and may subject you to audit.

If you are working with a vendor or third party intermediary to collect and submit data, make sure you work with them throughout the year on data collection.

EHR-based Quality Reporting

If you transition from one EHR system to another during the performance year, you should aggregate the data from the previous EHR and the new EHR into one report for the full 12 months prior to submitting the data. If a full 12 months of data is unavailable (for example, if aggregation is not possible), your data completeness must reflect the 12-month period. If you are submitting eCQMs, both EHR systems must be 2015 Edition CEHRT.

ICD-10 Updates

Each year, the Value Set Authority Center (VSAC) releases updates to ICD-10 coding that take effect October 1st. We will identify the measures that are significantly impacted by these updates in the 2020 MIPS Quality Measures Impacted by ICD-10 Code Updates Fact Sheet released in early October.

Measures that are significantly impacted will have a 9-month performance period, ending September 30th, before the ICD-10 code changes take effect.

Other measures may be impacted by these code changes, but not significantly enough to shorten the performance period. You should continue to report these measures according to the specification, reporting on encounters that use the codes identified in the measure's 2020 specification. You will not report on encounters that use updated codes not identified in the measure's 2020 specification.

Step 4. Submit Your Data

We will assess your performance on the data you submit.

The data submission period will begin on **January 4, 2021** and end no later than **March 31, 2021**. If reporting Medicare Part B claims, submission will be continuous throughout the performance period.

Who (Submitter Type)	What (Collection Type)	How (Submission Type)	When
You	Medicare Part B Claims Measures	Through your routine billing practices	Throughout the performance period
	eCQMs	Sign in to qpp.cms.gov and upload a QRDA3 file	January 4 – March 31, 2021
	CMS Web Interface Measures	Manually enter your data or upload a file into the CMS Web Interface **OR** Use our CMS Web Interface API	January 4 – March 31, 2021
Third Party Intermediaries QCDRs, Qualified Registries, and Health IT Vendors	eCQMs MIPS CQMs QCDR Measures	Sign in to qpp.cms.gov and upload a QRDA3 or QPP JSON file **OR** Use our QPP Submission API	January 4 – March 31, 2021
CMS Approved Survey Vendors	CAHPS for MIPS Survey Measure	Secure method outside of qpp.cms.gov	Following data collection (standardized annual timeframe)

Step 4. Submit Your Data *(continued)*

Did you know?

The level at which you participate in MIPS (individual, group, or virtual group) applies to all performance categories. We will not combine data submitted at the individual, group, and/or virtual group level into a single final score.

For example:
- If you submit any data as an individual, you will be evaluated for all performance categories as an individual.
- If your practice submits any data as a group, you will be evaluated for all performance categories as a group.
- If data is submitted both as an individual and a group, you will be evaluated as an individual and as a group for all performance categories, but your payment adjustment will be based on the higher score.

Step 5. Review Your Performance Feedback

Preliminary scoring information will be available beginning **January 4, 2021**, once data has been submitted.

Your final performance feedback will be available **July 2021**.

You can review your performance feedback by signing in to qpp.cms.gov/login.

Did you know?

Small practices (15 or fewer clinicians, reporting individually or as a group) that submit at least 1 quality measure will earn 6 bonus points, added to their Quality performance category score.

Help, Resources, and Version History

Help, Resources, and Version History

Where Can You Go for Help?

- Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8:00 AM-8:00 PM ET or by e-mail at: QPP@cms.hhs.gov.

    - Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

- Connect with your local technical assistance organization. We provide no-cost technical assistance to **small, underserved, and rural practices** to help you successfully participate in the Quality Payment Program.

- Visit the Quality Payment Program website for other help and support information, to learn more about MIPS, and to check out the resources available in the QPP Resource Library.

Help, Resources, and Version History

Additional Resources

The QPP Resource Library houses fact sheets, specialty guides, technical guides, user guides, helpful videos, and more.
We will update this table as more resources become available.

Resource	Description
2020 MIPS Quick Start Guide	A high-level overview of the Merit-based Incentive Payment System (MIPS) requirements to get you started with participating in the 2020 performance period.
2020 MIPS Eligibility and Participation Quick Start Guide	A high-level overview and actionable steps to understand your 2020 MIPS eligibility and participation requirements.
2020 Reporting MIPS Quality Measures through Part B Claims Quick Start Guide	Practical information (including FAQs and examples) for small practices about choosing and submitting quality measures through Part B claims for the 2020 Quality Performance Category.
2020 Qualified Clinical Data Registries (QCDRs) Qualified Posting 2020 Qualified Registries Qualified Posting (Available in the QPP Resource Library)	Identify CMS-approved Qualified Clinical Data Registries (QCDRs) and Qualified Registries for the 2020 performance period and the measures they support.
QPP Website – Quality Measures Page	Information on Quality performance category requirements by performance year.
2020 Quality Measures List	A detailed list of the 2020 Merit-based Incentive Payment System (MIPS) Quality Measures. The technical measure specifications and supporting documents for the 2020 MIPS Quality Measures will be posted before the start of the performance year.
2020 Clinical Quality Measure Specifications and Supporting Documents	Provides comprehensive descriptions of the 2020 Clinical Quality Measures (CQM) for the Merit-based Incentive Payment System (MIPS) Quality performance category.
2020 Facility-Based Measurement Fact Sheet	Anticipated release February 2020.

Help, Resources, and Version History

Version History

If we need to update this document, changes will be identified here.

Date	Change Description
8/28/2020	Added disclaimer language regarding changes to 2020 MIPS in response to COVID-19.
2/19/2020	Updated p. 8 to reflect that flat benchmarks apply to all collection types for Measure 236.
1/2/2020	Original Posting