2020 Performance Period Quality Benchmarks Fact Sheet

How Many Measures Received a 2020 Performance Period Benchmark?

There were a total of 426 quality measures (including 361 Qualified Clinical Data Registry (QCDR) measures) that didn't have a historical benchmark for the 2020 performance period for one or more collection types.

- Of these, we were able to create a performance period benchmark for 90 measures (including 73 QCDR measures), for one or more collection types, making these measures eligible to earn up to 10 points.

The 2020 Performance Period Quality Benchmark Results (XLSX) file identifies performance period benchmarks that could be calculated for measures without a historical benchmark. Please note that this file doesn't include measures for which we couldn't create a performance period benchmark.

When Are Performance Period Benchmarks Created?

We attempted to calculate benchmarks for measures without historical benchmarks based on data submitted for the 2020 performance period. (We don't calculate performance period benchmarks for measures that have a historical benchmark.)

We established performance period benchmarks when at least 20 instances of a measure met the following criteria:

- Were reported through the same collection type,
  AND
- Met data completeness and case minimum requirements,
  AND
- Had a performance rate greater than 0% (or less than 100% for inverse measures).

Performance period benchmarks are established using data submitted by individual clinicians, groups, and virtual groups that were eligible for MIPS in performance year (PY) 2020.

- This includes individual clinicians and groups that were opt-in eligible and elected to opt-in to MIPS participation.
- Voluntary submissions are excluded from benchmark data.

How Do Performance Period Benchmarks Relate to Historical Benchmarks?

Quality data submitted for the 2020 performance period will be used to calculate historical benchmarks for the 2022 performance period. 2022 historical benchmarks (posted at the end of this calendar year [2021]) will reflect the 2020 performance period benchmarks that we calculated for the 90 measures, with some exceptions:

- Measures that were removed from the program following the 2020 performance period will be omitted from the 2022 benchmark file.
- There won't be historical benchmarks for measures with such significant and substantive changes to their specifications in the 2021 or 2022 performance periods that performance can't be compared to the 2020 baseline period.

Updating eligibility criteria from one performance year to another can also cause differences between performance period benchmarks and historical benchmarks.

EXAMPLE:

Beginning with PY 2022, we've proposed to update the definition of a MIPS eligible clinician to include clinical social workers and certified nurse midwives.

- If these clinicians submitted quality measures for PY 2020, their data would be excluded from the performance period benchmarks because they were voluntary reporters.
- However, if this proposal is finalized, their PY 2020 data can be included in the calculation of PY 2022 historical benchmarks.

Additional Resources

- 2020 Quality Benchmarks (ZIP)

Version History

Date	Change Description
08/03/2021	Original version