Quality Payment
PROGRAM

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)

2020 Eligible Measure Applicability (EMA) and Specialty Measure Set Denominator Reduction User Guide: MIPS Quality Performance Category

Updated 1/20/21

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

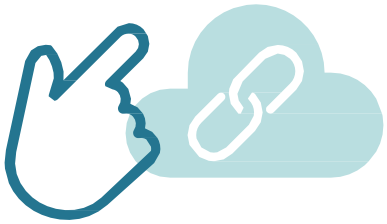
CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Contents

Purpose: *This provides information related to denominator reductions when scoring the Quality performance category for a clinician, group, or virtual group that doesn't meet data submission requirements.*

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

COVID-19 and 2020 Participation

The 2019 Coronavirus (COVID-19) public health emergency has impacted all clinicians across the United States and territories. However, we recognize that not all practices have been impacted by COVID-19 to the same extent. 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% due to the current COVID-19 public health emergency. We've already introduced a new high-weighted COVID-19 clinical trials improvement activity, which provides an opportunity for clinicians to receive credit in MIPS for the important work they're already doing across the country.

Additionally, in the CY 2021 QPP Final Rule, we finalized our proposals for the 2020 performance year to 1) allow APM Entities to submit Extreme and Uncontrollable Circumstances applications and 2) to increase the complex patient bonus from a 5- to 10-point maximum for MIPS participants to offset the additional complexity of their patient population due to COVID-19. For more information about the impact of COVID-19 on Quality Payment Program participation, see the Quality Payment Program COVID-19 Response webpage.

EMA and Specialty Set Denominator Reductions

EMA and Specialty Set Denominator Reductions

What Are the 2020 Performance Period Submission Requirements for the Quality Performance Category?

Unless you're reporting through the CMS Web Interface, the Quality performance category data submission requirements are to:

- Submit 6 quality measures (more than 200 are available for reporting) or a complete specialty measure set.
- 1 of these must be an outcome measure. If an outcome measure isn't available, then you must submit a high priority measure.

What Happens if I Don't Meet These Requirements?

If you submit fewer than 6 measures **or** submit 6 or more measures but no outcome or high priority measure, we apply the Eligible Measure Applicability (EMA) process. EMA is a denominator reduction process applied to qualifying submissions and sees if you reported all measures related to a clinical topic or within a specialty set.

If the EMA process determines that you could have reported more measures, you'll receive 0 out of 10 points for each required measure that isn't submitted.

The EMA process is only applied to individuals, groups, and virtual groups that

- Report their quality measures through Medicare Part B Claims or submit MIPS CQMs

EMA isn't applied to eCQMs, QCDR measures, or submissions that include these collection types.

EMA and Specialty Set Denominator Reductions

Denominator Reduction Paths

There are 2 types of denominator reductions:

Eligibility Measure Applicability (EMA) Process

Looks at measures related to a clinical topic

Specialty Measure Set Denominator Reduction Process

Applies to specialty measure sets with fewer than 6 measures

EMA and Specialty Set Denominator Reductions

How Do Denominator Reductions Work?

1. We check that you reported Medicare Part B Claims measures or MIPS CQMs.
2. We determine whether you reported all of the measures related to a clinical topic or in a specialty measure set (with fewer than 6 measures).
3. Medicare Part B Claims measures only: if we find any related but unreported measures, then we'll check if you had fewer than 20 denominator eligible instances for those measures.

Appendix A identifies the measures we have identified as related to specific clinical topics.

Appendix B identifies the specialty measure sets with fewer than 6 measures.

How Can Denominator Reductions Affect My Quality Performance Category Score?

Quality Data You Submitted	Impact to Quality Performance Category Score
Fewer than 6 measures:	You may qualify for a **denominator reduction**. This means we would reduce the number of measures you're required to report. *Your denominator for the Quality performance category is 10 x number of required measures.*
No outcome or high priority measure:	You may qualify to **earn achievement points for all 6 submitted measures**. This means you wouldn't receive 0 out of 10 points for the unsubmitted outcome or high priority measure.

- *Measures that don't meet data completeness (70%) will earn 0 out of 10 points (3 points for small practices).*
- *MIPS CQMs that meet data completeness but don't meet case minimum will earn 3 points.*
- *Unreported Medicare Part B Claims measures that don't meet case minimum will be excluded from scoring.*

No Denominator Eligible Instances (MIPS CQMs)

If the MIPS eligible clinician or group doesn't have any denominator eligible instances for a measure related to the clinical topic (or in a specialty measure set with fewer than 6 measures), submit the MIPS CQM as 0/0 (0s in the numerator and denominator). We'll exclude these measures from the denominator.

If there are any denominator eligible instances, the measure must be reported as usual.

No supporting documentation is required at submission, as you must attest that data you submit has been validated and is true, accurate, and complete to the best of your knowledge. If you're selected for auditing, this may be one of the items audited to determine that the data submitted was true, accurate, and complete.

When Will I See Scoring Changes from a Denominator Reduction Applied to My Submission?

If you only submit MIPS CQMs, the denominator reduction process is applied at the point of submission and the results will be available immediately in preliminary scoring.

When you report Medicare Part B claims measures, the denominator reduction process is applied after the close of the submission period to ensure that all claims have been processed and attributed to your quality submission.

Scoring is updated each time a new submission is made and real-time results are provided based on the submission data.

Please make sure to review your preliminary scoring and performance feedback as soon as it becomes available. If you reported all the measures (Medicare Part B claims measures or MIPS CQMs) available to you and don't see a denominator reduction when final performance feedback is available in July 2021, please contact the Quality Payment Program as you may need to submit a Targeted Review. (Note that Targeted Reviews must be submitted within 60 days of the release of final performance feedback.)

Can We Choose to Submit Only the Measures Related to a Clinical Topic as Defined in Appendix A?

No. You should submit all quality measures that apply to your scope of practice and not limit your submission to those measures contained within the clinical topic. The EMA process was established to support clinicians and groups who may not have 6 quality measures available for and applicable to their practice.

When Are the Specialty Measure Sets and EMA Clinically Related Measures Updated?

Every year, we update the specialty measure sets through the rulemaking process. We get stakeholder input through public comments made in the Federal Register.

Every year, we update the measures related to a clinical topic through a sub-regulatory process. We get stakeholder input through collaborative review and feedback.

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 a.m. - 8 p.m. Eastern Time 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 resources available in the QPP Resource Library.

Additional Resources

Resource	Description
2020 Quality Performance Category User Guide	This guide details how to participate in the Quality performance category of MIPS in 2020.
2020 MIPS Scoring Guide	This guide details how scores are calculated for the 2020 MIPS performance year.
2020 MIPS Quality Measures List	A detailed list of the 2020 MIPS Quality Measures. It also identifies those included in specialty measure sets.
2020 Quality Measures List with Telehealth Guidance	This resource provides a list of quality measures that currently include telehealth for the 2020 performance period.

Version History

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

Date	Change Description
1/20/21	Updated to reflect correct titles for measures 404 and 93.
12/31/20	Original posting

Appendices

Appendix A: MIPS Clinically Related Measures Grouped by Clinical Topic

Note: MIPS CQMs that don't have any eligible instances for a clinically related measure should be submitted as 0/0. Qualified vendors don't need to submit anything else to CMS for this scenario as the vendors attest that data they submit has been validated and is true, accurate, and complete to the best of their knowledge. If the vendor is selected for auditing, this may be one of the items audited to determine that the data submitted was true, accurate, and complete.

***Denotes High Priority Measure**

****Denotes Outcome Measure (all outcome measures are high priority measures)**

Clinical Topic	MIPS CQMs	Medicare Part B Claims
Anesthesiology Care	**404*:** Anesthesiology Smoking Abstinence **424**:** Perioperative Temperature Management **430*:** Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy **463*:** Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics)	Not Applicable
CABG Care	**167**:** Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure **168**:** Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration **445**:** Risk-Adjusted Operative Mortality for Coronary Artery Bypass Graft (CABG)	Not Applicable
Cardiac Stress Imaging	**322*:** Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low-Risk Surgery Patients **323*:** Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI) **324*:** Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low-Risk Patients	Not Applicable

Appendix A: MIPS Clinically Related Measures Grouped by Clinical Topic *(continued)*

Clinical Topic	MIPS CQMs	Medicare Part B Claims
Cataract Care	**191**:** Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery **303**:** Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery **304*:** Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery **389**:** Cataract Surgery: Difference Between Planned and Final Refraction	Not Applicable
Computed Tomography	**360*:** Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies **364*:** Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines **405*:** Appropriate Follow-up Imaging for Incidental Abdominal Lesions **406*:** Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients **436:** Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques	**405*:** Appropriate Follow-up Imaging for Incidental Abdominal Lesions **406*:** Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients **436:** Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques
Diagnostic Imaging	**145*:** Radiology: Exposure Dose Indices or Exposure Time and Number of Images Reported for Procedures Using Fluoroscopy **146*:** Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms **147*:** Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy **195:** Radiology: Stenosis Measurement in Carotid Imaging Reports **225*:** Radiology: Reminder System for Screening Mammograms	**145*:** Radiology: Exposure Dose Indices or Exposure Time and Number of Images Reported for Procedures Using Fluoroscopy **146*:** Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms **147*:** Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy **195:** Radiology: Stenosis Measurement in Carotid Imaging Reports **225*:** Radiology: Reminder System for Screening Mammograms

Appendix A: MIPS Clinically Related Measures Grouped by Clinical Topic *(continued)*

Clinical Topic	MIPS CQMs	Medicare Part B Claims
Endoscopy and Polyp Surveillance	**185*:** Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use **320*:** Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients **425:** Photodocumentation of Cecal Intubation **439*:** Age Appropriate Screening Colonoscopy	**320*:** Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients **425:** Photodocumentation of Cecal Intubation
Diagnostic - Mammography	**146*:** Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms **225*:** Radiology: Reminder System for Screening Mammograms	**146*:** Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms **225*:** Radiology: Reminder System for Screening Mammograms
Pathology	**249:** Barrett's Esophagus **250:** Radical Prostatectomy Pathology Reporting **395*:** Lung Cancer Reporting (Biopsy/Cytology Specimens) **396*:** Lung Cancer Reporting (Resection Specimens) **397*:** Melanoma Reporting	**249:** Barrett's Esophagus **250:** Radical Prostatectomy Pathology Reporting **395*:** Lung Cancer Reporting (Biopsy/Cytology Specimens) **396*:** Lung Cancer Reporting (Resection Specimens)
Surgical Care	**21*:** Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second-Generation Cephalosporin **23*:** Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients) **355**:** Unplanned Reoperation within the 30 Day Postoperative Period **357**:** Surgical Site Infection (SSI) **358*:** Patient-Centered Surgical Risk Assessment and Communication	**21*:** Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second-Generation Cephalosporin **23*:** Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)

Appendix A: MIPS Clinically Related Measures Grouped by Clinical Topic *(continued)*

Clinical Topic	MIPS CQMs	Medicare Part B Claims
Internal Eye Care	**12:** Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation **141**:** Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care **384**:** Adult Primary Rhegmatogenous Retinal Detachment Surgery: No Return to the Operating Room Within 90 Days of Surgery **385**:** Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery	**12:** Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation **141**:** Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care
Interventional Radiology	**145*:** Radiology: Exposure Dose Indices or Exposure Time and Number of Images Reported for Procedures Using Fluoroscopy **409**:** Clinical Outcome Post Endovascular Stroke Treatment **413**:** Door to Puncture Time for Endovascular Stroke Treatment **437**:** Rate of Surgical Conversion from Lower Extremity Endovascular Revascularization Procedure **465*:** Uterine Artery Embolization Technique: Documentation of Angiographic Endpoints and Interrogation of Ovarian Arteries	**145*:** Radiology: Exposure Dose Indices or Exposure Time and Number of Images Reported for Procedures Using Fluoroscopy **437**:** Rate of Surgical Conversion from Lower Extremity Endovascular Revascularization Procedure

Appendix B: Specialty Measure Sets with Fewer than 6 Measures

Note: MIPS CQMs that don't have any eligible instances for a clinically related measure should be submitted as 0/0. Qualified vendors don't need to submit anything else to CMS for this scenario as the vendors attest that data they submit has been validated and is true, accurate, and complete to the best of their knowledge. If the vendor is selected for auditing, this may be one of the items audited to determine that the data submitted was true, accurate, and complete.

When reporting specialty measure sets, you're only accountable for the measures available through your chosen collection type for the specialty measure set. For example:

- The Anesthesiology specialty set is included for the Medicare Part B Claims measure collection type because only 1 of the 7 measures can be reported through Medicare Part B Claims; all 7 measures can be reported as MIPS CQMs.
- The Hospitalist specialty set includes 3 measures if you're reporting Medicare Part B Claims measures, and 5 measures if you're reporting MIPS CQMs.

Specialty Measure Set	MIPS CQMs	Medicare Part B Claims
Allergy/ Immunology	N/A	**110:** Preventive Care and Screening: Influenza Immunization **111:** Pneumococcal Vaccination Status for Older Adults **130:** Documentation of Current Medications in the Medical Record **226:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention **317:** Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
Anesthesiology	N/A	**076:** Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections

Appendix B: Specialty Measure Sets with Fewer than 6 Measures *(continued)*

Specialty Measure Set	MIPS CQMs	Medicare Part B Claims
Chiropractic Medicine	N/A	**182:** Functional Outcome Assessment
Clinical Social Work	N/A	**130:** Documentation of Current Medications in the Medical Record **134:** Preventive Care and Screening: Screening for Depression and Follow-Up Plan **181:** Elder Maltreatment Screen and Follow-Up Plan **226:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Dermatology	N/A	**130:** Documentation of Current Medications in the Medical Record **226:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention **317:** Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
Electrophysiology	**348:** Implantable Cardioverter-Defibrillator (ICD) Complications Rate **392:** Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation **393:** Infection within 180 Days of Cardiac Implantable Electronic Device (CIED) Implantation, Replacement, or Revision	N/A

Appendix B: Specialty Measure Sets with Fewer than 6 Measures *(continued)*

Specialty Measure Set	MIPS CQMs	Medicare Part B Claims
Emergency Medicine	N/A	**093:** Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use **254:** Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain **317:** Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented **416:** Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 Through 17 Years
Hospitalists	**005:** 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) **008:** Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) **047:** Advance Care Plan **076:** Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections **130:** Documentation of Current Medications in the Medical Record	**047:** Advance Care Plan **076:** Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections **130:** Documentation of Current Medications in the Medical Record
Infectious Disease	N/A	**110:** Preventive Care and Screening: Influenza Immunization **111:** Pneumococcal Vaccination Status for Older Adults **130:** Documentation of Current Medications in the Medical Record

Appendix B: Specialty Measure Sets with Fewer than 6 Measures *(continued)*

Specialty Measure Set	MIPS CQMs	Medicare Part B Claims
Interventional Radiology	N/A	**076:** Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections **145:** Radiology: Exposure Dose Indices or Exposure Time and Number of Images Reported for Procedures Using Fluoroscopy **437:** Rate of Surgical Conversion from Lower Extremity Endovascular Revascularization Procedure
Neurosurgical	N/A	**021:** Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second-Generation Cephalosporin **023:** Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients) **130:** Documentation of Current Medications in the Medical Record **226:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Nutrition/Dietician	**001:** Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) **128:** Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan **130:** Documentation of Current Medications in the Medical Record **181:** Elder Maltreatment Screen and Follow-Up Plan **431:** Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	**001:** Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) **128:** Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan **130:** Documentation of Current Medications in the Medical Record **181:** Elder Maltreatment Screen and Follow-Up Plan

Appendix B: Specialty Measure Sets with Fewer than 6 Measures *(continued)*

Specialty Measure Set	MIPS CQMs	Medicare Part B Claims
Pathology	N/A	**249:** Barrett's Esophagus **250:** Radical Prostatectomy Pathology Reporting **395:** Lung Cancer Reporting (Biopsy/Cytology Specimens) **396:** Lung Cancer Reporting (Resection Specimens) **397:** Melanoma Reporting
Pediatrics	N/A	**093:** Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use **110:** Preventive Care and Screening: Influenza Immunization **134:** Preventive Care and Screening: Screening for Depression and Follow-Up Plan
Plastic Surgery	N/A	**021:** Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second-Generation Cephalosporin **023:** Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients) **130:** Documentation of Current Medications in the Medical Record **226:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention **317:** Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
Podiatry	N/A	**128:** Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan **154:** Falls: Risk Assessment **155:** Falls Plan of Care **226:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Appendix B: Specialty Measure Sets with Fewer than 6 Measures *(continued)*

Specialty Measure Set	MIPS CQMs	Medicare Part B Claims
Radiation Oncology	**102:** Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients **143:** Oncology: Medical and Radiation – Pain Intensity Quantified **144:** Oncology: Medical and Radiation – Plan of Care for Moderate to Severe Pain	N/A
Speech Language Pathology	**130:** Documentation of Current Medications in the Medical Record **181:** Elder Maltreatment Screen and Follow-Up Plan **182:** Functional Outcome Assessment **226:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	**130:** Documentation of Current Medications in the Medical Record **181:** Elder Maltreatment Screen and Follow-Up Plan **182:** Functional Outcome Assessment **226:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Urgent Care	N/A	**093:** Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use **130:** Documentation of Current Medications in the Medical Record **226:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention **317:** Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented