2019 MIPS

Quality Performance Category Frequently Asked Questions (FAQs)

What is the Quality Performance Category in MIPS?
The Quality performance category within MIPS assesses health process and outcomes through quality measures and is one of four performance categories upon which Eligible Clinicians (ECs) will be judged to determine future Medicare Part B payments by earning points for completion of measures. The MIPS Quality category is not a “pay-for-reporting” program and does not have a “satisfactory reporting requirement” to avoid the penalty.

Each quality measure is converted into a 10 point scoring system which enables the CMS to derive a quality score. A MIPS EC’s performance on quality measures is broken down into 10 “deciles”, with each decile having a value of between 1 and 10 measure achievement points. A total of 60 measure achievement points is available for the Quality performance category. CMS then compares a clinician or group's performance on a quality measure to the performance levels in the national deciles. Therefore, the data you submit for each quality measure is compared to a national benchmark to determine your Quality score, or number of points achieved for each quality measure. By using benchmarks, CMS is able to compare ECs performance on a measure to that of their peers. The baseline period for deriving benchmarks will be two years prior to the performance year, which will enable CMS to publish measure benchmarks prior to the start of the relevant performance year. Each measure will typically earn between 3-10 points based on performance compared to a benchmark.

Am I required to report for the MIPS Quality Category?
For all CRNAs who are subject to MIPS reporting in 2019, reporting quality measures within the Quality Category is highly recommended because the baseline Quality weighting is set to 45% of your final MIPS Score. This means a significant portion of the Quality Performance Category weight will be used to calculate your final MIPS Composite Score. Due to Performance Category exceptions and/or exemptions, your total performance category score may vary.

CRNAs can check their 2019 MIPS participation status with their National Provider Identification Number (NPI) by using the CMS MIPS Participation Status Tool.

What are the full participation requirements for the Quality Category?
To fully participate in the Quality Performance Category, an EC must identify at least six quality measures, one of which is a high priority or outcome measure and meet the data completeness requirement. Quality measures may be selected from the 2019 MIPS Anesthesia Specialty Measure Set or from the CMS Explore Quality Measures site. If fewer than six MIPS measures apply, CRNAs will need to identify alternative non-MIPS measures via a QCDR in order to meet full participation for the Quality category.
To assure data completeness for selected quality measures, individual MIPS eligible clinicians or groups submitting data using QCDRs, qualified registries, or an EHR must report on at least 60 percent of the MIPS eligible clinician or group’s patients that meet the measure’s denominator criteria, regardless of payer for the performance period. CRNAs will achieve fewer points in the quality category if they choose to only partially participate; in other words, submit fewer than 6 measures and/or not meet data completeness. See question 4 to learn about how to achieve points.

**How do I achieve points for measures in the Quality Performance Category?**
Each quality measure that you choose will be assessed for the minimum 20 case requirement, data completeness threshold of reporting on at least 60% of all patients (Medicare and non-Medicare), and the measure benchmark set by CMS. The maximum number of points that can be achieved for a measure is 10 points.

Quality measures that have no CMS set benchmark or do not meet the minimum 20 case requirement, will only receive 3 points. If a measure does not meet the 60% data completeness threshold, then only 1 point can be achieved, except for clinicians reporting from small practices (15 or fewer eligible clinicians). Measures that do not meet the data completeness criteria will earn 1 point, except for a measure submitted by a small practice, which will earn 3 points.

The range of measure achievement points may be lower for some measure performance rates. Some benchmarks could be identified at maximum performance rates without using all 10 deciles.

In the benchmark example below, historical benchmarking showed that the top 40% of clinicians performed at the maximum rate. Therefore, clinicians using this that performed above the 6th decile would receive a maximum performance score of 10 points.

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Measure ID</th>
<th>Submission Method</th>
<th>Measure Type</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes : Eye Exam</td>
<td>117</td>
<td>Registry/ QCDR</td>
<td>Process</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>90.64 - 92.05</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>92.85 - 93.85</td>
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<td></td>
<td></td>
<td>93.54 - 95.37</td>
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<td>95.71 - 99.99</td>
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<td>100</td>
</tr>
</tbody>
</table>

**How does my performance in the Quality Category affect my final MIPS score?**
CMS finalized the Quality Category weight at 45% in 2019 for ECs subject to all four performance categories. However, many CRNAs will be exempt from one or more categories, reweighting their Quality Performance Category weight on their overall MIPS final score. Most CRNAs will find that the Quality performance category will be reweighted up to 85% due to multiple CMS exceptions and/or exemptions.

- CRNAs will find themselves exempt from the Promoting Interoperability (PI) I Category, increasing the Quality Category performance weight to 70%. However, should they choose, CRNAs may participate in the PI category and have their Quality Category weight remain at 45% and the PI will weight remain at 25%.
• CRNAs may likely also have an exception for the Cost Performance Category, weighted at 15% in 2019. This is because CRNAs do not provide trigger services identified by HCPCS/CPT procedure codes that are evaluated for the MSPB, TPCC measures and the 8 new episode-based measures.

What is a performance period for the Quality Performance Category?
The 2019 MIPS performance period for the Quality category is for a full calendar year, from January 1, 2019 through December 31, 2019 and is the period upon which your MIPS scores will be based. The reporting period for the Quality and Cost categories run concurrently with the MIPS performance period. The deadline for data submission vendors to submit quality data on behalf of MIPS ECs is March 31, 2020.

What are the deadlines for the 2019 MIPS reporting year?
The performance period begins on January 1, 2019 and ends December 31, 2019. To successfully participate in MIPS, CRNAs need to collect data for the entire calendar year. CRNAs are encouraged to identify a reporting mechanism such as a Qualified Clinical Data Registry (QCDR) or “traditional” Qualified Registry (which only report MIPS Quality measures to CMS) to meet the 2019 reporting requirements. Once you have chosen your reporting mechanism, your QCDR or Qualified Registry has until March 31, 2020 to submit your quality data to CMS on your behalf.

MIPS Year 3 (2019) Timeline

What factors should I consider when attempting to identify measure for the 2018 MIPS Quality Performance Category?
When selecting measures for reporting the following factors should be considered:

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When selecting measures for reporting the following factors should be considered:
• Clinical conditions commonly treated
• Types of care delivered frequently – preventative, chronic, acute
• Settings where the care is delivered – office, emergency department, surgical suite
• Quality improvement goals for the year
• Other quality reporting programs in use or being considered

It is up to the individual EC or group to determine which measures are eligible to your practice. Modifications to MIPS measure specifications may undergo revisions and updates. CMS provides a list of these changes via the CMS Measure Specifications Manual and Release Notes. CMS states that “All stakeholders should be cognizant of the most up-to-date list and reference it for reporting purposes.” In the manual, a measure will consist of a numerator, denominator, and a rationale. The numerator describes the process or outcome required for performance measurement. The denominator identifies which cases or patient population the measure applies to through codes (e.g., ICD-10, CPT, HCPCS) and additional criteria.

For verification purposes, it is important to identify these changes to assure that you, your group, billers and/or vendors submitting on your behalf are meeting satisfactory reporting based on any updated measure specifications. You should also work with your vendor to select quality measures that are applicable to your practice. It is also important to note that not all measures apply to every anesthesia setting or practice. While the AANA has provided a list of potential measures applicable to CRNAs, it is the responsibility of the CRNA to ultimately choose their measure. The AANA cannot determine which measures may or may not apply to you and your practice. For this reason, the AANA encourages ECs to contact the CMS QualityNet Help Desk at (866) 288-8912 or via email Qnetsupport@hcqis.org to ensure you are reporting applicable measures.

What anesthesia specific measures are available or where can I find them?
CMS has compiled a list of 2019 MIPS Anesthesia Specialty Measure Set that CRNAs may choose from. Along with these MIPS measures, CRNAs may seek out additional measures developed by a Qualified Clinical Data Registry (QCDR). A QCDR is defined by CMS as a, “CMS-approved entity that collects clinical data on behalf of clinicians for data submission.” Examples include, but aren’t limited to, regional collaboratives and specialty societies. CRNAs that choose a QCDR need to refer to the respective QCDR for measure specifications. Please refer to the 2019 QCDR list of vendor options.

The table below lists the 2019 MIPS anesthesia-specific measures that CRNAs may choose to report. These 2019 MIPS measures are targeted toward anesthesia providers. Please note that only 1 out of the 8 CMS 2019 MIPS anesthesia-specific measures can be reported via claims; therefore, this no longer a viable reporting option for CRNAs.

<table>
<thead>
<tr>
<th>MIPS ID#</th>
<th>Measure Title</th>
<th>Measure Type</th>
<th>High Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>44</td>
<td>Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery</td>
<td>Process</td>
<td>No</td>
</tr>
<tr>
<td>76</td>
<td>Prevention of Central Venous Catheter (CVC)-Related Bloodstream Infections</td>
<td>Process</td>
<td>Yes</td>
</tr>
<tr>
<td>226</td>
<td>Tobacco Use Screening and Cessation Intervention</td>
<td>Process</td>
<td>No</td>
</tr>
<tr>
<td>Code</td>
<td>Title</td>
<td>Type</td>
<td>Available</td>
</tr>
<tr>
<td>------</td>
<td>----------------------------------------------------------------------</td>
<td>------------</td>
<td>-----------</td>
</tr>
<tr>
<td>402</td>
<td>Tobacco Use and Help with Quitting Among Adolescents</td>
<td>Process</td>
<td>No</td>
</tr>
<tr>
<td>404</td>
<td>Anesthesiology Smoking Abstinence</td>
<td>Intermediate Outcome</td>
<td>Yes</td>
</tr>
<tr>
<td>424</td>
<td>Perioperative Temperature Management</td>
<td>Outcome</td>
<td>Yes</td>
</tr>
<tr>
<td>430</td>
<td>Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy</td>
<td>Process</td>
<td>Yes</td>
</tr>
<tr>
<td>463</td>
<td>Prevention of Post-Operative Vomiting (POV) – Pediatrics</td>
<td>Process</td>
<td>No</td>
</tr>
</tbody>
</table>

*New for 2019

**What 2019 MIPS reporting options can a CRNA choose from?**

CRNAs may choose from the following reporting options to submit their quality data as individual EPs:

- Qualified Clinical Data Registry (QCDR)
- Qualified Registry
- Electronic Health Record (EHR) *if no EHR, check QCDR or QR
- CMS-Certified CAHPS Survey Vendor

*Special Note: only 1 out the 8 MIPS anesthesia-specific measures can be reported via claims; therefore, claims-based reporting is no longer a viable reporting option for CRNAs who work in traditional anesthesia.

**Group practice reporting options for the 2019 MIPS reporting period include:**

- Electronic Health Record (EHR)
- Qualified Registry
- QCDR
- Web Interface (for 25 or more ECs)

In 2019, clinicians can collect and submit quality measure data through multiple collection types.

**What is the difference between a Qualified Registry and a QCDR?**

A **qualified registry (QR)** is used primarily for reporting MIPS quality data derived from MIPS measures to CMS on your behalf. however, QRs cannot collect and report out on non-MIPS measures. Download the 2019 CMS-approved List of Qualified Registries for more information. The CMS list also offers the MIPS measures supported by the Qualified Registries.

A **qualified clinical data registry (QCDR)** is defined by CMS as a, “CMS-approved entity that collects clinical data on behalf of clinicians for data submission.” Examples include, but aren’t limited to, regional collaborative and specialty societies. QCDRs can’t be owned or managed by an individual, locally owned specialty group. The 2019 CMS-approved list of QCDRs can be found on the QPP Resource Library. The CMS list also offers the QCDR (non-MIPS) measures supported by the QCDR.
The QCDR reporting option is different from a qualified registry because it is not limited to MIPS measures within the Quality Payment Program. The QCDR can host up to 30 “non-MIPS” measures approved by CMS for reporting as well. Measures submitted by a QCDR may include measures from one or more of the following categories:

- Current 2019 QCDR Measures (i.e., CMS approved non-MIPS Measures)
- Current 2019 MIPS measures
- Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CAHPS), which must be reported via CAHPS certified vendor
- National Quality Forum (NQF) endorsed measures
- Measures used by boards or specialty societies
- Measures used by regional quality collaborations
- Other approved CMS measures