Quality Payment PROGRAM

Calendar Year (CY) 2020 Physician Fee Schedule (PFS) Final Rule: Finalized (New and Updated) Qualified Clinical Data Registry (QCDR) and Qualified Registry Policies

Updated 5/8/2020

*CMS is implementing multiple flexibilities to provide relief to clinicians responding to the 2019 Novel Coronavirus (COVID-19) pandemic. Refer to the **Quality Payment Program COVID-19 Response Fact Sheet** for more information.*

This fact sheet summarizes policy updates finalized in the CY 2020 PFS Final Rule, available here, as it pertains to QCDRs and Qualified Registries for the 2020 and 2021 performance period of the Merit-based Incentive Payment System (MIPS). For broader Quality Payment Program policy changes for 2020, including changes to the Quality, Improvement Activities, Promoting Interoperability, and Cost performance categories, readers may reference the 2020 final rule Fact Sheet, Executive Summary, and FAQs.

2020 MIPS Performance Period

Highlights for 2020 include:

- Modestly increasing the data completeness threshold to 70%.
- Medicare Part B Claims measures: 70% sample of Medicare Part B patients for the performance period.
- QCDR measures, MIPS Clinical Quality Measures (CQMs), and electronic clinical quality measures (eCQMs): 70% sample of clinician's or group's patients across all payers for the MIPS performance period.
- Continuing to remove clinically low-bar, standard of care, process measures.
- Addressing benchmarking through the development of flat-rate benchmarks for certain measures to avoid potentially incentivizing inappropriate treatment.
- Focusing on high-priority outcome measures.
- Adding new specialty sets (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.

MIPS Quality Measures that are Added/Removed

- The following MIPS quality measures were added as new measures in the 2020 Performance Period (3 Total):

MIPS Quality ID	Indicator	Collection Type	Measure Type	MIPS Quality Measure Title
476	High Priority (Outcome)	eCQM Specifications	Patient Reported Outcome	International Prostate Symptom Score (IPSS) or American Urological Association-Symptom Index (AUA-SI) change 6-12 months after diagnosis of Benign Prostatic Hyperplasia
477	High Priority (Opioid-Related)	MIPS CQMs Specifications	Process	Multimodal Pain Management
478	High Priority (Outcome)	MIPS CQMs Specifications	Patient Reported Outcome	Functional Status Change for Patients with Neck Impairments

- The following MIPS quality measures were removed in the 2020 Performance Period (42 Total):

MIPS Quality ID	Indicator	Collection Type	Measure Type	MIPS Quality Measure Title
046	CMQC Core Measure Set, High Priority (Care Coordination)	Medicare Part B Claim Specifications, MIPS CQMs Specifications	Process	Medication Reconciliation Post-Discharge
051		Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications	Process	Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation
068		MIPS CQMs Specifications	Process	Hematology: Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy

MIPS Quality ID	Indicator	Collection Type	Measure Type	MIPS Quality Measure Title
091	High Priority (Appropriate Use)	Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications	Process	Acute Otitis Externa (AOE): Topical Therapy
109	High Priority (Patient Experience)	Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications	Process	Osteoarthritis (OA): Function and Pain Assessment
131	High Priority (Care Coordination)	Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications	Process	Pain Assessment and Follow-Up
160	CQMC Core Measure Set	eCQM Specifications	Process	HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis
165	High Priority (Outcome)	MIPS CQMs Specifications	Outcome	Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate
166	High Priority (Outcome)	MIPS CQMs Specifications	Outcome	Coronary Artery Bypass Graft (CABG): Stroke
179		MIPS CQMs Specifications	Process	Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis
192	High Priority (Outcome)	eCQM Specifications, MIPS CQMs Specifications	Outcome	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
223	High Priority (Outcome)	MIPS CQMs Specifications	Patient Reported Outcome	Functional Status Change for Patients with General Orthopedic Impairments

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MIPS Quality ID	Indicator	Collection Type	Measure Type	MIPS Quality Measure Title
255		Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications	Process	Rh Immunoglobulin (Rhogam) for Rh-Negative Pregnant Women at Risk of Fetal Blood Exposure
262	High Priority	MIPS CQMs Specifications	Process	Image Confirmation of Successful Excision of Image-Localized Breast Lesion
271	CQMC Core Measure Set	MIPS CQMs Specifications	Process	Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Related Iatrogenic Injury – Bone Loss Assessment
325	High Priority (Care Coordination)	MIPS CQMs Specifications	Process	Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions
328	High Priority (Outcome)	MIPS CQMs Specifications	Intermediate Outcome	Pediatric Kidney Disease: ESRD Patients Receiving Dialysis: Hemoglobin Level < 10 g/dL
329	High Priority (Outcome)	MIPS CQMs Specifications	Outcome	Adult Kidney Disease: Catheter Use at Initiation of Hemodialysis
330	High Priority	MIPS CQMs Specifications	Outcome	Adult Kidney Disease: Catheter Use for Greater Than or Equal to 90 Days
343	CQMC Core Measure Set, High Priority (Outcome)	MIPS CQMs Specifications	Outcome	Screening Colonoscopy Adenoma Detection Rate

MIPS Quality ID	Indicator	Collection Type	Measure Type	MIPS Quality Measure Title
345	High Priority (Outcome)	MIPS CQMs Specifications	Outcome	Rate of Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS) Who Are Stroke Free or Discharged Alive
346	High Priority (Outcome)	MIPS CQMs Specifications	Outcome	Rate of Asymptomatic Patients Undergoing Carotid Endarterectomy (CEA) Who Are Stroke Free or Discharged Alive
347	High Priority (Outcome)	MIPS CQMs Specifications	Outcome	Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) Who Are Discharged Alive
352	High Priority (Patient Safety)	MIPS CQMs Specifications	Process	Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet
353	High Priority (Patient Safety)	MIPS CQMs Specifications	Process	Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report
361	High Priority (Patient Safety)	MIPS CQMs Specifications	Structure	Optimizing Patient Exposure to Ionizing Radiation: Reporting to a Radiation Dose Index Registry
362	High Priority	MIPS CQMs Specifications	Structure	Optimizing Patient Exposure to Ionizing Radiation: Computed Tomography (CT) Images Available for Patient Follow-up and Comparison Purposes
371		eCQM Specifications	Process	Depression Utilization of the PHQ-9 Tool

MIPS Quality ID	Indicator	Collection Type	Measure Type	MIPS Quality Measure Title
372		eCQM Specifications	Process	Maternal Depression Screening
388	High Priority (Outcome)	MIPS CQMs Specifications	Outcome	Cataract Surgery with Intra-Operative Complications (Unplanned Rupture of Posterior Capsule Requiring Unplanned Vitrectomy)
403	High Priority (Patient Experience)	MIPS CQMs Specifications	Process	Adult Kidney Disease: Referral to Hospice
407	High Priority (Appropriate Use)	Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications	Process	Appropriate Treatment of Methicillin-Susceptible Staphylococcus Aureus (MSSA) Bacteremia
411	High Priority (Outcome)	MIPS CQMs Specifications	Outcome	Depression Remission at Six Months
417	High Priority (Outcome)	MIPS CQMs Specifications	Outcome	Rate of Open Repair of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) Where Patients Are Discharged Alive
428		MIPS CQMs Specifications	Process	Pelvic Organ Prolapse: Preoperative Assessment of Occult Stress Urinary Incontinence
442	CQMC Core Measure Set	MIPS CQMs Specifications	Process	Persistence of Beta-Blocker Treatment After a Heart Attack
446	High Priority (Outcome)	MIPS CQMs Specifications	Outcome	Operative Mortality Stratified by the Five STS-EACTS Mortality Categories

MIPS Quality ID	Indicator	Collection Type	Measure Type	MIPS Quality Measure Title
449	High Priority (Appropriate Use)	MIPS CQMs Specifications	Process	HER2 Negative or Undocumented Breast Cancer Patients Spared Treatment with HER2-Targeted Therapies
454	High Priority (Outcome)	MIPS CQMs Specifications	Outcome	Percentage of Patients who Died from Cancer with More than One Emergency Department Visit in the Last 30 Days of Life (lower score – better)
456	CQMC Core Measure Set, High Priority (Appropriate Use)	MIPS CQMs Specifications	Process	Percentage of Patients who Died From Cancer Not Admitted to Hospice (lower score – better)
467		MIPS CQMs Specifications	Process	Developmental Screening in the First Three Years of Life
474		MIPS CQMs Specifications	Process	Zoster (Shingles) Vaccination

Program Impacts

For further details on the items below, please consult the CY 2020 PFS Final Rule.

Beginning with the 2020 MIPS Performance Period

QCDR Measures

- CMS will consider approval of QCDR measures with consideration of, but not limited to the following factors:
    - The QCDR conducted an environmental scan of existing QCDR measures; MIPS quality measures; quality measures retired from the Physician Quality Reporting System (PQRS) program.
    - The QCDR utilized the most recent CMS Quality Measure Development Plan Annual Report and the Blueprint for the CMS Measures Management System to identify measurement gaps prior to measure development.

- CMS will consider QCDR measure rejections with consideration of, but not limited to, the following factors:
    - QCDR measures that are duplicative or identical to other QCDR measures or MIPS quality measures that are currently in the program.
    - QCDR measures that are duplicative or identical to MIPS quality measures that have been removed from MIPS through rulemaking.
    - QCDR measures that are duplicative or identical to quality measures used under the legacy PQRS program, which have been retired.
    - QCDR measures that meet the "topped out" definition. If a QCDR measure is topped out and rejected, it may be reconsidered for the program in future years if the QCDR can provide evidence through additional data and/or recent literature that a performance gap exists and show that the measure is no longer topped out during the next QCDR measure self-nomination process.
    - QCDR measures that are process-based, with considerations to whether the removal of the process measure impacts the number of measures available for a specific specialty.
    - Whether the QCDR measure has potential unintended consequences to a patient's care. For example, the measure disqualifies a patient from receiving oxygen therapy or other comfort measures.
    - Considerations and evaluation of the measure's performance data, to determine whether performance variance exists.
    - Whether the previously identified areas of duplication have been addressed as requested.
    - QCDR measures that split a single clinical practice or action into several QCDR measures.
    - QCDR measures that are "check-box" with no actionable quality action.
    - QCDR measures that do not meet the case minimum and reporting volumes required for benchmarking after being in the program for 2 consecutive years.
        - If a QCDR believes the low-reported QCDR measure is still important and relevant to a specialist's practice, the QCDR may develop and submit a QCDR measure participation plan for CMS consideration.
    - Whether the existing approved QCDR measure is no longer considered robust, in instances where new QCDR measures are considered to have a more vigorous quality action, where CMS preference is to include the new QCDR measure rather than requesting QCDR measure harmonization.
    - QCDR measures with clinician attribution issues, where the quality action is not under the direct control of the reporting clinician.
    - QCDR measures that focus on rare events or "never events" in the measurement period.
    - If CMS determines that a QCDR measure is not available to MIPS eligible clinicians, groups, and virtual groups reporting through other QCDRs, CMS may not approve the measure.

Updated 5/8/2020

Self-nomination

- All previously approved QCDR measures and new measures that are self-nominated would be reviewed on an annual basis (as a part of the QCDR measure review process that occurs after the self-nomination period closes on September 1st) to determine whether they are appropriate for the program.

Remedial Action and Termination of Third Party Intermediaries

- Remedial action and termination provisions are triggered if CMS determines that a third party intermediary submits a false certification.
- Third party intermediaries may face liability under the federal False Claims Act if they submit or cause to submit false MIPS data.
- A MIPS eligible clinician may learn that their data is inaccurate, unusable, or otherwise compromised before the end of the data submission period and the source data is unaffected. In these instances, the MIPS eligible clinician should submit data that is uncompromised, as much as feasible.
- The threshold for inaccurate, unusable or otherwise compromised data may be met if the submitted data includes, but is not limited to: Tax Identification Number (TIN)/ National Provider Identifier (NPI) mismatches, formatting issues, calculation errors, or data audit discrepancies that affect more than 3 percent of the total number of MIPS eligible clinicians for which the data was submitted by the third party intermediary.
- Prior to discontinuing services, the third party intermediary must support the transition of the MIPS eligible clinician, group, or virtual group to an alternate submitter type (and as needed alternative collection type) or third party intermediary according to a CMS approved transition plan. Otherwise, based on CMS discretion, remedial action or termination may apply.
- In instances where a clinician or group choose to leave a third party intermediary, a transition plan is encouraged, but is not required from a QCDR or a Qualified Registry.

Beginning with the 2021 MIPS Performance Period

QCDR

- QCDRs will be required to provide performance feedback to their clinicians and groups at least 4 times a year on how they compare to other clinicians who have submitted data on a given measure within the QCDR. The ability to provide this feedback must be attested to during the self-nomination process.
- If the QCDR does not receive the data from their clinician until the end of the performance period, this will preclude the QCDR from providing feedback 4 times a year, and the QCDR could be excepted from this requirement.
- QCDRs must be able to submit data for all of MIPS performance categories that require data submission, and Health IT vendors must be able to submit data for at least one such category.
    - The third party intermediary must agree to provide services for the entire performance period and applicable data submission period.
    - The third party intermediary may not be required to submit data for the Promoting Interoperability performance category if it only represents MIPS eligible clinicians, groups, and virtual groups that are eligible for reweighting under the Promoting Interoperability performance category.
        - In addition, QCDRs that support one of the following clinician types (and no others) would be excepted from supporting the Promoting Interoperability performance category:
            - occupational therapists
            - qualified speech-language pathologists
            - qualified audiologists
            - clinical psychologists
            - registered dieticians or nutrition professionals
    - In contrast, a QCDR cannot be excepted from this requirement and must be able to submit data for the Promoting Interoperability performance category so long as it supports any clinician, group or virtual group that uses CEHRT and is not identified as eligible for reweighting of the Promoting Interoperability performance category.
    - The intent of requiring QCDRs to support all three performance categories is to reduce reporting burden on behalf of the clinician who may have previously been forced to use multiple submission types to report to CMS for purposes of MIPS.
    - QCDRs will be required to link their QCDR measures as feasible to at least one of the following at the time of self-nomination: cost measure, Improvement Activity, or a MIPS Value Pathway (MVP). If there is no clear link, CMS would consider exceptions if the potential QCDR measure otherwise meets the QCDR measure requirements and considerations.

Updated 5/8/2020

QCDR Measures

- Newly finalized QCDR measure considerations and requirements for approval apply to all QCDR measures, regardless of whether they have been approved for previous performance periods or are new QCDR measures. CMS will not grandfather in previously approved QCDR measures.
- CMS may have 2-year QCDR measure approval, but upon annual review, the second year's approval may be revoked if a QCDR measure approved for 2 years is: topped out; duplicative of a more robust measure; reflects an outdated clinical guideline; requires measure harmonization; or the QCDR self-nominating the QCDR measure is no longer in good standing.
- CMS will include the following QCDR measure considerations for approval:
    - Preference for measures that are outcome-based rather than clinical process measures.
    - Measures that address patient safety and adverse events.
    - Measures that identify appropriate use of diagnosis and therapeutics.
    - Measures that address the domain of care coordination.
    - Measures that address the domain for patient and caregiver experience.
    - Measures that address efficiency, cost, and resource use.
    - Note: previously finalized requirements also include measures that are beyond the measure concept phase of development, and measures that address significant variation in performance.

Qualified Registries

- Qualified Registries will be required to provide performance feedback at least 4 times a year and provide specific feedback to their clinicians and groups on how they compare to other clinicians who have submitted data on a given measure within the Qualified Registry. The ability to provide this feedback must be attested to during the self-nomination process.
- If the Qualified Registry does not receive the data from their clinician until the end of the performance period, this will preclude the Qualified Registry from providing feedback 4 times a year, and the Qualified Registry could be excepted from this requirement.
- Qualified Registries must be able to submit data for all of MIPS performance categories that require data submission, and Health IT vendors must be able to submit data for at least one such category.
    - The third party intermediary must agree to provide services for the entire performance period and applicable data submission period.
    - The third party intermediary may not be required to submit data for the Promoting Interoperability performance category if it only represents MIPS eligible clinicians, groups, and virtual groups that are eligible for reweighting under the Promoting Interoperability performance category.
        - In addition, Qualified Registries that support one of the following clinician types (and no others) would be excepted from supporting the Promoting Interoperability performance category:

- occupational therapists
- qualified speech-language pathologists
- qualified audiologists
- clinical psychologists
- registered dieticians or nutrition professionals

  - In contrast, a Qualified Registry cannot be excepted from this requirement and must be able to submit data for the Promoting Interoperability performance category so long as it supports any clinician, group or virtual group that uses CEHRT and is not identified as eligible for reweighting of the Promoting Interoperability performance category.
  - The intent of requiring Qualified Registries to support all three performance categories is to reduce reporting burden on behalf of the clinician who may have previously been forced to use multiple submission types to report to CMS for purposes of MIPS.

Self-nomination

- All QCDR measures must be fully developed and tested, with complete testing results at the clinician level, prior to submitting the QCDR measure at the time of self-nomination. QCDR measure testing requirements will align with current standards used for measures under the Call for Measures process for MIPS quality measures.
  - CMS is delaying the implementation of the completion of QCDR measure testing policy by 1 year. Specifically, we are amending § 414.1400(b)(3)(v)(C) to state that beginning with the 2022 performance period, all QCDR measures must be fully developed and tested, with complete testing results at the clinician level, prior to submitting the QCDR measure at the time of self-nomination.
- QCDRs are required to collect data on a QCDR measure, appropriate to the measure type, prior to submitting the QCDR measure for CMS consideration during the self-nomination period. The data collected must demonstrate whether the QCDR measure is valid and reflects an important clinical concept(s) that clinicians wish to be measured on.
  - CMS is delaying the implementation of the collection of data requirement for QCDR measures policy by one year. Beginning with the 2022 performance period, QCDRs are required to collect data on a QCDR measure, appropriate to the measure type, prior to submitting the QCDR measure for CMS consideration during the self-nomination period.
- In instances where an existing QCDR measure has been in MIPS for 2 years, and has failed to reach benchmarking thresholds due to low adoption, where a QCDR believes the low-reported QCDR measure is still important and relevant to a specialist's practice, that the QCDR may develop and submit to a QCDR measure participation plan, to be submitted as part of their self-nomination.

Version History Table

Date	Change Description
5/8/2020	Added disclaimer language regarding changes to 2019 MIPS in response to COVID-19.
11/1/2019	Original posting

Updated 5/8/2020