Quality Payment
PROGRAM

The Merit-based Incentive Payment System Quality Performance Category Eligible Measure Applicability (EMA) Fact Sheet

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) combines many programs into a single system that rewards doctors and other clinicians for better care. You will be able to practice like you always have, but you may earn higher Medicare payments based on your performance and when you take part in important activities. There are two ways to participate: the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (Advanced APMs).

Under MIPS, there are four performance measure categories that will affect Medicare payments:

- Quality
- Improvement Activities
- Promoting Interoperability
- Cost

This means we will look at measures and activities you submit, or are calculated on your behalf, in these four categories for the care you provide.

Under the Quality performance category, if you do not submit enough measures, we will use the Eligibility Measure Applicability (EMA) process to see if there may be other measures that you could have reported to show us your performance.

What is the Eligible Measure Applicability (EMA) process?

We will use the Eligibility Measure Applicability (EMA) process to see if there are clinically related measures you could have submitted if you submit:

- Your quality data through claims or a qualified registry, and
- Less than the required quality measures for a program year.

For 2018, there are 275 quality measures available. To participate in 2018, you are expected to:

- Submit six quality measures; one of them is required to be an outcome measure, if available. If an outcome measure is not available, then you must submit a high priority measure. You or your group would also have to meet the data completeness requirement (60% or more of denominator eligible encounters) for each measure submitted; **or**
- Submit a complete specialty measure set.

If you or your group don't meet the requirements above, the EMA process:

- Determines whether you could have submitted more measures, including outcome and high priority measures.
- Adjusts the scoring to reflect the number of available measures.

How does the EMA process tell if another measure was available?

This process is based on clinical relationships related to the measure(s) submitted:

STEP 1 (Registry and Claims Measures): Clinical Relation Test sees if there are more clinically related quality measures based on the one to five quality measures you submitted.

OR

Clinical Relation and Outcome/High Priority Test sees if none of the six or more quality measures you submitted are an outcome or high priority measure, are any clinically related to an outcome or high priority.

STEP 2 (Claims Measures only): Minimum Threshold Test looks at the Medicare claims you submitted to see if there are at least 20 denominator eligible instances for any available but un-submitted claims measures found in Step 1. This EMA step only applies to measures submitted via claims. This test is separate from the MIPS requirement that you need 60% data completeness to get a benchmark performance calculation in the 2018 performance year. This step does not apply to measures submitted by Qualified Registries.

What should be submitted if EMA identifies a clinically related Registry measure, but the eligible clinician does not have denominator eligibility?

Registry measures submitted by Qualified Registries that do not have any eligible instances for a clinically related measure should be submitted as 0/0 (0s in the numerator and denominator). The analysis of the data would account for this when evaluating the score as it is related to EMA. Qualified Registries do not 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.

Which data submission mechanisms are used with EMA?

The EMA process is only used with claims or qualified registry data submissions. We don't use the EMA on Qualified Clinical Data Registry (QCDR) and Certified Electronic Health Record Technology (CEHRT) submissions because the clinical relationship pattern analysis (previously known as cluster analysis) either doesn't apply or can't be done within the current QCDR or CEHRT certification requirements. If you use QCDR or CEHRT to submit your quality data, we won't check to see if the expected six quality measures should be reduced.

Also, we won't use the EMA for group Quality category performance when you submit your data through the CMS Web Interface.

What is EMA's impact on the Quality performance category calculation and score?

The Quality performance category score generally has a denominator of 60 to show the maximum number of measure achievement points for each of the six required measures (i.e. 10 points x 6 measures = 60 points)[1]. If you submit less than six measures or don't submit an outcome/high priority measure, then the number of required measures may be reduced if EMA finds that there are no more quality measures that you could have submitted. If, based on the two steps above, we see that you could have submitted more quality measures, the Quality performance category denominator will not be reduced and the missing measures (or lowest scored measure for not submitting an outcome/high priority measure) will receive a score of zero measure achievement points.

Here is EMA's practical effect when you submit less than six measures:

You submit four measures through a registry and meet the data completeness criteria for each measure. EMA then looks to see if any of the measures you submitted apply to the clinical relationships mapped in EMA clinical quality measure relationships. Here are three use-cases that show the impact of EMA assessments and their performance score recalculations when you submit **four (4) measures**:

1. In the first use-case, EMA finds **you couldn't have submitted any, or zero (0),** additional quality measures. The maximum number of points you can earn in the Quality performance category (the denominator) is lowered from 60 measure points to 40 measure points so you're not penalized.
2. In the second use-case, EMA finds **one (1)** additional clinically related measure, which lowers the denominator from 60 points to 50 points. (Note: Step two would apply if you had submitted measures via claims.)
3. In the third use-case, EMA finds **two or more (2+)** additional clinically related measures are applicable, and the quality category denominator remains 60 points. (Note: Step two would apply if you had submitted measures via claims.)

In the three cases, the EMA affects your calculated performance and score differently based on the number of un-submitted, clinically related measures.

Here are calculation examples that go with the three use-cases above. The examples assume you earned 38 quality category points for the four measures you reported, including your measure achievement points and bonus points. The calculation examples use MIPS scoring

[1] The denominator would increase to 70 measure points when the readmission measure is applicable.

criteria standard performance category weights and assume there is no improvement scoring to factor into the Quality performance category score.

1. **Calculation example 1: EMA finds zero (0) additional clinically related measures**

MIPS Post-EMA Quality Performance Category Score = (38 achievement and bonus measure points/40 total maximum achievement measure points) x (quality performance category weight of 50%) x 100 = 47.5 points toward your total MIPS final score.

2. **Calculation example 2: EMA finds one (1) additional clinically related measures**

MIPS Post-EMA Quality Performance Category Score = (38 achievement and bonus measure points/50 total maximum achievement measure points) x (quality performance category weight of 50%) x 100 = 38 points toward your total MIPS final score.

3. **Calculation example 3: EMA finds two or more (2+) additional clinically related measures**

MIPS Post-EMA Quality Performance Category Score = (38 achievement and bonus measure points/60 total maximum achievement measure points) x (quality performance category weight of 50%) x 100 = 31.7 points toward your total MIPS final score.

Here is EMA's practical effect when you submit six or more measures, but no outcome or other high priority measures:

You submit six measures via claims and meet the data completeness criteria for each measure; however, you do not submit an outcome or other high priority measure. EMA then looks to see if any of the measures you submitted are clinically related to an outcome or high priority measure. Here are three use-cases that show the impact of EMA assessments on scoring when you submit **six (6) measures**:

1. In the first use-case, EMA does not find any, or **zero (0), clinically related outcome or high priority measures**. The quality denominator remains 60 points, and all six measure scores contribute to your Quality performance category score.
2. In the second use-case, EMA finds **one clinically related outcome or high priority measure in Step one. In Step two, EMA determines you had less than 20 denominator-eligible instances for the unreported, clinically related outcome or high priority measure**. The quality denominator remains 60 points, and all six measure scores contribute to your Quality performance category score.
3. In the third use-case, EMA finds **one clinically related outcome or high priority measure in Step one. In Step two, EMA determines you had 20 or more denominator-eligible instances for the unreported, clinically related outcome or high priority measure**. The quality denominator remains 60 points, but only the top five scoring measures will contribute to your Quality performance category score. In this instance, you receive zero out ten points for the available but unreported outcome or high priority measure.

What happens if my group or I don't meet the case minimum?

How does EMA work if my group or I don't meet the case minimum for measure(s)?

For submitted quality measures that don't meet the case-minimums for MIPS, you or your group would earn three points for the quality measure in 2018, which EMA will not change. EMA is used if you submitted less than six measures (or don't submit an outcome or other high priority measure) to find out if you should have submitted additional measures.

What happens if my group or I don't meet data completeness?

How does EMA work if we don't meet data completeness requirements for one or more the measures we submitted?

EMA only applies when all the measures you submitted meet data completeness requirements, which is 60% for the 2018 performance year. If any of the measures you submitted don't meet data completeness requirements, EMA will not apply and your denominator will not be reduced.

What do I need to know about specialty measure sets and EMA?

How do the specialty measure sets relate to the clinically related measures in EMA?

The clinically related measures in EMA are either:

- A subset of the specialty measure set.
- Measures not included in a specialty measure set.

If you or your group submit the full specialty measure set for the data submission method you chose, EMA won't apply to you. For the specialty measure sets that have fewer than six measures, EMA won't apply if you submit all measures in the specialty measure set for the data submission method you chose. If you submit all quality measures from an available specialty measure set with fewer than six measures, the Quality performance category score denominator will be lowered to the number of measures in the specialty measure set regardless of your submission method.

If my group or I submit all measures within a specialty measure set, can we choose to only submit the clinically related measures defined in EMA?

You or your group should submit all measures that apply to your scope of practice and not limit your submission to clinically related measures. For maximum performance in the Quality performance category, it's expected that six measures, including high priority and outcome measures, are available and broadly applicable. Also, specialty measures sets give you or your group guidance about which measures apply to your specialty. EMA is an assessment made in the performance and scoring process to make sure you've submitted all the measures that apply.

Where can I find measures & when are they updated?

Where can I find the EMA specialty measure sets and the clinically related measures?

You can find the specialty measure sets in the 2018 Quality Payment Program Measures List or on the Quality Payment Program website (use the filter for your specialty). You can find EMA clinically related measures in the "2018 Quality Payment Program Eligible Measure Applicability (EMA) for Claims Data Submission of Individual Quality Measures" and the "2018 Quality Payment Program Eligible Measure Applicability (EMA) for Registry Data Submission of Individual Quality Measures" files included in the EMA zip file.

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 EMA clinically related measures through a sub-regulatory process. We get stakeholder input through collaborative review and feedback.

Where can I get more information about EMA?

If you have questions, the Quality Payment Program can help and will be able to direct your call to the staff to best meet your needs. You can reach the Quality Payment Program at 1-866-288-8292 or 1-877-715-6222 (TTY) Monday – Friday, 8:00 AM – 8:00 PM Eastern Time or by email at qpp@cms.hhs.gov.