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'll 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
- Advancing care information
- Cost

This means we'll look at measures you submit in these four categories about the care you provide. Under the Quality performance category, if you don't submit enough measures, we'll 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's the Eligible Measure Applicability (EMA) process?

We'll 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 2017, there are 274 quality measures available. For full participation in 2017, you're 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 have to submit a high priority measure. You or your group would also have to meet the data completeness requirement (50% or more of denominator eligible encounters) for each measure submitted; or
- Submit a complete specialty measure set. All of the measures in a specialty set will be assessed when less than 50% of denominator eligible instances are submitted.

If you or your group submits data on less than six measures, the EMA process:

- Uses a clinical relations test to see if you could or couldn't have submitted more measures, including outcome and high priority measures.
- Adjusts the scoring to accurately reflect how the clinical relations test affected your or your group's performance.

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

There's a two-step process used to see if more quality measures applied to you or your group. This process is based on clinical relationships related to the measure(s) submitted:

1. **Step 1: 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 if none of the six or more quality measures you submitted are an outcome or high priority measure, this test sees if any are clinically related to an outcome or high priority.
2. **Step 2: Minimum Threshold Test looks at the Medicare claims you submitted** to see if there are at least 20 denominator eligible instances for any extra measures found in Step 1. This EMA step only applies to the claims data you submitted. This test is separate from the MIPS requirement that you need 50% data completeness to get a benchmark performance calculation in the 2017 performance year.

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 or Qualified Clinical Data Registry (QCDR) and Certified Electronic Health Record Technology (CEHRT) submission 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's EMA's impact on the quality category performance 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 6 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 2 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) would receive a score of zero measure achievement points.

Here's EMA's practical effect:

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 quality performance category score is then 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 measure points applicable to 50 points from 60 points.
3. In the third use-case, EMA finds **2 or more (2+)** additional clinically related measures are applicable, and the quality category denominator for measures applicable isn't reduced from 60 points.

In the three cases, the EMA affects your calculated performance and score differently based on measures applicable.

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 criteria standard performance category weights.

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 60 percent) x 100 = 57 points toward your total MIPS final score.

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

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

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 60 percent) x 100 = 45.6 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 60 percent) x 100 = 38 points toward your total MIPS final score.

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 quality measures that don't meet the case-minimums for MIPS, you or your group would earn three points for the quality measure in 2017, which EMA will not change. EMA is used if you submitted less than six measures to find if you should have submitted additional measures.

How do the reporting periods work with EMA?

How do the different reporting periods (i.e. 90 day, full year) apply to EMA?

In the MIPS transition year (2017), you have the opportunity to "Pick-Your-Pace" for MIPS participation. No matter which performance period you choose, EMA will apply if you report less than six measures or if you don't submit an outcome/high priority measure. For claims-based EMA, we'll use the whole full year performance period regardless of the reporting periods for reporting (i.e. 90-day, full year) to analyze the 20 denominator eligible minimum threshold.

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

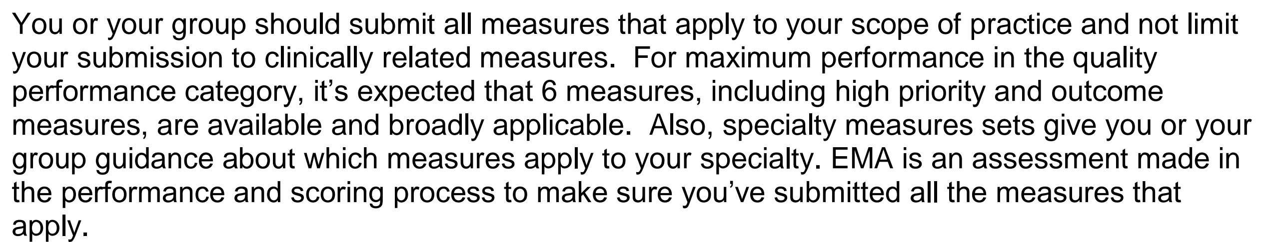
How do the specialty measure sets relate to the clinically related measures in EMA?

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 less than 6 measures, EMA won't apply as long as 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 for the data submission method you chose, the quality performance category score denominator will be lowered to the number of measures in the specialty measure set.

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 6 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 2017 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 "2017 Quality Payment Program Eligible Measure Applicability (EMA) for Claims Data Submission of Individual Quality Measures" and the "2017 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?

- Quality Payment Program Service Center - If you have questions, the Quality Payment Program Service Center 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 Service Center 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.