

The 2019 Merit-based Incentive Payment System Quality Performance Category Eligible Measure Applicability (EMA) Fact Sheet

What is the Eligible Measure Applicability process?

For the 2019 performance period, there are more than 250 measures available to report 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, one of which must be an outcome measure, if available. If an outcome measure is not available, then you must submit a high priority measure;
OR
- Submit a complete specialty measure set if the specialty measure set contains less than 6 measures.

The Eligible Measure Applicability process checks if there are additional clinically related quality measures you could have submitted when:

- You're in a small practice and choose Medicare Part B claims as your collection type;
OR
You work with a third-party intermediary to collect and submit MIPS Clinical Quality Measures (CQMs):
AND
- You submit fewer than 6 measures, or no outcome or high priority measure, and all of your submitted measures are either the Medicare Part B claims or MIPS Clinical Quality Measure collection type

If you or your group don't meet the requirements for reporting Medicare Part B claims measures or MIPS CQMs, the EMA process:

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



What's a collection type?

It's a set of quality measures with comparable specifications and data completeness criteria. For 2019, MIPS eligible clinicians could select their quality measures from 6 different collection types:

- electronic clinical quality measures (eQMs);
- MIPS clinical quality measures (MIPS CQMs) (formerly referred to as "Registry measures");
- Qualified Clinical Data Registry (QCDR) measures;
- Medicare Part B claims measures (only available for small practices);
- CMS Web Interface measures;
- the CAHPS for MIPS survey measure.

Groups and virtual groups with 16 or more clinicians are automatically evaluated for the All-Cause Hospital Readmission measure, collected by CMS via administrative claims.

Which collection types are eligible for EMA?

The EMA process is only applied to the **Medicare Part B claims measure** and **MIPS CQM** collection types. We don't apply the EMA process to Qualified Clinical Data Registry (QCDR) measures or eQMs collected in Certified Electronic Health Record Technology (CEHRT) 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 submit any QCDR measures or eQMs, alone or in combination with Medicare Part B claims measures or MIPS CQMs, you are expected to submit 6 quality measures.

The EMA process is not applied to quality measures submitted through the CMS Web Interface.

How does the EMA process work?

This two-step process is based on the clinical relationships between quality measures. These clinical relationships are documented for Medicare Part B claims measures and for MIPS CQMs.

STEP 1: Clinical Relation Test sees if there are more clinically related quality measures based on the 1 to 5 quality measures you submitted.

OR

Clinical Relation and Outcome/High Priority Test sees if any of the 6 or more quality measures you submitted are clinically related to an outcome or high priority measure (when no outcome or high priority measure was submitted).

STEP 2: Minimum Threshold Test looks at the denominator eligible population.

- **Medicare Part B Claims measures:** We look at the Medicare Part B claims you submitted to see if there are at least 20 denominator eligible instances for any clinically related but unreported Medicare Part B claims measures found in Step 1. Unreported but clinically related quality measures, with less than 20 denominator eligible instances, will not be included in the denominator for the Quality performance category.
- **MIPS CQMs (submitted by a third-party intermediary):** We review the eligible population for any clinically related measure submitted with no performance data. Clinically related measures with a 0% reporting rate and an eligible population less than 20 will not be included in the denominator of the Quality performance category.

Note: Reported quality measures do not have to meet the 60% data completeness requirement to be eligible for the EMA process. However, quality measures that don't meet the data completeness requirement will only earn 1 achievement point towards the Quality performance category score (3 points for small practices).

What do we submit if the MIPS eligible clinician does not have 20 denominator eligible instances for a clinically related MIPS CQM?

When a MIPS eligible clinician or group has less than 20 eligible instances for a MIPS CQM that is clinically related to the other MIPS CQMs they are reporting, their third-party intermediary will still need to include that MIPS CQM in the submission.

In the instance where the MIPS eligible clinician or group doesn't have any denominator eligible instances, the MIPS CQM(s) should be submitted as 0/0 (0s in the numerator and denominator). It's important to note that this only applies when there are 0 eligible instances for a clinically related measure.

Third-party intermediaries must submit a denominator that accurately reflects the MIPS eligible clinician or group's eligible population for the measure, even if no performance data was collected. Provided there are fewer than 20 eligible instances, the denominator will be reduced as a result of the minimum threshold test.

No supporting documentation is required at submission, 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.

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 6 required measures (i.e. 10 points x 6 measures = 60 points)¹.

- If you submit less than 6 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 0 measure achievement points.

Here is EMA's practical effect when you submit less than 6 quality measures:

If you submit 4 MIPS CQMs through a third-party intermediary, EMA looks to see if any of the measures you submitted apply to the clinical relationships mapped in EMA clinical quality measure relationships. Here are 4 use-cases that show the impact of EMA assessments when you submit **4 measures** and the calculation examples that go with each use case.

- Unless otherwise noted in the use case, all 4 measures have data completeness greater than 0%.
- The calculation examples assume you earned 28 quality category points for the 4 measures you submitted, including your measure achievement points and bonus points.
- The calculation examples use MIPS scoring criteria standard performance category weights and assume there is no improvement scoring to factor into the Quality performance category score.

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

1. EMA finds **0 clinically related, unreported** MIPS CQMs. 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.

Example:



2. EMA finds **1 clinically related, unreported** MIPS CQM which lowers the denominator from 60 measure points to 50 measure points.

Example



3. EMA finds **2 or more clinically related, unreported** MIPS CQMs, and the quality category denominator remains 60 measure points.

Example:



- EMA finds **0 clinically related, unreported MIPS CQMs** (step 1). **1 of the 4 submitted measures has a 0% reporting rate and 12 eligible instances** (step 2). The maximum number of points you can earn in the Quality performance category (the denominator) is lowered from 60 measure points to 30 measure points.

Example:



Here is EMA's practical effect when you submit 6 or more measures, but no outcome or other high priority measures:

You submit 6 Medicare Part B claims measures; 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 claims measure. Here are 3 examples that show the impact of EMA assessments on scoring when you submit **6 measures**:

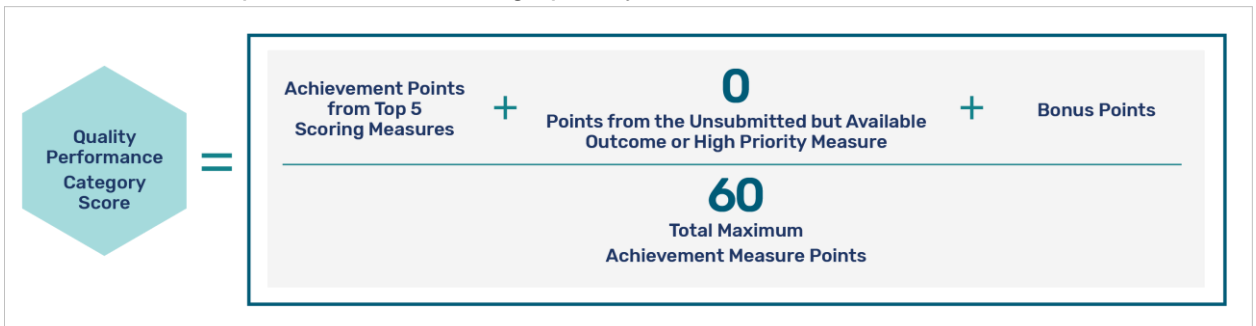
- In the first use-case, EMA finds **0 clinically related outcome or high priority Medicare Part B claims measures**. The quality denominator remains 60 points, and all 6 measure scores contribute to your Quality performance category score.



- In the second use-case, EMA finds **1 clinically related outcome or high priority claims measure** in Step 1. In Step 2, 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 6 measure scores contribute to your Quality performance category score.




- In the third use-case, EMA finds **1 clinically related outcome or high priority measure** in Step 1. In Step 2, 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 5 scoring measures will contribute to your Quality performance category score. In this instance, you receive 0 out of 10 points for the available but unreported outcome or high priority measure.



When is EMA applied to my submission?

When you submit less than 6 MIPS CQMs, the EMA process is applied at the point of submission and the results will be available immediately in preliminary scoring. If you don't see a reduced denominator in your preliminary scoring, then your submission either doesn't qualify for the EMA process or unreported, clinically related measures were identified during the EMA process. Please note that scoring is updated each time a new submission is made and real time results are provided based on the submission data.

For Medicare Part B claims measures, the EMA process is applied after the close of the submission period, to ensure that all claims have been processed and attributed to your quality submission.



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 or MIPS CQMs) available to you and don't see that the EMA process was applied to your submission once Final Score results are available, you may need to request a targeted review.

What happens if my group or I don't meet the case minimum for a measure(s)?

For submitted quality measures that meet data completeness but don't meet the case-minimums for MIPS, you or your group would earn three points for the quality measure in 2019, which EMA will not change. EMA is used if you submitted less than 6 measures (or don't submit an outcome or other high priority measure) to find out if you should have submitted additional measures. Clinically related measures that are submitted (or calculated) with a 0% reporting rate will be excluded from scoring if they don't meet case minimum.

What happens if my group or I don't meet data completeness requirements for one or more the measures we submitted?

Your submission can still be eligible for EMA, even if one or more of your submitted measures don't meet the 60% data completeness requirement. However, these measures will only earn 1 achievement point towards the category score (3 points for small practices).

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. If you submit all quality measures from a specialty measure set with fewer than 6 measures, the Quality performance category score denominator will be lowered to the number of quality measures in the specialty measure set regardless of your submission method.

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

No. You should submit all quality measures that apply to your scope of practice and not limit your submission to clinically related measures. Specialty measures sets were created to help you identify quality measures that apply to your specialty. The EMA process was established to support clinicians and groups who may not have 6 quality measures available for and applicable to their practice.

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

You can find the specialty measure sets in the [Explore Measures](#) tool for the 2019 performance year on the Quality Payment Program website (use the filter for your specialty). You can find EMA clinically related measures in the 2019 MIPS EMA for Medicare Part B Claims and 2019 MIPS EMA for MIPS CQMs 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?

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](mailto:gpp@cms.hhs.gov) at gpp@cms.hhs.gov.

Version History

Date	Comments
August 2019	Original posting