

### III. **MIPS Performance and Quality Improvement Documentation Worksheet**

This resource focuses on the *Quality* and *Improvement Activities* performance categories of MIPS, explaining the general requirements and providing practical information on finding measures and activities that are relevant to the rural CLL care.

#### **2020 Quality Performance Category**

The Quality performance category measures your performance on clinical practices and patient outcomes. The Quality performance category has a 12-month performance period (January 1 – December 31, 2020), which means you must collect data for each measure for the full calendar year.

#### **To meet the Quality performance category requirements, you must report:**

- 6 Quality measures (including at least 1 outcome measure or high-priority measure in absence of an applicable outcome measure); OR
- A defined specialty measure set or sub-specialty measure set (if the measure set has fewer than 6 measures, you need to submit all measures within that set); OR
- All quality measures included in the CMS Web Interface (an internet-based application available to groups and virtual groups with 25 or more eligible clinicians – advanced registration is required).

#### ***Flexibilities for Small, Underserved, and Rural Practices***

- For PY 2020, CMS continues to award small practices 3 points for measures in the Quality performance category that don't meet data completeness requirements (less than 70%).
- CMS also continues to award 6 bonus points to small practices. These bonus points will be included in the Quality performance category as long as 1 measure is submitted.

#### ***How Do You Choose Your Quality Measures?***

There are more than [200 MIPS Quality measures](#) available for reporting in the 2020 performance period. These measures are available through different collection types, some of which require you to work with a third party such as a Qualified Registry to collect and submit your data, while other collection types allow you to report measures yourself.

In the following table you'll find a list of Quality measures we've identified to be relevant to the rural CLL care. To learn more details about the documentation requirements for each measure, click on the **Collection Type and Documentation** link. To search for additional Quality measures, you can also use the [Explore Measures & Activities](#) tool on the CMS/QPP website.

Measure Title	Measure Description	Collection Type and Documentation
Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry	Percentage of patients aged 18 years and older, seen within a 12-month reporting period, with a diagnosis of chronic lymphocytic leukemia (CLL) made at any time during or prior to the reporting period who had baseline flow cytometry studies performed and documented in the chart.	- <a href="#">MIPS clinical quality measures (MIPS CQMs)</a>
Advance Care Plan	Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.	- <a href="#">Medicare Part B claims measures</a> - <a href="#">MIPS clinical quality measures (MIPS CQMs)</a>
Closing the Referral Loop: Receipt of Specialist Report	Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	- <a href="#">Electronic clinical quality measures (eQMs)</a> - <a href="#">MIPS clinical quality measures (MIPS CQMs)</a>
Documentation of Current Medications in the Medical Record	Percentage of visits for patients aged 18 years and older for which the MIPS eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	- <a href="#">Medicare Part B claims measures</a> - <a href="#">Electronic clinical quality measures (eQMs)</a> - <a href="#">MIPS clinical quality measures (MIPS CQMs)</a>
Oncology: Medical and Radiation - Pain Intensity Quantified	Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified.	- <a href="#">Electronic clinical quality measures (eQMs)</a> - <a href="#">MIPS clinical quality measures (MIPS CQMs)</a>
Oncology: Medical and Radiation - Plan of Care for Moderate to Severe Pain	Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain.	- <a href="#">MIPS clinical quality measures (MIPS CQMs)</a>
Percentage of Patients Who Died from Cancer Receiving Chemotherapy in the	Percentage of patients who died from cancer receiving chemotherapy in the last 14 days of life.	- <a href="#">MIPS clinical quality measures (MIPS CQMs)</a>

Last 14 Days of Life (lower score - better)		
Percentage of Patients Who Died from Cancer Admitted to the Intensive Care Unit (ICU) in the Last 30 Days of Life (lower score - better)	Percentage of patients who died from cancer admitted to the ICU in the last 30 days of life.	- <a href="#">MIPS clinical quality measures (MIPS CQMs)</a>
Percentage of Patients Who Died from Cancer Admitted to Hospice for Less than 3 days (lower score - better)	Percentage of patients who died from cancer, and admitted to hospice and spent less than 3 days there.	- <a href="#">MIPS clinical quality measures (MIPS CQMs)</a>

### **2020 Improvement Activities Performance Category**

The Improvement Activities performance category assesses your participation in clinical activities that support the improvement of clinical practice, care delivery, and outcomes.

Small practices, especially those in rural locations and in health professional shortage areas, are required to report only 2 activities to receive the maximum score of 40 points in this performance category.

For small practices or those located in a rural or health professional shortage area:

- Medium-weighted activities are worth 20 points of the total Improvement Activity performance category score
- High-weighted activities are worth 40 points of the total Improvement Activity performance category score

### ***How to Find Improvement Activities Relevant to Your Practice?***

There are a number of resources to help you find Improvement Activities relevant to your practice:

- Search using the [Explore Measures & Activities](#) tool on CMS/QPP website
- Explore the [2020 Improvement Activities Inventory](#) on the QPP Resource Library
- Explore the 2020 Specialty Guides on the QPP Resource Library (TIP: filter by “Resource Type”)

For PY 2020, you can report participation in CME activities that address performance and/or quality improvement to fulfill MIPS requirements for Improvement Activities performance category. To report completion of a CME activity for MIPS, use Improvement Activity ID IA\_PSPA\_28 (*Completion of an Accredited Safety or Quality Improvement Program*).