MIPS Year 5 (2021) New Quality Measures for Inclusion in MIPS

Quality#: 479 – Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups

Description: This measure is a re-specified version of the measure, "Risk-adjusted readmission rate (RARR) of unplanned readmission within 30 days of hospital discharge for any condition" (NQF 1789), which was developed for patients 65 years and older using Medicare claims. This re-specified measure attributes outcomes to MIPS participating clinician groups and assesses each group's readmission rate. The measure comprises a single summary score, derived from the results of five models, one for each of the following specialty cohorts (groups of discharge condition categories or procedure categories): medicine, surgery/gynecology, cardio-respiratory, cardiovascular, and neurology.

High Priority Measure: Yes (Outcome)

Collection Type: Administrative Claims

Measure Implementation:

1. 200 Case Minimum
2. 1-Year measurement period (January 1st – December 31st)
3. Only applies to groups, virtual groups and APM Entities with 16 or more clinicians that meet case minimum

Quality#: 480 – Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) for Merit-based Incentive Payment System (MIPS)

Description: This measure is a re-specified version of the measure, "Hospital-level Risk-standardized Complication rate (RSCR) following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)" (National Quality Forum 1550), which was developed for patients 65 years and older using Medicare claims. This re-specified measure attributes outcomes to Merit-based Incentive Payment System participating clinicians and/or clinician groups ("provider") and assesses each provider's complication rate, defined as any one of the specified complications occurring from the date of index admission to up to 90 days post date of the index procedure.

High Priority Measure: Yes (Outcome)

Collection Type: Administrative Claims

Measure Implementation:

1. 25 Case Minimum
2. 3-Year measurement period (October 1st – September 30th)
3. Applies to individual clinicians, groups and virtual groups that meet the case minimum