

VQI QCDR

Merit-Based Incentive Payment System (MIPS)

Quality Component

Background

On October 14, 2016, the Department of Health and Human Services (HHS) issued its final rule implementing the Quality Payment Program (QPP), which is part of MACRA, the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). MACRA replaces the current Medicare reimbursement schedule with a new pay-for-performance program focused on quality, value, and accountability. MACRA combines three Medicare reporting programs, Meaningful Use, the Physician Quality Reporting System, and the Value-Based Payment Modifier into one program, the Merit-based Incentive Payment System (MIPS).

For 2017, eligible professionals who satisfactorily report evidence-based and practice-specific quality data across three of three categories: Quality, Improvement Activities, and Advancing Care may avoid the negative payment adjustment or earn a positive payment adjustment equal to up to 4.0% of their Medicare Part B Physician Fee Schedule (PFS) allowed charges in 2019. Penalties and rewards increase over time. The MIPS program strives to engage physicians in expanding quality reporting to improve the overall quality of patient care.

M2S Service Description

CMS has made several reporting mechanisms available to physicians who wish to participate in MIPS. M2S, Inc. is an approved Qualified Clinical Data Registry (QCDR) vendor for MIPS reporting of individual quality measures for the 2017 reporting period. Note that M2S will report only the Quality Component of MIPS (no reporting of the Improvement Activities or Advancing Care Components).

To participate using the QCDR-based submission method for 2017 MIPS, physicians must report on at least 50% of their total patient population, of which one patient must be a Medicare Part B patient, that meet individual QCDR measure criteria for six or more measures. M2S supports reporting of 12 QPP individual measures and 17 QCDR non-QPP individual measures for the 2017 MIPS reporting period. Refer to [Appendix A](#) for detailed list of measures.

Enrollment in 2017 MIPS, using M2S as your approved QCDR vendor, takes place between June 1st and October 1, 2017. Submission of PQRS data to CMS for 2017 MIPS Quality Component occurs in early March 2018. For this service, M2S charges a fee of \$549 per participating physician at the time of submission. M2S will make available, to participating physicians, NPI-level feedback reports at least three times annually that indicate their number of eligible instances and associated reporting rate for each quality measure throughout the reporting period and a final NPI-level feedback report in February 2018, prior to the submission. After

receipt of this final feedback report, physicians may determine whether or not they want M2S to submit their performance data. Additionally, M2S will conduct an annual audit of a sample of the submitted data to ensure the accuracy of provider submissions against the medical record data prior to June 30, 2018. M2S will work with centers selected for audit to identify an individual not initially involved in data entry into the registry to review the registry submission against the medical record to ensure accuracy of the submission. Eligible professionals who successfully submit on at least one quality measure become eligible to avoid the prospective MIPS payment adjustment equal to 4.0% of their Medicare Part B Physician Fee Schedule (PFS) allowed charges in 2019.

To calculate the reporting rate for each participating physician, M2S uses clinical data captured in each PATHWAYS™ VQI© registry. To determine the numerator for each physician's reporting rate as well as performance met, performance not met and exclusion rates, M2S will mine clinical data entered into the VQI Registry. For the procedure registries currently captured in the VQI registry, M2S has designed the MIPS-required data elements into the VQI forms for seamless integration into an institution's workflow. To see a list of the CPT codes associated to MIPS measures that are captured within the registry data, refer to [Appendix A](#).

The number of eligible instances, or denominator, for each physician's reporting is determined by the clinical data captured for each patient reported in the appropriate VQI Registry.

Getting Started

To participate in the 2017 MIPS Quality Component through M2S, physicians should do the following:

Discuss MIPS with your staff

- Determine whether the majority of your cases are currently captured in the VQI registry.

Contact M2S to indicate your initial interest in participating in the VQI QCDR by October 1, 2017

- M2S will update the privileges of your Hospital Manager to be able to set you up as a MIPS participant within the database – set-up includes entry of your National Provider Identifier (NPI), Tax Identification Number (TIN), and Reporting Period. The TIN submitted must match the TIN under which the physician submits Medicare Part B claims.
 - **Important:** To successfully participate, eligible professionals must not be part of an ACO or be associated with a TIN that is registered for the Group Practice Reporting Option (GPRO). To determine if the 2017 VQI QCDR MIPS program would be beneficial to your center, complete the **VQI QCDR survey** located [here](#).
- Fully execute and return a 2017 MIPS Provider Statement authorizing M2S to submit data to CMS for the 2017 MIPS program by October 1, 2017. This statement also

authorizes the billing of your credit card in the amount of \$549/physician for this service, once the submission to CMS has been completed in 2018.

Collect clinical data in VQI for MIPS

- Ensure entry of all procedures and MIPS-required data fields whose surgery dates fall within the reporting period by mid-January 2018, for inclusion in the reporting rate calculation.
- **Important:** For the measures requiring follow-up, the follow-up visit must occur at least nine months after the procedure, and be completed by 12/31/2018.

Appendix A: Individual measures list

Quality ID	Title	Process / Outcome*	Procedure / Follow-Up	VQI Registry	Applicable CPT Codes
021**	Perioperative Care: Selection of Prophylactic Antibiotic-First OR Second Generation Cephalosporin	Process	Procedure	CAS, CEA, EVAR, HDA, INFRA, OPEN, PVI, SUPRA Additional fields are required for: Vascular, Cardiothoracic Surgery, and General Thoracic Surgery	Vascular: 27880, 27881, 27882, 27884, 27886, 27888, 33877, 33880, 33881, 33883, 33886, 33889, 33891, 34800, 34802, 34803, 34804, 34805, 34812, 34820, 34825, 34830, 34831, 34832, 34833, 34834, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 34900, 35011, 35013, 35081, 35082, 35091, 35092, 35102, 35103, 35131, 35141, 35142, 35151, 35152, 35206, 35266, 35301, 35363, 35371, 35372, 35512, 35521, 35522, 35523, 35525, 35533, 35537, 35538, 35539, 35540, 35556, 35558, 35565, 35566, 35570, 35571, 35572, 35583, 35585, 35587, 35601, 35606, 35612, 35616, 35621, 35623, 35626, 35631, 35632, 35633, 35634, 35636, 35637, 35638, 35642, 35645, 35646, 35647, 35650, 35654, 35656, 35661, 35663, 35665, 35666, 35671, 36830, 36902, 36905, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37246, 37247, 37248, 37249, 37617 Cardiothoracic Surgery: 33120, 33130, 33140, 33141, 33202, 33250, 33251, 33256, 33261, 33305, 33315, 33321, 33322, 33335, 33365, 33366, 33390, 33391, 33404, 33405, 33406, 33410, 33411, 33413, 33416, 33422, 33425, 33426, 33427, 33430, 33460, 33463, 33464, 33465, 33475, 33496, 33510, 33511, 33512, 33513, 33514, 33516, 33530, 33533, 33534, 33535, 33536, 33542, 33545, 33548, 35211, 35241, 35271 General Thoracic Surgery: 0236T, 21627, 21632, 21740, 21750, 21825, 31760, 31766, 31770, 31775, 31786, 31805, 32096, 32097, 32098, 32100, 32110, 32120, 32124, 32140, 32141, 32150, 32215, 32220, 32225, 32310, 32320, 32440, 32442, 32445, 32480, 32482, 32484, 32486, 32488, 32491, 32505, 32506, 32507, 32800, 32810, 32815, 32900, 32905, 32906, 32940, 33020, 33025, 33030, 33031, 33050, 33300, 33310, 33320, 33361, 33362, 33363, 33364, 34051, 35021, 35216, 35246, 35276, 35311, 35526, 37616, 38381, 38746, 39000, 39010, 39200, 39220, 39545, 39561, 64746
257	Statin Therapy at Discharge after Lower Extremity Bypass (LEB)	Process	Procedure	INFRA	35556, 35566, 35571, 35583, 35585, 35587, 35656, 35666, 35671
258*	Rate of Open Repair of Small or Moderate	Outcome	Procedure	EVAR	35081, 35102

Quality ID	Title	Process / Outcome*	Procedure / Follow-Up	VQI Registry	Applicable CPT Codes
	Non-Ruptured Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post- Operative Day #7)				
259*	Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate None-Ruptured Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post- Operative Day #2)	Outcome	Procedure	EVAR	34800, 34802, 34803, 34804, 34805
260*	Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day #2)	Outcome	Procedure	CEA	35301
344*	Rate of Carotid Endarterectomy Stenting (CAS) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day #2)	Outcome	Procedure	CAS	37215
345*	Rate of Post-Operative Stroke or Death in Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS)	Outcome	Procedure	CAS	37215
346*	Rate of Post-Operative Stroke or Death in Asymptomatic Patients Undergoing Carotid Endarterectomy (CEA)	Outcome	Procedure	CEA	35301
347*	Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate None-Ruptured Abdominal Aortic Aneurysms (AAA) Who Die in Hospital	Outcome	Procedure	EVAR	34800, 34802
420	Varicose Vein Treatment with Saphenous Ablation: Outcome Survey	Outcome	Follow-Up	VV	36475, 36478
421	Appropriate Assessment of Retrievable Inferior Vena Cava Filters for Removal	Process	Follow-Up	IVC	37191
423	Perioperative Anti-Platelet Therapy for Patients Undergoing Carotid	Process	Procedure	CAE	35301

Quality ID	Title	Process / Outcome*	Procedure / Follow-Up	VQI Registry	Applicable CPT Codes
	Endarterectomy				
M2S-1	Procedures with statin and antiplatelet agents prescribed at discharge	Process	Procedure	CAS, CEA, Endo AAA, Open AAA, TEVAR, Infra, Supra, PVI	All codes captured in the following VQI Registries: CAS, CEA, Endo AAA, Open AAA, TEVAR, Infra, Supra, PVI
M2S-2*	Amputation-free survival assessed at least 9 months following Infra-Inguinal Bypass for intermittent claudication	Outcome	Follow-Up	Infra-Inguinal Bypass	All codes captured in the VQI Infra-Inguinal Bypass Registry
M2S-3*	Infra-Inguinal bypass for claudication patency assessed at least 9 months following surgery	Process	Follow-Up	Infra-Inguinal Bypass	All codes captured in the VQI Infra-Inguinal Bypass Registry
M2S-4*	Amputation-free survival assessed at least 9 months following Supra-Inguinal Bypass for claudication	Outcome	Follow-Up	Supra-Inguinal Bypass	All codes captured in the VQI Supra-Inguinal Bypass Registry
M2S-5*	Amputation-free survival assessed at least 9 months following Peripheral Vascular Intervention for intermittent claudication	Outcome	Follow-Up	PVI	All codes captured in the VQI PVI Registry
M2S-6*	Peripheral Vascular Intervention patency assessed at least 9 months following infrainguinal PVI for claudication	Process	Follow-Up	PVI	All codes captured in the VQI PVI Registry
M2S-7	Ipsilateral stroke-free survival assessed at least 9 months following isolated Carotid Artery Stenting for asymptomatic procedures	Outcome	Follow-Up	CAS	All codes captured in the VQI CAS Registry
M2S-8	Ipsilateral stroke-free survival assessed at least 9 months following isolated CEA for asymptomatic procedures	Outcome	Follow-Up	CEA	All codes captured in the VQI CEA Registry
M2S-9*	Imaging-based maximum aortic diameter assessed at least 9 months following Thoracic and Complex EVAR procedures	Process	Follow-Up	TEVAR	All codes captured in the VQI TEVAR Registry
M2S-10	Survival at least 9 months after elective repair of small thoracic aortic aneurysms	Outcome	Follow-Up	TEVAR	All codes captured in the VQI TEVAR Registry
M2S-11*	Imaging-based maximum aortic diameter	Process	Follow-Up	Endo AAA	All codes captured in the VQI EVAR Registry

Quality ID	Title	Process / Outcome*	Procedure / Follow-Up	VQI Registry	Applicable CPT Codes
	assessed at least 9 months following Endovascular AAA Repair procedures				
M2S-12	Survival at least 9 months after elective repair Endovascular AAA Repair of small abdominal aorta aneurysms	Outcome	Follow-Up	Endo AAA	All codes captured in the VQI EVAR Registry
M2S-13	Survival at least 9 months after elective Open AAA repair of small abdominal aorta aneurysms	Outcome	Follow-Up	Open AAA	All codes captured in the VQI Open Registry
M2S-16*	Absence of unplanned reoperation after major lower extremity amputation	Outcome	Procedure	LEA	All codes captured in the VQI LEA Registry
M2S-17*	Absence of serious technical complications during peripheral arterial intervention	Outcome	Procedure	PVI	All codes captured in the VQI PVI Registry
M2S-18	Venous clinical severity score (VCSS) assessment before varicose vein treatment	Process	Procedure	Varicose Vein	All codes captured in the VQI Varicose Vein Filter Registry
M2S-19	Proper patient selection for perforator vein ablation	Process	Procedure	Varicose Vein	All codes captured in the VQI Varicose Vein Registry

*High Priority measure. Bonus points are available from CMS for Outcome Measures and High Priority Measures

**High Priority, Appropriate Use measure. Bonus points are available from CMS for Outcome Measures and High Priority Measures