

# Maximize Your Promoting Interoperability and Improvement Activity Scores

## Transcript from Live Session

Wednesday, April 8, 2020



April Faulkner:

The Quality Insights QPP Support Center Team welcomes you to today's webinar, Maximize Your Promoting Interoperability and Improvement Activity Scores. We will review just a few items before we begin the presentation. All participants enter today's webinar in a listen-only mode. Should you have a question during today's presentation, please type it in to the Q&A box at the bottom right of your screen. We will collect all questions and provide a follow-up email with responses to all attendees. Today's webinar is being recorded. The recording, along with the slide deck and a transcript of the webinar will be posted on the Quality Insights QPP Support Center website within the next few days. These resources can be found on our archived event page. I posted a link to that webpage in the chat box.

April Faulkner:

At this time, I would like to introduce our presenters. Joining us today are two members of the Quality Insights QPP Support Center Team, Joe Pinto and Amy Weiser. I will turn over the presentation to them to get us started.

Joe Pinto:

Thank you April, and good afternoon everybody. We're happy that you could take the time out to join us today. We have a ton of information to share with you throughout this afternoon, so let's get started the webinar. Next slide.

Joe Pinto:

So, we're going to go over the learning objectives today, primarily focusing on the two performance categories and providing you an overview of the 2020 MIPS requirements for the promoting interoperability category, as well as the improvement activity category. We'll identify measures and activities as well as explain how the measures and activities are scored. We'll also identify some data submission options for you, explain the PI hardship exception process, and finally we will also describe how you can track successful submission of both category measures. Next slide.

Joe Pinto:

So first off we're going to talk about the 2020 promoting interoperability category, known as the PI category. And basically for this particular category, as you know it focuses on patient engagement and the electronic exchange of health information using certified electronic health record technology. That is commonly known as CEHRT. Now, before we get into all of the measures, I just want to bring up, of course, we are all going through the important crisis right now concerning the coronavirus or COVID-19, and there is a lot of important information pertaining to the promoting interoperability category pertaining to the COVID-19 emergency. That would include interoperability between labs, clinicians, hospitals and the CDC to share test results.

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Joe Pinto:

Also, patient portals that allow patients to stay home and have an e-visit and to communicate with their providers. This is known as telemedicine and telehealth services, and that would include virtual check-ins, physician telephone services as well as non-physician telephone services, which are conducted clinical staff. Also, patients having 24/7 access to their health information, their test results and educational materials. Now, if you'd like to know more information about the telehealth services as well as the requirements for COVID-19 emergency processes, you can refer to the CMS website at [cms.gov](https://www.cms.gov), or the Quality Insights website at [qppsupport.org](https://qppsupport.org), for all the help that you need with your telehealth service questions, as there are numerous resources that are now available to assist you better, to understand the new 1135 waiver for telehealth services as well as provide tips and instructions for coding the claims. Next slide.

Joe Pinto:

So there are some key changes for MIPS in 2020 pertaining to the promoting interoperability category. The number of points available this year is now 105; that would be 100 measure points plus an optional five bonus points. One measure that CMS did remove for this year from last year's reporting availability was the verify opioid treatment agreement, which was one of the two optional measures. Also, for group reporting, groups and virtual groups qualified for automatic reweighting for the PI category when greater than 75% of the clinicians in the group or virtual group as hospital-based. That number is reduced down from 100%. Next slide.

Joe Pinto:

So there's no change in category weight or performance period for 2020. It pretty much stays the same as it was for the 2019 performance year. The PI category weight is still 25% of your total MIPS score. And if the PI category is reweighted to zero then the quality category weight would increase to 70% to pick up the difference. So if you look at the graph on the screen, you can see the breakdown of each of the four performance categories, quality comes out with the highest weight at 45%, followed by the PI category at 25%. The improvement activities are 15%, and the cost category score weighs in at 15%, all totaling in this score equaling 100%. Now, the performance period for the PI category is still a minimum of 90 consecutive days, but you can report up to a full calendar year if you choose to. Just keep in mind that the minimum that is required is 90 consecutive, continuous days of data for 2020. Next slide.

Joe Pinto:

So there are some PI category basics to review. The data must be collected for all patients seen during the performance period. That is for all payers, not just Medicare. Also the data can be reported as an individual group or virtual group if you had completed the application prior to the end of the calendar year last year to participate as a virtual group. Also, all required measures must be reported or the PI category score will end up being a zero. And if the measure is excluded, then it will be reallocated to another measure to be reported on within the category. Clinicians in groups who do not have an EHR, just need to make you aware of this, cannot report the PI category. So if you do not have an EHR, you would automatically get a zero for the category, and that score would be reweighted over to the quality performance category. Next slide.

Joe Pinto:

Now as far as group reporting, a group must combine data for all of the MIPS clinicians under the group TIN; that would be the tax identification number. Everybody in the group who has data entered into a certified EHR technology must have their data included, even if they qualify for reweighting as an individual eligible clinician. Now those who do not have data in a certified EHR technology, they will also receive the same PI category score as everyone else in the group under that TIN, even though they did not contribute any data. Next slide.

Joe Pinto:

As far as the reporting requirements, first and foremost you must have 2015 edition of certified EHR technology functionality in place, and it must be in place beginning on the first day of your PI performance period. So regardless of what date during the year that you decide to start your minimum of 90 days, you must have this functionality beginning with day one. Additional requirements for the PI category to submitting measure level data include providing the certification ID of your EHR, and you could obtain that basically clicking on the link in the slide deck that was provided to you for the certified health IT product list. You can look up your particular EHR system through that website. Also, you must complete or update a security risk analysis, that's very, very important. Must be done every single performance year for that performance period and submit a yes that this was done during the 2020 calendar year. You must also submit a yes to prevention of information blocking attestations, as well as a yes to the question of ONC direct review attestations. Next slide.

Joe Pinto:

Also some additional data submission options, there are three options available for clinicians groups and third party intermediaries to submit their data. First and foremost, the most common is to sign in to the QPP portal and attest. This is known as manual attestation submission. Also, sign in to the QPP portal to upload files such as the QRDA3 File from your HR system. And also there is the option of directly submitting data via NAPI, and that is an application programming interface. If you aren't familiar with that, please reach out to your EHR vendor for more details on the API and whether it is provided through your vendor. Next slide.

Joe Pinto:

So in the next one you're going to look at, the slide you're seeing is a graph that breaks down the three submitter types and the determinations. We've broken them down by the submitter type and it gives you the look on the screen to whether or not that submitter type can submit based on the three options. So, just for an example, the most common submission type is the MIPS eligible clinician. They can do either the sign in and attest or sign in and upload, but they are not able to use the direct submission through the API. And you can see on the graph there which of those options fall in line with the type of submitter that you are. Next slide.

Joe Pinto:

Now on the next slide we're going to review the 2020 PI measures as well as the possible points that will be awarded for the measures. As you can see there were the four objectives broken down as well as the

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six measures that applicable to those objectives. For e-prescribing, you have the e-prescribing measure, which is worth a possible of 10 points. Also under that particular objective is the optional measure for 2020, which is the query of prescription drug monitoring program, known as the PBMP, and that is worth a total of an available five bonus points. And we're going to get into that a little bit later, more specific discussion on the optional measure. Under the health information exchange objective, you have two measures that are broken down separately worth 20 points each. First is the support electronic referral loops by sending health information, followed by the support electronic referral by receiving and incorporating health information. As I said, both worth 20 points.

Joe Pinto:

For the provider to patient exchange objective, that is the provide patients electronic access to their health information, worth 40 points for the overall measure. And then it wraps up with 10 points for the public health and clinical data exchange. You must report two different public health agencies or clinical data registries for any of the following, and that would include the immunization registry, electronic case reporting, public health registry reporting, clinical data reporting, or syndromic surveillance reporting. Next slide.

Joe Pinto:

So how does PI measure scoring work? Well most PI measures are scored based on performance, however the public health and clinical data exchange measures, and the bonus measure, only require that you attest yes for each of those measures. The measures that do require a numerator and denominator must have at least a one in the numerator field, unless an exclusion is claimed for that measure. Keep in mind that failure to submit a numerator of at least one, attest yes, or claim an exclusion to all required measures will result in zero points for the PI category. Next slide.

Joe Pinto:

Also there is the one optional measure in 2020 that I alluded to early. That is the query of the prescription drug monitoring program, the PDMP. You can earn up to five bonus points if you answer yes, and you can do so simply by meeting the requirements of the PDMP by having at least one Schedule II opioid prescription electronically prescribed using certified EHR technology. Next slide.

Joe Pinto:

Now there are five steps to calculating the PI category score. First and foremost, you calculate the performance rate by dividing the numerator by the denominator, then you would multiply the performance rate by the maximum number of points for that particular measure, then add all of the individual measure scores together including the bonus points to the numerator if you so select to report on the objective for the PDMP, and then multiply the total PI points by the PI category weight of 0.25.

Joe Pinto:

And on the next slide you can see a breakdown of exactly how that calculation turns out. We have an example here using the provide patients electronic access measure. We threw in a calculation,

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numerator and denominator score of 73 and 89, and that would equate to an 82 percent performance rate. So in order to calculate this particular measure, you would take the performance rate of .82, times the possible measure points, which in this case is 40 points that are allocated for that particular measure, and then it would give you a measure score equaling 32.8 points for that measure towards the overall category score. Next slide.

Joe Pinto:

Now the next couple of slides I'm not going to get into all in detail, but these are the breakdown of the description, including the scoring notes and point redistribution for each of the measures under the PI category. I'll briefly describe the first one for you to give you an idea, and then you can always refer back at a later time to look at what the descriptions are for the each of the measures and see if they are applicable to your practice. There are exclusions that are available for some of these. It will explain to you exactly when an exclusion can be taken, and if so, how the point redistribution will be allocated if you do take an exclusion for that particular measure.

Joe Pinto:

So in this instance, we're looking at the e-prescribing measure. There is an exclusion for providers that do prescribe fewer than 100 prescriptions during the performance period. If you were to take the exclusion for the e-prescribing measure, then the points for that measure would be redistributed to the support electronic referral loops by sending health information, which would be five of the 10 points, and the other five points would be sent over to the support electronic referral loops by receiving and incorporating health information. Next slide.

Joe Pinto:

Next measure, of course, we just went over is the support electronic referral loops by sending health information. The description and the numerator, denominator information is there. Next slide.

Joe Pinto:

Following that up with the support electronic referral loops by receiving and incorporating health information, also keeping in mind that the point redistribution will explain exactly which points that were exclusions taken for other measures would be applicable for this particular measure. Next slide.

Joe Pinto:

You also have to provide patients electronic access to their health information. This particular measure, there is no exclusion for, so there would be no point redistribution applicable to it, but you would see exactly how the scoring notes are as well as the description for that measure. Next slide.

Joe Pinto:

Now we're going to go over the public health and clinical data registry measures. There are the five that I mentioned earlier, the immunization registry reporting, followed by electronic case reporting, public health registry reporting, clinical data registry reporting and following it up with the syndromic surveillance reporting. Next slide.

Joe Pinto:

Now for the public health and clinical data exchange measures, you must attest yes to being in an active engagement with at least two different public health or clinical data registries. And by active engagement, the CMS is referring to either being registered, testing or in the production phase with that particular registry. Ten points are awarded if a clinician reports to either two different registries from two different measures, two different registries from the same measure, or they report to one registry and then claim an exclusion for the second measure. Now zero points will be awarded if a clinician claims two exclusions under this category. And that would mean that the 10 points would be reallocated to the provide patient electronic access to their health information measure. Next slide.

Joe Pinto:

The next set of slides, as were the case with the measures, basically break down each of the registry options available to you, the description of each of those options. At this case we're looking at the immunization registry reporting measure. Gives you the description, what the numerator denominators would be, in this case they are not applicable, you are just answering yes as I indicated on a previous slide. Also if exclusions can be taken, it will explain how that can be put into the play, and also if there is point redistribution for an exclusion, which of the measures those points will be redistributed to. Next slide.

Joe Pinto:

Next option is the electronic case reporting. Same thing, the description, the scoring notes and also the point redistribution if an exclusion is taken for that particular reporting measure. Next slide.

Joe Pinto:

You also have the public health registry reporting. Same situation. There are no numerators or denominators, you are just answering a yes for that particular measure. If an exclusion is taken it will tell you where the points will be redistributed to. Next slide.

Joe Pinto:

Clinical data registry reporting, also one of the five available options. Same scenario. Next slide.

Joe Pinto:

And finally wrapping up with the syndromic surveillance reporting, which in many cases in many states this is not even an option for you. You ought to check the state that you practice in for the availability of this particular reporting option, because it may not be available. If so, if there are exclusions that are taken for that if applicable, and also the scoring notes and redistribution will explain that as well. Next slide.

Joe Pinto:

Also want to talk about the query of the prescription drug monitoring program. This is the optional measure we referred to earlier that could earn you up to five bonus points, if you do select to report on

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this measure. There is no exclusion of course, you either select to report on it for the bonus or you just leave it blank. But if you do earn the five bonus points, it will be added to the category numerator if at least one PDMP query is conducted during the performance period, and in this case you would just answer yes to attest for that particular measure. Next slide.

Joe Pinto:

So there's a reallocation of the points for the exclusions. On this slide this you can see the chart breakdown of the four objectives and if there is an exclusion that can be claimed for that objective, it tells you exactly where those points would be reallocated to. I'm not going to go down all of them, but I'll just look at the e-prescribing. Once again, as I mentioned earlier, if you do take the exclusion for that, there are ten points for that particular measure. Five points would be reallocated to the support electronic referral loops by sending health information and the other five would be reallocated to the other measure in the health information exchange objective, and that would be the support electronic referral loops by receiving and incorporating health information. Next slide.

Joe Pinto:

And there's also documentation that you need to save when you are reporting to the PI category. This is very important. PI measure performance data must be retained for a minimum of six years in the event that you are audited for your submission for 2020. CMS does reserve the right to submit an audit for up to six years after a performance period has ended. So in this case, you want a PI measure performance data, which is your EHR generated report of numerators and denominators with clinician and practice name as well as the dates of the reporting period on that report.

Joe Pinto:

Also for EHR information, you want to make sure that you retain your EHR vendor name and product, the date of the upgrade to 2015 edition if that is done during the 2020 performance year, during the calendar year. You also want to retain a copy of the EHR certification ID. If you don't know where that is or how to obtain it, you can get it from the chapel website at the link that's listed on your screen and in the slide presentation. You can look up your EHR certified ID directly off of that website. Also there's the start date and end date of the reporting period in which you select to report your data. And also keep in mind that the date any new certified EHR technology is implemented, if that product is implemented during the 2020 year, you must retain a copy of that as well. Next slide.

Joe Pinto:

Also additional documentation to save. Very, very critical here. You must save a copy of your security risk analysis. That must be completed every single year during the performance year. The date it's completed needs to be documented, name of the person who completed the SRA, the location of the SRA report as well as retaining a copy of that report. So that must be updated on an annual basis. Also screenshots need to be obtained. Successful transmission of tests or actual data to a registry, or an email confirming that the registration has been completed with the intent to report. Also, a successful health information exchange, which is the HIE, such as the direct email exchange. You need a copy of a screenshot of that. Patient portal home page is very, very important to have a screenshot of as well as

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any fliers, poster or policy demonstration availability of API access from the portal. And that you can also obtain from your EHR vendor. Next slide.

Joe Pinto:

There are some exceptions to promoting interoperability reporting in 2020. CMS, of course, understands that there may be circumstances from time to time that are completely out of your control that make it difficult for you to meet all or some of the requirements of the MIPS program. To address these circumstances, CMS has created hardship exceptions. Now, in certain circumstances a hardship exception is automatically applied, but there is also an opportunity for some clinicians to submit an application for a PI hardship. One thing to keep in mind, very important note here, the hardship exception guidelines may change each program year. There may be policy changes from one year to another. So if you applied and submitted for a hardship one year that doesn't automatically transfer to the following year. There may be changes to the policies of that program. So you need to check CMS's website, the qpp.gov website, for any changes from one year to another. Next slide.

Joe Pinto:

So in terms of the automatic PI reweighting, there are a list of following clinicians that they do automatically qualify for the PI category reweighting, and that list of clinicians includes hospital-based clinicians, non-patient-facing clinicians, physician assistants, certified registered nurse anesthetist, occupational therapist, audiologist, registered dieticians, also ASC-based clinicians, nurse practitioners, clinical nurse specialists, physical therapists, speech language pathologists, and wrapping it up with clinical psychologists. Next slide.

Joe Pinto:

Now there's also criteria that must be met in order to apply for the PI hardship exception. And those criteria, if you meet any one of the following, you can apply for the exception. That would include if you are a small practice or a solo provider, if you have decertified EHR technology, that means that the EHR system that you're currently using is no longer certified for the 2015 certification, then you definitely be allowed to apply for the exception in that case. Also if you have insufficient internet connectivity. This is a common issue for practices that are in the most rural sections of the country where internet availability is very limited. Also if you face extreme uncontrollable circumstances such as a disaster, practice closure, severe financial distress or other vendor issues, or if you simply lack control over availability of certified EHR technology.

Joe Pinto:

Now, one thing that's very, very important to keep in mind, lacking certified EHR technology alone does not qualify for PI hardship exceptions. So if you do not have an EHR system in your practice simply because you choose not to purchase one and implement, that alone does not qualify you for the hardship exception. Next slide.

Joe Pinto:

So how do you apply for the PI hardship exception? It's very simple. You just submit an application when they become available, which will happen sometime later in the summer of 2020. The application is available directly online, it's an e-application that you submit, and then submit directly through the website. The deadline for submitting the application is December 31. So as long as you submit your application prior to the last day of the calendar year, you will then be notified by CMS if your application that was submitted was either approved or denied, and that usually comes very shortly after via an email after the application has been received. And once you receive that email you would just hold onto that, keep that in your file for the records just in case you need it. Next slide.

Joe Pinto:

Now as far as the approved applications, once an application has been approved, the PI data does not then need to be submitted for that performance year. The PI category would then be reweighted to zero and the 25% weight would then be reallocated to the quality category. Also the PI hardship exception status would be added to your eligibility profile that can be found in the QPP participation status lookup tool, but keeping in mind that this would not appear until, at the very earliest, January of 2021, when the 2020 submission period opens up for that particular performance year. Next slide.

Joe Pinto:

There is also the extreme and uncontrollable circumstances exception. MIPS eligible clinicians, groups and virtual groups may submit an application for reweighting of any or all MIPS performance categories if they have been impacted by extreme and uncontrollable circumstances that extend beyond the PI category. Now, the extreme and uncontrollable circumstances application for 2020, the same as with the PI hardship exception, opens sometime later this summer in 2020 and it will also close last day of the year on December 31. And same process in play, once you submit the application, you would be notified. Next slide.

Joe Pinto:

So in terms of the extreme and uncontrollable circumstances criteria, they are defined by CMS as rare events that are entirely outside of your control and the control of the facility in which you practice in. And these circumstances would cause you to either, for example, be unable to collect information necessary to submit for a performance category, or be unable to submit information that would be used to score a performance a category for an extended period of time. So, for example, if you were unable to collect data from the quality performance category for, let's say a three-month period due to a flood or fire damage to the practice, that would be a perfect example of an event that would be extreme or an uncontrollable circumstances. Next slide.

Joe Pinto:

So one of the questions that we do get is, can I submit PI data if I want to, even after I have submitted for a hardship exception? And the answer to that is, of course, yes. Clinicians and groups that are automatically reweighted or have an approved PI hardship can still report PI measures if they choose to later. If data is submitted, however, you will forfeit the automatic or approved PI hardship exception,

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and CMS will then score the PI category. Also of note, keep in mind it is recommended that you do not click on the PI category in the QPP portal unless you want to submit data and get scored, because this is very commonplace, it will help you reduce the likelihood of negating that automatic or approved PI hardship exception, and you don't want that to happen if it was unintended.

Joe Pinto:

And with that I will turn it over now to my colleague Amy Weiser for today's review of the improvement activities performance category. Amy.

Amy Weiser:

Thanks so much Joe for that great information. Next slide.

Amy Weiser:

So, I just want to start by saying that the improvement activities category is really one of the easiest ways for a clinician or practice to earn points in the quality payment program. So I'm just going to go over some of the things that have changed in 2020. For group reporting, a group or virtual group will receive credit when at least 50% of the clinicians in the group perform the same activity. So there is some flexibility in this. So, the activity can be completed during different performance periods within that calendar year. And the CMS study on factors associated with reporting quality measures is not available in 2020. Also, there's no change in the improvement activities category weight for 2020. It remains at 15% of the overall MIPS score. Next slide.

Amy Weiser:

So I just want to highlight a few of the basic information for the improvement activity category. So 40 points are needed to earn full credit for this category. Small practices, those with 15 or fewer clinicians, must submit one of the following combinations to earn the full credit. You can submit to medium-weighted activities or one high-weighted activity. And each improvement activity must be completed for a minimum of 90 continuous days unless otherwise stated in the activity description. So that means that there are a few activities that require a more lengthy reporting period. Next slide.

Amy Weiser:

So how are the activities scored? High-weighted activities are worth 20 points, and medium-weighted activities are worth 10 points. However, certain clinicians receive double the number of points. So clinicians with the following special status will receive 40 points for a high-weight improvement activity and 20 points for a medium-weight improvement activity: Non patient facing clinicians, clinicians in a small practice, again, 15 or fewer clinicians linked to the TIN, and a clinician that's located in a health professional shortage area, or HPSA, and a clinician located in a rural area.

Amy Weiser:

So this chart just basically shows you the submitter type and the ways that you can actually submit data for the quality payment program. So for example, if you're a MIPS eligible clinician, you can sign and

attest, and can sign in and upload, but you could not do the direct submission or the API as Joe had mentioned earlier. Next slide.

Amy Weiser:

So there are three options available depending on the submitter type to submit your data. You can sign into the QPP portal and attest. You can sign in to the QPP portal and upload, or you can use the direct submission via API if you have an EHR, and that option is available through your EHR.

Amy Weiser:

For 2020, CMS approved 105 activities and they're divided into eight subcategories. There are two new activities. 15 activities have been removed, and I just want to note that the annual registration of the PDMP, or the prescription drug monitoring program, this activity has been removed. It was available for the first three years of the program, but it is not available in 2020. Seven activities have been modified, and we've included the 2020 improvement activities inventory here for you as well so you can see the full list.

Amy Weiser:

So, the improvement activities for patient-centered medical homes. You still can credit if you are a patient-centered medical home, but I just want to highlight a few things. If you are a participant in a recognized or certified PCMH or comparable specialty practice, you'll earn the maximum improvement activity score. Eligible clinicians in a practice with PCMH certification or recognition from the following organizations will receive full credit. And you can see that they are listed here. It's the different types of accrediting organizations for patient-centered medical home. And for organizations with multiple practice sites, at least 50% of these locations must be recognized or certified PCMHs, or comparable specialty practices to be able to attest for this improvement activity.

Amy Weiser:

So, I'm just going to walk through an example of an improvement activity. This is the consultation of the prescription drug monitoring program. This is a commonly used improvement activity by practices. You can see the activity ID is listed. It is a high-weighted activity. So if you were a small practice with 15 or fewer clinicians and you selected this improvement activity and reported on it, this would give you all of the points that you need for the improvement activity category. The subcategory name is the patient safety and practice assessment, and the description is listed that clinicians would attest to reviewing the patient's history of a controlled substance prescription using the state prescription drug monitoring program, or PDMP, data prior to the issuance of a controlled substance Schedule II opioid prescription lasting longer than three days. And clinicians would attest to 75% review of the applicable patient's history performance.

Amy Weiser:

So I'm just going to go over a summary and some resources with you. So, identify and report all required promoting interoperability objectives. Identify and select the activities that best comply with your specialty under the improvement activity category. And again, there's 105 available and there's many,

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many to choose from that would apply to your practice. If you report on the promoting interoperability bonus measure, query of the PDMP, be sure to have all necessary documentation to validate connection and submission to the PDMP in your state.

Amy Weiser:

So we've listed some resources here for you. For promotion interoperability, the CMS resources are the promoting interoperability measure specifications. I can't stress enough that this is a very, very important document. This basically gives you the devil in the details of the measure, and how to make sure that you are truly meeting the intent of the measures as well. Then there is the quick start guide, and then Quality Insights has a great resource for you. It's the 2020 PI measures for MIPS, which is here for you as well.

Amy Weiser:

Now for improvement activity reporting, there are some resources here from CMS as well. The quick start guide, the activities inventory and the MIPS data validation criteria improvement activities. This document is very important as well because it does give you the information on how you validate that you are doing that activity and what is required, including if it requires that you report longer than 90 days. And then Quality Insights also has a great resource for you. The 2020 IA for MIPS resource for you as well.

Amy Weiser:

And that's all I have.

April Faulkner:

All right. Just a reminder, if you have posed a question in the chat or Q&A box, we will compile them all and send up a follow-up email with responses to all attendees. It's not too late. If you have a question you can still go ahead and submit it there. I want to thank everyone for joining us today and just a reminder, when you close out of today's session you will automatically be directed to a very brief evaluation. Please take a moment to complete it. We greatly appreciate your feedback and comments. Also please note that the next edition of QPP live, which will be special edition, will be held next Thursday, April 16 at 9:30. I posted a registration link in the chat box and we hope you can join us. Thank you again for joining us today, and have a great rest of the day. The session has now concluded.



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