



Reporting Promoting Interoperability (PI) and Improvement Activities (IA) for MIPS in 2020

April 8, 2020



Quality
Insights

Public Health Registry Reporting

Description	Numerator	Denominator	Exclusion(s)	Scoring and Notes	Point Redistribution
<p>The MIPS EC is in <i>active engagement</i> with a public health agency (PHA) to submit data to a public health registry</p> <ul style="list-style-type: none"> Prescription Drug Monitoring Program <ul style="list-style-type: none"> DE PDMP NJ PMP PA PDMP WV PMP Cancer registry <ul style="list-style-type: none"> DE Cancer Registry NJ Cancer Registry PA Cancer Registry 	Not applicable	Not applicable	<p>3 exclusions:</p> <ul style="list-style-type: none"> Does not treat or diagnose any disease or condition associated with a public health registry in their jurisdiction during the performance period No PHA in the EC's jurisdiction is capable of accepting electronic registry transactions at the start of the performance period No PHA in the EC's jurisdiction has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the performance period 	<p>10 points awarded if:</p> <ul style="list-style-type: none"> 2 of the 5 Public Health and Clinical Data Exchange measures are reported "YES" OR 1 of the 5 Public Health and Clinical Data Exchange measures is reported "YES" and an exclusion is claimed for another of the Public Health and Clinical Data Exchange measures OR EC is in active engagement with more than one PHA to submit data to a public health registry <p>NOTE: EC who electronically submits production data to a specialized registry during the performance period meets this measure</p>	<p>If there are no "YES" responses to any Public Health and Clinical Data Exchange measures (i.e., all excluded) the 10 points will be redistributed to the Provide Patients Electronic Access to their Health Information measure</p>



Clinical Data Registry Reporting

Description	Numerator	Denominator	Exclusion(s)	Scoring and Notes	Point Redistribution
<p>The MIPS EC is in <i>active engagement</i> to submit data to a clinical data registry</p> <p>Examples:</p> <ul style="list-style-type: none"> • ACEP’s Clinical Emergency Data Registry • National Cardiovascular Data Registry • American Academy of Ophthalmology IRIS registry • National Pathology Quality Registry • PINNACLE Registry 	Not applicable	Not applicable	<p>3 exclusions:</p> <ul style="list-style-type: none"> • Does not treat or diagnose any disease or condition associated with a clinical data registry in their jurisdiction during the performance period • No clinical data registry in the EC’s jurisdiction is capable of accepting electronic registry transactions at the start of the performance period • No clinical data registry in the EC’s jurisdiction has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the performance period 	<p>10 points awarded if:</p> <ul style="list-style-type: none"> • 2 of the 5 Public Health and Clinical Data Exchange measures are reported “YES” OR • 1 of the 5 Public Health and Clinical Data Exchange measures is reported “YES” and an exclusion is claimed for another of the Public Health and Clinical Data Exchange measures OR • EC is in active engagement with more than one PHA to submit data to a public health registry <p>NOTE: EC who electronically submits production data to a specialized registry during the performance period meets this measure</p>	<p>If there are no “YES” responses to any Public Health and Clinical Data Exchange measures (i.e., all excluded) the 10 points will be redistributed to the Provide Patients Electronic Access to their Health Information measure</p>



Syndromic Surveillance Reporting

Description	Numerator	Denominator	Exclusion(s)	Scoring and Notes	Point Redistribution
<p>The MIPS EC is in <i>active engagement</i> with a public health agency (PHA) to submit syndromic surveillance (SS) data from a non-urgent care setting</p> <p>SS data is health-related data used to detect or anticipate disease outbreaks such as foodborne illnesses, influenza, cholera, etc.</p> <p>DE SS NJ SS PA SS WV SS</p>	Not applicable	Not applicable	<p>3 exclusions:</p> <ul style="list-style-type: none"> • EC is not in a category of health care providers from which ambulatory SS data is collected by their jurisdiction's SS system • No PHA in the EC's jurisdiction is capable of receiving electronic SS data at the start of the reporting period • No PHA in the EC's jurisdiction has declared readiness to receive SS data as of 6 months prior to the start of the reporting period 	<p>10 points awarded if:</p> <ul style="list-style-type: none"> • 2 of the 5 Public Health and Clinical Data Exchange measures are reported "YES" OR • 1 of the 5 Public Health and Clinical Data Exchange measures is reported "YES" and an exclusion is claimed for another of the Public Health and Clinical Data Exchange measures OR • EC is in active engagement with more than one PHA to submit data to a public health registry 	<p>If there are no "YES" responses to any Public Health and Clinical Data Exchange measures (i.e., all excluded) the 10 points will be redistributed to the Provide Patients Electronic Access to their Health Information measure</p>



Query of Prescription Drug Monitoring Program (Optional Measure)

Description	Numerator	Denominator	Exclusion(s)	Scoring and Notes	Point Redistribution
<p>The MIPS EC uses data from certified EHR technology (CEHRT) to query a Prescription Drug Monitoring Program (PDMP) for prescription drug history for at least one Schedule II opioid e-prescribed using CEHRT (except where prohibited by law)</p>	<p>Not applicable</p>	<p>Not applicable</p>	<p>No Exclusion</p>	<ul style="list-style-type: none"> 5 bonus points added to PI category numerator if at least one PDMP query is conducted during the performance period and the MIPS eligible clinician attests “YES” to conducting a query of a PDMP for at least one Schedule II opioid electronically prescribed using CEHRT ECs have flexibility to query the PDMP using CEHRT in any manner allowed in their state 	<p>Not applicable</p>



Reallocating Points for Exclusions

Objective	Measure	Exclusion Claimed	Reallocated Measure(s) if Excluded
E-Prescribing	E-prescribing	➡	5 points reallocated to Support Electronic Referral Loops by Sending Health Information AND 5 points reallocated to Support Electronic Referral Loops by Receiving and Incorporating Health Information
	Query of PDMP	N/A	
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	➡	20 points reallocated to Provide Patients Access to Their Health Information
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	➡	20 points reallocated to Support Electronic Referral Loops by Sending Health Information
Provider to Patient Exchange	Provide Patients Electronic Access to their Health Information	No Exclusion	
Public Health and Clinical Data Exchange	Choose 2: Immunization registry reporting Electronic case reporting Public health registry reporting Clinical data registry reporting Syndromic Surveillance reporting	➡	10 points reallocated to Provide Patients Electronic Access to their Health Information if unable to attest "YES" to at least one measure



Documentation to Save When Reporting PI

- PI measure performance data
 - EHR-generated report of numerators and denominators with clinician/practice name and dates of reporting period on report
- EHR information
 - EHR vendor name and product
 - Date of upgrade to 2015 Edition (if completed in 2020)
 - EHR Certification ID: <https://chpl.healthit.gov/#/search>
 - Start date and end date of reporting period
 - Date new CEHRT product implemented, if applicable



More Documentation to Save

- Security Risk Analysis
 - Date completed, name of person who completed, location of SRA report and/or copy of report
- Screenshots
 - Successful transmission of test or actual data to a registry or e-mail confirming registration with intent to report
 - Successful HIE, such as a DIRECT e-mail exchange
 - Patient portal home page
 - Flyer, poster or policy demonstrating availability of API access from portal



Exceptions to PI Reporting

- CMS understands there may be circumstances out of your control that make it difficult for you to meet all of the MIPS program requirements – to address these circumstances, CMS created ‘hardship exceptions’
- 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 Exception
- **Note:** Hardship exception guidelines may change each program year due to policy changes



Automatic PI Reweighting

- The following clinician types qualify for automatic PI category reweighting:

- Hospital-based
- Non-patient Facing
- Physician Assistant
- Certified Registered Nurse Anesthetist
- Occupational Therapist
- Audiologist
- Registered Dietician/Nutrition Professional
- ASC-based
- Nurse Practitioner
- Clinical Nurse Specialist
- Physical Therapist
- Speech Language Pathologist
- Clinical Psychologist



Criteria to Apply for a PI Hardship Exception

- Must meet one of the following criteria to apply:
 - You're a small practice or solo provider
 - You have decertified EHR technology
 - You have insufficient internet connectivity
 - You face extreme uncontrollable circumstances such as a disaster, practice closure, severe financial distress or vendor issues
 - You lack control over availability of CEHRT
- Lacking CEHRT alone does NOT qualify for a PI hardship exception



How to Apply for a PI Hardship Exception

- Submit an application when it becomes available in the summer of 2020. The application deadline is **December 31, 2020**
- CMS will notify all applicants if their request is approved or denied via e-mail shortly after the application is received



Approved Applications

- If approved, PI data does not need to be submitted
- The PI category will be reweighted to zero and the 25% weight will be reallocated to the Quality category
- The PI Hardship Exception status will be added to your eligibility profile in the [QPP Participation Status lookup tool](#)
**This won't appear until January 2021, when the 2020 submission period opens*



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've been impacted by extreme and uncontrollable circumstances that extend beyond the PI category
- The Extreme and Uncontrollable Circumstances application for 2020 will open in the summer of 2020 and close on December 31, 2020



Extreme and Uncontrollable Circumstances

Criteria

- Extreme and uncontrollable circumstances are defined as rare events entirely outside of your control and the control of the facility in which you practice
- These circumstances would cause you to either be:
 - Unable to collect information necessary to submit for a performance category **OR**
 - Unable to submit information that would be used to score a performance category for an extended period of time (for example: if you were unable to collect data for the Quality performance category for 3 months)



Can Submit PI Data if You Want to

- Clinicians and groups that are automatically reweighted or have an approved PI Hardship can report PI measures if they want to
- If data is submitted, you will forfeit the automatic or approved PI Hardship Exception and CMS will score the PI category
- **NOTE:** 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 – *this will reduce the likelihood of negating your automatic or approved PI hardship exception*



Overview of the Improvement Activities Category in 2020



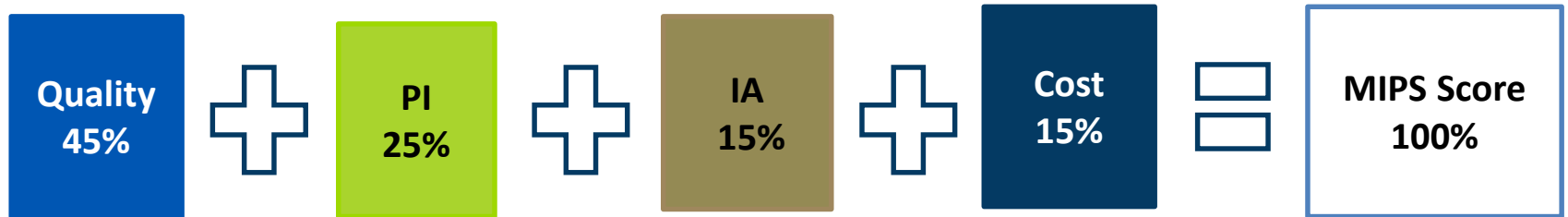
Key Changes in 2020

- 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**
 - Flexibility: the activity can be completed during **different** performance periods
- The CMS study on *Factors Associated With Reporting Quality Measures* is not available in 2020



No Change in IA Category Weight

- The IA category weight is **15%** of the overall MIPS score in 2020



2020 IA Category Basics



- 40 IA points are needed to earn full credit for this category
- Small practices (with 15 or fewer clinicians) must submit one of the following combinations to earn full credit:
 - 2 Medium weight activities or
 - 1 High weight activity
- Each IA must be completed for a minimum of 90 continuous days, unless otherwise stated in the activity description



How Activities are Scored

- High-weight activities are worth **20 points** and medium-weight activities are worth **10 points**; however, certain clinicians receive double the number of points
- Clinicians with the following ‘special status’ will receive **40 points** for a high weight IA and **20 points** for a medium weight IA:
 - Non-patient facing clinicians
 - Clinicians in a small practice (15 or fewer clinicians linked to the TIN)
 - Clinician located in a Health Professional Shortage Area (HPSA)
 - Clinician located in a rural area



Submitter Type Determination

Submitter Type	Sign in and attest	Sign in and upload	Direct Submission (API)
MIPS eligible clinician	✓	✓	X
Representative of a practice or virtual group	✓	✓	X
Third-party intermediaries	X	✓	✓



Data Submission Options

- There are three (3) options available depending on the submitter type:
 - Sign in to QPP portal and attest
 - Sign in to QPP portal and upload
 - Direct submission via API



About Improvement Activities

- For 2020, CMS approved **105** activities, divided into 8 subcategories
- 2 new activities added
- 15 activities removed
 - Annual Registration of the PDMP removed
- 7 activities modified
- [2020 Improvement Activities Inventory](#)



IA for Patient-Centered Medical Homes (PCMHs)

- If you are a participant in a recognized or certified PCMH or comparable specialty practice, you'll earn the maximum IA category score
- Eligible clinicians in a practice with PCMH certification or recognition from the following organizations will receive full credit:
 - National Committee on Quality Assurance (NCQA)
 - The Joint Commission (TJC)
 - The Utilization Review Accreditation Commission (URAC)
 - Accreditation Association for Ambulatory Health Care (AAAHC)
 - The Compliance Team (TCT)
- For organizations with multiple practice sites, at least 50% of these locations must be recognized or certified PCMHs or comparable specialty practices to attest to this



Example of an IA

- **Consultation of the Prescription Drug Monitoring Program**
- **Activity ID:** IA_PSPA_6
- **Activity Weighting:** High
- **Subcategory Name:** Patient Safety and Practice Assessment
- **Description:** Clinicians would attest to reviewing the patients' history of controlled substance prescription using state prescription drug monitoring program (PDMP) data prior to the issuance of a Controlled Substance Schedule II (CSII) opioid prescription lasting longer than 3 days. Clinicians would attest to 75% review of applicable patient's history performance.



Summary & Resources



Summary of the PI & IA Reporting Process

- Identify and report all required PI objectives
- Identify and select the activities that best comply with your specialty under the IA category
- If you report the PI bonus measure, Query of PDMP, be sure to have all necessary documentation to validate connection and submission to the PDMP in your state



Resources for PI Reporting



CMS Resources:

- [2020 PI Measure Specifications](#)
- [2020 PI Quick Start Guide](#)

Quality Insights Resources:

- [2020 PI Measures for MIPS](#)

Resources for IA Reporting



CMS Resources:

- [2020 Improvement Activities Quick Start Guide](#)
- [2020 Improvement Activities Inventory](#)
- [2020 MIPS Data Validation Criteria - Improvement Activities](#)

Quality Insights Resources:

- [2020 IA for MIPS](#)

Questions



Thank You

Quality Insights QPP Support Center

- For practices with **15 or fewer** eligible clinicians
- E-mail: qpp-surs@qualityinsights.org
- Phone: **877.497.5065**
- Website: www.qppsupport.org



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