

Mastering the MIPS Promoting Interoperability Category Transcript from Live Session

Tuesday, October 1, 2019



Laurie Fink: Good afternoon everybody and welcome to today's webinar: Mastering the MIPS Promoting Interoperability Category. My name is Laurie Fink, and I am a communications specialist with Quality Insights, and I will be serving as the host for today's session.

Laurie Fink: For those listening to the recorded webcast, welcome, and thanks so much for watching. We will get started with today's presentation in just a few moments. But first, I'd like to go over a few housekeeping items.

Laurie Fink: Everyone entered today's webinar in a listen-only mode, so if you have any questions during a presentation, we ask that you please type them into the Q&A box to the right of your screen. We're not sure how much time we're going to have to address your questions but we will get to as many as we can as time permits. But if we do not happen to get to your question, please make sure to submit it to us and we will provide you with answers via email after the live session.

Laurie Fink: Today's webinar is being recorded. The recording, along with the slide deck and transcript of the webinar will be posted on the Quality Insight's QPP Support Center website within the next few days. These resources can all be found on the archived events page.

Laurie Fink: I did post a link to that page in the Chat box with a live link, so if you want to share the recording or the slides with someone else on your team, check out that page within the next two days and all the resources will be posted there.

Laurie Fink: Joining us today to talk about the 2019 MIP Promoting Interoperability Category are three members of the Quality Insights QPP Support Center Team, including Rabecca Dase, Kathy Wild, and Amy Weiser. Without further ado, I will hand over the presentation to Rabecca to kick things off. Rabecca?

Rabecca Dase: All right. Hello everyone, and thank you for joining. I will be your moderator today. As Laurie mentioned, I'll get to work with Kathy and Amy.

Rabecca Dase: Today for our learning objectives we are going to cover the 2019 Promoting Interoperability category requirements, talk about the exceptions to the PI category reporting, what the measures are, scoring and how it works in the category, explain PI reporting requirements for the APM participants, and identify tips to increase your Promoting Interoperability score, as well as

documentation that you might want to maintain in the event of an audit in future years.

Rabbecca Dase: Amy, if you are ready, can you please tell us, what is 'Promoting Interoperability'?

Amy Weiser: Well, thanks Rabbecca. I would be happy to do that. Promoting Interoperability, most people know Promoting Interoperability as what was known as Meaningful Use several years ago. And then it evolved into the advancing care information when the Quality Payment Program started. And now, we know this promoting interoperability.

Amy Weiser: Really, it is still using your certified EHR in a meaningful way. It's a MIPS category that's created to promote patient engagement, it's a core element of effective and efficient clinical care, and the electronic exchange of health information using certified EHR technology.

Amy Weiser: The 2019 measures focus on interoperability and improving patient access to their health information.

Rabbecca Dase: All right, Now that we know it's a MIPS category and something that we need to report on, potentially in 2019, can you tell us what the basics of the PI category are?

Amy Weiser: Absolutely. The total category weight for promoting interoperability is 25% of your score. The performance period is a minimum of 90 continuous days, up to a full calendar year of 365 days. And the MIPS participation options include participating as an individual, as a group, or as a virtual group.

Amy Weiser: And then as far as the data collection, the data must be collected for all patients, regardless of whether they are a Medicare beneficiary or not. Clinicians who don't have an EHR, a certified EHR, cannot report data for the promoting interoperability category.

Amy Weiser: But I just wanted to add something here as a note, that even if you don't have an EHR, we're here to help you. You can still avoid the negative payment adjustment for the Quality Payment Program, so don't let the fact that you don't have an EHR discourage you. Again, we can help you with that.

Amy Weiser: For the data submissions, clinicians groups or third party intermediaries can submit the promoting interoperability data three different ways. It can be directly submitted to CMS. You can login, and submit to the QPP portal, and upload files. You can log into the QPP portal and attest, which means that you would manually enter your data into the portal.

Amy Weiser: If data is submitted more than one way, CMS will score the promoting interoperability measure with the highest number of points. You could,

theoretically, submit the different ways and whichever method gives you the highest score, CMS will calculate for you towards your total score.

- Rabecca Dase: All right, Amy. You mentioned participation options. Can the promoting interoperability category be submitted by a group? Can they submit data CMS as a group or does it have to be individual?
- Amy Weiser: Great question. Absolutely, you can submit as a group. A lot of times that is a great way to get your information in, and CMS has made it fairly easy to do so. Let's talk about group reporting.
- Amy Weiser: A group must combine the data for all of the MIPS clinicians under the group tax ID. Everyone in the group who has data in the certified EHR, must have their data included, even if they qualify for the re-weighting as an individual. And we will be talking about the re-weighting a little bit later.
- Amy Weiser: Those who do not have data in the certified EHR, will receive the same promoting interoperability category score as everyone else in the group, even though they don't contribute any data.
- Rabecca Dase: All right. Now that we've covered the basics, can you please go into some more detail and go over the promoting interoperability category requirements, and what's going to be required at the practice level for the clinicians or a group?
- Amy Weiser: Absolutely. The promoting interoperability category requirements. All requirements listed below must be met or the clinicians or group will receive a score of zero for the promoting interoperability category.
- Amy Weiser: You need to collect data using the 2015 Certified EHR Edition. That is mandatory for 2019. In years past, it was an option. But now, it is mandatory.
- Amy Weiser: You will also need to submit a "Yes" that you have completed the Security Risk Analysis measure in 2019, which we will talk a little bit more about later.
- Amy Weiser: You will submit a "Yes" to Prevention of Information Blocking Attestation.
- Amy Weiser: You will submit a "Yes" to the ONC Direct Review Attestation, and you will report all required measures or claim their exclusion.
- Amy Weiser: This is just an example of the attestation statements that must be checked as a "Yes". The Prevention of Information Blocking Attestation is the first one, basically, stating that you will not limit or restrict the interoperability of the certified EHR technology.
- Amy Weiser: And then the ONC Direct Review Attestation, that you have acknowledged their requirement to cooperate in good faith with the Office of the National Coordinator, which the ONC, direct review health information technology.

Amy Weiser: You can read through that in more detail but again, those are both mandatory for "Yes" on your attestation.

Rabecca Dase: All right. You said one of the requirements for the promoting interoperability category was that you had to collect promoting interoperability data using a 2015 Edition Certified EHR, or you're going to receive zero points for the category. When does a practice have to have this in place or when do they have to have the updated version in place to be able to report out of their EHR?

Amy Weiser: Great question. There's been a lot of discussion about this and there was some confusion related to this, so hopefully we'll be able to clarify everything for our audience today. The 2015 Edition Certified EHR Technology or CEHRT, must be used to report the data in 2019 for promoting interoperability.

Amy Weiser: The benefits of having the 2015 edition are listed here. It really helps to increase the patient engagement, which is really at the heart of promoting interoperability. Again, in providing provider access to data, increasing patient safety, and improving collection of patient submitted data.

Amy Weiser: Additionally, to clarify when it has to be in place and all of the logistics with that. It must be in place by the first day of the 90-day performance period and the EHR must be certified by the last day of the performance period.

Amy Weiser: This is where the confusion was, so let's just give you this example. If you start your reporting period on October 3rd, which is just a couple days away, hard to believe, to December 31st of 2019, your 2015 functionality must be in place by October 3rd, which would be the first day of your reporting period. And your EHR must be certified to the 2015 Edition by December 31st, 2019.

Amy Weiser: What that means is, let's say your EHR vendor says, "We're working on our certification, but we have the functionality. You can have it on October 3rd, but we'll have our certification by December 31st." That would be something that would be acceptable for the 2015 Edition for 2019.

Amy Weiser: And then as you may recall, in the days when we were submitting this data for meaningful use, everyone had to have an EHR certification number. You've always needed the certified EHR number through the ONC Certified Health IT Product List, which we affectionately call CHPL for short.

Amy Weiser: You've always needed to have that in your records, however, in the past with meaningful use, you needed to submit this in order to even submit your information to CMS. It wasn't an obligation to submit in years passed with the Quality Payment Program. Now, it is mandatory. You must have your ONC Certified Health IT Product List number.

Amy Weiser: We have given you information here on this slide to help you to obtain your number, based on your certified EHR technology. We recommend that you use

Google Chrome, Apple Safari, Microsoft Edge, or Mozilla Firefox to run this. Internet Explorer is not recommended. Sometimes there's some difficulty with pulling up the number.

Amy Weiser: The other resource that you can take advantage of too, is your EHR vendor as well. They should be able to help you with your certified EHR number. And you can also see that we have this resource here: Find Your CMS EHR ID for 2019 MIPS, included in your slides as well.

Rabecca Dase: All right, Amy. Thank you for that. Another requirement that you mentioned a few slides ago, was that the Security Risk Analysis must be done. Can you go over when this needs to be completed, in order for a practice to be in compliance?

Amy Weiser: Absolutely. The Security Risk Analysis measure is required, but it's no longer scored as a measure. If you are in the QPP website, and you're looking at the list of promoting interoperability measures for 2019, you will no longer see the Security Risk Analysis as a "measure".

Amy Weiser: However, we want to stress to you that just because it's not listed as a measure, does not mean that it is not required, nor that it is not important. It is required. You will not be scored on it, however, but you will have to attest "yes" when you are completing your submission in the QPP portal.

Amy Weiser: It needs to be conducted for your certified EHR during the reporting period. For example, the 2015 Edition that you're on. It can be conducted outside of the reporting period if the upgrade to your 2015 Edition occurred prior to the reporting period. And again, you must attest "yes" to conducting for the first time, if you've never done one, or reviewing a Security Risk Analysis, that you've updated your information and corrected any deficiencies during the calendar year for 2019.

Amy Weiser: I also want to stress as well that the Security Risk Analysis is something that is usually the focus of an audit. We really recommend that this is something that you spend significant time addressing. Don't neglect to take the proper steps to ensure that you have met the requirement.

Amy Weiser: What we've done is we've included some things on your slides. This is a download to the SRA tool that was created by the Office of the National Coordinator. We also have a list of certified SRA professionals that may be able to help you complete it as well. They are independent of Quality Insights, and you would need to reach out to them yourself, and they would have a fee associated with helping you with this.

Amy Weiser: And, again, if you do want to use the SRA tool, just know that you should probably start working on it right now and not wait to do this. This is definitely

not a last minute thing. It's definitely something that CMS and the ONC have deemed to be very, very important.

Rabecca Dase: All right. I think what people also are probably wondering is if they have an EHR, do they need to report this promoting interoperability category in the promoting interoperability measures?

Amy Weiser: That's another great question. Thanks, Rabecca. There are some exceptions to reporting promoting interoperability. There are three circumstances when the promoting interoperability category does not have to be reported. There's automatic re-weighting, there's the hardship exceptions, and also the extreme and uncontrollable circumstances exception.

Amy Weiser: The promoting interoperability category will be re-weighted with zero and the 25% of the promoting interoperability category will be reallocated to the quality category.

Amy Weiser: I just want to add that even though you have a certified EHR technology, you're not required to report. The problem with that methodology, is that you would lose those 25 points if you just decide not to report promoting interoperability.

Amy Weiser: Again, if you're struggling with whether or not to report, if you're not sure, we definitely are here to help you. We can help you weigh the options and help you work thorough that because we wouldn't want you to lose 25 points. But as we go through the next slides, you'll see how there's some others things that you can do. We talked about the re-weighting and the hardship exception. Things that may apply to you, that will maybe alieve some of that stress that you may be having related to this category.

Amy Weiser: On this slide, you can see how it works with the re-weighting of the promoting interoperability category. The 25 points that would have gone to promoting interoperability, are shifted over into the quality score, which makes quality then worth 70 points.

Rabecca Dase: All right, Amy. Can you please tell us a little bit more about the automatic re-weighting, who this supplies to, and how it does? I know you mentioned how it affects the scores, but maybe we can get a little more detail about who this applies to.

Amy Weiser: Sure. There are a number of clinician types who are affected by the automatic re-weighting. As you can see here, I'm not going to read through all of them. I'll just read us through a through. Hospital-based clinicians, physician assistants, nurse practitioners. And then our newly added clinicians for 2019 are all in the re-weighted clinician type category. We have our physical therapists, occupational therapists, speech language pathologist, audiologist, clinical psychologist, and registered dieticians.

Amy Weiser: What I wanted to just stress though, is that if you're automatically re-weighted, you can still report those measures if you want to. There's nothing that says that you can't report, even if you are automatically re-weighted.

Amy Weiser: If you do submit data though, it will be scored. You would want to submit the data fully and completely, with all of the things that we've already mentioned, be able to say "yes" to those attestations, having the Security Risk Analysis completed, and all of those things. And then what would happen is you would be scored based on that 25% of the total MIPS score in the promoting interoperability category.

Amy Weiser: It's a win-win situation. If you don't feel that you're ready to submit promoting interoperability this year, especially if you're a newer clinician type, you don't have to. Those points are related to quality. But if you decide that you want to, you are still able to do that.

Rabecca Dase: All right, Amy. You said that the promoting interoperability hardship exception was another circumstance when the promoting interoperability category wouldn't need to be reported. First off, I know that I have a lot of practices that ask me, "What is the hardship exception?" And then, "How do I know if I qualify for this option?"

Amy Weiser: Thanks, Rabecca. Yeah, this is a really hot topic and something that I really view as a win-win. I'm going to, of course, go through the slides. But really the hardship exception is a safety net for you for the promoting interoperability category. If you don't feel that you're ready to submit the information, you can apply for the hardship exception, and those points are re-weighted to quality.

Amy Weiser: But down the road, in the next few months, if you see that your promoting interoperability category is improving, or you've met all the measures, and you're able to attest fully, you could still submit, even though you have applied for that hardship.

Amy Weiser: You can request the promoting interoperability hardship exception for the following reasons: If you're a small practice with 15 or fewer clinicians, if you have a de-certified electronic health record EHR technology, if you have insufficient internet connectivity, or if you've faced some extreme and uncontrollable circumstances, such as disaster, a practice closure, severe financial distress or vendor issues, or you lack control over the availability of a certified electronic health record.

Amy Weiser: As I mentioned, if you request the hardship, it would be re-weighted to zero for group, only when all of the MIPS clinicians in the group qualify for the re-weighting, either by an automatic re-weighting or by an approved hardship application, hardship exception application.

Amy Weiser: You can submit an application for a hardship exception anytime from now through December 31st. CMS will notify you via email, usually within an hour or sooner, if the application is approved or denied.

Amy Weiser: I will just tell you, that based on experience, this has been a very easy, simple process for practices. They're finding out, almost immediately, that they've been approved. I will just add a note here that if you do apply and you receive the approval, please keep that documentation as part of your audit binder or your audit file for 2019.

Amy Weiser: The PI measures can be reported after the hardship exception application has been approved. But just remember, that if you do submit, you will be scored. That category weight would go back to the 25%, if you decide later on that you want to go ahead and reported your promoting interoperability measures.

Amy Weiser: We've included here some information for you for the hardship exception application, as well as some exception frequently asked questions as well.

Rabecca Dase: We've talked about some reasons of why the promoting interoperability category may not be reported. Just to go back over them, you said automatic re-weighting, the filing of a hardship exception, and then you also mentioned one for extreme and uncontrollable circumstances. Can you tell us a little bit more about this one and who it impacts?

Amy Weiser: Absolutely. The re-weighting for extreme and uncontrollable circumstances, is available when someone is impacted by extreme and uncontrollable circumstances, entirely outside of their or their practice's control, that prevents them from being able to collect or submit data for one or more categories for an extend period of time.

Amy Weiser: If approved, CMS will re-weight the impacted category or categories to zero. Clinicians in a CMS-designated region affected by a FEMA-designated major disaster, such as a hurricane or fire, will automatically be excluded from all four performance categories.

Amy Weiser: This exception is a little bit different, however it is still a relatively simple process. You still fill it out online and you receive the information from CMS for your designation on approval.

Rabecca Dase: All right, Amy. One more question for you, and then we'll let you take a break. Can you tell everybody how this category is scored?

Amy Weiser: Sure.

Amy Weiser: Most of the promoting interoperability measures are recorded or scored based on performance. But only some require a "yes" attestation, which I already reviewed with you.

Amy Weiser: Measures that require a numerator and a denominator, must have a least a one in numerator, unless an exclusion is claimed. This is much different than in the past when we were talking about meaningful use.

Amy Weiser: In the meaningful use world, you had to meet a certain threshold of measures, and if you didn't meet them, you couldn't report. This is similar, however, they have lowered the requirement to being just a one in the numerator, instead of it being higher. It is, I think, much more user-friendly in that regard because we know that some of the measures can be a little bit challenging still. We'll be talking about that in the slides to come.

Amy Weiser: Failure to submit a numerator of at least one, or attest "yes", or claim an exclusion to all required measures, will result in zero points for the promoting interoperability category.

Amy Weiser: These are the steps on how you calculate your score for the promoting interoperability. First, you need to determine what your performance rate is, by dividing the numerator by the denominator.

Amy Weiser: Then you multiple the performance rate by the maximum number of points for that particular measure.

Amy Weiser: You add all of the individual measure scores together, for 100 possible points for promoting interoperability.

Amy Weiser: You add your bonus points to the numerator.

Amy Weiser: And then you multiple the total promoting interoperability points by the promoting interoperability category weight of 0.25, so 25 possible MIPS points for the promoting interoperability category.

Amy Weiser: I'll show you what that looks like.

Amy Weiser: For example, this is for the Provide Patients Electronic Access measure. We have our numerator and denominator, 73 over 89, which gives us an 82% performance rate. Then you convert the performance rate to 0.82, you multiply it by the 40 points that are available for that measure, and then you come up with a measure score of 32.8 points.

Amy Weiser: The next slide actually gives you a better idea of how you would add all of these different measures together and all of the points associated with them to get your final score for promoting interoperability.

Amy Weiser: Again, these are included in your slides. I'm not going to read them line by line but you can see here at the bottom that they've calculated for each of the measures their numerator and denominator, or their yes's or no's, et cetera. They've got their performance rate. Then they multiplied their performance rate

by the maximum points that are available here, and they come up with a total of 83 points. They multiple their 83 points for all of the measures by 0.25, which is the MIPS category performance total points. And then they come up with 20.75 points out of a possible 25 points for promoting interoperability.

Rabbecca Dase: Thank you so much, Amy.

Rabbecca Dase: Before we move on, I did see a question in the Chat box. Somebody was asking, "How do I know if I can get re-weighted or how will I know if I'm re-weighted?"

Rabbecca Dase: Ultimately, you can look in the QPP.CMS.gov participation lookup tool, and you can look to see if your clinicians or group have a special status that would automatically be re-weighted. And then, Amy also mentioned the promoting interoperability hardship exception that you can file as well, that could potentially be reasons for you to be re-weighted. But ultimately, that question, we can absolutely help you and help navigate the program to help you understand that for your practice. Tonya, I hope that answers your question.

Rabbecca Dase: Now, how many PI measures are there? Kathy, we are going to put you in the hot seat now. Can you tell us what kind of measures there are for 2019?

Kathy Wild: I sure can. Thank you for having me. In 2019, CMS really revamped the PI category from last year. I don't know if you recall if you reported it. There was base measures and transition measures. It was a little confusing, so they simplified it.

Kathy Wild: This year, we've written that they are now requiring six required measures and two optional measures. Some people may say it's actually five required measures. But we just said six because within one of them, as you'll see, you have to do two different measures. I'll explain that shortly.

Kathy Wild: As Amy explained very well, that all the required measures have to be reported this year or you have to claim an exclusion. You can't just not report one of those. Those points have to be accounted for, so CMS has done and what they're done is reallocating those points from an exclusions claim to a different PI measure.

Kathy Wild: Here is a little table to show you the exact measures. I'm going to be going over these in detail, but just to show you the overview. In the left column are the objectives for this category. Once again, you'll see the focus is on patient engagement, provider exchange, and then dealing with the public health and clinical data exchange, and then, of course, E-prescribing.

Kathy Wild: When you look at this, also we've included a column for the possible points. You'll see that 40 points is the highest one, and that is the provide patients electronic access to their health information. Once again, this is CMS's focus this

year, is we really want to make that patient the focus of having the EHR, and having access to their information.

Kathy Wild: And then you'll see the next highest score measures are the health information exchange. Once again, we've been trying this for years, and we still are working on it, but it's getting that information from one clinician to another, electronically, seamlessly, all of that is a big focus also.

Kathy Wild: I will go into these in more detail, but this is just a little table to show you what I'll be talking about.

Rabecca Dase: All right. What are the six required measures, and what are practices required to do?

Kathy Wild: Okay. I am going to go ahead and break these down one-by-one. I'll tell you a little bit about the description of the measure, give you some exclusions. If it is excluded, where the points will go. I'll do the same thing for each of these measures. I know it can be a dry topic. But yet, this is something that you really need to know, to make sure that you are getting this right because, once again, a lot of these measures are based on your performance. Therefore, you do want to have as high a rate as possible.

Kathy Wild: E-prescribing measure has been around since meaningful use days, which Amy talked about. I think the majority of our clinicians are already doing this but in case you aren't, this is when you have to use your electronic health record technology to actually query drug formularies, and then electronically transmit at least one permissible prescription during the reporting period. As I mentioned, this is based on performance. This measure is worth 10 points.

Kathy Wild: We now know that several states, due to the opioid epidemic that's going on, several states now allow electronic prescribing of controlled substances. You can certainly go ahead and include those prescriptions in your denominator, however, if you do that, then you must include them uniformly across all of your patients that you report for and all allowable drug schedules.

Kathy Wild: Once again, you don't have to include your controlled substances but if you do, it would have to be for everybody.

Kathy Wild: One of the things to note here is we still know some of the elderly people may not have a computer at home. They may still request a paper prescription. They are just more comfortable with that. They are fearful of modern technology. And if that is the case, and you can't electronically prescribe it because they want the paper prescription, or something prevents them from using an electronic prescription, then those patients have to be included in the denominator, unfortunately.

Kathy Wild: The other note is that over-the-counter medications, they're not included, and they never were. But just to make sure you are aware of that.

Kathy Wild: The other thing with electronic ... Whoa. I think I hit something. I'm sorry, let me go ... There we go.

Kathy Wild: There is an exclusion for this measure, and that is when five points are reallocated to the health information exchange measure. What would happen here is there is two measures within that objective. The 10 points for this measure would be divided in half, so that five of the points of this measure would go to sending the health information, and five points would be reallocated to receiving and incorporating the health information.

Kathy Wild: Okay. Our second of the required measures is this health information exchange objective. The first one is where we want to support electronic referrals by sending health information. What we're looking at is referrals when you refer a patient to a specialist or you want to transition them to a different setting of care, such as the emergency room, a nursing home, something like that.

Kathy Wild: For at least one referral or transition of care during your recording period, what you have to do is create this electronic summary of care record using your electronic health record technology, and then electronically exchange that with the clinician that is going to go ahead and receive that patient.

Kathy Wild: This is worth 20 points, so there's somewhat of a focus on that. In your computer, you'll have functionality for different summary of care records. There's a whole bunch of different templates, and CMS has said that any C-CDA template you have, you can go ahead and use.

Kathy Wild: Now, the exclusion for this measure makes perfect sense. But if you don't refer a lot of people, if you are a specialist, you may not refer a lot of people. If you have fewer than 100 referrals or transitions of care during your 90-day reporting period, if you pick the 90-days, you don't have to report this measure. And that's okay. But then what will happen is, those 20 points will be reallocated to the Provide Patients Access to Their Health Information measure.

Kathy Wild: If you recall, that's the one that's really beneficiary focused. They base on patient portals that we know is worth 40 points. What would happen here, is that measure would then be worth 60 points.

Kathy Wild: Okay. Now, we're going to get to the third required measure, which is the other HIE measure. This is when you're on the receiving end of receiving a patient as a referral or a transition of care. Once again, this is you receive that summary of care document from the clinician that is referring them or transitioning them to you. What is required, is that you do some reconciliation with some of the data.

Kathy Wild: Specifically, there's three elements. You need to reconcile their medications, which means looking at the meds that they are putting in their summary of care with what you have in your electronic health record. You want to pay attention to their medication allergies. And then you also want to look at current problem list.

Kathy Wild: The requirement for this measure, is that you go ahead and do that reconciliation for those three things, for at least 100 patients during the reporting period. Then you can go ahead and report this measure. It is worth up to 20 points.

Kathy Wild: One thing to note, is that if you realize what you're seeing from the summary of care, from the referral, or what you have currently available in your medical records completely matches so there's no updates necessary, there is a process for you to reconcile it, simply by verifying that fact. Each electronic health record vendor has it set up in a certain way. But there's probably some type of check off, where you can check to say, "Information a duplicate of existing information." Or, "Verify". Something like that. You wouldn't have to retype everything back in and stuff.

Kathy Wild: And then to note, to make this easier for clinicians, non-medical staff can actually go ahead and do this reconciliation when they bring the patient into the room before the clinician comes in. That's when they would be taking their vital signs, see why they're there. They can go ahead and check with their meds, and their allergies, and their problem list, and get that done.

Kathy Wild: This is something if you're a specialist and you receive a lot of referrals and see patients, that you should have a pretty high performance rate for this measure. Once again, any template can be used for this measure.

Kathy Wild: Now, there are two exclusions for this. I mentioned one is the same as the sending health information. If you receive less than 100 transitions of care or you have fewer than 100 new patient encounters during your 90-day reporting period, you can go ahead and claim the exclusion. CMS also made an exclusions, just simply stating that, "Any MIPS clinician who is unable to implement the measure can be excluded." They're giving this a freebee.

Kathy Wild: That's fine. You can take the exclusion. What will happen here is CMS is taking the 20 points for this measure and putting it back over to the Sending Health Information measure. Just to note, if you do not either send 100 referrals or transitions of care or receive it, so if you are going to claim the exclusion for both of those measures and the HIE objective, you can certainly do so. And then all of those points will go to the Provide Patient Access measure, which we are going to go over next.

Kathy Wild: What that does then, you'll see this measure is worth 40 points. If we add this plus the 40 points from the two HIE measures, you'll see that the measure I'm

about to talk about is going to be worth 80 points. And so that may actually happen to a lot of you that don't have a lot of referrals or transition.

Kathy Wild: CMS, like I said, is really focused on this measure and that's why there are no exclusions available, so everyone does have to report at least one time. This involves something that you've been doing since meaningful use days, again. You really want to get them involved in their health care, and really want them to sign up for the patient portal.

Kathy Wild: What is the exact requirement? Is that they're provided timely access to view online, download their information, or transmit it. And, this is the new thing for 2019 that the health information is also available for the patient to access using any application programming interface that the patient has. It's kind of confusing. I know a lot of us are not technical. We don't know exactly what that means.

Kathy Wild: If you do have a patient that is very tech-savvy, and has a smart phone, and they want to get their information not by logging in, but they want to use a different app, that that information, they would be able to do so. With having 2015 certified technology, this functionality is available. It's not like you'll really need to do that much.

Kathy Wild: Once again, for this measure, you have to offer these four functionalities to their patients and then the definition of timely access is having that information available within four days of being available to the clinician every time the information is generated. If you have an office visit on Monday you can expect by Thursday, which is the fourth day, you should be able to login to your portal, and see the office visit summary, and orders, and things like that.

Kathy Wild: Once again, for this API functionality, all the clinician should have to do is enable that functionality in EHR. They would only have to do that if a patient asked for that. We suggest you contact your vendors to find out the specifics of that.

Kathy Wild: How else are you going to meet this measure? What we need to do is probably have another patient portal campaign. Basically, what you want to do, is add a sentence on your patient portal login homepage. You can add a sentence if you send a newsletter to your patients that you have email addresses for, or add a sentence to your patient portal posters in your office, that now you can also get your information through an API. Chances are, you're probably not going to get many queries, but this is all you have to do to meet that measure.

Kathy Wild: Remember that patients, some of them, they don't have the computer at home. They don't want to go ahead and get the patient portal, so they can go ahead and opt out of that. Now, you do have to include them in your demonstrator for this, but you can also count them in the numerator if you are giving them all the necessary information to subsequently access their information.

Kathy Wild: If you have a sheet or have that poster in your room, that talks about, "This is what you need to do to have a portal. Here's the login. We'll send you a user ID, you'll create your password." If they're given that information, then they can also be counted as meeting this measure because they have the information, if the day comes when they do want to go ahead and get a patient portal login.

Kathy Wild: Okay. Now, we're moving to the last measure. This is the one where I say it has two measure requirements, even though it really is just one measure. This is called the Public Health and Clinical Data Exchange measure. This is where you must attest to being active engagement with two different public health or clinical data registries, for any of these five measures built within this objective.

Kathy Wild: Just to remind you, having active engagement with a registry does not necessarily mean you have to be submitting live data to that registry during your 90-day reporting period. CMS realizes that there are different stages to onboarding and getting that data to the agency, so they'll accept any of these phases as active engagement.

Kathy Wild: One is simply contacting that registry, telling them that you want to submit data when they're open and ready to do it, and you have that completed registration. That's phase one.

Kathy Wild: If you've completed that, and you're in the testing phase, and sending some data, and they're checking to make sure everything is okay before you can actually start giving them live data, that would be phase two.

Kathy Wild: And then phase three is when you're actually in the production phase and sending data.

Kathy Wild: Anytime you do any of those, you will go ahead and meet one of these registry measures.

Kathy Wild: For this measure, 10 points are awarded to a clinician. You can do it in a couple different ways. You can pick two different registries, from two of the measures built in here. You can record two different registries from one of the same measures. Or you can pick one registry and claim an exclusion for the second measure.

Kathy Wild: Now, we know that all the other, except for the Provide Patient Access measure had exclusions and this one it does too. If you cannot report to any of these registries, none of them are applicable to you or the patients you see, that's perfectly fine. You can claim two exclusions. All that will happen here, is that will result in the 10 points being reallocated to another category. Which category do you think it is? Well, it's the Provide Patient Electronic Access Information. Once again, the main focus on beneficiary engagement.

Kathy Wild: Just remember that the points can be reallocated. And if you are a primary care practice and report to multiple registries, all CMS needs is two. You cannot earn any additional points if you report to more than two registries.

Kathy Wild: The five different Public Health and Clinical Data Registry measures are: Immunization registry, electronic case reporting, public health registry, clinical data registry, and syndromic surveillance. Now, I'm just going to go over details for each of them, do it quick. I see we're getting close on time.

Kathy Wild: Number one, Immunization Registry. This is something that primary care providers, maybe OBGYN, maybe pulmonary docs. Most of you do give immunizations in your practice. If so, you'll want to go ahead and make sure you do claim this measure. Once again, you're in active engagement, and you are going ahead, and sending that data. This, all you have to testify yes you do. We've got the links for the different registries in each of our five states.

Kathy Wild: Oh, I'm sorry, of our four states. The reason I said five, is I see five lines. I just want to note, Pennsylvania has a state-wide immunization information system. And then Philadelphia also has their own in there, so that's why there's two different links there for PA.

Kathy Wild: Okay. There are exclusions. This is basically for all five of the measures within this objective. The exclusion categories are, basically, you don't administer ... This one is, you don't administer any immunizations during a performance period. Which basically means, it's really not applicable to your practice.

Kathy Wild: Number two, if there isn't a registry in your jurisdiction that is capable of accepting the data at the very start of the performance period.

Kathy Wild: And the third exclusion, is that there isn't a registry in your jurisdiction that has even declared the readiness to receive data, as of six months prior to the start of a performance period.

Kathy Wild: You're going to see these three exclusions are applicable to each of these measures, and you only have to pick one of them if it's applicable.

Kathy Wild: The second option for this measure is electronic case reporting. If you are looking at conditions like salmonella, gonorrhea, chlamydia, Lyme disease, pertussis, Zika, things like that, and you are electronically reporting that to a public health agency, you can go ahead and claim that you are leading this measure. The exclusions, I'm not going to go over. They're the same as what we previously discussed.

Kathy Wild: The third one is reporting to a public health registry. This is where you're working with a cancer registry and then also in some states, the prescription drug monitoring program actually qualifies as a public health registry. If it does

and you're doing that, wonderful, then you would meet the public health registry reporting function.

Kathy Wild: And here, we have the three exclusions, which are similar to the other measures and objectives.

Kathy Wild: The fourth one is reporting to a clinical data registry. This is where you're actually in active engagement, submitting data to a clinical data registry. Now, the word clinical data registry may sound familiar to you because some practices do use a qualified clinical data registry to submit their data to CMS, their MIPS data at the end of the year.

Kathy Wild: Are they the same thing? I'm going to say yes and no. Just the fact that if a QCDR simply submits your data to CMS on your behalf for MIPS, that would not fulfill this measure, but if your QCDR has publicly declared readiness, that they do function also as a public health registry, and you send them data from your EHR, and you transmit it electronically to them, that will qualify for meeting this measure.

Kathy Wild: If you want to do this, you'll have to look at that link for the qualified clinical data registry, see who has declared readiness as a public health agency, if you want to go ahead and do that. And once again, remember, you only have to report to two registries. Okay. The exclusions are the same three as the others.

Kathy Wild: And then the last option for public health reporting, is the syndromic surveillance reporting. That is where you're actually reporting to a public health agency to submit syndromic surveillance data, and that is basically health related data used to detect or anticipate disease outbreak.

Kathy Wild: When we look at foodborne illnesses, Influenza, cholera, things like that, if you are reporting that type of information to your public health agency, you can get credit for that. Once again, they have the same three exclusions.

Kathy Wild: And I'm going to take a deep breath. That was basically the requirements.

Rabbecca Dase: All right, Kathy. Take a breather. That was some great information and there was a lot of information there. As Laurie said before, you will have the slides and she did provide a link to where the recording would be if you wanted to review that information.

Rabbecca Dase: Kathy, now that we've covered what's required, can you please go through the two optional measures for 2019?

Kathy Wild: I sure can. There's two optional measures. Each one is worth five bonus points. The first one, we mentioned briefly, is the query of the Prescription Drug Monitoring Program (PDMP).

Kathy Wild: We all know that states are beginning to mandate that clinicians use this. As a matter of fact, in Pennsylvania, I think the date is later on this month. But if you query your PDMP, for a prescription drug history, for at least just one scheduled two opioid electronically, using your EHR, then you qualify and you can say yes to this, and you'll get five bonus points added to your PI numerator.

Kathy Wild: There we go. Basically, the only thing is you must make sure that you do that query before you actually electronically transmit the prescription. It includes all permissible prescriptions and dispensing of scheduled two opioids, regardless of the amount prescribed during an encounter.

Kathy Wild: There was one change to this measure last year when CMS came out with the final rule for this year. They were going to require a numerator and denominator so that you had at least one. And in the proposed rule for this year, for 2020 rather, they have said, "We're only going to require you to attest yes to this.

Kathy Wild: The reason for that is health records were having a hard time being able to collect that data of how many are in the numerator and denominator. Now, it's simply, "Yes, we do that," and you can meet this measure.

Kathy Wild: One of the tips we have is do you want to know if your EHR has Electronic Prescribing of Controlled Substance module that allows electronic prescription of controlled substances. You can use the link here by Surescripts. They created a lookup tool, so you can see if your vendor and product has EPCS available.

Kathy Wild: And then one other tip to help you is that the PDMP measure aligns with three quality measures that are in MIPS and two improvement activities. It's a very hot topic, and this is one way to overall increase your MIPS score, is focus on one topic, and you can report, and improve the measures, and get the higher score with all three of these categories.

Kathy Wild: And one thing I just want to quickly tell you, is that we will have two PDMP subject matter experts on our QPP live this month. On Thursday, October 17th, they're going to be talking about Pennsylvania and Delaware, but we'll be going over some PDMP basics also. We have a registration link, so please plan on attending.

Kathy Wild: The other optional measure, is to verify an opioid treatment agreement. This is also worth five bonus points. When you're checking for assigned opioid treatment agreement, incorporating it into the EHR for at least one patient that had an opioid electronically prescribed during the performance period if the total duration of their prescription is at least 30 cumulative days, within a six month look-back period.

Kathy Wild: It's got a lot of specifics in there. Once again, it would be a yes/no. The six month period begins on the date when the clinician actually electronically transmits the opioid prescription.

Kathy Wild: There is no exclusion available for this measure because it is a bonus point.

Rabecca Dase: All right, Kathy. Back on some of the previous slides, you had talked about some exclusions that measures were eligible for. What happens if there are exclusions for measures that practices claim?

Kathy Wild: Okay. I know even though we haven't written in each one, it's really confusing the way they've mapped it. We created this little table, which shows you the objectives and the measures. And then you can clearly see which measures have an exclusion, and which ones do not, that have no exclusion or N/A because they're bonus points. We have a column then to tell you where the points will be reallocated to.

Kathy Wild: It's a handy little table you can keep in your slide deck to help you see where it goes. Just remember, once again, that provider to patient exchange one, where you have to give them access to their health information. If you have the exclusions for the HIE, that would make it 80 points. If you can't report the registries on top of that, that would make it 90 points, so it's a big focus.

Kathy Wild: Our big tip of the day is make sure patients are using that patient portal.

Rabecca Dase: All right, everyone. I know it is 2:00. Please hang with us if you can. We have a few more slides to go through, but if you can't, again Laurie did post the link earlier of where the recording will be available for you, if you wanted to go back and review or catch the last couple minutes that you missed if you do have to jump off.

Rabecca Dase: Kathy, is there anything different that APM participants must do outside of the regular MIPS?

Kathy Wild: Sure. They are scored under the APMs scoring standard. You'll see that the weight for their PI category is different. It's 30%, instead of 25%. One thing CMS did change for 2019, is that clinicians scored under the APM scoring standard, including those in a shared savings program, ACO, they can now report PI measures at the individual level, as well as the group level, which they couldn't do before.

Kathy Wild: And then re-weighting of the PI category would only occur if everyone in the APM qualifies for that automatic re-weighting or has an approved hardship exception.

Rabecca Dase: Something that we've always seen through government programs, are the chance of audits or data validation requests. What would you suggest that

practices maintain, in order to protect themselves in future years if CMS did come back and want their information?

Kathy Wild: Okay, sure. We are in the process of updating our little audit binder for you, and that should be coming out in a week or so. In the meantime, just to give you some tips for the PI category. You want all this information about your EHR. You're going to need to know the vendor name and product, when you actually upgraded to 2015 Edition. Even if it was in a previous year, you might have gotten it last year.

Kathy Wild: Once again, you need that CHPL number that Amy told you how to go ahead and get. You want to know what the start date and end date of your reporting period is. Remember, it has to be at least 90 days, but it can be any time period between 90 and 365. And then, if you did change vendors and got a whole new VHR system sometime during this calendar year, you're going to want to go ahead and record all the same information for the new product also.

Kathy Wild: Additionally, for the Security Risk Analysis, you're going to want to know the date it was completed. Chances are, it's going to take, like Amy said, multiple days to get that done. You would just do the final completion date on that. But you're going to need to know who completed it, so they can answer questions, if questions were ever asked. And where you actually have the physical location of that: Do you have it on paper, or do you just have an electronic version? Where is that saved?

Kathy Wild: Also, for your PI measures that I just went through, that are generated by your EHR, you're going to want to go ahead and include a copy of that report. That would actually include the clinician name or the group name if you're group reporting, and the dates of the reporting period for each of those measures. You would want to keep that on file, either manually or electronically.

Kathy Wild: And then also, there's plenty of screenshots you can take. Once again, if you're doing that HIE exchange, like you're sending a direct email for your referrals and that, show at least one of them, to show that it has been successful. If you're submitting data to a registry or you are requesting permission to be submitting data to a registry, get that email confirming your registered internet to report, to show that you are in that first phase.

Kathy Wild: If you have a patient portal, you might want to do a screenshot of your home page, or patient portal login access, or then you want to also show them a flyer, pamphlet, poster, or if you just have a policy, just demonstrating what you're doing about your patient portal and your API access availability.

Kathy Wild: And then a couple other things you might want to keep. If you did submit an application for the hardship exception, CMS should certainly be tracking that. It will be in the QPP portal, but it's also very wise for you to keep a copy of the documentation when you receive that approval email.

- Kathy Wild: If you've been having major issues with your vendor and you have tickets or open tickets, you want to go ahead and keep them to show why some things weren't correct or something like that.
- Kathy Wild: If you've had major complaints with a vendor, and had to file a complaint with ONC, you would want to keep copies of all that documentation.
- Kathy Wild: And then lastly, if you're a vendor or you are having a registry submit your data for you, for the PI category, make sure you get a receipt from them, or screenshot from them, something that shows that it was definitely submitted and submitted on time.
- Kathy Wild: And also, if you go ahead and submit the data on your own, make sure you get a screenshot or some kind of confirmation that you have successfully submitted your 2019 data.
- Rabecca Dase: All right, so after all that hard work from Kathy and Amy, I think the last question is mine. It's where can I find more information about the PI measures?
- Rabecca Dase: Here we've listed a bunch of promoting interoperability resources that you can access. They take you to the Quality Payment Program website. We have some resources that we've created from Quality Insights there as well. But ultimately, this is a good resource library for you to review.
- Rabecca Dase: And then, looking at the fourth one down, 2019 Promoting Interoperability Measure Specifications, that is the document that really gets into those measures that Kathy went through the six required measures, along with the two optional. It really breaks them down for you, tells you what's required, what the exceptions are, and things like that. If you are looking for more detail, you can find it there.
- Rabecca Dase: Ultimately, I think we're obviously out of time. If we didn't get to your question today, we will absolutely follow-up with you. You can also contact us by email. Here we have it listed. Our phone number is listed as well. Reach out, we're more than happy to assist you. If you don't have a practice transformation specialist yet, you know you can contact us that way. If not, you can contact the person at Quality Insights that you always work with.
- Rabecca Dase: With that being said, thank you so much for joining us today. At the conclusion of the event, there will be a brief survey, and we'd be very grateful if you can give us your feedback because ultimately that helps us improve our future educational events. Again, thank you so much and have a good day.