QPPLive!
Transcript from Live Session

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Quality Insights
Quality Payment Program Support Center

Shanen Wright: Good morning and welcome to QPPLive!, a production of Quality Insights Quality Payment Program Support Center. If this is your first time joining us, welcome to the show. If you're a returning audience member, thanks for coming back. You know how it works, you can start submitting your question for our panel of experts at any time using the Q&A feature in WebEx. You need more instruction on that, stay tuned because it's coming up.

Before we get to Q&As though, it's my great pleasure to turn things over to Rebecca Dase for today's breaking news and announcements, Rebecca.

Rabecca Dase: Thank you, Shanen, and good morning everyone. We have a lot of information to cover today and we actually have two subject matter experts from Pennsylvania and Delaware joining us to discuss the Prescription Drug Monitoring Program in those two states. So hang tight with us again, we do have a lot of good information.

So starting off, we want to let you know about our rewards program that CMS or Quality Insights has started. It's the 2019 Performers of Excellence. We understand how difficult the program is, there's always different requirements, the time that it takes. So we want to reward practices for doing a good job.

The award program details will actually, on the next slide, you can see that we're going to be rewarding practices with gold, silver, and bronze based upon their achievements for the 2019 next performance year. If you're a practice of 15 or fewer clinicians and you'll be submitting MIPS data for 2019, you can actually apply to be recognized and then we'll take those applications, we'll review progress and what was submitted, and then you can possibly earn a reward. So you can download the flyer here if you're more interested in learning more about that.

Now, onto the next slide, we're 17 days in to the last 90-day reporting period in 2019. So we are coming to a close on 2019. October 3rd was the last day to start reporting for the last 90-day reporting window. And remember, promoting interoperability and improvement activities, they had a minimum of 90 day reporting. So if you didn't start by October 3, you're going to want to evaluate that and see if you're going to have enough data to submit.

For the promoting interoperability category, you can report if you, in fact, have a 2015 certified EHR implemented by October 3rd. And you'll also will have a Security Risk Analysis completed prior to December 31st.

And just some little tidbits here, we suggest that you run your promoting and interoperability measure reports to see how you're doing and to calculate your baseline score. And something to remember as well. If you are in a practice of 15 or fewer clinicians, you can actually apply for a hardship exception to get the promoting interoperability category reweighted to quality. And the benefit of doing this as a small practices is if you submit the hardship exception and you continue to monitor your numbers and then you think that, "Oh, my performance is good, I want to submit my data," you can. And if your numbers aren't coming up like you think they should, you can actually still again, have that hardship in place and have a reweight to quality.

On the next slide, you'll be able to see the improvement activity reporting again. In most cases, the improvement activity category must be reported for a minimum of 90 days. There are some additional activities that might require a little bit of additional time. But again, you can review those activities here in the 2019 improvement activity inventory sheet, it'll list all of the activities that are available.

This category is one of those categories that it's easy to earn the points in a lot of cases, most practices, you're already doing a lot of these things in the practice. And by completing this category, you earn 15 MIPS points, which is half the amount that you need to avoid that large penalty. So work smarter, not harder.

We want to highlight some deadlines for you as well. Again, as we're approaching the end of the year, there are some important deadlines. So the December 31st deadlines include the submission of the PI Hardship Exception Application. Again, if you are in a small practice of 15 or fewer clinicians, you can request to have it reweighted.

And some other reasons to apply would be, the decertification of your EHR, insufficient internet connectivity, extreme and uncontrollable circumstances, and then lack of control over the availability of your certified EHR technology.

Some additional dates would still be December 31, but some other reasons you would need to know files submissions with CMS would be extreme and uncontrollable circumstances where if something happened that you weren't able to collect the data for an extended period of time. For instance, I actually worked with a practice in New York that had a ransomware attack. So they were down for almost six months, if they were to come back. So they were able to file one of those with CMS. They haven't heard back yet, but ultimately, that could potentially be a reason why you would submit one.

Another deadline by December 31st would be the 2020 virtual group application. So if you're interested in virtual group participation for next performance here, you need to have the application submitted by the end of 2019.

All right. So October 1st, CMS actually came out and they updated the ICD-10 codes, which we see every year. Now, they have identified two measures that will have their data suppressed, you'll only report from January 1st through September 30, 2019 for these two measures that we have listed here, quality ID, 326 and 392. And you might be thinking to yourself, "Well, there were several code changes, why are just these two measures impacted with this?"

So what CMS looks at is they look at whether 10% of the code changes in the numerator, denominator, exclusions or exceptions impacted the measure. If there were changes in guidelines and things like that, and the feedback from the measure stewards gave them feedback or saying, "Hey, maybe this measure isn't working or there were some changes that would highly impact it." So there is a fact sheet out on the QPP website where you can view for that and after I'm done speaking, I will post that in the chat for you as well to review.

We also just want to offer a reminder to reset your password on a QPP portal. Make sure that you're logging in, make sure you're resetting your password because it would be bad if you got to reporting season, you can't get into your account. So you want to make sure that you are setting your password and actively logging in to make sure that you are always able to access that. And we do just provide a little bit of the guidelines here of what wouldn't be needed to reset that password.

And something new that I did see is finally working ... It wasn't working for a little bit, so we decided to call it to the QPP help desk to reset your password. Now that link on there where it says, forgot password or reset password, you are able to use, and it will direct you where you need to go to recover or reset your password.

Okay. So not only is it important to make sure your accounts are unlocked and ready for access, you also want to make sure that your information is up to date. It's very important that you update your PECOS and NPPES information for MIPS. This is where CMS is pulling a lot of that information. So especially when you have providers coming into your office, providers when you're leaving, you want to make sure their information is as up to date as possible. So again, when CMS pulls this information, it reflects accurately what's happening within your practice and for the provider.

For the next slide, you can see we've identified reasons why, what they're calling, reportable events. So PECOS must be updated within 30 days when you experience one of those things listed, their practice location change, ownership, general supervision, banking arrangements, and a final adverse action. So just those things to mention. And again, all other changes must be made within 90 days. But I think it'd be good too to get in the process of just logging in, updating your information, making sure it's up to date, maybe once a year, twice a year, things like that if no changes are happening just to make sure that things are in fact up to date and posted as they should be.

So if you're wondering how do you update this information? That's a great question. In the interest of time, I won't go through them. But on the next two slides, you can see here that PECOS information and then how to update your NPPES information. And we did provide the links to both of those websites, you can go there, follows these instructions and update the necessary information.

One thing that is new, which they're really trying to promote, and I think we, as a group too should work to do our due diligence and make sure we can be successful. A lot of times practices, one of the things that we here for like the sending Summary of Care documents or receiving Summary of Care documents is that you don't have other practices information in regards to direct emailing addresses, and things like that.

So now you can actually update your provider information within the NPPES tool to include direct messaging addresses, which is wonderful. So if you log in when you're updating that information, if you, in fact, enter that direct messaging address in there, if another practice went and searched in the NPI lookup tool or the NPI registry lookup, they would be able to see the direct messaging address and take that and then use it to send your practice the direct messaging or Summary of Care documents or clinical care documents.

On the next slide, you'll be able to see just a screenshot of what it would look like where you would enter that information in and again, simply you could copy and paste the direct messaging address in there. And again, when another practice went up and looked your information up or clinician information, they would be able to pull that information and send you things electronically, which really is working toward the goal of the promoting the interoperability between our systems. Next slide.

Okay. So changing gears a little bit. 2019 CMS web interface reporting. CMS is going to hold a bunch of different educational events to help practices or groups or ACOs that are going to be using the web interface for reporting. So you can see here on November 13th, they'll do a web interface user demonstration. And then also, they'll be doing some web interface kickoff calls, and they will happen throughout the reporting season just to keep people up to date, address those frequently asked questions, and things like that, and really just work to keep groups informed on the web interface reporting because it's a little bit different.

Okay. So again, now if you were scored in 2018, the cost category, whether it be Total Per Capita Cost, Medicare Spending per Beneficiary, or both. CMS is now providing you beneficiary-level cost data, which is nice because you can then go in, see who's attributed to your practice, and what kind of cost they have, which can help you with care coordination opportunities through money resources, and just really seeing where your cost information is coming from. So again, you can log into the Quality Payment Program portal and view that information. And then here, we do have a link to a resource, which just explains through what they were looking at, and how to use that information.

Something else we wanted to point out. As again, we're approaching the end of the year, January 1st is almost here. We wanted to highlight the 2020 MIPS payment adjustments. These payment adjustments are based on your 2018 performance. And I do believe clinicians or groups with a perfect score ended up receiving, I think, at around 1.88. Unfortunately, that was a little bit lower than everybody had hoped for, but it's because so many people participated. The threshold was 15 points, so most people had 15 points or more. So again, it's a budget neutral program where they had to share that information.

And again, keep in mind, if you want to read more about it, we do have a link to the 2020 MIPS payment adjustment fact sheet, which again will walk you through what you're seeing when you are ... What you will be seeing or what you're receiving and why.

And the next two slides here, we did just include what you would be seeing any remittance advice in the event you do have an adjustment, and obviously, we would like to see the CARC 144 because that's your incentive, which is going to be your positive adjustment.

And on the next slide you'll see one we're trying to avoid and we can definitely help you avoid that is going to be the negative payment adjustment.

On the next slide, the CARC 237, that's when we're going to show a penalty. And again, we definitely want to avoid that if we can. So again, reach out to Quality Insights and we're here to help you do that. But you can look for these codes on your remittance advice and they actually would be there for your 2017 payment adjustments as well that you started receiving in 2019.

All right. So submitting data, that's one thing that's great. Now, it's important that we collect that documentation in the event that CMS does audit you. CMS can come back and audit you for up to six years. So it's very, very important that when you're submitting information to them that you also collect that supporting documentation, keep it in a MIPS binder. So if they do come back and ask questions, you have it all in one centralized location, and you're not scrambling all over to find it.

So, Quality Insights, we came out with an audit tool last year, and we did get it updated for 2019. You can access it here from this link. I highly recommend reviewing it and start collecting that documentation, jotting down information in there just so you know, who's responsible for what, where the information's stored, and that you'll be prepared in the event that CMS does ask you for information in the future.

Here's a list of some resources that were recently updated on the QPP resource library. So you can go view those if you're interested.

And then changing gears completely. We wanted to highlight the Prescription Drug Monitoring Program to opioids and things like that and really talk about how they align with MIPS. And like I mentioned earlier, we do have two subject matter experts that are going to discuss the Prescription Drug Monitoring Program in both Pennsylvania and Delaware.

So on the next slide, we are able to see Jami or Amy, am I doing this part too, or is that something you were going to do?

Amy Porter: Rebecca, that's yours.

Rabecca Dase: Okay. Perfect. Just wanted to make sure, I didn't want to step on your toes. All right. So you guys get me for a little bit longer. I hope that I didn't lose anybody. So here we are looking at the ... We're going to again, highlighted Prescription Drug Monitoring Program, opioids and how they're aligning with MIPS.

So a lot of us are starting to hear those buzzwords like Electronic Prescribing of Controlled Substances, or EPCS, and how in Prescription Drug Monitoring Programs and PDMPs and things like that. So ultimately, it's really gaining momentum and we're really trying to reduce doctor shopping, risking altered prescription, stolen prescriptions and things like that.

So on the next slide, we can see where they're really starting to push out some regulations. So here, many states are implementing electronic prescriptions for controlled substance. And you can see for Pennsylvania, you have seven days to be able to be in compliance with that. So 10/24/2019, the EPCS requirement will be in place, so controlled substances will need to be prescribed electronically. New Jersey, you have until May 1st, 2020. Delaware is January 1st, 2021. And then West Virginia at this time has no pending date, but then we also did provide links to each state's PDMP website. So you can view those if you'd like.

And here, we just wanted to highlight some of the common controlled substances, what the schedules were, what the definitions were. And some common examples that you would see when you were talking about certain schedule of drugs.

On the next slide, we're actually going to talk about the connection between the Prescription Drug Monitoring Program and the MIPS program. So there is some alignment, and after I'm done talking I'll post another resource, which is an alignment of the opioid prescriptions in the MIPS program. So you'll all have that in one place. You can actually earn MIPS points for participating in certain state PDMP programs. They're promoting interoperability category, quality measures, all of these things they do have measures and such that are related to the program.

So on the next slide, we'll start breaking it down a little bit. So the first one, the PI measure query of the PDMP. This is in fact an optional measure for the

promoting an interoperability category in 2019. And same has been proposed for 2020. And what this is saying is that you're using information and you're certified EHR, you can query the information, and then use that to query the PDMP. And something like do you want to highlight, is saying that this is for, at least, one Schedule II opioid electronically prescribed. So it's saying you have to electronically prescribe the medication to be eligible for this bonus measure. At least that's how I'm interpreting it. This was taken straight from the specification sheet.

So if you are, in fact, able to do that, there will be five bonus points added to your promoting interoperability numerator. And again, this only has to be done for at least one patient during the performance period that you're measuring.

On the next slide too we are convention the verified opioid treatment agreement measure. That's the same thing. You can earn five bonus points in the PI category numerator, if you do this for at least one patient. And it's looking for assigned opioid treatment agreement in the EHR for ... If you hadn't Schedule II opioid prescription that last 30 cumulative days within six months look-back period.

And changing to the improvement activity category, there also are different alignments there as well. So you can see here one of the activities that were mentioning is the Annual Registration, the Prescription Drug Monitoring Program. As I had said earlier, most of these activities need you participate for 90 days, but there would be some nuances where it would be longer. For this one specifically, the physician registers for the PDMP. And again, you can see here that registration is not just a sufficient enough, you would actually need to be participating in that for a minimum of six months.

So for instance, in Pennsylvania, we know clinicians are registered, they were required to. If you can generate a report back showing that your physician has actually queried the PDMP, say June to December that will be considered your participation for the six months. You can show the encounters that they did, you'd want to make sure it's the identified no patient information. But you would be able to provide that information to CMS. This is a medium weighted activity. So for small practices, it does carry a 20 activity points, which gives you halfway to what's required for the improvement activity category.

On the next slide, we'll actually talk about the consultation of the Prescription Drug Monitoring Program. And you can read the detail of that here. Again, it's the clinicians are reviewing the history of controlled substance prescriptions, using their state's Prescription Drug Monitoring Program data prior to them prescribing something that's lasting longer than three days for at least 75% of their applicable patients.

So again, in Pennsylvania, you're required to use it. So chances are that you'd be able to meet that now you'd want to make sure that you had that supporting documentation to show that you're meeting that 75% of your patients.

And again, this is a high weighted activity. So if a small practice was using this one, they would in fact earn full credit or the 40 activity points that were needed to earn those 15 improvement activity category points.

And then here we did list some related quality measures. Unfortunately, I don't see any that's relate to the EHR. However, if you're using a registry or claims, these could possibly want that you could use the first viewer registry. And then you can see the one at the very bottom the pain assessment and follow up that is you can also use via claims if you're in a small practice. But again, we just want to show you how the MIPS program could align with the combating of the opioid issues and things like that. So I will again, post a resource in the chat, so you can have a nice document that lists the improvement activities, quality measures, and things that you can be doing to align your efforts here.

So I have the pleasure of introducing now, Amy Porter of Pennsylvania and Jami Jones of Delaware. And again, they're both subject matter experts in Prescription Drug Monitoring Program for their states. So welcome, ladies.

Amy Porter: Good morning, everyone, and thank you for having us here today. My name is Amy Porter. I'm a practice transformation specialist in Pennsylvania. I've been working specifically with healthcare providers, clinics, health systems and various stakeholders over the last two years, really get on board and adopt a lot of the legislation and regulations that are in place currently in the state of Pennsylvania, related to the Prescription Drug Monitoring Program, better known as the PDMP.

And on my first slide, I just wanted to highlight some important data that shows the comparison between the rate of overdose deaths related to prescription both in the United States, which is highlighted there in the blue, and then Pennsylvania's rates, which are highlighted in the gold. And approximately, 130 Americans die every day from an opioid overdose. And Pennsylvania is one of the top states in the nation that's been hard hit by this epidemic, with prescription opioid related overdose growing in the early 2000s. And then more recently, high volumes of heroin and fentanyl, impacting the state given its strategic location as a major transportation hub.

And the opioid crisis has been a focal point of Governor Wolf's administration. And one of the key aspects that they've been focusing on in the state is the implementation of the Prescription Drug Monitoring Program. And part of the reason this was instituted in the State was just one means of addressing the opioid crisis by giving providers a more accurate objective means of identifying which Schedule II-V medications a patient has been prescribed, which then gives them an easier way to identify potential prescribing red flags, substance use disorder, and then opportunities to refer patients to treatment who are in need.

And on the next slide, I just wanted to thank Rebecca for taking some time to go over the EPCS. I wanted to include this as part of my presentation today also, because, as she already said, next Thursday, October 24, is the day that the

Electronic Prescribing of Controlled Substances rule goes into effect in Pennsylvania. And this one requires all prescribing practitioners, with the exclusion of veterinarians, to issue electronic prescriptions for any Schedule II-V controlled substance.

And the Pennsylvania Department of Health described EPCS as a prescriber's ability to electronically send an accurate, error free, and understandable Schedule II-V, controlled substance prescription directly to the pharmacy from the point of care. It's an important element for many reasons. It helps improve quality of patient care, and has the potential to minimize medication errors for patient, for example, reducing prescription forgery, diversion in fact in the state.

And so if you'd like more information, I know Rebecca, they already had website link on a previous slide. But it also links some specific websites that you can take a look at related to EPCS that have very specific information, especially the FAQ has a lot of questions and answers from prescribers about the rule. And the Pennsylvania Medical Society also has some really good information about that, if you have any questions.

Let's move on to our discussion about the PDMP specifically in the State of Pennsylvania. As of January 1st, 2017, all licensed prescribers, who are lawfully authorized to distribute, dispense, or administer a controlled substance in the state, are required to register with the program. The only current exception that exists right now are veterinarians for registration. And along with prescribers, anyone who is authorized to dispense in a state like a pharmacist, or if they're doing any mail order, or internet sales with pharmaceuticals, also needs to register with the program.

And in my work across the state, I still run into providers occasionally who need to register. And so if you know of a provider or anyone at your site that needs to register there, if you click on the link that's here on the screen, that'll take you straight to the registration page. It only takes a few minutes to register. So you want to be sure to get in and complete that. And if there's any questions related to the PDMP, the Department of Health's website has a prescriber Q&A section that is very helpful and includes a lot of up-to-date information about various questions that prescribers most often have related to registration and use of the system.

Let's talk about requirement for use, for prescribers first. Not all states require prescribers to use the PDMP, but Pennsylvania does. And there are specific times that prescribers need to do this querying. And the bolts that you'll see here are listed specifically for prescribers in the outpatient setting. There are different rules in place for prescribers who are in a health system or hospital and yet another set of regulations for the ED. And for the purpose of time today, I'm not going to go over the hospital and ED regulation, but we will look at the outpatient setting specifically.

So, beginning with the first one. Anytime a patient is prescribed a Schedule II-V controlled substance for the first time, the prescriber needs to query the system or if they suspect drug misuse or diversion by the patient. Each time a patient is prescribed an opioid or benzodiazepine medication. And then this last bullet was just more recently added maybe within the last year related to certifying a patient for medical marijuana. Currently, that is the only time in the State of Pennsylvania that the PDMP and medical marijuana need, is when a patient is getting certified, they need to query the system.

Now, dispensers also have regulations in place times that they need to query the system. So if a patient is new to a pharmacist, if a patient has insurance but chooses to pay for a Schedule II-V medication with cash, they need to query. If a patient request early refills for one of those Schedule II-V medications, or when a patient is getting one of these prescriptions from more than one prescriber, those are the times that they are currently required to querying.

And in addition to that, both dispensers and providers who are dispensing controlled substances, either out of the pharmacy or out of their office, are required to submit prescription information to the PDMP no later than the close of the subsequent business day upon dispensing that medication.

There's a lot of information housed on the Pennsylvania Department of Health, opioid epidemic website, which I've linked here on the slide. And prescribers and dispensers both can find a lot of really useful information about utilization of the system by clicking really on any of those links that are located there in the larger red circle. There's a lot of great information in there to help clarify some of the legislation that's in place.

Now, just going over some of the requirements. Let's talk quickly about some of the functionality of the system. And I've included a sample screenshot here that shows a generic view of the different types of information that are available when a patient is queried from the PDMP website. That's the screenshot you're seeing here. There's useful pieces of information related to the patient's medical history, including recent prescribers, recent pharmacies, medication and dosing information, sold date, and method of payment.

These fields are not only useful from the clinical perspective, but they also help facilitate conversations with patients about pain management, because you're receiving objective data versus in the past, before the system was in place, a lot of what the healthcare community had, as far as tools for conversations about this, were based more on assessment or subjective data. So this really helps providers obtain some concrete information that either can be printed to show to the patient or can just be accessed directly from the website to share to start that conversation.

And so some additional features of the website include bulk purchase. These just give offices the ability to run PDMP queries on multiple patients at one

time. And there's a few other items as well, but we're going to talk about in some of the upcoming slides.

Now, in relation to integration. So, in my conversations with prescribers, I found most recently in the state, that it's about 50-50% that office or a Health System might be still going out to the website to query the PDMP, or perhaps they've integrated with the PDMP. And what that means is that the PDMP is linked directly into their EHR, so that when they pull up a patient record, the PDMP information is already there. And as a result that gets stamped right into the record.

I know Rebecca talked a little earlier about the importance of being able to prove that the prescriber is actually querying the system. So if you're integrated, that's fantastic, because that information is already right available in the EHR. The website also has an option in one of the main menus where you can pull that report to prove querying, so I just wanted to bring that up as well.

If you're at a site that has not yet integrated with the PDMP, and that's something that you're interested in pursuing, if you click the link that's here on the slide, you can go out to the Department of Health website and start the process of getting more information about how you can integrate with the system.

And the next thing I wanted to talk about was searching for patients across state lines. This is another component that's available out on the website that you can see, if you look at the red arrows there, you can see Pennsylvania and New Jersey highlighted in this example. And the PMP interconnect search feature helps prescribers and pharmacists get a more complete picture of their patient's controlled substance prescription histories, regardless of what state they filled the prescription in. The users have the ability to select from a list of approved states and can configure state to be selected by default when performing patient prescriptions searches.

And I just want to emphasize here that not all states are currently sharing their PDMP data with Pennsylvania and some states even restrict certain laws or users from being able to access to data. So if this is something that you're not thoroughly familiar with, I would encourage you to check out this tutorial, with the Department of Health has available for searching across state lines as well as the website. The website, at the bottom, has a chart that will show you, which specific states currently share their data with the State of Pennsylvania and it also highlights which roles are able to access that information.

One of the last features that I wanted to go over was the use of delegates. And delegates are particularly helpful in a clinical setting where they are not yet integrated with this PDMP. So if an office is going out to the website to query, delegates are a good option. They're not mandatory, so it's really up to the office or the prescriber to decide if this is something they want to utilize. But it

is an option that is available. This can help save time, especially where a practitioner site isn't integrated.

And prescribers and pharmacists can delegate a qualified team member to access the PDMP on their behalf, as long as they have their own individual account. And I always like to emphasize here that information is obtained from a PDMP record is confidential information just like any other type of healthcare information, and it's not a public record. So delegates are restricted from disclosing information from the report, or a copy of that report to anyone except their supervising prescribers and the patient or the patient authorized representative if they're given permission to do so by their supervising prescriber.

And delegates can query the PDMP ahead of a patient visit if needed, provide that report to their prescriber before they even go to consult with the patient.

And there's a lot of good information that I've linked up here related to the use of delegate. The first one provides screenshots step by step directions, how to register, delegate users with the system, delegate policies, and then how to approve an account from the management perspective, there's some good instruction in there.

And on my last slide, I wanted to be sure to highlight a few resources that are available specifically within the State of Pennsylvania that can really help as far as expanding the use of the PDMP on your site, but then also help you in the case of patients need to refer to treatment or things of that nature.

So the first bullet point there is the PDMP education initiative that the Department of Health currently offers across the state. And this education is actually available to anyone located anywhere in any state and providers are welcome to access that information for free on a site called Train PA. And providers may earn up to seven free CME credits for participating. And many of the modules that are included in the education qualify for the mandatory Act 124, opioid education credits. And in Pennsylvania, prescribers are required to have two of those Act 124 credits in order to renew their license.

The next bullet is for the interactive data report. That's also available through the DOH. This just provides some high level data across the state of Pennsylvania. I think you can even drill down to specific counties related to the state of the opioid epidemic.

And I've mentioned this already a few times. But the question answer section on the DOH, PMPD website is so helpful related to answering questions that I've most commonly run across with prescribers even for students or residents who are trying to register, there's information for them as well, and they're really helpful to check out.

And then the, Get Help Now website is another thing that the state of Pennsylvania has rolled out to help both prescribers and patients get connected to treatment. And if you go out to the website, you can search directly for treatment facilities within the state. Or you can also provide the phone number that we have here to any patients. And if they need help, or if they have a family member who needs referral to treatment, they can call that number to get assistance and find a treatment facility.

The state also has designated single county authorities in every county of the state. I was recently able to visit one of the single county authorities and was blown away by the amount of tools and resources they have available to patients to help get them connected to treatment and other referral resources to help them battle substance use disorder. So if you click on this link, there you'll find a listing of all the single county authority that are available in the state, their website and phone number, where you can find what types of services are offered in your county, and get more information if that's something you're interested in.

And then finally, just because this is coming next week, the EPCS law, again, I would strongly encourage you to check out some of the links that are available in the earlier slides, or even hear the information from the Pennsylvania Medical Society related to that rule. That's going to be live very soon.

So thank you again for having me here today. I really appreciate the opportunity to be able to share about the program. If you have any specific questions related to use of the PDMP or registration, please feel free to email me directly. My email address is aporter@qualityinsights.org. And with that, I will hand it over to Jami Jones to discuss Delaware.

Jami Jones: Good morning. I am Jami Jones, a Registered Nurse and Quality Improvement Specialist and I have been working on different opioid projects in the state of Delaware, partnering very closely with the Delaware Department of Public Health and an attempt to improve the opioid crisis that we are facing. I'd like to thank Amy for providing such useful and important information and what I'm about to share with you is very similar to what she presented.

On this slide, as Amy mentioned earlier, and we all know, we're in the middle of a massive opioid and substance use disorder epidemic in this country. In August 2019, Delaware Health and Social Services, Division of Public Health, during a press release and open forum presented statistics on Delaware drug overdose mortality surveillance report based off the latest data that was up until 2017. As noted by the graph on this slide, Delaware experienced 144% increase in the number of drug overdose deaths over the last six years. This chart shows that the deaths for three ways of different overdoses that the state had seen. You can see the drastic rise and prescribed opioids and other synthetic opioids.

On the next slide, the graph on the left denotes approximately half of all drug overdose decedents across all age groups that had a controlled substance

prescription and the PMP in the year prior to death. As age increase, the percentage of decedents in each age group, having a controlled substance prescription in the year prior is noted. The percentage of these, in this age group, having a controlled substance prescription continue to increase, which causes concern. Those aged 45 to 74 years of age had prescriptions in the year prior to their deaths compared to other age groups.

The figure to the right identifies that nearly one in four Delaware drug overdose patients had a prescription for the opioid and the PMP the year prior to their deaths. You can also see the total percentage of benzodiazepine prescriptions that causes concerns when these two medications are co-prescribed. What I asked you to do and looking at this is identifying just how important querying the PMP is, because patients are prescribed medications that you may not be aware of. And if everyone is utilizing the system and looking, then we can stop overdoses.

On the next slide, as of April 1st 2017, regulations were implemented in Delaware on prescribing of controlled substance. Any prescriber with a controlled substance registration had to enroll with a Prescription Monitoring Program. At this time, the Delaware PMP is connected with 35 states, Puerto Rico and the Department of Defense. It's integrated with 218 Health Systems, offices, and pharmacies in total.

So who's required to register? Per Delaware code 16 Chapters Subsection 4798, practitioners, other than veterinarians, who hold a valid CSR must register. Any pharmacist to dispense controlled substances in Delaware must register as well.

Anyone else who can register is identified as licensed prescribers who are providing medical treatments for a patient. Delegates may be registered who are authorized by Delaware licensed practitioner or Delaware-licensed dispensing pharmacist to access the PMP on their behalf. Licensed professional counselors of mental health or chemical dependency professionals, whose patients are enrolled in a substance abuse program. And as well, the chief medical examiner for the state or licensed physician who's designated by the CME is registered in order to investigate deaths of an individual.

There are times that a prescriber will check the PMP prior to prescribing and that can be found on the Delaware profession regulation website. Any prescriber that is treating chronic pain patients and prescribing opioids must query the PMP prior to the initial prescription. Additionally, they must access the PMP at least every six months, if the prescribing for pain with opioids is to be continued.

Anytime a prescription for controlled substances is more than seven days in supply in an acute setting, a prescriber must query the PMP. Regarding opioids and benzodiazepines, they are a deadly combination and identification through the PMP can help prescribers see when patients are being prescribed these two classifications concurrently.

If a provider is concerned that a patient may be at risk for substance abuse, whether through conversation with the patient or identification of risky behavior, the prescriber can query the PMP for verification.

The next slide shows the requirements for use regarding dispensers. As cited by the state of Delaware a dispenser is a person authorized by the state to dispense or distribute to the ultimate user of any controlled substance or drug monitored by the program.

The next slide, I've provided a link that will take you to the Delaware electronic prescribing law information. And as Amy mentioned, this does not go into effect until January of 2021. But it's good to have a reference in anticipation of the requirements. The health bill was signed by Governor Carney this past summer, and it's going to require podiatrist, dentists, doctors, nurses, optometrists who issue prescriptions to utilize the electronic prescription except under certain exceptions, and veterinarians are not included.

The next slide, I showed a screenshot example for the login screen for the Delaware PMP. Upon login, there's a task bar at the top that provides links to frequently asked questions sections, the availability to download user tools and guide, and to understand the metrics on how the scores are calculated. I thoroughly encourage you to look at all the features within the PMP to have a better understanding of how it works.

On the next slide. Here, each patient, when you pull them up, this is how you see them in the PMP. The most important thing to note is that these numbers are computed by four metrics. So when you're looking here, it's a Narcs score. It's based on the number of providers, pharmacies, that the patient has had medications filled, the morphine milligram equivalents, also known as MME, and overlapping prescriptions.

So as an example, when you're looking at this patient and their narcotic score of 773. This actually tells us that the patient has three active narcotic prescriptions. If there were to be a zero where the three is, then that meant that the patient has no active narcotic prescriptions at this time. The first two numbers in the score are Weighted Total where MMEs are half of the weight and the other half of the way is allocated to providers, pharmacies, and overlaps.

Right below those three sections, you can see explanation and guidance. It's very good to have that printed out so that your office is understanding where these numbers come from. The overdose risk score, every increase of 100 doubles the patient's risk of an overdose and again, there's explanation and guidance that you're able to click below that.

On the next slide, it's very similar to what Amy showed. With the red arrow you can see where the patient had their prescriptions filled. The interconnect feature will help prescribers and pharmacists and delegates to get a more

complete picture of the history. You're also able to see if the patient paid cash, used insurance, or workman's comp and it's important to keep an eye here. If patients are utilizing cash for payments and have insurance, this would give you a question about potential risk for abuse and insurance evading.

The next slide I've listed information about delegates pertaining to Delaware. While doing so, unfortunately, some states do not function under the same accessibility as Delaware. They actually restrict, as Amy mentioned earlier. So if you are located in Delaware, your delegate tries to pull information on a patient in New Jersey, they will not be able to see the information, but the Delaware practitioner will. It's also important to note that it's the responsibility of the practitioner, who assigns the delegate, to delete the account if the delegate is no longer an employee.

And on this last slide, I've just provided a few resources for you. The Delaware Division of Public Regulation PMP FAQ page has all resources to use regarding the PMP in Delaware. Additionally, the Medical Society of Delaware website has links for prescribing rules, workflow, sent forms for pain examples as well as CME opportunities.

A Delaware help is here website has numerous resources for patients, families, and providers. If you have not checked it out yet, I strongly urge you to. There's information on how to get patients into treatment. Information on the regulations, tapering. There's a wealth of knowledge here and this is from the State of Delaware.

The last link is the electronic prescribing law information that's available regarding health Bill 115. I thank you so much. And if you have any questions in Delaware relating to the PMP, please feel free to email me at JJones@qualityinsights.org, Thank for your time.

Shanen Wright: And thank you, Jami. Thank you also, Amy, for great information about Pennsylvania, and to Rebecca for the breaking news. Let's meet our team, now. This is our panel of experts who are available to answer your questions about CMS's Quality Payment Program. They include Kathy Wild, who is our QPP Project Manager, Amy Wright, who is our Lead Project Coordinator, and I'm Shanen Wright, the Associate Project Director. We also have with us Rox Fletcher, Andrea Phillips, Shirley Sullivan, Marvin Nichols, Julie Williams, Paula Clark, Joe Pinto, Rebecca, who you heard from earlier, and Lisa Sagwitz.

So if this is your first time joining us, here's how it works. If you have a question, just open up the Q&A feature in your WebEx player using the little three bubble thing you see right there on your screen, and you can type your question in for folks. We ask that you please not use the chat icon, though, for your questions, because Rebecca is providing links to information in there directly for you. So when we talk about something, you can go straight there and access that resource using the chat feature as well.

Most of you are probably listening on your computer speakers, but if you've dialed in on the telephone, we will unmute the lines at least one time during today's session. A few QPP Live, in case you have any questions or comments for our panel of experts, and you can ask them that way. Keep in mind that we are here to help you anytime, not just on the third Thursday of the month for QPP Live. You may not know who your contact is at Quality Insights, but if that's the case, just contact any of us or the General QPP inbox and we'll be more than happy to assist. We'll do the best we can to answer all of your questions in our limited amount of time today. But know that sometimes we may need to follow up at a later time.

Please, also keep in mind that rules and interpretations change over time. So if you're watching this, especially as a recording later, make sure the information is up today. Most of all, we at Quality Insights just want to establish a relationship with you and help you succeed in CMS's Quality Payment Program.

In addition to the Q&A, we're also going to have some interactive features. We want to hear from you as well in our polling, which is coming up. But first, let's go out to the questions and see what you are asking. Our first question asks, what are benzodiazepine medication?

Amy Porter: Hello, this is Amy Porter. I can take that question. Benzodiazepine medications belong to a group of psychoactive drugs. They're more commonly known as minor tranquilizers. And the reason these medications are really emphasized, especially in our conversations related to PDMP is because, whenever a benzodiazepine and an opioid prescription are issued to a patient, or a patient's been taking these simultaneously, together, they do pretty significantly increase the likelihood for overdose because they can cause increased sedation, suppressed breathing and other adverse effects. And that do have the potential to be fatal. That's why you'll see the conversation about benzodiazepines and opioids a lot related to the PDMP and the use of the system.

Shanen Wright: Thank you, Amy. Let's hear from you, now. We've got a polling question that asks, do you or your clinician query the Prescription Drug Monitoring Program prior to ordering a Schedule II opioid? Yes. No, we don't bother. No, because I didn't know my state has a PDMP or not applicable. So go ahead and enter your response. And we'll see what our audience had to say with that. In the meantime, we've got another question. This one says, I'd see that PA will be mandatory to report next week. What about regulations for New Jersey?

Lisa Sagwitz: Hi, it's Lisa. I am not familiar with the New Jersey regulations. But Steph, please put your email address in there. And we will research it and get back to you this morning. There is a list of all 50 states that we can go to and find out what the New Jersey requirements are.

Shanen Wright: Thank you, Lisa. Let's take a look at those polling results of whether you query the Prescription Drug Monitoring Program prior to ordering opioids. The results look like yes, 38% the majority say you do that. Second was not applicable at

31%. And then 8% said, "Nah, we don't bother." So coming up, we've got more polling questions and fun ones as well. So make sure and be attuned to that and ready to participate here on QPP live. Let's go out and get another question though. In the meantime, this one says our doctor queries the PDMP frequently, but our EHR cannot calculate how many times it's queried. We really want to receive the five bonus points. So our PI category score is higher. What can we do to get the five bonus points?

Lisa Sagwitz: That's a good question. Hi, it's Lisa. CMS proposed a change for 2019 reporting that will allow physicians to simply attest, yes, that they've queried their PDMP at least one time during the reporting period. So if this policy change is confirmed in the final rule that should be released soon, you will no longer need to know how many times it's queried because that numerator denominator combination will no longer be required. Therefore, you should be able to receive the five bonus points. And Quality Insights spoiler alert everyone, once the final rules released and share that proposed change with you.

Shanen Wright: Thanks, Lisa. Another great question coming in. This one says, our practice is in Pennsylvania. Are there any specifications as to when we should search across state lines?

Amy Porter: Yes, thank you for that question. This is Amy Porter. There are no current regulations stating that a prescriber in a practice setting has to search across state lines. However, especially because Pennsylvania does border so many other states and those states do share information with the State of Pennsylvania. So I especially encourage searching across state lines, anytime a provider's located in a county that is closely bordering another state, or if you have any suspicions that a patient may be obtaining prescriptions from another state, there is the option.

A lot of times providers aren't aware that there's a default setting that they can select in the PDMP system so that they can, like for example, in Pennsylvania, you could select Ohio, New York, Delaware, West Virginia, for example, and set that as a default setting. So that way, the prescriber doesn't have to get in every time and select the states. And so that's something that you're interested in doing, you can. I do have a tutorial available in the slides, that I'd be happy to send that to you as well. But to directly answer your question, no, there's no regulations in place right now that say that a prescriber has to search across state lines.

Shanen Wright: Thank you, Amy. Let's get another polling question out there. This is a fun one. We're sitting here, it's October, a couple weeks away from the big Halloween Trick or Treat season. Which of the following treats are you most likely to steal out of your kids Trick or Treat bags? Would it be candy corn, Reese's Peanut Butter Cups? That'd be me here and chocolate bars, maybe gummy candy, Skittles or yeah, right, apples. Let us know what kind of candy you like, and we'll give you the results coming up.

But in the meantime, another great question coming in. This person says, I work for a solo practitioner. He's registered with the PDMP in our state and always uses it when he prescribes an opioid. Does this mean he will earn full credit for the improvement activity category?

Andrea Phillips: I'll take this one this is Andrea. So if your physician consult the PDMP to review the patient's history of controlled substance prescriptions, prior to issuing a Scheduled II opioid prescription, that is for the more than three days for at least 75% of applicable patients, he will meet the consultation of the PDMP activities and receive the 40 improvement activity points. Which resolve in the full credit and 15 MIPS points earned.

Shanen Wright: Thank you, Andrea. All right. Looks like most of you agree with me, Reese's Peanut Butter Cups or chocolate bars are what you want to steal out of the trick or treat thing. You've got to inspect the candy, right, make sure nobody put the needles or anything in there. Well, all in the meantime, eat some of it. So we had 72% of people loving the Reese's Peanut Butter Cups. 6% like the candy corn and 11% the gummy candy. Nobody's feeling the Skittles and I knew you wouldn't like the apple. More polling questions coming up as we go into today's overtime of QPP Live. We got so many great questions. We're just going to keep it rolling for another 10, 15 minutes or so, to make sure you have an opportunity to ask the questions that you have for our panel of experts.

We're going to unmute the phone lines here in a moment. But first, let's go out and find another great question from you all. This one asks, is it too late in the year to report quality measures since the reporting period is the full calendar year?

Lisa Sagwitz: Hi, it's Lisa. I can take that question. No, it's not too late. So quality measures can be submitted by your EHR vendor, a registry, or a QCDR, which is a Qualified Clinical Data Registry. And clinicians and groups of 25 or more can use a method called the CMS web interface, if they registered with CMS last year to say that they be using that method. Now, clinicians and small practices, and that's defined as 15 clinicians or less in a team, can report quality measures via Medicare Part B claims. That's another option. If just one quality measures reported in 2019, the clinician will automatically receive six points for the quality measure. That's a bonus for being in a small practice. This is called the small practice bonus.

Now, of course, you want to report more measures if possible. And then, for the small practices, you'll receive three points for each quality measure, even if you don't meet the data completeness, or the case minimum requirement.

Shanen Wright: Thank you, Lisa. All right, let’s unmute those phone lines. If you've got a question or comment for our panelists or maybe our guest experts as well, this is the time to share them. If you don't have a question or comment for our panelists, please make sure to mute your phone on your end, so we don't hear

any background noise. So at this time, any questions or comments for our panelists?

All right. Well, we re-mute the phone lines and keep rolling with some questions. Got another polling question about your MIPS score coming up. But first, another question from the audience. This one asks, our practice does not have an EHR and we really just want to avoid the 7% penalty this year. One of the doctors completed two medium weight improvement activity so we earn 15 MIPS points. What should my two doctors do to avoid the penalty?

Andrea Phillips: I'll take this and Shanen, it's Andrea. So in 2019, submissions need to earn a total of 30 MIPS points to avoid the penalty. And because you don't have an EHR, you'll need to report one, three quality measures using your Medicare Part B claims. Or first, you'll need to submit a PI, promoting interoperability parts of extension of patients prior to December 31. And this one was on your quality category weight increasing to 70% because the PI category will be reduced to zero.

So since you only need 15 points, you'll earn three points for each quality measure, even if you don't submit data for at least 20 cases or 60% of your eligible patient. You will also earn the small practice bonus worth six points, which Lisa mentioned.

Now, the math for this is to add three points for each of the three quality points. So that's three times three to nine, then you add the small practice bonus of six points, which equals the 15. Next, you will divide the 15 earned quality points by the total possible quality points of 60 to get the 25 quality points. Then you will multiply the 25 quality points by the category way of 70%, which goes to 0.70 to get the 17.5 MIPS points.

Now, the 17.5 MIPS points from the quality category plus your 15 MIPS points from the improvement activity category would equal 32.5 MIPS points. So you'll actually receive a small positive team adjustments.

Shanen Wright: Thank you, Andrea. All right. We want to hear from you, again. Here's another polling question, get ready to respond to this. What do you think your 2019 MIPS score will be between 90 and 100, 70 and 90, 50 and 70, 30 or 50, or less than 30 points? Will be interested to hear what you think it'll be. In the meantime, another great question coming in. This one says, my promoting interoperability category score is 24 points based on data from June, July, and August. I would like to enter my data now, instead of waiting until January, why can't I enter anything now?

Lisa Sagwitz: Hi, it's Lisa. I'll take that question. First, congratulations on 24 out of 24. Five Points. That's very good, because PI is definitely harder to achieve a good score this year. The QPP portal is not going to open for a testing until January 2. So you can't enter your data yet. But what I might suggest is take this opportunity

to see if in the next few months, you can do a little bit better on those measures and bump your score up to the full 25 points.

Shanen Wright: All right, let's take a look at those, what you think your 2019 MIPS scores will be. Looks like everyone's optimistic. We've got 38% of folks saying between 90 and 125, 25% said between 70 and 90, 13% between 50 and 70, and 25% of folks said between 30 and 50, and nobody said less than 30 points. So good deal there. A couple more polling questions that will share with you before we wrap up today. So get ready for that.

But next, we have another great question that asks, says here I am a solo practitioner and part of an APM who's been designated as a qualified participant for 2018. The APM submitted MIPS data on my behalf. Will I receive a 2020 payment adjustment based on the group's 2018 final score?

Andrea Phillips: I'll take that. So the group's 2020 MIPS team adjustment does not apply to the conditions in the group who are determined to be a qualified participant in 2018. Instead, those conditions in the group who are QP will receive the 5% APM incentive payment.

Shanen Wright: All right. Thank you, Andrea. Here's another fun polling question it's one of our on this day, October 17, in 1963, the Beatles recorded, I Want to Hold Your Hand at EMI Studios in London. Who is your favorite Beatles? Is it John, Paul, George, Ringo, or Eddie Murphy's character from Saturday Night Live in the '80s, Clarence. Will be interested to hear that.

In the meantime, here's another question. When will CMS share information about 2018 MIPS performance?

Lisa Sagwitz: Hi, it's Lisa. So CMS will share this information as soon as they finish processing all of the targeted reviews. So you know you have your final score available on the website. And there were some practices who filed targeted reviews if information was suspected that it wasn't correct. So once they're completed, then a 2018 MIPS experience report will be produced, and that will include national trends permits eligibility, participation, and reporting.

CMS did release a 2018 preliminary information on the 2018 QPP participation results infographic, but those results might change when the targeted review results are all in. And there is a link if you wanted to see that, and the official documents called, 2018 Preliminary QPP Participation Results infographic.

Shanen Wright: Thank you, Lisa. Looks like Paul is the popular Beatle among our audience. 50% of people like him. 25% said John, 13% said Ringo, and 13% are like me, they like Clarence, the fifth Beatle. So, all right, we've got a few more minutes left. If you've got a question or comment for our panelists, time is running out. We're in overtime right now. We got five more minutes until we have to shut down for this month. So make sure and get those questions in.

Here's another good one that says, we have eight positions in our practice and are going to report as a group this year. One of the requirements and the quality category is called data completeness, and it has a 60% requirement. Can you explain what this means, please?

Andrea Phillips: Sure Shanen, and I'll take that one, Andrea here. So your data completeness is based on the patient population for each of your measures. The requirement is that your data for at least 60% of eligible cases over the entire year, probably denominator criteria must be reported. Now, you just want to know if a quality measure does not meet data completeness, the measure will be assigned three points for clinicians in small practices and one point for clinicians in large practices.

Shanen Wright: Thank you, Andrea. Let's ask another polling question before we run out of time. This one is about our Performers of Excellence Award. Are you willing to submit an application for a 2019 Quality Insights QPP Support Center Performers of Excellence Award? Easy one, yes, no, you're not interested, or not applicable. We will be interested to see whether you will be doing that or not. Keep in mind too, that you can now continue to check the chat window as well, in your WebEx player for direct links. I see Rebecca just posted one to the 2018 QPP participation results infographic that Andrea had referenced in the last Q&A.

Speaking of questions, here's another good one. That say, can you please explain what the complex patient bonus is?

Lisa Sagwitz: Great question. This is Lisa again. So that's available to everyone up to five bonus points. And CMS created this bonus to recognize risk factors incurred by clinicians who care for complex patients. They have multiple diagnoses. The five MIPS bonus points are proportional to the level of clinical complexity and risk of a clinician's patient population. The bonuses based on HCC risk scores, that's the hierarchal condition coding category scores and socio economic risk as measured based upon the proportion of patients with dual Medicare Medicaid eligibility.

CMS estimates the average complex patient bonus will be about three MIPS points. And just take note, the complex patient bonus is granted only if a clinician submits data for at least one MIPS performance category.

Shanen Wright: Thank you, Lisa. Let's take a look at those polling results right now. Looks like 67% of you are interested in submitting an application for the 2019 performers of an Excellence Award. That is great. We are so happy to hear that. If you'd like to learn more about the Performers of Excellence Awards, please reach out to any of us here at Quality Insights, and we will be more than happy to share that information with you.

And with that, we are going to wrap up today's edition of QPPLive!. We thank you so much for joining us today. And please, keep in mind that we here at Quality Insights are here to help you anytime, not just on the third Thursday of the month at 9:30am. If you don't know who your contact is here, just use the General QPP inbox, which you see right there on your screen, qpp-surs@qualityinsights.org to reach out to us. You can also call our general phone line at 1-877-497-5065. And we'll get you connected.

Shanen Wright: And again, if you're viewing this as a recording, keep in mind that rules and interpretations do change over time. So make sure the information that you're getting is still accurate.

Mark your calendars because we're going to be doing this again in November. It'll be November 21st. That is the third Thursday of the month at 9:30 am, we'll be back with another exciting edition of QPPLive!. I'd like to thank everyone for a great episode of the show today, especially our guest presenters, Jami and Amy, was great to have you on the show today, and we hope you will come back and join us again sometime soon.

On behalf of everyone at Quality Insights and the Quality Payment Program Support Center, thanks for tuning in today and have a great day.

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