

## QPPLive! Transcript from Live Session

Thursday, September 19, 2019



Shanen Wright: Good morning and welcome to the September 2019 edition of QPPLive!, a presentation of the Quality Insights Quality Payment Program Support Center. If you're a returning member of our audience, you know how QPPLive! works. You can start submitting your questions using the Q&A feature in WebEx at any time. If this is your first time joining us, welcome to QPPLive!. We'll provide more details about how you can interact with our expert panelists here in a little bit. But before we get to the Q&A portion of today's show, it's my great pleasure to introduce Joe Pinto for today's breaking news and announcements.

Joe Pinto: Thank you, Shanen, and good morning everybody. Thank you for joining us today. We have some bulletins and announcements that we want to cover real early this morning. First off, as you know that there are only 11 more days to request a 2018 targeted reviews. So if you believe an error has been made in your 2018 MIPS feedback report, you still have time to ask CMS to review your performance feedback and final score calculation through a process called a targeted review. The deadline to request a review is coming up later this month on September the 30th at 8:00 PM. Now, there are hyperlinks that are included in this. So for those of you who preregistered for today's QPPLive! session, you will receive a copy of today's slide deck in your email inbox shortly after the conclusion of today's presentation. All you have to do is just click on the hyperlinks that you want to access and it will take you right to the application or the resources as noted.

Next slide please. I also want to talk about the data validation and audit requests that are happening as I speak. The consulting and auditing from Guidehouse has been contracted by CMS to conduct data validation on 2017 and 2018 MIPS submissions. You should check your clinician's email inbox and also make sure to check their junk email folder for a message from Guidehouse if you had been selected for an audit. The recent deadline to submit the requested information and that is within 45 calendar days from the date of the initial notice.

Next slide. I also want to mention that for 2017 and 2018 MIPS audits, we do have resources available through our website. You can check on the hyperlinks on the slide deck when you receive them, and then we'll take you to the audit resources available. Next slide. I also want to bring up that the last 90-day reporting period is coming up soon beginning on October 3rd. Clinicians and groups that want to submit data for the promoting interoperability and improvement activities categories must begin to collect data no later than October the 3rd of 2019 in order to meet the 90-day minimum reporting

requirement if they have not already begun to collect the data yet. And there are some CMS resources for the PI and IA category is available for you to look at. And they will be included at the hyperlinks in the presentation slide deck.

Next slide. Also want to make a note of some tips and some success stories for the PI category to your attention. You can check out the MIPS PI category in 2019 resource that lifts all of the promoting interoperability measures and requirements. Make sure that you know that implementing a 2015 edition of certified EHR technology is required prior to the October 3rd deadline as it is a requirement for reporting your PI measures in 2019. You also can use the Find Your CMS Certified EHR ID for 2019 MIPS resource that will be helpful for you because you are required to report your EHR ID in 2019. Also, keep in mind that you need to conduct or review a security risk analysis prior to December 31st of this year that's measured even though it's not listed in the PI category for 2019. It is still a requirement.

Next slide. I also want to make a note that there is a promoting interoperability hardship exception application that is now available. Clinicians can submit a PI hardship exception application if they do not want to report PI measures and they do meet one of the following criteria. The criteria would be if you are in a small practice of 15 or fewer clinicians, if you have the certified EHR technology, if you have insufficient internet connectivity, if you have lack of control over the availability of certified electronic health record technology, also known as CEHRT, or if you face extreme and uncontrollable circumstances such as a disaster, practice closure, or severe financial distress or vendor issues, one thing to keep in mind, however, lack of having a certified EHR does not qualify for the Promoting Interoperability hardship exception.

Next slide. Also, keep in mind that applications can be submitted now right through December 31st. And clinicians will be notified by email if their application has been approved or denied. If you had been approved for the PI hardship exception, it will be noted in your eligibility profile in the QPP participation status look up tool on the QPP website when the submission window opens in 2020. There is an Apply Now hyperlink in the slide deck that will be provided to you after conclusion of today's presentation. Just click on that hyperlink and it will take you right to the application if you want to submit one.

Next slide. So what happens when an application is approved? Well, if your application is approved for the PI hardship, you do not have to report PI measures for 2019. The PI category would then be reweighted to zero and the 25% weight would be reallocated to the quality category resulting in a new quality category weight of 70%. Next slide. One question that comes up from time to time from the practices that we work with is, can I change my mind and report PI data after a hardship exception has been submitted? And the answer to that is yes. However, keep in mind that if PI data is submitted after a PI hardship exception application has been approved, then that data will be scored

and the reweighing would be removed, meaning that the PI category will be at work 25% of the final MIPS score.

Next slide. Also, there is another exception application available for clinicians who are impacted by extreme and uncontrollable circumstances outside of their control and the control of the facility in which they practice. This is the extreme and uncontrollable circumstances exception. If you submit and are approved one and/or all of the MIPS categories would be reweighted. Also, if data is submitted just as in the PI hardship exception case for at least two of the categories after an application has been approved, then that data will be scored.

Next slide. Clinicians do not need to submit an application if they are located in a CMS designated region that has been affected by FEMA designated major disasters like hurricanes and fires. So therefore if you do not reside in a state in which FEMA has designated a disaster area, then the extreme and uncontrollable circumstances exception would not apply to your practice. However, for those that it does apply, the deadline to submit any application for this exception is coming up in December on the 31st. And if you would like more information you can review the 2019 exceptions at the hyperlink that will be included in the slide deck.

Next slide. I also want to bring attention to those of you who submit data via claims and a registry for your quality measure. Those reporters and clinicians who submit all quality measures via Medicare part of the claims or all quality measures via a third-party registry may have their quality category denominator reduced from 60 points if one is that they did not submit six quality measures or a specialty measure set, and/or they did not submit at least one outcome or high priority measure.

Next slide. In addition to that, there is the eligible measure applicability process also known as the EMA. The EMA process is only available to claims and registry reporters. The EMA checks to see if a clinically related measure could have been reported and/or a clinically related outcome or high priority measure could have been reported if none had been submitted. EMA process also was applied only if there are at least 20 denominator eligible cases for each clinically related measure. If you'd like more information on this or the additional resources on the EMA, it will be included at the hyperlink on the slide in front of you in the slide deck presentation.

Next slide. Also, a note on the EMA results for under six measures being reported. If no clinically related measures are found in the quality category denominator, would be reduced to reflect 10 points for each reported measure. An example of this would be that the denominator would be reduced to 40 points if four measures were reported and no clinically related measures were found. That would be four measures times 10 points each. Also, clinically related measures, if found the quality category denominator remain 60 points, and the missing measures would receive zero points.

Next slide. So the EMA results for outcome or high-priority measures being reported would count as the following. If no clinically related outcome or high-priority measures are found, then the quality category denominator remains 60 points in each measure with score based on performance. However, clinically related outcome or high-priority measures being found would mean that the quality category denominator would remain 60 points, but the measure with the lowest score will receive zero points.

Next slide. I also want to bring a note about data completeness and case minimum requirements. If a measure does not meet the 60% data completeness, then that measure is worth three points to clinicians and small practices, meaning less than 15 clinicians under the 10, or one point to clinicians that practice in a large practices of greater than 16 clinicians. Keep in mind that if a measure meets the 60% data completeness requirement, but the 20 case minimum is not met, then that measure would be worth three points.

Next slide. Changing things up a little bit, we want to bring a note and bring attention to something regarding the adult immunizations and MIPS. Our Quality Insights has created two 8 x 11 posters for your office to inform your patients that have heart disease, hypertension, diabetes, chronic kidney disease, and end stage renal disease about the value of getting the flu, pneumonia, and shingles vaccinations. And we provided those hyperlinks for you that will be available in the slide deck. If you are interested in these posters, just click on the hyperlinks and they will take you to the appropriate one for you to download.

Next slide. Now, if you do choose to do that with the posters, we want you to watch these three quality measures. Performance rates may increase when you share the posters with your patients. Those particular measures include the ID 110, which is preventative care and screening for influenza immunization. Also, ID 111, which is the pneumococcal vaccine status for older adults, and also the ID 474 measure, which is zoster shingles vaccination.

Next slide. A quick physician compare update for you. The 2017 MIPS final scores are now posted on the Physician Compare website for the 2017 MIPS individual scores as well as the group scores. And if you're interested in that, you can click on the hyperlinks that will be included in the slide deck and it will take you directly to the information pertaining to the physician compare. It is important, however, keep in mind or obtain the highest MIPS score possible for two basic reasons. Number one, Medicare patients can use this information when they search for a new clinician and also private health insurers and ACOs may base their invitations to join their organization based on your MIPS score. So it's always in your best interest the score is high as possible when you submit your MIPS data.

Next slide. We also want to bring attention about a new award program that celebrates you if you're meeting all of the 2019 QPP requirements. As you know, that involves a lot of time and effort from everyone in your practice. And Quality

Insights wants to recognize you for your tremendous dedication and success. So beginning on October 1st, we're going to open up nominations so you can tell us about your successes and share your 2019 preliminary MIPS score.

Next slide. Then in the spring of 2020, we will be announcing and distributing 2019 performers of excellence awards that recognize your successes. So we are going to have more information on that coming out soon, but just wanting to make that a note so you have that in the back of your mind. And again, October 1st is when those nominations open up and begin. So more details coming out soon on the quality improvement recognition program.

Next slide. And wrapping things up today, I just want to make a note of two upcoming learning opportunities that will be taking place later this week. In fact, later this afternoon, today on the 19th at 3:30, there is a webinar entitled Considerations for Joining and Alternative Payment Models. So if you're interested in the ATM, a model for MIPS, you can register at the hyperlink that will be included in the slide deck. Also, coming up in October, there is the How to Transform Your Practice Workflow to Succeed in MIPS webinar. And there will be two opportunities to sit in on that on Tuesday, October the 15th. And also, later that week on Thursday, October the 17th if you are unable to meet the first section, and the registration links will be included in the slide deck.

Next slide. And finally, we do have some resources that were posted on the CMS QPP website in the last 30 days to make note of. I'm not going to go through the whole list of them. They will be included in the slide deck, but there are several new pieces of information pertaining to the 2020 Virtual Groups Toolkit and also the 2018 Performance Feedback FAQs. And additional information pertaining to the 2020 QPP proposed rule, the overview fact sheet will be included in the list of resources. Next slide. And you will see that there are more QPP resources available through the next slide as well. Also, the 2019 QCDRs qualified registry hosting information will be available in the resource guide. So that's it with the resources and the bulletins today. I'll turn things back over to Shanen.

Shanen Wright:

Thank you so much, Joe. Great information there. It is my great pleasure now to introduce you to the Quality Insights QPP team. These are the folks who will be answering your questions today. You can submit them at any time. We have Kathy Wild, our Project Manager, Amy Weiser is our Lead Project Coordinator. I'm Shanen Wright, I'm the Associate Project Director. Our panel it's also include Rox Fletcher, Andrea Phillips, Shirley Sullivan, Marvin Nichols, Julie Williams, Paula Clark, Joe Pinto, Rabecca Dase, which as you're probably noting in your chat window on the side, Rabecca will be providing links to the resources that we're talking about throughout today's session of QPPLive!, and of course, Lisa Sagwitz as well.

If this is your first time joining us today and you would like to know how you can interact with us here at Quality Insights, all you have to do is ask questions using the Q&A icon in your WebEx player. If you don't see it on the right side of your screen, just click on the little gray button you see depicted in the slide with the

three dots underneath it. Then you can type in the question you have and hit send. If you're not seeing Rabecca's great links to resources, there are already ones out there to the 2018 Targeted Review Fact Sheet, the Hardship Exception Application and more. Make sure you click on the little chat bubble right there. See it on your screen? It's blue, it's right next to the Q&A, and then you will be able to click on those links that Rabecca is providing for us.

Most of you are probably listening on your computer speakers, but if you've called in on your telephone at least once today during QPPLive! we will unmute the phone lines so that everyone who's on the phone will have an opportunity to ask questions or provide feedback to our panelists verbally. We do ask that if you are on the phone when we unmute, please unmute on your end if you don't have a question or comment so that we don't hear any background noise.

This month in QPPLive!, we are also going to be featuring our new survey questions. We'll be polling you about some of your MIPS related activities, how you're doing in the QPP program, and we're going to have a quiz and some fun things as well. So all of that is coming up today on QPPLive! We'd like to remind you that we are here to help you anytime, not just on the third Thursday of every month during QPPLive! If you don't have an individual contact to Quality Insights, please use the general QPP inbox for inquiries or reach out to any member of the Quality Insights team. We'll be happy to help you.

We're going to do the best we can to answer all questions today, but know that some of these are really good questions and we need to research them a little bit more. If that's the case, we'll follow up with you and get back to you at a later time. But most of all keep in mind that we are here to establish a relationship with you so you can succeed in the Quality Payment Program. And also, remember that rules and interpretations change over time, especially if you are viewing a recording or have this after September 19th, 2019, know that rules and interpretation could have changed.

With that being said, let's jump into some of the questions that we have today on QPPLive! Here's a great one we'll start off with. I have reached out to our EHR in regards to the bonus points for PDMP and drug query in the PI category as they are not available for us yet. And they are still telling us they do not know when this will be available. Do you have any input on what we should do on this matter as we are completing the PDMP query and would like to ensure that we get the bonus points?

Kathy Wild:

Hi, Shanen. This is Kathy and I can answer Corin's question. So, Corin, you are in luck. CMS originally had a requirement for a numerator and denominator for this measure, which would, of course, mean that your EHR would have to capture that data. But what they've done is in our current proposed 2020 final rule, they do have some things in there that are actually retroactive to the 2019 year. And this is one of them. What they said is for this of query, the PDMP measure, which is an optional measure, all that's going to be required is for you to attest, "Yes, I am doing that."

And of course, you would want to maintain some type of documentation on your own screenshots or whatever in case we'd get a request for a data validation or audit down the road. But you will be in luck in that when CMS opens the QPP portal on January 2nd, and you go to submit your data. The way that this should be set up for that measure is that you will just have to answer it yes and no and you will no longer need a numerator or denominator. So I hope that relieves some of your stress there.

Shanen Wright: Thank you, Kathy. Here's another great question that's rolled in. What should we keep as proof for our yes answer to the PDMP query measure?

Roxanne F.: Hi, this is Roxanne. So one of the things that I suggest, and Kathy can jump in here too with your answer, is when you go to sign into your PMP, you can take a screenshot of just your sign in and just print that out. I recommend that everybody keeps the MIPS folder or notebook to put this data in. And then also, if you're doing the contract agreement with your patients, just a copy of that form. This helps in backup if you have an audit.

Kathy Wild: That's perfect. And what I will add to Ross's comments is that Quality Insights is almost finished completing a new resource for you that will help you collect and maintain your 2019 documents so that you have a folder. It's going to be a handy-dandy checklist. So you'll know exactly what to keep with your folders. So I would say in the next couple of weeks, be on the lookout, and we will have that resource ready for you. We will definitely include that in our next newsletter and be sure to mention it during next month's QPPLive!

Shanen Wright: Thanks, Kathy and Rox. Let's go to another question now. This one asks, "Why do I have to conduct an SRA?"

Kathy Wild: I can answer that one, Shanen. Oh, I'm sorry, Rox. I'll take this one and you can have the next. So basically, the SRA, which stands for security risk analysis, is a requirement under the HIPAA security rules. And I think everyone's heard about HIPAA in your privacy and confidentiality rights. So we all know that the main objective is to protect all patient's health information. But knowing that doctors use electronic health records, it's very important that that's protected. Also, we've heard of so many breaches going on in the country right now. So it is very important to conduct one of these to make sure that you can maintain the confidentiality of all your patient information and your medical record.

Shanen Wright: Thank you, Kathy. Up next, we've got a polling question for you. So get ready for that. If you haven't been on QPPLive! when we have done polling in the past, the questions are going to pop up on your screen and we want to hear from you. But before we do that, let's get another question here out of our inbox. This one asks, "When should I conduct my security risk analysis?"

Roxanne F.: All right, so this is Roxanne. And the requirement is for the PI categories to complete one on an annual basis. Some practices don't realize that, yes, this is

an annual requirement. Even though you don't get any points for doing it, it is a must do. And you must do a full security risk assessment before the end of the year. And it must be done if you've implemented a new EHR system. I know there's some people are in the process of changing electronic medical systems. So even if you've done one earlier in the year thinking to get it done and you did switch to a new system, you need to do another one that would be inclusive of that new system. And then it doesn't have to be in the 90-day period that you're submitting your PI work. It can be done any time in the calendar year, but it must be done by December 31st of this year.

Shanen Wright: Thanks, Rox. Time for a polling question. We want to hear from you. Tell us, have you or are you going to submit a targeted review request of your 2018 MIPS data? Simple question here. Either yes, no, or it is not applicable. So submit your answers now, and we'll let you know the results coming up. But, hey, look, another question about the security risk assessment. This one asks, "What are the requirements of the SRA?"

Kathy Wild: I can take that one, Shanen. This is Kathy. So basically, what you want to do is conduct an accurate and thorough analysis of the potential risk vulnerabilities about the confidentiality integrity and availability of the electronic personal health information. And you'd definitely want to include data encryption in that. So one of the things you have to do is make sure you implement security updates. And then if you identify any type of security deficiencies, you have to make a plan to correct them. You don't have to do all of those security updates and all those corrections immediately. But what CMS will be looking for if they requested an audit is that you do have a plan to address each one and everything that you have identified. And you get that done in a plan within the next year or so.

Shanen Wright: Thanks, Kathy. Taking a look at those survey results when we asked, "Have you, or are you going to submit a targeted review request of your 2018 MIPS data?" Looks like the majority of you are saying no. That's 78% of the results, and 22% of you said not applicable. Standby because we've got Quality Insights regional trivia time coming up. You'll learn something about one of the states that you are in that you probably didn't know before. But before we do that, let's go out for another question related to the security risk assessment. This one asks, "What is the best strategy to complete my security risk assessment?"

Roxanne F.: So this is Roxanne. And one of the things that I do suggest to my practices that I'm working directly with is to check out the ONC security risk assessment tool. This is very user-friendly. If you feel confident, then you along with maybe your IT person and your clinical staff can help do this when you read through it. One thing I do like about this tool is it's divided into different sections to cover like administration, your facility. So there's different sections within this tool. And once you've completed each section, it gives you a feedback. It will tell you what things you're doing great at, what things you need to be improved. So it helps you lay out your plan as how to continually improve your security risk vulnerabilities at the practice.

And of course, you do have the option to hire professional if you don't feel that you are qualified or comfortable in doing your own security risk assessment. They do just need to make sure that the MIPS requirements are met. And you can split the security risk into two phases, perform and update the assessment and then correct security deficiencies. So once you've completed it next year, you need to do a review of what you did and make sure that you are following your plan to correct the security deficiencies that you've found from the year before.

Shanen Wright:

Thanks, Rox. Let's play that regional trivia time. Now, this is for all the folks in the first State in Delaware. Do you know when the United States declared its independence in 1776, what was Delaware's capital at the time? Was it Dover, Wilmington, New Castle, or Gumboro? And yes, Gumboro is a city in Delaware for those of you who are not familiar with the first state. I just love saying that word, Gumboro. What a cool city. Go ahead, submit your answer. See if you get the trivia question right. And coming up, we'll let you know the results. But while we're waiting on that, here's another question. If I submit a PI hardship exception application, does that mean that I cannot report on the PI category for practice year 2019?

Kathy Wild:

This is Kathy. So the answer to that question is no. You can still report PI measures if you want to. So what we are actually recommending if you haven't started on your PI category, or you're not sure if you're going to get a good score, go ahead, and before that December 31st deadline, submit that application just because you are in a small practice. Then what you can do is look at your data, monitor it and see what kind of score you get for the promoting in a interoperability category. As you know, it's worth 25% of your MIPS score. So if you close to 25 points, then I would say go ahead and submit that data because it's going to help your overall MIPS final score.

However, on the other hand, what you may want to look at is if your PI category score isn't that good. Well, then maybe you don't want to submit the data. Now, you will remember that what happens if you do keep that [inaudible 00:33:37], exception application ballad, then those points get thrown over and reallocated to the quality category, which means your quality category score will be worth 70 points. So you want to do well there. So it's an individual decision. And once again, we can't submit the data till after January 2nd. So it gives you the full calendar year to look at your data, look at your rates and see, okay, overall, what will my highest MIPS score be if I submit the PI measures and get a score there, or if I don't do it and get a better score in the quality category? And by all means, this is where we'd love to take a look at your data with you and make some recommendations. So please feel free to reach out to us if you have any questions about this.

Shanen Wright:

Thanks, Kathy. All right, let's take a look at regional trivia time right now and see if we stumped you. Indeed, we did this month. 54% of people said Dover. Sorry, wrong answer. 31% said Wilmington. Also, sorry, wrong answer. The correct answer is New Castle. To the 15% of people who get that way, you've got it

right. The capital was New Castle when the United States declared its independence in 1776. A year later, it moved to Dover to get distance from British forces. The government moved along those places, and then Wilmington and Lewes were also capitals at one time before, again, settling permanently in Dover. That you didn't know that one, you can tell your coworkers today that now you know what the first capital of Delaware was.

Listening on the phone, want to ask a question verbally, here in a moment, we're going to unmute those phone lines so you can provide questions or comments to our panelists. So if you don't have a question, make sure unmute on your end. But before we do that, let's go back out to the Q&A box for another question here. This one asks, "Will CMS require the submission of supporting documentation along with the PI hardship exception application?"

Roxanne F.:

So this is Roxanne, and the answer is no. You don't have to provide supporting documentation. But as you've heard, if you've worked with any of us, we do suggest that you keep some kind of documentation in your file. So you should retain documentation of any circumstances supporting your application. When you submit the application, I suggest you print that out and just retain that. And then also, when you get your notification from CMS, if it's pending, accepted, or declined that you print that out.

There's one thing I wanted to bring up that happened to me recently with a practice regarding the PI hardship. A particular practice that I'm speaking of has a billing company that submits their claims for them. So when we did the initial hardship application, we did it with the practice 10 and they came back and said there was no claims under that information. So that I do suggest that you check with your billing company to see if they're submitting it under your practice 10 or under your social security number if you're a singular practices or a clinician. Just a thought to keep in mind.

Shanen Wright:

Thanks, Rox. All right, heads up. We're going to unmute the phone lines right now. If you have a question or comment for your panelists, please say it now. Okay, hearing nothing. We'll remute the phone lines and get back to the Q&As. Plus we've got another question for you about a request for data validation coming up. But first, another question from our audience. If a practice has multiple office locations under the same 10 and one office is within a broadband availability area, but the other offices for the practice is not, will that practice still qualify for the PI hardship exception?

Kathy Wild:

Hi, Shanen and this is Kathy. So the answer to that is no. The office with the broadband internet availability would not qualify for the PI hardship exception for that because of that reason. So if the practice has at least one office location with sufficient internet access, everyone that works at that location must have PI data. So once again, if they're doing group reporting under the 10, everybody in that group must need that hardship exception to be able to do it. Now, if they report individually, then those that work at only at that office with no internet

availability would be able to do that. So it all depends on if they're reporting individually as a group.

Shanen Wright: Thanks, Kathy. If you have a question, make sure and submit it using the Q&A box before we run out of time for the September 2019 edition of QPPLive! Now, we want to hear from you again. Our next polling question asks, "Have you received a request for data validation of your 2017 or 2018 MIPS data from Guidehouse?" Yes, no, or not applicable? We want to hear from you. While you're submitting that, let's go out for another question. "Can MIPS eligible clinicians that have switched CEHRT vendors apply for a PI hardship exception and have their PI category weight reallocated to the quality category?"

Roxanne F.: So that answer is a yes. If a MIPS eligible clinician switches CEHRT vendors during the 2019 performance period and is unable to report PI measures, the clinician may submit a PI hardship application using the reason, basic extreme and uncontrollable circumstances such as the disaster practice closure, severe financial distress, or vendor issues. And CMS will review the application and either approve or deny it. But make sure that you have backup documentation that you're maintaining in your file of what has happened, proof that you are unable to report if you're submitting the PI hardship under this category.

Shanen Wright: Thank you, Rox. Okay, let's see what you had to say about whether you received a request for data validation of your 2017 or 2018 MIPS data. Most of you, 67% said no, and 33% said not applicable. Interesting. We've got one more fun question coming up on today's edition of QPPLive! Make sure you get those questions in before we run out of time. Let's go to the next question right now. This one asks, "What qualifies as an extreme and uncontrollable circumstance for the PI hardship exception?"

Kathy Wild: This is Kathy. So if someone does not qualify for the just regular PI hardship exception, there is another exception application also that must be filled out prior to December 31st. And that is the one for the extreme and uncontrollable circumstances. So what the different categories under this would be, one, would be a natural disaster resolving in damage to or destruction of your EHR. Number two, if your practice or hospital closes and it affects your ability to submit PI measures. Number three would be if you have severe financial distress resolving in bankruptcy or debt restructuring, you could submit an application.

Another one we discussed earlier, vendor issues. So if you change your EHR vendor sometime during the reporting period, or if you know your vendor has some errors with the data that they are providing to you and you know it's really inaccurate and now invalid, then it would definitely be worth it to go ahead and submit the hardship application for this citing that reason. And just once again, we just want to make sure you know that just not having an electronic health record does not qualify for any of these exception applications.

Shanen Wright: Thank you, Kathy. It's time to play on this day what happened on September 19th, a feature we have every month here on QPPLive! On this day in 1974, the

talented Jimmy Fallon was born in Brooklyn, New York. We want to know from you who is your favorite ex-Saturday Night Live cast member like Jimmy is. Of course, there are a lot to choose from. I mean, we could have lifted these all the way down, but I just randomly picked a few to choose from. You have Jimmy, of course, maybe it's Chris Rock, Adam Sandler, Tina Fey, or Julia Louis-Dreyfus. So let us know who your favorite ex-SNL category cast member was, and we will see the results coming up in the meantime. Let's go out for another question. This one asks, "What if my electronic health record product is decertified during 2019?"

Roxanne F.: Okay, so I know that's a toughie. It depends when your EHR became decertified. If it was the last day of your reporting period is before the decertification occurs, you can submit your PI data from the EHR. If the decertification occurred during your reporting period, you can apply for a PI hardship exception and select the reason decertified EHR technology. So just to restate it, you must have the active 2019 third vendor during that whole 90 period for your PI reporting time period. So you need make sure that it is current during that time period. If it gets decertified in the middle of that, then do that PI hardship exception, excuse me.

Shanen Wright: Thank you, Rox. Let's take a look and see. Ah, it's pretty split here evenly. It looks like Adam Sandler came in first place as your favorite with 36%, Tina Fey second at 27%, third was Jimmy Fallon, of course, of the tonight show, and Chris Rock not feeling the love really with 9%, nor was Julia Louis-Dreyfus at 9%. But what's interesting about her is a lot of people do not associate Julia Louis-Dreyfus with Saturday Night Live. Of course, she's best known for becoming famous as Elaine Benes on Seinfeld, but she actually got her start on television as an SNL cast member during the 1982 to 1985 season. She was only 21 when she started on the show and frequently played teenage characters on there.

During her three season run, that's when she co-starred with Brad Hall, who would later go on to become her husband, and where she would meet eventual Seinfeld collaborator, Larry David, who was a writer for Saturday Night Live at the time. We all know Julia Louis-Dreyfus. She went on to many Emmy winning roles on *Seinfeld*, *The New Adventures of Old Christine*, and most recently, *Veep* on HBO. Almost out of time today. If you have a question, you've got a couple of minutes to get it in here, but we don't have a lot of time left. But, oh, let's go out to this one right now. Are there PI hardship exceptions for clinicians in a small practice?

Roxanne F.: I got this. And this is a yes. CMS realizes that implementing a CEHRT may be a significant hardship for some practices. So they do have a reason for receiving a PI hardship exception is simply by being a small practice. And there are still many doctor practices that are paper. So it's really important that they go and submit this PI hardship under the small practice so that promoting an operability can be related to their quality measures that they would be submitting through claims. Kathy, I don't know if you have anything else to add to that one.

Kathy Wild: No, that was perfect.

Shanen Wright: And our final question for the September 2019 edition of QPPLive! asks, "If I have received the hardship exception for the PI category, do I still need to report PI measures if I am participating in a MIPS APM?"

Kathy Wild: All right, I can answer that one, Shanen. And then after I do, I want to plug two little upcoming events. So the answer to that is no. If MIPS eligible clinicians who are scored under the APM scoring standard, if they have an approved hardship exception, they do not need to submit any data. And the reason is because MIPS APM participants they are going to receive an APM entity score based on the APM scoring standard. And the only exception to that would be if everybody in that entire APM entity does qualify for an exception. And I think that would probably be rare since there's multiple clinicians in the APM.

And before we sign off, I do want to tell everybody and encourage you to absolutely join us on QPPLive! next month. In addition to our routine format with giving news and announcements and answering your questions, we want to tell you that we will have two subject matter experts available to give a quick overview of the PDMP program, the prescription drug monitoring program. And this is really helpful as you know it is applicable to MIPS. There's some promoting interoperability measures for the PDMP, and then there's also some improvement activities. So we can definitely tie that in to MIPS and we think they're going to give you some great tips. We have one expert that's located in PA and one that's in Delaware that will be joining us.

And the other thing I wanted to tell you, we had a lot of discussion and questions today about the Promoting Interoperability category. And on Tuesday, October the 1st from 1:00 to 2:00 PM, we will be having a full hour webinar specifically about meeting the 2019 PI category requirements. And registrations will be forthcoming, and we hope to see you then. I'll give it back to you, Shanen.

Shanen Wright: Thank you, Kathy, and thank you everyone for joining us for today's edition of QPPLive! As Kathy mentioned, our next episode of this will be coming up on the third Thursday in October, that's October 17th at 9:30 AM. In the meantime, if you have any questions, please reach out to our Quality Insights QPP Support Center at [gpp-surs@qualityinsights.org](mailto:gpp-surs@qualityinsights.org), or call 1-800-877-497-5065. Please take a moment to fill out the evaluation at the end of the session so we can provide a better experience for you. On behalf of everyone at Quality Insights, thanks again for joining us and have a great day.