

**QPPLive!**  
**Transcript from Live Session**

Thursday, June 20, 2019



Shanen Wright: Hello and welcome to the June 2019 edition of QPPLive!, a presentation of Quality Insights. For those of you who joined us before, welcome back. We're so pleased that you decided to spend your Thursday morning with us learning about CMS's Quality Payment Program. You know that you can start submitting your questions for our panel of experts at any time using the Q&A feature in your WebEx player. If you're not seeing the Q&A feature, go on your screen to the three little dots in the bottom, press that. You'll see the option to bring up Q&A and you can start submitting your questions now.

Shanen Wright: If this is the first time joining us for QPPLive!, welcome. We'll have further instructions on how you can interact with our panelists coming up, but first, we have breaking news and announcements. Today, they'll be delivered by Andrea Phillips and Amy Weiser. So, let's start things off with Andrea.

Andrea Phillips: Good morning and welcome to our news and announcements. Registration for 2019's CMS web interface ends July 1st. All groups and virtual groups with 25 or more clinicians including at least one MIPS-eligible clinician are eligible to use the CMS web interface. CMS automatically re-registered everyone who used the CMS web interface last year to use it again this year. You only need to log into the QPP website and register or edit your registration by 5:00 p.m. EST on July 1st, 2019, now, if you do not use the CMS web interface last year and want to use it this year or you used it last year but you do not want to use it this year.

Andrea Phillips: Groups that participate in the Shared Savings Program ACO are not required to register or report because the ACO is required to report quality measures on behalf of participating eligible clinicians for purpose of MIPS.

Andrea Phillips: Registration for CAHPS for MIPS survey ends July 1st. There was no automatic re-registration for the CAHPS for MIPS survey. All groups or virtual groups with two or more clinicians who want to administer the CAHPS for MIPS survey in 2019 must register by July 1st, 2019 at 5:00 p.m. ET. Please review the following resources, we provided the link, for the 2019 registration guide, or the CMS web interface and chat or MIPS survey, and the 2019 CMS web interface factsheet.

Andrea Phillips: Attention APM entities. There are changes in the QPP lookup tool. The Centers for Medicare & Medicaid Services have added secure access to the QPP eligibility and reporting page for some alternative payment models. Shared Saving Program, Next Generation ACO, and Comprehensive Primary Care Plus APM entities can now download a participant list of their clinicians. This will

assist the APM entities who are not the billing organization and did not have access to this information in the past.

Andrea Phillips: Topped-out quality measures in 2019. A quality measure is topped-out when the performance of the measure is high or is unvarying across the board, meaningful distinctions and improvement in performance can no longer be made.

Andrea Phillips: Now, most quality measures typically receive between 3 and 10 points. However, some topped-out measures are kept at seven points. Now, 10 points are available for topped-out measure, a perfect performance rate is usually required to earn the 10 points.

Andrea Phillips: Now, it's important to know if a measure is topped-out when you select your quality measures because it can impact your quality category score. A few of the commonly used 2019 topped-out measures kept at seven points include, to name a few, are diabetes eye exam, documentation of current medications in the medical record, use of high risk medications in the elderly and medication reconciliation post-discharge. For a complete list of all the 2019 topped-out measures, you can download this new Quality Insights resource which we provided a link for the topped-out quality measures in 2019.

Andrea Phillips: Quality measures without benchmarks. The 2019 benchmarks were calculated based on quality measures submitted in 2017. As a benchmark cannot be calculated due to insufficient data, only three points will be awarded and that is only if the data completeness standards and case minimum requirements are met.

Andrea Phillips: Now, CMS will try to calculate 2019 benchmarks for measures that don't have one based on data submitted this year. However, we will not know if the benchmark is available until the summer of 2020 when the final MIPS scores are posted. For a complete list of the measures without benchmarks, please see the 2019 quality benchmarks resource and filter the list by selecting a no in the benchmark column E. The list includes these measures, to name a few, preventative care and screen, tobacco use: screen and cessation intervention, screening colonoscopy: adenoma detection rate, depression remission at 12 months, depression remission at six months, functional status assessment for congestive heart failure, and Zoster vaccination.

Amy Weiser: Thanks, Andrea. Welcome everyone. I'm just going to continue here. The Pennsylvania technology platform is available for health information organizations. PA has five certified health information organizations, or HIOs, that have access to a technology platform called the Public Health Gateway. The HIOs in Pennsylvania are Clinical Connect, Central PA Connect CPC, Health Share Exchange, KeyHIE, and Mount Nittany Exchange.

Amy Weiser: The PGH facilitates HIPAA-compliant health data reporting, querying, and sharing with the state's participating health data registries and databases including the Prescription Drug Monitoring Program or PDMP, electronic clinical quality measures, eCQMs, but you must have prior approval before selecting this option. The PA epicenter for syndromic surveillance, the PA-ELR, electronic lab reporting, PA-SIIS, which is the Statewide Immunization Information System and the PA Cancer Registry. More information is available here at this link at the eHealth Partnership Program website.

Amy Weiser: So, there are a few new resources from CMS that we wanted to highlight today. The 2019 MIPS Cost User Guide, the 2019 MIPS Quality User Guide, the 2019 MIPS Eligibility Decision Tree, the 2019 Promoting Interoperability Information Blocking Factsheet, and the 2019 MIPS data validation criteria. These are all found at [qpp.cms.org](http://qpp.cms.org) and that is under their resource tab.

Amy Weiser: So, just wanted to also highlight some upcoming learning opportunities. How to Succeed in the Promoting Interoperability Category for Solo and Small Practices, which is today at 3:30 p.m. You can register here on the slide. Then, there's Measuring Quality to Improve Quality Strength and Challenges of Clinical Quality Measurement on June 25th or June 27th. Then, The Patient Center Quality Measurement, What It Is and How to Get Involved on July 24 or July 25.

Andrea Phillips: Spotlight on Promoting Interoperability. CMS has made significant changes for the Promoting Interoperability category in 2019 and we have heard the rallying cry for more attention to this topic. Today, we will briefly focus on the PI. Feel free to start entering your questions into the Q&A feature. Quality Insights will be hosting a webinar on Promoting Interoperability in the near future, which will provide more comprehensive guideline on the objectives, measures, submission methods, scoring, and bonus points. We would also suggest you to review the 2019 Quality Payment Program, A Deeper Dive Into the Requirements for Success webinar, which was held on May 29, 2019. We provided a link to the PowerPoint, recording, and transcript.

Andrea Phillips: Summary of changes for PI category. PI measures consolidated a new scoring process in 2019, base, performance, and bonus measures eliminated and replaced with performance-based scoring at the individual measure level.

Andrea Phillips: Now, if a measure has an exclusion available and the exclusion is claimed, the points for each excluded measure will be allocated to another PI measure.

Andrea Phillips: Now, you must report all PI measures or claim an exclusion. The maximum number of points is 110. It was reduced from the 155. And you must use 2015 certified EHR technology.

Andrea Phillips: New resources to help you understand the Promoting Interoperability measures. Quality Insights has created a resource to help clinicians understand

the changes to this PI measures. Please download it today, MIPS Promoting Interoperability Category In 2019. A link has been provided.

Andrea Phillips: Now, what stays the same? The PI category is still worth 25% of the final MIPS score unless it's reweighted, then it would be worth 0%. The reporting period is at a minimum of 90 consecutive days up to the full calendar year.

Andrea Phillips: Now, it's been recommended that you monitor your performance rates throughout the year, then report the 90-day period with the highest PI score to maximize final MIPS score.

Andrea Phillips: 2015 edition CEHRT is required in 2019. Now, everyone must use 2015 edition CEHRT, the electronic health record technology to earn MIPS points in the Promoting Interoperability category. CMS believes that the up-to-date standards and functions of 2015 edition CEHRT will better support interoperable exchange of health information, improve clinical workflows.

Andrea Phillips: Now, the 2015 edition did not need to be in place by January 1, 2019 but it must be used for the entire EHR reporting period of any continuous self-selected 90-day period. The 2015 edition functionality must be in place by the first day of the EHR reporting period and the product must be certified to the 2015 edition criteria by the last day of the EHR reporting period.

Andrea Phillips: PI automatic reweighting. CMS automatically reweights the PI category for the following, non-patient facing clinician, hospital-based clinician, ambulatory surgical center-based clinician, NP, PA, CNA, CRNAs, and the new clinicians, physical therapists, occupational therapists, speech language pathologists, audiologists, clinical psychologists, registered dietician or nutritional professional.

Andrea Phillips: Now, if your PI data is not submitted, your quality category will be increased to 70% but if your PI data is submitted, the PI category will be scored.

Andrea Phillips: The PI hardship exception reweighting. Certain clinicians are eligible to submit a PI hardship exception application to get the PI category reweighted to zero. The deadline to submit to hardship application is December 31, 2019.

Andrea Phillips: Now, there are acceptable reasons to submit that hardship application. They include clinical clinicians in a practice with 15 or fewer clinicians, the EHR is decertified during the performance period, insufficient internet activity, extreme and uncontrollable circumstances, and your lack of control over the availability of the CEHRT. Now, if your hardship application is approved, your quality category increases to 70% but if your PI data is submitted, the PI category will be scored. If you don't want that category scored, leave it blank, avoid that category.

- Rabecca Dase: Okay. So, I'm going to talk to you a little bit about the 2019 Promoting Interoperability measures. CMS has reduced the number of objectives and measures for 2019. The first one you can see here is e-prescribing. So, the measure is e-prescribing worth 10 points. Then, there's two bonus points or two bonus measures within this category, query of the Prescription Drug Monitoring Program or the PDMP, which is new and worth five bonus points and then verify opioid treatment agreement, which is also new and worth five bonus points. So, it's not mandatory that you submit data for these measures but you can get some bonus points if you do.
- Rabecca Dase: Health information exchange. We have the Support Electronic Referral Loops by Sending Health Information which was formally sent the summary of care worth 20 points and the support electronic referral loops by receiving and incorporating health information, which is a new measure under HIE, and it's also worth 20 points.
- Rabecca Dase: Provider to patient exchange. Provide patients electronic access to their health information, which was formally known as the provide patient access, which is worth 40 points so a big measure that you want to pay attention to this year for sure. Then, the public health and clinical data exchange, we have the immunization registry reporting, electronic case reporting, public health registry reporting, and syndromic surveillance reporting. You do need to report on two of these measures. There are exclusions available but you do need to report on two for 2019.
- Lisa Sagwitz: Security risk analysis. Although a security risk analysis, SRA, is no longer a standalone PI measure, it must be completed in order to earn any points in the PI category. The SRA must be completed when 2015 edition CEHRT is implemented or installed or upgraded to a new system. The SRA can be conducted outside the performance period. However, the analysis must be unique to each performance period. Include the performance period and it must be conducted with the current calendar year.
- Lisa Sagwitz: There are two new PI bonus measures, each worth five points each. They are the query of Prescription Drug Monitoring Program, which is the PDMP, and the verified opioid treatment agreement.
- Amy Weiser: So, we just want to highlight a couple of the supporting electronic referral loop measures. So, again, the measure name is support electronic referral loops by receiving and incorporating health information and the description is for at least one electronic summary of care record received for patient encounters during the performance period for which a MIPS-eligible clinician was the receiving party of a transition of care or referral or for patient encounters during a performance period in which the MIPS-eligible clinician has never before encountered the patient. The MIPS-eligible clinician conducts clinical information, reconciliation for medication, medication allergies, and the current problem list.

Amy Weiser: I just want to stress here that given the changes to Promoting Interoperability for 2019, we just want to stress to you that we are here to help you navigate these measures to help ensure that you have what you need in order to achieve the highest score possible. So, if you feel a little overwhelmed, please don't hesitate to reach out to us individually to help you.

Amy Weiser: So, the next measure highlight is Provide Patients Electronic Access. So, the measure name is Provide Patients Electronic Access to Their Health Information, again formally known as the Provide Patient Access and for the measure description, for at least one unique patient seen by the MIPS-eligible clinician, the patient or the patient authorized representative is provided timely access to view online, download, and transmit his or her health information and the MIPS-eligible clinician ensures the patient's health information is available for the patient or patient-authorized representative to access using any application of their choice that is configured to meet the technical specifications of the application programming interface also known as API and the MIPS-eligible clinician's certified EHR. Please note that this measure is worth 40 points of your total Promoting Interoperability category score and is not eligible for an exclusion. So, there's no exclusion for this measure. You must have at least one in the numerator to be able to score on this measure.

Andrea Phillips: PI measure scoring. Now, each measure is scored on the performance based on a numerator and denominator or a yes or no at cessation. You must submit a numerator of at least one or a yes to fulfill the measure requirement. Now, if an exclusion for a measure is claimed, the points for that measure will be allocated to another PI measure. Please review the 2019 PI measure specification sheet. Here's a link.

Andrea Phillips: And now back to you, Shanen.

Shanen Wright: Thank you so much, Andrea, and thank you Amy as well for today's breaking news and announcements. As mentioned before, we've got a team of experts here to answer your questions about CMS's Quality Payment Program. On the line today, we have Kathy Wild, who is our QPP project director, Amy Weiser, who just delivered the news. She's our Lead Project Coordinator. I'm Shanen Wright, the Associate Project Director. We also have with us assisting small practices with 15 or fewer clinicians Rox Fletcher, Andrea Phillips, who delivered the news this morning, Shirley Sullivan, Marvin Nichols, and Julie Williams, assisting the larger practices with 16 or more clinicians. We have Rabecca Dase, who Rabecca will also be providing you links in the chat box today to web resources that we'll be talking about on QPPLive! We have Lisa Sherman, Paula Clark, Lisa Sagwitz, Joe Pinto, Diana Haniak, and Felix Ollenu.

Shanen Wright: So, how does QPPLive! work? If it's the first time you've joined us, you can ask questions using the Q&A feature in WebEx. So, I can see some of you are already doing that, which is great. We'll get to as many as time will allow for today. If you don't see the Q&A button or the feature on the right side of your WebEx player, simply click on the gray button on the bottom of the screen and

it will bring it up. Then, type in your question in the Q&A, hit send and we'll address as many as time will allow for today. As I mentioned before, the chat feature will be used for web links. If you're not seeing it, click on the little blue button on the middle of your screen and Rebecca will kindly be sending you resources through the chat features so you can link directly to them either on our website at Quality Insights, CMS, or anywhere else.

Shanen Wright: Now, most of you are listening on your computer speakers but some of you may have dialed in on the telephone. If you're on the phone and you would like to ask a question or provide a comment or feedback verbally, we will pause at least once during today's QPPLive! session to open up the phone lines and unmute them all. We do ask that, if you don't have a question or comment, that you please make sure and mute your line on your end so that we don't hear any background noise or anything of that nature, but we would love to hear from you, either through the Q&A box or verbally, so please prepare for that.

Shanen Wright: Please also keep in mind that we here at Quality Insights are here to help you anytime, not just during the third Thursday of the month at 9:30 a.m. Eastern, 8:30 a.m. Central, which is QPPLive! If you don't know who your contact is at Quality Insights, you can reach out to any of us and we'll make sure you get the help you need or you can use the general QPP in-box for inquiries. We'll do the best we can to answer all the questions today but know that sometimes we may need to do a little more research and follow up with you at a later time.

Shanen Wright: Keep in mind also that rules and interpretations change over time, especially if you're viewing a recording of QPPLive!, which we are recording this today. So, keep that in mind for any answers that you hear but know that most of all we here at Quality Insights want to establish a relationship with you so you can succeed in CMS's Quality Payment Program.

Shanen Wright: In addition to answering your questions, we're going to have some questions for you as well using our interactive polling feature. We've got a few MIPS and QPP-related questions and a few fun ones as well, so that's coming up but first, let's jump right into the questions. We'll start with our first question that says, "We are currently contemplating the bonus ERX measures but our electronic medical record has not set this up yet to record this measure. So, how will this affect us?"

Shanen Wright: Okay. We can move onto the next question, if everyone would like. We do have a few questions about the-

Amy Weiser: Shanen, I'm sorry. Shanen, can you hear me?

Shanen Wright: Yes. I can hear you loud and clear, Amy.

Amy Weiser: Okay. Hi. This is Amy. Sorry. I couldn't get myself off mute.

Amy Weiser: Thank you for the question. Yes, there are some issues sometimes with the vendors not being quite ready to collect the data that you are already collecting in terms of having it on your dashboards and whatnot. I guess the best thing would be to continue to communicate with your vendor and ask them for updates on when that is expected to be functional for you but continue to monitor to the best of your ability on your own that information. If you're upgraded to the 2015 certified EHR technology, then know that would be the first step. Then, your vendor should be able to start to accommodate that.

Amy Weiser: So, the last 90 days of reporting doesn't start until October 3rd so you have some time to work with your vendor and get that established. So, I hope that answers your question. Thank you so much.

Shanen Wright: Thank you.

Rabbecca Dase: This is Rabbecca. I just wanted to add to that. So, just keep in mind some of the bonus measures, they're not required. Even if your EHR vendor does not have them available for you in the 2019 year, you will not be penalized. It's not a requirement. It's just a bonus. So, don't think if it's not available, start panicking because, again, it's just a bonus and doesn't negatively impact your score.

Lisa Sagwitz: And hi, this is Lisa. One other thing to add to that, I was just reading last night, and if you look at the Fact Sheet for Promoting Interoperability, on page seven, there's a box. It said that you can manually calculate the query for the PDMP measure and get the bonus points. So, I thought that was important. So, just keep track and I would definitely check with Ned and ask them when they expect it to be available.

Shanen Wright: Moving onto the Q&A box, we have a couple of questions about the presentation today. How do we access the previous presentation? You can access the slide decks, recordings and transcripts from all QPPLive! sessions on the archived events page on our website. That's [qualityinsights-qin.org](http://qualityinsights-qin.org) under events and archived events. So, all QPPLive! presentations are archived there.

Shanen Wright: Another person asks, "How do we access the slides with the links?" The slide deck for today's presentation was emailed to all registrants this morning. So, resource links can be clicked in that document, which also helps us with the next question. "How can we register for the webinar that's later today?" The link within those slides that would be emailed to you as a registrant should allow you to sign up for the webinar that is later today. If not, let us know in the Q&A box and we will be happy to follow up with you with that link. Also, keep in mind, there are more links up in the chat box. We have the [qualityinsights-qin.org](http://qualityinsights-qin.org) website linked up there, courtesy of Rabbecca. Thank you, Rabbecca.

Shanen Wright: Coming up, we got a polling question but let's get one more question in from you before we have one for you. This one says, "The information blocking factsheet was referenced. What is information blocking?"

Marvin Nichols: Hi, Shanen. This is Marvin. So, information blocking is basically so your practice shouldn't have policies, practices or spend operating procedures to block any exchange of health information. If you do have that, that's what the term is referred to as information blocking. So, in order to, you do have to attest that you do not have any information blocking policies, practices or procedures in place. Hopefully, that answers the question. As always, there is a factsheet that you can check the specifications for the QPP program on the factsheet.

Shanen Wright: Excellent. Thank you so much, Marvin.

Shanen Wright: Get ready, folks, because we want to hear from you right now with one of our interactive QPPLive! polling questions. Laurie, let's load that one up. This one, we want to hear from you. What must be in place to report data for Promoting Interoperability in 2019? Is it A, 2015 CEHRT functionality and subsequent certification by the end of the reporting period, B, new or updated security risk analysis, C, 90 consecutive days of data or more, or is the answer D, all of the above? You've got about 15 more seconds to enter your answer for that. Then, we will see what everybody in the audience had to say about what must be in place to report data for Promoting Interoperability here in 2019.

Shanen Wright: So, looks like the poll is closed now. So, we're behind the scenes calculating your answers right now and tabulating what everyone had to say about this. Now that the poll has ended, we will take a look at the results of what must be in place to report data for Promoting Interoperability in 2019. Looks like everyone got it right. We had 95% of people saying all of the above. That is the correct answer. More polling coming up including some fun questions, a little bit of timely trivia and a new segment on QPPLive! we call "Fact or Fiction". So stay tuned for that, but right now let's go back to the Q&A box.

Shanen Wright: We've got another great question coming in here. This one asks, "How do you demonstrate you have queried the PMP and have a signed opioid agreement in your EHR?"

Lisa Sagwitz: Hi. It's Lisa. I can help with the first part of that question about querying the Prescription Drug Monitoring Program and speak specifically for Pennsylvania. That's where I work. So, on the Pennsylvania Department of Health website, once you log in, you can do a query for a report and say, "Tell me all the activity that I've had for the entire year, a certain date range," and then print that. It will have all the patients that you've queried. That would be your proof that you were using it for 2019 or a certain time period within 2019. I assume the other states would have something similar.

Lisa Sagwitz: Then, on the signed opioid agreement, maybe one of my colleagues has an answer. If not, I think that's something we definitely need to find out about and could get back to you.

Lisa Sagwitz: And ideally on that signed opioid agreement, when your EHR is updated, there would be a specific field for you to indicate that you did that to get credit on your EHR report.

Shanen Wright: Thank you, Lisa. Let's go out for our next question coming in. We've got some great ones today. You guys are really keeping us on your toes, and we appreciate that. This next question says, "We are getting denied on 2018 quality codes, i.e., 1160F and 3008F. Medicare states that we should contact QPP for a list of active codes. Where do we get these codes?"

Marvin Nichols: Hi, Shanen. This is Marvin again. So, what we can do is we can actually review the specification sheets of the particular quality measurement you're referring to. Then, we can compare the codes to what CMS is telling you. If you don't know your particular Practice Transformation Specialist, just email QPP-SURS in-box or send an email, and we can direct you to that personalized service, because we will have to go over the actual specification sheets for the particular measure.

Shanen Wright: Thank you, Marvin and excellent point. As we told you earlier, we want to remind you that we are here to help you anytime, not just during QPPLive!, so please reach out to us. We are happy to help you anytime here at Quality Insights.

Shanen Wright: A fun polling question is on deck next but first, let's get another question in from our Q&A box. This one says, "We are a small three physician practice. How do we initiate the opioid agreement?"

Lisa Sagwitz: Hi. It's Lisa. From my past experience with that, practices who dispense opioids do have a special agreement with their patients that they have to meet certain things and do certain things to remain a patient. Because this is something new this year, possibly, we could look and see if there's a standard contract, if you'd be dispensing opioids, but I think that would be for a patient who's using those long-term, that that agreement would have to be in place. It's generally used by the provider prescribing the opioids but that doesn't mean that if you were also treating the patient possibly as a specialist, you may not be able to ask for that and get the bonus points, too. But let us do a little research and get back to you on that.

Rabecca Dase: This is Rabecca. I'll just add to that. So, Lisa said using the long-term opioids and stuff. The measure specification she actually states at the duration of the patient scheduled to opioid prescription is at least 30 cumulative days within a six-month look-back period. Those would be the patients that you start to focus on. I can share this Promoting Interoperability spec sheets in the chat for you guys.

Shanen Wright: Thanks, Lisa and Rabecca. Just a reminder, keep an eye on that chat window, so you can have web links to the resources we are referring about.

Shanen Wright: Right now, it's trivia time so get ready to answer our next question. This is some timely regional trivia having to do with one of the states that we serve here at Quality Insights. Today is June 20th. On this day in 1863, the great state of West Virginia was admitted to the Union as the 35th state in the United States. What was this a result of? Was it A, the Civil War, B, the Revolutionary War, C, a bitter, bitter sports rivalry, or D, we've had it with Virginia because they just snored too much in bed and we can never get any sleep. Which answer is it that why was West Virginia admitted to the Union on this day in 1863? For those of us like myself here in West Virginia, it's actually a state holiday today, so a lot of people enjoying the day off for West Virginia Day.

Shanen Wright: So, let's see if you've got the trivia question correct and whether you knew why West Virginia broke up with Virginia in 1863. We'll see the results here in a second. It looks like most of you got it right. 79% recognized it was because of the Civil War. The only state in America to be born out of the Civil War, West Virginia. A few folks said the Revolutionary War, and then we had a bitter sports rivalry, one person said. And then one person just, they agreed that snoring is just not acceptable. Virginia would not put their CPAP machine on or get any of those little strips or anything, so it was time to break up.

Shanen Wright: So, you guys did good on the trivia. We've got more polling for you coming up but first, let's go back out to our Q&A box. We got another great question coming in. This one says, "G9578 is the HCPCS code for documentation of signed opioid treatment agreement, at least once during opioid therapy." So, I believe that may be some feedback from this person helping with an earlier question. Any follow-up from our panelists as it relates to that bit of feedback about G9578?

Amy Weiser: Just thank you, Miriam. That's great to know.

Shanen Wright: All right. You're a very interactive audience today. That is great. We have got more QPP-related questions coming up for you, but next, let's go back out and get another question. This one asks, "What is the Promoting Interoperability performance category?"

Diana Haniak: Thanks, Shanen. It's Diana. I'll take that one. So, the Promoting Interoperability performance category really promotes patient engagement and the electronic exchange of health information using CEHRT or certified electronic health technology.

Diana Haniak: MIPS-eligible clinicians report data on objectives and measures that is collected in their certified EHR. So, beginning in 2019, CMS adopted several scoring and measurement policies that aimed to bring the PI performance category to new phase of EHR measurement with an increased focus on interoperability and improving patient access to their health information, but just like 2018, this performance category is still worth 25% of your MIPS final score.

Shanen Wright: Thank you, Diana. Another question coming up before we have another polling question for you. This one asks, "What edition of certified EHR technology do I need to report for the Promoting Interoperability performance category?"

Marvin Nichols: Hi, Shanen. This is Marvin. I'll take that one. Andrea touched on this. So, beginning for the 2019 performance period, any MIPS-eligible clinician must use 2015 EHR technology or CEHRT to report on 2019 Promoting Interoperability. It must be in place within the first day of the performance period, and it has to be certified by the last day of the performance period. Also, the clinician must also be using the 2015 edition functionality for the full performance period. And remember-

Shanen Wright: Thank you.

Marvin Nichols: Remember that the performance period is 90 contiguous days within the calendar year. Amy mentioned it as well. The last performance period that you can have for this year is going to be October 3rd. Thank you, Shanen.

Shanen Wright: Sure. Thank you, Marvin.

Shanen Wright: Let's get another polling question out. This one has to do with QPP. We're going to throw this one out and you can think about it while we answer another question because it's kind of a short question. This one says, "2019 is almost half over. Is it too late in the year to collect 2019 data?" Yes, no, or not applicable?" What is the answer?

Shanen Wright: Go ahead and enter that now. While you're entering your answers, we'll go back out and get another question in. This one asks, "When is the Promoting Interoperability performance category score reweighted?"

Diana Haniak: Thanks, Shanen. This is Diana. I'll take that.

Diana Haniak: So, there's two reasons for this. The PI performance category can be reweighted to zero so that the performance category would not affect your final MIPS score. The first reason is if you're one of the MIPS-eligible clinicians who qualify for automatic reweighting. This was mentioned a little earlier on the call but it's ambulatory surgical center-based MIPS clinicians or hospital-based MIPS-eligible clinicians, non-patient facing clinicians, physicians assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, physical therapists, occupational therapists, qualified speech language pathologists, qualified audiologists, clinical psychologists, and registered dietitian or nutrition professionals.

Diana Haniak: So, if you are reporting MIPS as a group, all MIPS-eligible clinicians in the group must qualify for reweighting in order for the PI performance category to be reweighted for the group.

Diana Haniak: So, groups designated as non-patient facing are not automatically eligible to have their PI performance category reweighted to 0%. To be designated as non-patient facing, 75% of the clinicians in the group must be non-patient facing. So, this does not fulfill the reweighting requirements for group recording. For the PI performance category, 100% of the MIPS-eligible clinicians in the group must qualify individually for reweighting.

Diana Haniak: The MIPS-eligible clinicians who are identified as non-patient facing and who are reporting as individuals do qualify for the automatic reweighting of their PI performance category. So, if you qualify for automatic reweighting, you can still choose to report, if you like. This is mentioned before. If you do submit data, CMS will score your performance and weight on your PI performance category at 25% of your final MIPS score.

Diana Haniak: So, the second reason is if your MIPS EC or group who's applied for and received a PI hardship exemption based on a couple reasons. So, if you've insufficient internet connectivity, if you have an extreme or uncontrollable circumstances including a disaster, practice closure, severe financial distress or vendor issues, this would make it so that you'd reweight. The 2019 Promoting Interoperability hardship exemption application is due by December 31st of 2019.

Shanen Wright: Thank you, Diana. Let's go back and see if you got the question right here in our audience. I was asking whether it is too late in the year to collect 2019 data. Looks like we had 100% of you get that answer correct, that you said, "No, it is not too late to collect data here in 2019," although the year is almost half over. We haven't been able to pull anyone on anything on you guys today. You guys are just too good.

Shanen Wright: So, we've got a few more questions coming up that we'll ask you. If you have questions for us, please keep them coming in the Q&A box and we'll get to as many as we can today. Let's go out to that box right now. We have a question here that asks, "What are the exclusions for the PI measures? We are a small two-physician specialty practice."

Marvin Nichols: Hi, Shanen. This is Marvin again. Diana just went through all the exclusions just now, so it could be hardship. Yeah. She just went through the whole list. I'm not going to repeat the same thing that she did, but if you look at the factsheet, you will see the exclusions. If they are a small two MD specialty practice, I guess their exclusion would be a small practice, if that's what she's referring to.

Rabecca Dase: This is Rabecca. I'll add to that. So Megan, or Meg, there are PI measure exclusions for each measure specifically. So, each measure that falls under the objectives, each one would have a different exclusion outside of the reweighting. Any measure specification sheets, each measure spec will actually outline what the exclusions are for each measure.

Rabecca Dase: Earlier in the presentation, I believe it was Andrea that actually showed a new Promoting Interoperability tool that Quality Insights came out with. That actually will break it down a little bit easier. I think it's an eight- or nine-page document, which lists each measure on each sheet and then it'll list all the exclusion options so you don't have to go searching through them through each PI measure sheet.

Rabecca Dase: So, if you actually go back to that live link in the slide that Andrea discussed earlier, you'll be able to see the exclusions there. Then also, I will share the measure specification file in the chat box for you as well.

Lisa Sagwitz: And hi. It's Lisa. Meg, that's a really good question and just agreeing with what Rabecca just said. Get the Quality Insights Promoting Interoperability piece. I think it's intense but you'll be able to look and see, specifically for e-prescribing, if the prescriber gives less than 100 scripts within the time period that would qualify for an exclusion. It tells you for each measure, if you can't meet it, what it gets reweighted to. It walks you very nicely through it. It's all concise within that document.

Marvin Nichols: And this is Marvin. And if it's too cumbersome for your small practice, just remember that, by virtue of being a small practice, you can actually opt out of the PI category.

Shanen Wright: Thank you, Marvin, Rabecca and Lisa. Let's go to our new feature here on QPPLive! this month. We're going to play a little bit of something called "Fact or Fiction". We want to hear from you whether this is fact or fiction. Then, just give it your best guess and we'll give you the answer as to whether it is or not. I know I've heard this before. You probably have as well. Does the average person swallow eight spiders per year in their sleep? Is that fact or is that fiction?

Shanen Wright: While you make your guess, let's go out for another question in the Q&A box. This one asks, "Where do we find the hardship waiver?"

Diana Haniak: I'll take that one. I think somebody had typed in a response, too, but it would be on the QPP website. The application will be available for the performance year of 2019, early summer 2019, so it's not available yet. Then, it closes again on December 31st, 2019. You'd be able to see if you were approved or denied on the QPP participation status tool.

Shanen Wright: All right. Now, let's see what you had to say on our fact versus fiction poll. It looks like it's almost evenly split among our QPPLive! audience. 59% say it is fiction, 41% say it is fact. That's good news for the 59% of you because it is indeed fiction. It's hard enough to avoid spiders while we're awake and now we have to worry that they're crawling in our mouths while we sleep. Fear not. This statistic average of the average person swallowing eight spiders a year was not only made up, it was invented as an example of the absurd things that people will believe simply because they come across them on the internet.

Shanen Wright: As noted in *Scientific American*, the claim is highly implausible from a biological standpoint. Spiders are afraid of people. People vibrate. If their mouths are open while they're sleeping, they're probably snoring. This is going to scare them away. And furthermore, most people would wake up if you had a spider crawling in your mouth.

Shanen Wright: So, how did this claim arise? In the 1993 PC professional article, a columnist wrote about the list of "facts" that were circulating via email and on the internet and how they were easily accepted as truthful by gullible recipients.

Shanen Wright: To demonstrate that point, she offered her own made-up list of equally ridiculous facts, among of which was this statistic about the average person swallowing eight spiders a year. It was originally from a collection of misbeliefs printed in a 1954 book on insect folklore. Delicious irony, the propagation of this false fact has spurted into becoming one of the most widely circulated bits of misinformation that you can find on the internet. So, now you know, fact versus fiction, it is indeed fiction. No need to worry about those creepy crawly spiders going into your mouth tonight while you're asleep.

Shanen Wright: We've still got about 10 more minutes left here on today's edition of QPPLive! So, if you have a question, get it in the Q&A box now before it is too late.

Shanen Wright: Let's go out for another question here. This one asks, "What are the most significant changes to the Promoting Interoperability performance category from 2018 to 2019?"

Marvin Nichols: Hi, Shanen. This is Marvin again. I'll take that but I have to say I'm glad I don't have to worry about swallowing all those spiders. So, I'm glad to hear that up there.

Shanen Wright: You and me both.

Marvin Nichols: But the most significant change in the PI category from 2018 to 2019 is scoring. For those practices that participated last year, you probably will remember that we had a base score, performance score, and a bonus score. Well, now, it's been kind of streamlined to make it more flexible and less burdensome for the practices, so the focus is pretty much on four objectives, e-prescribing and health information exchange, provider to patient exchange, public health and clinical data exchange, and supporting electronic referral loops by receiving and incorporating information.

Marvin Nichols: So, those are the four objectives now with their accompanying point. You can actually, just as Amy said previously, you can exclude from some and then points can move, so it's very flexible. It's an attempt at CMS to meet the practices where they're at.

Marvin Nichols: They do listen to feedback from you guys, so please always provide feedback because they do listen and you can see this by the change from 2018 to 2019. So, there are also two options that you can do for this year as well is the query of the PDMP and then verifying the opioid treatment agreement. Although the security risk analysis is not a part of the scoring procedure, you still have to do it, as Amy mentioned before. So, those are the changes from 2018 to 2019.

Shanen Wright: Thank you, Marvin. Coming up, our final polling question of the day but before we launch that on you all, here's another great question so a good follow-up to the last one that Marvin just answered for us. "What data do I need to submit in reference to promote the Promoting Interoperability measure data?"

Diana Haniak: Thanks, Shanen, it's Diana. I'll take that. So, you'll need to submit all the PI measure data collected in your CEHRT for your patients regardless of whether if they're Medicare fee for service beneficiaries or not. So, for 2019, again, as we've said and we'll continue to say, you must have 2015 edition functionality in place throughout the entire performance period and your EHR must be certified to the 2015 edition by the last day of your performance period. There's 39 PI measures and you can find them on the QPP website.

Shanen Wright: Thank you, Diana. Let's throw out another polling question and then while we're waiting on that, we're going to open up the phone lines before we run out of time in case you have a question or comment for our panelists and would like to ask it today.

Shanen Wright: But first, we want to know, does a security risk assessment or SRA need to be completed in 2019? Is it A, yes, an SRA needed to be completed in 2019, including when your EHR is upgraded to 2015 certified edition? Is it B, no. SRAs are optional this year. C, no. I just did an SRA in 2018, or, D, what the heck is an SRA? I don't even know. Those are your options. Enter them now.

Shanen Wright: While we're waiting on that, we're going to open up the phone lines and unmute them. If you have any questions or comments for our panelists, we do ask that if you do not have any questions or comments that you please mute your phone line on your end. So, Laurie, if we can unmute the phone lines now.

Laurie Fink: Shanen, while we're compiling the results, I'm not able to unmute the phones. So, if you give me a couple of seconds, I will unmute them.

Shanen Wright: That is a good thing to learn in WebEx. We learn a new feature all the time. So, we're compiling the results of your polling. Then, we will unmute the phone line. So, playing a little trick on you out there in the audience. I know you may have some questions or comments.

Shanen Wright: Now, we've got our results compiled. It looks like 93% of you got the answer correct, which is yes, an SRA needs to be completed in 2019 including when

your EHR is upgraded to 2015 certified edition. So, you guys did really well on our trivia and polling, both related to QPP and fun stuff, too.

Shanen Wright: So, now, before we run out of time, let's open up those phone lines in case anybody has any questions or comments for our panel of experts today. Any questions, comments on the phone? Going once. Going twice.

Caller 1: Yeah. I have a question.

Shanen Wright: All right. Let's hear it.

Caller 1: If do not have EHR in place now, is that considered a hardship?

Rabecca Dase: This is Rabecca. I can take that one. So, you're saying you don't have an EHR in place? If that's what I heard you say, there are different reasons for the hardship exception, which they had mentioned a little bit ago. There could be potential that you fit into that possibly you're a small practice. You could apply for the hardship. Maybe the reason you don't have an EHR is because of debt reconstruction or something like that.

Rabecca Dase: So, there are different reasons that you could qualify for the hardship exception but just because you don't have an EHR does not mean you would automatically qualify for that reweighting or of the hardship exception form. So, that would be something we needed to get a little more detail and look at with you, but we are absolutely happy to do so.

Caller 1: Thank you.

Joe Pinto: This is Joe real quick, I just posted in the Q&A box. If this is Pat, I'm responding to your question with the list of the reasons for hardship exception and they included if the clinician is in a practice with 15 or fewer clinicians, if an EHR has been decertified during a performance period. Also, if you have insufficient internet activity, that would be a reason, extreme and uncontrollable circumstances like if there was a flood that damaged your practice or if there's a lack of control over the availability of certified EHR technology.

Joe Pinto: So, there's no guarantee that CMS is going to approve any hardship exception that you submit but those are the reasons that they stated already that they will accept as viable reasons for an exception.

Caller 1: Thank you.

Amy Weiser: Shanen. This is Amy.

Shanen Wright: Go ahead, Amy.

Amy Weiser: I just wanted to make an announcement, actually because in my email, I got an alert from the Quality Payment Program. If you could just bear with me for a moment, it's very important information and we're talking about the Quality Payment Program obviously and Promoting Interoperability and all of those things.

Amy Weiser: I'd like for everyone to be aware of the following. The merit-based incentive payment system, MIPS, data validation and audit is to begin in June 2019 for performance years 2017 and 2018. The Centers for Medicare & Medicaid Services has contracted with Guidehouse to conduct data validation and audit of the select number of merit-based incentive payment system-eligible clinicians. Data validation and audits are processes that will help and ensure MIPS is operating with accurate and useful data.

Amy Weiser: MIPS-eligible clinicians, groups, and virtual groups are required by regulation to comply with data-sharing requests providing all data as requested by CMS.

Amy Weiser: If you are selected for data validation and/or audit, you will receive a request for information from Guidehouse. It will be sent via email or by certified mail. Please be on the lookout for this notification. You will have 45 calendar days from the date of the notice to provide the requested information. Please note, if you do not provide the requested information, CMS may take further action to include the possibility that you will be selected for future audit.

Amy Weiser: To help avoid this, we are in the process of developing resources to support clinicians selected to participate. There's going to be more information on the Quality Payment Program resource library, for the 2017 MIPS data validation criteria, the 2018 MIPS data validation criteria.

Amy Weiser: So, literally, we just got this. So, we have not had a chance to read through any of these documents or look into this any further but I wanted to share it with you since it is very important information. Thank you.

Shanen Wright: And thank you, Amy, for that breaking news you heard first here on the QPPLive!

Shanen Wright: Was there a comment from one of our panelists related to that? I'm sorry if I interrupted you.

Lisa Sagwitz: Yes. It's Lisa. I was just thinking, for 2018 Quality Insights developed a very nice audit documentation guide. So, if you did not get that for last year, definitely reach out to us and we can provide it to you if you want to backtrack. It goes page by page, category by category what you need to have documentation on. So that would be a great resource, just to make sure that you're safe and comfortable in case of audits.

- Shanen Wright: Thank you, Lisa. We're now in overtime. It's been a great edition of QPPLive! today but we're going to keep it rolling. We do still have phone lines open right now. If any of you who have called in on the telephone have any questions or comments for our panelists, please chime in now.
- Shanen Wright: Okay. I think we've taken care of all of our callers today. Laurie, we can re-mute those lines now. Taking a look at our Q&A box, it appears that there are no other questions in the box at this time but in light of such a lively session today and this breaking news, I am going to pause before we wrap up today to see if there are any final thoughts from any of our panelists here at Quality Insights.
- Shanen Wright: Okay. Hearing none, we will wrap up today's edition of QPPLive! We'd like to thank you for joining us on the third Thursday of the month at 9:30 a.m. Eastern, 8:30 a.m. Central. Please know that we are here to help you anytime, not just during the session. So, for practices with 15 or fewer eligible providers, you can reach out to our QPP in-box. That's [qpp-surs@qualityinsights.org](mailto:qpp-surs@qualityinsights.org) or you can give us a call at 1-877-497-5065. We also invite small practices to visit us online at [www.qppsupport.org](http://www.qppsupport.org).
- Shanen Wright: For practices with 16 or more eligible providers with the Quality Insights Quality Innovation Network is here to help you. You can email any of us or our project director Kathy Wild. Her email address is [kwild@qualityinsights.org](mailto:kwild@qualityinsights.org) or you can give her a call at 1-877-987-4687 extension 108 or visit our website, [www.qualityinsights-qin.org](http://www.qualityinsights-qin.org).
- Shanen Wright: Mark your calendars. We're going to do this again next month, July 18th, 9:30 a.m. Eastern, 8:30 a.m. Central for QPPLive! We'll be answering your questions and asking you some questions as well with our interactive polling feature. Like to thank everybody for joining us today and for your great questions, your great feedback and, again, we invite you to reach out to us here at Quality Insights anytime so that we can establish a relationship with you and make sure that you succeed in CMS's Quality Payment Program. On behalf of all of our panelists here at Quality Insights, thanks again for joining us and have a great day.

This material was prepared by Quality Insights, the Quality Payment Program-Small Underserved and Rural Support Center for Delaware, New Jersey, Pennsylvania and West Virginia under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication number QPP-062819

