



2019 Participation in the MIPS Promoting Interoperability (PI) Performance Category

Bruce Maki

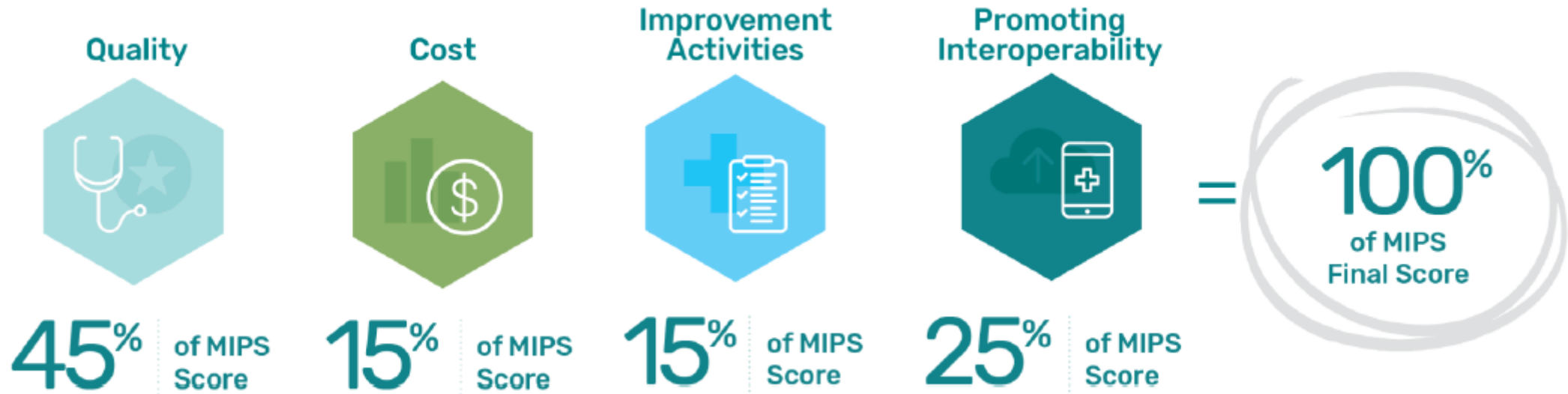
Regulatory & Incentive Program Analyst

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The MIPS Final Score

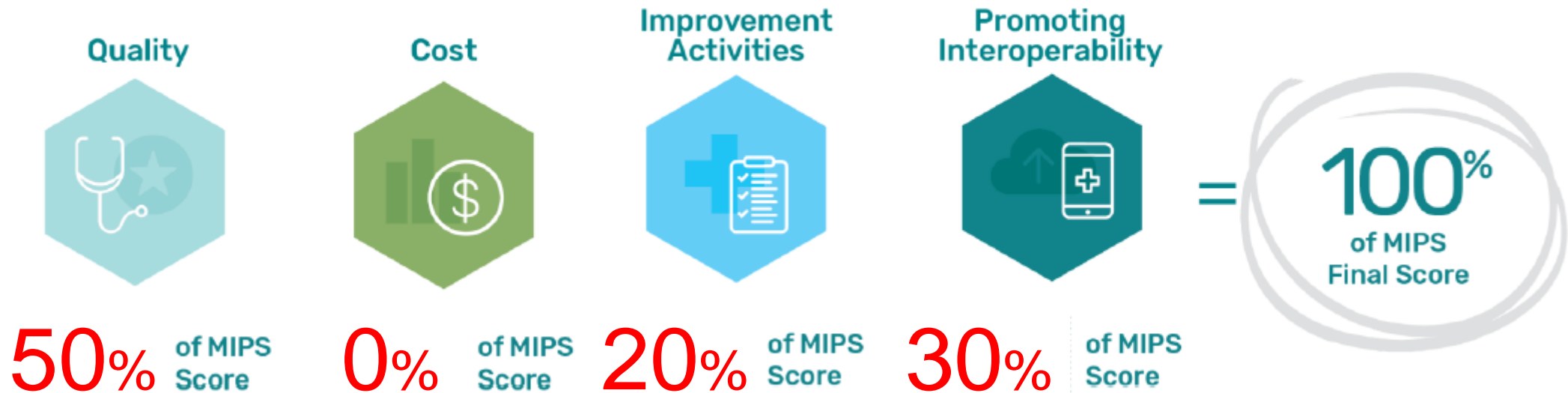
MIPS Performance Categories



- ▲ The points from each performance category are added together to give you a MIPS Final Score
- ▲ The MIPS Final Score is compared to the annually set MIPS performance threshold to determine if you receive a **positive, negative, or neutral payment adjustment** (Note: MIPS is “budget neutral”)

The “APM Scoring Standard” Changes Category Weights

MIPS Performance Categories

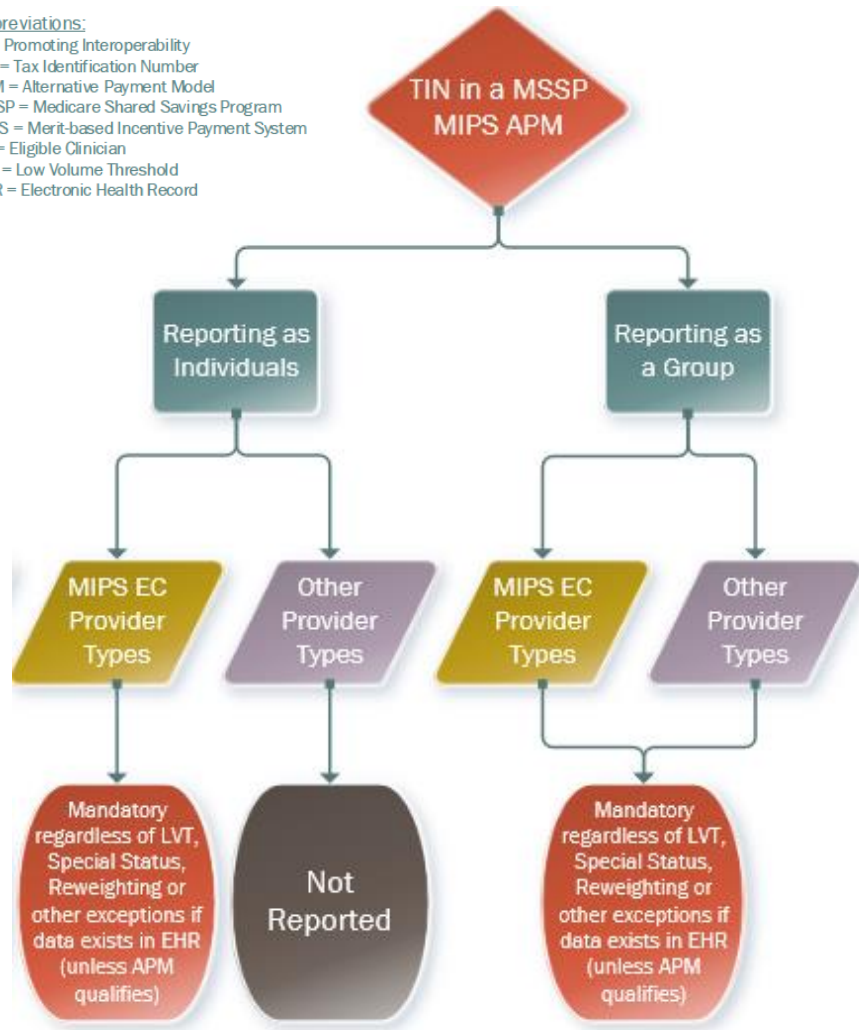


- ▲ **Quality:** ACO is responsible for reporting this category via the CMS Web Interface
- ▲ **Cost:** Not assessed in MIPS since it is already a component of the MSSP ACO contract
- ▲ **IA:** In 2019, MIPS APMs automatically receive full credit in this category
- ▲ **PI:** Clinicians are responsible for reporting either Individually or as a TIN Group

Should We Submit PI Individually or as a TIN Group?

Abbreviations:

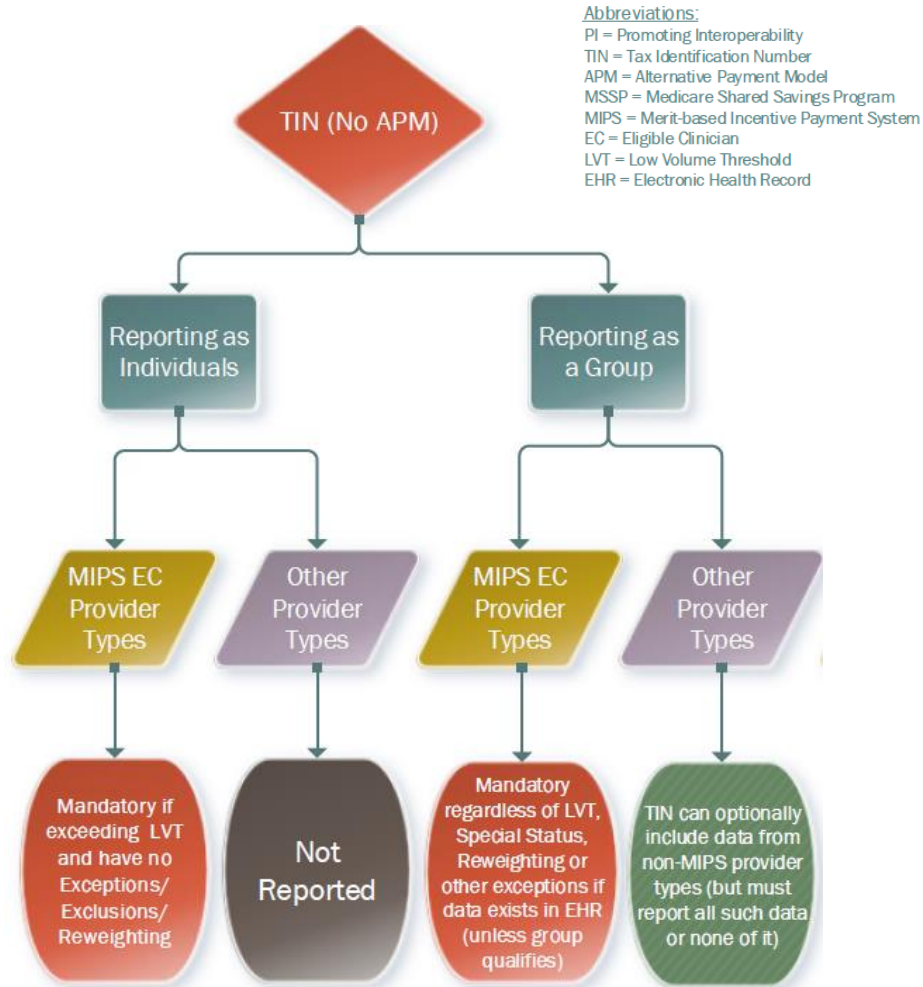
PI = Promoting Interoperability
TIN = Tax Identification Number
APM = Alternative Payment Model
MSSP = Medicare Shared Savings Program
MIPS = Merit-based Incentive Payment System
EC = Eligible Clinician
LVT = Low Volume Threshold
EHR = Electronic Health Record



Important Considerations for ACO members

- ▲ Your job is to contribute the **BEST** PI score possible
- ▲ The rule for whether or not “other provider” data is reported is different when Individually vs Group reporting
 - If reporting as individuals, don’t include non-EC data
 - If group reporting, must include data on EVERYONE with reportable EHR data (including non-ECs)
 - *Note: Either way, you must include data on ECs who may otherwise be exempt from PI reporting due to Special Status, Reweighting, etc. If data exists, it must be reported*
- ▲ No blanket answer; depends on what dashboard(s) indicate is the most advantageous way to report
- ▲ Whichever method earns the better score(s)...do that!

Should We Submit PI Individually or as a TIN Group?



Rules are different for non-ACO ECs/Groups

- ▲ The rule for whether or not “other provider” data is reported is different when Individually vs Group reporting
 - If reporting as individuals, don’t include data from non-MIPS EC provider types
 - If group reporting, you can *optionally* include data from non-MIPS EC provider types (all or none)
 - *Note: When group reporting you must include data on ECs who may otherwise be exempt from PI reporting due to Special Status, Reweighting, etc. If data exists, it must be included in the group submission*
- ▲ For non-ACO participants **only**, submit BOTH ways and CMS will use the dataset which nets the best score for each individual EC

Promoting Interoperability (PI) Performance Category

- ▲ 25% or 30% of the MIPS Final Score (depending on APM participation)
- ▲ Must use 2015 Edition Certified EHR Technology (CEHRT)
- ▲ Performance-based scoring at the individual measure level (no “base” score like prior years)
- ▲ While based off the former Meaningful Use program, it is now very different
- ▲ Four Objectives (with 11 corresponding measures):
 - e-Prescribing
 - Health Information Exchange
 - Provider to Patient Exchange
 - Public Health and Clinical Data Exchange

Resources to get you Started:

[Promoting Interoperability Performance Category Fact Sheet](#)

[2019 Promoting Interoperability Measure Specifications](#)

Promoting Interoperability (PI) Performance Category

- ▲ “Reweighting” of the Promoting Interoperability performance category is available
 - But doesn’t apply in the same way when you’re in an ACO
- ▲ Non-ACO Clinicians who qualify for reweighting will have the 25% weight reallocated to the Quality performance category (*i.e. Quality would be worth 70%; PI 0%*)

Automatic Reweighting	Application-based Reweighting
Non-patient Facing clinicians	Insufficient internet connectivity
Hospital-based clinicians	Extreme and uncontrollable circumstances
Ambulatory Surgical Center-based clinicians	Lack of control over the availability of CEHRT
PAs, NPs, Clinical Nurse Specialists, CRNAs, Physical Therapists, Occupational Therapists, Clinical Psychologists, Speech-Language Pathologists, Audiologists, Registered Dietitians, and Nutrition Professionals	Clinicians in small practices
	Clinicians using decertified EHR technology

Note: Application should be available soon and will be due by 12/31/19

Promoting Interoperability (PI) Performance Category

Objectives	Measures	Maximum Points
e-Prescribing	<ul style="list-style-type: none"> e-Prescribing 	<ul style="list-style-type: none"> 10 points
	<ul style="list-style-type: none"> Query of Prescription Drug Monitoring Program (PDMP) (new) 	<ul style="list-style-type: none"> 5 bonus points
	<ul style="list-style-type: none"> Verify Opioid Treatment Agreement (new) 	<ul style="list-style-type: none"> 5 bonus points
Health Information Exchange	<ul style="list-style-type: none"> Support Electronic Referral Loops by Sending Health Information (formerly Send a Summary of Care) 	<ul style="list-style-type: none"> 20 points
	<ul style="list-style-type: none"> Support Electronic Referral Loops by Receiving and Incorporating Health Information (new) 	<ul style="list-style-type: none"> 20 points
Provider to Patient Exchange	<ul style="list-style-type: none"> Provide Patients Electronic Access to their Health Information (formerly Provide Patient Access) 	<ul style="list-style-type: none"> 40 points
Public Health and Clinical Data Exchange	<ul style="list-style-type: none"> Immunization Registry Reporting Electronic Case Reporting Public Health Registry Reporting Clinical Data Registry Reporting Syndromic Surveillance Reporting 	<ul style="list-style-type: none"> 10 points

Note: Security Risk Analysis (SRA) is still a mandatory annual requirement but is no longer a “scoring” measure. No SRA = 0pts in PI category

Promoting Interoperability (PI) Performance Category

- ▲ To earn a score for the Promoting Interoperability performance category, you must:
 - Use CEHRT for the reporting period (90 days or more)
 - Submit a “yes” to the Prevention of Information Blocking Attestation statement
 - Submit a “yes” to the ONC Direct Review Attestation statement
 - Submit a “yes” to indicate your annual Security Risk Analysis was completed
 - Report the required measures under each objective or claim any applicable exclusions
- ▲ Each measure is scored on performance based on the submission of a numerator and denominator or a “yes or no”
 - *Must submit a numerator of at least 1 or a “yes” to fulfill the required measures (or claim applicable measure exclusion which reallocates measure points to other measures; see next slide for details)*
- ▲ The scores for each of the measures are added together to calculate a category score

Claiming PI Measure Exclusions Reallocates Measure's Points

Point Reallocation

Claiming This Measure's Exclusion:	Reallocates Its Points To:
e-Prescribing (10pts)	Support Electronic Referral Loops by Sending Health Information (25pts) & Support Electronic Referral Loops by Receiving and Incorporating Health Information (25pts)
Support Electronic Referral Loops by Sending Health Information (20pts)	Redistribution Info Expected in 2019 Rulemaking
Support Electronic Referral Loops by Receiving and Incorporating Health Information (20pts)	Support Electronic Referral Loops by Sending Health Information (40pts)
Public Health & Clinical Data Exchange (10pts)	Provide Patients Electronic Access to Their Health Information (40pts if 1 exclusion, 50pts if 2 exclusions) (If 1 PH/CDE exclusion is claimed, remaining registry earns the full 10pts)

Point Distribution if All Available Exclusions are Claimed

Objective	Measures	Maximum Points
e-Prescribing	e-Prescribing	0 points exclusion claimed
	Bonus: Query of Prescription Drug Monitoring Program (PDMP)	5 bonus points
	Bonus: Verify Opioid Treatment Agreement	5 bonus points
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	50 points (pending 2019 rule making)
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	0 points exclusion claimed
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	50 points
Public Health and Clinical Data Exchange	Report to two different public health agencies or clinical data registries for any of the following: Immunization Registry Reporting Electronic Case Reporting Public Health Registry Reporting Clinical Data Registry Reporting Syndromic Surveillance Reporting	0 points if 2 exclusions claimed

MIPS Year 3 (2019) – PI Scoring Example

Objectives	Measures	Maximum Points	Numerator/Denominator	Performance Rate	Score
e-Prescribing	<ul style="list-style-type: none"> e-Prescribing 	<ul style="list-style-type: none"> 10 points 	200/250	80%	10 x 0.8 = 8 points
Health Information Exchange	<ul style="list-style-type: none"> Support Electronic Referral Loops by Sending Health Information 	<ul style="list-style-type: none"> 20 points 	135/185	73%	20 x 0.73 = 15 points
	<ul style="list-style-type: none"> Support Electronic Referral Loops by Receiving and Incorporating Health Information 	<ul style="list-style-type: none"> 20 points 	145/175	83%	20 x 0.83 = 17 points
Provider to Patient Exchange	<ul style="list-style-type: none"> Provide Patients Electronic Access to their Health Information 	<ul style="list-style-type: none"> 40 points 	350/500	70%	40 x 0.70 = 28 points
Public Health and Clinical Data Exchange	<ul style="list-style-type: none"> Immunization Registry Reporting Public Health Registry Reporting 	<ul style="list-style-type: none"> 10 points 	<ul style="list-style-type: none"> Yes Yes 	N/A	10 points
				Total	78 Points

Calculate the contribution to the MIPS Final Score: 78pts x .30 (category weight %) = 23.4

Final Performance Category Score = 23.4 points out of the total possible 30 points

E-Prescribing

<u>Objective:</u>	e-Prescribing
<u>Measure:</u>	e-Prescribing At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.
<u>Measure ID:</u>	PI_EP_1
<u>Exclusion:</u>	Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.
<u>Measure Exclusion ID:</u>	PI_LVPP_1

Definition of Terms

Prescription – The authorization by a MIPS eligible clinician to a pharmacist to dispense a drug that the pharmacist would not dispense to the patient without such authorization.

Permissible Prescriptions – All drugs meeting the current definition of a prescription as the authorization by a clinician to dispense a drug that would not be dispensed without such authorization and may include electronic prescriptions of controlled substances where creation of an electronic prescription for the medication is feasible using CEHRT and where allowable by state and local law.

E-Prescribing (Bonus Measures)

<u>Objective:</u>	e-Prescribing
<u>Measure:</u>	Query of Prescription Drug Monitoring Program (PDMP) For at least one Schedule II opioid electronically prescribed using CEHRT during the performance period, the MIPS eligible clinician uses data from CEHRT to conduct a query of a PDMP for prescription drug history, except where prohibited and in accordance with applicable law.
<u>Measure ID:</u>	PI_EP_2
<u>Objective:</u>	e-Prescribing
<u>Measure:</u>	Verify Opioid Treatment Agreement For at least one unique patient for whom a Schedule II opioid was electronically prescribed by the MIPS eligible clinician using CEHRT during the performance period, if the total duration of the patient's Schedule II opioid prescriptions is at least 30 cumulative days within a 6-month look-back period, the MIPS eligible clinician seeks to identify the existence of a signed opioid treatment agreement and incorporates it into the patient's electronic health record using CEHRT.
<u>Measure ID:</u>	PI_EP_3

Health Information Exchange – Measure 1

<u>Objective:</u>	Health Information Exchange
<u>Measure:</u>	Support Electronic Referral Loops by Sending Health Information For at least one transition of care or referral, the MIPS eligible clinician that transitions or refers their patient to another setting of care or health care provider — (1) creates a summary of care record using certified electronic health record technology (CEHRT); and (2) electronically exchanges the summary of care record.
<u>Measure ID:</u>	PI_HIE_1
<u>Exclusion:</u>	Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period.
<u>Measure Exclusion ID:</u>	PI_LVOTC_1

Definition of Terms

Transition of Care – The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory, specialty care practice, long-term care, home health, rehabilitation facility) to another. At a minimum this includes all transitions of care and referrals that are ordered by the MIPS eligible clinician.

Referral – Cases where one provider refers a patient to another, but the referring provider maintains his or her care of the patient as well.

Health Information Exchange – Measure 2

<u>Objective:</u>	Health Information Exchange
<u>Measure:</u>	<p>Support Electronic Referral Loops by Receiving and Incorporating Health Information</p> <p>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 the 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 allergy, and current problem list.</p>
<u>Measure ID:</u>	PI_HIE_4
<u>Exclusions:</u>	<ol style="list-style-type: none"> 1. Any MIPS eligible clinician who is unable to implement the measure for a MIPS performance period in 2019 would be excluded from having to report this measure. Or 2. Any MIPS eligible clinician who receives fewer than 100 transitions of care or referrals or has fewer than 100 encounters with patients never before encountered during the performance period.

- **DENOMINATOR:** Number of electronic summary of care records received using CEHRT for patient encounters during the performance period for which a MIPS eligible clinician was the receiving party of a transition of care or referral, and for patient encounters during the performance period in which the MIPS eligible clinician has never before encountered the patient.
- **NUMERATOR:** The number of electronic summary of care records in the denominator for which clinical information reconciliation is completed using CEHRT for the following three clinical information sets: (1) Medication – Review of the patient’s medication, including the name, dosage, frequency, and route of each medication; (2) Medication allergy – Review of the patient’s known medication allergies; and (3) Current Problem List – Review of the patient’s current and active diagnoses.

Provider to Patient Exchange

<u>Objective:</u>	Provider to Patient Exchange
<u>Measure:</u>	Provide Patients Electronic Access to Their Health Information For at least one unique patient seen by the MIPS eligible clinician: (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) 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 (API) in the MIPS eligible clinician's certified electronic health record technology (CEHRT).
<u>Measure ID:</u>	PI_PEA_1

Definition of Terms

API or Application Programming Interface – A set of programming protocols established for multiple purposes. APIs may be enabled by a health care provider or provider organization to provide the patient with access to their health information through a third-party application with more flexibility than is often found in many current “patient portals.”

What is an Application Programming Interface (API)?

- ▲ A set of clearly defined methods of communication among various components
 - Operating systems, database systems, hardware, software libraries, applications, web-servers, etc.
- ▲ Functions and procedures that allow an application to communicate with and access the features or data of an operating system, application, or other service
 - Computer mice and keyboards use APIs exposed to them to “do things”
 - Saving a file invokes an API which allow it to access directory structures and have write permissions on storage devices
- ▲ APIs are not directly used by people – we use apps and/or hardware that make use of various APIs which allow us to “do things”

What is an Application Programming Interface (API)?

- ▲ As healthcare providers, health IT users, and Medicare incentive program participants, we are mostly concerned with a certain type of API commonly known as a “Web API”
 - Server-side Web APIs connected to EHRs
- ▲ Web APIs expose public endpoints through HTTP-based web servers. Think of them as secure “access points” which provide a place to “connect” to your EHR’s database
 - URLs – base/endpoints/paths
 - Web services, FHIR (Fast Healthcare Interoperability Resources)
 - End-user applications

API Requirements in MIPS PI

Provider to Patient Exchange - Patient Electronic Access

- ▲ To count in the numerator, a patient must have timely access made available in two separate ways for the patient to choose from:
 - (1) through online access (i.e. patient portals), and
 - (2) access through the API(s) implemented by the CEHRT
- ▲ Both methods, and all four functionalities (online view, online download, online transmit, and API access) at a minimum, must be made available to patients to be counted in the numerator, in addition to meeting the 4 business day information timeliness requirement for any new info generated and made available to the MIPS EC
- ▲ FHIR, or any other API that an EHR developer chooses to provide in their CEHRT, is mandatory functionality that must be activated in production
- ▲ Until the MIPS EC/group activates an API, no patients can be counted in the numerator
- ▲ If unsure what API(s) are supported by your EHR or how to enable, contact your vendor

API Outlook

- ▲ Unlikely to see high rates of API usage by most patients in the short term
- ▲ Usage will increase as 3rd party developers work to build solid apps offering useful features on secure platforms which can be easily found by browsing/searching and are trusted by patients to handle their data
- ▲ Covered Entities are no longer responsible for the PHI once they take reasonable steps to authenticate the patient requesting their info to go to a 3rd party (some app developer) and ensure it is secure in transit from API service to destination app/server

Public Health and Clinical Data Exchange

<u>Objective:</u>	Public Health and Clinical Data Exchange
<u>Measure:</u>	Immunization Registry Reporting The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS). [Bi-directional connection (QBP-Query by Parameter) is a new requirement for 2019+]
<u>Measure:</u>	Electronic Case Reporting The MIPS eligible clinician is in active engagement with a public health agency to electronically submit case reporting of reportable conditions.
<u>Measure:</u>	Public Health Registry Reporting The MIPS eligible clinician is in active engagement with a public health agency to submit data to public health registries.
<u>Measure:</u>	Clinical Data Registry Reporting The MIPS eligible clinician is in active engagement to submit data to a clinical data registry.
<u>Measure:</u>	Syndromic Surveillance Reporting The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from a non-urgent care setting.

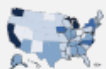
Note: ECs and/or Groups must attest to “Active Engagement” with 2 registries, which could fall under the same measure twice using 2 different registries

FREE Program Assistance – Available Resources and Organizations

PRIMARY CARE & SPECIALIST PHYSICIANS

Transforming Clinical Practice Initiative

- Supports more than 140,000 clinician practices through active, collaborative and peer-based learning networks over 4 years.
- **Practice Transformation Networks (PTNs) and Support Alignment Networks (SANs)** are located in all 50 states to provide comprehensive technical assistance, as well as tools, data, and resources to improve quality of care and reduce costs.
- The goal is to help practices transform over time and move toward Advanced Alternative Payment Models.
- Contact TCPI.ISCMail@us.ibm.com for extra assistance.



Locate the PTN(s) and SAN(s) in your state

SMALL & SOLO PRACTICES

Small, Underserved, and Rural Support (SURS)

- Provides outreach, guidance, and direct technical assistance to clinicians in **solo or small practices (15 or fewer), particularly those in rural and underserved areas**, to promote successful health IT adoption, optimization, and delivery system reform activities.
- Assistance will be tailored to the needs of the clinicians.
- There are 11 SURS organizations providing assistance to small practices in all 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands.
- For more information or for assistance getting connected, contact QPPSURS@IMPAQINT.COM.



LARGE PRACTICES

Quality Innovation Networks- Quality Improvement Organizations (QIN-QIO)

- Supports clinicians in **large practices (more than 15 clinicians)** in meeting Merit-Based Incentive Payment System requirements through customized technical assistance.
- Includes one-on-one assistance when needed.
- There are 14 QIN-QIOs that serve all 50 states, the District of Columbia, Guam, Puerto Rico, and Virgin Islands.



Locate the QIN-QIO that serves your state

Quality Innovation Network
(QIN) Directory

TECHNICAL SUPPORT

All Eligible Clinicians Are Supported By:



Quality Payment Program Website: qpp.cms.gov

Serves as a starting point for information on the Quality Payment Program.



Quality Payment Program Service Center

Assists with all Quality Payment Program questions.

1-866-288-8292 TTY: 1-877-715-6222 QPP@cms.hhs.gov



Center for Medicare & Medicaid Innovation (CMMI) Learning Systems

Helps clinicians share best practices for success, and move through stages of transformation to successful participation in APMs. More information about the Learning Systems is available through your model's support inbox.

Go to www.qppresourcecenter.org and click “Join Now”

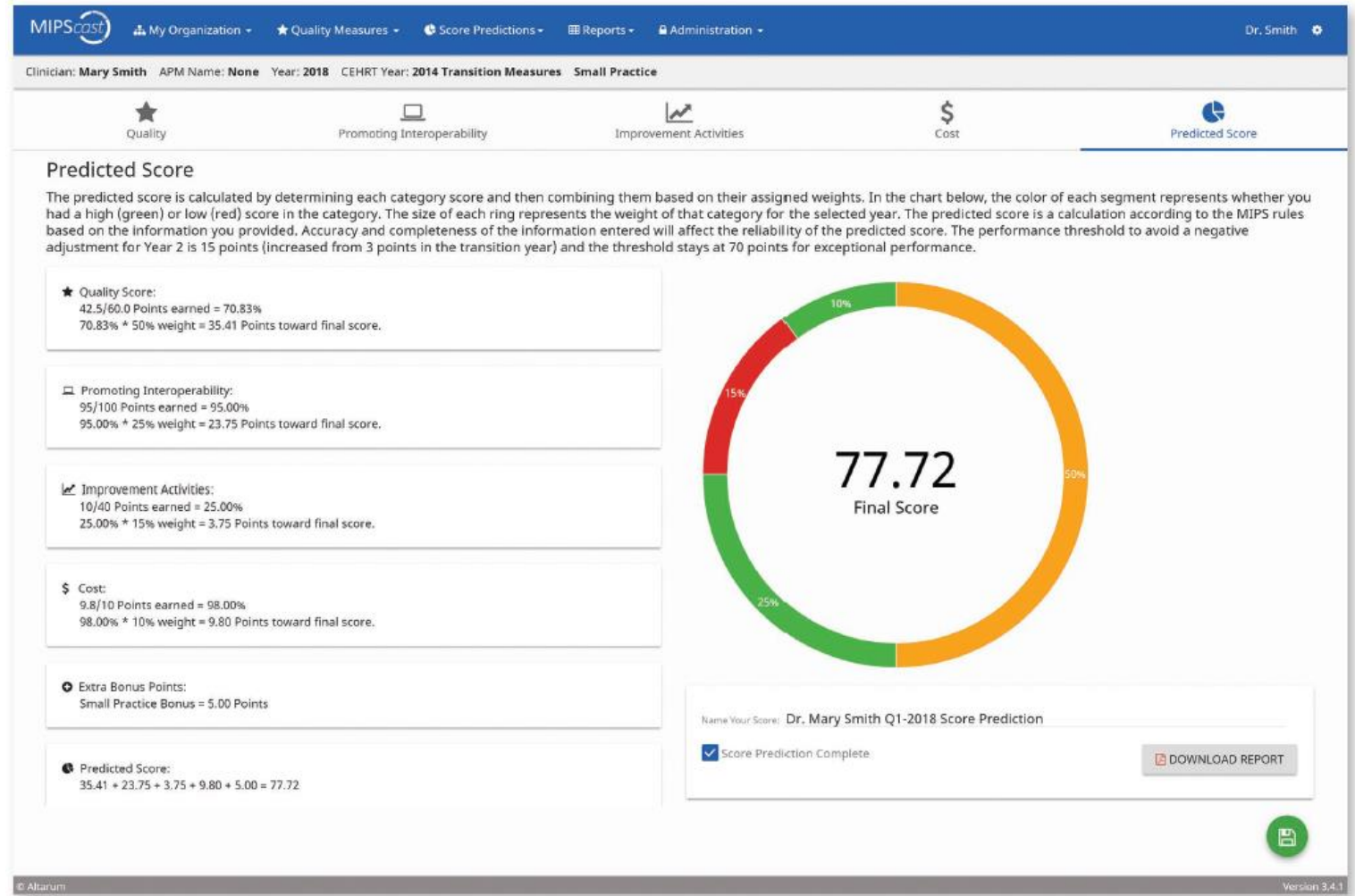
The QPP Resource Center for the Midwest

- ▲ Free for TINs with 15 or fewer billing clinicians
- ▲ Go to: www.qppresourcecenter.org and click “Join Now”
- ▲ Customized project plans
- ▲ Streamline participation
- ▲ Self-directed resources and tools
- ▲ Access to expert QPP Advisors
 - Email
 - Phone
 - Live Chat
- ▲ Free access to MIPScast®



Introducing MIPScast®

- ▲ Altarum's proprietary MIPS Scoring Tool
- ▲ Easy-to-use, interactive web app
- ▲ “Sandbox” for scoring
- ▲ Import or enter data
- ▲ Calculate points earned
- ▲ Manipulate variables (Individual vs Group submissions)
- ▲ Easily identify highest scoring measures and reporting period(s)
- ▲ Accurately estimate MIPS performance category and final scores
- ▲ Submit data to CMS on your behalf (as a CMS Qualified Registry)





Questions?

www.qppresourcecenter.org

QPPinfo@altarum.org

bruce.maki@altarum.org

734-302-4744

