



**2018 QPP Webinar Series:
A Closer Look at the Promoting
Interoperability and Improvement
Activities Performance Categories**

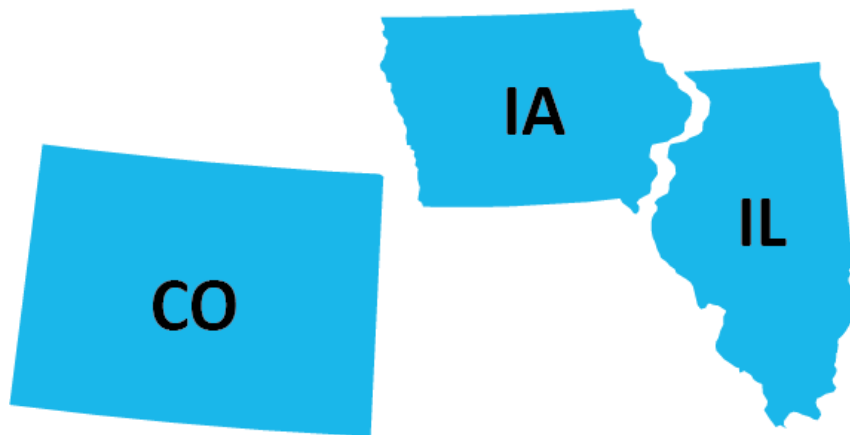
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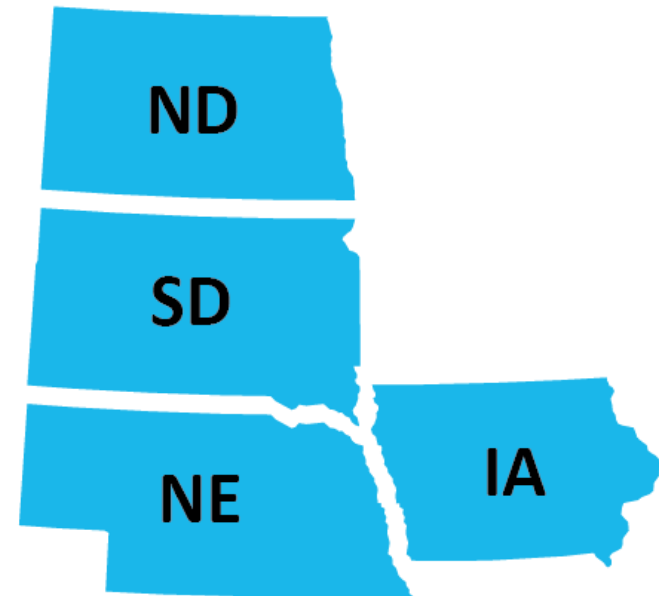
Healthcare Intelligence

Telligen's Region

QIO 16 or more



SURS 15 or fewer



Today's Agenda

- Improvement Activities (IA) requirements
 - Choosing Activities
 - New Activities
 - Changes to Existing Activities
- Promoting Interoperability (PI) requirements
 - Participation options
 - Reporting and scoring
 - Reweighting considerations
 - PI Bonus with IA Activities Using CEHRT
- QPP Assistance & Resources

MIPS Performance Categories for Year 2 (2018)

MIPS Performance Categories for Year 2 (2018)



MIPS APMs

Quality 50%

Improvement Activities 20%

Promoting Interoperability 30%

Quality Payment Program

Improvement Activities Category Requirements

Improvement Activities in 2018

What are MIPS Improvement Activities?

- Gauges your participation in activities that improve clinical practice
 - Ongoing care coordination
 - Clinician and patient shared decision making
 - Regularly using patient safety practices
 - Expanding practice access
- 113 activities in 2018
- Medium-weighted activity = 10 points
- High-weighted activity = 20 points
- 40 points = Full 15% points for IA category

Improvement Activities in 2018

Reporting and Scoring

- Required performance period at least a continuous 90-day period in 2018, up to a full calendar year (1/1/18 – 12/31/18)
- Full credit for certified patient-certified medical home or ACO
- Participating in an Advanced APM = ½ of total points
- Fewer reporting requirements for MIPS eligible clinicians:
 - Small Practices (15 or fewer clinicians)
 - Participating in an Alternative Payment Model
 - Practicing in a certified or recognized patient-centered medical homes
 - Non-patient facing*
 - Practicing in a rural area or Health Professional Shortage Area (HPSA)*

* Must have >75% of NPIs billing under group's TIN during the determination period

Improvement Activities 2018

How Do I Choose Improvement Activities?

- Review the [2018 Improvement Activities Inventory List](#)
- Divided into 9 subcategories
 - Expanded Practice Access
 - Population Management
 - Care Coordination
 - Beneficiary Engagement
 - Patient Safety and Practice Assessment
 - Participation in an APM
 - Achieving Health Equity
 - Integrating Behavioral and Mental Health
 - Emergency Preparedness and Response

Improvement Activities Year 2 (2018)

How Do I Submit Improvement Activities?

- Same methods available as the 2017 Transition Year
- 2018 Improvement Activity Submission Mechanisms:
 - Attestation
 - Qualified Clinical Data Registry (QCDR)
 - Qualified Registry
 - Electronic Health Record (EHR)
 - CMS Web Interface (groups or virtual groups of 25+)
- CMS will not combine Improvement Activities if you report using more than one submission method
- Keep documentation for six (6) years as per the CMS document retention policy requirement

Choosing Improvement Activities

Do You Answer 'Yes' to Any Questions Below?

- Do you have a process for staff education and assessment?
 - CC_7
 - PSPA_4
 - PSPA_11
 - PSPA_19
 - PSPA_20
- Do you remind patients of missed/overdue appts?
 - PM_13
- Do you have a process to identify and care for patients post-hospitalization or ED visit?
 - PM_15
 - CC_10
- Do you have an established process to prepare for the next day's visits?
 - PM_13
 - BE_22

High-weighted activities

- Provide Education Opportunities for New Clinicians
- CDC Training on CDC's Guideline for Prescribing Opioids for Chronic Pain
- Completion of CDC Training on Antibiotic Stewardship
- Unhealthy Alcohol Use for Patients with Co-occurring Conditions of Mental Health and Substance Abuse
- Patient Navigator Program
- Promote Use of Patient-Reported Outcome Tools*

***Eligible for PI Bonus**

Medium-weighted activities

- PCP and BH Bilateral Electronic Exchange of Information for Shared Patients*
 - Glycemic Screening Services*
 - Glycemic Referring Services*
 - Advance Care Planning*
 - Initiate CDC Training on Antibiotic Stewardship
 - Cost Display for Lab and Radiographic Orders*
 - Participation in User Testing of the QPP Website
 - Pages 1598-1617 of the Final Rule Year 2
- *Eligible for PI Bonus**

Other Changes in Improvement Activities Year 2

- **Medium- to High-Weight**
 - Leveraging QCDR to promote use of Patient Reported Outcome (PRO) Tools
 - Engage Patients and Families to Guide Improvement in the System of Care
- **High- to Medium-Weight**
 - TCPI Participation
- **Removal of Activity**
 - Participation in CMMI models such as Million Hearts Campaign
- **PI Bonus: No to Yes**
 - Leveraging QCDR to promote use of Patient Reported Outcome (PRO) Tools
 - Engage Patients and Families to Guide Improvement in the System of Care
- **PI Bonus: Yes to No**
 - Improved Practices that Disseminate Appropriate Self-Management Materials

Continuing the Conversation

Improvement Activities Tips

- Review MIPS Data Validation Criteria for suggested documentation for the activities you select. Keep documentation for at least six years!
- Obtain baseline data and steps taken to improve data
- Consider the patient population and the clinical conditions you treat
 - Diabetes
 - Optimizing Antibiotic Use
 - Anticoagulation
- Do you have an EHR? If so, do you use its advanced functionality?
 - Patient Education
 - Decision Support
 - Patient Portal
- Do you participate in a Qualified Clinical Data Registry (QCDR)?
- Consider your current workflow, activities and practice goals

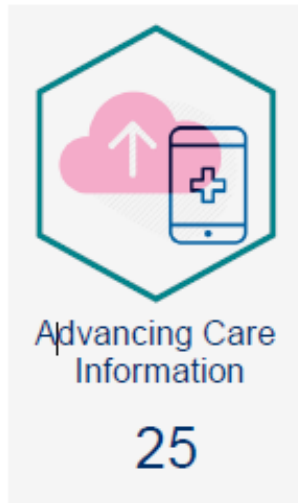
Quality Payment Program

Promoting Interoperability (PI) Category Requirements

- Overhauling EHR Incentive Program for hospitals & Medicaid providers and the Advancing Care Information (ACI) performance category for MIPS
- Increased focus on interoperability and improving patient access to health information
- Rebrand to Promoting Interoperability (PI)
- Goal to be flexible and prioritize measures that promote interoperability
- [IPPS Proposed Rule](#)



PI Participation Options



MIPS-APMs
30%

- Individual level
 - Payment adjustment based on their individual performance
 - TIN/NPI combination
- Group level
 - Payment adjustment based on the group's performance
- Virtual Group
 - Payment adjustment based on the Virtual Group's performance

Use of a 2014 or 2015 CEHRT is required to participate

Reporting PI

- Two measure set options
 - 2018 PI Transition Objectives and Measures
 - CEHRT 2014, 2015 or combination
 - PI Objectives and Measures
 - 2015 or combination of 2014 and 2015
- Reporting period
 - 90 consecutive days to one full calendar year
- Submission methods
 - Attestation, EHR, QCDR, Qualified Registry, CMS Web Interface (Groups of 25+)
- Bonus Opportunities
 - 10% bonus for the exclusive use of the 2015 Edition CEHRT
 - 10% bonus for using CEHRT for at least one specified Improvement Activity

Reweighting PI

Confused about reweighting?

- Must meet specific criteria in order to qualify
- Not having a CEHRT is not sufficient by itself
- Reweighting to 0% means this performance category is not included in the MIPS final score
- Reallocated to the Quality category
- Two types of reweighting
 - Automatic
 - Applied for

Reweighting PI

- Automatic for the following types of MIPS ECs:

- Ambulatory Surgical Center
- Hospital-based
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Certified registered nurse anesthetists
- Clinician who lack face-to-face encounters

- Applied for:

- Small practice
 - Using decertified EHR technology
 - Insufficient internet connectivity
 - Extreme and uncontrollable circumstances
 - No control over whether CEHRT is available
- Must submit your application by 12/31/18

Scoring PI

Sum of 3 Scores (100% Maximum) multiply by category weight

50%

Required
Base score
(50%)

90%

Performance score
(up to 90%)

25%

Bonus score
(up to 25%)

Base Score Calculation (required measures)



| PI Measures |
|------------------------------------|
| 1. Security Risk Analysis |
| 2. e-Prescribing* |
| 3. Provide Patient Access |
| 4. Send a Summary of Care* |
| 5. Request/Accept Summary of Care* |

| PI Transition Measures |
|---------------------------------|
| 1. Security Risk Analysis |
| 2. e-Prescribing* |
| 3. Provide Patient Access |
| 4. Health Information Exchange* |

*** Exclusion applies**

Possible Exclusions

- E-Prescribing Exclusion
 - Writes fewer than 100 permissible prescriptions during the performance period
- HIE Exclusion
 - Transfers a patient to another setting or refers a patient fewer than 100 times during a performance period OR
- Send a Summary of Care Exclusion
 - Transfers a patient to another setting or refers a patient fewer than 100 times during the performance period
- Request/Accept a Summary of Care Exclusion
 - Receives transitions of care or referrals fewer OR has patient encounters where the MIPS EC hasn't ever encountered the patient fewer than 100 times during the performance period

Performance Score Calculation (optional measures)



PI Measures

1. Provide Patient Access*
2. Send a Summary of Care*
3. Request/Accept Summary of Care*
4. Patient-Specific Education
5. View, Download or Transmit (VDT)
6. Secure Messaging
7. Patient-Generated Health Data
8. Clinical Information Reconciliation
9. One of the PHA and CDR reporting measures

PI Transition Measures

1. Provide Patient Access*
2. Health Information Exchange*
3. Patient-Specific Education
4. View, Download or Transmit (VDT)
5. Secure Messaging
6. One of the PHA Measures

* Measure included in both sets

How is the Performance Score Calculated?

Performance Rates for Each Measure Worth up to 10%

| |
|-------------------------------|
| Performance Rate 1-10 = 1% |
| Performance Rate 11-20 = 2% |
| Performance Rate 21-30 = 3% |
| Performance Rate 31-40 = 4% |
| Performance Rate 41-50 = 5% |
| Performance Rate 51-60 = 6% |
| Performance Rate 61-70 = 7% |
| Performance Rate 71-80 = 8% |
| Performance Rate 81-90 = 9% |
| Performance Rate 91-100 = 10% |

- Numerators & denominators converted to a percentage score
- Most measures a maximum of 10%
- Transition set has 2 measures worth 20%:
 - Provide Pt. Access
 - HIE
- Submit “Yes” for registry reporting receive the full 10% for performance category

Bonus Opportunities - Optional

| PI Measures | |
|--|----------|
| Report to 1 or more of the following PHR or CDR not reported for the performance score: <ul style="list-style-type: none"> • Immunization Registry • Syndromic Surveillance Reporting • Electronic Case Reporting • Public Health Registry Reporting • Clinical Data Registry Reporting | Earn 5 % |
| Report certain Improvement Activities using CEHRT | Earn 10% |
| Report exclusively from this measure set(2015 edition CEHRT) | Earn 10% |

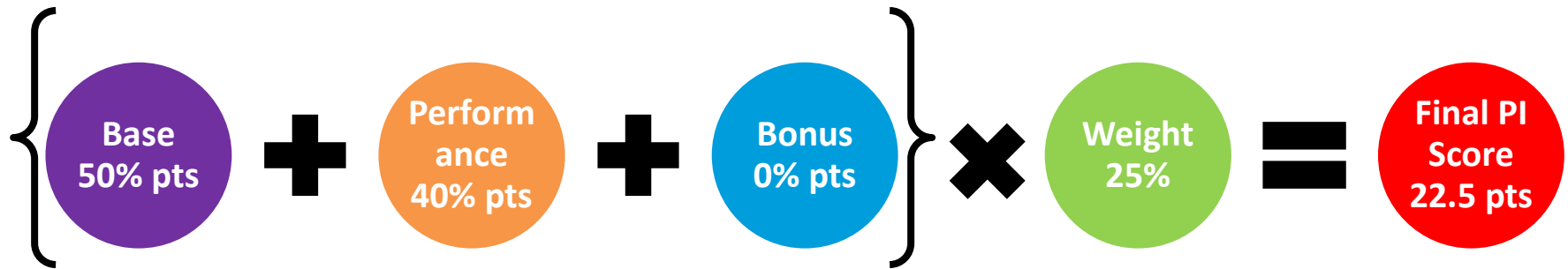
| PI Transition Measures | |
|---|----------|
| Report to 1 or more of the following PHR registries not reported for the performance score: <ul style="list-style-type: none"> • Immunization Registry • Syndromic Surveillance Reporting • Specialized Registry Reporting | Earn 5 % |
| Report certain Improvement Activities using CEHRT | Earn 10% |

IA Eligible for PI Category Bonus (10%)

- Provide 24/7 Access
- Communication of Unscheduled Visit for Adverse Drug Event and Nature of Event
- Consulting AUC using CDS when ordering Adv. Diagnostic Imaging
- Cost Display for Lab and Rad Orders
- Glycemic Screening Services
- Glycemic Management Services
- Glycemic Referring Services
- Anticoagulant Mgmt Improvements
- Provide Clinical-Community Linkages
- Advance Care Planning
- Chronic & Preventive Care Mgmt for empaneled patients
- Improvements in longitudinal care mgmt for high risk patients
- Episodic care mgmt practice improvements
- Medication Mgmt Practice Improvements
- Promote Use of Patient-Reported Outcomes
- Engage Community Resources Support Pt Health Goals
- PCP and BH Bilateral Exchange of Info for Shared Patients
- PSH Care Coordination
- Use of Specialist Reports back to Referring Clinician to Close Referral Loop
- Develop Regular Individual Care Plans
- Bilateral Exchange of Patient Information
- Engage patients/families to guide Improvement in System of Care
- Use of CEHRT to capture PRO
- Engagement of Patients through Implementation
- Engage patients/families in developing plan of care
- Use of decision support and standardized treatment protocols
- Integrate Patient Centered BH model
- EHR Enhancements for BH data capture

Scoring PI

Hypothetical Scenario



PI Reporting Requirements

What is the minimum needed to report for PI?

- 1) Use Certified EHR Technology (CEHRT)
- 2) Submit the performance period (minimum 90 consecutive day period in 2018)
- 3) Submit a “yes” to the Prevention of Information Blocking Attestation
- 4) Submit a “yes” to the ONC Direct Review Attestation
- 5) Submit a “yes” for the Security Risk Analysis measure
- 6) Submit a “1” in the numerator for the remaining base score measures or an exclusion, if available

Meeting the Performance Threshold

Can I avoid a payment adjustment by reporting on IA or PI only?

- Yes
- 2018 Threshold = 15 points
- Examples:
 - Improvement Activities Only
 - 2 high weighted
 - 1 high weighted and 2 medium weighted
 - 1 high weighted and small, rural or HPSA qualifications (doubles score)
 - ACI Base Score and 1 Medium-Weight Improvement Activity

Reporting EHR Vendor Issues

What if my EHR does not have the capabilities I need to be successful ?

- Start by contacting the product's developer or vendor
- Issue(s) unresolved and relates to product's certified capabilities contact the ONC-Authorized Certification Body (ONC-ACB)
 - ICSA Labs: EHR@icsalabs.com or visit [website](#)
 - Drummond Group: ehr@drummondgroup.com or visit [website](#)
 - InfoGard Laboratories, Inc.: visit [website](#)
- Work with vendor/developer and the ONC-ACB to resolve issues
- Issues unresolved submit your issues via the [ONC's Complaints Form](#)

Continuing the Conversation

Promoting Interoperability Tips

- ❑ Begin your Security Risk Analysis now
 - Free ONC tool/instructional videos: [ONC SRA TOOL](#)
 - Consider using IT staff to help begin completion of analysis
- ❑ Engage all clinicians and staff to encourage patients to use the portal
 - Increases Transition (2014) measure performance for: Provide Patient Access, VDT, Secure Messaging, Patient Education
 - Increases PI (2015) measure performance for: Provide Patient Access, Patient Education, VDT, Secure Messaging, Patient-Generated Health Data
 - IA include: Engagement of patients through implementation of improvements in patient portal and Chronic Care and preventative care management for empaneled patients
- ❑ Collect direct addresses of those practices who you refer patients to or they refer patients to you

Thank You!



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Stay Tuned!



Notice of Proposed Rule Making (NPRM) for Year 3 – Summer

WEBiNAR



Quality Payment Program

Resources

CMS Resources

- [CMS QPP Site](#)
- [CMS 2018 QPP Resource Page](#)
 - [MIPS Improvement Activities](#)
 - [Improvement Activities Performance Category fact sheet](#)
 - [Advancing Care Information fact sheet](#)
 - [Advancing Care Information Measure Specifications](#)
 - [CAHPS for MIPS survey overview fact sheet](#)
 - [CAHPS for MIPS survey conditionally approved survey vendors](#)
 - “New” [Group Participation in MIPS 2018](#)