

MIPS

Promoting Interoperability

A SHP Lunch 'n' Learn Series

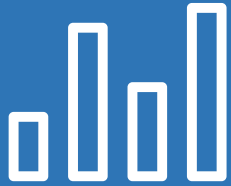
Aaron Higgins

Data & Quality – Project Manager



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Performance Analytics

We offer real-time data dashboard backed by a team of analysts to deliver actionable information for better financial, operational, and population health management.



Provider Enrollment

Maintaining provider enrollment is an important and often time consuming process. We can get you enrolled and take the burden off your practice with ongoing enrollment maintenance.



Managed Care Contracting

Our contracting team has relationships with insurance companies and can help you negotiate the best fee schedules.



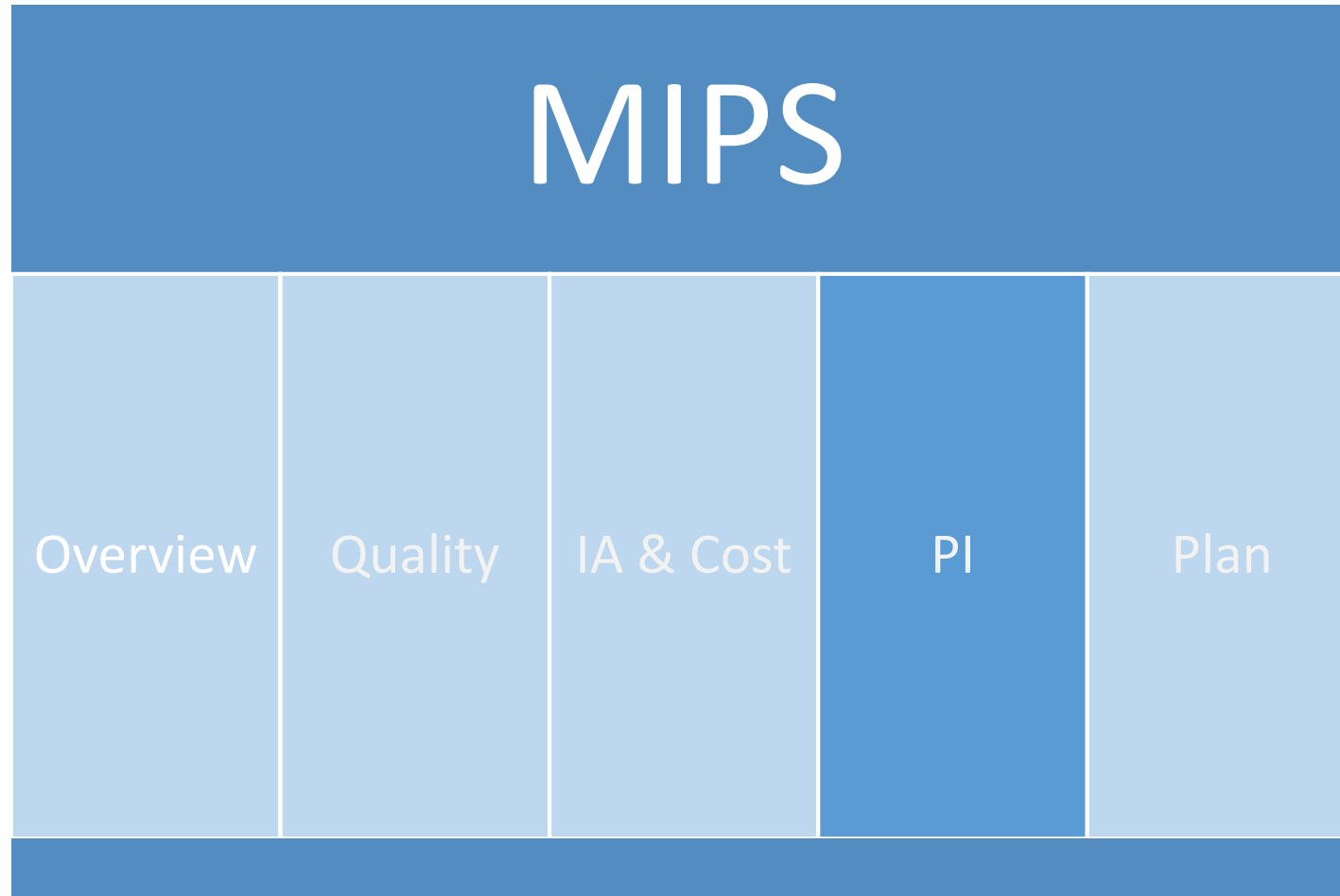
IPA & CIN Management

We manage four IPAs across the state of Georgia and provide consultation and management services for CINs nationwide.



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SHP Lunch 'n' Learn Series



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Speaker – Aaron Higgins

- Quality & Data Project Manager - SHP
- 10 years experience with Federal Quality programs, including Meaningful Use, PQRS, & MACRA/MIPS
- Joined SHP in the Spring 2019



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SHP
Strategic Healthcare Partners

Promoting Interoperability



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Poll – Meaningful Use



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Promoting Interoperability – An Overview

- The Program Formerly Known As MU
- 39 Measures
 - Not all required, some are alternative measures
- 2015 CEHRT Required
- 90-day reporting period for almost all measures
- 25% of your total MIPS



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PI Measures

1. E-Prescribing – 10 Points
 - Bonus – Query of PDMP – 5pts
 - Bonus – Opioid Treatment – 5pts
2. HIE – Referral Loops – 20 Pts
3. HIE – Incorporating health data – 20 Pts
4. Provide Pt. Access – 40 Pts
5. Security Risk Analysis – 0 Pts
6. Public Health Reporting – 10 Pts (pick two)
 - Immunization Registry Reporting
 - Electronic Case Reporting
 - Public Health Registry Reporting
 - Clinical Data Registry Reporting
 - Syndromic Surveillance Reporting
7. ONC Direct Review Attestation
8. ONC-ACB Surveillance Attestation
9. Prevention of Information Blocking Attestation



Special Status & PI

- Some practices and clinicians are automatically assigned a Special Status
- You must check on the QPP portal to see if you have earned a Special Status
- Having a Special Status exempts you from all or part of PI



Who Automatically Gets a Special Status?

- Non-patient facing clinicians
- Hospital-based clinicians
- Ambulatory Surgical Centers (ASC)



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Non-patient Facing Special Status

- Individual - The clinician has 100 or fewer Medicare Part B patient-facing encounters (including telehealth services).
- Practice - 100% of the clinicians billing under the practice's TIN meet the above definition.
- Virtual Group - 100% of the clinicians billing within a virtual group meet the above definition.



Hospital-based Special Status

- Clinician - $\geq 75\%$ or more of their covered professional services in a hospital setting. (POS 19, 21, 22, or 23)
- Practice - **All** MIPS eligible clinicians associated with the TIN are designated as hospital-based.
- Virtual Group - **All** MIPS eligible clinicians associated with the TIN are designated as hospital-based.



ASC-based Special Status

- Individual - To qualify for this Special Status 75% or more of your covered professional services in sites of service identified by Place of Service (POS) code 24.
- Practice - **All** MIPS eligible clinicians associated with the TIN meet the individual ASC-based definition.
- Virtual Group - **All** MIPS eligible clinicians associated with the virtual group meet the individual ASC-based definition.



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Individual Clinician Types Exempted

- If you are reporting individually, these clinician types are auto-exempted:
 - Physician assistants
 - Nurse practitioners
 - Clinical nurse specialists
 - Certified registered nurse anesthetists
 - Physical therapists
 - Occupational therapists
 - Qualified speech-language pathologists
 - Qualified audiologists
 - Clinical psychologists
 - Registered dietitian or nutrition professionals



What About Hardship Exceptions?

- You apply for a PI Exception, but only if you meet one of these conditions, before Dec 31st of your Reporting Year:
 - You're a qualified small practice
 - Your EHR technology was decertified
 - You lack sufficient internet
 - You experienced extreme and uncontrollable circumstances, such as a natural disaster, practice closure, financial distress, or vendor issues out of your control
 - You lack control over availability of CEHRT

Note: Not having a CEHRT does not qualify you for an exception



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A Word About Exemptions & Special Status

- Claiming an exclusion or exemption is a two-edged sword
- If you claim a measure exclusion, its points will be sent to 0 and the rest of the measures will be reweighted
- If you fail to report a measure, your entire PI will suffer
- You can submit PI even if you are a Special Status



Poll – Exemptions



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Measures Walkthrough



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eRx & PDMP/Opioid Bonus Measures

1. E-Prescribing – 10 Points

- Bonus – Query of PDMP – 5pts
- Bonus – Opioid Treatment – 5pts
- Exclusion – Providers who Rx <100 scripts



Health Information Exchange Measures

2. HIE – Referral Loops – 20 Pts

- Exclusion – Fewer than 100 TOCs

3. HIE – Incorporating Health data – 20 Pts

- Exclusion 1 – Fewer than 100 TOCs
- Exclusion 2 – Unable to Implement



Measure Walkthrough

4. Public Health Reporting – 10 Pts (pick two)

- Immunization Registry Reporting
- Electronic Case Reporting
- Public Health Registry Reporting
- Clinical Data Registry Reporting
- Syndromic Surveillance Reporting
- Exclusions galore!



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Patient Access & SRA

5. Provide Pt. Access – 40 Pts

- No exclusions

6. Security Risk Analysis – 0 Pts

- No exclusions
- Can be done anytime during the Reporting Year



Measure Walkthrough

7. ONC Direct Review – 0 Pts
8. ONC-ACB Surveillance Attestation – 0 Pts
9. Prevention of Information Blocking – 0 Pts



Example Practice

- Cardiology Practice of 13 Clinicians
 - eRX – 96% of patients – 9.6 Points
 - PDMP Check in EHR – 5 Bonus Points
 - Did not do Opioid Treatment Agreement – 0 Bonus Points
 - Sends eReferrals for 70% of outbound referrals – 14 Points
 - Incorporates HIE data into chart for 95% of patients – 19 Points
 - Reports to ACC PINNACLE & ACP Genesis Registries – 20 Points
 - Claims Exemption from Immunization, public health, Electronic Case, and Syndromic Surveillance
 - Provides Portal Enrollment to 85% of patients – 34 Points

Total Category Points = 96.6 + 5 Bonus Final Score Points = 25



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Poll - Confidence



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PI and the Proposed Rule



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Proposed Rule

- Read the Proposed Rule Summary
 - <https://qpp.cms.gov/about/resource-library>
 - 2020 Quality Payment Program Proposed Rule Overview Fact Sheet (28 pg)
- Final Rule expected early November
- Review the past three webinars for more details



PI Changes

- Promoting Interoperability Global Exclusions
 - Hospital-based provider groups, >75% meeting definition
 - Non-patient facing groups, >75% meeting definition
 - No changes to individual clinicians' definitions
- Query of PDMP Bonus Measure Attestation instead of Den/Num
 - Starting 2019(!)
 - Bonus stays for at least 2020
- Removal of Verify Opioid Treatment Agreement
- Exclusion of from Referral Loops adds points to Patient Access
 - Starting 2019



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What Should My Practice Do?

- Continue with your 2019 as is, there is likely no need to change
- The Final Rule could have entirely different changes than what was proposed
- CMS has changed based on feedback before



Next Steps

- Be sure you have two registries
- Attend SHP's next Lunch 'n' Learn series:
 - Game Plan – 10/10 @ 12:00pm
- Contact SHP with your MIPS questions or if you need help making a game plan



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Got Questions?

Send us your MIPS questions:
quality@shpllc.com



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