

Welcome to the **MIPS 2020**

The presentation will begin shortly.

Please note that all attendees are in listen only mode.


A recording of this webinar will be sent out to all attendees.

Presented by:









Inquiries may be submitted using the **Questions** window.

Questions 

Show Answered Questions

X	Question	Asker	Rec'd		Answer

 Send Privately  Send to All 



About eMedApps

eMedApps is a Healthcare Information Technology Services company providing practices, clinics and hospitals with a full range of services, as well as a suite of products designed to increase efficiency and facilitate communication.

- Founded in 1999
- Working as partner with NextGen since 2001
- Worked as subcontractor for NextGen
- Serving healthcare clients across USA
- Services and Products for NextGen clients



Follow Us!

Be sure to follow us on Facebook, Instagram, Twitter and LinkedIn and Subscribe to our YouTube Channel! Just search eMedApps



About Our Presenter

Christina Ytterock

Christina has over 20 years of experience in the Health Care industry. Christina applies her clinical, IT and Quality background to aid practices in project management, software implementation, workflow enhancements, efficiency optimization, upgrades, reporting, CCM, PCMH, Meaningful Use, MIPS, quality initiatives and best practice implementation.

Christina has successfully helped practices achieve NCQA PCMH, BCBS PCMH, Medicare/Medicaid Meaningful Use and MIPS. Christina has worked with Medicare Advantage clinics, FQHC clinics, and with ambulatory primary care and specialty Providers to achieve a variety of organizational goals.

Christina has experience with end user training; creating materials and sessions that apply to the many different learning styles that team members will have. Working with many different specialties but not limited to; OB/GYN, Family and Internal Medicine, Podiatry, Ophthalmology, Cardiology, Pediatrics, Behavioral Health and Chronic Care Management gives Christina experience that can be applied based around the goals of the organization.

Using her expertise and customer relationship skills, Christina has assisted many clients optimize workflows and meet organizational goals for Provider productivity and improved quality of care meeting multiple quality initiatives.

Christina resides in Michigan and enjoys going to concerts, exploring the newly renovated downtown Detroit and spending time with her family, friends and Retired Greyhound Daisy during non-working hours.

- Certified MIPS Professional CMQP, CMIAP, CMCP, CMAP, CHLP





Today's Agenda

- What is available for me to take advantage of now
- Audit Binder Preparation
 - PI
 - Quality
 - IA
 - Cost
- 2021 Proposed Rule Highlights
- Additional Resources
- Thank You for Attending

Available Now



Performance Year 2019 Feedback

- Final 2019 performance feedback is available now which includes your final score and payment adjustment information.
- Targeted review submissions end on October 5th, 2020 at 8pm EDT. [2019 Additional FAQ's on targeted reviews](#).
- Use your [HARP](#) account via the [QPP Website](#) to login and review your feedback
- If you do not have a HARP account you can [register](#) and learn more by accessing the [user guide](#).



Exception Applications

- The [Extreme and Uncontrollable Circumstances Exception](#) application allows you to request reweighting for any or all performance categories if you encounter and extreme and uncontrollable circumstance or public health emergency, such as COVID-19, that is outside of your control.
- The [MIPS Promoting Interoperability Performance Category Hardship Exception](#) applications allows you to request reweighting specifically for the Promoting Interoperability performance category.



New COVID-19 Improvement Activity

- COVID-19 Clinical Data Reporting with or without Clinical Trial.
 1. Applicable to Providers reporting COVID-19 patient data to a clinical data registry.
 2. Applicable to Providers participating in clinical trials
 3. Additional information is provided for review by referencing the [MIPS Data Validation Criteria \(ZIP\)](#)



Complex Patient Bonus

- Due to the COVID-19 pandemic, CMS has doubled the maximum points available for the complex patient bonus from 5 to 10 points.
- This bonus would be added to your MIPS 2020 Final score.
- Find out more about the Complex Patient Bonus in the QPP 2019 [fact sheet](#).

Audit Binder Preparation



General Suggested Documentation

- ONC Certification ID
- Install Dates for EHR Application
- Copy of Staff Credentials
- List of Participating Providers
- List of Providers not Participating if applicable
- HIPAA compliant Business Associate Agreement for MIPS reporting with MIPS eligible Providers
- Audit binder checklist



Sample Audit Binder Checklist

Audit Documentation

- Confirm that documentation is organized per individual NPI and TIN or group TIN
- Retain for at least ten years.

Eligible Clinician (EC) and Group Information

- List of MIPS Eligible Clinicians, NPIs and TIN(s)
- Centers for Medicare & Medicaid Services (CMS) provided lists of any clinicians excluded from MIPS payment adjustments (e.g., clinicians below the low volume threshold, or in their first year of billing Medicare).
- CMS-provided list of any non-patient facing clinicians.
- CMS-provided list of any hospital-based clinicians.
- List of any ECs who have applied for and were approved for PI hardship exception.

MIPS Reporting Information

- Decision to report MIPS individually (NPI/TIN), or as a group (TIN).
- Documentation of submission method(s) used for all MIPS performance categories, including third-party data submission vendor agreements, and authorization for the third party vendor to submit data on behalf of the EC or group, if applicable.
- Internal policies or standard operating procedures that explain MIPS reporting process (e.g., roles and responsibilities, vendor-supplied user guides, data definitions, and data calculations for MIPS measures).
- Summary of bonus points earned across relevant MIPS performance categories.
- List of Physicians, Physician Assistants, Nurse Practitioners, Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, and groups that include these clinicians.

Certified EHR Technology (CEHRT)

- Contracts or license agreements for all CEHRT used for MIPS.
- Installation and implementation dates for all CEHRT.
- PDF of the Certified Health IT Product List (CHPL) website indicating the CEHRT products selected to secure a CMS Certification ID Number.
- If EHR reporting is used to submit Quality measure data, documentation to show that all measures reported are certified by the EHR vendor(s) and meet the most recent electronic specification.

CMS-REQUIRED ATTESTATION STATEMENTS AND SUGGESTED DOCUMENTATION EXAMPLES

- A health care provider must attest that it did not knowingly and willfully act (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology.
Example: Contract terms, policies, other organizational policies that provide access to patients' health information.
- A health care provider must attest that it implemented technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the certified EHR technology was, at all relevant times:
connected in accordance with applicable law;
Example: Policies to ensure information exchange processes comply with applicable federal or local laws, e.g., patient privacy or security requirements.
- compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted
Example: Vendor-supplied documentation about standards, implementation specifications and certification criteria.
- implemented in a manner that allowed for timely access by patients to their electronic health information (including the ability to view, download, and transmit this information); and
Example: Existing postal provision policies to demonstrate active processes and education for patients about the availability of the portal.
- implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers, including unaffiliated health care providers, and with disparate certified EHR technology and vendors.
Example: Policies that specify information exchange practices (e.g., activation for new trading partners, turnaround time, security protocols in use, etc.).
- A health care provider must attest that it responded in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers, and other persons, regardless of the requestor's affiliation or technology vendor.
Example: Policy on turnaround time for requests for electronic health information from patients, providers, and others.



General Suggested Documentation Continued

- Exception Application documentation if applicable
- Special Status documentation if applicable
- Reporting Year Validation Criteria ([2020 Example](#))
- EHR Application Documentation on any upgrade or patch that has been applied for regulatory reasons along with screen prints showing completion
- Measure Workflow Documentation from EHR vendor



Promoting Interoperability Suggested Objective Documentation

Clinical Data, Case, Immunization or Public Health Registry

- Active engagement documentation such as screen prints & registration details
- Testing and Validation documentation Sample of successful data send/receive
- Exclusion documentation if applicable
- MIPS PI measure [specifications](#)



Attestation Statements

ONC Direct Review, ONC ACB Surveillance, Prevention of Information Blocking

- Policy/Procedures related to information blocking
- Documentation on the implementation of any new application functionality or new software installed/set up within the reporting year
- Additional reports used throughout the year for validation
- Policy/Procedure on Portal
- Patient Information provided in regards to Portal
- Policy/Procedure on HIE
- Patient Consent/Statement sample for HIE
- Policy/Procedure on Record Requests
- Patient Consent/Statement sample for Record Requests



Security Risk Analysis

- Copy of Security Risk Analysis report
- Documentation of any new changes within the reporting year
- Date of the analysis showing full reporting period
- Documentation of any security updates and identified deficiencies
- Documentation including potential risks of all PHI created, received, maintained and transmitted
- Plan for correcting/mitigating deficiencies including steps to implement the plan
 - Additional information on the [HIPAA Security Rule](#)
 - Guidance on conducting a [security risk analysis](#)
 - Free [tools and resources](#)



E-Prescribing

- Provider Enrollment information
- Provider Eligibility check documentation/system configuration/preferences etc.
- Formulary install screen prints
- Screen prints of eligibility checking on sample of patients
- Supporting documentation for exclusion if applicable
- Report(s) used for validation and submission



PDMP Query for Bonus

- Proposed 10 point bonus
- Documentation on installation or registration
- Documentation on State specifics regarding PDMP
- Sample of population showing PDMP query complete
- Screen prints of PDMP set up
- Report(s) used for validation and submission
- Workflow used for Query
- Any Policy/Procedure related to PDMP Query if applicable



Provide Patients Electronic Access to Their Health Information

- Screen prints showing portal is enabled
- Screen prints showing available portal functionality
- Screen prints showing available health record information CMS notes this must include:
 - Patient name
 - Provider's name and office contact information
 - Current and past problem list
 - Encounter diagnosis
 - Procedures
 - Laboratory test results
 - Current medication list and medication history
 - Current medication allergy list and medication allergy history
 - Vital signs (height, weight, blood pressure, BMI, growth charts)
 - Smoking status
 - Immunizations
 - Functional status, including activities of daily living, cognitive and disability status
 - Unique device identifier(s) for a patient's implantable device(s)
 - Demographic information (preferred language, sex, race, ethnicity, date of birth)
 - Care plan field(s), including goals, health concerns, assessment, plan of treatment and instructions
 - Any known care team members, including the primary care provider (PCP) of record



Patient Access Continued

- End user workflow(s)
- Sample of population showing information provided within 4 business day's after a Provider received/reviewed
- Portal help desk information provided to patients for troubleshooting
- Portal information provided to patient's including any instructions for account creation, user guide etc.
- Sample of population using portal including a sample that completed health record download
- Documentation on Application Programming Interface (API) showing enabled/installed
- Patient Initiated Enrollment functionality if applicable
- Organization's webpage showing link to portal for patient access
- Supporting documentation if claiming exclusion
- Report(s) used throughout the year for validation and final report used for submission



Support Electronic Referral Loops by Sending Health Information

- Sample of Summary of Care Created
- Sample Population where Summary of Care was sent electronically
- Documentation & Screen Prints showing System configuration or set within application
- Documentation & Screen Prints showing active messaging/communication service
- Clinical workflow(s) for PHI & electronic summary of care sharing
- Supporting documentation if claiming exclusion
- Report(s) used for validation and submission



Support Electronic Referral Loops By Receiving and Incorporating Health Information

- Sample of population where summary of care was received
- Sample of population where Transition of Care was applicable and reconciliation was completed including current problem/diagnosis, active medication & allergy listing
- Documentation showing any applicable set up/configuration in application
- External HIE Import Configuration/Documentation if applicable
- Screen prints & Documentation showing active messaging/communication service
- Supporting documentation if claiming exclusion
- Report(s) used for validation and submission

Quality Category Audit Binder Suggested Documentation



Quality Measure Audit Binder Suggested Documentation

- List of quality measures with ID ([eCQM](#) or MIPS CQM) noting High Priority & Outcome
- Workflow Documentation and specific information from EHR Vendor
- CMS quality measure [documentation](#)
- eCQM [Specifications](#) or [MIPS CQM Specifications](#)
- Quality [Benchmark's](#) used for reporting year
- Report(s) used for validation and submission

Improvement Activity Suggested Documentation



IA Suggested Documentation

- List of IA measure selections
- Policy/Procedure related to IA measure selection when applicable
- Screen Prints showing application functionality for selected measure if applicable
- Meeting minutes related to implementation/discussions surrounding selected IA measure(s)
- Workflow(s) related to selected IA measures when applicable
- Reports used throughout the year related to improving IA measure when applicable
- Population reports or list of empaneled patients where applicable
- Reporting year criteria from CMS noting additional suggested [documentation](#) for each selected measure



Additional IA Suggested Documentation

- Screen Prints or documentation when tools are used within the application to meet the activity
- Screen Prints or documentation for patients when self management measures are selected
- Leadership communications and meeting minutes
- Provider and End User communications regarding IA activities
- List of community resources when applicable

Cost Category Suggestions



Cost Suggested Documentation

- Cost [User Guide](#)
- Quick Start [Guide](#)
- Summary of Cost [Measures](#)
- Cost Measure Code [Lists](#)

2021 Proposed Rule Highlights



No MVP Implementation in 2021

- CMS notes, MIPS Value Pathways will not be available for MIPS reporting until the 2022 performance period, or later.
- CMS has proposed some small revisions to the guiding principals for the MVP path
- Proposed new development criteria for MVP path



Proposed APP Reporting Option

- Available to participants in MIPS APMs
- Quality would include 6 measures focused on population health
- Quality measures reported are automatically used for scoring under the Shared Savings Program.



Proposed Performance Threshold

- Proposed the performance threshold to be 50 points (In the 2020 Final Rule, CMS had finalized a performance threshold of 60 points for the 2021 performance period but due to COVID-19 are proposing to lower the performance threshold to 50 points.)



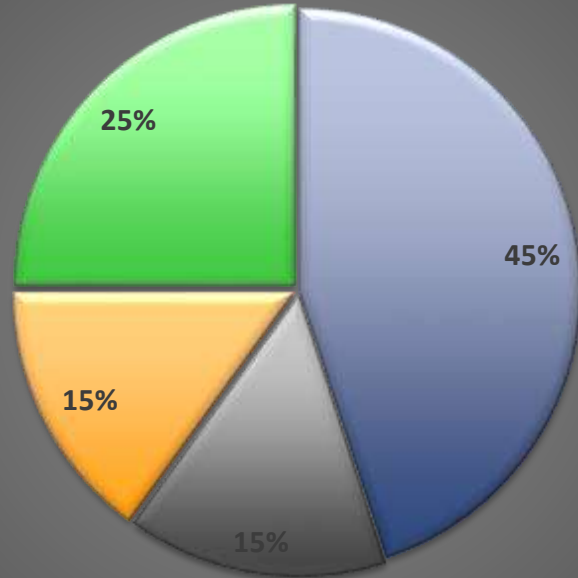
Proposed 2021 Category Weights

Proposed category weights for the 2021 performance period

- Quality weighted at 40% (5% decrease from 2020)
- Cost weighted at 20% (5% increase from 2020)
- Promoting Interoperability weighted at 25% (no change from 2020)
- Improvement Activities weighted at 15% (no change from 2020)

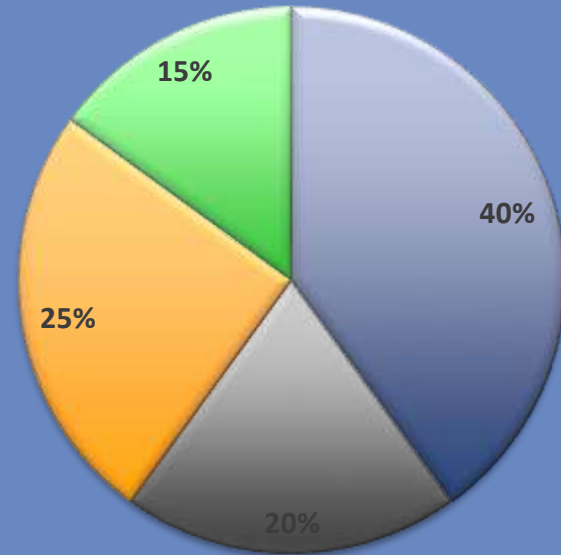


2020



Quality Cost IA PI

2021 Proposed



Quality Cost PI IA



Quality Category Proposed Changes

- Use performance period benchmarks in place of historical benchmarks to score measures
- Update the scoring for topped-out measures by applying a cap of 7 points for 2021 and beyond for measures that are identified as topped out for 2 or more consecutive years
- Remove 14 quality measures from the MIPS program, and proposing a total of 206 quality measures starting in the 2021 performance year
- Proposing 2 new administrative claims measures
- End the CMS Web Interface as a quality reporting option for ACOs and registered groups, virtual groups, or other APM Entities.



Proposed Cost & IA Changes

- Cost:

Update measure specifications to include telehealth services that are directly applicable to existing episode based cost measures and the TPCC measure.
- Improvement Activities:

Due to COVID-19, establish policies in relation to the Annual Call for Activities including an exception to the nomination period timeframe during a public health emergency.



Promoting Interoperability Proposed Changes

- Keep the Prescription Drug Monitoring Program (PDMP) measure as an optional measure and make it worth 10 bonus points
- Change the name of the Support Electronic Referral Loops by Receiving and Incorporating Health Information by replacing “incorporating” with “reconciling”
- Add an optional Health Information Exchange (HIE) bi-directional exchange measure.



Payment Adjustments

- What can you lose?

Maximum Negative Payment Adjustment **-9%-0%** for not meeting the minimum score of 50

What can you gain?

Maximum Positive Payment Adjustment **+9%**.

(This does not include the additional positive adjustment for exceptional performance)

Exceptional Performance Bonus

- To receive the Exceptional Performance Bonus you must score a minimum of 85 points (no change from 2020)





Learn More

- Learn more about the 2021 proposed rule by accessing the proposed rule [fact sheet](#) via the QPP site.
- Access the full [proposed rule](#) for additional details.
- Access the [QPP resources](#) page for additional information on the Quality Payment Program.

Additional CMS Information

QPP Information Desk 1.866.288.8292

QPP email <mailto:qpp@cms.hhs.gov>

CHPL Website to [Obtain Cert ID](#)

MIPS [Timelines & Deadlines](#)





Questions?

Thank You for Attending

A recording of this webinar will be sent out
to all attendees.