MEDDATA SERVICE BUREAU | MEDTRON SOFTWARE INTELLIGENCE

060319 NEWS BLAST

ATTN: ALL PROVIDERS

MACRA/MIPS 2019 Reporting Updates

MACRA (The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) is a bipartisan legislation signed into law on April 16, 2015. Part of MACRA is the Merit-based Incentive Payment System (MIPS) which has 4 categories, however providers (clinicians) only have to report or provide data on 3 categories.

The performance categories have different "weights" and are added together to give you a MIPS final score. Providers will receive a positive, negative, or neutral payment adjustment in 2021, which will be based on their 2019 MIPS final score.

CMS has a Quick Start Guide that may also assist in your understanding of the MIPS program and all of the requirements: https://qpp-cm-prod-content.s3.amazonaws.com/uploads/180/2019%20MIPS%20Quick%20Start%20Guide_FINAL.pdf

All categories are outlined below and can be reviewed via the QPP website: https://qpp.cms.gov/ to evaluate the specific requirements.

NOTE: MEDDATA is not an authority on MACRA/MIPS, nor is it our role to monitor client reporting. We do our best to research topics and provide as much information to our clients as possible. We also strongly encourage all clients to do their own research on topics, attend webinars, and educate themselves regarding participation. Any questions on MIPS can be submitted to QPP@cms.hhs.gov or call 1-866-288-8292.

The 4 MIPS categories include:

1. **Quality Measure Data**
    a. Participants collect measure data for the 12-month performance period (January 1 - December 31, 2019).
    b. The amount of data that must be submitted depends on the collection (measure) type.
        i. Registries – must submit data on all patients
    c. For MIPS CQMs (formerly "Registry measures") and Qualified Clinical Data Registry (QCDR) Measures participants should:
        i. Submit collected data for at least 6 measures, or a complete specialty measure set; and
        ii. One of these measures should be an outcome measure; if you have no applicable outcome measure, you can submit another high priority measure instead

iii. Meet the data completeness requirement standard, which is 60 percent

d. Review measures: https://qpp.cms.gov/mips/explore-measures/quality-measures?py=2019#measures

2. Promoting Interoperability (PI)

a. This performance category promotes patient engagement and electronic exchange of information using 2015 certified electronic health record technology (CEHRT). This performance category replaced the Medicare EHR Incentive Program for Eligible Providers (EPs), commonly known as Meaningful Use. This is done by proactively sharing information with other clinicians or the patient in a comprehensive manner. This may include: sharing test results, visit summaries, and therapeutic plans with the patient and other facilities to coordinate care.

b. Participants must submit collected data for certain measures from each of the 4 objectives measures for 90 continuous days or more during 2019.

i. e-Prescribing –

- At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.
- 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.
- 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.

ii. Health Information Exchange

- 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
  - o creates a summary of care record using certified electronic health record technology (CEHRT); and
  - o electronically exchanges the summary of care record.
- 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.

iii. Provider to Patient Exchange

- For at least one unique patient seen by the MIPS eligible clinician:
  - o The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and
  - o 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 CEHRT.

iv. Public Health and Clinical Data Exchange - The MIPS eligible clinician is in the process of moving towards sending "production data" to a public health agency or clinical data registry, or is sending production data to a public health agency (PHA) or clinical data registry (CDR).

- 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).
- The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from a non-urgent care setting.

c. In addition to submitting measures, clinicians must:

i. Submit a "yes" to the Prevention of Information Blocking Attestation,

- A MIPS eligible clinician must attest that they did not knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of CEHRT.
- A MIPS eligible clinician must attest that they implemented technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the CEHRT was, at all relevant times
- A MIPS eligible clinician must attest that they responded in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300jj(3)), and other persons, regardless of the requestor's affiliation or technology vendor.

ii. Submit a "yes" to the ONC Direct Review Attestation; and
iii. Submit a "yes" that they have completed the Security Risk Analysis measure during the calendar year in which the MIPS performance period occurs

d. Submit data
   i. Individual clinicians, groups, and virtual groups can log in and attest to their promoting interoperability measure data on qpp.cms.gov.
   ii. Individual clinicians, groups, virtual groups, and third-party intermediaries can log in and upload their promoting interoperability measure data in an approved file format on qpp.cms.gov.
   iii. Authorized third-party intermediaries can perform a direct submission, transmitting data through a computer-to-computer interaction, such as an API.
e. Review measures: https://qpp.cms.gov/mips/explore-measures/promoting-interoperability?py=2019#measures

3. Improvement Activities (IA)

a. This performance category measures participation in activities that improve clinical practice. It includes an inventory of activities that assess how you improve your care processes, enhance patient engagement in care, and increase access to care. The inventory allows you choose the activities appropriate to your practice from categories such as, enhancing care coordination, patient and clinician shared decision-making, and expansion of practice access.
b. To earn full credit in this performance category, from the 118 available IAs, participants must submit one of the following combinations of activities (each activity must be performed for 90 continuous days or more during 2019):
   i. 2 high-weighted activities
   ii. 1 high-weighted activity and 2 medium-weighted activities
   iii. 4 medium-weighted activities
c. Submit data
   i. Individual clinicians, groups, and virtual groups can log in and attest to their promoting interoperability measure data on qpp.cms.gov.
   ii. Individual clinicians, groups, virtual groups, and third-party intermediaries can log in and upload their promoting interoperability measure data in an approved file format on qpp.cms.gov.
   iii. Authorized third-party intermediaries can perform a direct submission, transmitting data through a computer-to-computer interaction, such as an API.
d. Review IA measures: https://qpp.cms.gov/mips/explore-measures/improvement-activities?py=2019#measures
   Some IA measures that may be simple to implement and report:
   - Advance Care Planning (**Medium**) - Implementation of practices/processes to develop advance care planning that includes: documenting the advance care plan or living will within the medical record, educating clinicians about advance care planning motivating them to address advance care planning needs of their patients, and how these needs can translate into quality improvement, educating clinicians on approaches and barriers to talking to patients about end-of-life and palliative care needs and ways to manage its documentation, as well as informing clinicians of the healthcare policy side of advance care planning.

- Collection and follow-up on patient experience and satisfaction data on beneficiary engagement (**High**) - Collection and follow-up on patient experience and satisfaction data on beneficiary engagement, including development of improvement plan.
- Collection and use of patient experience and satisfaction data on access (**Medium**) - Collection of patient experience and satisfaction data on access to care and development of an improvement plan, such as outlining steps for improving communications with patients to help understanding of urgent access needs.
- Completion of the AMA STEPS Forward program (**Medium**) - Completion of the American Medical Association's STEPS Forward program.
- Participation in Population Health Research (**Medium**) - Participation in federally and/or privately funded research that identifies interventions, tools, or processes that can improve a targeted patient population.

4. Cost

a. This performance category replaces the Value Based Modifier (VBM). This performance category measures resources clinicians use to care for patients and Medicare payments made for care (items and services) provided to beneficiaries. The cost of the care you provide will be calculated by CMS based on your Medicare claims. MIPS uses cost measures to gauge the total cost of care during the year or during a hospital stay.
b. For 2019, MIPS uses cost measures that assess the beneficiary's total cost of care during the year, or during a hospital stay, and/or during 8 episodes of care.
c. All clinicians and groups will be evaluated on the same 10 cost measures if they meet or exceed the measures' minimum case volume necessary for the specific measure to be evaluated and scored.
d. CMS uses Medicare claims data to calculate cost measure performance which means clinicians and groups do not have to submit any data for this performance category.

Also, of important note are the **deadlines for submission and attestation**:

- October 3, 2019: Last Day to Start a 90-day Performance Period for Promoting Interoperability (PI) and Improvement Activities (IA)
- January 2, 2020: Submission Window Opens for Performance Year 2019
  - The 8-week CMS Web Interface submission window will take place between January and March 2020, exact dates TBD.
- March 31, 2020: Submission Window Closes for Performance Year 2019
  - Clinicians are encouraged to submit data early

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All clients should select a designated staff member to monitor all reporting. If your designated staff member determines reporting is lacking, please take action immediately.

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Contact MEDTRON's Support Department for assistance or any questions via:

From **MED**PM or **MED**EHR Sign On screens, double click on 'support@medtronsoftware.com' to compose an email to the Support Dept.

-OR-

Phone: (985) 234-0599 (local)
(800) 978-0599 (toll free)

-OR-

Fax: (985) 234-0609