

MIPS 2019 Webinar Questions and Answers

1. **Can we see the list of improvement activities somewhere?** I recommend the QPP website:

<https://qpp.cms.gov/mips/improvement-activities>

2. **What are the Reporting period dates?** For Cost and Quality, Reporting Period is 365 days so Reporting Period is Jan 1, 2019-Dec 31, 2019. For PI and IA, the reporting period is only 90 days so you must pick any continuous 90 day period that ends on or before 12/31/2019.

3. **How do we do that if we are not on that with Glo?** I am sorry, but i'm not sure what this question is in reference to so am taking a guess that this is about PDMP? If so, the answer is that the PDMP measure requires both EPCS and integration of the PDMP within Certified EHR Technology. If you are e-Prescribing Controlled Substances outside of QEMR you will have to check with that vendor regarding their 2015 Edition Certification Status.

4. **What if your provider does not prescribe any narcotics?** Both PDMP and Opioid Treatment Agreement Letter require controlled substances to be e-prescribed. If you do not e-prescribe the narcotics, then you cannot report these measures. In 2019 these are bonus measures. In 2020, there will be exclusions so your MIPS PI score will not be negatively impacted.

5. **How many do you have to send out in the HIE?** We have historically excluded this measure. There is no minimum threshold for this MIPS measure. If you are a specialist, you may want to consider a referral back to PCP for Osteoporosis Screening (Transition of Care), then generate the C-CDA for that "order". Please refer to the webinar slides as well as the PI Quick Guide for workflow details.

6. **YOU WOULD PUT REFFERAL "OUTBOUND DR" IN PUT IN PT ACCOUNT ??** I would put the "Outbound Referral" in "Other Care Team" in Modify Patient. If the Provider listed here has a Direct Address, he/she will be selectable from the Patient's Providers tab of the Direct Message so that you don't have to go to Surescripts Catalog to get the Direct Address.

7. **AS AN ORTHOPAEDIC SURGEON THAT DOES UPPER EXTREMITIES AND MOSTLY HAND, WHAT MEASURES ARE BEST?**

| Measure_Name | Measure_ID |
|---|------------|
| Preventive Care and Screening: Influenza Immunization | 110 |
| Pneumococcal Vaccination Status for Older Adults | 111 |
| Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan | 128 |
| Documentation of Current Medications in the Medical Record | 130 |
| Preventive Care and Screening: Screening for Depression and Follow-Up Plan | 134 |
| Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention | 226 |
| Controlling High Blood Pressure | 236 |
| Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented | 317 |

Correction to Available Exclusions: Excerpt from the Final Rule:

Health Information Exchange Objective Scoring: We are finalizing the Health

Information Exchange objective as proposed. The **Support Electronic Referral Loops by**

Sending Health Information measure is worth up to 20 points. An exclusion is available for this measure, as described in section III.I.3.h.(5)(f) of the preamble of this final rule, although we did

not address in the proposed rule how the points would be redistributed in the event the exclusion is claimed. We intend to propose in next year's rulemaking how the points will be redistributed

if an exclusion is claimed. The new measure, Support Electronic Referral Loops by Receiving and Incorporating Health Information, is worth up to 20 points. Exclusions are available for this

measure, as described in section III.I.3.h.(5)(f) of this final rule. If an exclusion is claimed, the

20 points would be redistributed to the other measure within this objective, the Support

Electronic Referral Loops by Sending Health Information measure, which would be worth up to

40 points. **We will address in future rulemaking how the points will be redistributed if exclusions**

are claimed for both the Support Electronic Referral Loops by Sending Health Information measure

and the Support Electronic Referral Loops by Receiving and Incorporating Health Information measure.