QPP Roundup: February 2019

Providing monthly updates on PAI's activities and QPP news for you and your practice.

QPP Tip of the Month: Physicians Have Until March 31, 2019 to Submit 2018 MIPS Performance Data to Avoid a -5 Percent Payment Adjustment in 2020

Physicians may submit their 2018 MIPS performance data by using the CMS QPP submission portal through March 31 to avoid a negative payment adjustment in 2020. With the 2018 Merit-based Incentive Payment System (MIPS) reporting deadline fast approaching, you may be unsure of or need additional information on the steps needed to submit your 2018 MIPS participation data. PAI has gathered the most helpful CMS resources that provide you with step-by-step instructions on submitting your 2018 MIPS data:

- [2018 QPP Data Submission User Guide](#) – This resource serves as a user guide on reporting 2018 MIPS performance data for individual...
physicians, groups, practice staff, and representatives for virtual groups and Alternative Payment Model (APM) Entities.

- **2018 Navigation to Individual and Group Submission Video** – This CMS video explains how individual physicians and group practices can submit their 2018 MIPS performance data.
- **2018 Manual Attestation of Improvement Activities Video** – This CMS video walks physicians through manually attesting to the reporting requirements for the MIPS Improvement Activities category.
- **2018 MIPS Data Submission Uploading Files Video** – This CMS video provides details on uploading files to submit 2018 MIPS performance data.

Additional resources on the QPP, MIPS, and Advanced APMs are also available on PAI’s [MACRA QPP Resource Center](#). Please note that resources for the 2018 performance year are still available to help you with your 2018 MIPS submission. PAI will update and release materials for 2019 MIPS participation after the close of the submission deadline. A summary of the key changes for the 2019 QPP performance year is available.

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**PAI Comments on ONC Draft Strategy for Reducing Burdens Related to Health IT and EHRs**

On January 28, PAI submitted comments in response to the Office of the National Coordinator’s (ONC’s) Draft Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs. The comments focused on the need to address and alleviate physician burden associated with health IT, EHRs, and interoperability. Specifically, PAI made the following key recommendations:

- Vendors should be accountable for ineffective exchange of information and their products and health care delivery systems should be accountable for delaying, withholding, or limiting data from being displayed, provided, or shared across platforms.
- Physicians and patients have little influence on how quickly these exchanges are implemented and have minimal control on acceleration. Many vendors have delayed their updates and continue charging practices exorbitant fees for these updates, even when they are delayed or not completed.
Physicians are often unjustly penalized for relying on vendors and trusting that their vendors will become certified, maintain their certification, and appropriately submit their data to CMS on their behalf.

Continuous stakeholder engagement should remain a key focus, specifically with state medical societies who hear directly from physicians about the difficulties and burdens and can provide valuable insight into recommended updates and changes at the data collection, display, review and connectivity phases of medical record data usage.

There needs to be greater focus on bi-directional information exchange and increased standardization, both of which impact and can hinder patient care and efficiencies due to the lack of usability of the data.

A one-size-fits-all approach is not helpful for improving health IT usability. Different care settings, physician specialties, and patient characteristics and access needs should be considered to enhance the usability and user experience for EHRs.

Additionally, on February 11, CMS and the ONC released two proposed rules on interoperability, information blocking, and increasing patient access to their health information:

- **CMS Proposed Rule** – [Interoperability and Patient Access for Medicare Advantage Organization and Medicaid Managed Care Plans, State Medicaid Agencies, CHIP Agencies and CHIP Managed Care Entities, Issuers of Qualified Health Plans in the Federally-Facilitated Exchanges and Health Care Providers](http://example.com) – This rule includes proposals on the following: patient access through application programming interfaces (APIs); health information exchange and care coordination across payers; API access to published provider directory data; care coordination through trusted exchange networks; improving dual eligible experience by increasing frequency to federal-state data exchanges; public reporting and prevention of information blocking; providing digital contact information; revisions to the conditions of participation for hospital and Critical Access Hospitals; and advancing interoperability in innovative models. A fact sheet on the rule is available [here](http://example.com).

- **ONC Proposed Rule** – [21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program](http://example.com) – This rule includes proposals on the following: Conditions and Maintenance of Certification Requirements for health IT developers; exceptions to the information blocking provision; permitted fees API technology suppliers and API data providers can charge; API certification criteria and associated condition of certification; new United States Core Data for Interoperability standard; electronic health information export requirement for EHRs; health IT certification criteria and standards for pediatric care and
practice settings; and the standards version advancement process. Fact sheets on these proposals are available here.

PAI is currently reviewing and analyzing these proposed rules and will develop comments in response.

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**PAI Comments on Request for Information on Modifying HIPAA Rules to Improve Coordinated Care**

On February 12, PAI submitted comments in response to HHS Office for Civil Rights' Request for Information on Modifying HIPAA Rules to Improve Coordinated Care. In its comments, PAI supported HHS' efforts to modernize HIPAA and adopt policies that promote removal of regulatory obstacles and reduce regulatory burdens to facilitate care coordination and promote value-based health care transformation. PAI proposed the following key priorities for consideration as HHS modifies the HIPAA Rules:

- Simplify the existing HIPAA Rules and provide greater education to reduce confusion, complexity, and encourage participation in care coordination models, with consideration and understanding of the costs and burdens for complying with the modified HIPAA Rules.
- Modify the HIPAA Rules to encourage accurate, helpful, and timely exchange of protected health information and other patient information to patients, physicians, and other providers that affect care decisions and delivery of services.
- Establish open standards for interoperable electronic transmission of clinical data developed with input from physicians and patients and allow for information exchange across state lines without triggering HIPAA.
- Streamline standards across federal and state levels to ensure consistency in definitions (e.g., of mental and behavioral health) and disclosure policies (e.g., those for opioids and other substance abuse disorders).

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**CMS QPP Updates**
CMS posted several new resources fact sheets to its QPP Resource Library:

- **2019 MIPS Participation and Eligibility Fact Sheet** – provides an overview of eligibility for 2019 MIPS participation and the different types of eligibility statuses and provides links to helpful tools.
- **2018 Claims Data Submission Fact Sheet** – provides details on submitting quality performance data through claims. As a reminder, the claims submission option is only available for solo practitioners and small practices (15 or fewer eligible clinicians).
- **2019 Improvement Activities** – provides a list of all the 2019 improvement activities and descriptions.

Additional resources on MIPS and Advanced APMs are available on [PAI’s QPP Resource Center](https://www.pai.org/quality-pay-for-performance-resource-center) and the [CMS QPP Resource Library](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MIPS/).