

November QPP Fast Facts

2019 Quality Performance Category

As you prepare to report your quality measures for 2019 be sure and verify that the measures you may have reported in the past are still include for 2019. Some measures have topped out and are no longer available for reporting.

[2019 Clinical Quality Measure Specifications and Supporting Documents](#)

Provides comprehensive descriptions of the 2019 clinical quality measures for the Merit-based Incentive Payment System (MIPS) Quality performance category.

2019 Promoting Interoperability (PI) Performance Category

Understand Your Reporting Requirements

Certain MIPS eligible clinicians and groups are not required to report data for this performance category. In this case, the category weight (or contribution to your final score) is redistributed to another performance category (or categories) unless they choose to submit data. 1 These clinicians: 1. Have a special status that qualifies for automatic reweighting; 2. Are a clinician type that qualifies for automatic reweighting; or 3. Submitted and received approval for a Promoting Interoperability Hardship Exception request.

The table below outlines the different reasons why you may not need to report Promoting Interoperability performance category data. Check the [QPP Participation Status Tool](#) for more information about your special statuses.

Reason for Reweighting	Action Needed
You have one of these Special Statuses: <ul style="list-style-type: none">• Ambulatory Surgical Center (ASC)-based;• Hospital-based; or• Non-patient facing	None – You are automatically excepted from having to submit data for this performance category.
You are one of these clinician types: <ul style="list-style-type: none">• Physician assistant• Nurse practitioner• Clinical nurse specialist• Certified registered nurse anesthetist• Physical therapist• Occupational therapist• Qualified speech-language pathologist• Qualified audiologist• Clinical psychologist• Registered dietitian or nutrition professional	None – You are automatically excepted from having to submit data for this performance category.
You qualify for a hardship exception because: <ul style="list-style-type: none">• You're a small practice• You have decertified EHR technology• You have insufficient Internet connectivity• You face extreme and uncontrollable	Submit a Promoting Interoperability Hardship Exception Application by December 31, 2019 (Your application must be approved by CMS to qualify for reweighting.) Learn More

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circumstances such as disaster, practice closure, severe financial distress or vendor issues • You lack control over the availability of CEHRT	
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Review the Certified EHR Technology (CEHRT) Requirements

If you're not sure what edition your EHR is, you can work with your practice technology support team or contact your EHR vendor to verify that your system is on track for 2015 Edition certification.

To meet the CEHRT requirements for 2019 Promoting Interoperability performance category reporting, you'll need to:

- Have 2015 edition CEHRT functionality in place by the first day of your performance period,
- Have your EHR certified by ONC to the 2015 Edition CEHRT criteria by the last day of your performance period, and
- You will be asked to provide your EHR's CMS Identification code from the Certified Health IT Product List (CHPL), available at <https://chpl.healthit.gov/#/search>, when you submit your data.

Apply for the Promoting Interoperability Hardship Exception if you will not meet the CEHRT Requirement. The QPP Exception Applications Window Closes on **December 31, 2019** for the 2019 performance year. [Exception Applications Are Available For PY 2019](#).

Review the Measures and Performance Period Requirements

The 2019 Promoting Interoperability performance category focuses on four objectives. These objectives are broken down into a total of eleven measures clinicians may report on.

1. ePrescribing,
2. Health Information Exchange
3. Provider to Patient Exchange
4. Public Health and Clinical Data Exchange

There are six required measures in the Promoting Interoperability performance category in addition to required attestations. Some of these measures have exclusions; if you qualify, you can claim (submit) the exclusion instead of reporting the measure.

- You must collect data for all required measures (unless you can claim an exclusion(s)) for at least a continuous 90-day period in CY 2019.
- The last 90-day performance period begins October 3, 2019.

Check out this guide for more details to help clinicians get started participating in the Promoting Interoperability performance category of the Merit-based Incentive Payment System (MIPS) during the 2019 performance year. [2019 Promoting Interoperability Quick Start Guide](#)

Perform or Review a Security Risk Analysis

The security risk analysis must be conducted or reviewed on an annual basis, within the calendar year of the performance period, and on the 2015 Edition CEHRT functionality.

- For example, if you have your 2015 CEHRT functionality in place on January 1, 2019, you

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can perform your security risk assessment on March 1, 2019 and select a 90-day performance period of October 3, 2019-December 31, 2019.

Additional guidance on conducting a security risk analysis is available at;
<https://www.hhs.gov/hipaa/for-professionals/security/guidance/guidance-riskanalysis/index.html?language=es>.

NEW! Performance year 2020 Virtual Group Election Period is Now Open

Clinicians interested in participating in MIPS as a Virtual Group in 2020 must follow an election process and submit an election to CMS by December 31, 2019. [Download Toolkit](#)

Don't miss this upcoming event!

Tuesday November 26, 2019 -- Colorado QPP Coalition Office Hours webinar;
QPP Final Rule; What to expect for 2020 Performance Category Changes; Noon to 1 PM.
[REGISTER](#)

New QPP Resources Released!

[2019 Improvement Activities Performance Category Fact Sheet](#) (updated 10/18/2019)
Provides an overview of the 2019 Merit-based Incentive Payment System (MIPS) Improvement Activities performance category.

[2020 Quality Payment Program Final Rule Overview Fact Sheet](#) (created 11/01/2019)
This factsheet provides a high-level overview of the Quality Payment Program (QPP) final policies for the 2020 performance year.

[2020 Quality Payment Program Final Rule FAQs](#) (created 11-01-2019)
Provides responses to frequently asked questions about 2020 Quality Payment Program (QPP) Final Rule policies.

[2019 CMS Web Interface Measure Specifications and Supporting Documents](#) (updated 11/01/2019)
Provides comprehensive descriptions of the 2019 CMS Web Interface measures for the Merit-based Incentive Payment System (MIPS) Quality performance category. Please note the 2019 PREV-10 measure has been updated according to the 2020 Physician Fee Schedule (PFS) final rule.