

Health Information Compliance Alert

Health Information Policy: CMS Puts Interoperability on the Front Burner

Plus: CY 2019 MPFS proposal suggests more technical overhauls ahead for MIPS.

Whether you're a technical rock star or a struggling novice, changing policies suggest now is the time to revamp your health IT policies, systems, and software. New Quality Payment Program (QPP) proposals rely heavily on electronic health change-ups that will impact practices' Medicare Part B reimbursement - and Part A, state programs, and private payers are sure to follow with their own interoperability requirements.

Nuts and bolts: The CY 2019 Medicare Physician Fee Schedule (MPFS) proposed rule, published on July 27 in the Federal Register, is permeated with Merit-Based Incentive Payment System (MIPS) strategies that support and promote the electronic exchange of health data. Back in May, CMS spearheaded a health IT renaissance with its rebrand of Advancing Care Information (ACI) and Meaningful Use (MU) to Promoting Interoperability (PI).

You can see the MPFS proposals at <https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-14985.pdf>.

"We are advancing the MyHealthEData Initiative, which promotes the interoperability of electronic medical records. Patients must have control of their medical information; and physicians need visibility into a patient's complete medical record," maintained **Seema Verma**, CMS Administrator in a "Note to Doctors" on the MPFS quality proposals. "Having all of a patient's information available to inform clinical decision-making saves time, improves quality, and reduces unnecessary and duplicative tests and procedures."

Verma expounded, "CMS is taking action to make this vision a reality, including recently proposing a redesign of the incentives in the Merit-Based Incentive Payment System or 'MIPS' to focus on rewarding the sharing of healthcare data securely with patients and their providers."

Review: Over the last 18 months, the feds have introduced new technology-heavy programs while dusting off some old ones to reduce physicians' burdens and encourage patients to become involved in their health decision-making. All of the initiatives put data sharing and health IT at the forefront of the delivery of care and the policies inspire and overlap with PI, impacting eligible clinicians' (ECs) federal reimbursement.

Take a look at the short list of the five most important innovations reshaping healthcare:

1. MyHealthEData Initiative: Patient empowerment pervades many of CMS's HIT proposals, and the government-wide MyHealthEData Initiative encourages this trend. The program aims to put health data into the hands of patients to improve care and promote coordination across specialties and platforms. It "is more than just patients and doctors getting health care records," stressed Verma in a speech at the Office of the National Coordinator for Health IT (ONC) Interoperability Forum in Washington, DC. "It's about driving a new era of digital health, one that will unleash data to trigger innovation, and advance research to cure diseases and provide more evidence-based treatment guidelines that ultimately will drive down costs and improve health outcomes."

2. Blue Button 2.0: This renovation of an older model is "a developer-friendly, standards based [Application Programming Interface] API, which will allow a majority of Medicare beneficiaries to connect their claims data to third party applications, services, and research programs," Verma said. The upgrade will include up to four years of beneficiaries' Medicare Parts A, B, and D details, including prescriptions and treatments. The feds also hope that private payers will jump on the bandwagon with their own applications - or add to Blue Button 2.0 - sharing their claims data with patients and providers.

3. Patients Over Paperwork: Regulatory rollbacks have become commonplace over the last year, and this administrative burden-reduction strategem has led the way. The project is "an internal process to evaluate and streamline regulations with a goal to reduce unnecessary burden, to increase efficiencies, and to improve the beneficiary experience," notes agency guidance. A monthly newsletter highlights ways and health IT integrations that CMS is using to move "the needle and removing regulatory obstacles that get in the way of providers spending time with patients," the Patients Over Paperwork landing page says.

4. Meaningful Measures: In an effort to combine quality care, value-based schemes, and make healthcare more efficient, CMS launched Meaningful Measures. The six-prong program consists of the following goals, according to CMS guidance: "eliminate disparities, track to measurable outcomes, safeguard public health, achieve cost savings, improve access to rural communities, and reduce burden." Many of the measures connect providers and patients through health IT to combat timely health issues like chronic diseases, rural outreach, and the opioid epidemic.

5. Sync for Science: Collaboration is the key to Sync for Science (S4S), which unites EHR vendors with the National Institutes of Health (NIH), the ONC, and Harvard Medical School's Department of Biomedical Informatics, harnessing EHR data for research. The HIPAA-compliant coordinated efforts aim to cut down on paperwork snafus and improve data sharing for all parties involved - patients, providers, researchers, and EHR vendors.

Here's What's on the MPFS Checklist for PI

The agency hopes that its suggested technical updates will make MIPS participation easier and more efficient, but remember stakeholder feedback may impact the finalized rule slated to come out in the late fall. There will be significant changes to PI going forward, according to the MPFS guidance. Consider these three breakdowns of MIPS PI proposals from **Mike Schmidt**, Vice President of Client Success and Regulatory Affairs for **Eye Care Leaders** in Charlotte, North Carolina:

- **PI scoring revisions.** "The concept of Base vs. Performance vs. Bonus scores are being eliminated," explains Schmidt. He notes that "instead the MIPS PI score will be entirely performance oriented" with "four objectives: e-Prescribing, Health Information Exchange (care coordination), Provider to Patient Exchange (patient engagement), and Public Health and Clinical Data Exchange (registry reporting)."
- **Certified EHR Technology (CEHRT) 2019 requirements.** "2015 Edition CEHRT is mandatory for MIPS PI, as expected; however, performance period requirements stay the same as 2018," advises Schmidt. "In particular [the requirement] will be only 90 days for MIPS PI, thus implicitly giving further allowance for implementing 2015 Edition CEHRT during 2019." The policy also mandates that providers "must have 2015 Edition CEHRT live by Oct. 3, 2019," he cautions.
- **Improvement Activities.** CMS proposes some MIPS PI bonus points for certain Improvement Activities using CEHRT will go away, suggests Schmidt. "This cross-connection between the two performance categories is eliminated. There may be resistance to this change in the public comment process, so wait and see," he stresses.

Weigh in: As always, CMS wants "to hear from you," so submit your comments about the QPP Year 3 PI proposals before the Sept. 10, 2018 deadline.

Resource: Review the QPP fact sheet on the CY 2019 MPFS proposed rule at www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2019-QPP-proposed-rule-fact-sheet.pdf.

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