



Quality Payment Program Office Hours

August 9, 2018

Questions and Answers:

For Proposed Rule 2019 and Improvement Activities, do you still only need to have one provider (in a group) participate versus the entire group?

Yes, for 2019 it states the same as in 2017. One clinician can complete an improvement activity and have it count for the entire group.

In reviewing Final report- received partial parts in the quality category. How is this possible?

Partial points simply reflect where the practice fell in that measure's decile. In other words, if you were between the ninth and tenth decile, you would have earned 9.5 (for example) versus just nine.

All cause readmission data: the information around the hospitals readmissions pulled from QualityNet are not the same as in the Final Performance Feedback.

Content in the Quality Payment Program (QPP) Portal vs QualityNet will more than likely not match due to different reporting periods/timeframes. Request a targeted review if health system wants to validate the two different sets data.

Score has changed over the last few weeks. When will these be final?

Others have seen this as well. We will submit the question to Centers for Medicare & Medicaid Services (CMS) and get back to the group.

In concern to 2019 proposed rule focused on prescription drug monitoring programs. Where would clinicians be reporting for this and how does it get to each state?

It is going to be different in each state for how this will be reported

[Michigan Automated Prescription System](#) (MAPS)

Majority of Michigan providers are familiar with this system as it has been around for several years. MAPS is used to track controlled substances, schedules II-V drugs. It is a tool used by prescribers and dispensers to assess patient risk and is also used to prevent drug abuse and diversion at the prescriber, pharmacy and patient levels.

[Minnesota Prescription Monitoring Program](#)

The Minnesota Prescription Monitoring Program (PMP) is a tool to be used by prescribers and pharmacists to assist in managing their patient's care. It contains information provided by Minnesota licensed pharmacies and prescriber dispensers. Pharmacies and prescribers who dispense from their office submit prescription data to the PMP system for all [Schedules II, III, IV and V controlled substances](#), butalbital and gabapentin dispensed in or into Minnesota. This protected health

information is collected and stored securely. Minnesota licensed prescribers and pharmacists, and their delegated staff may be authorized to access information from the PMP database. The program was implemented to promote public health and welfare by detecting diversion, abuse and misuse of prescriptions for controlled substances as defined in [Minnesota Statutes Section 152.126](#).

Interstate Data Sharing

[Minnesota Statutes Section 152.126, Subd. 6\(h\)](#) allows for participation in an interstate PMP data exchange system, which allows permissible users in other states access to Minnesota PMP data. Conversely, other states allow Minnesota permissible users access to their data. This is accomplished using a secure method and is currently done so by utilizing the [PMP InterConnect](#). Minnesota, Michigan and Wisconsin are included in PMP Interconnect.

[Wisconsin Enhanced Prescription Drug Monitoring Program](#)

The Wisconsin Prescription Drug Monitoring Program (PDMP) was first deployed in June 2013. It is administered by Wisconsin Department of Safety and Professional Services (DSPA) pursuant to the regulations and policies established by the Controlled Substance Board (CSB). An enhanced system, the Wisconsin ePDMP, was launched on January 17, 2017, allowing the Wisconsin PDMP to become a multi-faceted tool in Wisconsin's efforts to address prescription drug abuse, misuse and diversion through clinical decision support, prescribing practice assessment, communication among disciplines and public health surveillance. Effective April 1, 2017, prescribers are required to check the Wisconsin ePDMP prior to issuing a prescription order for a monitored prescription drug, defined as controlled substance prescription drugs in Schedules II-V.

The [Wisconsin ePDMP Public Statistics Dashboard](#) provides interactive data visualizations for much of the data contained in this report, including the ability to obtain county-level.

Disclaimer: Information provided in this presentation is based on the latest information made available by the Centers for Medicare & Medicaid Services (CMS) and is subject to change. CMS policies change, so we encourage you to review specific statutes and regulations that may apply to you for interpretation and updates.

Lake Superior Quality Innovation Network serves Michigan, Minnesota, and Wisconsin, under the Centers for Medicare & Medicaid Services Quality Improvement Organization Program.

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