MIPS: Quality Category for 2017
Q&A from Live Webinar

Below are questions that were submitted by attendees during the Quality Insights MIPS: Quality Category for 2017 webinar held on April 19, 2017.

Quality Measures

1. **Please explain the measure types (process, intermediate outcome, and outcome).**
   Answer: Process measures track the performance of a particular action, such as prescribing a beta blocker to patients with a diagnosis of MI. Outcome measures demonstrate the consequence of the healthcare being provided and track the morbidity and mortality resulting from a disease, such as a diabetic foot ulcer. Intermediate outcome measures target a test result, such as HgbA1C value < 7.

2. **How did you refer to the 'Documentation of Current Medications in the Medical Record' measure and what were the benefits of selecting it besides the 10 bonus points?**
   Answer: The nickname "triple play" was used for the quality measure 'Documentation of Current Meds in the Medical Record' because it can satisfy all three MIPS categories – Quality, Advancing Care Information (ACI) and Improvement Activity (IA). In addition to reporting it as a quality measure, it can be used to report the Improvement Activity, IA_PM_16 "Manage meds to maximum efficiency, effectiveness and safety". This IA requires the use of your EHR, so you also gain 10 bonus points for the ACI category if you complete the IA for 90 days.

3. **I tried to upload the quality specific measure descriptions for the measures from the QPP site, but the zip file will not open. Are the measure specifics listed somewhere else?**
   Answer: The file does take considerable time (3-4 minutes) to download because of its large size. You can also find the [Quality Measure Specifications.zip](#) file posted on the [Quality Insights Resources](#) tab under the MACRA/MIPS category. You can also contact the QPP Help Desk and request that it be sent to you via email if you continue to have difficulty opening the file. Once you access it, you will see two files: "Claims-Registry Measures" and "Web Interface Measures." Search by measure number and method.

Quality Benchmarks

4. **Can you please explain again how to use Table 2: 2017 Quality Benchmarks and where to find it?**
   Answer: The [2017 Quality Benchmarks.zip](#) is located on the QPP website on the Education & Tools tab. It is also posted on the [Quality Insights Resources](#) tab under the MACRA/MIPS category. When

*you open the zip file, there are 3 documents. You will find the benchmarks located on the excel document, **MIPS Benchmark Results 120816 Remediated**. The pdf file, **CMS QPP Benchmarks V2 Remediated**, is an overview of what benchmarks are, and the other excel document, **ry16 MIPS Benchmarks 2016 12 12 Remediated**, includes the benchmarks for CAHPS. Using the MIPS Benchmarks Results file, locate a quality measure you want to report and select the row that has the submission method that you are going to use. This row lists the benchmarks for the measure that will be used to determine your quality points. Each decile awards a quality measure score between X.00 and X.99. Note that some submission methods on the benchmark file are not available for certain quality measures in 2017, so be sure to check the measures you want to report individually under the "Quality Measures" tab on the [QPP website](#) for available submission methods. For example: the diabetes foot exam measure can only be reported via EHR in 2017 (per the quality measures tab on the QPP website), but benchmarks are listed for all submission methods (claims, EHR, registry, and QCDR). Quality Insights just posted a new resource, **Quality Measure Listed by Submission Method**, on the [Quality Insights Resources](#) tab under the MACRA/MIPS category that will assist you in identifying the quality measures that can be reported for each submission method.*

5. **I know where to find if a benchmark is available for a measure, however, what exactly does this mean?**
   Answer: Benchmarking is the process of comparing a practice's performance with an external standard. It is often used in healthcare to motivate a practice to engage in improvement work. It helps practices understand where their performance falls in comparison to others and stimulates healthy competition to improve. Most quality measures have benchmarks, but new measures that were introduced in the past few years do not have benchmarks because data needs to be collected from enough clinicians to calculate the benchmarks. If you report a quality measure that does not have a benchmark, you will automatically receive 3 quality points.

6. **Do you know of any organizations or companies that issue national or regional benchmarks for cost effective measures such as brand name vs generic utilization rates?**
   Answer: We are not aware of any organizations/companies providing this type of information.

Data Submission Methods

7. **What is the most effective method of reporting? A registry? Doctors that are members of a specialty may have free access to a registry as a benefit of membership. Is this a good way to go?**
   Answer: Under MIPS, there are several data submission methods to submit quality measures. Registry and Qualified Clinical Data Registry (QCDR) reporting are known to be the most accurate way to collect and report data, followed by submission by your EHR vendor. Individuals can submit quality measures via claims, but this is the least accurate method. If you want to submit MIPS data using a registry, it must appear on the list of [MIPS 2017 Qualified Registries](#). In June, CMS will post a list of approved QCDRs that can be used this year.

8. *What is the success rate with reporting using a pull method from the EHR using a medical specialty association?*

    Answer: These statistics are not available. The PQRS experience report from 2014 gives percentages of successful reporting for each method of reporting; however, it does not discuss medical specialty reporting versus qualified registry reporting. The success of your reporting largely depends upon the accuracy and completeness of documentation in your EHR and frequent communication with your registry vendor. Monitoring your selected quality measures throughout the year is also extremely important so you can identify issues that affect your performance rates and make changes in your workflow to improve your rates.

9. **I am gathering that there won't be a submission site for MIPS like there has been in the past?**

    Answer: CMS will post a link on the QPP website for practices and clinicians that want to submit their MIPS data via attestation. The attestation platform has not been created yet, but the attestation process will probably be similar to the Medicare Meaningful Use attestation process, where you will identify measures that you want to report and then enter the numerator and denominator for each measure.

10. **If a measure is good, but is not eligible to be reported via the method you choose, does that automatically exclude that measure?**

    Answer: Yes. You must report all 6 quality measures using the same submission method. However, you can report the other 2 MIPS categories (ACI and IA) using different submission methods.

11. **What is the document name on the QPP website under Education and Tools to search for qualified EHR companies?**

    Answer: The QPP website does include a list of EHR vendors. CMS is only providing lists of approved qualified registries and qualified clinical data registries (QCDR) that can be used for MIPS submission. The [Certified Health IT Product List (CHPL)](#) contains a list of all EHR vendors that are certified for MIPS. For 2017, you may use an EHR that has a 2014 certified edition or 2015 certified edition. Everyone must use a 2015 certified edition beginning 1/1/18, so you will need to contact your vendor to schedule your upgrade to 2015 Edition before the end of the year.

Registry Reporting

12. *I'm confused about a Specialized Registry, Public Health Registry, and a Clinical Data Registry.*

    Answer: There are several different ways that MIPS data can be submitted to CMS. Besides claims and EHR reporting, there are two different types of registries that can submit MIPS data to CMS. One is called a qualified registry. The list of [MIPS 2017 Qualified Registries](#) is posted on the QPP website. The other type of registry that can be used to submit MIPS data is called a Qualified Clinical Data Registry (QCDR). CMS has not finalized the list of approved QCDRs for 2017 yet, but the list should be available in June. Specialized Registries and Public Health Registries cannot submit MIPS data to CMS. Rather, they are registries that collect data from clinicians to help them improve patient care. If you participated in Meaningful Use, you may recall that objective #10 was called Public Health

Reporting. The 3 measures in the objective were immunization registry reporting, syndromic surveillance reporting and specialized registry reporting. Under MIPS, Specialized Registry reporting is optional and it falls under the Advancing Care Information category. A clinician or group can earn five bonus points if they report to a specialized registry or public health registry. CMS developed a [Centralized Repository](#) *that lists public health, clinical data, and specialized registry information. Some examples of registries on this list include: American Academy of Ophthalmology IRIS Registry, American College of Physicians Genesis Registry, DARTNet Practice Performance Registry, and GIQuIC.*

13. **How do you submit data to registries? Does it require an interface between registry and EHR?**
    Answer: You will need to check with your EHR vendor and the registry or Qualified Clinical Data Registry (QCDR) that you select to determine if an interface is needed.

14. **I am waiting to hear if a specialty registry we report to will be accepted by CMS as a QCDR for MIPS. Have you heard of this type of situation?**
    Answer: A Qualified Clinical Data Registry (QCDR) is a CMS-approved entity that collects data on behalf of a clinician or practice and submits it to CMS. Many QCDRs are specialty societies and can report quality measures that are applicable to specialists. The list of approved QCDRs for CMS is not available yet, but should be posted on the [QPP website](#) *in June.*

15. **The American College of Rheumatology's RISE registry is not listed on the 2017 list of approved registries. It links directly with certified EHRs. The non-EHR registry from ACR is listed. ACR advices Rheumatologists with EHRs to use RISE. Can you not submit MIPS through RISE?**
    Answer: The RISE Registry is not a 'Qualified' registry that was approved by CMS to submit MIPS data. It is a specialized registry that collects data from rheumatologists about their patient population, but it does not submit any data to CMS. If you submit data to the RISE registry, you can earn 5 bonus points for the Advancing Care Information category because reporting to specialty registries is optional in MIPS. If you want to utilize a 'Qualified' registry to submit MIPS data to CMS, there is one Rheumatology Clinical Registry on page 98 of the approved [MIPS 2017 Qualified Registries.](#)

Reporting Period

16. **Is there a significant benefit for reporting for the year versus the 90 day period?**
    Answer: There is a greater possibility that the minimum 20 case requirement will be met if you report quality measures for a longer length of time; however, this does not guarantee that more than 3 points per measure will be awarded. Quality points are awarded based on performance rates, not on the amount of information submitted or the length of the reporting period.

17. **In regards to 90-day vs. full-year reporting, is your MIPS score weighted differently or is your max potential different?**
    Answer: The MIPS score is based on performance rates, not the length of the reporting period. The maximum number of points available for each MIPS category does not change if you report

measures for a longer period of time. However, for the quality category, it is beneficial to report for a longer period of time to increase the likelihood that at least 20 cases are reported. If you don't meet the 20 case minimum and the 50% data completeness requirements, only 3 quality points will be awarded for each quality measure.

18. **Can you report via more than one method? (i.e. EHR and Cancer Registry)**
    Answer: Each MIPS category (Quality, ACI, IA) can be reported using a different submission method, but all measures within a category must have data submitted using the same method. You must select 6 quality measures that can be reported using the same method. Cancer registry reporting is NOT one of the MIPS submission methods but is considered a 'specialized registry' and awards 5 bonus points for the ACI category.

19. **Can providers attest in 2017 for 2017 MIPS?**
    Answer: At this time, the answer is no, MIPS data submission cannot occur until January 2, 2018. CMS stated in the Final Rule that they will explore the capability of submitting data in the same reporting year if technically feasible, but it is highly unlikely that CMS will have the attestation platform available until late 2017. Because 2017 is a transitional year and clinicians have the option to select a reporting period, it is advantageous to wait until the year ends so data from different reporting periods can be reviewed and the clinician/group can select dates with the highest performance rates.

Group Reporting

20. **We have 7 ECs in our provider based clinics. We have reassigned their Medicare benefits to our hospital TIN. Does this meet the criteria for group reporting?**
    Answer: Yes, CMS defines a "group" as being 2 or more clinicians (NPIs) who have reassigned their billing rights to a single TIN, including hospitals. Remember that even excluded ECs who have reassigned their billing rights to a TIN are part of the group and will be included in the group's score.

Eligibility

21. **Our practice was bought out in September 2016 so our TIN changed. Would we be MIPS eligible under the new TIN? We are now an outpatient hospital clinic so we use the hospital's TIN for billing now.**
    Answer: Changing the TIN probably will not change your clinicians' MIPS eligibility at the group level, but you can now check the MIPS eligibility of clinicians at the individual and group level by accessing the new MIPS participation look- up tool on the [QPP website](). All you need to do is enter an NPI. If the TIN is incorrect on the look-up tool because it shows the clinician's old TIN, you will need to update your EIDM account. Instructions for doing so are posted on the QPP website on the Education & Tools page. You should also contact the QPP Service Center to notify them of the change.

Quality Bonus Points

22. On the bonus point with reporting via EHR, is it 1 bonus point for each measure reported?

*Answer: **One bonus point will be awarded for each quality measure that is reported via the EHR direct submission** method. Since all quality measures must be submitted using the same method, 6 bonus points can be earned if you report the quality category using your EHR, which CMS considers electronic, end-to-end reporting. **Please note that this was clarified by CMS and Quality Insights has changed slide 23 of the slide deck to reflect this information.***

QRUR Reports

23. Does Quality Insights have the process for obtaining a QRUR Report? The CMS explanation is confusing.

Answer: Quality Insights will soon be posting a new document in the [Resource Library](#) on the Quality Insights website called, "Accessing Your QRUR Reports." We think that this resource will make it easier for you to understand the process.

General Questions

24. How do I get an EIDM account or change a role in an existing account?

Answer: Practices need a trusted staff member to have a "Security Role" AND either the same person or another person needs to have a "Submitter Role." Links to CMS guides are below:

- *[Guide for Obtaining a New User EIDM Account](#)*
- *[Guide for Existing EIDM User](#)*

25. Where can we access the Interim Feedback Dashboard to see how we are doing so far (claims based)?

Answer: In order to access the Interim Feedback dashboard on [Quality Net](#), you will need an EIDM Account, be part of the PQRS group, and have an approved PQRS representative role for your organization. Log in to the Quality Net Secure Portal with your EIDM user id and password and select Physician Quality Reporting System from the drop down list for quality programs. Select your role within your organization (PQRS Representative) and then the reports will generate. The PQRS Feedback Dashboard User Guide is on the homepage.

26. Can you recommend where to find a free MIPS calculator?

Answer: A free [2017 MIPS Calculator](#) is available on the Quality Insights QIN website on the resource tab in the MACRA/MIPS category. Quality Insights will be hosting a live webinar to demonstrate the calculator tool on Wednesday, May 24 at 2:00 p.m. ET / 1:00 p.m. CT. [Register now.](#)