



Quality
Insights

QPPLive!

Transcript from Live Session

Thursday, July 20, 2017

Shanen Wright:

Good morning, and welcome to QPP Live. This is the second episode of our broadcast, brought to you by Quality Insights Quality Payment Program Support Center, and Quality Innovation Network. On today, we have members of the Quality Insights QPP Support Center Team, and Quality Innovation Network Team. For the QPP Support Center we have Matt Armstrong, Roxanne Fletcher, Pete Mercuri, Shirley Sullivan, Amy Weiser, Crystal Welch, Julie Williams, and I'm Shanen Wright. From our Quality Innovation Network we have Rebecca Dase, Joe Pinto, Lisa Sagwitz, and Kathy Wild.

During today's one hour session you will have two different ways that you can ask questions of our esteemed panelists. The first way is using the Q&A feature in the WebEx player. On the top right of the screen you can click on Q&A, use the ask drop down menu, and chose all panelists. You can then type in your question and hit send, and then we'll address the questions in the order that they are asked, and you can start submitting those at any time, and we'll get started with that.

We also have the chat feature, as well, that you can use. Q&A is a little easier, though, so if you have those questions locked and loaded right now go ahead and start typing them in the Q&A box, and we'll get to as many as time will allow for today. In addition to using the Q&A box you will also have the opportunity to ask questions verbally. Once we get through all of our Q&A feature questions, we're going to open the phone lines for you to directly ask questions to our team over the phone.

Now, sometimes this is a little challenging, we've all been on conference calls and heard how everybody jumps in at the same time, so what we will do is go state by state, and have people answer, or ask their questions. Today's webinar includes participants from New Jersey, Delaware, Pennsylvania, West Virginia, and Louisiana, so we'll go state by state with that. Once we do that we will be unmuting your lines, but don't worry we'll warn you of that, but make sure you're not asking a question when we go to the verbal question portion, today. Then you keep your lines muted on your end, and that will make for a better session for everyone.

One other reminder, please make sure not to share any confidential, or protected health information during today's QPP Live Session, and note that we will be, we are recording today's session, and we will be sharing a link of it with you, and putting it on the QPP Support Center website, and Quality Innovation Network website, so if you don't catch something don't worry, you can always play the recording.

Let's go ahead and get started, today. Go ahead and start typing your questions into the Q&A box, and we'll get to as many as time will allow for today, so let's jump out there and start with our first question. This one asks, "Our private practice is joining a hospital. Will we have to report for our private practice, or can wait and report under the hospital for 2017?"

Kathy Wild: Hi, Shanen. This is Kathy Wild, and I will go ahead and answer that one. The program is based off of the [inaudible 00:03:48] combination, so the eligible commissions maybe required to [inaudible 00:03:52] combinations if they need that low volume threshold for both of them. If that is the case, they can do the majority of their reporting under whichever [inaudible 00:04:03] combination they would like, and then do the minimum under the other one to avoid a negative payment adjustment.

Shanen Wright: Thank you, Kathy. The next question comes to us from Anita. Anita asks, "Which APM models need to complete the ACI portions of MIPS?"

Kathy Wild: Could you repeat that, Shanen, please?

Shanen Wright: Certainly. This question from Anita asks, "Which APM models need to complete the ACI portion of MIPS?"

Kathy Wild: Okay. This is Kathy. Anita, I think I understand your question. Under the APM model, the ACI category usually each practice is responsible for reporting those measures on their own, and then CMS will score that based at the APM level, so I'm not really sure, which measure you want to report. Once again, with this being a flexible year, you can select, which measures you want to report in order to receive any points in the ACI category. You do have to meet all of those base measures, but do know that CMS has just added two exclusions to assist in that, so there will be an exclusion for those people that do not prescribe at least 100 times [inaudible 00:05:46] prescribe 100 times during their reporting period.

They can claim an exclusion for that base measure, and also for the HIE measure, if you're doing, as an APM you would have to do group reporting, so as a group, if there are less than 100 transitions of care, and less than 100 referrals during the reporting period, then you could claim an exception for that. I hope that answers your question, Anita, if you need further clarification, please submit another question. Thank you.

Shanen Wright: Next up, we have a question from Bobbie. This question is in reference to the MIPS calculator. Bobbie says, "At the bottom of the exit report from the MIPS calculator, what does the neutral threshold mean? We have data that says, 2019 equals 32020 equals 57, et cetera. What does that mean?"

Kathy Wild: I can answer that one, too, Shanen, only because I did do a webinar on that. What that means is every year, and this is in the final rule mandated by law, under the MACRA rule, and for the reporting year, this year 2017, congress has established that there would be a 3% penalty imposed if someone does not report it all to the Quality Payment Program, and that is imposed in 2019. There's always at least one year in between, and that allows CMS to collect the data, review it, and then implement the penalty adjustment, or positive payment adjustment, whichever it may be beginning the next available year.

For this year, whatever happens in 2017 will impact 2019 payments, and that is by law at 3%. Next year, in 2018 whatever type of reporting you do for the Quality Payment Program will impact your 2020 payment adjustment, and that is going to be a 4% plus or minus, and then for subsequent years, the following year when you do reporting in 2019 it impacts 2021 payment, and once again congress has set that to be 5%, and then it will increase per the law. I hope that explains, answers your question, adequately.

Shanen Wright: Next up, we have a great question from Cathleen, she tells us, "I'm trying to explain to a group of providers why it's important to close gaps in relation to MIPS, while I understand the importance, I'm lacking good words to express myself. Do you have any suggestions for me?"

Amy Weiser: This is Amy. I can take this one. Thank you for the question. Yeah. You might want to say something like, well, I guess presenting the data to them, and showing them the numbers, so to speak, so if you show them the quality measures, and explain to them that we have to reach a certain percentage of those to get the points, perhaps, there are a number of tools that are available on the cms.gov, the QPP website to help you explain the decile scores, and the submission methods, and those kinds of things. That might help them understand that even though they're scoring at a certain percentage that we want those percentage just to be higher and it might require some workflow adjustments. It could be as simple as a certain click in your EHR, or perhaps someone else in the organization that can maybe handle that task. I don't know if that answers your question or not, but I'm happy to, you know, we can talk offline, also, if you need more help.

Kathy Wild: This is Kathy-

Shanen Wright: Thank you, Amy.

Kathy Wild: Oh. I just wanted to add one thing to that, Amy, that's perfect. Just one other thing you might want to just say of course in addition to it impacting your

practice financially that all of the MIPS scores will be publicly displayed on Physician Compare so I don't know if your practice will be reporting at a group level, or at the individual physician level, but either way it will be displayed, so people can look and see what their score is, and if people care, you know a lot of people care what that looks like on there, so that might be another suggestion.

Shanen Wright: Please note in the chat window, Rebecca is providing great direct links to resources for you that you can access now. If you're not looking at chat, just click on the upper right hand corner of your WebEx player, you'll see links to archived QPP Live, the MIPS APM's in QPP, the MIPS Quick Start Guide by CMS, and CMS's overall QPP website, including its resource library. Make sure and check that out, and you can get direct links to more resources.

Let's go back for another question, right now. As we go to Maryanne, who says, "We happen to pick a measure for Quality that has no benchmark, therefore we are not getting a lot of points for that measure, yet, we are at almost 100% with it. Is there anything we can do other than pick another measure?"

Kathy Wild: Lisa, would you like to answer that question?

Lisa Sagwitz: Sure. That's a great question, Maryanne. You're correct. If there is not a benchmark, the maximum you will get is three points for that measure. Now, that's not necessarily a bad thing, and cumulatively among your measures you will usually get more than enough if you're making an effort, or you can see where you would want to identify improvement. I often recommend even though you have to only report six measures you might want to select about 10, and then monitor those 10 through the year. When it's time to actually do reporting next year, then you can look at them, and see what's your best six were.

Shanen Wright: Great answer. Let's go back for our next question. We've got another one from Anita, here. Anita asks, "Do clinicians who are participating in CPC Plus, which is an advanced payment model, need to submit the ACI as part of MIPS?"

Kathy Wild: This is Kathy. The answer is, yes, they do. The [inaudible 00:13:14] does not usually, you'd have to check with them, but they usually do not report that as they do for the quality measures, so each practice will be doing that on their own. Once again, it's all about submitting the measures to improve your score.

Shanen Wright: Okay. Let's go to Karen, right now. Karen says, "One of the improvement activities is a bit vague; Engagement of new Medicaid patients and follow-up. This includes dual complete Medicare-Medicaid HMOs, and Medicaid HMOs along with straight Medicaid." I believe the question is whether this includes the dual complete Medicare-Medicaid HMO's and the Medicaid HMO's along with straight Medicaid. Sorry, if I've misinterpreted that.

Kathy Wild: I am checking, CMS actually has a resource on the QPP website that is called, MIPS Data Validation Criteria, and what they did is they took a list of all of the activities, the improvement activities, and they have column that says suggested documentation, basically, which tells you a little bit of guidance on what you need to do to meet that improvement activity, so if you would get audited down the road you would have this type of information. I am actually looking one up right now. Does anyone have that at their fingertips while I look?

Amy Weiser: I'm looking, too, actually.

Kathy Wild: Okay. Maybe we can get back to that one, but CMS did not list them in the same order. Maybe we can skip that, and we'll keep looking for that one, and go ahead and take another question, Shanen.

Shanen Wright: Sounds excellent, Kathy. We will revisit that here in a moment, and go back out for another question, while we're looking for that answer. This one comes from Bobbie, she says, "For registry reporting under advanced care we report to a specialty registry, but not immunization. When we answer no to the immunization question it gives us zero points for the registry reporting when we were expecting five points for this. Any insight on why we are not getting these five points to show on the calculator.

Kathy Wild: Joe, do you want to try to answer that question?

Joe Pinto: When it comes to the MIPS calculator I'm a little bit confused on what Bobbie's asking on this question. Bobbie works with me, she works with one of my practices, and Bobbie, if you could be a little bit more specific in the chat box with that question, and try typing it again, I'd be more than happy to answer that.

Shanen Wright: Thank you, Joe.

Shanen Wright: Another option we have, too, once we open our telephone lines if it would be easier to explain verbally, Bobbie, you know, if you've called in and you're on your phone, once we get through some more of these questions in the Q&A we can certainly discuss it, verbally, if you would prefer. I believe someone else, was that you, Kathy, that had a comment, I apologize for stepping on you.

Kathy Wild: Oh. Yeah. No problem, Shanen. I was just going to say maybe the points did not appear because you did not have all of the base measures met. Once again, the only way that you can earn bonus points for the ACI category is if you have entered that you meet all of the base measures. I don't know, if you want to call in Bobbie, but if you have done that, then we have to look into it further, but as long as you put in numerator and denominator, numerator at least one for the others, and put yes that you did apply the same security analysis, then those five points should have been included. We will certainly look into that for you. Thank you.

Lisa Sagwitz: It's Lisa, I have one other thought, there are two different buttons on the MIPS calculator. One, is for immunizations, and the second one is for specialty registry, so you have to chose the right one.

Shanen Wright: Thank you for that information.

Kathy Wild: Again, if we're not answering your question let us know, and we'll discuss it.

Shanen Wright: Thanks so much. Note that Rebecca has provided a link directly to the MIPS calculator on Quality Insights website that you can access in your chat window. Let's go back out. We've got a new questioner, here. Welcome to Molly, she says, "We are reporting quality via claims. How can we know, which ones are the better measures or does Medicare just pick six of their choosing if we report more than six measures?"

Amy Weiser: Hi. This is Amy. I can take this one. Thank you for your question. Medicare does not pick the measures for you. You select the measures that you want to report, and in the QPP website you can look at all the measures for quality, and you can chose measures that are claimed, to be submitted by claims. You can see then if those measures are applicable for a claim's submission, and then you would take it from there. As Lisa had suggested, picking more than the six measures to start with will give you an ability to do some comparison down the road to see how you're performing in each of those. I hope that helps answer your question.

Shanen Wright: Next up, we go to Maryanne. She says, "My registry calculator indicates 4.2 for that measure that does not have benchmark, so would the registry be wrong and inaccurate? We are doing this manually, so it's too hard to pick another measure. Also, we have entered half year of data, should we do more?"

Kathy Wild: Lisa, do you want to take that one?

Lisa Sagwitz: Sure. Maryanne would you let us know what particular measure it is, that will help us with answering a question. The calculator is a guesstimate for you, it's just that a calculator, it's to help you project what there may or may not be. CMS has not actually come out with the exact report mechanisms, yet. We'll be hearing that soon. Okay. Measure 397. Okay. I'll need to look that up.

Kathy Wild: [crosstalk 00:20:45].

Shanen Wright: While we're-

Kathy Wild: Oh. I'm sorry.

Lisa Sagwitz: If you want to get back to me, I'll research measure 397, and is that the new number, because all of the measure numbers changed, or do you want to give me a description, so I'm sure I'm looking up the correct one, Maryanne?

Kathy Wild: Shanen, this is Kathy, while Lisa's looking up, I did find the improvement activity that a previous caller asked about-

Shanen Wright: Mm-hmm (affirmative).

Kathy Wild: Specifically, they wanted to know about the Medicaid patients, so that improvement activity is actually in the [inaudible 00:21:26] equity, and it's improvement activity number one. What's within this document is that it does involve timely appointments for Medicaid and dually eligible Medicaid/Medicare patients. I think that will answer that persons question, if not go ahead and please submit something else in the Q&A box.

Shanen Wright: Okay. We've revisited Karen's question at that point. Thank you so much Kathy. As we continue to research Maryanne's question, well, let's go back out and see what else has come in on here. We've got another one from Molly. Molly says, "We are already reporting 10 measures, do we pick them when attesting?"

Amy Weiser: This is Amy. You'll need to choose six quality measures when it comes time to submit to Medicare, if that's the measures that you're referring to, it's the six quality measures. You would pick the ones that are the highest score, so the better the percentage of those, those would be the ones that you would want to select.

Shanen Wright: Thank you, Amy. Since we have a few follow ups out there, and some folks waiting for clarification, what do you say we go ahead and go out to the phone lines, for the first time today, and give everyone an opportunity to ask questions, provide clarification, comments, anything you would like verbally. Please, if you're dialed in via your phone, and you're not going to be asking a question, we ask that you please mute your line, so that we don't have too much noise on them. Missy, at this time if you could unmute all lines and then we are going to start first with any questions, comments, or clarifications from the state of Pennsylvania.

Call In User 13: [inaudible 00:23:40].

Missy: All calls and lines are unmuted, right now.

Call In User 15: [inaudible 00:23:44].

Shanen Wright: Okay. Missy, let's mute call in the user 13 and 15.

Missy: Okay.

Shanen Wright: Please, before we ask questions.

Missy: Okay. Call in user 13 is now muted, and call in user 15 is also, now, muted.

Shanen Wright: Thank you so much. Let's start with any questions, comments from the state of Pennsylvania, from anyone at this time ... Okay. Lets next go to Delaware. Any verbal comments, or questions from the state of Delaware ... Okay. Next, we go to the mountain state, West Virginia. I know you're not going to be shy West Virginians, anyone have any comments, questions, or would like to talk with our panel of experts, today, from West Virginia ... Okay. Next, we go to New Jersey, the garden state. Questions, comments, anyone like to speak with us from New Jersey ... Okay. Last, we will see if anyone would like to speak from Louisiana. Comments, questions, anything from Louisiana ...

Okay. Everyone is being bashful today. Everyone wants to use the chat instead. That's absolutely fine. That's what we do here on QPP Live. We know some folks like to talk and some folks like to type. We'll have one more opportunity before today's session wraps up to go back out to the phones, so if anyone would like to ask a question, just hang tight and we will do that before we wrap up today's session. Let's go back out to the Q&A box, and see what we've gotten since we were on the telephone, at this time. Next up in the Q&A-

Call In User 15: You submit it, and then it goes out, and they just-

Shanen Wright: If we could re-mute the lines, please, Missy, if you don't mind.

Missy: All telephone lines are re-muted, now.

Shanen Wright: Thank you so much. Let's go to Molly, right now. Molly has a question, she says, "We are already reporting 10 quality measures via claims since January 1st, how do we know, which measures CMS will chose out of those 10 measures? Do we pick six upon attestation, or do we pick six from the 10 we are already submitting via claims?"

Amy Weiser: This is Amy. I'll try to answer this. Thank you for the question. The idea is that you're not having to do more work than you're already doing, so if you already have the measures selected, even though you have 10 as I understand it, when the time comes to submit, after January 1st you will tell CMS, which measures you want to submit for the purpose of MIPS. There's different ways that you can submit, but there will be a way for you to submit through, now, I'm getting confused. Sorry. The quality measures you'll be able to submit a variety of different ways, so if someone else wants to help me out with this, that would be great.

Lisa Sagwitz: Sure. I'll jump in, it's Lisa. Molly, I assume you're using the G-codes your billers are putting the G-codes on the claims, so that would be your submission method, so there are different ways to submit the quality measures. Claims is one of them. Other ways to submit would be with your EHR or with a registry, or one of the qualified clinical data registries, so already doing the claims with G-codes is the method that you've chosen to submit. Now, if you would decide come January that, that's not what you want to do you could actually attest via

your EHR, or via registry and that would override what happened this year with your claims, but as long as those G-codes are going through you're covered for that aspect.

And, when reporting does get finalized and comes out the quality measures are going to be reported likely separately from the advancing care and the improvement activities. Again, it's going to depend what is finalized, what you have available to you, some EHR's are going to have the capability to send in all three categories, some registries will charge extra money to send in all three categories, and some practices will chose to do it all on their own. If that's not answering your question, please let us know, or when Shanen opens the lines, again, tell us a little more detail.

Shanen Wright: And, Lisa, I can add a followup comment from Molly, she indicated that, she said, "We are reporting them, every claim." I'm not sure if that's helpful for you or not.

Lisa Sagwitz: Okay. G-codes are going in on every Medicare claim, so again, you're going to be covered for the quality measure category that way.

Kathy Wild: This is Kathy. I'll add that because you are doing the G-codes in claims, if that's the method that you are going to use and you don't want to use the EHR, or registry then that will hold you to reporting the other categories, if you want to report them at the individual clinician level. In other words, you cannot submit API measures or do improvement activities as a group, because the quality measures used in the claim submission method is at the individual level.

Lisa Sagwitz: Good point.

Shanen Wright: Next up from Bobbie, she asks, "One the MIPS calculator for improvement activity we are doing the PA drug monitoring. On the calculator we check yes for doing it for six months, but what determines if we are to check this CEHRT box?"

Kathy Wild: Okay. I'm going to pull that up, so if you want to give me a minute, and pull that up, and then I'll have you repeat it. Okay. I got it pulled up now. Could you repeat that again, Shanen, please.

Shanen Wright: Certainly. "On the MIPS calculator for improvement activity, we are doing the PA drug monitoring. On the calculator we check yes for doing it for six months, but what determines if we are to check the CEHRT box?"

Kathy Wild: Okay. In that tab for the improvement activity you'll see that last column where it has engaged, you would say, you would click, yes, if you are doing that improvement activity, if CMS determined that CEHRT certified EHR technology, meaning you're using your UHEHR to do that activity is appropriate for that measure, it's already included in the calculator. So, if you select an improvement activity that has that option, and has that used certified technology available,

you would need to select both of those boxes if that's one of your improvement activities.

I hope that's clear, but you'll see it's not available for all of them. There's only, I believe, 18 or 19 at the current time that we'll have that extra box, there. So, you definitely want to pick it because that is how you will earn 10 extra bonus points for your advancing care information category, so if it is available you definitely need to click that box.

Lisa Sagwitz: To add to what Kathy said, the Quality Insights website has a resource called, Improvement Activities, so in one of the tabs it specifically tells you the 18 that give bonus points for using CERT, so that might be something nice to reference, because the prescription drug monitoring does not qualify for the extra 10 points, but [crosstalk 00:33:53] that do.

Kathy Wild: Right. Good point. Yeah. If that isn't an option then you don't qualify for the points, and you knew that off the top of your head. Very good.

Shanen Wright: Next up, let's hear from Allen. Allen has a question, "CMS 347B1 is not supported by our EHR, however we were told our EHR is certified, 2014, 2015. Shouldn't the EHR vendor be required to support this measure?"

Kathy Wild: This is Kathy. I can take that one. Unfortunately, no. The vendors, in order to be certified, well, when they were originally certified in 2011, and now they're going to do, they did 2014, and now 2015, even though all of these 271 measures are available to be reported this year in Quality Payment Program. CMS does not hold each vendor accountable to have them available, and the vendors, what we have found is it is very rare, and I don't even know off the top of my head any vendors that do have all of those measures available to report. Previously, there was, under the Meaningful Use Program, they had to have at least a minimum of nine measures available, because that was what was required. It is something where if you go to the CHPL website.

Rebecca, if you want to give them the link for that. That is where you will find out exactly, which quality measures your vendor is approved to go ahead and submit, and you can reach out to your vendor and ask them if they have a plan to add anymore measures in the future, but if you report to them you would have to select one of those measures, and that is one of the reasons if you use a registry they are able to report more quality measures than just the EHR vendor, but it's something you have to discuss with them. And, like I said, there will be an extra added cost if you went and decided to use your registry, use a registry to submit versus your vendor. Any other comment from anybody to add to that? I don't know what the minimum is that they have to have, but right now I just know that they are not held accountable to have all 271 available.

Lisa Sagwitz: You're right. It's Lisa. Sometimes a lot of practices have trouble understanding that, because you hear it's 271 measures, and you look at all these things and

say, yes, I'd like to do this, or I'd like to do that, but then when you look at your EHR and what measures they have available that can sometimes limit you, so we see EHR's that only have nine measures, and then we see EHR's that might have 50 or a 100, so you need to know what you have access to and then narrow it down that way.

Kathy Wild: And, I think it's unfortunate that the majority of them have your basic primary care, generic measures in there, which if you are a specialist make it very difficult, because there's nothing really specific for your practice to monitor, which kind of stinks, but that's the way it is right now.

Shanen Wright: All right. We'll go back out for another question from Marcy. She says, "Some claim reporting also have category codes. For example, 6030F, do those need to be on claims as well?"

Kathy Wild: Does anyone have any experience with reporting and billing? I know I don't.

Amy Weiser: I do not, either.

Kathy Wild: Okay.

Lisa Sagwitz: I would have to research it a little bit to see exactly what needs done.

Kathy Wild: Right. Marcy, we can try to research that for you, if you want to make sure we have your email address and get back to you. Yeah. We basically cover general few PT requirements, but we don't always know the nitty gritty of some of those specifics. That would have been something that would have been with previous PQRS reporting via the claims measures and what they'll continue to do, but I don't think any of us have experience at that level.

Shanen Wright: Next question is from Tara. She says, "I was under the impression that once you chose to submit quality measures via claims you could not change your method of submission for performance year, 2017. Is this true?"

Kathy Wild: This is Kathy. I do believe that if you're doing claims and the absolute deadline to submit 2017 data it is going to be March 31st of 2018. So, if you contact a registry or a vendor and have them submit measures, that method in addition to CMS already having received the claims, I believe what CMS will do and I think we'll have to research this, is they will for your quality measures based on both methods, and then preferably take the measure, the submission method with the highest MIPS score for the quality measures. I think we need to check on that, but I think that's how that's going to go.

That would be the same thing as if you submitted just say nine measures and you were only required to submit six, what CMS will do in that instance is they will score all of them, and to impact, to calculate your MIPS score they will only take the six highest measures, with one having to be an outcome or high priority

measure. What they'll do with them is your MIPS quality score will be based on the six highest ones, the other ones would not affect your MIPS score, however, if you report nine quality measures, and you're reporting individually all of those scores would be posted on the Physician Compare, so that the public could see them. That's one of the disadvantages of reporting more than six measures. We will check into that, but I believe that is what CMS is going to do is if you submit two methods, they'll calculate the quality rate for those methods and then utilize the one with the highest score.

Lisa Sagwitz: I agree. It's Lisa. I know when I was doing my quality certification what the instructor said is that with a claims reporting while it's still permitted this year you've got about a 50% to 60% success rate, via if you're looking at the numbers yourself and reporting them via an EHR or a registry you can see and have more control over reporting the best ones, so if you were going to rank them EHR or registry reporting for your claims, or for measures is a better way to report than claims.

Amy Weiser: This is Amy. I just wanted to add to this excellent comment. First, that I agree, and secondly, also with some of the EHR vendors, if you chose to do the EHR submissions just be aware that it usually requires some workflow adjustments. Make sure you communicate that to your EHR vendor, that you're interested in that level of submission, perhaps.

Kathy Wild: I believe, will they charge an additional fee for using, for submitting your EHR measures, I mean your quality measures? I believe so.

Amy Weiser: I think so. Yeah. That's a good point. Check with them about that, too.

Kathy Wild: Yeah.

Shanen Wright: Just a reminder, you can check your chat box for links to the information that we're talking to. Rebecca's been kind enough to provide information on EHR look ups from Healthit.gov. For improvement activity fact sheet, and there are links where you can register for data submission option webinars. They'll take place on August 1st from 3:30 to 4:30 eastern. There's a link in your chat window, you can register for that one, or if you prefer August 3rd from 11:00 to Noon, eastern time, also, a link to register, for that free data submission option webinar. Let's go back out to the questions, now. The next one we have is going to come to us from Brad. Brad says, "Since MIPS is allowing you to select any 90 day period during 2017, are you hearing of any practices that are picking random 90 day periods instead of quarters?"

Amy Weiser: Hi. This is Amy. I'll take that question. Thank you for Brad. Yes. A lot of this depends on your EHR vendor. Yes. You can select any random 90 day period. For example, if you are looking at mid-June to mid-August, for example, or something like that you're permitted to do that. It's not based on a quarter.

Again, you have to determine that based on your EHR capabilities. Anyone else have anything to add?

Kathy Wild: I just wanted to add that in reality you don't even have to select your reporting period until you submit data, which would be in the beginning of 2018. As Amy said, it's depending on what you're EHR vendor, they can only give you measures a monthly basis or quarterly basis then you are stuck that way, but if you have flexibility, for example, in all [inaudible 00:45:11] I know you can run the reports for any date ranges you want. Then, it would behoove you if you had a vendor like that, that come January you spend some time using different 90 day periods, because your ultimate goal is what 90 day period gives me the highest quality score? Then, it's great that you'll have 90 days to look at your data if you can run reports on your own and look at that.

Lisa Sagwitz: One other thing, I can add to this good comments, using the MIPS calculator with the practices that I work with that has been an awesome resource that makes people feel more comfortable that they're doing a good job in getting that tentative score. One practice I was doing MIPS calculator with got a 95 score on three months this year, so we're taking the approach, we know, which three months have achieved those 95 points, so now the game is can we beat 95 points? If they don't then we're going to go back to the three months we just monitored. That might be another strategy to help you.

Shanen Wright: Next question comes to us from Marcy. She says, "If you do the claim submission, would you at least be guaranteed the minimal track of one claim, one time? Would you at least have a neutral score?"

Kathy Wild: Yes.

Lisa Sagwitz: Yes. I was going to say, yes, also.

Kathy Wild: Yes.

Lisa Sagwitz: Because even if you don't meet the data completeness criteria for the measures you will still receive the minimum of three points for each quality measure. Actually, if they submit six quality measures using claims they will have $3 \times 6 = 18$ points.

Shanen Wright: Please note, Rebecca has just provided a great link to the MIPS worksheet. That worksheet to help track scores on paper, it's courtesy of the Quality Insights Quality Innovation Network, and it is in your chat window now, if you have interest in that worksheet. Next question is from Brad, he says, "One of our measures is smoking cessation NQF0028, it seems as though you get penalized if a patient refuses education information. Is there a method thought EHR reporting where you can avoid being penalized because a patient refuses?"

Kathy Wild: This is Kathy. I would check with your vendor to see how they have it set up, so that you do get credit for that measure, but if the patient refuses that really shouldn't negatively impact your quality measurement rate for that. One thing I have found with this measure, because it's one that almost all vendors have available is that the way it's written is that you would assume that you'd only have to provide smoking cessation device for current smokers, but in reality if the patient was a previous smoker, if you selected that, then the way you'd still be required to provide cessation advice in order to get credit, because there's always that chance that a previous smoker might smoke again in the future.

So, I know that I have discovered that with several practices, and once they realize they have to check off that they gave advice to a previous smoker in addition to current smokers that made their rate go up, which was better. Does anyone else have any experience about that measure, and how to improve it, or if they're refusing, because usually I don't think the refusal of advice negatively impacts the clinicians rate. Anybody else?

Amy Weiser: I-

Lisa Sagwitz: I mean if you-

Amy Weiser: Go ahead, Lisa.

Lisa Sagwitz: I was going to say if you print it out from the [inaudible 00:49:42] record under information in the EHR or you're pushing that education through the patient portal, you would get credit for it, so if the patient chooses not to read it, or throws your printout away that's their choice, but you should still get credit in your EHR.

Kathy Wild: Sometimes in the EHR's, because there's such a variety, double check with your vendor exactly what needs to be captured, if there's certain boxes or certain ways that prove that you're showing the education, because sometimes a step will be missed, it's easy to do that, or maybe an update with changes, that functionality just a little bit, and if you didn't see the email, or attend that training, maybe that's why your patient education score isn't where it had been before, just as a possibility.

Shanen Wright: Okay. At this time we are going to go back out to the phone lines. It looks like most of you are listening on computer speakers, today, so I don't think we're going to go state by state. It appears to me that we only have about five folks on the phone, so heads up, if you don't have a verbal question please make sure to mute your phone at this time. Missy, if you could unmute our callers then we will see if anyone has-

Call In User 21: [crosstalk 00:51:17].

Shanen Wright: Okay. If we could mute call in user 21.

Call In User 15: 2018, we will not get any [crosstalk 00:51:28].

Shanen Wright: And, call in user 15. Okay.

Call In User 15: [crosstalk 00:51:32].

Missy: Call in user 15 is now muted, and call in user 21 is now muted.

Kathy Wild: Okay.

Shanen Wright: Thank you so much, Missy. Among the rest of you, does anyone have any comments, questions, clarifications, possibly to some of the previous questions that we've had? Some of ours, we've had followup from Bobbie, from Karen, from Molly, if any of you are on the telephone at this time and would like to jump in, just please speak now or hold your peace until next month.

Bobbie: Hi, Shanen. This is Bobbie.

Shanen Wright: Hi, Bobbie. How are you this morning?

Bobbie: Good. I just have that followup question that I was going to call Jill about later, but this is regarding that registry submission for on the MIPS calculator. When we submit through the registry, we answer the questions that we're doing through our registry expecting the five points, there is a question on there about the immunization registry, and we don't do that, so when I do my exit report where it says under advancing tier receiving zero bonus points, and then in red it says, public agency reporting bonus cannot be obtained without the optimal measure immunization reporting. I guess that's my question. You have to report, and just do a registry?

Shanen Wright: Thank you, Bobbie.

Kathy Wild: [crosstalk 00:53:14].

Shanen Wright: Joe, are you with us on the line?

Joe Pinto: Yeah. I'm on the line. I'm actually, I'm on the calculator looking at that question, right now. Bobbie, I need you to be a little bit more specific on this, now, I do work with your organization, if you are not reporting immunizations then you don't select that measure.

Kathy Wild: [crosstalk 00:53:39].

Joe Pinto: Okay. If you're indicating that no for that particular registry reporting option then you wouldn't get any points for that. You would be selecting one of the other options that would be available, one of the other public health agencies that submit.

Bobbie: Okay.

Kathy Wild: Bobbie, do have your MIPS calculator pulled up right now?

Bobbie: I run it every month, and I'm just looking at last month's exit report.

Kathy Wild: Okay. What I suggest on the advancing care information tab, you need to scroll all the way towards the bottom of that-

Bobbie: Okay.

Kathy Wild: And, then a section, it's the three sections. One is required measures. The second one is, optional measures. Then, the third section is called bonus measures. There's two questions in the bonus measure section. One says, "Are you reporting improvement activities using certified technology?" That question you actually don't even answer, because that will be populated automatically if you pick an improvement activity.

Bobbie: Okay.

Kathy Wild: [crosstalk 00:54:52] doesn't matter. The second question there says, "Are you in an active participation with a public health agency or clinical data registry beyond the one referenced above?" So, this is where if you're reporting to a specialized registry that's the radio button where you would have to click, yes.

Bobbie: Okay.

Kathy Wild: Then five bonus points will come. Maybe you didn't select that.

Bobbie: I didn't scroll down. Okay. All right. I'll try it. Thank you.

Kathy Wild: Okay. I think if you do that then the five bonus points will be added.

Bobbie: Okay. I'll try that next month, and then if I have any additional questions, also.

Kathy Wild: Perfect.

Bobbie: Thank you.

Shanen Wright: Thanks so much for calling in today, Bobbie. We really appreciate your question and comment. Phone lines are still open, right now, as we wind down today's episode of QPP Live. Does anyone else have a clarification from an earlier question that they wanted to share, maybe, or an additional question, or comment, or anything that's on your mind?

Lisa Sagwitz: Hi, it's Lisa. I know Maryanne had asked about measure 397 for melanoma reporting, and I think Rebecca is going to clear that up, because she works with

her one on one, but for the other callers, what I did was I went to table two, MIPS benchmark results, and then I looked up measure 397, and I could see that it was available via claims, or registry, and it tells me on that table two if it's top dot, or doesn't have a benchmark, so that's where I could see the detail and I'm sure Rebecca looked for it, so that melanoma reporting is a top dot measure. It does have benchmarks, but you could potentially score a decile all three, a decile four, a decile five, or a decile 10. If anybody has questions on specific things please ask us, you know, email us, or whoever you're working with one on one, and we'll help you with that.

Shanen Wright: Thanks so much, Lisa. Any other comments, questions from anyone, either the participants on the line, or any of our esteemed panelists, today, before we start to wind down QPP Live?

Amy Weiser: This is Amy. I just wanted to say, thanks for everyone who joined, and just to reiterate that we are here for you, and even if we might not have answered your questions completely, or if you thought about other things, of course in between our QPP Live sessions we are definitely here to help you, so please do not hesitate to reach out to us, and request technical assistance, as Shanen is putting up on the screen for you. This is the way to reach us, and we will get back to you within one business day.

Shanen Wright: Thank you.

Kathy Wild: Oh. I just wanted to add, thank you to everybody, and what we suggest is if you are a practice that is not currently receiving assistance from us, please email that QPP Support address showing there, or go to our website and register. At that time when you complete the registration we will go ahead and assign you to a practice, transformation specialist that will be able to work one on one with you from Quality Insights. Thank you.

Shanen Wright: Thank you, Kathy, and thank you everyone for joining us, today. As Amy and Kathy indicated we have contact information on the slide, right now, how you can get in touch with Quality Insights. Additionally, we will be sharing a recording of today's QPP Live session with you, along with a transcript, as well, so you will be able to read all of the questions that were asked, and answered on today's session. Soon, we'll get you a link, so you can register for next month's edition of QPP Live it will be on the 3rd Thursday of the month. We hope to see you all then for our next episode. On behalf of everyone at the Quality Insights team, I hope you have a great day, and thanks again for joining us for QPP Live.



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