



Quality
Insights

QPPLive!

Transcript from Live Session

Thursday, June 22, 2017

Shanen Wright:

Good morning and welcome to Quality Insights first episode of QPP Live. This is an informal presentation designed to answer your questions and hear your comments about CMS's Quality Payment Program. On the line today we have a team of experts who will be serving as our panelists and answering your questions today. From Quality Insights QPP Support Center we have Matt Armstrong, Roxanne Fletcher, Pete Mercuri, Shirley Sullivan, Amy Weiser, Crystal Welch, Julie Williams, and I'll be your host, Shanen Wright.

From our Quality Innovation Network team we're pleased to have Rabecca Dase, Joe Pinto, Lisa Sagwitz, and Kathy Wild.

During today's session, you'll have the opportunity to ask questions two ways of our panel of experts. The first method is to use the Q&A feature in WebEx. You'll see the button on the upper right corner of your screen. If you click on Q&A it will open up a window, and you can use the ask drop down menu and choose all panelists. You simply type in your question then, and hit send. We'll answer all the questions that we can in the order in which they were received. Please remember not to share any protected health information or personally identifiable information throughout this process.

The second way you can ask questions is verbally. Many of you have called in on your telephone, and once we have gone through the questions in the Q&A window in Webex, we'll open the phone lines for attendees to directly speak to our panelists. Since we have so many participants today it could get a little confusing, so what I will do is ask everyone, first of all, to make sure your lines are muted on your end until you're ready to speak. Then we're going to go state by state to try to avoid everybody jumping in at the same time. I'll warn you shortly before we unmute the lines, and then we'll start with questions, for example, from New Jersey. Then move to Delaware, Pennsylvania, West Virginia and Louisiana. That way we can hopefully answer all the questions in an efficient, non-confusing manner. Again, please remember if you are not actively asking a question we ask that you mute your phone line until you are ready to do so.

With that being said, let's get started with today's episode of QPP Live. As I look at the Q&A box, we already have one question. Go ahead and start typing others in. We're ready for it. Our first question asks, "What is the status of EHR hardship for 2018?" In order to answer that question, we will need to unmute Kathy Wilde and Amy Weiser please.

Kathy Wilde: This is Kathy, can you hear me now?

Shanen Wright: Yes.

Kathy Wilde: Okay. Alright, I'm not sure if the caller wants to specify a bit more. What are they referring to when they said 2018 hardship exemption? Are they referring to reporting for the 2017 year? Maybe if they, if the ... person that asked the question could clarify that and then I'd be more than happy to try and answer it.

Shanen Wright: Okay. We will wait to hear back from Betty Malone for some clarification on that question in the Q&A box. In the meantime, let's move on to Jan Takewell, who asks, "When will CMS be publishing clinician status for patient facing versus non-patient facing, as well as hospital based for 2017 evaluation?".

Kathy Wilde: I can answer that Shanen, this is Kathy.

Shanen Wright: Thank you.

Kathy Wilde: We do not have a date yet. As soon as we find out, you know, we will definitely let everyone know.

Shanen Wright: Okay, well we have an answer back from Betty Malone, so we will revisit her questions about what is the status of EHR hardship for 2018. Her clarification says "No, we have a 2017 exemption, so next year."

Kathy Wilde: Okay. We won't know anything about 2018 until the proposed rule that was just released the other day, until that is finalized, which will be sometime late fall. We will definitely know more details by November 1st, which is the deadline for CMS to publish that information. We won't know any specifications and I guess I just questioned that you said that all of your clinicians this year are exempt and I guess you look ... Use the MPI lookup tool then and saw that all of your providers were exempt, so they don't have to report. Chances are CMS will be using similar reporting time periods and that to determine their eligibility status for next year. We won't know until that rule is released. I hope that answers your question, if not please, you know, add more detail to that we'll try to help.

Shanen Wright: Alright. Additionally, for Betty Malone if you'd like to talk further about this when we unmute the phone lines, if you are a caller today, you'll have the opportunity to speak directly to us shortly and we can discuss this question further in detail if you like.

Next question comes to us from Missy who asks, "Do the quality measures have to be a certain performance percentage in order to be counted as a measure?"

Kathy Wilde: This is Kathy. Lisa Sagwitz, would you like to give an answer to this question? Lisa has been doing a lot of research about the quality category.

Lisa Sagwitz: Sure, as far as the quality measures, you want to be sure for the reporting period, whether that's ninety days up to a full year, that you have at least twenty cases. Your denominator would have to be at least twenty, and you want to be sure you have at least fifty percent of your patients represented. That's called data completeness.

Shanen Wright: Thank you Lisa and Kathy. Another feature we'd like to mention, coming up in this is if we reference specific web links to resources, which we have not yet. If we do, we will be sharing those links in the chat window, courtesy of Rebecca, one of our subject matter experts here on the QPP Live team. When that time comes, we'll make sure and let you know. That way you can directly link to those resources. Going back to the Q&A box right now, we hear from Eddie, who asks "If a practice does not elect to participate in group reporting in MIPS, will all clinicians have to report individually?"

Amy Weiser: Hi, this is Amy. Thanks for the question. Yes, if they are eligible clinicians under the criteria then they would be to report as an individual clinician.

Shanen Wright: Thank you Amy. Another question in Q&A right now comes from Tammy, who asks, "As an anesthesiologist group it is hard for us to participate. We are reporting our measures via claims, due to we do not use ENA EHR because we are hospital based. Will reporting via claims avoid the negative payment?"

Amy Weiser: Hi this is Amy also, thank you for your question. I can start and if anyone on the phone wants to add. Yes, if you are allowed to submit your quality measures through the claims process. You should avoid a penalty by doing that.

Shanen Wright: Okay. Paula asks "If we could repeat the quality values again for data completeness?"

Lisa Sagwitz: Sure, Lisa's back on again. Hi. You want to be sure for your reporting period, and again, some people will report ninety days, some people will report a full year, and there could be anything in between. You want to be sure you have at least twenty cases, so your denominator needs to be at least twenty. Then for data completeness fifty percent of your patients need to be in that number. I hope that helps.

Shanen Wright: Thank you Lisa.

Kathy Wilde: This is Kathy. I'll just add to what Lisa just said. If that is so, then each quality measure would be awarded at a minimum three points. Then more points could be earned if there are benchmarks available based on the data submission used.

Shanen Wright: Thank you Kathy and Lisa. Next we go to Sherry, who ask, "We were told that if we report on one measure, one time, for one patient, we can avoid the negative adjustment. Is that true or do we also have to report on six quality measures as well?"

Amy Weiser: Hi, thanks for your question. This is Amy. Yes, that is true. One patient, one measure, one patient, one time. You would avoid the penalty.

Shanen Wright: Next up is from Janet, who says, "How does a practice report by group?"

Kathy Wilde: This is Kathy, I can take that. Janet, what you will do is decide what categories you want to go ahead and report as a group. With a test your pace option for this year, you can report the quality category ACI or improvement activities. You do not have to do any type of registration or anything. I will just say, if your group does have twenty-five or more clinicians and you do want to use the CMS web interface as your submission method, then you would have to register and the deadline for that is coming up really soon. It is June 30th. What you would do is determine, which method you want to submit your measures, and then whether it's a registry, or that, EHR, or claims. Select the quality measures. Everyone in that group would have to report those same quality measures.

For the advancing care information category, you would be looking at the measures and going ahead and then adding everyone's performance together and submitting those numbers as a group.

Then for the improvement activity, even if just one clinician, does one or two, three or four. However many you need to try to get full credit for that category. Even one clinician completing an activity would earn credit for everybody. That's one of the advantages of group reporting, especially with the improvement activity category, that not everybody has to be involved in that. I hope that covers it. If anybody else has more details, please chime in.

Shanen Wright: Thank you Kathy. We'd also like to note for our participants that we are recording today's session and we will be providing a transcript of today's session as well. If you need to refer back to any of the answers given, no worries, we will provide that to you and make sure you have both the recording link and a transcript of today's questions and answers during the proceedings.

Let's go back to the list, and hear from Mary-Anne now. She asks, "How do you obtain all ten points for each measure you are reporting under quality? What factors contribute towards those ten points?"

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

Lisa Sagwitz:

Sure. In my opinion it would be very difficult to score ten for all your quality measures. Things that you want to look at are benchmarks. Within the QPP website you'll find a tool, I think it's called "Table To Benchmarks", and you can look at a particular measure. An example would be documentation of current meds in the medical record, that's something that called a top dot measure, almost everyone is doing it well. A practice or an individual would need to score, like ninety-five to a hundred, or ninety-nine to a hundred percent to get a decile ten for that particular measure. Scoring lower would be much less in the decile range. That's something, if you're working with quality insights and using our MIPS calculator, which was recently released. What I do when I work with many of the practices is we list the measures that they're working on. Then I can show them, say like for influenza immunizations, maybe they're at twenty or twenty-five percent right now. If they could bump that up to fifty percent, where that would help them within their decile range. Between those two tools that's good.

Then a starting point as you're trying to figure out which measures might be good for your practice, run your clinical quality measures for last year and year to date. Look at what you're doing well at and what you'd like to focus on as a practice. That's a good starting point.

Then, of course, if you're working with a quality insights person we can help, you know, give you some recommendations and guidance from information that you provide to us.

Shanen Wright:

Thank you Lisa. Please note in the chat window, Rebecca has added some links about group participation and benchmarks directly to CMS's QPP website. You may find those direct links very helpful, as well as a link to the quality insights, quality innovation network as well. You can get more information on the topics we're discussing.

Back to the Q&A's for Bobby, who asks "Regarding the MIPS calculator on the exit report, I received a red statement stating all providers were doing well in this area. How does that affect us?"

Kathy Wilde:

This is Kathy. I can take that one. Thank you for the question. The MIPS calculator was actually created by another QIN and we are using it. I just want to give the disclaimer that the numbers are, the logarithms built into it are the most accurate and based on the final rule. However, it's really meant to be more of a tool to help guide you and track your scores throughout the years, so we can help you improve them. If it says you're doing well, you might be at the maximum range for that category. Most practices have the possibility to earn sixty points in the quality categories, twenty-five points in the advancing care information category, and fifteen in the improvement activity category. I assume that the comment alludes to the fact that in one of those sections you've received full credit. Keep up the great work!

Shanen Wright:

Next question is from Betty, who asks "How do you register as reporting individually versus reporting as a group?"

Amy Weiser: Hi, this is Amy. I'll take this one. Thank you for the question. You do not need to register if you're going to submit MIPS information as an individual. The only time that you need to register is if you're going to submit as a group and the deadline is June 30th. If you need any more information about that I know Kathy did just mention a little while ago, and we can make sure that you have that information again as well. Anyone else, please chime in if I missed something. Thank you.

Shanen Wright: The next question is from Joan, she says "I know that we only need to report on six quality measures, but will we get any bonus points for reporting more than the six required?"

Amy Weiser: Hi this is Amy.

Kathy Wilde: Lisa, do you want to take that one? Oh, I'm sorry.

Amy Weiser: Sorry. Go ahead Lisa.

Lisa Sagwitz: Hi again, no you would not get any additional bonus points for reporting more than six measures. This is a question that surfaces often. It's a decision that each practice would have to make. In my opinion I advise practices to pick their best six. If you submit more than six measures what will happen is CMS will decide what they feel your best six are. I like to choose what I think are the best, but it's up to you as an individual, but there are no extra bonus points.

Shanen Wright: Next questions from Marcy. She asks, "Only one measure that is claim based, which is the sterile technique. How would you pass for anesthesia if you have patient ... patient services that fall into other anesthesia measures?"

Kathy Wilde: That is an excellent question. I think that's something that I'd like to go ahead and talk offline about that. It's very specific.

Shanen Wright: Mm-hmm (affirmative).

Kathy Wilde: Can we put that one aside and then I will reach out to the person that asked the question.

Shanen Wright: Certainly.

Kathy Wilde: We will be sure to answer that. Okay.

Shanen Wright: Certainly Kathy, I made a note Marcy of your question and we will follow up with you individually for that specific information.

Let's go back to the list. Thank you all for the great questions. These have been fantastic today. This one is from Janet, she asks "How will we attest for IA and ACI?"

Amy Weiser: Hi, this is Amy. I'll take this question. There are actually a few different methods that you could use to submit information to a CMS. You can use your EHR in some cases, or you could attest, the way I understand, though we do not know exactly how that's going to look in 2018. Some EHRs have the IA capability built into them to help you with that as well. It's, kind of, under specific the way that I understand it. I do believe that both ACI and the IA are going to be available by attestation. If anyone else on the panel wants to add to that, please do so. Thank you.

Kathy Wilde: I can chime in a little bit. What I've heard is that the link to do the attestation will be available on the CMS QPP website and that the attestation process will be very similar to meaningful use attestation. If you had done that at all, it will simply be going in and you would manually add numerators, denominators and performance rates. Then submit your attestation that these numbers are accurate to the best of your knowledge. As far as the improvement activities, at this point, it has not been said that any documentation would need to be uploaded or anything to prove that the activity is completed. It would simply be placing a check mark beside the number of activities that you completed, but that CMS does expect you would keep all documentation in case you are audited down the road.

Shanen Wright: Continuing with our questions, we go to Mary Anne. She asks, "When is the CMS portal opening up to report our MIPS components not currently enrolled in a registry?"

Kathy Wild: This is Kathy. I can answer that. That will not be opening up until January 2, 2018. They have to wait until the complete reporting year is over, so nobody is [inaudible 00:23:33] that's data until first quarter of 2018. We do know the deadline to submit that data will be March 31st of 2018.

Shanen Wright: Note in the chat window, Introduction to MIPS, courtesy of Rabecca sharing those direct links for you to find more information. Thank you so much for that Rabecca. Next we have Sherry, she asks, "We don't participate in Meaningful Use or PQRS at this time and are unfamiliar with how to even gather info and report on claims. How can I find very specific information on this process?"

Amy Weiser: This is Amy, I'll take this one. You can definitely reach out to us individually to our QPP support. We can walk you through that process. There's a host of information also available on the QPP.cms.gov website as well. You can still participate in MIPS even if you don't have an EHR and you haven't submitted Meaningful Use. Again, we would be happy to work with you individually to help you to meet that goal.

Shanen Wright: Thank you Amy. Next we go to Janis, she says, "We should register as a group when we are using the CMS web portal. We are using another registry so I understand we do not need to register as a group with CMS. Is this correct?"

Kathy Wild: This is Kathy. Yes, that is correct. There is no registration required if you are going to use a registry for any type of reporting. The only registration required, with a deadline of June 30th, is that CMS web interface. That would be if you are a group, which means that you have 25 or more clinicians in your practice. You would be bound to reporting the fifteen quality measures versus just six. The other reason for registration is if you are a group with only 2 or more clinicians and you want to administer the CAPS survey.

Shanen Wright: We have links to registration for the CAPS and for MIPS on the CMS website now in your chat window if you're interested in referring to that. Next we go to Laurie, she says, "Although we have reported individually in the past is it possible to submit as a group going forward? If reporting to a registry, we do not have the June 30th deadline to meet, correct?"

Shanen Wright: Okay, I heard someone say something, but I couldn't quite make out if that was confirmation or denial.

Kathy Wild: I'm sorry Shanen.

Shanen Wright: That's okay.

Kathy Wild: This is Kathy. Laurie, you are absolutely correct. You do not have to register unless you want to use that CMS web interface. One thing I will point out though ...

Laurie Fink: I think we just lost Kathy.

Shanen Wright: Yes, Kathy unfortunately your phone is cutting a little bit in and out right now. We may be having a little bit of a network complication, as soon as Kathy is able to rejoin us we will pick back up with the question that Laurie asked just a little bit ago. In the meantime ...

Lisa Sagwitz: Shanen, I can jump in if you like. It's Lisa.

Shanen Wright: Okay, Lisa that would be fantastic. This is the question for Laurie.

Lisa Sagwitz: Okay, first I'd like to clarify. There are two types of group reporting in case there's any confusion going on. The group reporting that you have to register with CMS by June 30th, you would have known that last year as G-Pro reporting. That's usually for groups of 25 or more, typically. What CMS does is they assign you two hundred and forty-eight patients with fifteen measures. It's a very specific way of reporting. For most groups you do not have to say by June 30th that you're doing group reporting. There are two types of group reporting. Say a practice of five or ten physicians decides they're going to group report rather than individual report. Nothing needs done by June 30th. It's only if you're doing that CMS web interface. I hope that helps. Whether you use a registry or not, again it's the same role if you're going to do the CMS web based reporting, yes

you'd have to register by June 30th. If it's the traditional group reporting, you wouldn't have to register.

Shanen Wright: Thank you Lisa. Although we are at the top of the hour, we're going to go into QPP live overtime at this point, because we still have plenty of questions left to answer. We want to make sure we get through all of them in the Q&A and also have an opportunity to open up phone lines as well. Our next question comes to us from Karen Jetter. Karen asks us, "Is there a minimum number of patients required for each measure? We are a very small practice with only two providers."

Amy Weiser: This is Amy.

Kathy Wild: Hi, this is Kathy can you ...

Amy Weiser: Go ahead.

Kathy Wild: No, go ahead. I just ... Go ahead Amy.

Amy Weiser: Okay. I believe that Lisa answered this prior. Lisa if I'm wrong please correct me, I think the minimum is that you have at least twenty patients represented for the measures, for each of the measures.

Lisa Sagwitz: Yes.

Shanen Wright: Next up is from Maria. She asks, "Does it matter how many quality measures you must report or improvement activities comparing individual or group reporting? How many quality measures need reported, and when should improvement activity be started?"

Kathy Wild: I can take this one, Shanen. I apologize, earlier my phone went down and I had to call back in. Does it matter how many quality measures you must report or improvement activities? The more you report the chances that your MIPS score will be higher. Therefore, you have more of an opportunity to gain a positive ... a larger positive payment adjustment. As Lisa stated previously the maximum number of quality measures that can be reported is six. For improvement activities, the maximum number of points you need for that category is four. That will be determined by the size of your practice, or if it's in a rural or health professional shortage area. Once you get the maximum number of points in each category then, you know, you've met the limit for there. There is a number that you do want to strive for.

Let's see, the second part of your question, how many quality measures need to be reported and when should improvement activity be started? For improvement activities, the minimum number of days for all of them, except for one, is ninety days. You can start as late as October 2nd and complete the activity between October 2nd and December 31. Certainly if you want to start

ahead of time you can do that. Just know that there are no specific days, you know, so you can start it in the middle of a month, basically whenever you want. The one improvement activity that does have a longer time period is the prescription drug monitoring program. If you choose that activity it must be for a minimum of six months.

Shanen Wright: Next up is Allen. He or she says, "If a physician is a MSSPACO, but is also approved in a CPC plus practice does he have to report through MIPS as well as CPC plus or will CPC plus satisfy reporting requirements?"

Kathy Wild: This is Kathy. I can try to answer this one. I guess, well, there are two different pins. I can't tell from the wording if the MSSP is the CPC plus ACO. If he's only in one pin, and that is the CPC plus, then that would qualify as an advanced APM. He will probably not have to report through MIPS, but we won't know that until CMS looks at all the data to see if he meets the criteria. If he is in two different pins, one is the CPC plus, which is an advanced APM, and the other is just a regular MSSPACO, then he would have to report under that other ACO. He would be reporting MIPS. Allen, if you want to put anything in (the Chat) to clarify, we would be more than happy to clarify that for you.

Shanen Wright: Okay. Going back to the list, we have another question here from Paula. She says, "Are there any plans to identify practices or providers that qualify as rural? Many of our practices have multiple locations and providers in multiple locations. I have been previously advised to follow the tax identification number, follow the providers address and use PECOS". She also adds, "I'm still not sure how to identify rural" and ... her comment follow up is "It might have been helpful for the participation status letter to designate rural, non-rural.". That is a three-parter from Paula, if someone would like to address that.

Kathy Wild: [inaudible 00:35:02] on that Paula. We have actually [inaudible 00:35:04] develop a list of ...

Shanen Wright: Sorry to interrupt you Kathy, your phones sounding a little broken up again. Let's pause for a second, hopefully it will clear up. My apologies.

Kathy Wild: Okay, can you hear me now?

Shanen Wright: A little. Laurie, is it only my connection where Kathy's audio connection is sounding broken up? I don't want to continue interrupting.

Laurie Fink: Yeah, no it is breaking up. I'm not sure, maybe you want to dial in on a landline Kathy. That might alleviate some of your problems.

Kathy Wild: Okay let me ... I can call back in.

Shanen Wright: Okay.

Lisa Sagwitz: It's Lisa, if you'd like me to jump in and answer that.

Shanen Wright: That would be great Lisa, thank you.

Lisa Sagwitz: I see that you have multiple locations Paula. The rule for this is that all of your locations would have to be considered rural to qualify. We do have a link that lists by zip code all of the rural facilities in the states that we cover. Maybe we can get you that link, and you can look and see which zip codes you may be in. Again, all of your locations would have to fall within rural to qualify.

Shanen Wright: Rabecca has added the link to Quality Insights website in the chat window if you'd like to refer to that. Next up is Catherine. Catherine has a question here that says, "Will the tracker be able to record continuously throughout the year?"

Amy Weiser: This is Amy. I'm not exactly sure what you mean by the tracker, are you talking about the MIPs Calculator? You can use the MIPs Calculator to help you to monitor how you're doing with your measures as a guideline to give you an idea of how may score in 2018. If you could just let us know if I'm answering your question appropriately, that would be great.

Shanen Wright: Alright, again Catherine, if you called in on the telephone, as soon as we get through the Q&A questions in the Chat box we will open up the lines. If you prefer to provide clarification via the Q&A that's fine as well, or if that answers your question we'll continue moving on.

Next up is Pamela, who says, "I just want to clarify that registration as a group is only for groups that have at least 25 providers. Correct?"

Kathy Wild: Shanen, this is Kathy. Can you hear me now?

Shanen Wright: Yes, loud and clear. Thanks Kathy.

Kathy Wild: Okay. Alright, I can answer Pamela's question. Pamela, you are correct. You must have a minimum of twenty-five providers to use the CMS web interface, but the registration is only required if you want to report using that submission method. Otherwise, if you're going to report using your registry, EHR, or claims, you don't have to do anything by June 30th.

Shanen Wright: Donna asks next, "Can you please clarify what is needed in order to meet the public health or clinical data registry reporting measures?"

Kathy Wild: This is Kathy, I can pick up on that. The public health clinical data registry reporting measures are not required measures under MIPS. They are in the advancing care information category. They are simply if you report to one of those registries you can earn five extra bonus points in the advancing care information category.

The only difference is the immunization registry reporting. That is one of the performance measures if a practice or individual reports to the immunization registry they will earn ten points. If a practice or individual does not, they will earn zero points. Once again, that is not required and the public health and clinical data registry is also not required. It would simply be five additional points for the advancing care information category. Remember CMS built in a cushion with that. The clinician or group only needs to earn a total of one hundred points, maximum, to earn the full credit for that category, but there are a hundred and fifty-five points available. There's a cushion built in if you're doing well with all of your other measures, then you wouldn't have to have the extra expense of reporting to a registry if you didn't feel that was necessary.

Shanen Wright: Thank you, Kathy. Next up, this is a multi-part question. I'll share all parts first and then if we need to revisit individual components please let me know. This is from Deanna, she says, "For 2017 reporting, can we opt to do the test track first? Then, if we are comfortable with the test can we then move onto the ninety day track, or must we choose only one for this year?" Let's just go ahead and start with that and then I'll have Deanna's follow-ups directly after the answer to that question, if we have that.

Amy Weiser: This is Amy, Shanen can you repeat the first part of that please?

Shanen Wright: Sure. "For 2017 reporting, can we opt to do the test track first? Then, if we are comfortable with the test, can we then move on to the ninety day track, or must we choose only one for this year?"

Amy Weiser: When you say test track, do you mean the pick your pace? This allows participants and clinicians to, again, report one measure for one patient one time to avoid the penalty. You can of course do that, if you'd like.

Shanen Wright: The rest of Deanna's question is here, it may provide a little clarification for you, Amy.

Amy Weiser: Okay.

Shanen Wright: She goes on to ask, "Also, can only groups report using the CMS interface? If we are reporting as an individual can we still use the CMS interface? If as an individual we do wish to use the CMS interface, must we still register by June 30th?"

Amy Weiser: Okay. I'll do my best here.

Shanen Wright: Mm-hmm (affirmative). She says yes.

Amy Weiser: Okay, the CMS ... I'm sorry.

Shanen Wright: No, no. Go right ahead Amy.

Amy Weiser: Okay. The CMS web interface is only for groups of 25 clinicians or more for submission. That does require the registration by June 30th. If you're going to use the CAPS survey, you need to register with the CMS web interface.

Amy Weiser: I'll just see if anyone else wants to comment. That's fine, I'm not sure if I'm answering the question.

Pete Mercuri: You did a great job, Amy. Just wanted to add to the first part of the question pertaining to reporting about whether you do the test, or you do the ninety days, or the full year. You don't have to base the report on it until January 1st, so basically they could do a test run and, you know, if they want to when they go to submit, they could submit the ninety days or whatever. That should be basically the answer to that question.

Shanen Wright: Thank you Pete and Amy. Moving onto Darla, she asks, "Is it correct that you can report MIPS for any ninety days, rather than a three month quarter? For example, March, April and May instead of January, February March?"

Amy Weiser: Yes.

Kathy Wild: I can take that question. Oh, go ahead Amy.

Amy Weiser: Yeah, I was just going to say yes. It can be any three month period. Any consecutive ninety days that you choose. It doesn't have to be based on the quarter.

Shanen Wright: Next from Karen, she says, "Patients with any insurance can be submitted. Is there a minimum percentage of those that need to be medicare patients?"

Kathy Wild: I can take that one, this is Kathy. Once again, this has to do with the data completeness criteria for the quality measures where everybody, if you're submitting the registry, or EHR, or QCBR, you will be submitting information for all of your population. The minimum number is fifty percent of the total eligible patients that meet that criteria for that specific quality measure. For the other categories, it would definitely include all of the patients that are seen during that reporting period. Whatever time you pick whether it's ninety days, a hundred days, a hundred ten days, or if it's a full year. There's not a minimum percentage. CMS will look at the totality of who is seen during the reporting period.

Shanen Wright: Thank you, Kathy. Next up from Janet, she says, "One of the panelists just said she is working directly with practices. We qualify and are registered as a small practice. Can someone on this panel help us directly?"

Amy Weiser: Yes, absolutely. If you are signed up with us for our QPP SURS support, we are absolutely able to help you and would love to do that.

Shanen Wright: Next from Sherry, she says, "CMS has changed the eligibility threshold for 2018. We, as single provider practice, do not meet the new parameters. Are we still going to be required to report in 2017 or could this be changing as well?"

Kathy Wild: Hi, this is Kathy. I can take that question. The proposed rule that was just released on Tuesday reflects 2018. For this time period for 2017, as far as we know, the eligibility and low threshold criteria will remain thirty thousand dollars and one hundred patients. CMS is having a webinar on Monday afternoon and we will be sending everyone an invitation to that if you've not received it already, where they will review the proposed rule. That is something that they may touch on. As far as I know, that will only be for 2018.

Shanen Wright: Next is from Kavita, she says, "Under radiation oncology there are four subset measures, do we need to report on those four and two others? Can we report on two radiation oncology ones and choose four other measures that are EHR system reports?"

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

Lisa Sagwitz: Sure. When you get into the subspecialties like radiation oncology, certainly if you're able to get six measures that would be the most ideal. If you could only get four in your subset measures, that will be acceptable by CMS because only four are available to you. We're being told that you will not be penalized for only submitting four measures if that is all that's available to you.

Shanen Wright: Thank you, Lisa. The next question is from Marcy. "Did you say all of the links here will be sent to us via email?" Yes, we will be compiling a transcript, and recording of this, and can download all of the links shared in chat as well. As a registered participant we can get that information to you as well. Thank you for that question Marcy.

Next from Catherine, she asks, "Do I need to start a new spreadsheet every time I want to check the status?"

Amy Weiser: This is Amy. I'm not exactly sure what you mean by the spreadsheet. If you're talking about the MIPS Calculator, you can update and edit that. It's kind of like a sandbox. You can go in and make changes to that as you would like. You can leave it the same and just, you know, re-enter your new data as you have it available to you throughout the year. I'm not sure if that answers your question, but you can edit your MIPS calculator as often as you'd like.

Shanen Wright: Okay. The next question is a follow-up from Janet, who we heard from a little earlier who asked if someone could help this small practice directly, which certainly we can. The contact information, again, for the QPP Support Center is now up on your screen. Janet you can contact us at qpp-support@qualityinsights.org or 1-877-497-5065.

We've gotten through all of the questions submitted online, so right now we are going to open up the lines to all participants. Please, if you don't have a question make sure your line is muted on your end. We've got a few more minutes here in QPP Live overtime and can address any of the follow-up questions that our panelists have addressed throughout this. Laurie, if you could unmute all lines at this time. Again, please mute yourself on your end if you do not have a question. We're going to go state by state and see if anybody has any questions or comments.

Let's start with the state of New Jersey. Do we have any questions, comments, or follow ups for any clinicians in the state of New Jersey?

Shanen Wright: Okay, hearing nothing from New Jersey right now, let's go to Pennsylvania. Are there any questions, comments or clarifications from anyone on the telephone calling us from the Commonwealth of Pennsylvania?

Catherine: Hello, this is Catherine. I'm calling from Hematology Oncology, how are you?

Shanen Wright: Doing well, thanks so much for joining us for QPP Live today.

Catherine: Thank you. My question, I think maybe it's just ... it's hard to verbalize through the Q&A. My question is, so with the calculator I'm asking is it able to track so we could see a trending line with our doctors. Just to see, you know, how they're doing, if they're progressing. Or, is it just strictly a calculator where it's just a one-time use?

Lisa Sagwitz: Yeah, it's just a one-time use to give you the score. We we did kind of create a little bit of a spreadsheet where you can, you know, map their MIPS scores and measures. You know, where you could just do it on monthly basis. Is that what you're looking for? Where you'd have a line for each clinician, and then each quality measure, and what their score would be.

Catherine: Yes.

Lisa Sagwitz: Okay, we can definitely work on that and get something to you. That's a great idea.

Catherine: Excellent, that would be wonderful.

Lisa Sagwitz: Okay.

Pete Mercuri: Kathy, just as a suggestion for her. If they'd like to keep track of it, I guess they could basically just save it as another spreadsheet. You know, for the one month to have the results that they put in and then the next month basically put that in. They could, you know, track their improvement that way too.

Lisa Sagwitz: Right, right. Thank you.

Pete Mercuri: Alright.

Catherine: Yes, thank you.

Shanen Wright: Thank you so much for your question Catherine and for joining us for QPP live today. We really appreciate it. Are there any other questions?

Bobbi: Shanen?

Shanen Wright: Yes.

Bobbi: This is Bobbi from Pennsylvania and I just wanted to thank you guys for this opportunity because I think that we've learned a lot from people's general questions. I really like the format. I just wanted to thank you for that.

Shanen Wright: Well, you're very welcome. This is going to be a monthly feature of Quality Insights as well. Today's session has gone so well, we've received great questions and feedback. We'll certainly let everyone know when next month's episode will be. We're kind of experimenting with different times of day to see which works best for clinicians. Eventually we'll just have a set schedule of this and you can mark your calendars and type your questions or ask them on the phone each and every month for QPP Live. Thank you so much for your feedback. We really appreciate that.

Bobbi: Great, thank you.

Shanen Wright: You're welcome. Other questions, or comments from Pennsylvania? Okay, hearing none, let's move on to West Virginia now. Are there any questions, or comments from clinicians in the mountain state?

Deanna: Hi Shanen, this is Deanna from West Virginia.

Shanen Wright: Good morning Deanna.

Deanna: Thank you very much. I want to reiterate also, thank you very much for providing this Q&A session, it really is insightful being able to hear all of the questions and the answers. Just wanted to clarify, I had asked the question about one the CMS web interface, and I do understand that only groups will be registering for that. Then I think I heard somebody said something about a CAPS survey.

Lisa Sagwitz: Yes. If you are a group and you have two or more clinicians then you can administer the CAPS survey. To do that you would have to register on the CMS web interface by June 30th.

Deanna: To clarify, the CAPS is not for groups of twenty-five or more, but those are less than twenty-five but more than two.

Lisa Sagwitz: Two or more, correct. If you're going to administer that, and someone can chime in if I'm correct, if you're going to administer that, it means you would be reporting as a group. This means that your other quality measures, and your advancing care information, and improvement activities would also have to be reported at the group level.

Deanna: Thank you for that.

Lisa Sagwitz: You couldn't report as an individual.

Deanna: Mm-hmm (affirmative).

Lisa Sagwitz: I think that's correct. Does Amy, or Lisa, or Joe, or Pete, anybody? Is that your thought too? That if you're going to administer the CAPS as a group.

Kathy Wild: Yes, that's correct.

Lisa Sagwitz: Okay.

Kathy Wild: That's correct and with a CAPS survey, that's a paid feature. You're hiring an outside agency to administer those surveys to your patients. Usually the smaller practices don't want to put out the extra money to do that type of survey, so typically we see it in the bigger practices.

Shanen Wright: Okay, any other follow-up from the Quality Insights team for Deanna. Alright, well Deanna thank you for ... I'm sorry did someone have something?

Deanna: I'm sorry, this is Deanna again. I heard mention of the spreadsheet, that you guys already have something in place. Like a template or something? Can we have access to that?

Kathy Wild: Yes, yes. I think what we had is a request for a template so that a practice can track on a monthly basis, scores for each of the categories. Now, we do already have a MIPS worksheet. Rebecca do you ... Rebecca is on the ball, as she just posted that. We do have the link for a MIPS worksheet where you can go ahead and track each of the categories for each clinician. We can also do one at the practice level so you could compare for each of the categories the different clinicians too. Excellent idea and yes Deanna you should have the link for that MIPS worksheet, which is available now, and then we'll work on a spreadsheet and let everyone know when that is available.

Shanen Wright: Okay, well thank you, Kathy. Thank you Deanna for calling in from here in West Virginia. We really appreciate your call today. Let's move on ... Well let's see first, anyone else in West Virginia have any comments, or questions they wanted to share before we moved on to the next state? Okay, hearing none we move on to the first state Delaware. Questions, comments, or feedback from

Delaware? Okay. Last, but not least, our friends in Louisiana in the central time zone joining us today. Any questions or comments from clinicians in Louisiana?

Okay, hearing none we will wrap up today's edition of QPP Live. I want to thank everyone again for all of your great questions, and for calling in, and typing them. I know we enjoyed answering them greatly and hearing from all of you. As I mentioned we will be sending out a transcript and all the links contained in today's session. We'll be sure to let you know about next month's session so you can join us again in July for QPP Live. On behalf of Quality Insights I hope everyone has an excellent day.