



Quality
Insights

QPPLive!

Transcript from Live Session

Thursday, October 19, 2017

Shanen Wright: Good morning and welcome to our October 2017 addition of QPP Live, this is the program where we answer your questions in real time about the Quality Payment Program. You can start submitting your questions into the Q&A box at any time. Before we get to the Q&A portion, now, we have some breaking news, and announcements related to the Quality Payment Program. At this time, it's my great pleasure to turn the presentation over to Kathy Wild for today's news. Kathy?

Kathy Wild: Thank you, Shanen. Welcome everybody. Thank you for joining us this morning. First of all, we want to just tell you about the fact that this afternoon CMS is hosting a webinar to discuss the QRUR reports, and your 2016 PQRS feedback reports. You may ask, why that is important? Well, it impacts your 2018 Medicare Part B payments. We hope you had an opportunity to look at those reports and make sure that they are accurate.

CMS will be going over the fact that there isn't an informal request and review period. There is a deadline of that of December first. We have included links to be guides to help you understand those references, and we've also got the registration link here if you are available to attend that webinar this afternoon, hosted by CMS. One thing I do want to note is that we will be sending the slides for today's presentation immediately after this presentation, so you will be able to readily access those links.

Also, we want to tell you that CMS in the last month has released a new look-up tool, and this is strictly for participants that are in advanced alternative payment models, meaning that they are in some type of ACO. What this does is the participants will be able to see if they actually qualify to become a qualified participant. CMS used calculations from claims based on January through the end of March, so the results that are in the look-up tool right now reflect that, however they will soon be updating that, and adding more clinicians that qualify based on claims through the end of June.

Just to note, that the tool for this is not the same MPI look-up tool that's on the QPP website, this is a different tool, and unfortunately CMS did not put it on the

QPP website, it is on the data.cms.gov website. We do have the link for you here in this, so you can look that up, if you are an APM model. The benefit of doing this and something you may want to think about for participating in APM in the future is that you are excluded from the MIPS program and you have the possibility of receiving a 5% lump sum Medicare incentive payment.

Okay. Another thing that CMS just released it is about virtual group reporting. Next year, in addition to reporting as an individual, or at your group practice level clinicians that are solo practitioners, or if they're in a group with 10 or fewer clinicians will have an option to participate in what's called a virtual group. You would join with other clinicians, and other groups, not necessarily in your state, anywhere across the country, and you can report your data together, virtually as one group. However, to do so you must complete an election process kind of like registration and there is a deadline of that of also December one, so that gives you about 45 days to decide if you want to do that, and report.

We have a link here for the toolkit that CMS has developed. I also want to highlight that soon everyone that's involved with Quality Insights will be receiving an invitation for a webinar where we will be discussing virtual group reporting, and that will be on Wednesday, November 8th. CMS has also been busy creating some new fact sheets. We've got the links, here, specifically for the Quality category. There's one for the Quality performance category fact sheet, and also if you're just going to submit data using claims they developed a separate fact sheet for that.

Additionally, you might have some questions, what happens if you report less than six quality measures, what would happen? CMS has developed what's called the Eligible Measure Applicability, abbreviated as EMA, so there is a fact sheet and the claim's submission method, and registry submission method to tell you kind of how CMS will determine if it is acceptable that you reported less than six measures, what they would then do is rescore those measures, and they would actually be worth more than 10 points, so that you can still have the potential to earn the full amount of points for the Quality category.

Lastly, we wanted to share with you that we have not partnered, but we have received permission to share with you a new MIPS calculator. This was developed by Stratis Health, which is another Quality improvement, Quality innovation network called Lake Superior Quality Innovation Network. They serve the states of Michigan, Minnesota, and Wisconsin. They have called this an estimator rather than a calculator, just to make sure that everyone understands that it isn't, when you put your measure rates in there it may not be exact to what CMS will actually calculate.

Stratis Health has developed this. We have reviewed it, and we feel that it is very user friendly. They've got a lot of instructions. Some of the great benefits are that you can compare your scores for individual versus growth group reporting at the same time. Additionally, you can click some links and it will

compare if you report versus using a registry, or your EHR, attestation, or even the CMS web interface.

Also, if you're participating in an APM it can give you options, and tell you how to score for that. It will automatically calculate your six best performing quality measures, so if you're tracking more than six you can put them in there and it would recommend what to do. It would automatically calculate those groups for you. The tool is absolutely free, but you do have to create an account on their website to do that. This is a screenshot of once you click on the link, what it will look like, and you've got over here in the right hand, top right corner a place where it says, create an account.

Where can you find the tool? We have already posted on our Quality Insights website, so you can get that from there, or you could simply get Google Stratis Health MIPS Estimator, or I've also included the link here, which will take you directly to the Stratis Health calculator. Where can you get help using the tool? Quality Insights staff can certainly try to help answer your questions related to the technical aspects of the calculator we certainly can help you give recommendations on how to improve your scores and things like that, but also if there's some technical questions Stratis Health has an email address right here, QPP Help, and they can actually assist you if you have the estimator related questions.

I'm sorry, I went too fast, there. Okay. Now, I'm going to turn this over to Rebecca Dase. Rebecca is one of our practice transformation specialists who works in Pennsylvania, and she's going to talk about some feedback she's received already on the Stratis MIPS Estimator. Rebecca?

Rebecca Dase: Good morning, everybody, and thank you for joining. Can you hear me okay?

Kathy Wild: Yes we can.

Rebecca Dase: All right. I would like to introduce Mary Ann Kramer, who is an office and compliance manager at Advanced Dermatology Associates her in Pennsylvania. They have three different office locations in Allentown, Bethlehem, and Pottsville. They have 17 MIPS eligible clinicians. They use a certified Medent EHR, and they will be reporting their Quality measures through a registry.

Mary Ann handles most of the Quality, and they have other team members that handle the ACI and improvement activities, but all together they do get the job done. I was able to introduce this estimator to Mary Ann the other day and her feedback was very great and positive, so I thought it would be a great opportunity to bring her on the call, and share the information with you guys. Mary Ann, would you say that the calculator was very easy to set up?

Mary Ann Kramer: Oh, simple. I think we did that in a couple of minutes. It was great.

Rebecca Dase: I know that initially Kathy had told everyone you do have to set up an account to use the calculator, so keep that in mind. We had it done in minutes. We were up and entering our practice information in there very quickly, and it didn't waste a lot of our time, or anything like that. I know sometimes account setup can be detouring, but please don't let that happen for this. Did you like the calculator?

Mary Ann Kramer: Well, what I really liked about it is with us being a large practice having a team on the MIPS for the year there was three of us doing each component, so this was a great way for me to get the information for the other two components in like you had introduced me and said, I do Quality, then there were others doing the ACI, and the IA, so by getting their information and putting it in one spot in this MIPS estimator we were able to see where we stand and right now looking at a 100 points and I had said to Rebecca, "I can sleep tonight. I feel good." Yes, it could change towards the end of the year, but going forward seeing that all in one location very valuable. Plus, the reports that you can generate at the end is great to give feedback to your chief operations officer, plus your physicians of the practice. I suggest everyone should go in, set up an account, and put in your figures.

Rebecca Dase: All right. Mary Ann, you answered my last question, I was going to ask you if you recommended it to everybody. You guys, heard it here. Mary Ann, like I said is a practice with more than 16 eligible clinicians, three different office locations, and they do see the benefits of using the MIPS Estimator, so I did post the link in the chat box, so you can go ahead and click on that, and follow it. If you guys have any questions, please don't hesitate to reach out. I will turn it back over.

Shanen Wright: Thanks so much Rebecca, and thank you Mary Ann for joining us on today's QPP Live to let us know about your experiences with the MIPS Estimator. It's so great to hear from folks just like you during these sessions. Today, on QPP Live we have got a panel of experts from all over the Mid-Atlantic, and Louisiana, as well. We'll be featuring Kathy Wild, who delivered our breaking news, today. She's our project director for the QPP Program here at Quality Insights.

We also have Crystal Welch with us, she's the training education lead for the project. Me, I'm Shanen Wright. Serving Delaware we have Cathy Browning, and Roxanne Fletcher. In Louisiana is Lisa Sherman. For New Jersey we have Diana Haniak and Amy Weiser. And, additionally for Pennsylvania we've got Matt Armstrong, Rebecca Dase, who you just heard from, interviewing Mary Ann, there. Rebecca is also the person who provides the wonderful chat links to you. You can keep an eye on chat throughout all of today's session, and link directly to the resources that we're talking about. My man, Joe Pinto is also up in Pennsylvania, he'll be answering questions, today. And, here in West Virginia we've got Julie Williams, and Debbie Hennan. Then, also in Pennsylvania we've got Lisa Segawitz, and Shirley Sullivan.

We've assembled a panel of folks to answer your questions for the duration of today's QPP Live episode. You can ask your questions using the Q&A function in the right hand corner of your WebEx player, just type your question in there,

and we'll take them all in order. Please make sure if you don't mind to use Q&A not the chat. We reserve chat for Rebecca's links, so Q&A is the place that you go to, to ask your questions, and you can type those in at any time.

Periodically, we'll also pause for those of you who are on the telephone as opposed to listening through your computer speakers, and give the opportunity to ask questions verbally. We do ask that if you are on the phone, and you're not going to ask a question, verbally, please make sure and mute your end, so that we don't hear any of that coming through the line or anything like that.

I'd also like to remind you not to share any protected health information, please, on the session today. That makes for a great session for you and for us, and we'd like you to know that we're here to help anytime at QPP with Quality Insights, not just during our third Thursday events at 9:30 a.m. eastern, 8:30 central known as QPP Live. We'll have contact information at the end, certainly you can visit our website, however you can get in touch with us. We are here to help you anytime with your QPP related questions.

You may not realize who your contact is, if so, we do have a general inbox for QPP inquires that we will respond to within one business day, and keep in mind that we'll do the best we can to answer all the questions we have, today, but know that some of your questions are very complex, so we might need to followup at a later time. Please also keep in mind that rules and interpretations change over time, but most of all what we want to do here at Quality Insights is develop a relationship with you, so that you can succeed in CMS as Quality Payment Program. Now, let's jump right to it, and begin with today's questions. We're going to start with Ronald. He has a two-parter, let's start with Ronald's first part, first, where he asks, "What Quality measures do I, as a podiatrist, report?"

Kathy Wild: Shanen, this is Kathy. I can help Ronald, here. Actually, if you want to pass the ball to me, I am going to show everyone where they can try to look to see where they can find some quality measures. Tell me when you've passed the ball. Okay. It looks like I am now the presenter. What I'm showing now, right now, is the Quality Payment Program website from CMS. When you first open up the website what I did then-

Laurie: Hey, Kathy? This is Laurie, you'll need to share your screen for us to be able to see that, we're just seeing the slides right now.

Kathy Wild: Oh, okay. Hold on. I apologize. I'm not sure where that function is. Okay?

Laurie: Just go up to share on the top left of your screen there, and click on that, and then click on "Share my screen", and that should do it.

Kathy Wild: Okay. All right. Tell me if you can see it now? All right.

Laurie: There we go!

Kathy Wild: All right. Thank you, Laurie.

Laurie: Yep.

Kathy Wild: Not always that tech savvy. Okay. We are at, I'm going to take you to the Quality Payment Program, I'm sorry, the Quality Payment Program website. What I did is I went into the MIPS tab up here, and over here you'll see where it says, explore measures, they have quality measures, advancing care and improvement activities. When you click on the quality measures screen you get to this, and what you can do is scroll down, and they do have what's called special team measure sets. As a pediatricist I am hoping, and I don't know this off the top of my head, but I am hoping that CMS has a group of measurements that they think are applicable to you, and I see that we are not lucky, and that's probably why you were having some difficulty.

I will let you know that during all of our internal discussions with CMS they are aware of the difficulty that specialists are having picking quality measures that are applicable to them. As you can see right now there is not a specialty set, which means that you would basically have to try to pick some other quality measures and if you want to try to get points for that category that you might be able to report on. What I would suggest next is to determine how you want to submit your quality measures and then that will filter down and give you more available options. If you are going to use claims, you would click on the claims button, which would show you that there are 74 measures there.

Right off the top, I can see where most of these are not going to be applicable to podiatrist, either, but we'd have to scroll down. If you have any HR, and you're going to use your vendor to submit you would click on that, and that would show you applicable measures there, or if you're going to use a registry. It is a tough thing to discuss, and probably it is worthwhile speaking with someone here that can talk with you and we can kind of figure out okay what's the mission method you're going to use, and what type of Medicare patients you see, or other patients. That's the best I can do, right now, to assist that, to answer that question.

Shanen Wright: Thank you, Kathy. We're going to move on now to the second part. Ronald, had a second question. He says, "I spoke with Matt Armstrong, will he be able to show me how I enter the measure in my EHR? How do I report these measures to CMS?" I believe Matt is with us on the line, today. Matt, would you like to followup on this question, from Ronald?

Matt Armstrong: How do I get off mute?

Shanen Wright: You are unmuted.

Laurie: I can hear you, Matt.

Kathy Wild: Matt, are you there?

Matt Armstrong: Hello. Can you hear me?

Kathy Wild: Yes. We can.

Laurie: Yeah.

Shanen Wright: We can hear you.

Matt Armstrong: Okay. Yeah. I was on mute, and I couldn't figure out how to get off it, so I lost the microphone. Anyway, yes, Ron and I had spoken and we have a scheduled GoToMeeting next week, I believe it is. I'll be able to help Ron with that information.

Shanen Wright: Great. I'm sure Ron will looking forward to that. Thanks so much. It's great to hear from you on QPP Live, Matt. We appreciate your contribution. Let's go to Bob, next, he says, "Now that the MIPS cost area is zero weighted, will the value modifier data collection be continued in 2017? Will the value modifier be applied to 2019 payments?"

Kathy Wild: This is Kathy I can try to help you Bob. The MIPS cost category you are correct is not going to be scored, and applied to your payments for 2019 based on 2017. The way that they wrote the final rule is that I believe within, by 2019 that 30% of the MIPS score will be based on the cost measure, which is basically part of that value modifier. What we've heard is that in the proposed rule they are thinking that they will not score the cost category again next year in 2018, but we do not know that for sure.

This is a good time to note that CMS has to release the final rule, which will reflect the final regulations for 2017 reporting, as well as the final regulations for 2018 reporting prior to November 1st. It is now October 19th, so we really expect within the next week that we will have that final rule in our possession, and at that time we'll tell you whether the cost category will be considered in your payments for next year based on your score and whether that would be applicable in 2020, based on 2018.

Shanen Wright: Those of you who have called in on the telephone, please sit tight, we're going to open up the phone lines in just a moment in case you want to ask your question verbally, but right now We're going to go to Paula, who asks, "I thought we were able to use a different method to collect data for each category, if that's correct how do we submit this when our vendor says, that they cannot accept information other than what is generated out of their own portal?"

Amy Weiser: Hi. This is Amy. I can try to answer that question. Thank you. For 2017, CMS has said that you need to select one method for the submission of your quality measures, so if you decide that you want to submit your quality measures as claims, all six quality measures need to be submitted that way. I'm not sure if I am understanding your question completely, so please clarify if I'm not.

But, the other two categories like advancing care information, and the improvement activities, even though you would be submitting your quality measures via claims you could submit your ACI, and your improvement activities in a different way. For example, you could attest to those when the CMS portal becomes available, which we are still waiting to hear about, or depending on your EHR sometimes they can submit those for you. If anyone else has anything to add, please do so. Thank you.

Kathy Wild: Hi. This is Kathy-

Kathy Wild: Oh, go ahead Lisa.

Lisa Sherman: The only other thing I was thinking was if Paula was alluding to that there's two separate EHR systems and data needs to be aggregated together, that may be why your vendors saying, they can only accept information from their own portal, or their own EHR, but I am not sure that, that's the case.

Kathy Wild: This is Kathy. That's what I was thinking, too. In that case, they'd have to use a data aggregator to combine the data together to be able to submit.

Shanen Wright: All right. As promised Laurie, let's go out to the phones right now, maybe somebody is sitting there wanting to ask us a verbal question. We do ask, heads up, we're going to unmute your lines on our end, so if you don't have a verbal question, please make sure your phone is muted on your end. Let's go ahead and open up the lines. If you have a question jump in right now, and our panel of experts will be happy to answer it. Okay. No phone questions at this time. We'll revisit the phone lines here a little bit later just in case you'd like to ask something verbally, but we've got plenty of questions lined up in the Q&A box. Keep in mind, you can keep those coming, keep submitting them, and we'll get to as many as time will allow for today.

Additionally, keep an eye on that chat box, because our friend Rebecca is providing great lengths to the resources that we're talking about today. We go back to the Q&A box to hear from Paula Calvert, she says, "Our office does not have electronic medical records. I'm trying very hard to understand the QPP Program, but it seems very complicated for physicians without electronic records. My question is if we have an office visit, 99214, what G-codes do I need to use? And, as a followup where can I find G-codes that are acceptable by Medicare online?"

Lisa Sherman: Hi. It's Lisa. I can take Paula's call, or question. If you do not have electronic health records, yet, there are two things that you can do to satisfy 2017 MIPS. One thing you can do is to report on an improvement activity or two, and there are several in there that you could probably take care of. The most popular one that I recommend is the prescription drug monitoring program, and then you'd need some documentation that you're enrolled in doing that.

With the G-codes there is on the QPP website, that's at qpp.cms.gov under the resources an extensive list of every measure, so you need to know the measure number, and then look under claims, and there will be maybe a three, or four, or five page measure specification sheet to tell you exactly what needs to be put onto the Medicare billing for the G-codes. We also have some information that was posted earlier about claims that I think you would find very helpful that came out recently, but definitely reach out to one of us and we can give you some more details. Most practices will pick maybe six or eight different measures that they want to put the G-codes on, but at least you do a few for this year you would avoid the penalty.

Shanen Wright: And, Lisa, we also have a follow-up from Paula, a little later, she also asks, "What modifier code do you use for G-codes, so all claims are not rejected?"

Lisa Sherman: Again, on each specific measure it will say if a modifier is needed, and what the scenario is, so I think the best approach would be to pick some of the measures, and then go in and pull those sheets and print them off with all of the details. Again, someone from Quality Insights would be happy to point you in the right direction, so you can get all of that data.

Shanen Wright: Thank you so much, Lisa. Ironically, our next question comes from a Lisa, she asks, "On an ACI cheat sheet there's a request except start of care in both base and performance measures, can you clarify where this measure falls?"

Kathy Wild: Shanen, this is Kathy I can help Lisa. Thank you for the question. I think what Lisa is referring to is the advancing care information measure for summary of care request and accepting, it's part of the measures if you have 2015 certified electronic health record, so for the most part I believe most practices still are using 2014 certified addition. Originally, CMS had said that everybody needed to upgrade to a 2015 certified edition prior to the end of this year. However, in that proposed rule, again, they are stating, and extending the fact that you do not have to upgrade prior to the end of this year, and next year, in 2018 you can also use 2014 certified edition. Once again, we will not know that until the final rule comes out.

That particular measure can only be accomplished if you have the full functionality of a 2015 certified edition. You would not even be able to do that if you have 2014 certified edition. What we are recommending this year is that everybody use the 2017 transition ACI measure set, there's only four required measures for the base measures that have to be done, and it's a little bit easier

to meet, so at this time I would say try to, you can disregard that measure at this time.

Shanen Wright: Next up, we hear from Alexis, she says, "I have a question regarding submission, for different MIPS categories, for example, ACI and the quality measures does one have the ability to submit quality measures via a QCDR, and ACI via the EMR? Do all categories need to be submitted to using the same tool?"

Amy Weiser: Hi. This is Amy. I'll take your question. Thank you so much. You can use the QCDR for the quality measures, and then you can use your EMR for the ACI.

Kathy Wild: This is Kathy-

Amy Weiser: If your vendor has the capability. I'm sorry. Go ahead Kathy.

Kathy Wild: Oh, I'm sorry, Amy. I was just going to add on that just remember there are probably costs involved by using your vendor to submit some measures. We all know that registries and QCDR's do have fees. If you attest it to meaningful use in the past and use the registration and attestation website, you'll recall that you simply had to go through and enter numerators, and denominators for those measures, and it wasn't that difficult of a process, so CMS does have that attestation ability for the advancing care information category, and the improvement activity category. Therefore, those two you could report for those two categories free of charge without using your vendor, or a registry, or a QCDR, and incurring costs.

As of right now that portal is not open, nothing can be submitted until January 1st, anyways, we don't know any of the particulars, all we've been told is the link in the platform will probably be accessed on the QPP website, and the attestation will probably be very similar to what you did for meaningful use if you did that in the past.

Lisa Sherman: It's Lisa. I can add one more thing to that, too, and that's all great information. Not everybody knows that you can report for different periods of time for each category. While you want to report probably more than 90 days to get the best data it could be a different 90 days for each of those categories. However, you can accumulate the most points.

Kathy Wild: Excellent point.

Shanen Wright: We have another great question from Alexis, let's follow-up with that right now, she asks, "If a provider plans to submit data on a quality measure, but the provider does not meet the baseline benchmark that's all three, does the provider automatically receive three points for submission even though they have not met the benchmark?"

Kathy Wild: I can answer that. Alexis, yes, if you submit at least one patient for one of the quality measures the minimum score you will get is three points, and it doesn't matter if there is a benchmark or not if the data completeness requirements are met or not, and we did recently confirm that with CMS, because they did have some conflicting information in a couple of their fact sheets, but, yes, three points for 2017 is the minimum number of points you would get if you report at least one patient for the measure.

Now, next year they're going to be raising the threshold, we're not sure what that's going to be, yet, but yes you will get three points, so if you report six measures with one being in a high outcome, I mean, an outcome measure, or a high priority measure, you have the potential to get six times three, 18 points for the quality category.

Shanen Wright: Thank you, Kathy. A couple follow-ups we have in the Q&A box. Our friend Barry was following up with the podiatry discussion that we had a little earlier, he said, "Regarding the podiatry measures, look at the diabetes measure, several apply to podiatrist. For example, measure 126, which is diabetic foot and ankle care." We also had a clarification from Paula Manning, as well. From our earlier discussion about portals, she provided the information that her organization has a standalone portal, and she also thanks everyone on our expert panel for all of the attestation information, which she said, that she found very useful. Let's go back out for more questions. Next up, we hear from Darla, she says, "It is my understanding that we must report at least one high priority measure. Recently, I have heard that we need an outcome measure as well as a high priority. What is correct?"

Amy Weiser: Hi. This is Amy. Thank you for the question. You need either a high priority, or an outcomes measure. You do not have to have both, however, my understanding is if you report more than one high priority measure you could get some bonus points.

Shanen Wright: Okay. Thank you, Amy. Next up, we have a question from Paula Calvert, we have two Paula's, so making sure we keep those folks straight. Paula asks us, "How many G-codes do you use for one hospital visit, such as 99223, and 99224, and 99231?"

Lisa Sherman: It's Lisa, I'll try to answer that. First, by stating that we're not billing experts, our expertise is more on the actual MIPS measures, but I would refer you to the measure specification sheets for a particular measure to try to pick up the proper coding for that measure. That's what I think might be the most helpful, as well as work with your biller.

Shanen Wright: And, follow-up also from Paula, while we're on the topic, she says, "We have a clearinghouse that submits our claims electronically with Medicare, would they be able to help with all of the G-codes and modifiers?"

Lisa Sherman: It's Lisa, again. You do have to give your biller some guidance indicating a level of care. An example would be for a diabetes hemoglobin A1C, there are different codes depending on what the level is. If it's under seven, it's a certain number. If it's between eight and nine, it's another number. If it's over nine, that's a separate number, so you'd have to help them out. A lot of times what I hear is there's a supplemental sheet attached to the super bill, and indications are made on that for the measures that you want to report.

Shanen Wright: Thank you, Lisa. Coming up, we're going to open up the phone lines, yet, again, for those of you who have called in, so if you've got a question you want to ask get ready for that coming up. And, we'd like to remind you that here on QPP Live we're here to help anytime, not just the third Thursday of the month at 9:30 a.m. eastern, 8:30 central. If you don't know who your contact is at Quality Insights, you can always use our general QPP inbox for inquires, and if you don't know that we'll have that coming up a little later in today's program.

Keep in mind some of these questions we may need to follow-up with, as Lisa said, you know, our expertise may not and necessarily be in billing, but we're always happy to refer to services, or follow-up with you, and keep in mind that rules and interpretations change over time. Most of all, we just want to help you. We want to get to know you, and make sure you succeed in the Quality Payment Program.

At this time, Laurie, let's open up the phone lines, again, and see if anybody has any verbal questions. We'd love to hear from you, you don't have to be shy, our experts don't bite, go ahead if you have a verbal question just jump in right now, and we'll be happy to answer it ... Okay. Hearing none in the phone line, we'll go back to the Q&A box, make sure and keep your questions coming into the Q&A box here on QPP Live. As I mentioned we'll answer as many as we can today. Next up, we hear from Lawrence, he says, "I'm a solo provider who is very new to this process, I selected for a gynecology breast cancer screening. I submit paper claims. How do I start this process? Do I send a HICA form with the patient's medical record? What needs to be documented?"

Kathy Wild: Hi, Shanen. This is Kathy I can try to help. I do want to let him know that there is a YouTube video produced by the American Medical Association on how to complete the CMS 1500 form, and I just sent Rebecca the link, and hopefully she'll be able to get them posted in the chat box, so that he can look at them, and see if that will help. Does anyone else have anything else to add? I just wanted to make sure we told him about the YouTube video.

Lisa Sherman: It's Lisa. I would just think pull from the measure specification sheet that particular measure and make sure that you understand exactly what needs to be submitted, what type of codes, and that will bring success for that measure.

Kathy Wild: Once again we encourage everyone in the chat box, and on the phone to contact us, whoever's working in your state, and we can provide that one-on-

one assistance, so we can get down into the details to help you be successful in the QPP Program.

Shanen Wright: Thank you, Kathy and Lisa. As we wait to see if any other questions are going to come into the Q&A box please make sure and type them now, so we can get to them. We're going to go back for a couple of QPP Live classic questions. These are the things that we hear about quite frequently, here at Quality Insights. First, we're going to throw out whether nurse practitioners are eligible for QPP support?

Amy Weiser: Hi. This is Amy. I'll take that question. Yes. Nurse practitioners are eligible for the MIPS program in 2017. If you need more information, or more details about that please reach out to us, individually, and we will provide that assistance for you.

Shanen Wright: Thank you, Amy. Another classic question, where do we go to submit MIPS data?

Amy Weiser: This is Amy, again. We are waiting to hear from CMS about the submission method, as Kathy had mentioned previously CMS will be developing a way for practices to attest to the ACI, and the improvement activities, similar to the way their practices attested in the past, excuse me, for meaningful use. As soon as we have that information we will be announcing that in our newsletters and et cetera. Stay tuned for that information.

Shanen Wright: Thank you, Amy. We've got a few more questions rolling into the Q&A box at this time. Let's start with Paula Calvert, she's asking what the web address is for the specification sheets?

Kathy Wild: Shanen, this is Kathy. If you want to pass me the ball I will share my screen with Paula, and kind of walk her through it, to show her where they're located.

Shanen Wright: You are now the presenter.

Kathy Wild: Thank you, Shanen. Okay. Can everyone see my screen?

Rebecca Dase: Yes. Your desktop.

Kathy Wild: Okay. I have the link saved for the Quality Payment Program, and when you initially go to that website, you come up to this screen, so what we are referring everyone to is in the about section, there is what's called, the resource library, and then you would scroll down here in the resource library, and you are looking for the specification, so let me see, I should have looked for it, okay, there it is [crosstalk 00:46:58], the quality measures-

Rebecca Dase: I also have the link posted.

Kathy Wild: Oh, thank you Rebecca. But, I wanted to show here where it is, too, so you can get it, here it is right here quality measure specifications it is a large file, it was a file that was downloaded on December 29th.

Lisa Sherman: It's Lisa. Two other-

Kathy Wild: To know also, oh, I'm sorry, Lisa, that here is quality measure specification supporting documents that everyone might find helpful, also.

Lisa Sherman: I was just going to add that it often takes me about five minutes to download that zip file, so don't be surprised that it takes you five minutes, as well. Then, when it comes up there are going to be all the measure numbers, numerically, and you'll see measure one, which is diabetes A1C, poor control, there will be claims, and then there will be registry. Two different ones, so depending on how you're submitting make sure you pull the appropriate specification sheet. Then, if you're not sure what the measure number is you could go back and lookup each measure individually under the quality portion of this website, or Quality Insights does have a nice resource where we list all of the measures by submission method and number, so if it's EHR, they're all together, registry is all together, claims are all together, so what I did was printed that out, and I often use that as a resource as I'm looking through the measures.

Kathy Wild: I know I'm trying to load it, it's taking some time, but there is a resource out if you Google it, mdinteractive.com, they have a list of the quality measures, and specification sheets. If you want to go through them, it's the exact same one that CMS has on their website, so if you want to use that resource also, as you can see that's also taking a while to load that. Once again, that is mdinteractive.com/2017 MIPS quality measures. You can just Google that, and then the spec sheets will be there, also.

Matt Armstrong: Hello. This is Matt. I'd like to point out that MD Interactive when you download their quality measure sheets, they're sheets are only for registry, so if you do another method, you need to pay attention to that fact.

Kathy Wild: Thank you, Matt. I forgot about that, and one still isn't loading. I'm not sure why. Okay. I might have gotten kicked off ... Let's see ...

Shanen Wright: All right. Let's go back out for another question at this time. Next up, we hear from one of our folks in the chat window this is from Laurie, who says, "We are a new dermatology practice with two providers. The quality measures that our software vendor has chosen for us are different from the suggested dermatology measures on QPP, is there a need or benefit to report the QPP recommended measures?"

Amy Weiser: Hi. This is Amy.

Shanen Wright: And-

Amy Weiser: I'm sorry.

Shanen Wright: Oh, I was going to say, and Laurie Fink, if you could switch me back to presenter, please. Sorry to interrupt you, Amy.

Amy Weiser: That's okay. Yes. It depends on what your vendor has available, in some cases the vendors when you say preselected for you, I guess, what I'm asking is sometimes the vendors can only submit certain measures, and that's why they may have preselected measures for you. What you might need to do is talk to your vendor because you can submit other measures besides the ones that are preselected for you if your vendor can help you support collecting the data for that, for those measures. I think you might need to have a conversation with your vendor. If anyone else has anything to add, please feel free. Thank you.

Shanen Wright: All right. Next up, we hear from Paula Manning, she says, "The MIPS look-up has all of our providers listed at the incorrect address," she was hoping that someone could follow-up with her from the QPP team to get this, to contact her regarding this issue.

Amy Weiser: Yes, Paula. We'll be happy to follow-up with you, if you could just let us know, perhaps your phone number, or email address, or Laurie you could probably help us with that. Yes, we'll follow-up with you.

Lisa Sagwitz: Maybe what state Paula's in as well.

Kathy Wild: That will involve contacting, I believe the corrections need to be made in PECOS, but we can certainly direct you to where you need to go to make those corrections.

Shanen Wright: All right. Let's go back out to the Q&A box, next up we hear from Bob, he's rephrasing a previous question that he asked, he says, "Is the value modifier as reported on the most recent QRUR report going to continue while the MIPS cost measure is at zero weight?"

Kathy Wild: This is Kathy. I honestly don't know the answer to that question. From now on, so the value modifier for 2016 will be applied for 2018 payments, and I am not sure, so what happens in 2017 effects 2019 payments, and they are not factoring in the cost category, so my inclination would be that the answer would be, no, there will not be a value modifier applied, because the whole MIPS program is different. The value modifier, and the PQRS and all that ended. That's my thought, but I'm honestly not sure, and we'll have to check into that. Anybody else have any thoughts on that?

Lisa Sherman: It's Lisa. Kathy, I'm thinking along the same lines, because cost is not a factor for 2016, and like we know that as we know it the QRUR reports, and the PQRS reports that are currently available will be modified for 2017 data, and have

new names, and we also believe that cost will not be factored in for 2018, but we won't know that for certain until the final rule is released in a few weeks.

Shanen Wright: All right. Thank you, Kathy and Lisa. As time winds down today, I do see we have Paula Manning's contact information. Thank you, Paula. Someone from Quality Insights will be in touch with you to help you one on one with your question. Laurie, let's go back out one last time to see if anybody on the telephone would like to share a comment, or question before we wrap up today's QPP Live. Any other comments or questions?

Mary Ann Kramer: Hi. It's Mary Ann, the manager from the dermatology practice.

Shanen Wright: Hi, Mary Ann.

Mary Ann Kramer: In regard to the other manager who had questions about measures, I'd be happy to share the measures that we're recording for quality.

Kathy Wild: That is wonderful. Thank you, Mary Ann.

Mary Ann Kramer: Do you want me to read the ones that we're using? It's 137 melanoma, continuity of care. Measure 138 melanoma, coordination of care. 224, melanoma, over utilization of imaging. 337, tuberculosis, prevention for psoriasis. 397, melanoma reporting, but you need in house dermatopathologist to report that one. Then, we pick a general one, 265, biopsy follow-up. We're doing well with that. From what I heard, and maybe Rebecca could back me up on this, for the specialties you're supposed to report measures that are for your specialty. We use-

Rebecca Dase: This is Rebecca, you don't necessarily have to report the specialty ones, it's just probably easier for your practice to achieve when it pertains to what you're trying to do in your practice.

Mary Ann Kramer: Thank you.

Kathy Wild: Thank you, Mary Ann, for sharing. If there are any other dermatology practices on the line today, I'm sure they definitely benefited from that.

Mary Ann Kramer: You're welcome.

Shanen Wright: Okay. Well, any other telephone comments or questions before we wrap up today's session?

Lisa Sherman: The only other thing, it's Lisa, if you wanted me to show my screen for a measure specification sheet, I do have one of them pulled up, and Kathy, I sent it to you via email, as well, just a minute or two ago, if the audience wants to see what one looks like?

Kathy Wild: Great idea.

Lisa Sherman: Okay. Let me share ... Okay. Is that displaying okay for the diabetes hemoglobin A1C?

Kathy Wild: Yes. It is.

Lisa Sherman: Okay. It gives you the measure number and the description, this one is for claims, it tells you it's an outcome measure, a brief description, instructions of how it needs reported, and then it gets into the denominator, and you want to look for the words like and, or, so that you're picking up what's appropriate. It tells you it's an inverse measure, so for this particular one you want to be as close to zero as possible. Where most of them you want to be close to a 100%. Then, here are some G-codes, and CPT2 codes. Again, it depends on what the number is, if it's seven, or less, or greater than nine, which you're going to pick up, and the modifier. Once you zero in on the measures that will work best for you, these sheets are great, and they give you all the details.

Shanen Wright: Thank you, Lisa. Laurie, if you could switch me back to the presenter, we will close out today's edition of QPP Live. I do have two comments that I wanted to share that are still in our box. First of all, from Paula Calvert, who said, "Thank you for all of your help for quality measure specification, this was very helpful," and I'll say on behalf of our expert panel, you're very welcome. The other comment we received was from Paula Manning, who said, "Thanks for hosting this every month," and we'd like to say thank you for joining us this month.

Make sure and mark your calendars, and you can actually register now on our website for the next edition of QPP Live, which will be the third Thursday in November. That's the 16th starting at 9:30 a.m. eastern, 8:30 central. Keep in mind we can answer your questions anytime. We've got the contact information on the screen right now for practices with 15 or fewer eligible clinicians. We have the one email address and telephone number for our QPP Support Center. If you have 16 or more eligible clinicians, we have the email address, and telephone number, and website, and you can reach out to Kathy, and she will connect you with an appropriate expert who can answer your questions.

I'd like to thank everybody who joined us, today, including Ronald, Bob, our two Paula's, Lisa, Alexis, Barry, and Lawrence for asking great questions it's been a great benefit to us, and all of the practices that we serve. On behalf of the entire Quality Insights QPP panel, I'd like to thank you for joining us, and look forward to talking with you next month. Have a great day.

This material was prepared by Quality Insights, the Medicare Quality Innovation Network-Quality Improvement Organization for West Virginia, Pennsylvania, Delaware, New Jersey and Louisiana under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication number QI-D1M-102417

