



Quality  
Insights

**QPPLive!**

**Transcript from Live Session**

Thursday, November 16, 2017

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**Shanen Wright:** Good morning and welcome to the November 2017 edition of QPP Live, brought to you by Quality Insights, the Quality Payment Program and Support Center and Quality Improvement Organization, Quality Innovation Network for five states.

Those of you who have joined us before on QPP Live know that you can start submitting your questions using the Q&A box at any time during today's session and we'll get to as many as we can, as time allows. But before we get to that and meet our panelists, I'd like to first introduce Kathy Wild, who will be joining us today for some breaking news and announcements. Kathy.

**Kathy Wild:** Thank you Shanen, and good morning everybody. I want to give you a couple updates we've had since our last session in October. CMS did finalize the quality payment program final rule for 2018. That was done on November the 2nd and I just want to highlight that there is one change that actually impacts 2017 reporting. They did confirm that there are now exclusions for two of the advancing care information measures. As you know, there's a set of core measures that must be met in order to get any points for that category. So the two measures now that you can claim an exclusion for and not have to have a one in the numerator are the eRx measure and the Health Information Exchange measure. So the exclusion for eRx is that any MIPS eligible clinician who writes fewer than 100 medication orders during the reporting period can claim an exclusion. The Health Information Exchange exclusion is that any MIPS eligible clinician or group who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period can claim an exclusion. So if you meet that, you can claim the exclusion and still be able to meet all of the advancing care information base measures.

We have provided a link to the fact sheet, which is just an overview of the final rule, here on our slides and I also want to let you know that Quality Insights is in the middle of preparing a webinar for you to talk about the final rule and we will focus on 2018 reporting. We are going to hold that on Tuesday, December 19th, I believe at 2:00 p.m. eastern time and we will be sending an invitation for that sometime either this week or early next week, so you can look for that.

Another reminder is that virtual group election period is now open. CMS has extended the deadline for that. It is now December 31, 2017. So if you think you want to participate as a virtual group for 2018, you must go ahead and submit basically an application and follow a process and get that done before the end of the year. We recently held a webinar to give you highlights about the virtual group reporting. That was done on November the 8th and you can go ahead and access the recording and transcript on our website at the link below, located in the archived events section.

We also want to let you know that CMS recently moved all of the Quality Payment Program resources that they had on the QPP website to a new location. They now put it over on the CMS.gov website. They did this to make it easier for clinicians so that you have some more search capabilities. Now you can look up information by title, topic or year. We have the link there for the new location at the QPP Resource Library on CMS.gov.

We just highlighted a couple of the new resources they have posted, such as the MIPS Scoring 101 Guide. There's the Data Validation Criteria which has been there, but I just wanted to highlight that, that you might want to look at that as the end of the year closes. It is important for you to gather all of the documentation, everything you'll need for submission so that you'll know what you need to keep in case you are audited down the road for 2017. A lot of people are thinking that they do want to report at least one quality measure to avoid the 4% penalty, and if they want to do so, they would be doing that via claims and there is a Claims Data Submission Fact Sheet that they can look at. Also CMS does have, for those you in a Medicare Shared Savings Program Track 1, there's a fact sheet there that talks about how that interacts with MIPS.

Okay so other reminders we just want to give you is that if you do want to have any points for the advancing care information category, you do have to have a Security Risk Analysis done for 2017 prior to the end of the year. Several years ago under the Meaningful Use Program you were allowed to have that done prior to attestation. That is no longer the case so make sure you have that done and completed prior to the end of the year. We did host a webinar on that and we've got the link once again on our Quality Insights website, where you can listen to the recording and there's multiple links in there for all the resources, whether you want to hire a professional to do it, or try to do it yourself. Remember you can take last year's Security Risk Analysis and simply update it with everything you're doing this year, as long as you address those factors that were deficiencies last year.

Another reminder is that it's important for you to update everything in PECOS. Remember that is going to impact not only how CMS will determine MIPS eligibility based on information in there, but how they post that on the QPP website. We know that there are some people that still are not seeing the correct data on there, so please make sure you go to PECOS and update your practice information. One thing to note is that when you do use the NPI Lookup Tool on the QPP website, please note that CMS only updates that twice a year.

So if you do go into PECOS and update information, you will not see that instantly on the QPP NPI Lookup Tool. It can take a couple months for that to display accurately.

So more reminders, if you are going to utilize a registry, qualified clinical data registry or your EHR vendor to submit MIPS data for 2017 on your behalf, please have a discussion with them. See what kind of documentation they need and most importantly see what their deadline is. They may need information from you prior to the deadline that CMS has imposed for 2017 submission. To submit data for 2017, you will be able to do that beginning January 1st through March 31, but once again these third party vendors may require some things done prior to that time.

The other reminder is that PQRS data for 2016 is going to begin being publicly displayed in December on the Physician Compare website, but right now clinicians can go ahead and preview that information to see if there's anything that may not be correct and we've included the link here for the Provider Quality Information Portal, where you can go and gain access to what data the public will be seeing. Remember that MIPS information will be displayed on Physician Compare in the future.

Okay, I'm going to hand it over to Shanen now.

Shanen Wright:

Thank you so much Kathy for today's news. A lot of information in the world of the Quality Payment Program as things are continuously changing all the time. That's why we are here with QPP Live to answer your questions in real time today.

We have assembled a panel of experts who will be addressing them rapid fire style including Kathy Wild, our Project Director for QPP, who you just heard from. We've got Crystal Welch, our Training Education Lead, with us. Me, I'm Shanen Wright. I'm coming to you from Quality Insights Corporate Headquarters in Charleston, West Virginia. Also with us today we have Cathy Browning and Roxanne Fletcher, who are serving the great state of Delaware. Lisa Sherman from Louisiana, where it's 8:40 a.m. right now in the morning. Lisa, thank you. For New Jersey we've got Maureen Kelsey, Diana Haniak and Amy Weiser answering questions. Additionally for Pennsylvania we've got Matt Armstrong and Rebecca Dase. Rebecca is also going to be sending you some great links to the resources that we'll be covering today in the chat box, so as we talk about things keep an eye on that chat box here in your WebEx player and Rebecca is going to send you right to the location of the resources that we're talking about. Also from Pennsylvania we've got Joe Pinto, Lisa Sagwitz and Shirley Sullivan. Joining me from West Virginia are Julie Williams and Debbie Hennen, and you can see each of the individuals expertise for the size of practice listed below their name. Some of us specialize in the small practices with fewer than 15 clinicians and others with the larger practices with 16 or more clinicians.

If this is your first time attending QPP Live, welcome, we're so glad that you've joined us today. It's really easy to get your questions answered. You can start typing them right now using the Q&A button on the right side of your WebEx player. It's got a little question mark. You can see it there on your slide. When you see the dropdown menu for that, just choose "All Panelists" and type your question in and then we will address all of them that we can in the order that they were asked as well. We do ask that you use the QA button for your question, because we're going to reserve that chat window for those great links coming to use from Rebecca, so your question and answer button to ask.

Now, if you prefer verbally asking questions, I know a lot of people, hey we type all day, we might not want to type anymore. Periodically during today's QPP Live episode we will unmute the lines for those of you have called in on your telephone. I know some of you are hearing me through your computer speakers. Obviously we can't talk to you that way, but we will unmute the lines for the folks on the phone and you'll have the opportunity to asks questions on this. We may go by state or something, depending upon how many people we have on the line, just so folks aren't jumping all over one another to ask a question. We do ask that if you're listening on the telephone and you don't have a question to ask, please mute your line on your end so that way we won't hear any background noise or anything occurring in your environment. We also would like to remind you, you guys know this but just to put it out there, make sure there's no Protected Health Information or Personally Identifiable Information shared in the context of your question that you ask today.

Before we jump into the first questions, we would also just like to remind you that we're here to help you anytime, not just during QPP Live on the third Thursday of every month at 9:30 eastern, 8:30 central. We'll have our contact information at the end. You can reach out to us. We're here to help you with your questions all the time, not just once a month. You may not realize who your contact is at quality Insights. If so, you can always use our general QPP inbox for inquiries. That's going to route it to the best possible person. Know that, while we'll do our best to answer all of the questions today, we may need to follow up at a later time. You guys have some great questions and sometimes we have to do a little bit of research in order to get back with you, so some of the questions you ask we may have a follow up component. Keep in mind that rules and interpretations change over time, so if you're listening to a recording of this, keep that in mind that things do change but most of all we here at Quality Insights want to establish a relationship with you and want to see you succeed in the Quality Payment Program.

With that being said, let's kick off today's episode of QPP Live starting with a question from Janice. Janice asks for suggestions for attesting those eligible clinicians joining a TIN after 9/1/17, as a group, individually, only one quality measure.

Lisa Sagwitz:

Hi, it's Lisa. I can take that question. Janice, if you could give us a little more detail, type in what you're thinking, if you want to attest for 90 days versus the

full year and I'm going to give you some generics. So if these don't satisfy your question, please let us know or we're happy to talk with you one on one after today's call.

So say you are only going to do 90 days of attesting for MIPS. Your new clinicians joined so you're going to be looking at October 1st or 2nd through December 31st. That new provider would be in that 90 days of data. If you're going to be attesting for prior to September 1st on, and say it's a full year, it's okay to include the new provider's data in whatever attesting period you have. Then on the flip side, if you are attesting and there's only a little bit of a new provider's data in there, that new provider the penalty would be avoided, but if it's not at least 90 days data, you wouldn't potentially get incentive payments through the Exceptional Performance Bonus Payments. So there's some different scenarios there, but as long as something is reported there would be no 4% penalty, but on a more positive note I think you're going to have at least 90 days or more information that if that provider is doing well or your group is doing well, they'll also be eligible for a possible Exceptional Performance Bonus.

Shanen Wright: Excellent, thank you Lisa.

Next, we hear from Denise. She says, "We are a small practice in Pennsylvania. We only have five Medicare providers. We did claims based PQRS codes and never received incentive and were penalized. We do not know what we are to do for 2017 or 2018 to not get the penalty and we have a very small administrative staff."

Kathy Wild: This is Kathy. I can take that. Thanks for the question, Denise.

First of all I would like to recommend that you do contact us after this call and we'll display that information again because we can certainly help you, but for the PQRS data, they stopped giving incentives out for that several years ago and the fact that you received a penalty, you might have just received a letter recently, reflects the PQRS measure data that you reported in 2016. So we can look at your QRUR report and determine what actually did not meet. You might not have had enough people in the denominator, something like that. So we can help you take a look at that.

But basically the PQRS program did go away with the implementation of the new Quality Payment Program this year. So what that evolved into is the new quality reporting category. We can help you submit some measures. It's still not too late if you just want to avoid the penalty, to submit some quality measures using claims. Additionally if you have an EHR, we can check and see if you have enough data in there to meet the base measures, things like that. So I do encourage you to go ahead and reach out to us and we can provide very specific information on how to assist you. We completely understand these small practices that do have very small staff, not only one clinician but probably one person covering everything else. We are here to help simplify it and that's why

CMS has given organizations such as ours contracts to do this, because they do want everyone to succeed.

Shanen Wright: All right, thank you Kathy.

Next up we hear from Karen. She asks, "Are there going to be additional measures to choose from in 2018?"

Kathy Wild: I can take that, that's an easy one Karen. The Quality Measures will be the same. The Advancing Care Information Measures will be the same. CMS did add, and I can't give you the number off the top of my head, I think about 20 more improvement activities, so right now there are 92 of them. There's going to be over 100 of those improvement activities to pick from. Once again, we'll go over that when we have our final rule webinar in December.

Shanen Wright: We have another one from Karen, here in order. Next she asks, "If we are doing a part year for 2017, does it have to be exactly 90 days or can it be more?"

Amy Weiser: Hi, this is Amy. Oh, go ahead Lisa.

Lisa Sagwitz: Go ahead Amy.

Amy Weiser: Okay. Hi, yes, thanks for your question. It depends on what your goal is. If your goal is to hope to get an incentive, then ideally you should report a minimum of 90 days for Advancing Care Information, the Improvement Activities and the Quality Measures. However, if you are just interested in avoiding the penalty, then you could submit less than 90 days of information. So again we're here to help you. If you want to talk to us afterwards, we can get more specific based on your situation and/or your specialty. Anyone else, please chime in. Thanks.

Lisa Sagwitz: Hi Amy, it's Lisa. I can just add if you are reporting more than 90 days and you're a small practice or a solo practitioner, you want to be sure you have at least 20 in your denominator for the Quality Measures, so if you need a greater period of time to get 20 in your denominator, that might be a recommendation.

Shanen Wright: Next up for our questions we hear from Maryann, who I believe has joined us before. Welcome back to QPP Live, Maryann. She asks, "Could someone explain the new attestation questions added to this year's MIPS attestation portal? It is about the prevention of information blocking." Rebecca had sent this to Maryann, so I could always ask her later today and she also says, "Also, when will the portals open up?"

Lisa Sagwitz: Hi, it's Lisa. The portals will open January 2nd and as far as the information blocking, from what we understand when you actually attest, you're going to be attesting that you don't have a barrier for information blocking, that you are working with all the entities that you have access to in order to keep

information flowing. That's something that recently came out. So the document that Rebecca sent you is the most up-to-date.

Shanen Wright: Next up we hear... Oh, go ahead, Kathy, sorry.

Kathy Wild: I was just going to add that yes, CMS did not require that when you did EHR Incentive Program attestation but it really is just telling you, you know confirming that you're providing all the data and you're not blocking any data from CMS. So you would have to attest yes to that in order for them to consider you participating in giving all the data to them for participation in the program. It's kind of like a certification question.

Shanen Wright: Next, we hear from Barry. Barry's question is specifically directed to you, Kathy. He says, "Kathy, you mentioned the NPI Lookup Tool on QPP is updated twice each year. What are the dates the table is updated?"

Kathy Wild: Well, Barry, I wish I knew. CMS never gives us that information. Basically what they are doing is they have look back periods to determine MIPS eligibility. So the information that's out there now was based on the first look back period and off the top of my head I'm going to say it was through September 1 of 2016. I don't know if anyone can give me the exact dates off the top of your head, I'd have to look it up. What's out there now is basically they had to look at claims in the past and determine if you were eligible to participate. Now CMS has extended that look back period, and they've got more data so they're looking at more current data, and the new period I know goes through ~~June 30th~~. **Correction: August 31, 2017**. So they are in the process of actually looking at that now and they just sent us the list of who is actually eligible in this period.

Now please note that what happens if a provider was eligible during that first look-back period, so if you went on the portal and looked up your NPI and it said you were eligible, just say as both the individual and group levels, and now if you did not have enough claims or did not bill enough during the more recent time period that they're looking up, then that would make you ineligible. So if a clinician is ineligible during either look back period one or two, it makes you completely ineligible. You do not have to report for 2017 at all. So even though those letters that CMS sent out at the beginning of the year or early spring may say you are eligible, that was based on the first look back period. They are not sending new letters but they will be posting, once again, the eligibility based on the more recent data. I don't have a date for that, but we will surely go ahead and communicate that to everybody as soon as we find out. It should be very soon, because I know they just did run those reports.

Shanen Wright: Thank you Kathy.

Kathy Wild: One more thing I'll just add, if you think that maybe more recently you did not see at least 100 Medicare patients or did not bill 30,000 dollars to Medicare during that period, those are the people that want to look and check their NPI

participation. If you routinely see a lot of Medicare patients and you know you bill more than 30,000 dollars, then your status is not going to change. Okay.

Shanen Wright: Coming up we're going to have an opportunity for those of you on the telephone to ask your questions, but first let's hear from Bobby who says, "When using the MIPS calculator to check our performance this month, we notice that the quality score on the quality recording page did not match the score on the exit report. The exit report showed one point less than the quality page. Is there any reason for this?"

Lisa Sagwitz: Hi, it's Lisa, I'll take that. I mean we have seen some variation and the best way to think of the MIPS calculators or the MIPS estimators, are they are just that, an estimator. It's a guess at what we know today what your score would be, so there are various factors built into those calculators and estimators. It can happen, we have seen variances, but it just gives you an idea how well you're performing or if there's an area where you do need to do a little bit better. It's also a nice tool because you can gauge if you do some improvement what your score potentially could be if you're looking to get it up a few points. But, no worries, it's just an estimator.

Kathy Wild: Yeah, it's kind of strange. This is Kathy. The one point might reflect on one screen that you received credit for reporting an additional high priority measure, something like that. We'd have to look at it with you, so contact us if you'd like to do that and we can see if we can figure that out together.

Shanen Wright: You'll see that we have a link that just came from Rebecca, thank you Rebecca, in the chat window that has the MIPS estimator and another on our Quality Insights website under resources as well.

At this time, if you are on the telephone and do not have a question please make sure to mute the line on your end, but if you do have a question we're going to open that up right now. Lori, if you could unmute our phone line. Not that many callers, so if you have a question just jump in there and hopefully folks don't step on one another.

Speaker 5: Hello.

Shanen Wright: Hello, lines are open. Do you have a question for our panelists?

Speaker 5: I do. I have a question regarding the PECOS, updating PECOS. I've asked this question. I'm Paula Manning from Premier Health Associates. I've asked this question on numerous occasions. We're having a problem with the information that's on there and the last time I asked, we're working with our Quality Insights contact, Dianna, I believe she is on the line. We can't seem to get an answer from CMS that is acceptable. So when we have a physician who is listed in PECOS, what we see is our correct address. Also listed in PECOS might be the address for where he does surgery, might be the address for where he goes to

the nursing home, so wherever the quality payment program is pulling the address from, it's pulling one of those other addresses and not the physician's main address. The problem with that is if the hospital is in a city and we're in a rural area, it's not giving us the credit for being in a rural location. We've been doing this for the last eight months and it's still not updated and there's still no appropriate answer and we can't get past the first level of support.

Lisa Sagwitz: It's Lisa. One thought, I know I had looked earlier this year for a practice who has multiple locations and the question was would they be eligible to be a rural facility because only one or two of their offices were in a rural zip code and the answer was all locations must be in a rural area to be eligible for rural exclusions. So that might be one thing. Then my other thought would be to contact PECOS again, ask for a higher level person or...

Speaker 5: It's not PECOS. It's wherever...And I don't know if you have an interface with PECOS. I don't where you're pulling the information from, but it's definitely an IT issue where you're pulling the information from that the address is not correct. You're pulling it from the wrong spot. Regardless of whether we're rural or not, we have been proceeding along as though we're not rural because I know how slow things can be, so I'm not necessarily concerned with that, but I'm concerned with the fact that all of my physicians, 16 of them, are being attributed to the wrong location, a location that they don't even practice out of. They probably practiced there when they were in their residency.

Lisa Sagwitz: To my knowledge, PECOS would definitely be the starting point to correct the address, and then that...

Speaker 5: The address is correct there. The address is correct there. When I go in there and the first screen pulls up, the address is correct, but whatever QPP is pulling out of that system or however PECOS is sharing it with you, they're sharing the wrong information.

Lisa Sagwitz: Okay and I don't know if you were on the beginning of today's webinar, that Kathy did mention that it can take months on the NPI Lookup site for the corrected information to appear, so maybe we're in that interim period.

Speaker 5: It's not our issue. It's an issue on somebody else's end, whether it's an interface, whether someone is providing the information, it's not being pulled from the right data field, and I can't go in and change PECOS if I don't know which data field I need to change.

Kathy Wild: Right, I think what Lisa is saying is the information that's displayed on the QPP website when you use the NPI Lookup tool, is that where there's a discrepancy?

Speaker 5: Yes. And I went in there again today and it's still incorrect.

Kathy Wild: Okay CMS is only updating that twice a year. It's been done once when they first loaded it. They are going to be updating that again, so even if you made changes or looked in PECOS, you know it doesn't appear automatically. That is only being changed twice a year. It has not been changed yet.

Speaker 5: Right but if the convention by which they're pulling that data is not corrected, it doesn't matter how many times a year. They could pull it once a month, it's not going to change what data is appearing on there. So if they're still going to pull from the same field, the data is still going to be wrong and they could do it every month, it's never going to change. It doesn't matter how many times they change it. I just went in and looked up another one of my physicians and now he's got a completely different address that doesn't even exist.

Kathy Wild: Okay. Just if you can send, you said you're working with Dianna, send me information.

Speaker 5: Right, but we need to get past that first level of support. We actually need to get somebody on the phone who's going to address the situation.

Kathy Wild: Right. Our contacts are with the CMS Quality Payment Program Help Desk also. I can see if it can be escalated up to someone. Like I said, this is more of a data thing where we don't have any influence over that at all, but if you can send all the specific information to Dianna and Dianna can forward it to me...

Speaker 5: Dianna has it. Dianna's been working tirelessly on this and she doesn't get any answers either, so she has all of the information. I think she's on the call, so hopefully she can forward that to you.

Kathy Wild: Okay and I'll see what I can do, and forward that to one of my contacts specifically at CMS and they could possibly get that escalated to the appropriate party.

Speaker 5: Okay great.

Kathy Wild: Like I said I don't know.

Speaker 5: It needs to be escalated.

Kathy Wild: Okay.

Speaker 5: Thank you so much.

Kathy Wild: You're welcome.

Lisa Sagwitz: Just one other thought, are your NPI TIN combinations correct?

Speaker 5: Yes.

Kathy Wild: Okay, good.

Speaker 5: Yes, we checked that.

Lisa Sagwitz: All right, thank you.

Shanen Wright: Great question.

Teju: Hi, this is Teju.

Shanen Wright: Go ahead, go right ahead.

Teju: So for the final rule for year two, the quality measure submission, you're only going to be allowed to submit for 12 months. Is that for 2018 or is that for 2020?

Kathy Wild: That is for 2018. That is one of the changes. This year, for 2017, you have the option what reporting period you want to pick for quality measure submission. For Quality Measure Category for 2018, it is the full calendar year, which means you really should have identified, if you want to try to get full credit, you should identify which six quality measures you are going to report, make sure you have work flow processes in place to try to get the best score you can.

Teju: Okay, thank you.

Kathy Wild: Mm-hmm (affirmative)

Chris: All right, this is Chris. I had a question too. Do you guys have any insight into how the reporting is actually going to look, like whether it's going to be, you know the reporting that's due in March 2018, is the reporting going to be via separate portals kind of similar to what we had for maybe like Meaningful Use, is it going to be one single portal? Then the second part of my question is regarding group reporting. I personally don't have familiarity with group reporting, but I do know, like for Meaningful Use for example last year, we have to log in with the physician's credentials. I believe they were PECOS credentials, and then submit information. When reporting as a group, do we need to create another entity to do the reporting or do we report under one of those individual providers and then go that route?

Kathy Wild: I can start with that, Chris. Thank you for the question. So far CMS has not provided any specific information. They should be coming out with it very soon. We will need to know that information before the end of the year since the portal will open up in January. What I can tell you is the basics that they have told us, is that you will go onto the QPP website, where it is now. There will be a link that will launch you to this attestation platform. So you'll have the ability if you want to do attestation for Advancing Care Information or Improvement Activities, you can do that there. I imagine it's going to be somewhat similar to

the EHR incentive program attestation system. I think one of the first questions when you log in will be probably if you're going to do reporting as a group or as an individual, and I know that you'll be probably using information, your PECOS login is what we're hearing.

But like I said, we don't know any specifics because CMS has not told us anything yet. You'll pick whether you're going to do it individually or via group and then they'll say 'do you want to attest to Advancing Care Information?' You would click "yes" and then that would launch that. Then you would pick, 'Do you want to use the Transitional Measure Set?' or the 2017 Measure Set? Then that would launch. Then, for the Advancing Care Information, it would pull up the required base measures. You'd have to enter the numerator and denominator and you'd get a privacy and security measure question. Then there would be probably a separate section where you would launch improvement activities and I imagine they're going to have the list of 92 of them there and you would probably just be selecting a check box next to the ones you've done. We know for a fact that they are not going to have you upload any documentation to prove that you did complete one of those improvement activities for 90 days, but you definitely need to keep that documentation in a folder somewhere in case you are audited down the road.

I hope that answers your question. A lot of it is we don't know, but you know those are the basics that we're hearing from CMS. We know that in December they will be hosting some training sessions, not only to train us as a technical assistance contractor, but they will also have a public presentation also and we will definitely be available to assist everyone when that opens up.

Chris: Great, yes that does answer my question. Thank you.

Kathy Wild: You're welcome.

Shanen Wright: All right. Phone lines remain open. Are there any other people wanting to ask a question on the telephone before we go back to the Q&A box?

Teju: Yes, it's Teju again. I actually mixed up my question so I wanted to know, I know during the QPP final rule year two presentation that CMS just did, they said that the quality measure would count as 50% but then when I looked up on your website it said that won't take effect until 2020, so I just want to confirm is it going to go into 2018 or 2020?

Amy Weiser: Hi, this is Amy. I can answer your question. Thank you.

Quality will count for 50% in 2018 because cost will be at 10% in 2018. For 2017, cost is not going to be included in MIPS for everyone, but for 2018 they're adding cost at 10%, which decreases quality to 50%.

Teju: Okay thank you.

Amy Weiser: So the 2018 submission would affect your 2020 incentive or, you know, if a practice didn't meet the obligations then it would affect their payment reduction, but that is always two years ahead. The incentive is always two years ahead of when you submit your data. I hope that helps.

Teju: Okay, yes, that does.

Amy Weiser: Anyone else, feel free to chime in.

Shanen Wright: Okay, any other voice questions today?

Okay, hearing none we'll re-mute the lines. If time allows, we'll open up the phone lines again but a lot of Q&As have been coming in while we've been talking and thank you for sending those in.

We have a question from Denise, who asks, "How can I contact you after the event?"

You can contact any member of our team or go straight to the QPP inbox, which is [qpp-surs@qualityinsights.org](mailto:qpp-surs@qualityinsights.org). Or you can call us any time at 1-877-497-5065.

Next question up is from Shanthi. Welcome back Shanthi. "For solo practitioners who are not hospitalists, how do you suggest we report quality for 2018 since they need to report both hospital and office encounters with multiple data submissions available only from 2019?"

Lisa Sagwitz: Hi, it's Lisa. For 2018, and I believe we've talked and conversed in the past, Shanthi. You'll be getting your EHR soon, so you will have the quality data from your office visits. I do not believe you're going to be able to get the hospital data. That's going to be in a separate EHR. I don't believe hospitals will be providing access to that, so you can only submit data that you have available to you. I would imagine next year we'll get more specifics for you, but you can only report on data that you have available to you.

Kathy Wild: And another thing to add to that to is that depending on the Quality Measures that you're selecting, you may not have, you probably won't have, any patients from the hospital setting that would be applicable to the denominator, the patient population, for the measure that you're going to submit. A lot of them are specific to office visits and things like that. So it probably, as Lisa just said, you know won't matter.

Shanen Wright: Next up we here from Megan. Megan says, "All quality measures we report must have the same reporting period, correct? For example, if we have to do longer period to capture the 20, all other measures need to match the longer period?"

Joe Pinto: Hi this is Joe. I'll take this one, Shanen, since I've already provided the answer in the chat box for Megan's question.

That's correct, Megan. If you're going to select longer than the 90 day period for the Quality Measures, they all need to be from that same period. What you do have some flexibility on is you don't necessarily have to report the other performance categories from the same period that you're reporting your quality. So for example if you choose a 90 day period for your Quality Measures earlier in 2017, your ACI Performance Category can be from a different 90 days, if that's the direction that you're going. I hope that answers your question. If you need more information on that, I'd be more than happy to provide you some directives offline.

Shanen Wright: And while we're with you Joe, we have another question from Rachel who asks, "How do I access the MIPS calculator estimator?"

Joe Pinto: Yes, and I did provide the answer to that as well. Rachel, if you are working with Quality Insights, whether it be on the QIN or with the SURS Project Team, you can just reach out to your representative and they'll be more than happy to provide you the MIPS calculator tool and the handout worksheet. We had a webinar that we did earlier this year that Kathy Wild had provided the directives for how to actually plug the data in and read it, and we'd be more than happy to work with you on that.

If you're not working with Quality Insights and you would like to have someone contact you, we definitely will get in touch with you offline and begin the process.

Shanen Wright: All right, next from Jacqueline we have a great suggestion. Jacqueline says, "It would be nice if we could see the questions being asked." Keep in mind that we will be posting a transcript and recording of this session on our website in the next couple of days. We archive all of these events so you can go to the [qualityinsights-qin.org](http://qualityinsights-qin.org) website or the [qppsupport.org](http://qppsupport.org) website and we archive these. So you'll be able to read the questions and go back and refer to any of the information that you've heard in today's session.

Next up we hear from Janice. She asks, "Any date on when the CMS Web Interface User Guide will be provided?"

Kathy Wild: Oh, go ahead Lisa.

Lisa Sagwitz: I was going to say I just inquired a few weeks ago for a practice and I was told it's probably going to be late December before the details come out. Have you heard anything different, Kathy?

Kathy Wild: No.

Lisa Sagwitz: And I know the reporting method that everyone asks us almost daily when the reporting details are going to come out, so as soon as we get that data, we'll definitely pass it on to you in a newsletter.

Shanen Wright: All right. Next up, Barry says, "Providers generally don't understand decile scores. Could you do a webinar explaining this?"

Kathy Wild: Hi Barry, its Kathy. Yes, we certainly could. I imagine you're talking about the quality measures and benchmarks and things like that. Yeah, we would love to do that. I guess my question to you is do you think that clinicians will join? If we have a webinar about this, would you be able to make sure that your clinicians participate? What we're finding is that most of our webinars are office managers and other support staff and not the actual clinicians, even though they are the ones ultimately being held accountable for this Quality Payment Program. So we can certainly do that and then you can have the recording available to share with them, or if you prefer and you are working with us, that might be something where you could set up a meeting with the Quality Insights staff that you're working with and have a GoToMeeting. In other words, a personal session with the providers in your practice, whichever you think would work best. So just let us know and we'll be glad to help.

Shanen Wright: Thank you, Kathy.

Lisa Sagwitz: Kathy, do you think we should give just a little two minute presentation on the decile scoring now for quality to help with the understanding? And I'd be happy to do that.

Kathy Wild: Perfect.

Lisa Sagwitz: Okay.

Kathy Wild: Lisa do you want the ball so you can go to the website or pull up the list of benchmarks?

Lisa Sagwitz: No, that's okay. I'll just do it verbally. Again we could do this one on one. For the Quality Measures for reporting something, you're going to get a minimum of three decile points, so you're range will be between 3 and 10, 10 is the best. There are some measures that do have benchmarks that are topped out. So an example of that would be documentation of current meds in the medical record. Everybody has been reporting that well for years, so to get a 10 you need to be at like 99% or 100% to get a 10. Otherwise if you're at 20% or 50% or 70%, you're only going to get three deciles. Then there are a couple measures, like the diabetes A1C greater than 9 and high risk meds in the elderly, they are called inverse measures, where you want to be as close to 0 for a score as possible. So say your diabetes patients with A1Cs greater than 9, you're only at 8%. That would be a really good score that might give you like eight or nine decline points, whereas the rest of them you want to score higher to get closer

to 100%. We do have a listing on our website that can show you when you fall within certain decile ranges and how you report, if it's an EHR report, if it's claims reporting, if it's a registry reporting, how those deciles can vary.

Then another tool that I use with the practices I work with is the MIPS calculator, because I can show them by changing their workflow and improving on certain measures, how to get the biggest bang for their buck, to move the points up. So again let us know which state you're in, if you're not working with someone already, and we can show you that detail and specifically on the measures that you like and want to do and how you might do better or where your current score is. I hope that helped.

Shanen Wright: Thank you, Lisa.

Next up we hear from Cass. She asks, "Does CMS plan to do published FAQs for QPP?"

Lisa Sagwitz: Hi, it's Lisa. I think from the lack of response we can say we really don't know at this time.

Shanen Wright: (laughs) Good question, right?

Kathy Wild: This is Kathy. I was on mute, I apologize. I said, Cass, it's great timing that you asked that question. CMS held a webinar on Tuesday about the Quality Payment Program and the final rule and I'm sure that they probably will post that. I don't know when they'll be available. However I did take screen shots of the entire chat box the whole time, so I think what Quality Insights is going to do is go ahead and put those together and we will post them. We'll get them branded and post them and send them out to everybody, so you might have them a little bit sooner and we will go ahead and identify that those questions were asked during that webinar. So we hope to get that done, next week is Thanksgiving, so probably before the end of the month we'll have that out and share that with everybody and that will come in handy when we have our final rule webinar in December.

Shanen Wright: Thank you, Kathy. While we're on the topic of the decile points, we did get feedback from Barry. When asked about whether practices would be interested in the webinar, he provided the feedback that, "Yes, I think the practices will log in, especially larger practices. Not sure about the physicians. In my experience, most rely on their managers and administrators to relay this information." So, thank you Barry for responding to that.

While we're talking about decile points, we have a question from Bobby, who asks, "Will those decile points change in 2018?"

Lisa Sagwitz: Hi, it's Lisa. I have heard that there are going to be some more topped out measures or there's going to be a phasing of some topped measures, but I do

not know the specifics yet. So I would think probably on the December 19th webinar that we cover, we may touch on that and then get into a little more detail for you early next year on that.

Shanen Wright: Thank you, Lisa.

Coming up we're going to open up the lines one last time in today's QPP Live, so if you've got a voice question be advised that that's coming up.

But first we hear from Karen, who says, "Would you please clarify the 90 day issue. We have more than 20 for each measure. Does this mean we have to designate an exact 90 day period?"

Amy Weiser: Hi, this is Amy. Yes, you will need to designate at least a 90 day period. You will put in... I'm sorry, you won't put in your dates necessarily for the Quality Measures, but you will need to have a set 90 day period, not only for the information to go to CMS, but also in case you're audited that you have information available. Anyone else, please chime in. Thank you.

Lisa Sagwitz: It's Lisa again. When you're querying your EHR for reports, you're definitely going to put in a date range to pull out your data, and that's the documentation that you'll keep. So it's possible when you're attesting you're going to say 'For the Quality Measures, I'm attesting for October 1st to December 31st.' They may be asking for specific, but you want your backup data from your EHR reports to prove those numbers.

One other thing I wanted to mention as we went through today's presentation, for Improvement Activities, 90 days is sufficient for most of them but if anyone is planning on using the Prescription Drug Monitoring Program, there's two measures for Improvement Activities. The annual registration activity has to be for at least six months. ~~and if you're using the second one which is a high weighted one with more points you have to be doing it at least 60% of the year so you'd want seven or eight months worth of data. So just an FYI if that's something you're choosing.~~ **Correction: Disregard the comment about the second PDPM activity requiring 7 or 8 months worth of data.**

Shanen Wright: Thank you, Lisa. At this time, we're going to unmute the lines one more time, so if you have a voice question jump in now. If you do not, please make sure your phone is muted on your end.

Any questions from our callers? Okay, we're hearing none so we will wrap up today's episode of QPP Live. We'd like to thank everybody for joining us today. It's been a great interactive session. We hope that we've answered your questions and helped you in your journey on the Quality Payment Program. Keep in mind that we are here to help any time, not just during these sessions on the third Thursday at 9:30 eastern, 8:30 central. If you don't have a contact at Quality Insights, you can use our general QPP Inbox for inquiries, you see it

right here [qpp-support@qualityinsights.org](mailto:qpp-support@qualityinsights.org). Again, keep in mind that rules and interpretations change over time and most of all we want to establish a relationship with you so you can succeed in the Quality Payment Program. We'll be taking the month of December off for the holidays but we'll pick back up with the next edition of QPP Live on January 18, 2018 at 9:30 eastern, 8:30 central. On behalf of our entire panel of presenters, we'd like to thank everybody for joining us today and for the great questions you asked and wish everybody a very happy holiday season. We'll see you in 2018. Thanks for joining us for QPP Live.



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