



Quality  
Insights

**QPPLive!**

**Transcript from Live Session**

Thursday, February 15, 2018

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Shanen Wright:

Welcome to our February 2018 edition of QPP Live. We're excited that so many folks have joined us today to learn more about CMS' Quality Payment Program from the studios of Quality Insights throughout the Mid-Atlantic and Louisiana regions. Here in a moment, we'll introduce you to our panelists and start taking questions, which you can submit at any time, even starting right now using the Q&A player in your WebEx box. But first, before we get to that, it's my pleasure to turn things over to Amy Weiser for today's breaking news and announcements. Amy?

Amy Weiser:

Thank you Shanen. Welcome everyone. We're so excited that you're here with us today. So we have some things to share with you, pretty much hot off the press. So the first thing is the performance scores for 2017. Claims data available is on the QPP website. If you're an eligible clinician who submitted 2017 Quality performance data for MIPS via claims, you'll now be able to view your performance scores through the MIPS data submission feature.

This is a really exciting thing that you can access now and I'm really happy to announce this to you. Claims data submission is only an option if you're participating in MIPS as an individual, not part of a group. If you've already submitted Quality data via claims, you do not have to take any additional action. Claims-based Quality measures are calculated automatically by CMS based on the G-codes submitted on your 2017 claims. You can simply login at the [qpp.cms.gov](http://qpp.cms.gov) and view your calculated individual measures' scores and category score for Program Year 2017 in the QPP Portal.

Scoring of claims data is subject to change monthly based on the processing of any additional 2017 claims and adjustments up to 90 days after the end of 2017. So, something that I learned by working with a practice, in going in and viewing their Quality data is that you could have a lower score beginning right now for your Quality measures. But rest assured that, as the claims are being processed, you should see that score improve. It's possible that claims or adjustments that were submitted toward the end of 2017 have not yet been processed. So please check-

Shanen Wright: It appears we may have temporarily lost audio from Amy. Is anyone else hearing Amy's updates?

Laurie Fink: No, I'm not Shanen.

Shanen Wright: Okay, well with that being said, maybe we can revisit this a little later once her audio returns. But for now, let's go ahead and meet today's panelists that will be working with us. To answer your questions, here at Quality Insights. In looking at who we've got with us today, we've first of all got Kathy Wild. She is our QPP Project Director for Quality Insights. Me, I'm Shanen Wright, coming to you from our corporate headquarters in Charleston, West Virginia. Serving Delaware, we have Cathy Browning and Roxanne Fletcher. For Louisiana, we have Lisa Sherman and for New Jersey, we have Maureen Kelsey, Diana Haniak, and Amy Weiser.

Looking to the great state of Pennsylvania, we have five folks serving you today. And serving you all the time with your QPP needs, they are Matt Armstrong, Rebecca Dase who will be sending you great links in the chat window today, you can get directly to resources you need. Joe Pinto, Lisa Sagwitz, and Shirley Sullivan. And for West Virginia, we have Julie Williams and Debbie Hennen who will both be answering your questions today as part of QPP Live. As I mentioned before, if this is your first time and you haven't been to QPP Live before, you can use the Q&A box on the right side of your WebEx player to start submitting your questions right now.

Make sure in the "Ask" dropdown menu that you choose "All Panelists", then you type in your question and hit "Send". And then we will address as many questions as we can during the duration of today's session. Be advised that we are recording today's session. We'll send you a link to that and we'll also compile all of the FAQs or Frequently Asked Questions that are covered throughout the session. Note that the chat feature in your WebEx player is what we will use for web links. So please make sure to use the Q&A feature for your questions and not "Chat if you don't mind. Some of you may have called in on your telephone, others are listening on their computer speakers. If you're on your phone and would like to talk with our panel of experts, we will periodically have opportunities during today's broadcast for you to ask over the phone.

We'll advise you ahead of time so that you can mute your phone if you don't have a question, then we'll open up the line. If we have a lot of callers, we might go by State just so everybody's not stepping on each other. But regardless, you'll have an opportunity. But we do ask that if you're listening through the phone and don't want to ask a verbal question, that you keep your phone on mute. A few other reminders, keep in mind that we are here to answer questions and help you anytime, not just on the third Thursday of the month at 9:30 Eastern, 8:30 Central. That's what we do at Quality Insights. So you can reach out to us. Any of our Practice Coordinators or through our shared inbox at any time to get your questions answered.

If you don't know who your contact is, we have a General QPP inbox that we'll tell you about a little later so you can follow up with us at any time. Keep in mind that we'll do the best to answer all the questions that you have today. But know that we may need to follow up at some time, for some of them. You guys have some really good questions and sometimes we have to do a little more research. There may be a situation where we need to follow up on things and follow up with you at a later time. And keep in mind that rules and interpretations do change over time. But most of all, we here at Quality Insights want to establish a relationship with you and see that you succeed in the Quality Payment Program.

With that being said, let's get started with today's episode of QPP Live. Please submit your questions in the QPP Q&A box on the right side of your player. And we're going to start this morning with Anne who says, "We chose a Quality Activity as a test to avoid penalty. Reported with a CPT code since the old G-code for smoker counsel was replaced with a CPT code. Medicare paid but did not code with N620 or CO246. So the QPP Help Desk said it didn't count." Panelists, what can Anne do now?

Lisa Sagwitz: Hi, it's Lisa. I can answer Anne's question. What I might suggest to avoid the penalty, if that's all you're looking to do, is look at some of the Improvement Activities. Many of them are easy to accomplish and we would be happy to recommend some easy ones. Also, we would need to know if you're on an EHR System and how successful you are with it that I feel confident that no matter what your scenario is, we could find at least one Improvement Activity that you could document and report that to avoid a penalty.

Shanen Wright: Thank you Lisa. Let's ... Oh, we have a follow up already from Anne. Let's hear that. She says, "We also did Improvement Activities but it's disappointing to fail the Quality Activity. Thanks Lisa." Alright, moving on to our next question. We hear from Terry. Terry says I have one physician who sees patients in two locations. For scheduling purposes, he has listed as Doctor 1A and Doctor 1B. He has numbers in both locations. Our system calculates the numbers separately and I cannot combine those into one QRDA111 file.

Kathy Wild: This is Kathy. Thanks Terry for the question. I believe if you are referring to trying to submit measures for the Advancing Care Information category. I believe what you'll have to do then is utilize the Data Aggregator that can go ahead and combine those, the numbers from both of those two locations because you can only submit one QRDA file. Staff is there anything else that anybody wants to add to that?

Lisa Sagwitz: Hi it's Lisa. My thought would be to check with your EHR vendor. What Kathy's saying is absolutely right for the Quality category you would need to get a data aggregator to combine totals. That I'm wondering if perhaps you're EHR vendor might have something because of that scenario you suggested. So, that would be your starting point. If not, if they're not able to help you, I mean you can get into like the 50% data completeness role. That would get into more detail. So

that would be certainly something one of us, whoever handles your account in your state could help you with offline. This is a unique situation that you're experiencing.

Shanen Wright: Next question we hear from is from Audrey. Audrey asks, "Is there a registry where you can just enter numerator, denominator and exclusion numbers? I planned on submitting through a group and registry, and now my EHR says I can't get the group data out in a file that can be uploaded."

Kathy Wild: This is Kathy.

Shanen Wright: Actually. Excuse me Kathy it appears it goes on-

Kathy Wild: No, go ahead Shanen.

Shanen Wright: I didn't mean to cut you off.

Kathy Wild: That's okay.

Shanen Wright: "It can be uploaded and I will need to enter the data manually, which would be thousands of patients and unreasonable. I don't want to report just one measure because we did all of this work and we don't meet when I break out individually due to the patient amounts for some of the measures." So my apologies for interrupting you and if you need me to repeat the entire thing, please let me know Kathy.

Kathy Wild: Oh okay, no, no problem at all Shanen. So Audrey, I'm not sure if you're referring to information for the Quality category or for Advancing Care information, but for the Quality category, no, you cannot simply do attestation. Is there a registry? Yeah, there's a list of registries that CMS has approved for 2017 that can be found on the QPP website. And if you'd like to contact us offline, we can certainly point you in that right direction so that they should be able to do it. However, with the fact that it's February 15th, I'm not sure if you would be able to contact them and they would be able to help you and get all that data submitted on March 31st. Hopefully, the answer would be "yes".

For the Advancing Care information category, if you want to report as a group, you would simply be adding all the numerators and denominators for those specific ACI measures and just entering that. So you'd only be entering one set of numerators and denominators for everybody. And we can show you how to calculate that using the data you've got. So Audrey, yeah if you could contact us, we can certainly try to help you.

Shanen Wright: Please note in the chat window, we have links to some resources related to the questions we're answering. So if you're not seeing that window, you can click on "Chat" in the upper right hand corner and our friend Rebecca is sending you

directly to resources that will help you with the Quality Payment Program. Let's go back out to the Q&A box and see-

Amy Weiser: Shanen?

Shanen Wright: Oh I'm sorry. Did someone have a comment?

Amy Weiser: Shanen, it's Amy. Can you hear me now?

Shanen Wright: Yes, welcome back Amy.

Amy Weiser: I'm so sorry.

Shanen Wright: Not a problem at all. We all know how challenging the phones can be at times, but we're glad to have you back. So welcome. Going back out to the Q&A box now, we hear from Janet. I believe Janet might be our first timer here on QPP Live. If so, welcome Janet. She asks, "Do Speech Pathologists and Audiologists need to report in 2017 or 2018?"

Amy Weiser: Hi, this is Amy. Thank you, Janet, for your question. The answer would be to direct you to the Quality Payment Program website, which is [qpp.cms.gov](http://qpp.cms.gov). And enter each of your clinician's NPI numbers and that will tell you whether they are eligible to participate for 2017. As far as 2018, I'm not sure. Maybe someone else can add to this. I don't believe that the lookup tool is ready yet for 2018 determinations.

Kathy Wild: This is Kathy.

Joe Pinto: Hi Amy...

Kathy Wild: I can add to that Amy. So speech pathologists and audiologists are not included in the reporting for 2017 or 18. They are not one of those clinician types. However, CMS has said that in the future, they may be as well as physical therapists, occupational therapists. So, at this point, the earliest possible time might be in 2019 and we would find out about that when CMS releases their proposed rule, which usually comes out sometime the end of the summer, early fall. But at this time, you do not have to do anything. So your Medicare payments would not be impacted at all.

Shanen Wright: Thank you Kathy and Amy. Going back out to the Q&A box now, we hear from Jay. He says, "I reported the Quality measures through Claims. I checked my scores for my doctors and they scored in the 40's. Is this okay that they don't get closer to the 60 score?"

Lisa Sagwitz: Hi it's Lisa. I'll answer Jay's question. Yes, that's absolutely fine. And to score in the 40s for the Claims category is definitely very good. Just overall, when you look at the different benchmarks for Claims versus EHR versus Registry, Claims

does tend to be a little bit lower. So I would think that's a perfectly acceptable score. Then when you add on your Advancing Care Information Score and your Improvement Activities scores, all of those scores added together should easily get you above 70, which is the exceptional performance bonus. So, in my opinion, that's good.

Shanen Wright: Thank you Lisa. Next up, we hear from Susan. Susan says, "I need to understand the QPP Quality Individual scores on the website. What score do they need to pass without a negative adjustment?"

Kathy Wild: I can take that. Thank you Susan, this is Kathy. So for the year 2017, which you're in the process of reporting that data now, anyone with a mixed score of three or above will not have a negative payment adjustment. So if you do not report any data and therefore you have a score of zero, you could expect to have a 4% penalty imposed on your Medicare payments in 2019. The way to get a minimum of three points is to submit one Quality Measure, and that could be done. The easiest way is to get Claims for one patient. Or, you could submit one Improvement Activity or you could report all of the Base Advancing Care Information measures, although, that would get you a score higher than three.

So anyone that gets a score between three and 69 will be eligible to get part of the positive payment adjustment, which will be calculated based on how many people actually have the negative payment adjustment opposed to them. CMS made this thing budget neutral program. So therefore the amount of the positive payment adjustment you'll get will be based on how many providers do not report that needed to. If you score a 70 or above, remember the big total number of missed points that anybody can get is 100. So CMS has defined anyone with a missed score of 70 and above as an exceptional performer, meaning they did really well. And in the law, they have set aside an extra pool of \$500 million dollars for years 2019 through 2022.

So that will impact the reporting years of 2017 through 2020, where you can get an extra positive payment adjustment added to that other payment adjustment. So I know that was really long winded, but basically all you have to do is get three missed points. Now I will add that score 2017, which we're talking about reporting right now. But I do just want to add for 2018, which we're in now, that threshold has moved up to 15 points. And we will be giving you more information and education about the requirements for 2018 because some of those things have changed. But know that you have to get a minimum of 15 points in 2018 in order to avoid that adjustment and just remain neutral. Does anyone want to add anything to that?

Shanen Wright: Alright, moving on to our next question. Heads up, for those of you on the telephone, here in a moment, we are going to unmute the line so you can ask your questions verbally. So please if you don't have a verbal question and you're on the phone, make sure to mute on your end. But before we do that, we hear from Janet who says, "I received a list of Quality measures from a Registry we're going to use for 2018. And I noticed some of these measures do not have a QPP

number or a CMS number. They do have a Registry ID and an NQF number. Does this mean the measures without a QPP number do not count for MIPS?"

Lisa Sagwitz: Hi it's Lisa. I can answer Janet's question. They definitely would count for MIPS if they're coming from the registry. And part of a nice thing of using a registry is there can be specific measures for your specialty. So they may not be common ones. It's quite possible that you're not seeing the regular CMS numbers. But on the [qpt.cms.gov](http://qpt.cms.gov) website, you will find them. They will be listed there. And that's something we could definitely show you to confirm that they're okay to use.

Shanen Wright: Alright, thank you Lisa. At this time, Laurie let's unmute the lines of our callers. Looks like the majority of you are listening on your computer speakers so we won't go state by state today. But, please if you have a question at this time, we would love to hear from you. Does anyone like to share a question via the telephone? Alright, hearing none at this time, we'll re-mute the lines. We'll give you another opportunity before today's QPP Live wraps up just in case a question pops into your mind that you would like to ask our expert panelists via voice.

But right now, we go back to Q&A as we hear from Terry who says, "Info for 2017 has been loaded on the QPP site. Numbers have been tabulated. Is there a submit button or does it automatically upload to CMS on a certain date?"

Amy Weiser: Hi this is Amy. Can you hear me?

Shanen Wright: We can hear you loud and clear Amy.

Amy Weiser: Awesome. Thank you so much for your question. There is no submit button in the QPP Portal for the submission process. The deadline for MIPS clinicians to submit data to CMS is March 31st. Unless you're participating in a registry or the CMS web interface, those deadlines are earlier. By simply entering your data or having the data entered for your Quality measures, for example, for Claims. The information is automatically submitted to CMS at the end of the day on March 31st. And you can go in and if you needed to make any adjustments, you can go in and out of your account dashboard in there and make any adjustments up until the end of the day on March 31st if you need to.

But there's no submit button. All of your data is automatically saved and then it will automatically be submitted on March 31st.

Shanen Wright: Next up, we hear from Jay. Jay asks, "In 2018, can you still use claims to report your Quality measures?"

Joe Pinto: Hey Shanen, this is Joe. I can answer Jay's question. Yes, Jay, there's no change with the MIPS reporting mechanisms. Whichever submission mechanisms you want to use from year one and year two, they remain the same. So if you submitted by, it via claims for 2017, you'll be able to do that again in 2018.

Shanen Wright: Next, we hear from Dorothy who says, "The registry we are using doesn't have a mechanism for selecting the best six Quality measures for our group. Can you explain how CMS will determine if additional Quality measures that are reported, more than six, will be published on Physician Compare?"

Lisa Sagwitz: Hi Dorothy, it's Lisa. I'll answer your question. Quality Insights has something called a MIPS Calculator that I find is extremely helpful and the practices love seeing their scores on this MIPS Calculator, because you have the ability to say that you're selecting registry as your submission process, put in your measure, what your percentage is, and see how many decile points you get. So you could easily enter a dozen or more measures, see what your best scores are. So using that tool, that would help guide you.

Also, if you do report more than six measures for Quality, one has to be an Outcome or High Priority Measure. Anything that's reported will show up on Physician Compare. So just a tip, it's great to sometimes report more than six because if there are additional Outcome or High Priorities, you can get an extra point or two. But you want to be sure that, that's data you want published for everyone's eyes to see on Physician Compare.

Shanen Wright: Please take a look at the chat window. There are some great links coming from Rebecca, including videos as well, multimedia resources about group and or individual data submissions for MIPS, APM Advancing Care information, and much, much more. That's all in your chat window right now, courtesy of Rebecca Dase. We go back out to the Q&A box for our next question, which comes to us from Janet. She says, "How about nurse practitioners? Do they need to submit info in 2018?"

Kathy Wild: I can take that Shanen, this Kathy. Thank you for the question. So a Nurse Practitioner is she ... The best advice we can give is to enter her NPI in the lookup tool to see if she is being to be eligible to participate this year. And what that will mean is if she submitted claims under her individual NPI and saw more than 100 Medicare patients or had more than \$30,000 dollars in claims in 2017, she would have to report. In 2018, those thresholds have increased. So once again, it's all based on whether she billed under her NPI or the practice TIN or a physician's TIN.

But what we suggest is for her to put her NPI in that lookup tool. At the current time, CMS the data on that NPI lookup tool, is currently reflecting 2017 eligibility. They have not loaded 2018 eligibility yet. I was just at a conference the past few days, and the plan is by mid-March, that NPI lookup tool will be updated to reflect who is eligible to participate in 2018. And what they're actually looking to do is, there will be an option where you can pick 2017 or 2018. So you can click the year. And then they would be adding that, a new year on every time since it would be changing.

So once again, for 2018, yes they are one of the clinician types but it will vary depending on the individual nurse practitioner and how she bills.

Debbie Hennen: This is Debbie. One other thing I wanted to add was if she is in a practice and they decide to group report, that will also affect it. As even if she's not eligible and they report it as a group, she will be included.

Shanen Wright: Thank you Kathy and Debbie. Let's go back out to the Q&A box and see what we're hearing from you. Shout out to Candace who says, "Good morning." Good morning to you as well Candace. If you have a question, you might want to type that back in the box because I see the comma at the end and I'm just seeing the "good morning". But if you're saying "good morning", we say "good morning" to you as well, as it is the top of the hour here on QPP Live, a service of Quality Insights. Next up, we hear from Ricky who says, "I saw in the proposed rule that the minimum point for 2018 is increasing to six points. Is there a final answer on this yet?"

Lisa Sagwitz: Hi Ricky, it's Lisa. How are you doing? No, for 2018, the minimum is now 15 points to avoid a penalty. So it goes from three points for a minimum in 2017 up to 15 points for 2018.

Shanen Wright: Okay, let's go back out and see who we hear from next. It's Linda who says, "If my Nurse Practitioner and Physician Assistant are not eligible, am I better off reporting for the Physician only or combining all together and reporting as a group?"

Lisa Sagwitz: Hi it's Lisa. What I would suggest is to run two sets of numbers. Run just the Physician, see what you score at. And then run the combined total and see what that score is and use the better of the two scores. Your goal was to get as many points as possible.

Shanen Wright: And as a follow up to that Lisa, Linda also says, "If I do report as a group, then will they all receive the positive payment and I will need to continue reporting them as a group for 2018?"

Lisa Sagwitz: No, only the Doctor whom I'm assuming is MIPS eligible would receive the increase. The Nurse Practitioner or PA who are not eligible would not get the increase. So you have the ability to report those that may not have to report on their own under group reporting, but only providers who are technically MIPS eligible will get the incentives.

Kathy Wild: And to add to that also, in 2018, you do not have to do the same reporting that you did in 2017. So if you did individual in 2017, you can do group or you can go back to individual. Or it will, you have the option to change. And one thing before you move on Shanen, I did want to tell Dorothy and maybe Rebecca can post the links but CMS is having webinars actually next week about Physician Compare and they are going to be held on Wednesday February 21st and Thursday February 22nd. It's the same webinar, but they're giving you two options to fit into your schedule. But they're going to be talking about what's on there and the upcoming editions to Physician Compare, specifically about how

MIPS measures will be there. So that might be something that you'd be interested in attending.

Shanen Wright: Great and we'll be looking for that link. We already have it now in the chat window for that resource which Kathy just mentioned. Thank you, Rebecca, for sharing that. Let's go back out to the Q&A box for one of our loyal participants who we've had, welcome back Bobby. Bobby says, "With the addition of claims information, I now know my score for Quality and I know the score for Improvement Activity. How do I get the score for Advancing Care? I'd like to know all these to see if I have reached our goal of 70."

Amy Weiser: Hi this is Amy. Thank you so much for your question. I'll do my best to answer. So for Advancing Care information, there's two ways that information can be entered into the submission. One is by attestation and the other is through a QRDA III file. So if you have the ability to attest and enter the information manually, so I guess it just depends on what method you were planning to use. If you are attesting manually, you will see your score as you enter the information. You will get little icons like a thumbs-up, for example, if you've met the measure, you will get a trophy showing your category score at the end. If the file has been uploaded, you should be able to go in and see that information once it's been uploaded as well. So I hope this answers your question.

Shanen Wright: We do have a follow up from Bobby on this topic and she says, "Yes, I am attesting."

Amy Weiser: Okay, then yes. Once you go in and you start entering your information Bobby, you should see your score as you enter the information.

Shanen Wright: Great, thank you Amy. We hear from Candace again. Candace says, "Because of our type of specialty, we are not finding an Outcome Measure. We do however have six High Priority measures. Does our not having that Outcome Measure pose a major issue for us?"

Amy Weiser: This is Amy again. Thank you for your question. The guidelines state that CMS would like you to have either a High Priority Measure or an Outcomes Measure. And since you have many High Priority measures, you have exceeded the requirements. So, that's fine.

Shanen Wright: Excellent. Next up we hear from Tamera who says, "Just to clarify, if you were reporting as an ACO group, would all of your providers, including PAs and CRNPs qualify for reporting regardless of if the APP providers have submitted less than 30,000 dollars in Medicare claims."

Lisa Sagwitz: Hi Tammy, its Lisa. That's a great question. I know you and I talked for the first time yesterday. And I think I will do some research on that to double check because under the ACO with them reporting your Quality and Improvement Activities. No, you're only required to report the Advancing Care information. I

know that you'll do group attesting for ACI but let me double check for you if the PAs and CRNP information should be included in that or just the eligible professionals.

Shanen Wright: Thank you Lisa. It's a perfect opportunity for us to remind all of you that we are here to help you anytime, not just during QPP Live, which is the 3rd Thursday of every month at 9:30 Eastern, 8:30 Central. If you don't realize who your contact is or you don't have an individual you're working with here at Quality Insights, you can always use our General QPP inbox for inquiries and we will share that at the end of the session. So if you're waiting for that, you gotta stay tuned for that email address. And keep in mind that we are going to do the best we can to answer all questions today, but sometimes like in this instance we need to follow up and do a little more research.

And, know that rules and interpretations change over time. Especially, if you are listening to a recording of QPP Live, not the actual live edition. Know that, that's the case and know that most of all, we want to establish a relationship with you here at Quality Insights so that you can succeed in the Quality Payment Program. Going back out to the Q&A box, we hear from Billy Joe who says, "We are a small practice with two physicians. We joined an ACO for this year. Are we still required to do Improvement Activities or is this the Improvement Activity?"

Joe Pinto: Hi Billy Joe, this is Joe. I'll take that question. I actually had an organization that I'm working with that had a very similar question to that. And I did get clarification from the QPP Service Center on the question. And apparently Billy Joe, it all depends on when your eligible clinicians joined the ACO and are reporting under the MIPS APN crack during 2017. According to the answer I received from the QPP Service Center, if they joined after the last snapshot date of August 31st of 2017, they will not be considered part of the APN entity for QPP purposes. That would be the Quality Payment Program purposes and won't repeat the full credit under the Improvement Activity categories.

However, you will still be awarded 50% toward the Improvement Activity category for eligible clinicians in this scenario. So hopefully that answers your question. If you need more information on that, I can help you offline if needed.

Shanen Wright: Thank you so much Joe. And we do have contact information up in the chat window courtesy of Rebecca. Thank you so much. So if you're looking for Quality Insights contact information, it is right in your chat window right now. Maybe you are wanting to talk with our panelists. Stand by because coming up, we're going to unmute the lines. But first, let's go into QPP Live Archives for one of our frequently asked questions. This one says, "When I log into the [qpp.cms.gov](http://qpp.cms.gov) site for MIPS attesting and look at the Connected Clinicians section on the left, some of my providers are missing and there are providers that are no longer with the practice. What should I do?"

Lisa Sagwitz: Hi it's Lisa. There are a couple of recommendations. First, for everyone, I would, you know that you need your EIDM account to submit data for this year. So if

you haven't already gotten your EIDM account and checked your user roles, definitely do that. But you'll want to look on the website [qpp.cms.gov](http://qpp.cms.gov). Go to the sign in and then make sure that all of your providers are listed. If there is a discrepancy, someone's missing or there are providers that don't belong there. For those that are missing, you definitely want to contact QPP Help Desk and let them know.

If there are providers who have left your practice, that's not a problem. That's okay that they're still listed under your account. You'll also want to make sure that PECOS is up to date. You'll let them know who's still with your practice, who isn't. And then every once in a while too, we've heard of practices having a provider's name popup that has nothing to do with them. It's just a mistake. CMS does know that this has happened a little bit. But again, you'll want to contact the QPP Help Desk and let them know that, that provider has never been with your practice. So, I hope that's a helpful answer.

Shanen Wright:

It indeed is. Thank you Lisa and for those of you interested in upcoming webinars, please be advised that registration links for these are included in the slide deck for this QPP Live event, the one you're looking at on your screen right now. The slides were sent out to everyone who registered for the session via email yesterday. However, if you didn't receive that or maybe it landed in your junk inbox, you can always email Laurie Fink at [lfink@qualityinsights.org](mailto:lfink@qualityinsights.org) and she will send the slides to you. Speaking of Laurie, hey let's unmute the lines now again and see if anyone has any verbal questions for our panel of experts. You're unmuted at this time. So if you have a question, please let us know.

Well, we can re-mute the lines. It sounds like I can hear someone typing one right now. So those of you listening to your computer speakers or maybe you're a little bashful and don't want to speak out loud, please submit your questions in the Q&A box and we will get to as many as we can today. Next question we hear is, "I'm having trouble getting my EIDM account setup and the correct user roles. Can you help?"

Lisa Sagwitz:

Hi it's Lisa. That is a popular question. Several times a week, I get calls about that. Your EIDM account is critical so that you can MIPS attest. We do have some shortcut manuals and there's also a formal EIDM account manual on the QPP website. But definitely reach out to us. We can help you with shortcut manuals that may assist you. And I would highly recommend calling the Quality Net Help Desk. That number is 866-288-8912. They're open Monday through Friday, from 8:00 to 8:00. I have gotten great feedback from the offices that have contacted them. A lot of times, the first step is to find out, "Do you even have an EIDM account?" So let them know your practice name and the TIN number, and they can look that up.

And then, depending whether you're a group practice or a solo practice, you'll want certain roles, R-O-L-E-S. So let them know exactly, you know that you need the MIPS attest and then you're going to want to look at your feedback reports in the fall and ask them to guide you through, step by step, which boxes to

check. And I think you'll have success that way. One other thing I was thinking Shanen. I know we lost Amy's audio and I don't think we finished all the slides. If we have time today, we will go back and share the rest of the slides with our group in between today's questions.

Shanen Wright: Uh yes, that's a great suggestion Lisa. And I believe, we may have lost audio either on upcoming webinars or MIPS resources. And now would be a great time, since we have Amy's audio back to revisit that. So, let's actually rewind a little and if we can, we'll start back with Amy's first slide here. Laurie, if you could pass control to Amy and Amy, you may want to pick up, I believe it was here in our beginning with some of our breaking news information while folks submit more questions to our Q&A. That is a great suggestion, Lisa.

Amy Weiser: Hi, just making sure you can hear me.

Shanen Wright: Loud and clear.

Amy Weiser: Perfect. Okay, so Performance Scores for 2017 Claims Data are available on the QPP website. If you're an eligible clinician who submitted 2017 Quality Performance Data for MIPS via Claims, you'll now be able to view your performance scores through the MIPS data submission feature. So once you go in and look at your account dashboard, you click on the Quality category and you can see your score. Claims data submission is only an option if you're participating in MIPS as an individual, not as a part of a group. If you've already submitted Quality data via claims, you don't have to take any additional action for this category.

Claims-based Quality measures are calculated automatically by CMS based on the G-codes submitted on your 2017 claims. You can simply login at [qpp.cms.gov](http://qpp.cms.gov) and view your calculated individual measures' scores and category score for Program Year 2017. Again, that is in the account dashboard in the QPP Portal. Everybody can still hear me right?

Lisa Sagwitz: Yes.

Amy Weiser: Thank you. Scoring of claims data is subject to change monthly based on the processing of any additional 2017 claims and adjustments up to 90 days after the end of 2017. What I've seen with some of my practices is when they're going in to look at their claims data in the QPP Portal, that their scores might be a little bit low. But, it says here, it's possible that claims or adjustments that were submitted towards the end of 2017 have not yet processed. So please check back after March 31st, 2018. And just want to make the point that you can go in to the QPP Portal and view your account dashboard as many times as you'd like through March 31st to make sure all of the data in there is accurate as you feel.

There's still time to submit claims for 2017 also. If you still have 2017 claims you'd like to submit for the Quality performance category, make sure to submit

them now. Claims are processed by the Medicare Administrative Contractors or the MACs, including claims adjustments, re-openings or appeals and they must get to the national Medicare claims system data warehouse by March 1st 2018 to be analyzed. The MACs can provide you with specific instructions on how to bill. And there are resources here for you, the Quality Payment Program website, the Data Submission Fact Sheet, the Data Submission Video, and the Data Submission Fact Sheet. Or the Quality Payment Program website again, and Data Submission Fact Sheet as well.

And then, there's another piece of information here. This is additional ACI Identifier for 2017 CMS QRDA III Implementation Guide. CMS has identified an additional ACI identifier for use with the 2017 CMS Quality Reporting Document Architecture or the QRDA III Implementation Guide IG Version 1.0 for Eligible Clinicians and Eligible Professionals Programs. The identifier ACI\_IACEHRT\_1 for ACI Improvement Activities Bonus should be used when submitting for an ACI bonus for the use of certified EHR technology for an Improvement Activity. An updated version of the 2018 CMS QRDA III IG will be published to reflect the addition of this identifier. And you can find additional resources here and past implementation guides on the eCQI Resource Center and the CMS eCQM Library.

For MIPS resources, there is the QPP Data Submission through the CMS Portal Guide, which was developed by the New England QPP Support Center, which is very helpful. And the "MIPS Reporting Deadlines Fast Approaching: 10 Things to Do and Know" is also a great resource for practice. As far as upcoming webinars, there is the "Implications of the 2018 Final Rule for Solo Practitioners and Small Group Practices" webinar. It's the same presentation but there's two dates available, which you can see here and you can also register for these. And there's also the 2018 QCDR Measures Workgroup. If you're interested in attending that, it's on February 27th. And then the Physician Compare Webinar that Kathy mentioned previously, you can register here as well.

There's also QPP Data Submission Office Hours for MIPS Quality Data Submission, Friday, excuse me February 28th 2018 at 3:00. You can register for that here. And the QPP Data Submission Office Hours are also available on March 14th at 3:00.

Shanen Wright: Thank you so much, Amy.

Amy Weiser: And that's that.

Shanen Wright: Appreciate the breaking news updates and information on those webinars. Very, very helpful information. And we really appreciate that. Keep in mind that the links that you just saw here are included in the slide deck for the QPP Live event. They were sent to everyone who registered for the session via email yesterday. If you did not receive them, please email lfink@qualityinsights.org or any of us here at the Quality Insights QPP Live team and we will be more than happy to get those slides out to you. There are about five more minutes

remaining in today's episode of QPP Live. If you have a question, please submit it in the Q&A box.

Let's hear another FAQ. These are one of the questions that we're hearing from lots of people who say that, "We have a small practice with less than 15 providers and are only required to attest to one or two Improvement Activities. However, we are not getting the 15 points when MIPS attesting. Why is this?"

Kathy Wild: I can answer that Shanen, this is Kathy. So the QPP Portal has not, all of the functionality has not been deployed yet. It will be very soon, that they are working on that now. But rest assured that CMS has access to data to be able to identify if the practice is small, meaning that there are 15 or fewer clinicians affiliated with that TIN or if they are in a rural zip code area or a health professionals health provider professional shortage area, HPSA or something like that, area. Then, they would qualify for that extra special reporting and they're Improvement Activities would receive double the points.

So high weight activity that would receive 40 points instead of 20, medium weight would be 20 instead of 10. So that will be factored into that, even though it may not be showing it yet. It will be done definitely prior to March 31.

Shanen Wright: Next question asks, oh I'm sorry Lisa, go right ahead.

Lisa Sagwitz: Kathy, its Lisa. I had recently heard that, that may not be corrected before March 31st and told that if it's not for practices, not to be concerned the small practices, because they would get the full 15 points from Improvement Activities. I think CMS is trying to get it done. But they're not sure they're going to be able to prior to March 31st.

Kathy Wild: Okay, I'll...As far as I know that they are going to be able to deploy that. They did a demonstration and they showed where they've actually got some different fields that will populate to define if they have that special status. And the same thing with if they are, whether they're non-patient facing and things like that, CMS is adding some fields to that. And I know they're working on it now. But rest assured that clinicians know that the points will be calculated automatically based on the data that they know about that practice.

Lisa Sagwitz: Okay, great. And you were just at the Quality Conference. So you probably got better information than we have recently.

Kathy Wild: Right, right they did a demo for us and they did show us where it's there, it's not live in production yet but that they had showed us what they, how are they factoring that into it. So the plan is it should be ready by March 31st.

Lisa Sagwitz: Thanks.

Kathy Wild: Mm-hmm.

Shanen Wright: And keep in mind that we are with Quality Insights, we are a CMS contractor. The CMS works with us to work with you so that you can succeed in the Quality Payment Program and we're here to help you anytime, not just during QPP Live. Let's squeeze in one last question before we wrap up today's episode of QPP Live. This one asks, "Can Quality measures be manually entered for MIPS attesting?"

Amy Weiser: This is Amy. I will take that. Hi, thanks for your question. No you cannot attest to Quality measures. They either need to be submitted through your claims from 2017 or they need to be uploaded with a QRDA III file or from a registry.

Shanen Wright: Thank you Amy. And thank you everyone for joining us for the February 2018 edition of QPP Live. As a reminder, for practices with 15 or fewer eligible providers, you can contact us via email at [qpp-surs@qualityinsights.org](mailto:qpp-surs@qualityinsights.org) or 1-877-497-5065. And for practices with 16 or more eligible providers, our main contact is Kathy Wild, our Project Director. You see her information on your screen. Or you can reach out to anyone at Quality Insights at any time and we're always happy to help you.

We'd like to thank everyone for joining and asking questions today to Anne, Audrey, Terry, Janet, Bobby, Ricky, Susan and everyone else, thank you for your participation. And to all of our panelists, Kathy, Lisa, Amy, and everyone else, it's been our great pleasure to serve you today. Please mark your calendars for the next episode of QPP Live, which will be on March 15th at 9:30 Eastern, 8:30 Central. And as a reminder, you will receive an evaluation link when you leave the webinar. Please let us know how we can improve each and every episode of QPP Live. On behalf of everyone at Quality Insights, thanks again for joining us. And we'll see you next month. Have a great day.



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