



QPPLive! **Transcript from Live Session**

Thursday, April 19, 2018

Shanen Wright: Welcome to the April edition of QPPLive!. QPPLive! is Quality Insights fast paced program where you can ask questions about CMS's quality payment program, and have them answered in real time by our panel of experts. If this is your time joining us, welcome. We're so glad that so many people have logged in today for QPPLive!. You can use the Q&A box in your Web X player to start submitting your questions at any time. We'll get to as many as time will allow for today. Before we start answering questions, it's my great pleasure to turn over today's presentation to Maureen Kelsey for the morning news. Maureen?

Maureen Kelsey: Good morning everybody. We have some breaking news and lots of announcements for you this morning. CMS is conducting a 2018 Burdens Associated with Reporting Quality Measures Study. The purpose of this study is to examine clinical workflows and data collection methods using different submission systems. To understand the challenges clinicians face when collecting and reporting quality data, and to make future recommendations for changes that will attempt to eliminate clinician burden, improve quality data collection and reporting, and enhance clinical care. MIPS eligible clinicians and groups who participate successfully in this study will receive full credit for the 2018 MIPS improvement activities performance category. The application deadline for this study is April 30th of 2000 and 18.

MIPS eligible clinicians who participate with MIPS either as an individual, or as part of the group may apply for this study. Clinicians do not need any outside knowledge of MIPS to participate, rather the study team is interested in learning more about clinicians experiences with participating in MIPS. If you need to check your MIPS participation status, please visit the QPP website at qpp.cms.gov.

The study will run from April 2000 and 18 to March 2000 and 19. Participants will have to meet the following requirements in order to complete this study, and receive full improvement activity credit. For the participants reporting as a group, the entire group will receive credit. For participants reporting as an individual, only the participating clinician will receive credit. If interested in this study, clinicians will complete a 2007 MIPS participation survey in April or May

2018, and will complete a 2018 MIPS planning survey in September or October 2018. The study team will invite the selected participants to join a virtual 90 minute focus group in November 2018, and February 2019. Clinicians will need to meet minimum requirements for the MIPS quality performance category by submitting data for at least three measures as required for the 2018 MIPS participation.

The additional study requirements specify that the quality data submitted must include at least one outcome measure, be submitted to CMS by the final MIPS reporting deadline, which is March 31 of 2019, and be submitted through any method excepted under MIPS for year two of the quality payment program. To apply, we've included the link to the application for your convenience. Applicants will be notified by email of their status in the spring of 2018. For more information about this study you can visit the CMS website, or email MIPS_study@abtassoc.com.

If you submitted MIPS performance category data through the QPP website, you are now able to review your preliminary performance feedback. Please keep in mind that this is not your final score or feedback, as your final score and feedback will be available in July 2018. Between now and June 30th of 2018, your score could change based on the following. Special status scoring considerations, for example, hospital based clinicians, the all cause hospital readmission measure for the quality category, claims measures, which include a 60 day run out period. CAHPS for MIPS survey results, Advancing Care Information hardship application status, or creation of performance period benchmarks for quality measures that didn't have a historical benchmark.

Your final score and feedback will be available in July 2018 through the QPP website. You will be able to access preliminary and final feedback with the same EIDM credentials that allowed you to submit and review your data during the submission period. If you don't have an EIDM account yet, you should really start the process now. Please refer to the Enterprise Identity Management user guide for instructions. If you have any questions, you can also contact the QPP assistance desk by calling them, or by emailing them.

There is a webinar today at 11:00 a.m. eastern time, providing information on using improvement activities to enhance MIPS performance scores. We've provided the registration information for your convenience. The webinar will provide information on how to identify improvement activities that are best suited for your practice, and how to leverage them to enhance your overall performance score. It will also assist you with choosing the right activities that may benefit your patients, and your practice, and help you earn a higher MIPS score.

The 2018 MIPS participation tool has been updated. You may use the tool to check on your MIPS eligibility for the 2018 performance year. You may enter your NPI to find out whether you need to participate with MIPS during the 2018 performance year. There are some changes to the low volume threshold for

2018. CMS has changed the eligibility threshold to reduce the burden on small practices. Clinicians and groups are now excluded from MIPS if they build \$90,000.00 or less in Medicare Part B allowed charges for covered professional services, or furnish covered professional services to 200 or fewer Medicare Part B enrolled beneficiaries.

We have some upcoming events to share with you. On Tuesday May 22nd at 1:00 p.m. eastern time, Quality Insights will be hosting a webinar, Making Sense out of the QPP Cost Category. On May 17th at 9:30 a.m. eastern time, Quality Insights will be hosting our next QPPLive! event. Registration information for these events will be shared with you in the near future. CMS is hosting a webinar entitled, APMs to Advanced APMs: How to Make the Valuable Transition. This webinar is scheduled for Monday April 30th at 12:00 p.m. to 1:30 p.m. eastern time. We've provided registration information for your convenience. The webinar content will include CMS subject matter experts who will review the MIPS APM model and requirements for qualifying to become an advanced APM. CMS will field questions about the final rule for 2018, and provide information and resources relevant to the transition from a MIPS APN to an advanced APM. America's Physicians Group members will cover key implementation steps in making the decision to transition and will also discuss transition strategies.

Another webinar presentation you may be interested in attending is entitled, Succeeding in MIPS: Advice from Peers in Solo and Small Group Practices Webinar, and we have two sessions available one on Tuesday, May 15th at 11:00 a.m. eastern time, and the other session will be available on Thursday, May 17th at 3:30 p.m. eastern time. This May QPP SURS event will provide strategies for choosing Quality measures, and improvement activities that are aligned with your patient and your practice's needs. Information on how to effectively engage staff and other clinicians in MIPS related activities, and how to set priorities for MIPS activities in 2018 using reports, and data you may already possess. That includes our announcements for today.

Shanen Wright:

Thanks so much, Maureen. Great information. A lot of great upcoming webinars, as well. You should have received a copy of these slides that have these links, but another place you can always look for links is in our chat window. Our friend, Rebecca will be providing direct links to websites, phone numbers, and email addresses as we answer questions today, so make sure and look in there. Let's meet our Quality Insights QPP specialists, now. We have Kathy Wild, our project director in the state of Delaware. I'm Shanen Wright coming to you from West Virginia, and Amy Weiser our lead project coordinator who's in Pennsylvania. Serving the state of Delaware, we have two individuals, Cathy Browning for the larger practices with 16 or more clinicians. Roxanne Fletcher for small practices with less than 15 clinicians. For Louisiana, we have Lisa Sherman. For New Jersey, we have three individuals. Maureen Kelsey, who delivered today's morning news. We also have Diana Haniak, and Andrea Phillips. Looking into Pennsylvania, we have Rebecca Dase, who's also providing us the great links in the chat window. Lisa Sagwitz. Shirley Sullivan. Joe Pinto.

Finally, from West Virginia we have Julie Williams, and Debbie Hennan. These are the individuals that will be answering your questions during today's episode of QPPLive!.

You can use the Q&A button right there in the upper right hand corner of your Web X player, just click on it. When you see the drop down menu under ask, choose all panelists. Type in your question, hit send, and then we will address them in the order in which they are asked. We do ask that you refrain from using the chat window for your questions, since that's where all of our links will be. In addition to typing in your questions, you will also have an opportunity to ask questions verbally. Some of you have dialed in on your telephone, and we will of course forewarn you when we're going to unmute all the lines, and you can ask questions of our specialists at that time, just know that if you don't have a question, please make sure and keep your own phone muted, so we don't hear any office noise, or barking dogs, or anything like that.

We'd also like to remind you that we here at Quality Insights are here to help you any time, not just during QPPLive!, which is the third Thursday of every month at 9:30 a.m. eastern, 8:30 central. If you don't realize who your contact is at Quality Insights, you can always use our general QPP inbox for inquiries, and keep in mind that we'll do the best we can to answer all the questions today, but know that we may need to follow-up at a later time. Please, also keep in mind that rules and interpretations change over time, especially if you're viewing a recorded of this, which we are recording QPPLive!, know that the situation or the answer could have changed if you're listening to that. Most of all, we here at Quality Insights want to establish a relationship with you, so that you can succeed in the Quality Payment Program. With that being said, let's get started with today's questions. We're going to start with our longtime participant Bobbi. Thank you, Bobbi for joining us, again, this month. She asks, "When we review our final score on the QPP site, we are happy with our results so far, but we were wondering if it is more likely for the score to go up, or down between now and July 1st?"

Joe Pinto:

Hi, Shanen, this is Joe. I can take that. Good morning, Bobbi. Bobbi, is also one of my practices, by the way. To answer your question very simply, it is more likely that score is going to go up, especially because you are a small practice. If you've checked your preliminary scores, you'll probably see that the improvement activities score is still registering as 20 out of the possible 40 points. That would earn you seven and a half out of the possible 15 points. Also, the correct for special statuses may come into play. In terms of the improvement activities, they haven't adjusted that, yet, so if you are a small practice, especially, once that is adjusted to give you the full 40 points, and the 15 points towards your overall MIPS score it's going to reflect on your score, so it's likely in your case that your score is actually going to adjust a little bit on the higher side.

Shanen Wright:

Thank you, Joe. We go back to the Q&A box, now, for our next question. There are two parts to this one. This is from Debbie. "Part one says our practices to

submit quality data only for Medicare patients, this practice was told all patients, but that's not what she's recalled. A second part of the question says, if a practice is submitting as a group with about 15 eligible clinicians can the quality data be submitted?"

Shirley Sullivan: This is Shirley, I can take this. For the first part, for practices are they supposed to submit quality data only for Medicare patients, this practice is told for all patients. It depends on how you submit your quality data. If you submit your quality data through claims, then it's only going to be for Medicare patients. If you submit quality data through registry, or through your EHR then it will be for all patients. Then, the second part of your question, what was that again?

Shanen Wright: If a practice is submitting as a group can the quality data be submitted, and it looks may have cut off. There may be more to that question, if that doesn't make sense.

Shirley Sullivan: Okay. Again, if a practice is submitting their quality data through claims, then you have to submit it as an individual provider. If you submit your quality data through the registry, or through a EHR, then you can submit it as a group.

Shanen Wright: Thanks so much. Please submitting your questions, now, we'll get to them. Right now, we're going to go to one of our frequently asked questions. We hear this a lot. "We attested for 2017 MIPS, now what?"

Joe Pinto: Shanen, I can take this one. Basically, there are a couple of things that are taking place right now, in terms of the time scale. As I indicated in the first response regarding the preliminary scores, and your improvement activities, overall score being reweighted once that, especially for the small practices, once the score is reweighted to show the full 40 points, so you get the 15 points towards your overall MIPS score then that is number one on the list. Number two, as Maureen Kelsey had indicated at the beginning, during her announcements starting July 1st CMS will be posting the final scores, and that will also show your payment adjustment.

That timeline is coming up on July the 1st and forward, so that is something that you'll want to make sure that you keep in mind. Also, coming up later this year in the fall of 2018 Physician Compare website is going to be populated with your MIPS data, so the scoring in the MIPS data that was submitted for 2017, beginning in the fall will be on the Physician Compare website. You can expect not only your Medicare patients, but likely insurance companies and others will be looking at this data, because it will be now public. Then, also what if some of your data was not correct, basically there is a short period of time that will be taking place during this summer that you can review, and I think this can be done in terms of the errors. That is a new process. The details haven't been laid out, yet, but once they are we will be alerting the practices, so just keep that in mind as we move forward. I hope that answers your question.

Shanen Wright: Thanks so much, Joe. We go back to the Q&A box, now. We got a little more information from Debbie. Shirley, I don't know if you wanted to follow-up with this or not, but Debbie added that, "Yes. The rest of the question, for submitting as a group, can one clinician's data be used?" Then she has a second question, as well, but I'll pause for a moment for that clarification.

Shirley Sullivan: For the group reporting, you're going to combine all the clinician's data on the measures. If one is not performing as well as others, and you combine them together, you can submit the total numerator and denominator for each quality measure.

Shanen Wright: Okay. Another question from Debbie says, "For the six measure selected for 2018, what qualifies as a full year - one hundred percent of eligible patients for each measure or one hundred percent of all patients? Then will they fall out for the six different measures according to denominator definition?" This is kind of a three part question.

Shirley Sullivan: This is Shirley, again. For the quality category they want you to report for the whole year, which would be January 1st through December 31st. Now, certainly if you started after January, February, March or April, you can still submit the data and get scored for that, you just won't have the highest potential of meeting data completeness. For data completeness, it is for each measure it's 60% of the eligible patients for that particular measure. For instance, if you have a hypertension measure, to meet data completeness you're going to have, to have the patients for eligible incidences of patient visits that meet that measure and 60% of them you'll need to report on for data completeness. I think I answered that. Is there's another part to that?

Shanen Wright: Okay. We have a separate question, as well, from Debbie. This one says, "If the practice submits under the group NPI number, how does the payment adjustment parlay into the individuals NPIs?"

Shirley Sullivan: This is Shirley. If you submit as a group, and you will all share the same score, so each provider will get the score of the group's total, so everybody shares the same score, so then you will get the same either penalty or upward payment adjustment as the group score.

Roxanne: This is Roxanne. I think she was asking too, how would they identify each of the NPIs of your physicians are related back to that group TIN?

Shanen Wright: Thank you, Shirley and Roxanne. Coming up, we're going to unmute the lines here in a moment, in case any of you have any questions you would like to ask via telephone or talk with any of our panelists. Get ready for that. First, we are going to post a question from Dominique, who says, "How does being part of an ACO impact 2018 reporting? Is submission handled by the ACO?"

Joe Pinto: Shanen, I can take this one. Dominique, yes, the submission is for the most part handled by your ACO, I'm assuming your indicating that you're a part of an MSSP track one ACO, or a next generation ACO, you want to contact your ACO organization and discuss with them the options that they will be handling in terms of the quality reporting category. Each ACO participants, the TIN participants is responsible, that is, for submitting data on the advancing care information category, however. That's defined by the MIPS program. Performance on this category is assessed by calculating the weighted mean of the ACO participant TIN scores, and that's weighted by the number of MIPS eligible clinicians in the ACO, as compared to the total number of eligible clinicians that are participating in the ACO. There are two components with that. The performance category is then reweighted at 30% for the ACO final scores. Check with your ACO, find out how they are submitting, because they handle the quality side of it, and then the ACI part of it would be basically your responsibility.

Shanen Wright: Thanks so much, Joe. At this point, we are going to unmute the telephone lines. It looks like there are about seven or eight folks who have joined that way. A vast majority of you are listening on your computer speakers. Please, if you do not have a question make sure you mute on your end, but we will unmute lines now, and if you have a question, or comment that you would like to share with our panelists, please speak up now ... Okay.

Rabecca Dase: Good morning.

Shanen Wright: I'm hearing nothing. We'll re-mute the phone lines and get back to the Q&A box for our next question that comes in from Karen. Karen says, "At the bottom of the third page of the MIPS quality measure reporting study, what does the last bullet mean about submitting data for at least three measures as required for 2018 MIPS participation? We do not have to do six measures?"

Rabecca Dase: This is Rebecca. My understanding of that is the fact that in order to be considered for the study that you would have to report that minimum amount of information. Ultimately, you want to try to report six, but even to be included in that study you would at least have to submit on three measures.

Shanen Wright: Thank you, Rabecca. We just had a comment from Debbie, and this is probably directed to Shirley, who's addressed most of these. "Not a question, just a thank you to you all." Thank you, Debbie, for joining us. Let's go back to some of our frequently asked questions we have right now. Our next one, we hear this one a lot, practices will tell us, "I'm part of an ACO, but can't see any scores except what my practice reported for advancing care information."

Rabecca Dase: This is Rabecca again. CMS, I actually did have a ticket open with them recently, because one of my other practices had the same question, and the response that they had was, they are working on developing a way to show you your scores for your ACO reporting, so they said probably within the next few weeks that those scores hopefully will be displayed, so you can see them.

Shanen Wright: Thank you, Rabecca. Please, if you have questions, make sure and type them in the box before we run out of time in today's QPPLive!, but next let's have another frequently asked question that we hear. We hear this a lot. "Tell me about the NPI lookup tools that I'm hearing about."

Joe Pinto: Shanen, I can take this one. The NPI lookup tool is available through the QPP website, qpp.cms.gov. I know Rabecca can put the link in the chat, for those of you that aren't familiar with that, you should, if you're participating in the MIPS program. The NPI lookup tool is the place where the providers can go in and check their eligibility status, and it is now updated and ready to go for 2018, so you can check your availability and your eligibility status for this coming year, all you have to do is chose the MIPS tab in the center of the page, and then the check participation status tab, and that will tell you whether, or not the eligible clinician based on the NPI number is eligible for reporting to MIPS in 2018.

Now, keep in mind that the threshold for reporting, or for eligibility actually increased for 2018. The threshold for this year is \$90,000.00 in Medicare Part B claims, and seeing 200 or more Medicare Part B patients, so many providers that were eligible to report to MIPS in 2017 may not be eligible in 2018 based on the increase in the threshold. This doesn't mean that you can't participate and report to MIPS, it just means that even if you submit data to MIPS and report in 2018, if you aren't eligible then you aren't in line for any of the bonus. Just go to the NPI, look up tool on the CMS website, and that will tell you whether, or not you are eligible for this year.

Shanen Wright: Thanks, Joe. Next question we have is from Karen, she says, "On the second page of preliminary feedback, what does the third bullet mean? 30 day run out period?"

Rabecca Dase: This is Rabecca. My interpretation of the 30 day run out period is the fact that there are still things that are coming in and being processed. They're allowing that time to lapse. For instance, your claims had to be reported, I think by the end of February, so they could go through the clearinghouse, and all of that, so the run out period is allowing those claims to catch up, so they can be reported in that final score.

Shanen Wright: Thanks, Rabecca. Next question is from Bobbi. Bobbi says, "Both of our providers are in the 70 plus points, 76.44, and 83.5, assuming we stay above 70 points from now until July, how does the bonus payout work?"

Shirley Sullivan: Hi. This is Shirley. If you are in the 70 point range, or above you are an exceptional performer, so that opens for CMS, it opens a new bucket of money. How that pays out in the end we won't know until the final scores come out, but it puts you in that exceptional performer status, and it allows you to extra money for that. Again, you can only get up to a 4 percent upward payment adjustment for 2017 performance.

Shanen Wright: Next question is from Suzy. Suzy asks, "Can practices in an ACO participate in the study?"

Amy Weiser: Hi-

Rabecca Dase: This is Rabecca.

Amy Weiser: This is Amy. I would refer to the link in the slides to determine if an ACO would be eligible to participate. We are not sure. Rabecca, if you have any additional information, please share. Thank you.

Rabecca Dase: No. I was actually going to say the exact same thing, and I did just post the link in the chat for their email, the MIPS study it is in the chat window, if you want to send them an email.

Shanen Wright: Coming up, we're going to open up the phone lines, yet, again. Just one last time in case somebody might have a question, or comment that they want to share with our panelists. First, let's go to another question. This says, "When I log into the qpp.cms.gov site for MIPS attesting, and look at the connected clinician section on the left, some of my providers are missing, and there are providers there that who are no longer with our practice. What should I do?"

Roxanne: Hi. This is Roxanne. The ones that are in your practice, but aren't showing on your list, you need to update the information in PECOS. I would recommend that you go into that, look at the information, and do update that. You will need their user name, and password, so if you don't have that, or you need to reset that, you'll need the physician or provider on the phone with you to do that.

Shanen Wright: Thanks so much, Rox. Let's open up the phone lines one more time just in case, nobody had one the last time, but we heard a little sound that somebody might have a question or comment. At this point, all of our phone lines are unmuted, so if you have a question or comment for our panelists please share it now. Okay. We'll go back to our questions and answers. Next one, we have, we hear this one a lot, "I'm having trouble getting my EIDM account set up in the correct user roles. Can you help?"

Joe Pinto: Shanen, I can take this one. In terms of the EIDM account there's a couple of options, here. The first thing is you can call the Quality Net Help Desk. Rabecca, I don't know if you have the phone number that you can post in chat for that, but the phone number for the Help Desk is 866.288.8912, and you can ask them for the step by step guide to helping you set up, or two, actually, correct any of the access based on your organization, if you have individuals that need to be added, or to have access to the EIDM account, you can do that. Quality Insights, also has some shortcut manuals that are available to help, so you can just contact your Quality Insights representative that you're working with, and they'd be more than happy to help you through the process, provide you the shortcut manuals, and guide you through that.

Shanen Wright: Great. Thanks so much, Joe. If you have any questions, please submit them in the Q&A box, before we run out of time, today. We want to make sure that we answer those, so if you're sitting on a question, get it in now, before time is too late, and we're not able to address it. Next question that we hear all the time says, "We have a small practice with fewer than 15 providers, and are only required to attest to," excuse me, "one or two improvement activities. However, we are not getting the 15 points with MIPS attesting. Why is this?"

Shirley Sullivan: This is Shirley. The CMS website has error with the improvement activity, giving you the points, you are correct that for a small practice you only have to do one high weighted, or two medium weighted, so when you will get the full 15 points in that category, but the website is not reflecting that at this time, but when the final numbers come out, and your final score comes out CMS will reflect that in your score.

Shanen Wright: Next up, we hear from Dominique, who says, "We set up an EIDM account as a group. We did not add our ACO TIN, I would like to edit this, and add it in. Do you know if this is possible?"

Amy Weiser: Hey, Dominique, this is Amy. I would encourage you to call CMS, the Help Desk to inquire about that, and also I would suggest that you might check with your ACO, but I think you might need to direct this to CMS, and make sure that you have the proper linkages, and information for them.

Shanen Wright: Thanks so much, Amy. Next question we hear all the time, "Can quality measures be manually entered for MIPS attesting?"

Joe Pinto: Shanen, I can take this one. The simple answer to that is no. There are a couple of options in which you can do to submit your quality measures for MIPS. One of those, if you're doing the EHR reporting, you can download, or contact your EHR vendor, of course, and download the QRDA file from your EHR vendor, and you can submit that as your quality measures. Also, if you're using a registry or a QCDR, they would be submitting your quality measures for you. Also, there is for the large groups of 25 or more there's the CMS web interface. The CAHPS for MIPS groups that chose that option. Of course, if you are an individual provider, and you're submitting individually there is a claims option that is only available to individuals, but that option when you utilize that you're letting CMS basically control the data that's being received by the claims, and calculating that on your behalf. Those are your options.

Shanen Wright: Thanks, Joe. Next question we have is from Debbie. Debbie asked us, "Is anyone at CMS, or maybe the National Quality Forum in QF working on making the opioid related measures claim based?" She'd also like to add, that there are three of them and they are only registry based at this time.

Amy Weiser: Hi. This is Amy. I'll try to answer this question. I believe the measures that are set for 2018 are set for 2018 as they are, whether they're a claims-based

measure, or registry based measure. There is a call for measures information that you might be able to access through the qpp.cms.gov resources page, and you might be able to suggest that for the future, but I believe once the measures are established for the year, they won't change their methodology for their submission type, during that time period. That's the way that I understand it.

Shanen Wright: Thanks, Amy. Next question asks, "Can you explain the second NPI lookup that I've heard about?"

Amy Weiser: This is Amy. Yes. There actually are two ways to lookup an NPI number. One is for MIPS eligible clinicians, and one is for APMs, or ACO types of clinicians. Something that I recently saw on the CMS website under the APMs overview, on the APM tab, they did announce for 2018 that starting in the spring of 2018 MIPS participation status tool will include APM information. CMS is expanding this tool to include both performance year 2018 APM participation, and predictive qualifying APM QP status. That's supposed to be updated, as well. I hope that answers your question.

Shanen Wright: Thanks so much, Amy. If you have a question, make sure and submit it before we run out of time today. Dominique has submitted a question, he says, "We reported engagement of new Medicaid patient and follow improvement activity for 2017. Can we report this again for 2018? It's a high weighted measure. Does this satisfy our full 15 points?"

Shirley Sullivan: Hi. This is Shirley. If you are a small practice, 15 and under, then, yes, that would satisfy your full 15 points, and yes, you can also report it again for 2018. If you're a larger practice with 16 or more providers then you would need to do another high weighted measure, or two more medium weighted measures to get the full 15 points.

Shanen Wright: Thanks so much. Next question we hear frequently is, "For the improvement activities category, I understand I simply attest, yes, but how does CMS know that I did these?"

Joe Pinto: Shanen, I can take this one. Yes, that is correct for the Improvement Activities the measure that, or the activities that you are attesting to, you do just select Improvement Activities, submit your attestation, and then it's your responsibility to maintain the documentation that shows and proves that you met that particular activity. Just in the even that you are ever audited, and CMS does require that you maintain that information for over six years, so we advise you to keep that in a folder, it's just easier to keep it in a binder that's marked for the year that you are submitting the attestation to, so if you are one of those unlucky people that get audited down the road you have that information readily available to prove that you met the activity that you submitted for.

Shanen Wright: Thanks, Joe. I think we time for one more question, before we wrap up today. That one says, "On the quality category measures, if I submit more than the required six, will I get extra points for the additional outcome, or high priority measures?"

Rabecca Dase: This is Rabecca. If you submit more than six measures, and there are additional high priority or outcome, yes, you can receive extra credit after your required outcome already, so if you submit your required outcome measure and then you submit an additional high priority, or additional outcome, high priority will earn you one extra point, and additional outcome measures will earn you two extra points. Even if you submitted let's say eight measures, they're only going to score your top six measures. Okay? If the additional two, seven and eight measures (they were two high priorities), you could earn two extra bonus points for submitting those high priority measures. Now, to take into consideration, if those measures have low performance scores, those are still going to be published on the Physician Compare website, so those are some things to take into account, as well. If your performance is low, is it worth submitting those for the bonus points, if it's going to be published that you don't do very well at that specific quality measure. I hope that answers your question.

Shanen Wright: Thanks so much, Rabecca. One other question just came in, and I think we have time to address this one, as well. This is from Terri, who asks, "Can you report the same improvement activities in 2018 that you reported in 2017?"

Shirley Sullivan: This is Shirley. Yes, you can. You can report the same improvement activities as long as they're still improvement activities year after year.

Shanen Wright: Excellent. Thank you, Shirley. I'd like to thank all of you for joining us for today's edition of QPPLive! for April 2018. As a reminder, we are here anytime to help you with your Quality Payment Program questions. We have our QPP Support Center for practices with 15 or fewer eligible clinicians. You see on the screen there the email address qpp-surs@qualityinsights.org, or you can call 1.877.497.5065, or visit our website at www.qppsupport.org. The Quality Insights Quality Innovation Network is also available for practices with 16 or more eligible clinicians. The email address is Kathy Wild, kwild@qualityinsights.org, or you can reach our project director, Kathy directly at 1.877.987.4687, extension 108, or visit qualityinsights-qin.org. Again, if you don't realize who your contact is at Quality Insights you can always reach out to Kathy, or to our QPP SURS inbox, and most of all we just want to establish a relationship with you, so that you can succeed in the Quality Payment Program.

I'd like to thank everyone for the great questions we received today, from Bobbi, Debbie, Karen, Dominique, Suzy, and everyone else participating. We appreciate you joining us, and look forward to seeing you again next month on May 17th, that's the third Thursday of the month. We'll be doing this again. QPPLive! at 9:30 a.m. eastern. 8:30 a.m. central. On behalf of the entire Quality Insights Quality Payment Program support team, I'd like to thank you for joining us for today's episode of QPPLive!. Please remember that you will be linked to

an evaluation as you exit this webinar, and we look forward to hearing your feedback, so that we can make these sessions better, each and every month. Thanks again for joining us. We'll see you next month. Goodbye.



This material was prepared by Quality Insights, the Quality Payment Program-Small Underserved and Rural Support (QPP-SURS) Contractor for Delaware, New Jersey, Pennsylvania and West Virginia under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication number QPP-042318