



Quality  
Insights

**QPPLive!**

**Transcript from Live Session**

Thursday, May 17, 2018

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**Shanen Wright:** Good morning everyone and welcome to our May 2018 edition of QPP Live! If this is your first time joining us, welcome. We hope you enjoy all of our answers, questions, updates, news and information about CMS's Quality Payment Program. This is being brought to you by Quality Insights. The Quality Innovation Network Quality Improvement Organization or QINQIO and Quality Payment Program's support center contractor for West Virginia, Pennsylvania, Delaware, New Jersey and Louisiana. If you've joined us before, you know how this all works but if not, you can start submitting your questions about QPP using the Q&A box on your WebEx player at any time. It's in the upper right hand corner. That includes when we hear today's breaking news and announcements which will start now with our very own Amy Weiser. Amy?

**Amy Weiser:** Thank you so much, Shanen. Welcome everyone. We're so glad that you could join us today. We have a few things that we just want to go over with you before we get started. As we had mentioned in our recent newsletters and such, there is a new MIPS estimator that was just released. It is from Stratis Health and you can download the information here from your slide and also the 2017 MIPS calculator that Quality Insights shared with our participating providers was developed by the Great Plains QIN. We will be letting you know when that calculator is available. It's due to be out very soon.

**Amy Weiser:** I also wanted to let you know, again, for 2017 you can visit the QPP website and review your preliminary performance feedback data. Please keep in mind that this is not your final score for your feedback, and your final score and feedback will be available on July 1st of 2018.

**Amy Weiser:** Also, between now and June 30th... I think it should say between now and June 30th 2018, your score could change based on the following information. Your Special Status Scoring Considerations, All-Cause Readmission Measure for Quality Category, Claims Measures to include in the 60-day run out period, CAHPS for MIPS Survey results, ACI hardship application status, Improvement Study participation and results, and creation or performance period benchmarks for Quality Measures that didn't have a historical benchmark.

Amy Weiser: Your final score and feedback will be available, as we said, on July 1, 2018, through the QPP website. You will be able to access preliminary and final feedback with your same EIDM credentials that allowed you to submit and view your data during the submission period. If you don't have an EIDM account, you can start the process now, and you can refer to the Enterprise Identity Management User Guide for instructions. And of course, if you have any questions you can call us, or you can call the Quality Payment Program with the information here, or of course you can call us as well.

Amy Weiser: The 2018 MIPS Participation Tool has been updated for 2018 MIPS eligibility. You need to enter your NPI to find out whether you need to participate during the 2018 performance year. There are some changes to the Low-Volume Threshold. CMS has changed the eligibility threshold in 2018 to reduce the burden on small practices. Clinicians and groups are now excluded from MIPS if they billed 90 thousand dollars or less in Medicare Part B allowed charges for covered professional services under PRS, or furnished covered professional services under the PFS to 200 or fewer Medicare Part B enrolled beneficiaries.

Amy Weiser: There's also a way that you can look up information as a group with multiple clinicians. So you can go into the QPP website to check your group's 2018 eligibility for MIPS. After logging into the feature using your EIDM credentials, browse to the Taxpayer Identification Number affiliated with your group, and you will be able to click into a details screen to see the eligibility status of every clinician based on their National Provider NPI and find out whether they need to participate during the 2018 performance year for MIPS. Don't have an EIDM account? Again, we encourage you to start the process now and follow the instructions on the EIDM user guide.

Amy Weiser: Again, this is just a reminder about the Low-Volume Threshold that I just discussed. And you can read more about that in the slide. You can find out today whether the clinicians in your group are eligible for MIPS. Remember that you can also use the MIPS Participation Lookup Tool to find out whether individual clinicians are eligible for the 2018 performance year without needing to log in to the feature. Again, there is more information how you can reach out to CMS directly on this screen as well.

Amy Weiser: We also want to let you know, if you haven't heard, that the Advancing Care Information is now called Promoting Interoperability Performance Category. CMS is overhauling and streamlining the EHR Incentive Programs for hospitals as well as for the Advancing Care Information Performance category in MIPS. This change will move the program beyond the existing requirements of meaningful use to a new phase of EHR Measurement with an increased focus on interoperability and improving patient access to health information.

Amy Weiser: To better reflect this focus, effective immediately CMS is renaming the EHR Incentive Program to the Promoting Interoperability Programs for eligible hospitals, Critical Access Hospitals, and Medicaid providers. The MIPS Advancing Care Information performance category to the Promoting Interoperability

performance category for MIPS eligible clinicians. Please note that this rebranding does not merge or combine the EHR Incentive Programs and MIPS, and CMS will be updating its websites and educational resources to reflect this change.

Amy Weiser: For upcoming events, Quality Insights is happy to announce that we are having a webinar called Making "Cents" out of the QPP Cost Category on Tuesday, May 22nd, at 1:00 p.m. You can register here in this slide also, and then our next QPP live session will be Thursday, June 21st, at 9:30 a.m. and registration is to come.

Amy Weiser: Also today, at 3:30, there is a CMS LAN webinar for small and solo group practices, which you can register for, and you will learn about strategies for choosing quality Measures and improvement activities that are aligned with your practice's needs. 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 already possess.

Amy Weiser: All right, I'll turn it back over to Shanen. Thank you.

Shanen Wright: Thank you so much Amy, we appreciate those news and update items. Keep in mind that we will be emailing out the slides used in today's QPP live so if you need links to those webinars, you can get them that way. You can also go to the chat window on your WebEx player where Joe Pinto will be providing links, as he already has. So you can register to those webinars, and links to things that we will be talking about today. Please keep in mind that you can submit your questions at any time, including right now, using the Q&A box. We ask that you please use the Q&A box and not the chat windows, because that's where Joe's going to provide us with all those great links.

Shanen Wright: Well, let's take a moment and meet our Quality Insights Quality Payment Program Specialists who joined us today, and will be answering your questions. We start with Kathy Wild, who is our Project Director for all things QPP here at Quality Insights. I'm Shanen Wright, and I'm coming to you from Quality Insights Corporate Headquarters in Charleston, West Virginia. You've already heard from Amy Weiser, she's in Pennsylvania, she's our Lead Project Coordinator for QPP. Serving the state of Delaware, we have Cathy Browning for large practices, and Rox Fletcher for small practices. In Louisiana we have Lisa Sherman serving the large practices and, if you are a small practice joining from Louisiana, you'll need to email [qpp-surs@tmf.org](mailto:qpp-surs@tmf.org) to get assistance with your QPP questions. For New Jersey, we have Maureen Kelsey, we have Diana Haniak, and Andrea Phillips joining us today.

Shanen Wright: And, in Pennsylvania, we have Rabecca Dase. Rabecca's normally our web link person if you're a normal viewer today, but we're going to actually get to hear from Rabecca and her voice, so we're really excited about that today. She'll be answering questions for us. You all know Joe Pinto, he's providing those great links for you, and Lisa Sagwitz joins us from and for Pennsylvania, and of course Shirley Sullivan as well. And serving West Virginia, we have Julie Williams for

large practices, Debbie Hennen for small practices, and we're pleased to welcome the newest member of our QPP team, Marvin Nichols, who will be serving small practices as well.

Shanen Wright: As I mentioned, you can ask questions at any time using the Q&A button. Just choose "All Panelists" when you do, and we'll answer as many questions as we can today. You can just type it in, and then hit send. We'll address as many as we can, in the order that they are asked. In addition, those of you who have called in using the telephone may want to talk with our panelists directly. If so, we will have opportunities for you to un-mute. We will un-mute the line, and you can ask your question verbally. We do ask that if you don't have a question that you please mute your phone on your end so we don't hear any background noise, barking dogs, those kinds of things that you sometimes hear. So, we'll do that a little bit later. Keep in mind too, that we're here to help you any time, not just on the third Thursday of the month at 9:30 eastern, 8:30 central during QPP live. We want to help you succeed in QPP all the time. You can contact your project coordinator, or any of our inboxes, and we are here to help you.

Shanen Wright: Keep in mind that we are not CMS. We are contractors of CMS, so some questions that we have we may need to refer back to more information or get in touch with CMS, but you know that we will get in touch with you and we will help you at any time. Keep in mind too that rules and interpretations change over time, especially if you are listening to this as a recording. I mentioned at the top of the hour, this is May 2018, so if you're listening to the recording, things could have changed. That's important to keep in mind. But 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. When you win, we win. So with that being said, let's get started with today's Q&A portion of QPP Live! Submit your questions now using the Q&A box in your WebEx player.

Shanen Wright: First let's go out to one of our FAQs, this one says: once you are declared MIPS-eligible, does it change with the new low-volume threshold of \$90,000?

Rabecca Dase: This is Rabecca, I'll take that one. So, MIPS eligibility is determined on a year to year basis, so it's very important that you always go look at the CMS Participation Lookup Tool to determine whether or not you were eligible. And Amy did mention in the announcements that CMS does have, if you log in through the QPP lookup, the website, you can see your eligibility there. It actually will give you detailed information about the Medicare claims that you had for that specific lookup time as well, so there's a lot more information if you do log into the QPP.CMS.gov website in comparison to the Lookup Tool. But ultimately, you absolutely want to go look up your eligibility because it does change on a year to year basis.

Shanen Wright: Thank you, Rabecca. Let's go to a question about cost scoring for 2018, we hear this one a lot. What are the two cost Measures?

Rabecca Dase: This is Rabecca, I can take that one again. So, the two cost Measures for 2018. It is the total per capita cost, and the Medicare spending per beneficiary. These are based on administrative claims, so there's nothing extra that you need to do for these two specific Measures, but CMS will look at the claims that were submitted for the 2018 performance year, and that's how they'll base your attribution and scoring. So yeah, total per capita cost and Medicare spending per beneficiary are the Measures that CMS is looking at for this year.

Shanen Wright: Excellent. Next up we hear, does the Low-Volume Threshold of \$90,000 only apply to Medicare claims submitted, and are Medicare replacement insurances included in this amount?

Shirley: Hi, this is Shirley. I can take this. The Low-Volume Threshold of \$90,000 applies to Medicare physician fee schedule allowed charges billed on your Part B claims, so it's only Medicare Part B allowable charges.

Shanen Wright: Excellent. Coming up, we're going to open up the phone line. So, if you have a question that you'd like to ask verbally, we will be more than happy to hear from you and answer it as well. Next up, we hear the question, do we have an idea what Measures may become Topped-Out?

Rabecca Dase: This is Rabecca. So, for 2018 they actually already came out and said there are six Measures that are Topped-Out, and you can only receive up to seven points on these specific Measures. And they are listed in the Second Rule Final Year Fact Sheet that Joe can post in the chat box. There are six Measures that are Topped-Out, and you can only earn seven points on them, and it looks like its pre-operative care, selection, melanoma, a melanoma Measure. So there's different specialty Measures that are on there too, but Joe can post that in the chat box, and if you do happen to choose one of those Measures you can only receive up to seven points on those Topped-Out Measures.

Shanen Wright: Alright, let's address one more question before we open up the phone lines. This next one says, how does CMS decide the small practice bonus of five points?

Shirley: Hi, this is Shirley I can take this. A small practice is a practice with 15 or fewer clinicians. In order to get the five bonus points, you must submit some data in one of the performance categories. So you can submit at least one quality Measure, or one improvement activity, and if you submit any data in any category you'll get the five bonus points.

Shanen Wright: All right. At this time, our producer Laurie is going to unmute all the lines on our end. Please, if you do not have a question, make sure your phone line is muted. If not, we would love to hear from you now. Are there any verbal questions, comments, anything you would like to talk about from the QPP live audience today?

Bobbie: Hi Shanen, this is Bobbie calling from Pennsylvania. You know I have a question.

Shanen Wright: Thank you for joining us again, Bobbie. We appreciate it.

Bobbie: Well, my question is, we had a physician that started back in July of last year, he didn't count for MIPS 2017 and I just assumed he would, so I just checked the calendar and it says he doesn't, probably because he's building his practice and hasn't met the threshold yet. However, we are all set up and monitoring him all the way through, is it beneficial to us to report, or should we just knock him off of that and concentrate on our other doctors?

Rabbecca Dase: Hi Bobbie, this is Rabbecca, I will take that question. Ultimately, there will be a second lookup which will happen, and it'll be I believe from September one through August of 2018. However, they're saying that your clinician status won't change at that second Lookup Tool to go against you, so initially if your first lookup said hey I'm not eligible, they're saying it won't change in the second one, but we all know how things change. So I think it's very important you do continue to monitor your provider's status, and then if you do want to submit data on him, even if he's not eligible, that's absolutely fine too.

Rabbecca Dase: Ultimately he won't be eligible at the individual level for an incentive if he's not eligible at that level, but you could still report the group and receive that incentive payment as well. But I do think it's important to still monitor, especially if you're doing all your other clinicians as well, just to make sure that everybody's on track and everybody's moving forward because at the second lookup, maybe for 2018, he's not eligible, but in 2019 he might be and then it would be starting back from scratch maybe if you didn't stay up with his tracking and keeping him up to date on everything MIPS related.

Bobbie: Okay, that's kind of what I thought. Okay, thank you.

Shanen Wright: Thanks so much Bobbie. Any other verbal questions from anybody who is on the phone line today? Okay, hearing none. We will go ahead and re-mute the phone lines. We will open them up one more time before we wrap up today to see if anyone has any questions. So if something pops in your head, just jot it down and we'll be happy to hear from you. Let's go back out to the Q&A box right now, where we hear from Rosemary, who asks, how many patients have to be reported on each of the six Measures?

Shirley: Okay, to get full points in the quality category you'll want to have reports of six Measures. And you want to meet a 20 patient minimum for each Measure, and 60% of patients that can go into that Measure, you want to report on. If you don't meet this minimum requirement as a small practice you will still get a three point bonus in that category, quality Measures, so each Measure you can get up to 10. For the most points you want to have a 20 patient minimum and at least 60% of the patients that can be in that Measure. Hope that answers the question.

Rabbecca Dase: I would like to add something to that too. I know that Shirley just mentioned a small practice that doesn't meet data completeness can still receive three, but I do believe for larger practices of 16 or more, you will only receive one point for that quality Measure if you do not reach the data completeness threshold.

Shanen Wright: Moving to our next question in the Q&A, I believe this is a follow-up to one of the ones we had earlier. The question asking, do we have an idea what Measures may become Topped-Out. This question asks, what is a Topped-Out Measure?

Rabbecca Dase: This is Rabbecca, I can take that one. So, what a Topped-Out Measure is based on my interpretation of it. A Topped-Out Measure is something that CMS has been measuring for however long, and they don't think that they can gain any more information from it, there's not a lot more room for improvement on that Measure, so they're topping it out and saying, start looking at other Measures because we've learned all we can from this Measure. That's how I interpret it, and Shirley, please step in if I'm off base on that.

Shirley: No, that was good.

Shanen Wright: Moving on to our next question from Mary Anne, she asks, do you know if they've selected the committee yet for a study on MIPS Quality for the year? If they did not decide yet, do you know when they will be doing the selection?

Rabbecca Dase: This is Rabbecca. Mary Anne, I assume you're talking about the improvement activity study that you applied for? And I am not aware that they've selected any participants for that yet, I haven't seen anything announced, so when it does become available I'm sure that Quality Insights will put out a newsletter or something letting you know that people have been announced. Hopefully you've heard something by then if you were selected to participate in the study.

Shanen Wright: And Mary Anne did confirm that's what she was asking about in the Q&A box. All right, moving on to our next question, let's go to another one about cost scoring. This question asks, where can we access the Quality and Resource Use Report, or QRUR?

Rabbecca Dase: This is Rabbecca, I can take that one, too. The QRUR reports, they can be found on the portal.cms.gov website. You log in using your EIDM credentials there, and you'll actually look, there's a dropdown for feedback reports and stuff like that, so you would need to have access to your EIDM account, and then you would log into that portal.cms.gov website, and you'll look for feedback report. You'll actually have your most recent 2016 QRUR report that will have your value modifier information, all of the tables that are providing your cost information, quality information, but yes. Portal.cms.gov is where you'll access those with your EIDM account.

Shanen Wright: You can refer to your chat window now. Joe has placed a link to that where you can get directly to how to obtain a QRUR report from CMS. Next up, we have a question from Rosemary who asks, how do we report improvement activities?

Shirley: Hi, this is Shirley, I can take this one. For improvement activities you can report it either directly to CMS through the [qpp.cms.gov](http://qpp.cms.gov) and go to log in with your EIDM account and report directly to CMS. Some E.H.R. vendors will also report that for you, and there also may be registries out there that can report the improvement activity for you.

Shanen Wright: Moving on to our next question, this one asks us, does this MSPB Measure only apply to those who admit patients?

Rabecca Dase: This is Rabecca, I can take that one. So no, that is not the case. The MSPB Measure, or Medicare Spending per Beneficiary, that is a Measure that looks at, obviously patients that were in the hospital, but how it happens is, CMS is looking at who provided the most Medicare part B allowable charges within the time frame. The time frame they're looking at is three days prior to admission, while the patient is admitted, and then 30 days post discharge. So if you're a clinician, even if it's not a person who submits, if they had the most Medicare Part B allowable charges within that window, they will have that patient attributed to them.

Shanen Wright: Coming up, we're going to open the phone lines again, in case you have a question you want to ask. Right now we have a question here that is asking, if I have one doctor, but two locations, do both locations submit to the QPP website. With Meaningful Use, it was just one office.

Shirley: This is Shirley, I can take this. It depends. If there's a provider that is seeing patients at two different sites or locations, and the two locations share the same TIN, the provider will combine that information and report just once for that NPI TIN combination. But in the case where a provider is seeing patients at two different sites, and each site has a different TIN, and the provider has to report submits for both TINs, then he will have to report twice for each TIN NPI combination.

Shanen Wright: Next up, we'll open the phone lines, but first, one more question. What are the penalties for nonparticipation in 2018?

Rabecca Dase: This is Rabecca. If clinicians do not participate for 2018 MIPS, they will receive a 5% negative adjustment on their 2020 Medicare Part B payments. Also, if they participate but they only do one improvement activity that doesn't get them full credit connectivity and they don't reach the minimum 15 point threshold, they will still receive that penalty. Then, the negative adjustment will increase throughout the year, so I do believe there will be 9% by 2022 so those numbers just keep climbing and climbing so they can really have a large impact on your practice if you do not participate.

Shanen Wright: If you have questions, make sure and submit them in the Q&A box before we run out of time today. We want to make sure we get to as many as possible, but right now we're going to open up the phone lines one last time here during QPP live and see if anyone has any questions, comments, or would just like to chat with our panelists.

Lisa Sagwitz: Hi, it's Lisa Sagwitz with Quality Insights. Just listening to the questions, I thought I could maybe add a few things with what has been queried on this morning. The person who had asked about the topped-out measures, the ones that typically everyone's doing well on. Three common ones I often see used are documentation of current meds in the medical record, that's quality Measure number 130. Diabetes eye exam, that's quality Measure number 117, and then preventive care and screening for tobacco, that's quality Measure number 226. So what that means by being Topped-Out, is you have to score extremely well, like 99, 100%, to get the highest number of deciles. You'll be able to see what's Topped-Out on the [qpp.cms.gov](http://qpp.cms.gov) website, there's an Excel spreadsheet called 2018 MIPS benchmarks, if that would be helpful for you. Of course, those of us who work with the organizations, we can help guide you as well.

Lisa Sagwitz: Then the other thing I was thinking about for the six Topped-Out Measures, those were the ones you could only get a maximum of seven points for. I know that Joe posted the link and Rabecca mentioned a few of them, but there are six that I don't often see used in the practices I work with. There is the Perioperative Care for selection of prophylactic antibiotic, number 21. The next one is Melanoma: Over utilization of Imaging Studies in Melanoma, number 224. The next one is Perioperative Care: Venous Thromboembolism Prophylaxis, number 23, then Image Confirmation of Successful Excision of Image-Localized Breast Lesion, number 262, Optimizing Patient Exposure to Ionizing Radiation, 359, and the last one is Chronic Obstructive Pulmonary Disease, Inhaled Bronchodilator Therapy, number 52. So, if those aren't measures that you've been using, you don't need to be concerned about them. So just a little more information if it's helpful.

Shanen Wright: Very helpful information Lisa, thank you. Phone lines are still open, other questions, comments, clarifications, additional information, we want to hear from you.

Maureen Kelsey: Hi everyone, this is Maureen Kelsey with Quality Insights in New Jersey. I would like to also remind everybody that we have a really nice webinar that we hosted in March by Joe Pinto and Rabecca Dase that is in the archived events on the Quality Insights website. It gives a very good detailed overview of all of the 2018 Quality Payment Program recording requirements, really includes a wealth of information that is helpful in planning for your 2018 performance reporting. Also, on the Quality Payment Program website, they have updated a lot of their resources and they do have some very nice fact sheets for each of the four performance categories that give a lot of additional information. I know there have been some questions coming up on the cost category as well as quality and

improvement activities, and each of these fact sheets really provides a wealth of information that should be helpful to you for planning in 2018.

Shanen Wright: Thank you, Maureen. Other comments, questions, anything you'd like to talk about. Okay. We'll re-mute the telephone lines and go back to the Q&A box for some more questions here on QPP live. The next one asks, can we report as a group for the Quality Measures? We have to report manually, we do not have an EHR.

Rabecca Dase: So this is Rabecca. If you have to report manually, I'm not exactly sure what that's related to, but I'm assuming without an EHR you can't report the ACI category, or I'm sorry, Promoting Interoperability category, but you could still possibly apply for a hardship application. As for quality, you have the ability to still report via claims, which you attach to your bill, or you have the ability to use a registry, or if you're in a group of 25 or more, you can report through the web interface. Ultimately you do still have options to report if you do not have an EHR. I hope that answers the question.

Shanen Wright: We also had an additional question from this participant that seems relevant, so I'll skip ahead to that. She also asks, do we have to report the quality Measures on the portal if they are registry?

Rabecca Dase: So I'm not exactly sure. Ultimately, for Quality Measures, you cannot yourself report anything onto the QPP portal. There's no adaptation available for the quality Measures. You would have to use some type of other mechanism, again, the registry. So if you're using a registry, your registry I'm assuming would probably be the people that did submit your data for you to CMS. So again, no you would not have to go in there and do your own quality Measures, in the QPP portal, unless your registry made you upload your own specific file. But ultimately your registry would probably handle that for you.

Shanen Wright: Next up, we hear from Bobbie. She asks, does your adjustment that will come in 2020 follow the physician if he leaves the practice and joins another private practice or a hospital owned office?

Rabecca Dase: So this is Rabecca, I can take that one again. So, yes, the adjustments are in fact following the NPI. Ultimately, if for whatever reason you guys didn't participate at your practice in 2018, and then your provider did leave with a 5% negative adjustment on him, when he joins another TIN in another group, that payment adjustment would in fact follow him to that practice. So those are good things to look at, they've been talking about physician recruitment and things like that, that that's something people are going to start looking at, the adjustments and stuff that are coming with these providers, because when you get to 2022 and you're at a 9% adjustment, those are things that are definitely going to come into play when looking at your physician recruitment and such.

Shanen Wright: Thank you, Rabecca. We've got less than 10 minutes to go, so please, if you have questions, submit them in Q&A now before we run out of time. Next question asks, how do you check your MIPS score for 2017?

Shirley: This is Shirley.

Rabecca Dase: I'll let you go Shirley, I've been talking up a storm.

Shirley: Okay. So in order to check your MIPS score, you can go to the [qpp.cms.gov](http://qpp.cms.gov) website, log on with your EIDM account, and when you go in there they have the preliminary scores for each category right now for the 2017 reporting period. Again, the final score won't be on the website until July 1st, but you can look at your preliminary scores. There will be some adjustments, that is why they say it's preliminary right now, and that's a final. Due to some adjustments, if you were a small practice, they have to adjust the points for improvement activity, or if there are some quality measures with claims that need a 60-day period before the final adjustment is done. So July 1st will be your final score, but right now you can go in and look at your preliminary scores.

Shanen Wright: Next question, what data needs to be submitted for the cost category?

Rabecca Dase: This is Rabecca, I can take that one. Ultimately, nothing is submitted by a practice or a group except for the charges you submit to CMS or the things you submit to CMS. It's all based on administrative claims, so there's nothing additional that you need to do specifically for the cost category to make sure that stuff is reported. Nothing extra, but just make sure you are billing appropriately and coding appropriately and such and CMS will pick that up off of your claim.

Shanen Wright: Next question asks, how do we know how much care is attributed to a specialist versus a primary care physician?

Rabecca Dase: This is Rabecca again, that is a good question. Ultimately, you don't. Everything is kind of based in real time, but we had discussed those QRUR reports earlier. I know that people will say, well that's historical data, that doesn't benefit us at all, but the thing is, it kind of does. Because you look at those historical reports, unless you've made some large changes to your organization, you've made workflow changes that you've started addressing some of these things, it's probably going to be very similar to how you are performing now. If you go look at those QRUR reports, you can actually see the basis of attribution. The reports tell you who's attributed to you, how they got attributed to you, who they're seeing within your practice, who they're seeing outside of your practice. So again, you can't see real-time attribution for the 2018 performance year, but you can still go back and look at those QRUR reports to see who your patients are seeing, and things like that.

Shanen Wright: Just a reminder, we here at Quality Insights are here to help you any time, not just on the third Thursday of each month during QPP Live. If you don't realize who your contact is at Quality Insights, you can always use our general QPP inbox for inquiries. Some of the questions were asked, we may need to follow up with at a later time, but know that we are always working hard behind the scenes to get you answers to all of your questions regarding CMS's Quality Payment Program. Keep in mind as well, especially if you're listening to a recording of this at a future time, that rules and interpretations do change, so keep that in mind when you're listening to this. But 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. Next question that we're hearing, asks, will cost category performance data be available on the QPP portal?

Rabecca Dase: This is Rabecca. It is my understanding that when the MIPS feedback reports are released on July 1st, there will be some cost information in there from the 2017 performance year. Now again, ultimately, that was not part of our MIPS score for 2017 but it is my understanding that they will be providing some feedback for that specific category. Hopefully when they are released you can get in there and see where you were at for 2017 and make any necessary changes for 2018.

Shanen Wright: Let's stay on the topic of cost categories and find out when and how will a practice know if they've met the minimum cases, and be scored on the cost category?

Rabecca Dase: This is Rabecca. Good question. Ultimately, you won't. So as I mentioned before when we were talking about attribution and all that stuff, this is tracked in real time so ultimately we're not going to know how many you actually have fall into your Measures for the cost category to know if you'll be scored. So, it's going to be probably in 2019 when you log in to start seeing your performance from the previous year, you'll start seeing who's attributed to you and if you're going to fall in there, but ultimately unfortunately we cannot track that throughout the 2018 performance year.

Shanen Wright: Thank you Rabecca. We've got time for a few more questions, so if you have one, please type it in to the Q&A box now before we run out of time. Let's visit one more question about cost category, this one says, a QRUR that is over two years old is not as helpful as knowing more timely data. Are there efforts being made to make the data available in a timely manner?

Rabecca Dase: This is Rabecca, I can touch on that one too, because I kind of already did. Ultimately, CMS has heard what we've been saying all along that this is outdated information, it's not as helpful, and they're trying to make changes and give you the feedback they can but ultimately it's still hard when there's certain things that are based on claims and what not, but they are making the attempt to provide more timely information to clinicians.

Shanen Wright: Thank you Rabecca. Couple more questions before we wrap up today's QPP Live. This one says, for year two submission, do we need to show an

improvement in the six Measures we submitted in 2017, or an improvement in any of the six from the previous year?

Shirley: This is Shirley. You don't have to show improvement from one year to the next, but if you do show improvement, you can get extra money for that improvement, so it's always good to try to improve upon numbers from the previous year.

Shanen Wright: And our final question today, is it required that we upload anything in the ACI or IA categories when attesting. We did claims for quality and all that information is there. I hand typed all of the data in these areas, but do we need to upload anything to prove these numbers?

Rabecca Dase: This is Rabecca. So, for the ACI category and the Improving Activity category, you do have the ability to manually attest what you're saying that you did. Ultimately there is nothing you need to upload, but it is very important that you maintain your documentation in your MIPS binder. I believe we encourage up to 10 years, because CMS can come back and audit you and ask you to prove those numbers that you entered. So again, no you do not have to upload anything if you've manually attested, but it's very import that you maintain your documentation in the event of an audio.

Shanen Wright: I'd like to thank you for joining us for this edition of QPP Live today, if you have questions and you are in a practice with 15 or fewer eligible providers, contact us any time at [qpp-surs@qualityinsights.org](mailto:qpp-surs@qualityinsights.org) or the phone number you see there on the screen, or visit our website. We're also here to serve larger practices with 16 or more eligible providers. You can always reach out to whomever you're working with, or Kathy Wild, our Project Director, at the information you see on the screen. Just a reminder, coming up today at 3:30 p.m. eastern, ***Succeeding in MIPS: Advice from Peers in Solo and Small Group Practices Webinar***. You can still register for that free event.

Shanen Wright: And then coming up on next Tuesday, May 22 at 1:00 p.m. eastern, Quality Insights will be hosting ***Making "Cents" Out of the QPP Cost Category***. I'd like to thank all of our panelists today for great answers, and all of our participants. Bobbie, Rosemary, Lynn, Mary Anne, all of you for joining us today for QPP Live, and we look forward to seeing you again next month on June 21st at 9:30 a.m. eastern, 8:30 a.m. central. On behalf of the entire Quality Insights team, we hope you have a great day. Thanks again for joining us.



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