



QPPLive! **Transcript from Live Session**

Thursday, June 21, 2018

Shanen Wright: Hello and welcome to the June 2018 edition of QPP Live, brought to you by Quality Insights, the Quality Payment Program Support Center for West Virginia, Pennsylvania, Delaware, and New Jersey. And the Quality Improvement Organization, Quality Innovation Network for West Virginia, Pennsylvania, Delaware, New Jersey, and Louisiana.

I'd like to welcome all of you who have joined for the first time today. If this is your first time with QPP Live, here's how it works. You can start submitting your questions about CMS's Quality Payment Program at any time using the Q&A box on your WebEx player. It's on the upper right hand corner. We'll get to as many questions as time will allow for today. Those of you joining on the telephone will be unmuted at some point, don't worry, we'll give you a heads-up when then happens, and if you have verbal questions, you can enter them then. That's how today's program will work, but first, before we get to the Q&A, again, you can start submitting your questions now, we want to hear some breaking news and announcements from Quality Insights own Amy Weiser.

Amy Weiser: Well thank you, Shanen, and welcome everyone. We're so glad you could be us today and happy first day of summer!

The first thing I want to talk about are the CMS Website Updates. The QPP website now includes the 2018 MIPS Measures and Activities. You can visit the QPP website to view the measures and activities, and again, that's qpp.cms.gov. CMS has updated the Explore Measures Section of the QPP website. The website now includes the 2018 MIPS Measures and Activities for its Four Performance Categories; Quality, Cost, Improvement Activities, and Promoting Interoperabilities. And, as you know, Promoting Interoperability is the new name for what was the Advancing Care Information category.

Please note that the Explorer Measures Tool is only for informational and estimation purposes. It can't be used to submit or attest to your measures and activities. I like to call it the sandbox, where you can go and make your sand castles and tear them down and build them up again to see what measures would best suit your practice.

To give you a little bit of an idea of what it looks like, in case you haven't visited the website yet, I'm going to try to share my screen with you so you can see it.

So, one minute while I do that. And ... here you go.

This is the Quality Payment Program website and if you click on the MIPS dropdown you can see that they've changed some things here and you can click on the Explore Measures and you can go through this, it gives you instructions on how to use the tool and then there are all of the different categories, right here, literally at your fingertips. Here's the Quality Measures first, and then there's the Promoting Interoperability, the Improvement Activities, and the Cost Measures. I hope that is helpful to you and I hope that you have the time to go through and look at that.

Then, there's some more information here about the Quality Payment Program. There are additional details about the Quality Measure Specifications for Claims and Registry Measures. The Specifications Supporting documents, Qualified Clinical Data Registry Measure Specifications, the CMS Web Interface Measure Specifications, Cost Measures, Improvement Activities, and Promotion Interoperability Measure Specifications.

Also, on the website is the new QPP NPI Lookup Tool. They updated the, CMS updated the QPP Lookup Tool and it allows clinicians to view their 2018 MIPS Eligibility and alternative Payment Model, Qualifying APM Participant QP Data, all in one place. If you recall, last year, if you were in an APM, you needed to go to a completely different place to look at your status and now everything is all together with the NPI Lookup. It's been renamed the QPP Participation Status Tool to reflect the improvements that CMS has made and you just need to enter your National Provider Identifier, or your NPI, in the tool to find out, number one, if you need to participate in MIPS in 2018, or, your predictive QP status, based on calculations from claims with the dates of service between January 1, 2017 and August 31, 2017.

Clinicians can also check the 2018 MIPS clinician eligibility at the group level and APM predictive QP status at the APM entity level. To do that you would log into the QPP website with your EIDM credentials. You browse to the Tax Payer Identification Number affiliated with your group and access the detail screen to view the eligibility status of every EC based on their NPI. You can also download the list of all NPIs associated with your PIN and eligibility information for each NPI. This enhancement was made in direct response to stakeholder requests for this helpful function and you can reach out to the QPP Service Center, and you can also reach out to Quality Insights as well.

We just wanted to highlight a few Tips on Selecting Quality Measures. For quality measures, selection in general, it is best to stick with the same measures. Pick, stick, and don't switch. This is something that we've heard recently and feel that it would very helpful to you. Review the benchmarks and the decile scoring to help you determine the best submission method for your

practice. Take advantage of bonus points, which are available by demonstrating improvement in quality measures, which is new for this year, selecting additional high priority or outcome measures, or submitting measures using electronic end-to-end reporting. Also, review specification sheets for 2018 for the measure you have selected, even if they are the same measures from last year, some of the specifications have changed and a great example of this is the preventive screening for tobacco use.

The Measure ID is Number 226, and it's Tobacco Use Screening and Cessation Intervention. It's one of the most frequently reported MIPS quality measures. In 2018 three rates need to be reported for this measure, but only one rate, Measure B, will be compared to national benchmarks and scored. Measure B is the percentage of patients aged 18 and older who were screened for tobacco use and were identified as a tobacco user who received tobacco cessation intervention. This is different than what was scored in 2017.

The Quality Insights team recommends that you run a report of all quality measure rates from January 1, 2018 through today. We are available to assist you in implementing changes to improve this measure rate or help you select a different quality measure that may have a higher performance rate. Again, it's Specification Sheet ID Number 226, and that there are ... the submission methods include; Claims, the CMS Web Interface, EHR, or Registry.

I just wanted to also give you a little overview of the 2017 MIPS participation across the country. 91 percent of all eligible providers reported and the CMS goal was 90 percent, so that goal was exceeded. 98 percent of ACOs participated. 94 percent of rural clinicians participated. And, technical assistance, 99.8 percent positive customer satisfaction and response within one business day was achieved.

So, here are a few other important updates and reminders for you. We're almost half-way through the year. Are you monitoring your reports and dashboards? Have you upgraded to 2015 Certified EHR Technology? If not, are you planning to upgrade? 2015 Certified EHR Technology will be required for 2019 Promoting Interoperability Participation.

Have you completed your Security Risk Assessment for 2018? The SRA is a yearly requirement if you plan to submit any measures for the Promoting Interoperability category. If you are in a group of 25 or more eligible clinicians and you are interested in using the CMS Web Interface, you have until June 30th to register. If you used the CMS Web Interface last year, you are already registered for this year and do not need to re-apply. If you are using the CAHPS survey, you will need to re-register for 2018.

Okay, so a little bit about MIPS scores. Right now you're able to review your preliminary MIPS scores on the QPP Portal. Again, you need to have an EIDM account to that and just a little note here, if you don't have an EIDM account you should contact us and/or CMS as soon as possible to obtain an EIDM

account. Final MIPS scores will be available in July of 2018, so just around the corner we should know the final scores. They will be published on the Physician Compare website sometime in the Fall, I believe, and if you are unhappy with your final score you can request what's called a Targeted Review.

The Targeted Review is a process where MIPS eligible clinicians or groups can request that CMS review the calculation of their 2019 MIPS payment adjustment factor and, as applicable, their additional MIPS payment adjustment factor for exceptional performance.

Who can request a Targeted Review? MIPS eligible clinicians or groups, along with their designated support staff or authorized third-party intermediary, including those who are subject to the APM scoring standard, can request a targeted review of their 2019 MIPS payment adjustment factor.

CMS encourages clinicians to request a Targeted Review at the same level, individual, or group, as the data was submitted. You will be able to request a Targeted Review after the final MIPS scores are released in July. The deadline to submit a request for review is September 30, 2018. To access the request for a Targeted Review, you will need to log into the QPP Portal using your EIDM account login information. All Targeted Review decisions are final and for more information you can review the Targeted Review Fact Sheet, located here, and on the qppcms.gov website.

I just wanted to take a few minutes to highlight a few new resources from Quality Insights, and I'm going to share my screen again. This first tool is what we call the Promoting Interoperability Category of MIPS in 2018 Tool. Our team had created this tool to have a one pager, in a sense, even though I know it's multiple pages, but, it's a really nice tool that reminds you of the measures and breaks them down by category, and base score, and base measures, performance measures, etc.

Then, we also have another tool, which is the 2018 Improvement Activities Readiness Assessment. It is a spreadsheet that gives you different options and lots of great information about the different improvement activities where you can get the Promoting Interoperability Bonus, and things like that. We think that these tools would be very helpful for you to have moving forward. They are available on our websites and you can reach out to your Practice Transformation Specialist for more information.

We also have the 2018 Quality Measures and Submission Methods Tool, again, you can access on our website or you can reach out to our Practice Transformation Specialists for those. The 2018 version of the Stratis Health MIPS Estimator is also now available. And, we are still awaiting the MIPS Calculator, the 2018 version of the MIPS Calculator from Great Plains, CYO. They're still working on adjusting it for the cost category.

I just want to highlight a couple Upcoming Events. We have a webinar, it's on Cultural Competency: Dealing with Disparate, Underserved, and Vulnerable Populations in Your Practice. We, in partnership with Healthcare Dynamics International, will be presenting this 30-minute webinar on Wednesday, June 27, from 12:00 to 12:30, and you can register here if you would like to attend.

And I think I'm going to turn it back over to Shanen. Thank you very much.

Shanen Wright:

Thanks so much Amy, great information. Appreciate the live demos of the ... both the QPP and the Quality Insights websites as well. Very helpful for everyone. We'd like to remind you that we here at Quality Insights are here to help you any time, not just during QPP Live, which takes place the third Thursday of every month at 9:30 am Eastern, 8:30 am Central. If you don't realize who your contact is at Quality Insights, you can always use the general QPP inbox for inquiries, we'll share that here in a little bit.

Know that we'll do the best to answer all the questions today, but we may need to follow-up with you at a later time and do a little more research. And, keep in mind, especially if you're viewing the recording of this presentation, that rules and interpretations do change over time. 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.

And these are the folks that are going to be helping you today during QPP Live, with succeeding in the Quality Payment Program. First of all with have Kathy Wild, who is our QPP Project Director, Amy Weiser is our Lead Project Coordinator, who you just heard from a moment ago with the Breaking News and Announcements. Me, I'm Shanen Wright, I'm based in West Virginia. Serving the State of Delaware we have Rabecca Dase, who will also be sending you great links to resources using the chat window in WebEx. Again, we'd like you to use Q&A for your questions because Rabecca's going to be sending you great links to resources we're talking about right there in your chat that you can refer to.

We also have Rox Fletcher who serves the State of Delaware, Lisa Sherman for Louisiana, for New Jersey we have Maureen Kelsey, Diana Haniak and Andrea Phillips. Flipping over to Pennsylvania we've got Rabecca Dase, Joe Pinto, Lisa Sagwitz, and Shirley Sullivan. And, for West Virginia we have Julie Williams, Debbie Hennen, and Marvin Nichols. Those are your QPP Specialists. If you're not working with one of them, again, we have general inboxes that you can reach out to anytime, or reach out to any member of our team, we'll be more than happy to refer you to the proper person depending on the size of your practice and the location in which you're in.

There's a little screen shot about how you can ask questions today. Again, if this is your first time, just hit the little Q&A box there with the question mark and in the dropdown menu for Ask, choose All Panelists, type in your question and hit Send. It's that simply. As I mentioned before, the chat feature's going to be used

to post resource links rather than to submit questions, so if you could, make sure that you use the Q&A box.

Those of you who have joined use via telephone today, I know some of you are listening on your computer speakers, but if you're listening through your telephone and would like to talk with our team, or ask questions, or provide input, periodically we will unmute the lines during QPP Live, we will give you a heads-up during that and we ask that if you don't have a verbal question when we unmute the lines, please make sure to mute the phone on your end and that way we don't hear a lot of background noise. We'll be doing that coming up here in a little bit, but right now, let's get started, we've got the whole team here lined and on deck first to answer questions are Maureen Kelsey, Julie Williams, and Joe Pinto.

Let's start with a question that came in from Chris that asks, will we not be able to use claims for quality measures for 2019?

Maureen Kelsey: Hi Craig, it's Maureen in New Jersey, thank you for the question, and I see that Kathy did provide a response for you. The proposed rule, the final rule for 2019 will be coming out very soon, so we will have all of the definitive information that will apply to all of the performance categories for the performance here of 2019 when that final rule does come out. We at Quality Insights will also be providing information to everyone with regard to the final rule as soon as it becomes available.

As Kathy noted also, there will be a period of time for public comment before they do release the actual final rule in November.

Shanen Wright: Thank you, Maureen. Next question that we're hearing a lot here is, how does CMS decide the small practice bonus of five points?

Joe Pinto: Hi Shanen, this is Joe, I can take that one. For 2018 small practices, and that would be practices with sizes of 15 or fewer clinicians, they're eligible for the small practice bonus of five points if they submit data for at least one performance category. Measure bonus points can be earned for additional high priority measures and they're reported at up to 10 percent of the denominator for the measure.

You're also going to be able to receive a one point, a one bonus point per measure for reporting your quality data directly using your EHR. That would be the end-to-end technology using EHR, to a qualified registry, or a QCDR, or via the CMS Web Interface. And those bonus points will be added to your group, or your virtual groups total quality performance category achievement points and those earned points based on the performance.

There are also bonus points then for submitting additional measures, as I mentioned, including one bonus point for each additional high priority measure, and two bonus points for each additional outcome measure.

Also, keep in mind the patient experience and those bonus points would be added to your group or your virtual groups quality performance category achievement points based on the ones that are earned for performance. But also, you have to also keep in mind that's also based on the total percentage of having your 50 percent of all of your quality measured data completeness being submitted and you have at least 20 patients on your case volume for those measures.

Hopefully, that'll answer your question. Also, also keep in mind, because of the benchmark scoring this year that has changed with a lot of the measures, the scoring for the quality category's going to be a little bit lower for most of the practices, so the bonus points are going to be critical.

Shanen Wright: Thank you, Joe. Remember, use the Q&A box if you've got a question. We'd love to hear from you. Let's go out and pick another one that we hear all the time here at Quality Insights. This question says, our practice does not have an EHR set up, are we exempt from reporting?

Julie Williams: This is Julie, I'll take-

Maureen Kelsey: Hi, this is Maureen-

Julie Williams: Go ahead Maureen.

Maureen Kelsey: Okay. Thank you. Hi, it's Maureen. Okay. If you don't have an Electronic Health Record in your practice, that does not automatically excuse you from MIPS. However, there are several different scenarios where you can either apply for a hardship exemption, or your practice may be eligible for the exemption, depending on what types of clinicians you have. In that situation, if you fall into either of those categories, your Promoting Interoperability category will actually be re-weighted.

With regard to the hardship exceptions, as I said, just because you don't have the EHR, that does not mean that you're exempt, but you can submit an application and the applications will be released by the end of the summer and then you will have until the end of December to submit your hardship application. Really, they have specific reasons that they're going to be reviewing in order to approve that exception for certain MIPS eligible clinicians in small practices, if you've been using, perhaps, a de-certified EHR, if there is insufficient internet connectivity in your area.

Also, the extreme and uncontrollable circumstances would be considered, and if you, as a practice, have lack of control over the availability of Certified Electronic Health Record Technology, that would also be considered.

Physicians that are considered to be special status, they are going to be automatically re-weighted, or exempted, for participating in MIPS. These clinicians include hospital based clinicians, physician assistants, nurse practitioners, clinical nurse specialist, certified registered nurse anesthetists, clinicians who may be non-patient facing, and also, clinicians who work in ambulatory surgical centers. There are a couple different considerations that may apply in the event that you need to be considered for the hardship exception.

Shanen Wright: Thank you, Maureen. Next up we hear from Janice. Janice says, "I have heard that Physician V Schedule proposed rule and QPP proposed rule will be combined this year, can you comment?"

Alright, let's move to Janice's next question. She says, "We are interested in applying for a MIPS APM MSSP Track One, but have not yet seen the Notice of Intent application forms for a 2019 start. Will they be released soon?"

Maureen Kelsey: Hi, it's Maureen. I can try to answer that. Thank you for the question. My understanding, if you're interested in participating in the Medicare Shared Savings Program, you would need to be a participant in an Accountable Care Organization. This may be something that we may want to help you with offline. All the practices with whom I work that are participating in the Medicare Shared Savings Program, they do participate in a specific Accountable Care Organization in their area. Usually it's affiliated with a hospital or some other healthcare entity. We'd be very happy to help you with additional information if you provide some specifics to us.

Shanen Wright: Thanks, Maureen. Next question asks, if each physician in our group is under the \$90,000 threshold, but together we go over the \$90,000 threshold, are we required to report as a group or is it optional?

Julie Williams: This is Julie. I can take that. You can choose whether to report as a group or as an individual clinician. If you choose to report as a group, the threshold would be evaluated at the group level, the Tax ID number, and the clinician in the group would no longer be considered exempt from MIPS. If you choose to report as an individual, then the threshold would be evaluated at the TIN level. Hope that answers your question.

Shanen Wright: And we have another question-

It does, thank you Julie.

We have another question of the \$90,000 threshold. This one says, does the \$90,000 threshold include all Medicare products?

Maureen Kelsey: Hi, this is Maureen. Thank you for that question. The \$90,000 threshold is evaluated based on Medicare Part B allowed charges only.

Shanen Wright: Okay. Next question asks, if we reported as a group this year, are we required to continue as a group or can we switch to individual reporting and then be exempt?

Maureen Kelsey: Hi, it's Maureen again. You can make the choice on how you want to report as a group or individual on a year by year basis.

Shanen Wright: Thank you, Maureen. Coming up we're going to open up the phone lines for those of you who are dialed in. You may have a question, comment, or other message you'd like to convey to our team of experts. We're going to have that, but first, let's ask another question. This one we hear a lot. If my clinician got a 60 in quality for 2017, will he or she be penalized in 2018 if he or she doesn't do 60 again?

Joe Pinto: Hey Shanen, this is Joe, I can take that one. That's a good question because the rule did change from the transition year in 2017 to 2018. Last year the minimum point total that you needed in order to avoid the penalty was only three points, but that increased up to 15 for the second year, for 2018. In order to avoid getting hit with the payment adjustment penalty, you must score at least 15 points or more in order to avoid that penalty.

So, the 60 points ... if the score is a total of 60, they're definitely not ... they're going to avoid a penalty for 2018, but of course, the overall goal is to score as high as you possibly can, maybe using the bonus points so you can get into the positive payment adjustment category rather than just a neutral.

Shanen Wright: Excellent, thank you Joe. Looks like we got about-

Lisa Sagwitz: Shanen.

Shanen Wright: Yes.

Lisa Sagwitz: Hi, it's Lisa Sagwitz.

Shanen Wright: Hi Lisa.

Lisa Sagwitz: I just thought of something to add to Janice's question about an APM and an ACO. If she has a chance, look under the chat box and Rebecca just posted a link of ACO's that are available. That might be a good starting point for Janice to look at.

Shanen Wright:

Thank you, Lisa. I see there, yes, Rabecca posted that at 10:00 am, the ACOs or APMs that are available in your area. Web link is right there, it's innovation.cms.gov.

Thank you so much for pointing that out, Lisa.

It looks like we've got about five folks on the phone today, so we're going to give all five of you the opportunity, if you have a question or comment for our panelists to speak up at this point, and we do ask that if you don't have a question or comment, please make sure your phone is muted on your end.

Laurie, if we can unmute the telephone lines and see if we have any questions or comments.

Anyone? You can speak up now or we will be re-muting you.

Alright, we can re-mute the lines. If you have another question or comment you'd like to mention on the telephone, just shoot us a message in the Q&A box if you like and then we can unmute lines again.

We do have a follow-up question from Janice who says that they already have an ACO so I don't know if that was something we wanted to discuss further, or if not, we'll go back out to our questions now and the next one we hear all the time here is in relation to cost scoring, and this question asks, what are the two cost measures?

Maureen Kelsey:

Hi, it's Maureen, I can take that question. Thank you for that. For 2018 the cost category will be weighted. Now, we know for last year, the cost category was one of the performance categories, but it did not carry any weight. For 2018 performance year, it will have a weight of 10 percent. Of course, the cost category is focusing on the resources that are used to care for your patients, and there are two cost measures in 2018. The first one is called the Total Per Capita Cost Measure, and it will be measuring all of Medicare Part A and Part B costs during this year's performance year.

The second measure is the Medicare Spending per Beneficiary Measure. That particular measure determines what Medicare pays for services performed by the clinicians during a particular episode. They call this an MSPB episode, which is the period immediately before, during, and after a patient's hospital stay. For this particular episode, it's going to include all of Medicare Part A and Part B claims during the episode. Specifically, claims that have a start date between three days before a hospital admission, through 30 days after the hospital discharge.

That's an overview of the two measures, there are some case minimums that would need to be met in order for these measures to be considered in your practice. For the Total Per Capita Cost Measure, it's 20 cases, or for the

Medicare Spending per Beneficiary Episode, it would be 35 cases. We have additional information on this in the Facts Sheet, which I have to say that CMS has a really good Fact Sheet which we have available. It's the 2018 Merit Based Incentive Payment System Cost Performance Category Fact Sheet.

I just want to say that this measure, which is really, really very important, as the others are, this performance category is really going to increase in the weighting over the next few years. In 2019 Performance Year, the weight for this cost measure is going to go up to 30 percent and I think that it's worth reviewing your QRUR Report to take a look at the Medicare patients that are attributed to your practice. These are the patients that CMS is looking at when they look at your claims to determine what your costs scoring will be.

Also, you may want to look at your processes in your practice. You want to make sure that you're reviewing patient data periodically and that you're putting the processes and workflows in place that you really need to identify your patients by age, gender, and what their diagnosis is. You want to look and assess their patient risk level. All this will really help you as we go forward over the next few years with the Quality Payment Program to help you to plan your patients care and give you a framework for focusing on patients who may need chronic care management, patients who need coordination of care, and your transition of care processes for your patients who are hospitalized. Really focusing on engaging your patients and the patient's family members in the care will strengthen your communication and your provider/patient bond and really help you to build a foundation and support your work going forward so that you can be successful with the cost category.

Shanen Wright: Thank you, Maureen. If any of you have questions, make sure and get them in now. We've got about five more minutes until we'll be wrapping up today's edition of QPP Live. If there's something you want to know about, type it in the Q&A box now.

The next question we're hearing is, where can we access the Quality and Resource Use Report, or QRUR?

Joe Pinto: Shanen, this is Joe, I can take that one. Basically, the QRUR report can be found on the cms.gov portal. I'm not sure if Rabbecca can put the link up too. There's a direct link that you can go to that you could actually access your QRUR report. If she could put that in the chat box that would be very helpful and then you could use the link and you could access the report that way.

If you're having problems with that, you could contact your Quality Insights Representative that you're working with and we can help you through the process to obtain and download a copy of that.

Shanen Wright: Thank you, Joe, and that link is in the chat box there. Rabbecca has provided it, it's portal.cms.gov.

Next question we hear from Terry who asks, "How do we avoid the spending per patient? If I understand correctly, my Urologist sees a patient for follow up on PSA and the patient ends up in the hospital the next day, will another issue we be involved in that cost?"

Maureen Kelsey: Hi, it's Maureen, I can take that. Thank you for the question. CMS has what they call an Attribution Process in place to determine which beneficiaries are attributed to a specific Tax Identification Number. This is a situation where you want to become familiar with your QRUR report so that you can see what patients may be attributed to your practice. I recommend that you not rely 100 percent on the QRUR, you want to have processes in place, as I just mentioned, to know who your patients are and know what services they're receiving, not only from your practice, but other practices as well so that you can understand totally the care that they're receiving and you can better manage it. I'm not sure if that answers your question. If you need additional assistance from us offline we'd be happy to help you.

Shanen Wright: Yes, and that's a great point that Maureen makes, that we are here to help you anytime, not just during QPP Live on the third Thursday of each month here at Quality Insights. If you don't know who your contact is, you can use the general QPP inbox for inquiries and know that, most of all, we want to establish a relationship with you so that you can succeed in the Quality Payment Program.

Time for a couple more questions today before we wrap up. Next one we hear is, does this MSPB measure only apply to those who admit patients?

Maureen Kelsey: Hi, it's Maureen, I can take that one. To determine attribution, Part B services that are billed by physicians are considered if they are on the admission date and in a hospital setting with place of service restricted to inpatient, outpatient, or emergency room hospitals, occur during the indexed hospital stay, regardless of place of service, or, on the discharge date, with place of service restricted to an inpatient hospital.

Shanen Wright: Thank you, Maureen. And, our final question for the June 2018 edition of QPP Live asks, what data needs to be submitted for the cost category?

Maureen Kelsey: Hi, it's Maureen, I can take that. Thank you for that question. You don't have to submit any data for the cost category. CMS is going to look at your claims data and they will calculate your performance on the two costs measures based on the claims information that is submitted on your behalf.

Shanen Wright: Thank you, Maureen, and thank you everyone for joining us for this month's edition of QPP Live brought to you by Quality Insights. We invite you to reach out to us at any of the contact information you see there on your screen for assistance at any time. We'd also like to thank Chris, Janice, Terry, and everybody who asked questions today, and of course Amy for the news, and all of our expert panelists who contributed today.

We look forward to seeing you again next month. Our next session will be on July 19th at 9:30 am Eastern, 8:30 am Central.

On behalf of the entire Quality Insights team, I hope you have a great first day of summer and an excellent day.

Thank you. Good bye.



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