



QPPLive! **Transcript from Live Session**

Thursday, July 19, 2018

Shanen Wright: Welcome to QPP Live!, a service of Quality Insights, the Quality Payment Program Support Center for four states, and the Quality Innovation Network-Quality Improvement Organization for five states. If this is your first time joining us on QPP Live!, welcome. We're so glad you've decided to spend your morning with us and we hope that the information that we share with you today helps you enroll in and succeed in CMS' Quality Payment Program. If you haven't participated before, you can start submitting your questions using the Q&A box in the WebEx player right up there in the upper right hand corner at any time. We'd love to start lining up the questions and we'll get to as many as time will allow for today.

It is Thursday, July 19th, 2018, the third Thursday of the month. That's when we always do QPPLive! and bring together Quality Insights panel of experts to help you with QPP. Before we get to the Q&A portion though, I'm pleased to turn things over to my friend, Joe Pinto, for today's breaking news and announcements. Joe?

Joe Pinto: Thank you, Shanen, and good morning everyone. Thank you for attending this month's edition of QPPLive! We have a lot of information to review with you this morning, with lots of news coming out from CMS regarding the QPP programs, so let's just dive right into it. Next slide.

By now everyone knows the final MIPS scores are available. If you've submitted your 2017 MIPS data through the QPP website, you can now view your performance feedback and MIPS final score. To do so, all you have to do is log on to the QPP website using your Enterprise Identity Management Credentials. Those would be your EIDM log-in credentials. Now, if you don't have an EIDM account, you can refer to the EIDM user guide and you can begin the process now. One quick note though, the final performance year for the Value-Based Modifier and Physician Quality Reporting System, known as the PQRS programs, was 2016. Therefore CMS will no longer provide PQRS feedback reports or the QRUR reports. The final reports under these programs were provided in September of 2017 and remain available for download through the end of the year. Next slide.

Now if you participated in a MIPS alternative payment model or the APM in 2017, especially in a Medicare Shared Savings Program or the Next Generation Accountable Care Organization which is an ACO, then your MIPS performance feedback is all available to you ACO and that's through the QPP website. Participant tax identification numbers depends in Shared Savings Programs will be able to log onto the QPP website directly to access the final performance feedback. Those participants in the Next Generation ACOs will need to request a feedback from the representative of the ACO within their APM entity. Next slide.

Also, because all clinicians in the Next Generation ACO Model were Qualifying APM participants, performance feedback, accessible to the APM Entity, will be based on the APM Entity score and is applicable to all MIPS eligible clinicians within the APM Entity group. This feedback and score does not have any impact on the Shared Savings Program or Next Generation ACOs quality assessment. If you have questions about this, you can reach out to the phone number listed on the slide that was provided to everyone this morning. There is a phone number that you can call or you can e-mail the Quality Payment Program directly. Next slide.

One of the biggest questions we've been receiving is why your 2019 MIPS payment adjustment may be lower than expected. Well, CMS released the 2017 final MIPS scores and 2019 payment adjustments on June 29 of this year. Clinicians had a preliminary MIPS score prior to this date but nobody knew what that exact payment adjustment was going to be. CMS could not calculate the payment adjustments until everyone's data was reviewed because Congress had mandated that the QPP program be budget neutral. What does that mean? Well, it means the QPP funds itself. The negative payment adjustments assigned to the clinicians who did not report MIPS data were designated to fund the positive payment adjustment for those clinicians that successfully reported MIPS data and achieved good scores. Next slide.

So that means CMS designed a scoring system that would reduce burden and increase flexibility during this transition year. As a result, 91% of all MIPS eligible clinicians submitted data for the 2017 performance period, meaning that the distribution of incentive payments was widely spread and therefore each individual payment was lower than expected. Clinicians that were required to participate and did not submit received a 4% payment reduction. There is a 2019 MIPS Payment Adjustment Fact Sheet with the link provided in your slide deck that you can go to and it highlights how CMS assigns the final scores to the MIPS eligible clinicians and how the payment adjustment factors are applied for 2019 based on 2017 MIPS final scores. Next slide.

Your 2019 MIPS payment adjustment also include the exceptional performance bonus which is a pool of \$500 million dollars which was reserved for the top MIPS performance which were those who earned a score of 70 or more points. There is no lump sum payment for the exceptional performance bonus. The maximum positive adjustment for 2019 which is based on a perfect MIPS score

of 100 points, the payout will be 2.02%. Other payment adjustments based on practice feedback can also be found on the table located to the right of your screen. Next slide.

Now, if you believe that there is an error with your 2017 MIPS final score, you may submit a targeted review request. Targeted reviews can be requested right now through October the 1st, 2018 but it is strongly recommended that requests are submitted as soon as possible to ensure that the payment adjustments are applied correctly as of January 1st of 2019. The following are some examples of circumstances in which you may wish to request a targeted review and they would include errors or data quality issues on the measures and activities you submitted. Also, eligibility issues being erroneously excluded from the APM participation list and not being automatically reweighted even though you qualified for the automatic reweighting due to the 2017 extreme and uncontrollable circumstances policy. Next slide.

In addition, you can go to the QPP website with the link provided in your slide deck to request a targeted review and then log in using your EIDM credentials. When evaluating a targeted review request CMS will generally require additional documentation to support a request so if you have that available please have it handy in case it is requested. If your targeted review request is approved CMS will then update your final score and associated payment adjustments as soon as technically feasible. CMS will determine the amount of the upward payment adjustment after the conclusion of the target review submission period. Next slide.

All targeted review decisions are final and are not eligible for further review and if you would like some additional resources on the targeted review, we've provided them in the links on the slide deck provided to you earlier this morning. Next slide.

Now earlier last week CMS released a proposed rule for the 2019 Medicare Quality Payment Program (QPP). That would be year three of the QPP and the provisions included are reflective of the feedback received from many of the stakeholders and continue to provide additional flexibilities to reduce burden and smooth the transition wherever possible so that the doctors and the other clinicians can spend more time with the patients. Next slide.

Expanding the definition of MIPS eligible clinicians is one of the key proposals in year three of QPP and that includes new clinician types such as physical therapists, occupational therapists, clinical social workers and clinical psychologists. Also, adding a third element known as the "Number of Covered Professional Services" to the low-volume threshold determination and providing an opt-in policy that offers eligible clinicians who meet or exceed one or two but not all of the elements of the low-volume threshold the ability to participate in MIPS. Providing the option to use facility-based scoring for facility-based clinicians that doesn't require data submission is also new. Next slide.

In addition, another proposal is modifying the MIPS Promoting Interoperability which is formally known as the Advancing Care Information performance category to support greater EHR interoperability and patient access while aligning with the proposed new promoting interoperability program requirements for hospitals. Also, moving clinicians to a smaller set of objectives and measures based on performance for the Promoting Interoperability performance category and continuing the small practice bonus but including it in the Quality performance category score of clinicians in small practices instead of a standalone bonus. All of the streamlining in the definition of a MIPS comparable measure in both the advanced APMs criteria and Other Payer Advanced APM criteria to reduce confusion and burden amongst the players and eligible clinicians submitting payment arrangement information to CMS. Next slide.

Other key proposals include updating the MIPS APM measure sets that apply for purposes of the SP scoring standard, increasing flexibility for the All-Payer Combination Options and Other Payer Advanced APMs for non-Medicare payers to participate in the QPP. Also, updating the Advanced APM Certified EHR Technology threshold so that an Advanced APM must require that at least 75% of eligible clinicians in each APM Entity use the certified EHR technology was included in the proposed rule, as well as extending 8% revenue-based nominal amount standard for Advanced APMs through performance year 2024. Next slide.

There is an opportunity to comment on the 2019 proposed rule and as a result of it, Human-Centered Design Research, CMS has included new language that most accurately reflects how clinicians and vendors interact with MIPS. CMS is looking forward to your feedback on this approach and if you would like to submit your comment you have between now and September 10th of 2018 to do so and you can use one of the following ways, either electronically, regular mail, express or overnight mail or by hand or courier. Next slide.

To learn more about the proposed rules for 2019, we've provided some resource links to you on your slide deck based on the press release, a fact sheet and webinar. Next slide.

There are some CMS website updates to tell you about. Next slide.

The QPP website now includes 2018 MIPS measures and activities so if you'd like to learn more about these measures and activities and the information, you can visit the QPP website to view the 2018 measures and activities. We've included the links on the slide deck for you to review. One quick note, the Explore Measures tool is only for informational and estimation services. It cannot be used to submit or test true measures and activities. Next slide.

For additional details on the 2018 MIPS measures and activities, you can also view the following resources that we provided in the links provided on the slide deck. Next slide.

The updated QPP Look-Up Tool which allows clinicians to view 2018 MIPS eligibility and Alternative Payment Model Qualifying APM Participation data all in one place. The tool previously called the MIPS Participation Status Tool has been renamed the QPP Participation Status Tool to reflect the Improvements CMS has made. You can enter your NPI which is your National Provider Identifier in the tool to find out how. Next slide.

Clinicians can also check the 2018 MIPS Clinician Eligibility at the Group Level and APM Predicted QP Status at the APM Entity level. You can check your group's 2018 QPP eligibility by logging into the CMS QPP website with your EIDM credentials and then browse to the taxpayer identification number affiliated with your group to access the details screen to view eligibility status of every EC based on the NPI. You could also download the list of all NPI associated with your TIN and eligibility information for each NPI. This enhancement was made in direct response for stakeholder request for this helpful function. Once again, if you have any questions, you can contact the QPP service center at the e-mail address and phone numbers provided. Next slide.

There are some new tools for MIPS from Quality Insights that are available. We have the 2018 Promoting Interoperability Measures, 2018 Improvement Activities Readiness Assessment Tool, the 2018 Quality Measures and Submission Methods and the Status Health MIPS Estimator all available to you. Stay tuned for the 2018 version of the MIPS Calculator which is on hold until the cost category scoring has been configured. Next slide.

There are some additional strategies to optimize your 2018 MIPS score. Now that the 2017 final MIPS scores have been released it is a great time to strategize on how you can increase your 2018 score. You can choose overlapping and complementary MIPS measures and improve activities that can help clinicians get additional credit for activities they are already doing and potentially increase their social MIPS score. You can click here at the link on your slide deck to view several examples of these integrated MIPS measures which can optimize your total MIPS score. Next slide.

Free tools to boost your 2018 MIPS score in the Promoting Interoperability category are available and they include the Patient Engagement Playbook. You can use this updated too to leverage health IT to engage your patients. Also, just a reminder, if you want to score any points in the Promoting Interoperability category in 2018, you must complete a Security Risk Assessment prior to December 31, 2018. This applies whether you are reporting MIPS or you are an ACO or APM. We also have the Security Risk Assessment tool available to use. Use this tool to complete a security risk assessment on your own. Next slide.

We do have some upcoming events to make you aware of. I won't go into all of them in detail but I'll just briefly explain which ones are coming up. The webinar ***Dealing with Patients and Family Members with Limited English Proficiency*** will be coming up on Wednesday July 25th. The registration is provided to you in your slide deck. Next slide.

Also coming up we have on Tuesday and Thursday, July 24th and 26th, a webinar for your MIPS score and how they will be publicly reported. They will discuss everything you need to know about that. The registration links are provided on the slide. CMS will also be hosting two 60-minute **Physician Compare** webinars. Both sessions will include the same info about public reporting of year one of the Quality Payment Program performance information. Next slide.

In addition, we have the webinar entitled, *How the Annual Wellness Visit and Chronic Care Management Can Help Transform Your Practice*. That will be coming up on Wednesday, July the 25th beginning at 3:00 p.m. and running until 4:30pm Eastern Time. Resources for it also pertaining to that topic are listed in the links at the bottom of the slide. Next slide.

Also, with the upcoming events, *CCM and TCM Coding and the Annual Wellness Visit*, which offers a care coordination perspective, will be provided to you. The presentation on Thursday July 26th and *How to Maximize your EHR Use to Succeed in MIPS*. That same webinar presentation is on two different days, Tuesday August 13th and Thursday August 16th, at the times listed. Next slide.

The webinar today, Thursday, July the 19th, entitled, *Understanding MIPS and Advice for Specialty Practices*, will offer practical advice for specialists to improve their MIPS score. The panel will discuss quality measures selection, optimizing the cost category and how to submit the data. If you would like to attend that webinar today the registration link is provided to you on that slide. Next slide.

With that I'll turn things back over to Shanen Wright for the introduction of today's panelists. Shanen?

Shanen Wright:

Thank you so much, Joe. Great news there and keep in mind that we are recording today's session so if you'd like to refer back to any of this information, we'll be sharing a link of that on our websites and we also distributed the slides used in today's presentation to you beforehand. If for some reason you didn't receive them, please let us know and we'll make sure that you have that information. Well, let's meet our specialist today. We've assembled a large group of people who know a lot about QPP to help answer your questions today, including Kathy Wild, our Project Director, Amy Wisner, our Lead Project Coordinator, I'm Shane Wright and we also have some of our specialists to serve all of the States that you're joining us from today, including Rabecca Dase and Rox Fletcher for Delaware. Note that Rabecca is also going to be providing you links to resources as we answer questions in the chat box so just look in there and you can click one time and get right to the resources we're talking about. For Louisiana we have Lisa Sherman, serving the large practices, and contact information on the screen if you're a small practice in Louisiana where you can get assistance with QPP. For New Jersey, we have Maureen Kelsey, Diana Haniak, and Andrea Phillips.

For Pennsylvania, we have Rebecca helping out there as well, Joe from the News, Lisa Sagwitz, Shirley Sullivan and Marvin Nichols. Last but not least, from the great state of West Virginia, we have Julie Williams and Debbie Hennen who will be answering questions today. We want you to keep in mind that we are here to help you anytime with your QPP questions, not just during QPPLive! on the third Thursday of every month. If you don't know who your contact is at Quality Insights, you can reach out to any of us or use the general QPP inbox for any inquiries. Keep in mind we'll do the best we can to answer all questions today but we may need to follow up with you at a later time for some of the more complex questions or those involving additional research. Please also keep in mind that rules and interpretations change over time so, especially if you're listening to this as a recording, make sure the information presented is still relevant. Most of all, here at Quality Insight, we want to establish a relationship with you so you can succeed in the Quality Payment Program.

Those of you who haven't participated before, here's how you ask your questions at any time. Use the Q&A box here in your WebEx player. When you click on it in the ask dropdown menu just choose "All Panelists", type in your question and hit send. It's that simple. Your questions will be addressed in the order that they were asked and note also as I mentioned Rebecca's going to be using chat to get you links to stuff. If you could, try to refrain from submitting your questions using the chat feature. Let's pick the Q&A instead.

Some of you have dialed in over the telephone. If so and you would like with our panelists, we will pause during today's session, unmute all of the lines and allow you to ask questions verbally or provide comments or interact with our panel of experts. We ask that when we do that, and don't worry we'll give you a heads up, mute your line on your end if you don't have a question or comment to share so that we're not hearing background noise, barking dogs, you know those kinds of fun things. I'll give you a heads up when we're going to do that here in a little bit.

With that being said, let's begin today's Q&A portion of QPP Live! We're going to start with a question from Susan who says the 500 million dollars is going to split between how many providers and groups? Is it both hospital and professional?

Diana Haniak: Hi, this is Diana. I can take that question. The 500 million is split between all of the eligible MIPS clinicians so it could be hospitals, clinicians as well as providers.

Shanen Wright: Thank you, Diana. Next up we hear from QPP regular Shanti who has been with us on QPPLive! many times. Welcome back, Shanti. She is asking a solo practitioner question: We have a nurse practitioner who has encounters only in the hospital hence they could not report quality for the nurse practitioner. It shows zero in the MIPS portal. How will this affect the payment for the practice when the physician has a positive score?

Rabbecca Dase: This is Rabbecca. Depending on how you reported, if you just reported individual but you did report something and avoided the negative payment adjustment, you would be able to see that payment adjustment in the portal when you log in and look at that nurse practitioner. Even though she didn't report quality, as long as you reported something out of the advancing care information for 2017 or an improvement activity and you avoided the penalty, you would be able to see what her positive payment adjustment or neutral adjustment would be in the QPP portal.

Shanen Wright: Next up we hear from Susan. We have a two-part question here. Susan asked, can the 91% pass and 9% fail be broken down by specialty? Secondly, how many providers reached 100%?

Rabbecca Dase: This is Rabbecca. I haven't seen any information from CMS on the breakdown of who reported what their specialty or anything like that. As for who's received what scores, again, well, I can say I haven't seen any of that information. I don't know if any of my colleagues can confirm that they've seen anything or not but again, I have not seen any of that detailed information released yet.

Diana Haniak: This is Diana, and Rabbecca, I can confirm that I haven't seen any detailed information. I'm not sure that CMS is going to release that at this time.

Shanen Wright: Thank you, Rabbecca and Diana. Let's go back to the Q&A box and the next question asks, when will we learn the impact of VBM?

Rabbecca Dase: This is Rabbecca. I have sent her a message privately. The value-based modifier, last year for that was in 2016 so that is now concluded. Now your adjustments and such will be based on your MIPS performance and again, you can do that MIPS performance on payment adjustments inside of the QPP portal. If you log in there, you'll be able to see how your practice, or group, or individuals depending on how you reported.

Shanen Wright: Next question asks how many of the 91% used a registry claims or EHR?

Rabbecca Dase: This is Rabbecca again. I think that goes back to what we said previously. We have not seen any of the detailed information about what was reported, how it was reported, how clinicians did across the country. It would be great if we could receive that information from CMS but as of now we do not have any of that detailed information.

Shanen Wright: For those of you on the phone, coming up we're going to unmute the lines. If you have any questions around the top of the hour but next let's go back to the Q&A box and hear from Donna who asks, on 2017 performance feedback our doctors recorded 0 out 10 for measure name CEHRT used when we were using a qualified Cert EHR. She goes on to ask, we reported via EFR as individuals and don't understand whether or not we will receive a POS payment adjustment. I missed the first 30 minutes of the webinar so it may have already been

addressed. Then she goes on with information about the score and how it affects payments.

Diana Haniak: This is Diana. I can briefly take this. With the score it looks like your provider received an 89.42. It looks like it would probably be a positive adjustment of around .94 I would think based on information that we have. I would need a little bit more information for the cert question as well to answer that.

Shanen Wright: Okay. While we wait on that information, let's go back to the Q&A box for another question. This one's from Michelle who's asked how do I know or find out if a new provider is coming to our organization with a penalty from previous quality requirements?

Rabecca Dase: This is Rabecca. That's a great question and that's something I think a lot of people are starting to ask because they realize how it will impact you know, certain things within a group or solo practitioners or things like that. Ultimately, I'm not aware of like any database currently that we could go into and look but I do think that the physician compare website can possibly be a way that we can see those payment adjustments. Again, we'll learn more about that in the coming weeks when they do show us what will be reported in the portal and things like that but maybe speak your provider, speak to their organization that they're coming from. I mean, if you did have that relationship but again, maybe, again, I'm not sure of any CMS database is where clinicians or groups can go in and look to see who has the penalty, you know, especially when you're recruiting and things like that. Possibly on the physician compare website. Anybody on the call, do you guys know of any resources where that will be published beside where I just mentioned?

Joe Pinto: Rabecca, this is Joe. No, that's exactly right. The Physician Compare website is where they're going to be able to go to obtain some of that scoring information and I know in the upcoming events earlier this morning I did mention there is a webinar coming up on two separate days later this month. If you want to learn more about Physical Compare and how it will affect the scoring, made public to everyone for each of the providers, you should be able to attend one of those websites and they'll provide some information about it.

Shanen Wright: It's the top of the hour. Ten o'clock in the east. Nine o'clock in Louisiana. Now is the perfect opportunity for us to unmute the telephone lines. Again, if you don't have a question or a comment for our panelists, please make sure and stay muted on your end and I will pause and if anyone has anything they would like to say, please jump right in.

Bobbi: Shanen, this is Bobbi calling from Pennsylvania and I just wanted to make a comment and thank all you guys at Quality Insights for assisting us to be successful in this program. All the webinars and everything are very helpful.

Shanen Wright: Well, thank you Bobbi and we would like to thank you for being one of our most loyal participants in QPPLive! Not only do we see you participating every month on the attendee list but you also always have such great questions and spark great discussions so we really appreciate your feedback and would like to thank you for being a part of the Quality Insights teams and participating on the third Thursday of each month. Do our panelists have any other follow-ups for Bobbi?

Okay, any other questions, comments from anybody on the telephone today?

Alright we'll re-mute the lines and go back to the Q&A box at this point. Next up we'll hear from Sandy. She asks how will we see the payout of the upward payment adjustments for 2017?

Roxanne Fletcher: This is Roxanne. The payment adjustments, you'll see them as you're reimbursed for the Medicare services that you submit. It's not one lump sum like we've been used to in the past. It will be by claims that you get reimbursed for.

Shanen Wright: Thank you, Rox. Let's go to some of our FAQs right now. Keep in mind, we still have more time if you've got questions just put them in the Q&A box and we'll address them as they come in. This is one we hear all the time from folks that we're working with: What happens if more than one final score is associated with a single 10 NPI combination?

Diana Haniak: Sure, I can take that. This is Diana. If there's multiple final scores are associated with one of the MIPS eligible clinicians 10 NPI combinations, there's a hierarchy that is used to assign one final score to that 10 NPI. If a MIPS eligible clinician is a participant in a MIPS APM, then that APM entity final score is used instead of any other final score. If a MIPS eligible clinician received more than one APM entity final score then the highest APM entity score will be used. Then if a MIPS eligible clinician reported both as an individual as a [inaudible 00:34:40] group and is not part of an APM, the higher the two scores will be then used.

Shanen Wright: Thank you Diana. Something else we hear all the time. I'm a MIPS eligible clinician who billed under the TINs of three separate during the 2017 MIPS performance period. Each practice reported to MIPS as a group and received a separate 2017 MIPS final score and payment adjustment. How will this impact my payment in 2019?

Roxanne Fletcher: This is Roxanne. I can take that. You will receive a MIPS payment adjustment for each associated 10 NPI combinations in 2019. For every covered professional service for which payment is made under or is based on the Medicare physician fee schedule, the PFS, you furnished your patients in 2019 using one of the three score 10 NPI combination, your Medicare part B payment will be adjusted according to the final score and payment adjustment assigned to that 10 NPI so yes, you could have different levels of reimbursement.

Rabecca Dase: This is Rabecca. I just want to add one to that. Something I've been hearing from my practices is since these payment adjustments have come out and such, they're asking about what happens if a clinician moves practices. If a clinician, let's say, worked in three different practices and received three different scores and they went to a new practice and they were only going to practice at that one practice, the highest score that they receive in those first three initial practices would follow them to that new practice. When they do move, the payment adjustment would follow them to that new practice but it would be the higher one that they did receive.

Roxanne Fletcher: Thank you for adding that. I appreciate it.

Shanen Wright: Thanks so much, Rox and Rebecca. Next question asks are MIPS payment adjustments applied to payments for services furnished by non-Medicare enrolled providers and suppliers?

Diana Haniak: This is Diana. I can take that one. No, in 2019, MIPS payment adjustments are applied only to payments for covered professional services for which payment is made under or based on the Medicare physician fee schedule and are furnished by a MIPS eligible clinician who received the 2017 MIPS final score and a payment adjustment based on their participation in MIPS as either an individual or as part of a group or part of an APM entity. Clinicians who are not enrolled in Medicare are not required to participate in MIPS and therefore they're not subject to the MIPS payment adjustment.

Shanen Wright: If you've got a question, please make sure and submit it in the Q&A box. We've still got about seven more minutes today to go in QPP Live! so if you've got that question, you better get it in now but as we mentioned earlier, keep in mind that we're willing to help any time, not just during QPP Live! You can reach out to you individual contact at Quality Insights or any of us or use the general QPP inbox for inquiries and we've be happy to help you. Most of all, what we want to do is establish a relationship and help you succeed in the Quality Payment program.

Next up, let's hear another question. This is one asks are MIPS payment adjustments applied to Medicare advantage payments?

Rabecca Dase: This is Rabecca. I can take that one. As of now, no. Payments for services payable under the Medicare advantage are not subject to the MIPS payment adjustment. That's just the Medicare part B.

Shanen Wright: Next question asks are MIPS payment adjustments applied to items and services furnished by MIPS eligible clinicians and an ambulatory surgical center, home-health agency, hospice, and/or hospital out-patient department?

Diana Haniak: This is Diana. I can take that one. If a MIPS eligible clinician furnishes items and services in either a ASC, an HHA or hospice and or a hospital out-patient

department, the ambulatory surgical center or the home-help agency or the hospice or the HOPD bills for those items and services under the facilities all-inclusive payments methodology or prospective payment system methodology, then the MIPS payment adjustment is not applied to the facility payment itself. But if a MIPS eligible clinician furnishes covered professional services for which a payment is made under or based on the Medicare physician fee schedule in the ASC, HHA, hospice or the hospital out-patient department and bills for those services separately then the MIPS payment adjustment is applied to the payment for those services.

Shanen Wright: Next question we hear, we've still got a few more minutes if you'd like to slide a question in the Q&A box please do now but the next one we hear asks can my vendor or third party intermediary access my final performance feedback?

Diana Haniak: Okay. It depends on their EIDM access. Yes, if your practice is security official is approved EIDM role request organization from your health IT vendor or a third-party intermediary to support data on behalf of your practice but no, if your vendor qualified registry or qualified clinical data registry had an EIDM role for their own organization to submit data on behalf of your practice. There's different EIDM roles that you would need to access the performance feedback by signing into the QPP portal. Am I correct?

Rabecca Dase: Yes, I think so.

Shanen Wright: Next question we hear is from Sandy who says in 2017 our PA met the requirements to report and she scored positive. In 2018 with the new requirement, she no longer qualifies to report. For the 2020 payment adjustment, will we lose her adjustment?

Rabecca Dase: This is Rabecca. I've read that question in the chat and I thought wow, I don't think anybody's asked me that question before and that is a great question and I don't even know the answer to it to be honest with you. That is something that I will absolutely look into. I guess there will be different scenarios whether you're group reporting, individual reporting, things like that, but I honestly don't know the answer and that is a great question. Anybody else on the panel know that answer?

Diana Haniak: No, I was reading that too, Rabecca. It's like wow, same reaction. This is the first time it's come up and it is a great question and we will have to investigate and get back to everyone.

Shanen Wright: Alright, if you've got a question, please submit it now because we wrap up today's edition of QPP Live! Let's squeeze in one more question about performance feedback. This one asks will we still get QRUR.

Roxanne Fletcher: This is Roxanne. No, we won't. The previous report, the QRUR, the Quality Resource Use Report, that has been replaced by the MIPS Performance

Feedback so that last report, the QRUR report, the last one was 2016, which you have, like I think we said before, until the end this year to access that.

Rabecca Dase:

I just want to add to that. I know that some of the practices that I work with in both Pennsylvania and Delaware were kind of taken back by the fact that they had limited feedback this year. You couldn't narrow down per patient or anything like that and then on a CMS webinar recently they said they understand that things are kind of limited and I do think they are working on some functionality to be able to provide additional feedback. To practices, what will that feedback contain? I'm absolutely not sure will it be as in-depth as a QRUR, again I'm not sure but I do think that they are again working on something to provide a little bit more feedback than what we are currently seeing in the portal.

Shanen Wright:

Thanks, Rox and Rebecca. And with that we will wrap up today's edition of QPPLive! We'd like to thank you for joining us today. If you have any addition questions or would like to follow up with us, use the contact information here on your screen for both large and small practice. We are here to help you with the Quality Payment Program. Mark your calendars now. We'll be back on the third Thursday of August. That is August 16th at 9:30a.m. Eastern, 8:30 a.m. for folks in Louisiana, and we'll be looking forward to seeing all of you again for the next edition of QPP Live! On behalf on the entire Quality Insights team, I hope you have a great day. Thanks!



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