



Quality
Insights

QPPLive!

Transcript from Live Session

Thursday, August 16, 2018

Shanen Wright: Hover over the bottom portion of your screen, and you will be able to bring up the Q&A box, so, once again, welcome to QPPLive!, and if you're seeing this for the first time in WebEx, please hover over the bottom to bring up your Q&A box, and you can start submitting your questions at any time. Before we get to the Q&A portion now, I'm pleased to introduce Maureen Kelsey with today's breaking news and announcements. Maureen?

Maureen Kelsey: Good morning, everybody. The 2018 QPP Hardship Exception Applications for the Promoting Interoperability performance category and for Extreme and Uncontrollable Circumstance for MIPS are now available on the QPP website.

The reasons for submitting a hardship exception application for the PI performance category includes clinicians in a small practice using decertified EHR technology, insufficient Internet connectivity, extreme and uncontrollable circumstances, and lack of control over the availability of certified EHR technology.

An approved QPP Hardship Exception will reweight the PI category score to 0% and reallocate the 25% weight to the quality performance category. Please note that simply not using CEHRT does not qualify you for reweighting of your PI performance category, and you must submit a hardship exception application by December 31st, 2018.

MIPS eligible clinicians who are impacted by extreme and uncontrollable circumstances may submit a request for reweighting of the quality, cost, and improvement activities performance categories. Extreme and uncontrollable circumstances are defined as rare events, highly unlikely to occur in a given year, entirely outside your control and the facility in which you practice.

In your application, you must indicate the performance categories that were subject to an extreme and uncontrollable circumstance and how the circumstance affected your ability to collect or submit data for the 2018 MIPS performance year. The application must be submitted by December 31st of

2018. For more information, please review the 2018 Exceptions Frequently-Asked Questions, FAQ, sheet.

CMS recently updated its QPP Participation Status Tool to include 2018 qualifying advanced payment model participant and MIPS advanced payment model status. The first snapshot includes data from Medicare Part B claims with dates of service between January 1 and March 31, 2018.

Later this year, CMS will release and announce the second and third QP and MIPS APM status data based on snapshots of claims between January 1 and August 31, 2018. To learn more about how CMS determines QP and MIPS APM status for each snapshot, please view the QP Methodology Fact Sheet. For more information, please reach out to Quality Insights or the CMS QPP Service Center.

Now available on the Medicare Learning Network Learning Management System are three American Medical Association accredited Web-based training programs. All offer continuing education credit through the AMA. Log into the MLN LMS and then search by title to access these new trainings, including QPP Year 2, 2018, Overview Web-Based Training Course. Learn about the Quality Payment Program in year 2, the four performance categories in MIPS and criteria to be considered in advanced APM, and available resources.

The second module is QPP, MIPS Promoting Interoperability Performance Category Year 2 Web-Based Training course, where you will learn about the MIPS PI category in year 2, the base performance and bonus score reporting requirements, measure sets available in year 2, scoring and reweighting methodology and available resources.

The third module is QPP, MIPS Quality Performance Category Year 2 Web-Based Training Course. Learn about the MIPS quality performance category in year 2, reporting requirements, data submission mechanisms, scoring and benchmark methodology, and available resources.

What would you like the 2018 MIPS Performance Feedback Report to include?

Quality Insights recently informed CMS that information included in the Quality and Resource Use Reports under the PQRS and Value Modifier programs was very helpful to practices and assists them in improving the cost measure.

For 2017, CMS provided only general feedback on the cost category because clinicians were not assessed on the cost measures. However, CMS is very interested in hearing feedback on what additional elements could or should be included next year.

Please provide your feedback to Quality Insights staff so we can let CMS know what data you would like to see next year. Feel free to type your responses in the Q&A box now, and we will forward them on to CMS.

CMS originally displayed a single payment adjustment amount. However, based on feedback from various clinicians and groups, the system has been updated so that both MIPS payment adjustment and, if applicable, the adjustment for exceptional performance are now displayed separately.

A perfect MIPS score of 100 points in 2017 resulted in a 0.41% payment adjustment and a 1.61% exceptional performance bonus adjustment for a total 2019 adjustment of 2.02%. Practices in an ACO will also see their breakdown.

An additional section called Items & Services is also available that displays patients associated with your practice, patients associated with emergency department visits and the total number of emergency department visits. This is for informational purposes only and was not part of the scoring. We've included a MIPS Performance Feedback example for your review.

Eligible clinicians and groups that participate in MIPS are required to use certified EHR technology if they want to report measures in the Promoting Interoperability category. In 2018, this requirement can be met with either 2014 or 2015 Edition CEHRT or a combination of the two. The 2019 QPP proposed rule states that only 2015 Edition CEHRT can be utilized during the 2019 reporting period.

Since the PI category has a 90-day reporting period in 2019, 2015 CEHRT must be in place by October 2nd, 2019, at the very latest to use a reporting period of October 2nd through December 31st.

October implementation date exception, if quality measures are going to be reported via EHR in 2019, then 2015 CEHRT must be in place prior to January 1 of 2019 because the reporting period for the quality category is the full calendar year.

To earn points in the quality category for 2018, you will need to submit data for a full year, January through December of 2018. Cost will also be calculated for the full year.

Promoting Interoperability and Improvement Activities, with a few exceptions, require a minimum of 90 days of reporting and, if reporting the Promoting Interoperability, a security risk analysis must be completed by December 31 of 2018.

The comment period for the 2019 Proposed Rule is open until September 10th. If you feel there was an error in your MIPS score, you may request a targeted review until October 1, 2018. We suggest obtaining an EIDM account as soon as possible if you do not already have one. This is necessary to access MIPS scores, feedback, the QPP portal for submission, and to request a targeted review.

Quality Insights, in partnership with Healthcare Dynamics International, will be presenting a webinar entitled Identifying and Addressing Social Determinants of Health in a Primary Care Setting. This webinar is scheduled for Wednesday, August 29th, at 12:00 to 1:00 p.m. Eastern Time, and we've included the registration information for your convenience.

Registration is now open for the 2019 Proposed Rule, Understanding Three Key Topics Webinar, regarding how proposed changes to the calendar year 2019 physician fee schedule would increase the amount of time doctors and other clinicians spend with their patients by reducing the burden of Medicare paperwork. This webinar is scheduled for Wednesday, August 22nd, at 1:30 p.m. to 3:00 p.m. Eastern Time.

The three key topics to be covered in the webinar include streamlining evaluation and management payment and reducing clinician burden, advancing virtual care, and continuing to improve the quality payment program to reduce clinician burden, focus on outcomes and promote interoperability. CMS encourages you to review the proposed rule prior to the webinar, and registration information is included for your convenience.

This concludes our important breaking news and announcements. Thank you for your kind attention.

Shanen Wright:

Thank you so much, Maureen, and thanks again to everyone for joining us for the August 2018 edition of QPPLive! We've assembled Quality Insights team of QPP experts to answer your questions, which you can submit at any time using the Q&A box on your WebEx player. If you're not seeing the Q&A box, please hover over the bottom of the screen, and then you'll see a little blue button with a bubble, and it'll bring it up.

For those of you who are returning participants in QPPLive! you may note that WebEx looks a little different, but you can still submit your questions at any time, so who are we talking with today from Quality Insights? We've got Kathy Wild on the line. She's our project director for QPP here. Amy Weiser is our lead project coordinator. I'm Shanen Wright, and, serving Delaware for small practices, we have Roxanne Fletcher and, for larger practices, Rabecca Dase. Louisiana, for the larger practices, we have Lisa Sherman with us on the line today. For New Jersey, we have Maureen, who you just heard from with today's breaking news and announcements. We also have Diana Haniak for the smaller ... or the larger practices rather, and Andrea Phillips for the smaller practices in New Jersey.

Looking at the other states that have joined us today, we also have, serving Pennsylvania, Rabecca Dase and Joe Pinto. Joe is going to be providing links to all the things that we're talking about in the chat box on your WebEx player, so you can look there, click and go directly to the website. Also, from Pennsylvania, we have with us Lisa Sagwitz, Shirley Sullivan, and Marvin Nichols, and from

here in West Virginia, serving our great state, we have Julie Williams and Debbie Hennen.

If this is your first time joining us for QPPLive! today, as I mentioned, you can ask questions using the Q&A feature in WebEx. If you're not seeing it, hover over the bottom. Look for the little blue bubble, and it'll pop up there. In the dropdown menu, make sure and choose "All Panelists." Type in your question and hit "Send," and as I mentioned before, Joe is going to be giving us chat links in that window, so if you could, don't post your questions there. That's where we're going to be doing the links. We would really appreciate that.

Additionally, for those of you who have called in on your telephone and are not listening through your computer speaker, we will pause during today's episode of QPPLive! to give you the opportunity to ask your questions or provide your feedback verbally to our panel of experts here at Quality Insights.

We do ask that, if you're not actively asking a question, please mute your own phone line in an effort to eliminate background noise. Keep in mind, too, that ... not to share any protected health information on QPPLive!. Obviously, we wouldn't want to do that, and we want to remind you that we're here to help you any time, not just on the third Thursday of the month at 8:30 a.m. Eastern, 8:30 a.m. Central.

You may not know who your contact is at Quality Insights. If so, you can contact any of us, and we'll refer you or use the general QPP inbox for inquiries. Keep in mind that we'll do the best we can to answer all questions, but, sometimes, you have really tough ones, so we got to follow up a little later and get back with you.

Also, keep in mind, if you're viewing this as a recording, we do record all these sessions, that rules and interpretations do change over time, so make sure it's the most up to date information that you can find. Most of all, we here at Quality Insights want to establish a relationship with you so that you can succeed in CMS' Quality Payment Program.

With that being said, let's go ahead and jump in and get started with today's edition of QPPLive! You can start submitting your questions in Q&A now. Let's go to this question first. If a 12-month reporting is required, what can be done for those of us who have not yet begun doing our MIPS 2018 work?

Amy Weiser:

This is Amy. I can take that one. You can still avoid a negative payment adjustment for 2020 by earning at least 15 points on your 2018 MIPS score, and you can get five bonus points for being a small practice with 15 or fewer clinicians as long as you submit data on at least one performance category during the 2018 performance period.

You can report both the Promoting Interoperability and Improvement Activities performance categories for 90 days, the last possible reporting period will begin on October 3rd, 2018. In addition, you can still earn points for quality measures by submitting data looking back to the beginning of 2018, for example, using claims.

Shanen Wright: Thank you, Amy. Let's go to our next question that we have here on QPPLive!. This is, "If we only use four quality measures, will the practice be penalized?"

Kathy Wild: Hi, Shanen, and good morning, everyone. This is Kathy. I can take that.

It sounds like the practice may be submitting a specialty measure set and, if there are only four applicable measures within the set, you can still potentially earn a high score in the quality performance category. However, if CMS finds that the eligible measure applicability process, the EMA process for claims and registry submitters, that you have submitted more quality measures, your quality measure score may be impacted.

To avoid a negative payment adjustment in 2020, you need to earn at least 15 points on your total 2018 MIPS score, so you can earn these points in any performance category, whether it's quality measures, improvement activities or Promoting Interoperability. If your goal is to maximize your score in the quality performance category, as a general rule, you need to submit data on at least six quality measures, including at least one outcome measure.

There are some exceptions to that. To help identify potential quality measures applicable to your practice or possible cost-cutting measures, CMS provides a search-and-filter tool that maybe helpful. When you log into the QPP CMS website and you go to the header at the top for MIPS, and then you can click on "Explore Measures," and then select "Quality Measures," and then you'll be able to see the list of 2018 measures. Remember, you can also submit a specialty measure set and meet the quality performance category requirements if all other requirements are met such as data completeness.

Shanen Wright: Thank you, Kathy. Moving on to our next question, this one asks, "How can specialty practices tell whether there are six applicable quality measures?"

Lisa Sherman: Hi, this is Lisa. There are over 270 quality measures to select from, including some specialty specific measures that's for multiple specialties available, so to help identify potential quality measures applicable to your practice or possible cost-cutting measures, CMS provides a search-and-filter tool that Kathy just mentioned above, and you may find that that's helpful for you to identify those that work for your practice.

The technical assistance contractor from your state can also assist you free of charge in selecting measures and show you what your potential quality category

score would be based on entering measure rates from your EHR into a 2018 MIPS estimator, so let us know if we can help you in any way with that.

Shanen Wright: Thank you so much. Keep in mind, you can submit your questions at any time using the Q&A box. Coming up, we are going to unmute the phone lines in case any of you have a question or comment you'd like to share verbally, but, first, we go back to our questions, and this one asks, "For the 12-month reporting period category, where can I find the applicable measures?"

Lisa Sherman: This is the same that we've mentioned in the last two, where you can find the quality measures and their specifications on the qpp.cms.gov website. On the same website, you can also find measures in the other performance categories by clicking on the "Promoting Interoperability," "Improvement Activities," and "Cost Measure" tabs, and, again, just reach out to us if you have any difficulty finding those.

Shanen Wright: Thank you so much.

Lisa Sagwitz: Hi. This is the other Lisa, Lisa Sagwitz, and just to tag on to Lisa Sherman, we've got a really nice resource that Quality Insights developed that has all the measures. They're listed by submission method, so the first section you'll see is the EHR method, which is probably the most popular. You'll also see registry, claims, QCDR, the web-based interface, so, if you contact the representative or send something in through Q&A, we can make sure we get back to you, or you could visit our website for this as well.

Shanen Wright: Thank you, Lisa, and thank you, Lisa. We're getting a lot of questions today about where to find things. The next one we hear is, "Where can I find more information about the Complex Patient Bonus?"

Amy Weiser: Hi. This is Amy. I can take that one.

Amy Weiser: Clinicians can earn up to five bonus points for the treatment of complex patients, which are based on a combination of the Hierarchical Condition Categories, or HCCs, and the number of dual eligible patients treated as long as they submit data for at least one MIPS performance category. CMS will automatically calculate your bonus based on claims you submit. For additional support, you can contact Quality Insights, and we will be happy to help you about meeting this ... not requirement, but the bonus for the complex patients. Thank you.

Shanen Wright: Thank you, Amy. We have about five more minutes left in today's episode of QPPLive!, so, at this time, Laurie, let's unmute the phone lines and see if anybody has a comment or question for our panel of experts that they would like to express verbally.

Hearing none, we'll go back to our question list here, and this is another one that we're hearing all the time here at Quality Insights. What is a QRUR and how is it used?

Kathy Wild: Hi. This is Kathy. I can take that. The QRUR is actually the Quality Resource and Use Source Report, and it was available under the PQRS and Value Modifier programs, and it reflected performance during that time period. However, since that, those CMS programs, ended in 2016, there are no longer going to be any QRUR reports. If you have one, the most recent one would be in 2016, and where you would locate that would be on the CMS Enterprise portal. It provides a lot of information on past performance for mostly the quality and cost categories. It shows you how your cost compares to your peers and provides a baseline of where you were in 2016.

As we said, because the cost category was not scored in 2017, CMS did not provide this detailed data for clinicians this year, unfortunately, but they are ... They have heard our comments and they are looking to go ahead and provide a lot of that detailed data in 2018, especially because the cost category will be for this year for 10%. Once again, remember you do need an EIDM account to be able to even log into that CMS Enterprise portal.

Shanen Wright: Thank you, Kathy. Next up, we have a question from Susie in the Q&A box. She asks, "Can a practice in an ACO submit for the chronic condition bonus category or any other bonus categories?"

Kathy Wild: This is Kathy. Susie, I think you've stumped us. I think we need to do a little bit of research, but, the chronic condition bonus, I will have to check on that.

Does anyone on the line know the answer to that, if they are in an ACO? Through the ACO, you will be receiving your quality score and your improvement activity. You will be receiving the full credit for that, so I am not sure if that would be applied or not, so, Susie, we will go ahead. If you could just provide us with your either phone number or email address in the Q&A, I will have ... We will research the answer and get back to you with it. Thank you.

Lisa Sagwitz: This is Lisa. I was just thinking, if you could give us more detail on what you mean chronic condition bonus, and I say that because, typically, the ACOs are reporting a little differently than a practice that's in MIPS, and their requirements are different, so if you can give us a little more detail on exactly what you're thinking, that would be helpful.

Shanen Wright: Thank you, Lisa and Kathy. We'll be following up with Susie to get more details on that. I think we have time for one more question today before we wrap up today's edition of QPPLive!, and this one asks, "Can you go over how patients are attributed to a provider for MSPB and TPCC?"

Amy Weiser: This is Amy. I can take that one. Patients are attributed to the provider who performs the bulk of the primary care services to the patient, and CMS determines which patients are attributed to your TIN based on claims data.

Shanen Wright: Thank you, Amy, and we'd like to thank all of you for joining us for QPPLive! today, August 16th, 2018. If you have further questions, we would love to assist you. You see our contact information on the screen there. You can reach out to any member of the Quality Insights team, and we will be more than happy to assist you and help you succeed in CMS' Quality Payment Program.

Mark your calendars. Our next episode will be on September 20th, that's the third Thursday, again, at 9:30 a.m. Eastern, 8:30 a.m. Central.

On behalf of everyone at Quality Insights, thanks again for joining us, and have a great day.



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