



## Submitting 2017 MIPS Data Using the QPP Portal Webinar Transcript from Live Session

Thursday, January 11, 2018

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Laurie Fink: Good afternoon, and welcome to today's webinar, Submitting 2017 MIPS Data Using the Quality Payment Program Portal. My name is Laurie Fink. I am a communication specialist with Quality Insights. I'll be serving as the host for today's session. We will get started with the program in just a few moments, but first, a few housekeeping items. All participants entered today's webinar in a listen only mode. Should you have any questions during the presentation, we ask that you please type them into either the chat or the Q&A box to the right of your screen. Members of the Quality Insights team will be monitoring these questions. Then we'll provide the answers in the chat and Q&A boxes throughout the session.

If time permits, we will also address any unanswered questions at the end of the program. We will then compile all the questions you asked along with the answers into a hard copy resource, and we'll post them on the website, and also, we'll distribute that to everyone on today's call. The webinar is being recorded, and the recording will be posted on the Quality Insights' website as well as the Quality Insights' QPT support center website later today. The slide deck and a transcript of the session will also be available on the website as well. I will post links to where these resources can be found in the chat box.

It is now my pleasure to introduce you to today's speaker, Amy Weiser. Amy has been a registered nurse for 27 years, and is currently serving as a practice transformation specialist with Quality Insights. She's been working closely with healthcare providers in New Jersey to achieve success within the new QPT program. Without further ado, I will now hand over the presentation to Amy.

Amy Weiser: Thank you, Laurie. Welcome everyone! It is really exciting to be able to present this to you today. You all know if you've had a chance to look at the presentation that there are a lot of slides and a lot of information to go over. I will do my best to get through everything, and hopefully you'll have a really good understanding of the information when we finish today. Here is the agenda. We're going to go over the 2017 MIPS eligibility, participation and reporting options for 2017, data submission highlights, QPP Portal access, overview of the QPP Portal entry and the MIPS categories for quality, advancing

care information and improvement activities, APM special considerations, upcoming webinars, and questions and answers if we have time.

How is eligibility determined? There is a 21017, the MIPS eligibility is based on claims from two look-back periods. The look-back periods are September 1st, 2015 to August 31st, 2016, and September 1st, 2016 to August 31st of 2017. A clinician who is currently deemed eligible may become ineligible if the low volume thresholds are not met during the second look-back period, and a clinician who is deemed ineligible during the first period will remain ineligible for 2017. There is a really nice easy way for you to determine your eligibility or confirm your eligibility. Back in the spring, CMS did send out letters to all of the clinicians in practices. They also developed the MIPS Participation Lookup Tool on their website. This will tell you if you need to participate for 2017.

The tool will also be updated soon to reflect the final 2017 MIPS participation status. Here, you can see a little snapshot of what it looks like on the QPP website. If you're not familiar with the QPP website, it is [qpp.cms.gov](http://qpp.cms.gov). You can also check APM eligibility status by using the Qualifying APM Participant Lookup Tool if you are in APM or a MIPS APM. CMS is also working to improve this tool to include eligibility information for Advanced APM and MIPS APM participants in the following models, which are listed below. Also, for participation options for 2017, as you know, this is the transition year, and this is also known as the Pick Your Pace for the transition year of 2017. You can see here that we have the test option with the required reporting of at least one quality measure or one improvement activity measure, or you could submit four or five Advancing Care Information measures depending on what certified AHR technology you have.

This would allow you to have a mutual payment adjustment. You could submit a partial year of information with at least 90 days of data, and you would receive a hopefully no negative payment adjustment, but a positive adjustment or neutral. Actually, this, I think, should say neutral. Then a full year would be a complete year of data, and you should receive a positive payment adjustment. The percentage that we're talking about for 2017 is 4% positive payment adjustment or 4% negative payment adjustment. We're going to talk little bit more about the reporting options for 2017. You have the option to report as an individual or a group. For the quality measure, there's a list here of the methods that you can report as an individual. For example, the QCDR, the Qualified Clinical Data Registry, a qualified registry, EHR with claims.

Then as a group, the QCDR, the qualified registry, the EHR, administrative claims for readmission measure only, the CMS Web Interface, or the CAHPS for MIPS survey. I just want to note here also that if you want to submit claims for the quality category, you can only do that as an individual. That is not available to you if you want to do the group submission. For improvement activities, there are several ways that you can submit as well, which are listed here. Also, included in this list is the attestation method. For advancing care information, attestation is available as well either as a group or as an individual along with

these other methodologies. Here is a little more information about individual versus group reporting. You can choose one method, and switch to the other. CMS retains all of the data that's entered into the portal, and will calculate a MIPS score using the data that results in the highest possible score.

For individual reporting, a single clinician identified by a single MPI number tied to a single Tax Identification Number and a payment adjustment is based on the individual's performance. For group reporting, it's a single TIN with at least two clinicians including at least one MIPS eligible clinician who has reassigned their Medicare billing rights to the TIN. Each eligible clinician participating in MIPS via the group will receive a payment adjustment based on the group's performance. For clinicians who are reporting as a group, there is only one submission for the entire group. For 2017, you can submit data for one, two, or all three performance categories. Again, the performance categories are quality, improvement activities, and advancing care information. Just as a little review, quality took the place of what was formerly known as PQRS.

Improvement Activities is a brand new category for the quality payment programs, and it is very similar to patient-centered medical home activity. The advancing care information category took the place of what was formerly known as meaningful use. The other thing I wanted to note is it's important that while QCDRs, qualified registries and health IT vendors are permitted to submit all data types, individual organizations may not have the capability to submit information on specific categories. Eligible clinicians should check with the vendor prior to submission. You can use a different method for each performance category, but you may only use one method per performance category, and note, some options differ if you're submitting data as an individual versus a group.

As I said, there is a way for you to use attestation to submit your information in the portal, so you can use attestation for the improvement activities and the advancing care information performance categories. You manually enter the data, and you attest that you participated in the activities and or the measures. This is accomplished via the QPP Portal. If you have completed meaningful use in the past, you will recall that you went into the CMS registration and attestation system to complete your attestation. They have carried over that concept now into the new portal. When we're talking about data submission via claims, there are some things you should know. As I mentioned before, the claims option is only available for individual reporting for the quality category. There are 74 quality measures available to submit using claims.

You use the same claim form you currently sent to CMS for Medicare Part B patients, and you add quality data codes or QDCs to denominator eligible claims as defined by the measure specification. Every claim-based measure has a specification sheet that's available on the resource page in the QPP website. You can look up the ID number in the website. You can go to the specification sheets, and you can actually view the coding that's required for that particular measure. Claims processed by the MAC must get to the National Medicare

Claims System Data Warehouse by March 31st, 2018 to be analyzed. Be sure to file your 2017 claims in time. You can also get more information about the claims' submission process by the Claims Submission Fact Sheet in the resource page on QPP.CMS.gov, so it's not too late for you to participate for 2017.

Data submission can also occur using your certified EHR vendor. They can extract the data from your EHR, and there are two options. The EHR vendor can submit the data to CMS, and a CMS-specified format called the Quality Reporting Document Architecture format or QRDA, or generates a non-certified report in either the new QPP file format or the QRDA III, and manually upload the file into the QPP portal. Those are the only two file options that the QPP portal can access. If you want to use a qualified registry, a qualified registry is a CMS approved entity that collects clinical data from you or your group, and submits it to the CMS on your behalf. There is a list of 2017 approved registries on the CMS.gov resource library. You can use the registry to report data for all three performance categories.

You can use the registry for quality improvement activities and advancing care information. Your specific registry will give you the instructions that you need in order for you to have this submitted on your behalf. There's also data submission via the QCDR. Qualified Clinical Data Registry extracts data from the EHR, and submits MIPS measures on your behalf. This differs from the Qualified Registry, because they are not limited to reporting the QPP measures. They can develop and submit other measures approved by CMS as well. Let's talk about some data submission highlights. One of the really nice features of the new QPP portal is that there's no actual submission. Meaning that there is no submit or save button in the QPP Portal. The system automatically updates your record, and saves it for you.

Data can be entered or updated anytime through the March 31st, 2018 deadline. CMS will not review any data until the submission period closes on March 31st, and the submission period for the CMS Web Interface is January 22nd, 2018 through March 16th, 2018. Please note, if you are using the CMS Web Interface, you have a different submission period. I think that the new portal is very nice in the fact that you are able to go in multiple times, and change your information if you need to. Another nice feature of the new portal is the automatic feedback and scoring. As you enter your data, you will see your MIPS score. If you recall, if you've attested to meaningful use in the past when you were in the registration and attestation system, you were not able to really know how you performed, or how you were doing in the process of submitting your information.

This new QPP Portal now, as you're entering information, you literally see how you are scoring. It's again advantageous to enter data now instead of waiting until the end of March, so potential data issues can be resolved. Your final MIPS score may change from what is displayed if you participate in an APM, report new data, or report quality measures that have not yet been benchmarked. MIPS scores and payment adjustments will be based on your last entry or

update. You can go in one time, and enter all of your information, and never go back in again, or you can go in multiple times, and make changes to your data until March 31st, 2018. There are some other features in the QPP portal I'd like to address. There is a little question mark or hover bubbles located throughout to help you understand what you need to do.

There's the ability to upload files in the QPP format or the QRDA format for all categories, and the ability to delete files and change data to achieve the highest possible score. Now, I'm going to go into more details about the QPP Portal. Where do you submit the data? You first log into the QPP website at [qpp.cms.gov](http://qpp.cms.gov), and you will see in the right hand upper corner that there is a sign in button. Once you click on the sign in button, it will ask you to sign in to QPP using your EIDM credentials. You will see here that you will enter your EIDM user ID and your EIDM password here. There are also instructions here that you can link to the CMS Enterprise Portal if you are having any issues. Here are some basics about the EIDM account. An EIDM account and an appropriate user role are required to access and submit data.

You can visit the CMS Enterprise Portal to set up an EIDM account, obtain account information, or reset your password. If you need help, you can contact the Quality Payment Program Service Center at the number listed. You can also refer to the EIDM user guide, which is posted in the resource page on the QPP website as well. The first screen you will see is the statement of truth. It's similar to what you had done in the past for meaningful use that you attest that the information that you are submitting is true, accurate, and complete to the best of your knowledge. Then you click the sign in button. Again, there is help here for you right on this page. If you should have any trouble, you can use the CMS Enterprise Portal, or you can call the number for more help.

Once you log in, you will need to enter a verification code, and you will receive this code. I think you can either get a phone call or a text message. Then once you receive the code, you enter the code, and then hit the submit code. That takes you into the account dashboard. As your EIDM user role, this is what allows you to see the information for your particular practice or group or clinicians. You will see here that they list the practices, and there is a couple showing here with tax IDs. My understanding is if you as a practice, the name of your practice will show here as well. Then you have a couple options. On the right-hand side, you can choose to report as a group or report as an individual for that particular tax ID.

This is an example of the individual reporting dashboard. It says that you're connected to one clinician. Then on the right-hand side again are options to click on the different categories for the quality measures, advancing care information, and then improvement activities. This is an example of the Group Reporting Dashboard. You can see that it looks a little different. Here, it is showing the quality measure category, the advancing care information, and the improvement activities. Again, that is a reminder that you can update your data up until March 31st. Now, we're going to talk about each of the categories in a

little more detail. First, we're going to start with quality. For the quality category, this is showing that there ... I believe this is the group reporting screenshot, so this is showing that there are two ways that quality measures can be submitted.

It says, "No quality measures have been submitted for this profile. Please choose a submission option below to get started. The first option is to import the QPP quality data via the file upload. The second option is to contact your corresponding agency. If you are using a registry or an EHR to submit your data, you should contact them for support. Features for the quality measures, so again, you can upload a QPP file, a QRDA file from your EHR. You can use the web interface or registry. You can also load more than one submission method, and delete it later. The top six measures are used to calculate your quality score. Drop down arrows on each measure allows you to see the details of the measure performance and the bonus points as well.

If 37 measures are uploaded for example, all the other measures are scored, so you're able to monitor the measures for other quality improvement tasks, but only the top six will count towards your MIPS score. This is an example of how you would upload a file. You can either use a drag and drop, or you can browse in your records to pull up your file. Again, it needs to be in a QPP format or a QRDA III file. You just go ahead and browse, and select your file. It's showing you here that the file was selected. Then you click the upload all, and it will upload the file. This is an example of the QRDA III file uploaded. Then once that has been uploaded, it automatically shows your score. You can see here that the file that was uploaded from the EHR produced the score of 60 out of 60 points for the quality category.

You will note that it tells you what submission method was used to the EHR submission summary up here. It's showing that a maximum of 60 quality points were achieved. Then it's showing six scored quality measures, so it's saying that these are the six, and you can only see three of them here, but it is showing you that they have the measure here on the left. I know it's probably hard to see, but the measure is here on the left with the quality ID underneath it, the performance rate, and then the measure score. When you click on the arrow next to the measure, it provides more detail for you about that particular measure, and how you scored in the decile. Then on the right-hand side, it gives you the points, so the points that were earned were 10. Then this measure had another bonus point, because it's another high-priority measure, so this measure scored 11 points.

You can really do deep dive into each of the measures if you want to see how you scored. This is an example showing that there were more than six quality measured submitted, and what their scores are. I just wanted to note that even though only six are scored, CMS does encourage you to submit more than six. It is a really nice way for you to be able to continue to track, and get an idea of how you're scoring overall on other measures as well. This is an example of submitting the quality measures via more than one method. You can see here

on the left was our original upload, which was the EHR data of 60 points out of 60. They also decided that they were going to submit registry information. It says, "Other scores by submission method, and they scored 52.3 out of 60." You can see that the registry offered a lower score than their EHR.

Quality points displays the quality points based on the submission method. You can again see that the points are scored, and again, that this was from a registry submission versus an EHR submission. Now, we're going to move into the advancing care information category. As I mentioned, this was formerly meaningful use. This is the first page that you will see when you open the advancing care information tab. This is the information based on attestation. The first step in this screen is to enter your performance period. There are some intuitive things built into the QPP Portal. It will give you some more information as you enter the date in here. There's also basic navigation information that you will find on this page as well, and it gives you some instruction that if you scroll down the page, you will see more information about navigating advancing care information.

This is getting started, and again, we're going to talk more about the date. This is just a popup that appears. If you will enter less than 90 days for your reporting period, you will get a message that says, "You are entering a date range less than 90 days. By proceeding, you will remove any optional performance measures and bonus measures selected, and will cap the category score for advancing care information to 50 possible points. Are you sure you wish to continue?" Then you would just either cancel that or continue. If you make a mistake, you would just go back to the date and enter the correct reporting period. Remember that you can enter 90 days or more. It can be 91 days. It could be 100 days. It's totally up to you what you want your reporting periods to be for that.

The next option in the advancing care information screen is entering your certified EHR version. Now, this is an optional window or search box. You do not have to use it, but if you would like to look up your EHR to see what certification year it is, whether it's 2014 or whether it's 2015, you can do a search here, and it will pull up the information that you need. What's nice about that feature is that if you are only on a 2014 certified EHR, you will not have the option to report the advancing care information measures. You will only have the opportunity to report the 2017 transition measures. That's just an example. Again, this just shows you the search criteria or how you can search for your EHR, and then this just talks a little bit more about selecting your ACI measures that again, you can choose the 2017 transition measures.

You can choose the advancing care information measures, or you can choose a combination of the two. You can see that here. This is the ACI transition measure set has been selected. The other two have been grayed out. There are some attestation statements for advancing care, which are listed here. The first two, the prevention of information blocking and the ONC direct review are mandatory. We need to say yes in order to continue through the process. The

third one is optional. The ONC-ACB Surveillance Attestation is optional. You do not have to answer that if you do not want to. Again, this is just showing that you have agreed to this information, and that you are not blocking information, and you would say yes, and get a green check mark.

Then for the ONC direct review, you would also say yes and get a green check mark. In the optional ONC-ACB Surveillance, you could say yes or no. The first section of information that will appear for you in the ACI is the Base Measure Data Entry. I just want to note that you can see here in the red the advancing care information score zero out of 100. As you're going through the portal, and you're entering your information, you will see that number move, and you will see that it provide you information as you're going through. This is that scoring in real time that occurs as you're completing each of the measures. The first measure here is the e-Prescribing measure. I want to just point out here that the little blue downward arrow to the right of the e-Prescribing measure is where you can get the specification sheet for the measure, and you will see it on the other measures as well.

If you want to get more details about any of the measures, you can click on the dropdown, and see the actual specification sheet in PDF format. If you have data to enter for this measure, you would enter the numerator and the denominator, and then if you can pass the measure, you would get a little thumbs up in the performance score area. If you meet the exclusion criteria, or if you're not sure what the exclusion criteria is, you can click on the question mark here, which serves as the hover bubble. It tells you what the exclusion is, and once you click on the box that selects the exclusion, the measure will be grayed out, and you won't need to enter a numerator and a denominator.

Again, this is just going over the exclusion and the graying out once you choose that. This, again, over the ACI measure specifications, you can click on that, and it will show you the specification sheet. I believe the example we have here is for the e-Prescribing. I think this is also a very nice feature that they've built into the attestation so that if you're not sure about something, you can look at it right away. This is just showing that as you are going through the process of entering your numerators and denominators, your scoring will continue to rise. At this point, for example in the health information exchange, they were at 100 out of 100, and scored 20 out of 20 points. They are now at 72 out of 100 points. This is very important too, because as you know, the goal in many cases is to be at 70 points or greater to earn that additional half percent incentive.

If you got to this point, you would know that you are already exceeding that goal, so that's a really nice thing to see, I think. The portal is also intuitive in the way that it prevents you from entering invalid data. This is just showing that you can't enter a numerator that's greater than a denominator. It will not save your information, so just as a reminder, as you enter information into the portal, it's automatically saved. This is just letting you know that this is not going to work this way. You need to make an adjustment in your numbers. Another nice feature of the portal is you get a trophy when all points are earned. You can see

at the top, you have a nice little trophy showing here with your category success, and advancing care information score 100 out of 100 points.

As you know, there are ways to get bonus points. You can earn, only earn one 5% bonus even if you meet both registry measures. CMS encourages clinicians to enter all data even if they do not receive a score or a bonus on a given measure. What they're saying is that if you've met syndromic surveillance, and you've met a specialized registry or reporting measure, you should go ahead and indicate that you have met those measures even though only one of them will give you bonus points. This is also another nice feature, the ACI improvement activity bonus points. The question comes up, "What certified EHR technology used?" This allows the clinician to receive bonus points for improvement activities. You would say yes, and then to let the appropriate improvement activity or activities, which there are 18 total from the improvement activity screen, which we will be showing shortly.

You are also able to upload the QRDA III file for advancing care information. You can use that as well. Now, we're going to talk about the improvement activities. Again, this is that new category that CMS has implemented in the quality payment program that is very much in alignment with patient-centered medical home. There are a few ways that you can enter information for improvement activities. This is showing attestation or EHR. This is asking you to please enter the performance period. I would just like to note that the minimum reporting period for an improvement activity is 90 days. You must submit a reporting period of 90 days at a minimum to report an improvement activity.

There are also again instructions under the basic navigation, and it talks about the categories, the weights, and the bonus. You can get more information about them here. We talked about the performance period, so I'm going to show you ... This is the screen that shows you that you can filter by many ways. Since there are 92 activities to choose from, it can get a little overwhelming to try to look through all of those, so they built in a really nice way for you to filter the improvement activities. You can use subcategories like achieving health equity, behavioral and mental health, et cetera. You can go by the weight of the activity. There are 78 medium-weighted activities. There are 14 high-weighted activities, or you can also look again at the list of the 18 that are certified EHR technology eligible.

As I mentioned, the improvement activities are very much in alignment with patient centered medical home. Therefore, full credit is given for the improvement activity category if you are a patient-centered medical home practice. All you need to do is simply check the box saying that you are a patient-centered medical home. That covers you the 40 out of 40 points, and you get your category success trophy for that category. Back to selecting the improvement activities, this is one of the high-weighted activities that they've shown in the screen here. This is the engagement of new Medicaid patients and follow-up. You'll see some information about that. Then as you select your

activities, you attest that they are completed by checking the box or the circle, and saying yes.

Then finally, once you are all completed, you can log out. It just reminds you that the submission window for the performance year for 2017 runs from January 2nd, 2018 through March 31st, 2018. Again, the CMS Web Interface submission window for performance year 2017 runs from January 22nd, 2018 through March 16th, 2018. You can sign in at any time during these windows to submit or update your data. Once the submission window is closed, CMS will begin calculating payment adjustments. By July 1st, 2018, CMS will provide you with feedback based on the data you reported for the performance year 2017. Now, I'm going to talk a little bit about the APM special considerations. This is just from CMS, and it says that we believe that it is important to recognize the data submission requirements for MIPS eligible clinicians participating in MIPS APMs as of the third snapshot date, especially track one of the Medicare Shared Savings Program.

For the quality performance category, for most MIPS APMs, your APM entity is required to report quality measures. You do not need to submit anything additional for MIPS. For track one, your ACO is required by the Shared Savings Program to report quality measures through the CMS Web Interface as are ACOs under tracks two and three of the Medicare Shared Savings Program. Improvement activities performance category, you will not need to report any data for this category because you will automatically receive full points for participating in your APM. Advancing care information performance category, all MIPS eligible clinicians and MIPS APMs must report data on this performance category similar to regular MIPS. Participant TINs in a Medicare Shared Savings Program ACO including ACO participant TINs that are in a track two or three ACO are responsible for submitting data for this performance category as a group or a solo practitioner.

If you are participating in a MIPS APM or an Advanced APM, work with your APM entity to discuss any special considerations regarding your submission and performance feedback. I'd like to also highlight some upcoming national webinars that are available for you to get more information and learn more about this. For MIPS data submission, it's offered on two days. It's the same session you can attend on January 23rd, 2018 at 11:00 AM or January 25th, 2018 at 3:30 PM. Also is the MIPS reporting for 2017 performance year will be hosted on January 23rd, 2018 at 1:00 PM eastern time, and year two of the quality payment program, which is what we are in right now. Hard to believe, but it's year two already. There will be a webinar for that from CMS on February 6th, 2018 at 1:00.

CMS has also created some really nice instructional videos for you. You can review the data submission instructional videos, and they're based on the type of reporter you are, whether you're in the MIPS or the APM, and whatever different types of date of submission you may be using. Take a look at those when you have a chance. They are very helpful. For help and support, Quality

Insights is here to help you. We provide free MIPS and QPP assistance to all practices in Delaware, New Jersey, Pennsylvania, and West Virginia, and to practices that have more than 15 clinicians in Louisiana. Practices with 15 or fewer eligible clinicians can email us at [qpp-surs@qualityinsights.org](mailto:qpp-surs@qualityinsights.org), or call us at that number.

Practices with more than 15 ECs can visit the Get Local page on the Quality Insights' website to find a practice transformation specialist in your state. I believe that this is the end of our presentation. I'm just going to open it up to see if you have any questions. You can enter them in the chat box, and we will do our best to answer some of those right now.

Laurie Fink: All right Amy, this is Laurie. We are getting tons of questions in the chat and the Q&A. Our team is trying to answer them as we know best. I'll read a couple that haven't been addressed yet, and we'll see if anyone on our team who's on the call has an answer for them. One question asked it's from Linda M.; do you need to have been recognized as a TCMH for the entire year or 90 days?

Amy Weiser: I will take that. I believe as long as you've been recognized within 2017 or prior, as long as your recognition is in current active status, you are able to say yes that you are a patient centered medical home, and you can get that activity covered. The improvement activity is covered through that.

Laurie Fink: Another question that's come in ... Oh no, I just lost it. There's a ton of questions coming in quickly. It's hard to keep up with everybody. It's from Sandy. She's asking, "Should we have selected out improvement measures prior to reporting period?"

Amy Weiser: I guess it really depends on in most cases; they're doing these improvement activities. For example, one of the ones we mentioned in the webinar is the engaging Medicaid patients. If you have been routinely accepting Medicaid patients in your practice, then that would be an activity that most likely you've been doing for a minimum of 90 days and maybe even longer than that. That's one of the more common activities that practices are routinely doing, because that also covers dual eligible Medicare and Medicaid patients.

You would probably just need to look at the list of the activities, and know decide if there were once that met ... that best fit your practice.

Laurie Fink: Thanks Amy. Another question is from Deborah Weinstein. She's asking, we can get credit by participating in an ACO. How do we communicate that to CMS to get full credit for IA?

Amy Weiser: I believe that is one of the things ... Well, I would talk to your ACO first, but secondly, I would say that if I go back to the slide, I think, improvement activities, it says you will not need to report any data for this category, because

you will automatically receive full points for participating in your APM. I believe that that would cover you, but it's always good to communicate with your ACO.

Kathy Wild: Hi, this is Kathy. Amy, I'll just add to that. That is correct. They wouldn't have to report anything. CMS would have that information via the TIN and all that information, so they would be able to recognize that, and know to reward you with full credit for that category.

Laurie Fink: Another question is from Wendy Salisbury. We have been working with a practice transformation network all year. Where do I enter that in the portal?

Kathy Wild: This is Kathy. I think what she's alluding to is the fact that they're doing the TCPI, transforming clinical practice initiative, which is one of the improvement activities. That would be in the improvement activity section, and whether you're doing group reporting or individual, you would have to go down and select that from the list of 92 that are there, and go ahead and put it there.

Laurie Fink: All right, and we'll do one more question here before we'll wrap things up. This is from Lisa DeSantis. She says, "I heard that if you report electronically for both quality and ACI, you can get a 5% bonus. Is that true, and would it count if we use the QPP Portal for ACI, and if a QCDR submits our quality? If QCDR submits quality measures, will it show on the QPP Portal?"

Kathy Wild: Amy, you might have to help me with this one, but I'll give it a stab. I know there are bonus points available for the quality measures and ACI if you do electronic and reporting, which means that the data is strictly from your EHR and electronically over to CMS. It is my understanding that yes, that they would recognize that because you'd be uploading it that way, and I think, it will appear. One disclaimer I do want to add is that our staff here at Quality Insights, we had a brief training session with CMS. They did a walkthrough of the portal, and we saw it one time. We do not have access to it. We cannot log on, so unfortunately, we don't have that experience to be able to answer some of these questions, because we are not using it.

We have to have that EIDM account, and be affiliated with the TIN. Some of it, we're not really sure, but we would try to find out the information when we answer the rest of these questions to provide you with written documentation. I just wanted to put that out there that we will try to find out answers, and I think, it will go ahead and should be able to note that you have the end to end reporting, and that you'll get those bonus points.

Amy Weiser: Yes, Kathy, you're right. They will get the bonus points for the end to end reporting. They do mention that, I believe, in one of the videos, I think.

Laurie Fink: All right, well, thanks ladies and thank you for everyone who's able to join us today. We want you to know that Quality Insights is here to help you navigate MIPS and the Quality Payment Program. Our services are funded by CMS, so

there is absolutely no cost to you to take advantage of our services and to utilize our huge library of resources, and also, education sessions just like this one you attended today. Now, we will have our monthly edition of QPP live coming up again actually next Thursday, so once you kind of absorbed some of the information you learned today, if you have any more questions, we invite you to join us next Thursday at 9:30. I'm going to go ahead and post a link to the registration for that session in the chat box now if you haven't registered yet.

We invite you to join us again next Thursday, and that will give you the opportunity to ask them questions live to our team. I also want to remind you we did get a lot of questions today. We are going to compile all those questions along with answers into one document. We'll get that posted on the website, and also send that out to everybody who attended the session today, because sometimes, you just need to see it in writing, and be able to reference it and for it to really hit home and make sense to you. We will make sure we get that resource out to you as soon as possible.

Now, when you close out of today's session, you will be automatically directed to a very brief evaluation. We ask that you take a moment to complete it as we really do appreciate your feedback and comments.

With that, thanks again for joining us today. Have a great rest of the day, and this now concludes the session. Thank you.



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