



## 2018 MIPS Data Submission Overview - Transcript from Live Webinar

Thursday, January 31, 2019

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**Laurie Fink:** Hello, everyone. Welcome to today's webinar, 2018 MIPS Data Submission Overview. This is Laurie Fink and am the communications specialist with Quality Insights, and I'll be serving as the host for today's session. We will get started with today's presentation in just a few moments, but I'd like to first review a few housekeeping items with you.

First, all participants enter 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. Now, we have a lot of information to share with you today, so we may run short on time at the end, but we will try to address as many questions as we can.

If we do not get to your questions, we will make sure to provide you with an answer via email later on today, or later this week. Today's webinar is being recorded. The recording, along with the slide deck, and a transcript of the webinar will be posted on the Quality Insights website, as well as the quality insights QPT support center website as soon as possible. Each resource can be found on the archived events page.

Joining us today to talk about the ins and outs of the 2018 MIPS Data Submission Process are several members of the Quality Insights team, including Rabecca Dase, Shirley Sullivan, Joe Pinto, and Marvin Nichols. Without further ado, I will now handover the presentation to Rabecca Dase. Rabecca?

**Rabecca Dase:** Hi, everyone. Thank you for joining. I am going to just do a very high level overview of the MIPS program. I'm not going to get into the details of each category, and then I'll turn it over to my colleagues who will touch on the quality payment portal, where upload your data, what you do in the portal, what you can expect to see, how to print screenshots, and things like that. Ultimately, we'll go ahead and get started. The MIPS performance is made up of four categories, you have quality, cost, the improvement activities, and promoting interoperability.

Quality is the biggest component, it's at 50% of your total MIPS score. Cost is at 10%. Improvement activities is at 15%, and promoting and interoperability is at

25%. The exceptional performer threshold is at 70 MIPS points, which is the same as 2017, so it hasn't gone up yet. Then, in 2018 in order to avoid a penalty, you want to be at least 15 MIPS points, so anything below 15 MIPS points you are going to be subject to a negative payment adjustment, so always try to get to that 15, and really shoot for that exceptional performer bonus.

Next slide. The performance period for quality and cost you are at a full year, which is 365 calendar days, and promoting interoperability and improvement activities remains at 90 days, minimum. You can submit more if you chose to, but it does have to be 90 consecutive days. In 2017, you did receive feedback on the cost, but you weren't scored on it, so in 2018 this'll be the first year you are scored on it, and it will impact your final MIPS score.

Next slide. The big question, do you need to report data? If you are in fact a MIPS eligible clinician that billed \$90,000.00 or more in Medicare Part B allowable charges, and furnished covered professional services to more than 200 Medicare beneficiaries during the determination period, you will in fact be eligible. I included a hyperlink here, so you can go out to the QPP portal, and look at the lookup tool.

If you don't know if you're eligible, if you're curious, or if you're eligible, go out there what you'll do is you'll actually input your clinicians NPI, not the group NPI, but the specific clinician in question, and it'll bring up whether, or not they're eligible, and any special status that they might have earned throughout the determination periods. For 2018, there were two determination periods. The first look back was September 1st of 2016 through August 31st of 2017 and then the second determination period just concluded, and that was September 1st of 2017 through August 31st of 2018.

Also, in 2018 you can still choose to voluntarily report your data. If you do that, you are not subject to any payment adjustment, whether it's positive or negative. Again, the voluntary report would only apply to those clinicians who are exempt, so if you're not included in a program you can still choose to submit your data, CMS will give you feedback, but you're not subject to any payment adjustment.

One thing, big thing, to highlight if you are in fact an eligible clinician in 2018, but you do not submit your data to CMS, you will be subject to a negative 5% payment adjustment in 2020, and that actually, whether it's positive, neutral or negative that will be applied to your covered professional services under physician fee schedule, so very important to go out to the QPP lookup tool, see if you're eligible, and know what your requirements are.

Next slide. For 2018, just like the previous year, you do have different options to report. You can report as an individual, which you would report at the NPI, TIN level. As a group you would report at the TIN level, which included all of your clinicians under that TIN. New for 2018, you do have the virtual group option.

You would have had to register for this option at the end of 2017, if you didn't do that, it's not an option.

Then, you also have the ability to report if your part of a MIPS APM, or ACO. I did want to highlight here if you are in fact part of a Medicare Shared Savings ACO, typically the ACO's handle your quality reporting and things like that, but these MSSP, ACO's are required to submit your PI data at the TIN level. Again, if your part of one of those ACO's, very important to submit your data, the TIN level for promoting interoperability category. Also, reach out to your ACO and MIPS APM entity to see what your requirements are, and how they can assist you.

Next slide. Similar to last year the data submission options are the same. You have your registry, the QCDR, claims, which is for quality only, for your individual reporters. Attestation, you can go in and manually attest for promoting interoperability and improvement activities. You can submit via your EHR. For groups of 25 or more you have your CMS web interface, and then also for groups you could have chosen to do the CAHPS from MIPS survey. Again, that's just the MIPS program at a high level, and I am going to turn it over to.

Shirley Sullivan:

Hi. Good afternoon. This is Shirley. The 2018 MIPS data submission period is now open, your 2018 MIPS data needs to be submitted by 8:00 p.m. eastern time on April 2nd, 2019, except for the following reporters, if you report through the CMS web interface, you'll have to report your data between January 22nd and March 22nd, 2019. If you are submitting your quality through Medicare Part B claims, you will want to ensure that your MAC receives and processes all of your 2018 claims by March 1st, 2019.

Next slide, please. Some features of the QPP Portal. As you enter data, you'll see your preliminary MIPS score displayed. It is advantageous to enter data now, instead of waiting until the end of the submission period, so that potential data issues can be resolved. Your MIPS final 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/update.

Next slide. There are question mark hover bubbles are located throughout screens to help you understand what you need to do. You do have the ability to upload files in QPP format and QRDA format for all categories. You have the ability to delete files and change data to achieve the highest possible score. You can submit and update your data throughout the submission period.

Also, your data is automatically saved, there is not a save button, and it is updated in real time, which allows you to come back at your convenience without losing any data. Next slide. Now, how do you submit your data through the QPP website? You'll go to [qpp.cms.gov](http://qpp.cms.gov), and you will see in the upper right hand corner there will be a sign in button, and you will click on this.

Next slide. You will either be able to sign in if you have an existing account, or there's a register pad for those who are new users. Next slide. Now, there is a new log in process for 2019. On December 19th, CMS transitioned from the Enterprise Identity Management System, known as the EIDM to the HCQIS authorization profile system now known as HARP. The HARP system will connect each user with their practice TIN, and once connected users will be able to report data for the practice as a group or for individual clinicians in the practice.

Next slide. Now, how do you access your QPP account in 2019? All clinicians who did not previously have an EIDM account, in previous years, will need to enroll in the HARP system. Now, if you are an eligible clinician who had a previous EIDM account, you were automatically transitioned to the HARP, and should use your existing user name and password to sign in to the QPP portal. Now, the one thing is you will be directed for update your password, and every 60 days you will have to update your password in the HARP system. There is a step by step user guide available on the QPP website, the QPP Access User Guide, this is very good, it gives you screenshots, it walks you through step by step how to create account in the HARP system.

Next slide. Now, some basics about the HARP account. With an appropriate user role and connection to your organization are required to access and submit data. You again have to go to the [qpp.cms.gov](http://qpp.cms.gov) website to set up the HARP account, obtain account information, or reset your password. If you run into trouble creating an account, or you run into trouble using your existing user name and password, and you cannot update it, you can contact the Quality Payment Program Service Center at 1.866.288.8292.

Next slide. Now, once you have created the account in the HARP system, you will have created a user ID and password, which you will now sign in using your user ID and password. Next slide. Then, you will have a code sent to you to a device that you registered with the HARP account. It will either be phone, email or voice. You'll retrieve this code, and enter it into the text box, and click the verify button. This is just a two-factor authentication to verify your identity.

Next slide, please. Now, once you get into the HARP system, what's new about the HARP that was different than the EIDM, is the HARP system has you connected to your organization after you create your account. If you had an existing EIDM account your organization will already be connected to your HARP account, but if you are a new user, and you've created a new HARP account, you will need to connect to your organization. I'm going to walk you through the steps to do that. You will click on the manage access pad on the right hand side of your screen, and you will click connect to the organization.

Next slide. They will give you organization types to select from. Either you're a representative of the practice, an APM entity, a registry, or a virtual group. Most probably will be a representative of a practice and you will click on that. Next slide. The second step is you're going to have to find your practice. You will need to search by your nine digit TIN, or your legal business name.

Next slide. Then, you will need to select a role in your organization. Now, if you're the first person at your organization to create an account you will have to pick a security official role. This role not only can report data, but they also manage other users who want to connect to that organization. A staff user role only reports data, but they do not manage other users. Now, keep in mind although the first person entering in, and connected to the organization has to create a security official account. Other users can also create a security official account.

Next slide, please. Now, we're going to choose the security official, and then you're going to submit this, and the first person who chooses a security official role will be approved by CMS. All of further connections to the organization, this security official will have to approve their connection. In this example, we're going to click this security official, and submit. Next slide, please. Now, you will be ready to submit your data, and I will pass you to Joe who will review how to navigate the QPP site.

Joe Pinto:

Thank you, Shirley. Next slide, please. You have your HARP account setup, you log into the QPP portal, and now you are ready to submit your data for 2018. What I'm going to do is over the next several screenshots, I'm going to show you what your dashboard is going to look like once you log in, and get prepared to access the information, and upload your data, and submit it for 2018. The first screen you're going to see is your account home screen, it's going to have the welcome back to the provider message on top.

Next down on the screen you're going to see a couple of different datelines that you need to be aware of. January 1st, 2019, of course, is the first one that comes up indicating that the submission window is open. Now, further down on that first initial account home dashboard screen, you're going to see the different options that you can select. If you decide you're going to go right to the submission process, you can click the very first section where it says, for performance year 2018 submission, click on the start reporting, and you can begin.

Next slide. The next window down on the menu bar is the eligibility and reporting screen, and this will give you the options of how you are going to report for 2018. You will see the options for APM entities, which would be those that are doing the ACO member submissions, for example. Then, there's also registry submission options, for those of you that may be participating in the virtual groups, the option is there. For the remainder of you, and for the bulk of you would be practices and groups submission option, is the one that you are going to click, so you would select that tab, and then all the practices that are associated with that TIN would come up on that screen below.

Next slide. The next one up is the performance feedback from 2017, if you would like to take a look at how you're reporting data looks from the 2017 reporting year, for last year, you can do so by selecting the view details button at the bottom of the screen on that slide that you see, just enter in the practice

TIN that you are looking for, the performance feedback from, and then that information will be available to you.

Next slide. The next one up is the manage access screen, this is the screen you can go to, to manage how your roles are set up, the security official role, is the individual that is logged in for this particular slide that you're looking at, but any changes, or corrections that you want to make to your account you can do so directly through the manage access section of the portal.

Next slide. In the final process that you will see on the dashboard home screen is the help and support screen. Now, this screen is pretty deep. This is only a small percentage of the entire options that are available to you through the help and support screen. There are videos that you can check on, that you can navigate through, the different webinars that CMS has posted pertaining to the QPP process, as well as online courses that you can take, it's just a whole litany of information that's available to you through the help and support screen, if you chose to access that at your leisure.

Next slide. Now, that we've got through that we're ready to begin reporting, and one window you're going to see is the reporting via a registry, so those of you that are going to use a registry to report your data, you can select the registry window, and then the options for the registry's that you are set up with will drop down, you can select and begin reporting based on the registry that you are selecting to report to by hitting the start reporting button.

Next slide. There's also the group versus individual reporting, which the bulk of you that are attending today are most likely going to be doing. Those of you that are reporting as a group on all of your mass group MIPS information as one, you are going to select the report as a group. Those of you that are going to report as individual clinicians, you will select as the report as individual button.

Next slide. Also, there is for the virtual groups, if you are set up with a virtual group, and of course Shirley had mentioned that earlier, that if you were going to report as a virtual group for the 2018 reporting period you had to notify CMS no later than the 31st of December 2017 of your intent to form and report as a virtual group for 2018. If you did that, you would be noticing that the MIPS exempt for small practice would come up on that screen, because your setup as a virtual group.

If we go to the next slide, I'll show you that it shows up that the virtual reporting option is checked off and you are ready to go for virtual group reporting there. You would just click the report as a group button. Next slide. Now, I'm going to turn things over to my partner, Marvin Nichols, and he's going to take you step by step to the submission process. Marvin?

Marvin Nichols:

Thank you, Joe. Once you've navigated to the registry dashboard, there are three options to choose from. You have the ability to print. You can download

an API, or application program, interface token, which is just a way that two computers of software can talk to each other, just think about it like the apps on your phone, or you can upload files. Be sure that you upload the correct files. They either have to be in the back JSON files or dot EXML files. To view registry instructions, just click on the hyperlink, outlined in blue. When you click on the button, upload a file, a window will pop up that will enable you to upload your data.

Next slide, please. When your registry data is submitted, it will display like this. Starting from the left in the white section of the registry dashboard, you can see the TINS and MPI's of the practices associated with this particular registry. Also, displayed is the scoring breakdown, where you can click on each TIN, and/or MPI's to see the individual practice scores.

Next slide, please. Now, I'll review the ways that you can navigate into the different categories to submit your data. There are a number of ways you can submit quality data. On the left hand side, in the dark blue section, you simply click on the quality hyperlink that's listed underneath the report and overview. In this example, the practice has chosen to submit as a group. However, if you're an individual, you'll also have an individual report and overview where the quality hyperlink will exist.

On the right hand side, you can click on the sea foam-ish upload file button. Joe, I think our next poll question should be, what color is that upload file button in the QPP portal? We just have to put that up there. Another way to submit your data is by pressing the start reporting button that's located in the quality section on the bottom right hand side. Bear in mind, that the quality category does not allow you to manually submit your data. You either have to upload it as an accepted file, or it's uploaded as claims data from CMS. The good thing about claims data is that CMS automatically uploads it for you. When you press that upload a file button, a new window will appear.

Next slide. You can either drag & drop files, or browse for them. Once uploaded, the upload button at the bottom will turn green to inform you that your files have been uploaded correctly. In addition, there are reminders to your right regarding accepted file structure, and overwriting data.

Next slide, please. Once the quality data is submitted, it will appear like this. This practice has submitted 12 measures in which six measures count towards the quality performance score, four measures count toward the bonus points, and two measures were not counted at all. In order to see which measures that you have submitted, simply press the blue button under the expand.

Next slide. Now, in this example this practice has submitted diabetes, hemoglobin A1C, poor control as one of their quality measures. I won't go into too much detail with this slide, because it will be explained later, but I just wanted to bring your attention to that it has the measure name, the measure ID, and the measure score for this measure.

Next slide. If you scroll down the quality page, you'll come to the bottom of the page, and it will list your total quality score. I want you to pay attention to the two buttons that are at the bottom of the screen. Now, that we have submitted our data, or seeing our data submitted we have the option to return to the overview page, or either go into the promoting interoperability, or PI category. For the sake of this webinar, we will go to the PI category.

Next slide. Once on the PI page, you can scroll down to see the submission method for your data. If you submit data as an EHR, it will appear on this page. This also the page where you can manually enter your data as well. We will review how to manually enter your data. Step one, you start by selecting your performance period. Rebecca had mentioned that the performance period for this spend, it has to be at least 90 consecutive days.

Step two, we want to select a PI measure set. There are three different measure sets to choose from. The PI transition measures, the PI measures, or a combination of both measures. Now, this PI category is a little bit different than the other categories in the fact that you cannot advance to the next step until the previous steps have been completed.

I'll show you an example of that in the next slide, please. If we scroll down on the PI page, we'll see a set of attestation statements, plus we'll see the required measurements for our base score. Notice the comment, the caution comment or statement that shows under the required measures for base score, it tells us that we can't attest to any of our base measures until we've completed the attestation statements above. Once we complete the attestation statements above, then we will be able to see the measurements for our base score.

Next slide, please. This practice, in particular, has already submitted to their attestation scores and they're required measures for base scores appear. This practice has chosen to attest to use a combination of both measure sets. That's why you see this. Next slide. Your optional performance measures are not required, but they will contribute additional performance to your category score. In this example, the practice has chosen to use the patient's specific education and secure messaging for their optional performance measures.

Next slide, please. There's an option to attest to registry measures, as well. Now, the points assigned to the first measures submitted in this section will be worth 10 points. For the submission of a second measure, five points will be awarded. Scoring in this section cannot exceed 15 points. In this example, the practice has chosen to manually attest to reporting to the immunization registry. Thank you.

Next slide, please. Go back one slide for me. Now, I have a question for the audience, and I want you to respond in the chat room, based on the previous slides, if we would scroll to the bottom of the PI page, what buttons will we see at the bottom? I'll give you a couple minutes to respond to that in the chat box. I want to see if people are awake. Okay, maybe I just don't see an answer. Well,

the answers are, we would see a return to overview button, and we will also see a go to improvement activities button. Let's see what happens when we press the improvement activities button.

Next slide. Scroll down to the section where you can begin manually entering in your measures. Step one, you start by selecting your performance period. As Rebecca mentioned, previously, that the performance period for this measure has to be 90 consecutive days, with a caveat. Depending on the improvement activity that you pick, there might be an additional timeframe period. For example, if you pick the annual registration, and the prescription drug monitoring program, the standard is that the eligible clinician, or group must participate a minimum of six months, so just look in the details of your improvement activities to ensure that you're doing the correct performance period.

Can you go back please? Thank you. For step two, you pick your activities. Now, you can pick your activities by filtering by subcategory, or by searching with the actual activity name. Next slide. In this example, the practice has picked engagement of new Medicaid patients and follow-up as one of their improvement activities. The way that they manually attested for this activity is they pressed the clear check mark button, which in turn turned green. Now, this is a 20 point high priority activity, and this reflected, if you look at the top of the screenshot, you'll see total score 20 out of 40.

Next slide. This practice has also selected depression screening as one of its improvement activities, and you can tell that they did that by the green check mark. Now, if you look at the top, the total score says, 40 out of 40, so this practice has a 100% of all the points of this improvement activity category. Also, a green icon at the bottom will tell you that your max score for this category has been achieved.

Now, Joe, I have two questions for you. Number one, is there any differences between 2017, and 2018 for this year? Number two, I know Shirley had mentioned that there's no save button and the only thing we're doing is clicking and clicking, how can ensure that my data has been submitted correctly?

Joe Pinto:

That's a good question, Marvin, and there is a couple of changes to the 2018 submission, in the portal. One of the things you're going to notice is that there is additional information available to the users once they submit their data. The other option that is very well received, and long overdue, is there's now a print option that's available for submissions in 2018, and you can use the print option, if you have any questions, or issues, or if you need to send additional information to CMS through the portal at the time of your submission.

Next slide. Now, you've gotten through the process that Marvin laid out with all of the performance categories, you've submitted your data, you've uploaded it, and now you're ready to see how your MIPS data is going to be displayed. Now, Marvin had touched base on this particular slide that you see now that is going

to show you the measures from the quality performance category that were tabulated, six measures were submitted, the subtotal score in those 58.83 out of a possible 60 points. There was also four measures that qualified for earning the bonus points with a subtotal combined for that equally five points, so now you have your subtotal for the quality category.

If we go to the next slide, we will see the scored quality measures. Now, Marvin had touched base on this earlier, this is the breakdown screen that will explain to you how each of the measures that you submitted in the quality category are being scored based on their benchmark data, and their performance rates, so in this case we're looking at measured diabetes, hemoglobin A1C poor control. Now, that is an intermediate outcome measure, and it's also considered an inverse measure. An inverse measure means that the lower the performance rate, the higher your measure score is going to come out, because that's how the measure is designed. In this case, a 33.33% performance rate puts it in a decile range where they can earn 8.1 on the measure score out of a possible 10.

Next slide. Now, we have an expanded view, we're also showing the benchmark data for that score, including the numerator and denominator that was submitted for that measure. Data completeness rate of 99%, keeping in mind that you must have at least a 60% data completion rate in order for a measured account. Also, if you want some more information about the measure, you can look below the measure benchmark data, and it will have the measure info that will explain to you exactly how that measure is scored, and processed.

Next slide. Then we have the final contribution to scoring calculation, and Marvin did bring up this slide earlier, and basically how your calculation is done to get your score is they're going to take the total number of points that were earned, in this case, in the quality category. This particular provider, or group, earned 55.63 points out of a possible 60. They also earned 8.2 points on the additional bonus. Out of the possible 60 you times that by 50, and of course it's going to give you a preliminary score of much higher than 50, but the max score that you can earn towards that particular category is 50. In this case, this provider exceeded the number of points that were needed, so they maxed out at 50 points earned for that performance category.

Next slide. You can also view your quality reporting methods for the quality, of course there is the view detail button that is available, if you want to scroll down and see exactly which measures you submitted and how they were scored and tabulated. Then, also through the EHR a submission process, this particular provider earned the maximum score of 100, which is the highest score that they can receive for that category.

Next slide. Now, when you're viewing the bonus points, keep in mind, once again, as Rebecca had mentioned earlier for the cost category you do not have to submit anything, and the cost score will not be totaled until after the submission window has closed in April for the 2018 period. Also, not until all of the claims have been processed, so your cost category score will show up later

this year in July when the final MIPS score comes out, so keeping in mind that all of the scores that you see after you submit your data, only your preliminary MIPS data scores, so the final score will not be available until July.

Additional reward or bonus points are available, as well. There are two additional bonus point categories this year. You can earn for complex patient bonuses, and that would be specific to complex cases on the level of complexity, and risk of a clinician, or a practice's patient population. Then, there is also the quality improvement bonus. Practices that are eligible for year one, and made an eligible quality submission, maybe eligible for an additional bonus, but once again, the feedback is available, but that will be included in your final score, which will be out sometime in July.

Next slide. Then, viewing your final score calculation, now, in this case, on this slide, you're going to see that if you're looking at the final score, and how it was created, that under promoting interoperability they had a 0%, so this particular provider did not submit under the promoting interoperability, they're score was reweighed from promoting interoperability to the quality category, so the quality category score for them was worth 75% of their overall score, plus 15% on the improvement activities, and then the final 10% being applied to cost for final score of the 100. The preliminary total score will show up on the window of that screen, once you are finished with your submission, keeping in mind, once again, that score may change depending on the cost category total feedback, which will be available with the final score in July.

Next slide. Then, you can view your promoting interoperability scores, and reporting methods. There is a view details button for that, as well. If you would like to see how the preliminary score was totaled up, by using the EHR for the submission, and you can check the view details button for that listing provided on that screen.

Next slide. Once this is all done, you will have a MIPS score breakdown, and again, this is only preliminary, but it will breakdown by each of the categories, tell you how many points you earned out of the maximum number of points. In this case, this provider or group had maxed out on all of the categories in which they submitted data for, so they received the highest score. On the left hand side you will see that it will be broken down. If you are submitting as a group, by the individual practice TIN, and also the NPI number will be applied to that, as well.

Next slide. Once you get done with all of that, you get to the final screen, and that's signing out of the portal, before you do so, there will be a couple of notices that you'll want to take note of before you sign out. In this case, the window is showing that the performance here submission window dates, just to give you a reminder of that. Once you are finished, you can sign out, and then you are finished. I'm going to turn things over now to my colleague Rebecca Dase, and she is going to take you through a recap. Rebecca?

Rabecca Dase:

All right. Great job, guys. Thank you. The portal, once you get in there it seems to be very user friendly, so don't be scared of what you just saw, really get in there, start to navigate your way around, and I think you'll find it to be a lot easier than the historical things that we've known for instance for meaningful use or PQRS, and things like that.

Next slide, please. I just want to recap on some very important things that were mentioned from the presentation, so ultimately I think one of the biggest things to know are the deadlines. As Shirley had mentioned initially, the deadlines to report data to CMS is April 2nd of 2019, at 8:00 p.m. eastern standard time, unless you are using a web interface to report, and then obviously your deadlines a little bit different, and it'll be March 22 at 8:00 p.m., again, eastern standard time.

Then another thing to mention is if you are in fact a claim's submitter, you want to make sure that your MAC has received and processed your 2018 claims by March 1st. We always recommend reaching out to the MAC to confirm their deadline, just same thing if you're working with an EHR vendor, and things like that. Really work with the people who are involved in your process.

I did include here a hyperlink to a few a QPP infographic, which just shows the deadlines, the programs, and they also have different links to the quality category, the improvement activity category and things like that, it just provides more information all in one location.

Next slide, please. During the presentation, I did see someone ask the question, if you had to register to submit data? The answer is, no. However, you do have to have a HARP account to be able to access the QPP portal, and get in there, and you submit the data, and all that. As Shirley had mentioned, initially, and she did a great job walking you through the step of creating a HARP account, so it's very important, now, if in fact you had a historical EIDM account, they have transitioned now to what's called HARP, which was mentioned.

Now, what you'll do is you'll use your same user name and password that you had for your EIDM account, and you'll log into the QPP portal. When you log in, you want to be able that you can successfully log in. Is your password still valid? Do you know your user name? A very important thing. Then, next, once you get in there, are you connected to the right organization, or organizations if you work for multiple. Then, do you have the correct role? I know that Joe had showed us how to manage access button off of the dashboard, and you can see there what type of role you have.

Do you have the ability to submit the data? Again, don't wait on accessing the portal, even if you're not going to do anything today, maybe after the call, jump off, try to log in, and see, because last year we had a lot of people that waited until the last minute, and then found out that they couldn't get in, the QPP help desk was backed up, and then they found themselves, "Oh, my gosh, am I going

to have the access that I need in order to get in there and submit my data in time?" Very important to check that.

Next slide, please. All right. As my team had mentioned, there are different ways to submit data to CMS for the quality category, your reporting options are the EHR, QCDR, qualified registry, the web interface, if you did register or that. Claims, only for individuals, and then you also have the CAHPS for MIPS option for groups, as well. Now, for the promoting interoperability and improvement activity categories, one of the things not listed here, which Marvin actually covered, was the manual attestation, so in addition to being able to log into the portal, and manually enter in your numbers, you can use the EHR registry, QCDR and the web interface.

Now, I do want to just highlight for the quality category you cannot do manual attestation, you can't go in there and turn your numerators into denominators for your quality measures, that is not an option, you would have to use one of the approved CMS reporting methods for the quality category.

Next slide, please. For some suggestions for you guys, it's very important that you work with your EHR vendor, your registry, your QCDR to know what's required of you. Again, CMS has set their deadlines at say, if you are going to report data you have to have it in by April 2nd, but your EHR and registry, they may have different deadlines, as well. When I say that, I don't mean passed the April 2nd deadline, I'm referring to maybe they have a deadline in March that says, "Please have your data to us, so we can prepare your files to report."

It's very important to work with, again, who's ever involved in your reporting process, because again, they might have different deadlines, so they can prepare your reporting files, and such. Once you are in the portal, which the guys and Shirley had showed you a little bit of, make sure that you're capturing the screenshots to show those successful submissions. I think Joe mentioned, too, there's now a print button, so you can use that, or you could use a snippet tool, or something like that, just to make sure that you're getting screenshots showing that, yes, I uploaded my data, it was there, this was the score when I uploaded it, and keep those in your MIPS binder.

CMS can come back and audit you for six years, and three months. I always encourage my practices to keep their documentations for up to 10 years, but again, create a binder, start keeping these screenshots, so if they do come back in say five years, and ask you what you were doing, at least you would have this documentation, or maybe when you go to view your feedback in 2019, for whatever reason, your score is not what you thought it was, or they say that you didn't submit data, at least when you go to do a targeted review you would have this documentation to show, yes, I did this, this is what it displayed when I completed my attestation.

Going back to that print button, again, that Joe mentioned, CMS is encouraging clinicians and people that are attesting, if you are in the portal, and you do

happen to run into issues, to use that print button, which I believe is in the right upper hand corner to capture the screenshot, so when you do have to submit these screenshots to them they can see exactly what you are seeing. Also, another huge thing going back to that MIPS binder that I talked about in addition to the capturing of the screenshot showing your successful submission of painting the supporting documentation for what you're submitting.

I'm one of those, I like to have all my I's dotted, and my T's crossed, and I want to make sure that in my audit binder I have the documentation that proves I'm doing what I say I'm doing, because anybody can go in there and manually attest to say, "I did this improvement activity," but CMS, if they happen to audit you, which are random audits, they will come back and say, "Can you show me the documentation that you were in fact doing these things?"

I did include a file here, which is for the data validation criteria file that CMS did release, and what this is, is actually provide you suggested documentation that they would like you to have for the improvement activities that you're submitting, or the promoting interoperability category, and what they would like to see if they in fact came back to audit you in the future. Again, six years and three months is a long time, so it's good to make sure you have that documentation.

Next slide. To make that all a little bit easier, Quality Insights actually came out with an audit tool for 2018, and this is a fantastic tool in order to help you keep your data organized to know who is responsible for what, what data you saved, where you saved it, what's your user name was, just everything you could possibly need to know about the reporting and data submission process.

To me, this would be a great addition to that MIPS audit binder, you could put this right in the front, and then you would know exactly, again, who was where, who did what, and where everything is located. Again, if CMS came back to audit you, you wouldn't have to go on a wild goose chase to find this information. You would know, right there, right in front of you everything, because going back to an audit, again, hopefully nobody gets audited, but we all know how that goes. You only have a certain timeframe to reply to their audit request.

Again, if you had to go looking for all of this information, that can be worrisome, cause a lot of anxiety, but if you did have all of the information readily available in that audit binder organized by this fantastic tool that was created, I think it would make everything a lot easier. You can find this in our Quality Insights resource library, or you can actually get it from one of your practice transformation specialists who assists you with MIPS, and we are happy to send this over to you, and maybe walk you through how to record your documentation, and things like that.

I know the fonts a little bit small, but I just included two pages, it's a little bit longer than that, but just some general information. Again, who, what your TIN

was, what EHR you were using, what version, and the promoting interoperability and suggested screenshots that we thought were really important to maintain for your audit binder. Ultimately, with that I am now going to turn it over to Shirley, she's going to cover some resources for the 2018 data submission process, and she will also cover some frequently asked questions that we hear, that hopefully you guys would like to know the answer to. Shirley?

Shirley Sullivan:

Thank you, Rebecca. CMS does have some great data submission resources available on their QPP website. There's this 2018 QPP Access User Guide, that's the one that walks you through how to set up a HARP account, and has screenshots. The 2018 Data Submission Frequently Asked Questions, they also have a 2018 MIPS Scoring At-A-Glance, and also the 2018 Eligible Measures Applicability Resources. Now, you can click on each or anyone of these links on this slide, and it will take you directly to that resource. Now, we did find that we picked a few questions out of the frequently asked questions I was going to review with you.

Next slide. The first one is, do I need to sign in to the QPP portal at [qpp.cms.gov](http://qpp.cms.gov) during the submission period? If you will be submitting data on behalf of clinicians or yourself, in your practice, you will need to sign in to submit data, but if a third party intermediary, such as an EHR vendor, registry, or QCDR will be submitting data on your behalf, you do not need to sign in to the [qpp.cms.gov](http://qpp.cms.gov) website.

However, Quality Insights strongly encourages you to login to the QPP portal so that you can review the data submitted on your behalf for accuracy, address any changes prior to the reporting deadline of the April 2nd. You cannot submit new data to correct errors after the submission period closes. If you were using someone like a registry, and EHR's uploading your files, do go in, create a HARP account, go in, check your scores, check what they submitted, print it out, and keep a copy for your records. If you see something that's not correct, you would need to contact your EHR vendor, or registry, and have them correct it before the April 2nd deadline.

Next slide. The second question is, what happens if upload multiple files? This is a frequent question we get. CMS will keep and score the most recent file submitted by someone connected to your organization, for each performance category. Note that data can be submitted by anyone who has been authorized to access your organization, including the third party intermediary. Again, the EHR, registry, QCDR.

Example one. If you upload a file of quality measures on Monday, and upload a file of improvement activities on Tuesday, CMS will keep and score both submissions because they are for different performance categories. You could upload a quality report for quality one day, a report for another category, another day, they will keep both, and they will score both.

Next slide. CMS will keep and score the most recent file submitted by someone connected to your organization for each performance category. Note that data can be submitted by anyone who has been authorized to access your organization, including third party intermediaries. Sorry, guys. It looks like the slide wasn't progressing.

Example two, if you upload a file on Monday with quality measures one, two and three, and then upload a file on Tuesday with quality measures four, five and six, CMS will only keep and score measures four, five and six for your quality performance category score because those were the measures in the most recently uploaded file for that performance category.

Because the quality is one category, you have to upload all the measures in one file, in one report. Now, CMS will not overwrite files uploaded on your behalf, such as someone connected to a different organization, such as a registry. Data submitted through a file upload will not overwrite data submitted through another method, such as attestation.

Now, there are some offices that maybe have measures, quality measures, that they feel are performing higher through a registry, and there're measures that maybe they can't report those same measures through their EHR, so they want to report both ways, they want the registry to upload a file for them, and then they're going to upload a file from the EHR, and they want them scored, and see what will score higher, you can do that, because there are different attestation methods. Next slide, please. I will now pass you over to Joe, who will wrap up the webinar. Thank you.

Joe Pinto:

Thank you, Shirley. With that, that pretty much wraps up today's presentation. I do want to let you all know, though, that Quality Insights is here to help you with your MIPS needs, and help you succeed with your submission for the MIPS 2018 performance year. If you are a practice of 15 or fewer eligible clinicians, you can reach out to us through our [qpp.support.org](http://qpp.support.org) website that's listed on the slide presentation that you would have received in your email inbox this morning, or you can email us directly at [qpp-surs](mailto:qpp-surs@qualityinsights.org), that's servers at [qualityinsights.org](http://qualityinsights.org).

Then for practices that are larger, for those practices of 16 or more eligible providers there is the Quality Insights Quality Innovation Network, also known as the QIN, and we are available to help you, you can reach out to us through our website, directly, at [www.qualityinsights-qin.org](http://www.qualityinsights-qin.org). This now takes us to the question and answer portion of the presentation, so I'll turn things back over to Laurie.

Laurie Fink:

Thanks so much, Joe. Yeah, we do have just a couple minutes to address some questions, so if anybody has anything that you'd like to ask our panel, please submit them now, you can enter it into, it's probably better to enter it into the Q&A portion of Webex, and we will answer as many questions as we can at this point. I have seen several questions roll in, and Rebecca has been on the ball in

answering most of them. The last question that has not been answered yet, I will go ahead and read that now. It asks, "How and where do you enter data for individuals that are also within a group, so CMS will utilize the highest of their two scores?"

Rabecca Dase: This is Rabecca, I'll take that one. I was actually starting to type an answer when the questions on the screen rolled up, so I will just kind of go ahead and take that, and anybody else on the phone, please, speak up. If you are in fact reporting as a group, and you also do individual reporting under the same tax ID number, CMS will take the highest of the two scores, there's nothing that you need to do, to do that. They'll just do that.

Again, your clinician at the individual level must have been eligible to participate, same thing with a group, and then if you do two different submissions, one is a group, one is individual, CMS will just automatically take the higher of two scores. Again, that is under the same tax ID number.

Laurie Fink: All right. Another question, "Our practice has a group TIN that has signed up with a clinically integrated network, I believe ACO or APM, and we also do claims reporting for quality." That might have been in relation to a previously asked question. Another question is, "Should we report as a group, or an individual?" That goes along with that comment, so I'll read that again, "Our practice has a group TIN that has signed up with a clinically integrated network, it's either ACO or APM, and they also do claims reporting for quality, should we report as a group, or individual?"

Rabecca Dase: This is Rabecca, I could try to answer that question it seems like a complex question, so if you are in fact for the 2018 performance year part of the ACO, you will report your quality through them, and you wouldn't use claims. Claim submission is for individuals. When your part of an ACO, the ACO submits through the web interface, and it takes all of the data from all of the TIN's that are part of that ACO, and aggregates them, well, I guess, they give through the web interface there's 248 beneficiaries, so ultimately your ACO would tell you who they needed the data for, but ultimately you could still choose on the outside to report as individual.

If you wanted to have that burden, but ultimately if you are part of an ACO they would handle your quality reporting for you, and it wouldn't be through claims. Again, that's a hard question, and depending on information that could be provided, the answer could be improved, or sway in different directions, so colleagues please step in if you have anything to add.

Shirley Sullivan: This is Shirley, I would just suggest that this person, we can reach out, someone can reach out to them and better go over this with them outside of the webinar.

Laurie Fink: All right, sounds good. It looks like we are at the top of the hour, so we will wrap things up for today. I wanted to thank everyone for joining us. We want you to

know that Quality Insights is here to help you navigate the quality payment program, and our system is funded by CMS, so there is absolutely no cost to your practice to take advantage of our services. We have a huge library of resources, and also educational sessions like this one today available to all our participating practices.

We hope that you found this to be very informative and a beneficial presentation. Now, when you close up today's session you will be automatically directed to a very brief evaluation. We ask that you please take just a moment to complete it. We greatly appreciate your feedback, and all of your comments. Thanks again for joining us today. Have a great rest of the day. Try to stay warm. This session has now concluded. Thank you.



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