



QPPLive!

Transcript from Live Session

Thursday, January 17, 2018

Shanen Wright: Hello and welcome to QPPLive!, a service of Quality Insights where we help you with your Quality Payment Program questions and concerns and give you the latest news about QPP. Happy 2019 everyone. After taking December off, we are back in full force for a new season of QPPLive!, which takes place the third Thursday of every month at 9:30 a.m. Eastern/8:30 a.m. Central. For those of you who've returned you know that you can start submitting your questions using the Q&A function in your WebEx player at any time and we'll get to as many as we can today. If this is your first time joining us for QPPLive!, welcome we're glad you've joined us and we'll go over the submission guidelines for your questions and comments a little later. But before that, it's my great pleasure to turn things over to my friend Joe Pinto for today's breaking news and announcements. Joe?

Joe Pinto: Thank you, Shanen and good morning everyone. Thank you for joining. We do have a few announcements to report this morning to update you on. Next slide, please. As you are aware, the 2018 MIPS data submission period is now open. And that means that your 2018 minutes data must be submitted by no later than 8:00 p.m. Eastern Standard time on April 2, 2019, except for the following reporters those that are using the CMS web interface. They will submit their data between January 22 and March 22, 2019. With a hard cut off time of 8:00 p.m. Eastern Standard time on March 22nd. Also the Medicare Part B claims reporters, please ensure that your Medicare Administrative Contractor also known as the MAC receives and processes all of your 2018 claims no later than March 1st which is 60 days after the end of the reporting period. Next slide.

Joe Pinto: Now, how to submit your MIPS data. You can easily log in to the QPP website at www.qpp.cms.gov using your QPP access credentials. Next slide. One thing to keep in mind there is a new HCQIS Authorization Role and Profile System this year, known as HARP, which will be your login to the QPP portal credential. Previous EIDM Accounts will automatically transition to HARP and users will use existing EIDM user IDs and passwords. For new users who did not have any idea and account you will need to enroll with HARP. We do have a step-by-step guide to signing up for the HARP Account. If you do not have one already, it is

available on the QPP Access User Guide. Also one note to keep in mind. Clinicians who are not sure if they are eligible to participate in QPP can check their eligibility status using the QPP Participation Status Tool, which is available on the QPP website. Next slide.

Joe Pinto: Quality Insights has also developed a resource to help you organize your 2018 MIPS documentation and keep your 2018 MIPS information and related documents together in the event that you are audited in the future. You can download it at our Resource Library on the Quality Insights website. And we do have the link provided to you in the slide deck that you would have received an email after registering for today's presentation. Next slide. Also want to remind you that the 2018 MIPS Calculator has been updated for non-Advanced ATM, non-CMS Web Interface Reporters from our partner Great Plains QIN. It was updated back on January the second. Now, this version includes the updated 2018 benchmarks, CMS published on January 2nd, and finalized 2019 performance year thresholds. Also enhancements to the Promoting Interoperability tab allow reporting with a mixture of Certified EHR Technology editions. Also the Cost tab now allows measure and category exclusion due to low attribution of patients. You can download the updated 2018 MIPS Calculator at the link provided below on your slide deck. Next slide.

Joe Pinto: Also, CMS recently posted many new and updated resources to its QPP Resource Library to help you get started with your 2019 MIPS reporting. There are also new resources that will assist the 2018 data submission process. Below are some of the 2019 MIPS resources and they include the QPP Final Rule Overview Fact sheet. QPP Final Rule Updates for QCDRs and Registries. MIPS Participation and Eligibility Fact Sheet and a List of Medicare Health Plan Other Payer APMs. Next slide. There are also nine new quality and promoting interoperability resources for 2019. As you see on your slide the list of those links are available, you can click on them in the slide deck that was provided to you in your email to access those documents. Next slide. Same for the New Improvement Activities and Cost Resources for 2019. There are five new resources available, including Improvement Activities Inventory, Cost Performance Category Fact Sheet, a Summary of Cost Measures, the Cost Measure Code List and the Cost Measure Information Forms. Next slide.

Joe Pinto: Also keep in mind 2018 Data Submission Resources are available, including a QPP Access User Guide, the Data Submission Frequently Asked Questions, MIPS scoring At-A-Glance and also 2018 Eligible Measures Applicability EMA Resources. Next slide. For those of you that are looking for HIPAA training, Health Insight the CMS contractor is offering free HIPAA training to all healthcare employees. It will help you meet your annual requirements and help you build a culture of compliance. You can register at the link provided in your slide deck for the webinar, which is coming up on Tuesday, January 29th. Health Insight is also available to perform a privacy and security risk analysis, which of course is required if you are going to report data for the promoting interoperability category. There is a new Privacy and Security Risk Analysis that must be completed every year. So for this year, the 2019 reporting period

between January 1st and December 31st, you must complete that Risk Assessment Analysis. For more information on this revision that's available to you, you can contact Mark Norby at 307.258.5322 to schedule your analysis if you'd like Health Insight to complete this for you. Next slide.

Joe Pinto: There are also a few opportunities to learn about 2018 Data Submission coming up that I want to tell you about. Coming up on Wednesday, January the 23rd at 1 PM, the CMS Philadelphia regional office will host a webinar entitled Economics Reporting for the 2018 Performance Year. Also later in the month on January 31st, that is a Thursday at noon, Quality Insights will be providing you a webinar which is also on the 2018 MIPS Data Submission Guidelines and Impact International will be providing two separate webinars on the submitting your 2018 MIPS Data Advice for Solo and Small Group Practices coming up Tuesday, February the 19th at 11 AM. And for those that can't attend, you can also tune in on Thursday, February 21st for a rerun of that webinar. Next slide. Two opportunities to learn about Quality Measures are coming up as well. *Managing Patients with Hypertension under the New MIPS Guidelines* will be a 30-minute webinar coming up on a Wednesday, January 30th at noon. This webinar will provide a brief overview and comparison of 2018-2019 hypertension guidelines, best practices and future recommendations.

Joe Pinto: Also the *Eligible Clinicians eCQM Diabetes Measures* webinar coming up on a Wednesday, January the 30th, CMS will be hosting this one hour session to provide an in depth review of the Diabetes electronic Clinical Quality Measures. That's the eQMs including Hemoglobin A1C Poor Control, Eye Exam and Medical Attention for Nephropathy. The next slide. And one final note, a CMS does want to hear from providers and practice staff about the QPP website, reporting requirements and much more. There are feedback sessions that are held via telephone or WebEx and they last approximately 30 minutes to an hour. If you are interested in voicing your opinion, please email CMSCPPFeedback@ketchum.com. And with that, I will turn it back over to Shanen for an introduction of today's panelists. Shanen.

Shanen Wright: Thank you so much, Joe. We've got a panel of experts here to answer your questions about CMS's Quality Payment Programs today. As I mentioned before you can start submitting those anytime using the Q&A box in your WebEx player, if you're not familiar with that will tell you in just a minute how you can do that. But first, let's meet our experts, starting with Kathy Wild she's our Project Director. Amy Weiser is our Lead Project Coordinator. I'm Shanen Wright Associate Project Director. Serving the great state of Delaware, we have Rebecca Dase and Roxanne Fletcher, for Louisiana, we have Lisa Sherman and from New Jersey, we have Maureen Kelsey, Diana Haniak, and Andrea Philips. And from Pennsylvania, we've got Rebecca Dase, who's also going to be sending you chat links in the window as you hear our resource referenced, you can bring up chat in WebEx and Rebecca will link you directly to it. Thank you, Rebecca, for that service. Joe, who just gave us the morning news. We've got Lisa Sagwitz, Shirley Sullivan and Marvin Nichols and from the state of West Virginia, we have Julie Williams.

Shanen Wright: So how does this work? If this is your first time thank you so much for joining us for QPP Live. You can use the Q&A feature you see right there on your screen, the little three dots, bring that up and then you can type your question in the box, send it to us, and we'll get to as many as we can, as time allows in today's session. If you want to see the chat feature where Rebecca is going to be providing you links just click on the little bubble, click the little bubbles right there you see it on your screen. That'll bring up the chat window. We do ask that you please use Q&A for your questions and not chat so that way everybody can keep up with the web links in real time.

Shanen Wright: I see a lot of you have called in on your telephones today, some of your listening on your computer speakers for, you all you will be submitting using the Q&A. But those of you who are listening on your telephone periodically, we will be unmuting the lines so that you can provide your feedback or ask your questions verbally for our panel of experts. We do ask that if you don't have a verbal comment or question that you please mute your phone on your end so that we don't hear any background noise, barking dogs, or any fun things like that. So with that being said, we would like to remind you that we are here at Quality Insights to help you anytime, not just on the third Thursday of every month during QPP Live. If you don't know who your contact is at Quality Insights you can always reach out to our general QPP inbox for inquiries or reach out to any member of our team we'll be happy to refer you to the proper person.

Shanen Wright: We'll do the best that we can to answer all the questions today, but know that some of these are really detailed. You guys have great questions that's why we love QPP Live here at Quality Insight, so we might need to follow up with you at a little later time. Keep in mind also especially if you are listening to a recording of this that rules and interpretations do change over time. So make sure that you are getting the latest information which you can always get by contacting qpp-surs@qualityinsights.org or call 1-877-497-5065. Another new feature we're going to have today are some polling questions yes, I told you. In our last episode in November of 2018 that we were going to have some enhancements, so we're going to be doing that. Periodically we'll be asking you questions both about QPP and some fun ones as well. So make sure and stay tuned for that. With that being said that, let's jump in to today's questions. We're going to start with a question here about data submission. This one asks, when can I submit my data for the 2018 performance period?

Amy Weiser: Hi Shanen, this is Amy, I can take that one. Thank you. The 2018 submission period is January 2nd, to April 2nd, 2019. However, there are two exceptions to this timeline, specific to the quality performance category. Clinicians who report quality measures via the Medicare Part B claims submit their performance data through the 2018 performance period which was January 1st, to December 31st, 2018. We receive your quality data from the claims meaning CMS processed by your Medicare Administrative Contractor or your MAC. For this data to count towards your quality reporting, your claims must be processed within 60 days after the 2018 performance period. Contact your MAC for this specific date by which they must receive your claims. In order to meet the

processing timeline. Groups, virtual groups and accountable care organizations or a ACOs reporting quality measures through the CMS web interface can submit their data between January 22nd and March 22nd, 2019. The CMS web interface will close at 8 PM Eastern Standard time on March 22, 2019.

Shanen Wright: Thank you, Amy. Let's go out to the Q&A box. First question we have in here asks, for the CMS Philadelphia Regional Office Webinar on January 23rd will the slide deck be available if you cannot attend the live event?

Amy Weiser: This is Amy. I believe once you register for those events, they do supply the slides to you afterwards. If anyone else knows differently, please let me now. But I believe you just need to register. Even if you can't attend, they should send you the slides.

Shanen Wright: And we do have a little follow up information as well on that, another one of our panelists indicates that usually those recordings and slide deck are available about two weeks after the presentation and to look in the Resource Library on the QPP website under webinars, that's where you can find IT. Next question we have says our security risk analysis has a date of 12/12/2018. Does the 90-day period we use for promoting interoperability has to include this date or can we use 90 days from the beginning of the year?

Lisa Sagwitz: Hi, it's Lisa. Good question, Jennifer. As long as your security risk assessment is done sometime in 2018, it's perfectly acceptable. It does not matter when you're actually attesting for your 90 days of promoting interoperability, as long as that security risk is done by December 31st, 2018. So you're good.

Shanen Wright: Next question we have, oh, we've got some more of these data submission questions coming in. Everybody's interested in that right now. We have this question that asks, how do I sign in to QPP.cms.gov?

Amy Weiser: Hi, this is Amy. I can take that one. Thanks for the question. If you've never signed into the QPP.cms.gov before, you will need to create an account and connect to your organization or practice through that. For more information please refer to the QPP access user guide available on the Resource Library. And just another side note to that, to access the QPP website, you do not need to necessarily have a sign in account, anyone can access the QPP.cms.gov website. But to access the portal to view past information, to submit new information for MIPS for example, you do need to have EIDM account which is now known as a HARP account to access that information. I hope that helps.

Shanen Wright: Do you need to sign into QPP.cms.gov during the submission period?

Amy Weiser: Yes. If you want to submit data you do need to sign in during the submission period, or if you want to view anything from the past, or you can also view quality data, especially if you're submitting claims, you can get an idea of how your claims score or your quality score is doing based on claims because you

know that you still have 60 days to get all of your claims processed. So yes. If a third party should supply data for you on your behalf, you don't necessarily have to sign in to the QPP.cms.gov website. However, we recommend that you do sign in so that you can make sure that there are no errors in that information and that everything that should have been submitted was submitted on your behalf.

Shanen Wright: Thank you, Amy.

Lisa Sagwitz: And just to add to what Amy mentioned. One tip, this is Lisa, that I'm seeing people were trying to login, and their password needs reset. If you haven't been on QPP.cms.gov with your login, in the last 60 days, you'll probably need about 15 or 20 minutes to call the help desk and get some assistance with resetting your password.

Shanen Wright: Great information Lisa. Coming up, we're going to be unmuting the phone lines for those of you who are dialed in on your telephones. If you don't have a question or comment you might want to go and hit that mute button right now. But before we do that and get to the next question, we're going to throw out our first question for you for today. Our first polling question on QPP Live, this one is also related to data submission. This first polling question asks, have you or the eligible clinicians in your practice already started submitting 2018 MIPS data? Yes or No. Go ahead and type that in. It's in the right hand corner, your box and we'll take a look at the results here in a little bit. But while you're submitting your answers for that, let's go back to our questions here. This next one, everybody's talking data submission. This person wants to know, why does my practice show no name when I sign in to QPP.cms.gov?

Amy Weiser: Shanen, this is Amy. I can take that. Most likely this means that you're not connected to the right organization. When you sign in and navigate to the Eligibility and Reporting page you should see the practice name or names as reflected in the QPP participation status look up tool. You can refer to the connect to an organization document in the QPP access User Guide for more information or contact the Quality Payment Program for assistance.

Shanen Wright: Thank you, Amy. Let's take a look at those polling results. It looks like about seven out of the 12 respondents 58% have not yet started submitting their 2018 MIPS data. But 33% of our attendees have. Very interesting. If you need assistance with your data submission, you've come to the right place 'cause we here at Quality Insights are here to help you. All right, one more question then we'll open up the phone lines. This one asks, why don't I see the option for our practice to report as individuals?

Amy Weiser: This is Amy, I can take that. Most likely this means that you're not connected to the right organization or have an EIDM role or now called HARP that was obtained for 2017 data submission for a Taxpayer Identification Number or TIN that is not found in your eligibility data. When you sign in and navigate to the Eligibility and Reporting page, you should see the practice name or names as

reflected in the QPP participation status lookup tool and be able to report as individuals, connecting to the clinicians associated with your practice based on our eligibility data. You can refer to the connect to an organization document and the QPP access User Guide for more information or contact the Quality Payment Program for assistance.

Shanen Wright: Thank you, Amy. All right, it's time to open up those phone lines right now. We've got a lot of people on the phones. So please keep yourself on mute unless you have a comment or question. And once our wonderful producer Laurie, unmutes us all, just jump right in. If you have a question or comment we would love to hear from you. All lines are now unmuted, please proceed with any questions. Give it another second or two to see if anybody has a verbal comment or question. Hearing none, we'll re-mute the phone lines. If you have a question or comment for our panelists and you would like to talk with us let us know in the Q&A or chat box and we will unmute the lines again coming up. We have another polling question coming up around the corner. But first, let's go back to some of these data submission frequently asked questions that we are hearing left and right, up and down from all kinds of people. Next question asks, how do you determine which clinicians are displayed for our practice?

Lisa Sagwitz: Hi, it's Lisa.

Amy Weiser: Go ahead. Lisa.

Lisa Sagwitz: Okay. I was going to say when you register the providers under PEOs then their NPI number would transfer over when you look on the QPP site for who the individual clinicians are. If there would be any discrepancy, you would definitely want to notify PEOs that it was missing and also notify the QPP's Help Desk, and that would be based on past Medicare claims that the provider shows up possibly as eligible.

Shanen Wright: Thank you, Lisa. Next we hear from someone who says we have MIPS eligible clinicians who left our practice during the performance period. What does this mean for our 2018 performance period reporting and 2020 MIPS payment adjustments?

Amy Weiser: Hi, this is Amy, I can take that. Thanks for the question. So this really depends on how your practice chooses to participate for the 2018 performance period. If your practice or TIN is participating at the individual level, submitting data on behalf of each MIPS eligible clinician, you're not required to submit individual data on behalf of a MIPS eligible clinician with an NPI who left your practice during the 2018 performance period. But we encourage you to do so if you have the data available so that they don't receive a final score of zero and the negative 5% payment adjustments. So as you know, the payment adjustment has increased to 5% for 2018, which would be reflected for you in 2020. It could be up to a negative 5% or it could be up to a positive 5%. Again, it's based on the budget neutrality and how many people participate as to where a practice may

fall in that. But definitely a zero score would give a clinician a negative 5% payment adjustment.

Amy Weiser: If you submit data on behalf of a MIPS eligible clinician who left your practice, he or she will receive a final score and payment adjustment under your practice based on the data submitted. If you do not submit data on behalf of the clinician who left her practice, he or she will receive a final score of zero and a negative 5% payment adjustment under your practice. If your practice TIN is participating at the group level, submitting aggregated data on behalf of them MIPS eligible clinician in the group, you will include data from all MIPS eligible clinicians who were part of your practice during the performance period as appropriate to the measures and activities you selected. And all MIPS eligible clinicians in the group including those who have left your practice will receive a final score and payment adjustment based on the groups submissions. Keep in mind that payment adjustments are applied to the TIN NPI level and follow the clinician.

Amy Weiser: If a MIPS eligible clinician was part of your practice during the 2018 performance period, but leaves before the 2020 Payment Year, any payment adjustment associated with that clinician or NPI will follow the clinician and will not impact your practice's payments in 2020.

Shanen Wright: Thank you, Amy. Coming up, we're going to have another polling question for you. So get ready for that. This is going to be a fun one. This one's going to let us know how many people are tuning in from Louisiana. So stay tuned for that. But next we've got another question coming in, this is from Samantha who asks, what should we do if we have a clinician who joined our practice close to the end of the year?

Lisa Sagwitz: That's a great question. Hi, Samantha, it's Lisa. Well, the first thing I would do or recommend is go to the [QPP.cms.gov](https://www.cms.gov/qpp) website under the MIPS tab, I would do the drop down and you'll see a box that says, "Check participation status." Enter that new provider's NPI number, and see how they're linked up. Most likely it's going to be under their previous employer. You would want to check with the previous employer and make sure that they're going to report MIPS or something for that clinician. And that way, if they're not linked to your practice, you wouldn't get a future penalty on them. If there's any doubt or you can't get an answer, definitely attest for the provider with any information that you have since the provider's start. If you need more information and would like to talk with us one on one, by all means, let us know what state you're in and how to get ahold of you. Or you can contact us, and we're happy to do one on one and make sure that you're covered for that new provider.

Shanen Wright: Thanks, Lisa. Let's have a polling question now for you all. Let's see, it is the AFC and NFC Championship weekend, this weekend for those of you who are NFL football fans. So we want to know from you, who do you think is ultimately going to win the Super Bowl? Will it be the Saints, the Rams, the Patriots or the Chiefs? And that's why I mentioned if any of you are joining us from Louisiana, I think I know what your choice is going to be for who will ultimately win the

Super Bowl. We're going to take a look at those results coming up here in a little bit but next, let's go back to some of our questions. This one from Mary says, when I log into the QPP website, I see my practice name and provider. Both are listed as participating. I want to submit data as an individual. Do I need to submit under the practice also?

Lisa Sagwitz: Hi, Mary, it's Lisa. So if you have a solo practitioner, just one doctor in your practice, you can submit as an individual. You would say the practice name and the doctor that works for you. If you have multiple providers in your practice then you would have the option to individually submit or group submit.

Shanen Wright: Thank you, Lisa. Let's take a look at those polling results. Oh, wow! We are tied at 39% of you thinking the Saints and then another 39% thinking the Chiefs. And I'll admit that's what I threw in as well for the Chiefs to win. And only 6% think the LA Rams are going to and only 11% think that Tom Brady is going to get another Super Bowl ring. It'll be exciting to see. We can go back and watch the recording and see if our QPP Live fans were right with their Super Bowl predictions or not. Coming up, we got more polling questions. But next, let's go back to data submission, and the question we hear all the time, will re-weighted and or reduced reporting requirements be reflected during the submission period?

Amy Weiser: Hi, this is Amy. I'll take that. When the submission period opened on January 2nd, the system began reflecting the following things: Clinicians and groups that qualify for a zero rating of the promoting interoperability performance category based on the clinician type or special status. For example, if you're in a small practice, which means that you have 15 or fewer clinicians, eligible clinicians in your practice, your small practice and you can qualify under that special status as being having your promoting interoperability re-weighted. And I'll talk a little bit more about that in a minute. Clinicians and groups that qualify for more points in the Improvement Activities Performance category based on special status. So again, if you're a small practice, you get double points for your improvement activities.

Amy Weiser: Clinicians who qualify for 50% credit in the Improvement Activities Performance category after submitting data for another performance category or scoring under the alternative payment model or APM scoring standard, based on participation in the MIPS APM from the first and second APM snapshot dates, and clinicians and groups who are excluded from MIPS because they have a qualifying or partial qualifying APM participant's status based on the first and second APM snapshot dates. There are additional special scoring considerations we anticipate being able to reflect at some point during the submission period based on the data availability. This is forthcoming. Clinicians and groups that qualify for zero weighting as the promoting interoperability performance category based on a proved promoting interoperability hardship exception applications. So if you are a small practice and you submit a hardship exception application when that becomes available for 2019 ... Actually, excuse me, if you

are a small practice, that's submitted a hardship exception for 2018, you can most likely see that zero rating for promoting interoperability in the future.

Amy Weiser: Clinicians and groups that qualify for a zero rating at any performance category based on an approved extreme and uncontrollable circumstances exception request. Clinicians who qualify for the automatic extreme uncontrollable circumstances policy. Clinicians who qualify for 50% credit in the improvement activities performance category after submitting data for another performance category or scoring under APM scoring standard based on participation in the MIPS APM from the third APM snapshot date. And clinicians and groups who are excluded from MIPS because they have a qualifying or partial qualifying APM participant's data based on the third APM snapshot days.

Amy Weiser: Finally, there are some special scoring considerations that will only become available after the submission period has closed based on when the data will be available. So this is after April 2nd of 2019. Clinicians and groups that receive full credit in the Improvement Activities Performance category based on their successful participation in the CMS study on burdens associated with reporting quality measures. Clinicians in a Shared Savings Program ACO who qualify for scoring under the APM scoring standard based on participation in the MIPS APM. From the fourth APM snapshot date and clinicians who qualify for 50% credit in the Improvement Activities Performance category based on participation in an APM following the third APM snapshot date. I know that was a lot of information so if you need more clarification or you want to just talk to us one on one about any of this, please don't hesitate to reach out to us. Thank you.

Shanen Wright: Thank you, Amy. And just a reminder for groups with 16 or more clinicians, you can reach out to Kathy Wild at kwild@qualityinsights.org or 1-877.987.4687 extension 108. For smaller practices with 15 or fewer clinicians, you can reach out to us at QPP-surs@qualityinsights.org or call the hotline 1-877.497.5065 or visit us online at qppsupport.org. And also if you reach out to any member of the quality Insights team we'll be happy to refer you to the appropriate person if we are not the one serving your state region or size of practice. You can also check out your chat window for direct links to our website. Both our quality innovation networking and QPP Support Center websites courtesy of Rebecca Dase providing us great links in chat as she does each and every month during QPP Live. Let's go back to the questions now. This one asks, what are our quality measure data submission options at this point?

Lisa Sagwitz: Hi, it's Lisa. I can answer that. So if you've used claims reporting during 2018, that means adding additional codes onto the Medicare patients' billing, that data will be available for you and you can see it by individual provider when you log on to QPP.cms.gov. Most of the practices that I work with us their EHR for quality measures. You will want to run a report from your EHR for the full year and you may be reporting individually, you may be reporting as a group. It could be either, or. Look at your data, see what you're scoring the best on. Use our MIPS calculator to try to calculate the best score, and then ask your EHR vendor

for help pulling a QRDA III file. Again, that's a QRDA III and the Roman numeral three file, because that's what you'll upload for your testing.

Lisa Sagwitz: Then another method that's possible are registries or qualified clinical data registries. So if you've been submitting data through your registry, compare and see if that might be better than your EHR. Oftentimes the registries will submit for you and if that is the case, once it's submitted, you can go on to the QPP website and double check that everything's accurate. Make sure you're happy with what needs to be done. If there would be any discrepancy, you would then need to contact the registry to have it corrected. If you're doing something with your EHR vendor, then you contact your EHR vendor for the QRDA III. So those are the three different things either your EHR claims or registry.

Shanen Wright: Thank you Lisa. Coming up another polling question for you. So get ready for that. But first a question that says for a small practice, if I submit one medium weighted IA, will that give me the maximum points required for that category?

Lisa Sagwitz: Hi, Mary, know you would still need one more medium weighted improvement activity. So for a small practice that's less than 15 providers, you have to have one high weighted improvement activity, or two medium weighted activities and then that would give you the full points. Definitely, reach out to us or let us know if you want us to contact you. We can make some suggestions. I know there are over a hundred to look through and try to decide one. But there are definitely some that are easier to meet than others, and we can give you guidance on that.

Shanen Wright: Thank you, Lisa. Let's throw out a polling question. This one's going to be QPP related, not fun like the Super Bowl last time. This one asks, if you have an EHR, has your system been upgraded for the 2015 CEHRT addition? Yes or no. Let us know in the polling box and while we do that, let's address another question about QPP. This one asks, can we report some categories as individuals and others as a group?

Amy Weiser: Hi, Shanen, this is Amy I'll take that question. The answer is no. Individual level submissions and group level submissions will not be combined into a single final score. If you're working with a third party intermediary to submit data for some, but not all performance categories, sign into the QPP.cms.gov to confirm that you're reporting data at the same level. When you're reporting as a group, you should see the data submitted at the group level by third parties, and they are appropriate performance categories when you select report as a group. When you're reporting as individuals you should see data submitted at the individual level by third parties and the appropriate performance categories when you select, report as individuals and select the clinician. If data is reported at both the individual and the group level, clinicians who are MIPS eligible as individuals at your practice, meaning that they've exceeded the low volume threshold at the individual level, will receive two final scores, one based on the individual level data reported and one based on the group level data reported.

Amy Weiser: Clinicians who are only MIPS eligible at the group level at your practice, for example, they did not exceed the low volume threshold at the individual level, will receive one final score based on the group level data reported. Their individual level submissions will be considered voluntary.

Shanen Wright: Thank you, Amy. Looking at those polling results. It looks like most of you have your system ready for the 2015 CEHRT addition. We've got 73% of QPP Live viewers indicating that yes, they've upgraded and 20% saying that no, they have not yet done that. We got more polling questions coming up, but first let's get another question in for our panel of experts. We still got about 15 more minutes to go here in QPP Live. So if you've got a question, make sure you get it in the Q&A box before we run out of time. This question says, I'm a solo practitioner, does it matter if I report as a group or an individual?

Lisa Sagwitz: Hi, it's Lisa. If you're a solo practitioner, you want to report as an individual. The only exception to that would be if you're in an ACO, an Accountable Care Organization. If you are and you're reporting promoting interoperability then you would report under the Group tab. So that's the only exception.

Shanen Wright: Next question says what happens if I upload multiple files?

Amy Weiser: This is Amy. I can take that. 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. For example, if you upload a file of quality measures on Monday and upload a file of improvement activities on Tuesday, we will keep in score both submissions because they are for different performance categories. If you upload a file Monday with quality measures, one two and three and then upload a file on Tuesday with quality measures four, five and six we will only keep in score measures four, five and six for your quality performance categories score because those were the measures in the most recently uploaded file for the performance category.

Amy Weiser: We will not overwrite files uploaded on your behalf by someone connected to a different organization such as a registry. Data submitted to a file upload will not overwrite data submitted through another method such as at a station. For more information on the organization access refer to the Connect to an Organization Document and the QPP access User Guide.

Shanen Wright: Thanks, Amy. Another data related question that we have here QPP live. This one asks, what if I noticed data and submission errors by the third party intermediary.

Lisa Sagwitz: Hi, it's Lisa. So most likely this would occur if you're using a registry or if your EHR has offered to do this for you. If someone else has uploaded your data, you definitely want to go to the QPP website afterwards, look at it and make sure

it's accurate. If there's a discrepancy, definitely go back to that vendor and tell them what the discrepancy is, so the file can be taken down and reloaded.

Shanen Wright: Thank you, Lisa. One last data related question before we're going to go out and ask you a question with our polling feature here at QPP live. This question asks, can I delete submitted data?

Amy Weiser: Hi, this is Amy. I can take that. Yes, there is a delete button that will let you delete a submission at the performance category level if it was submitted by someone connected to your organization. You cannot delete data submitted on your behalf by a user connected to another organization. Note if you qualify for the Promoting Interoperability performance category to be re-weighted to 0%, but submit Promoting Interoperability data anyway, you will be scored on this performance category.

Lisa Sagwitz: Just to expand on what Amy just said about should you get a Promoting Interoperability approval, you filed a hardship form, I do have a practice that's on Greenway EHR and there are some known issues. Earlier in 2018, they applied for a hardship form, but now when it's time to attest, they do have Promoting Interoperability data. So that is being reported and by reporting it overrides the hardship. If that might be a scenario you're experiencing and you do have data, it's okay report PI if you have it.

Amy Weiser: Lisa, I'd like to add on to that too, something that we've been talking about here at Quality Insights is that sometimes practices who do receive that hardship exception for promoting interoperability and which those points are re-weighted to quality. They are under the impression that they don't need to submit anything then for MIPS and we just want to make sure that everyone understands that by submitting a hardship and having Promoting Interoperability re-weighted to quality still means that if you are a MIPS eligible clinician, you still need to submit data for another category or categories to avoid the penalty. Please keep that in mind that the hardship exception or exemption is only for one category. And the only category that applies is Promoting Interoperability. That is not a blanket exemption or exception for you to not report MIPS. Just wanted to make sure everybody was aware of that.

Lisa Sagwitz: It's a good point to mention.

Shanen Wright: Thank you, Amy and Lisa. Keep an eye on your chat box 'cause Rebecca is still sending us direct links to some of these resources that you can click on and access right now. But right now let's do another polling question. This is another fun one. We've got this one coming in for the benefit of our viewers in Pennsylvania and across the nation. Will Punxsutawney Phil see his shadow this year? You know we got Groundhog Day coming up just in a couple weeks. What is it? Yes, he'll see it, which means boo, six more weeks a winner or no, he will not see his shadow, which means an early spring is on the way. Submit your answers now, we'll let you know the results. Coming up here on QPP Live but right now let's go out for another question before we run out of time today. This

question says if we have multiple locations, does the security risk analysis has to be done at every individual clinic?

Amy Weiser: Hi, this is Amy. I'll take that. Yes, your security risk analysis must be done in every practice location. If you have any concerns hiring an external security risk analyst, you can consider conducting those security risk analyses internally. The ONC has developed a security risk analysis tool to help practices conduct the security risk analysis themselves and you can find the ONC security risk analysis tool on the healthip.gov website, under the topic of privacy, security, and HIPAA and the security risk assessment tool. I also want to add that if you need any help related to this, please reach out to us because we can connect you with some other resources to help you with that. It's actually in our slides, Health Insight, who's going to be hosting the HIPAA webinar. They have resources available to help practices with the security risk analysis. Please let us know if we can help you with that.

Shanen Wright: Thank you, Amy. And let's take a look at the polling results. It looks like most of you out there are thinking that there will be six more weeks of winter. Not a lot of optimists necessarily. In the audience today 64% saying yes he will see a shadow which means we'll continue to suffer in the cold. But then 36% of people are optimists thinking that no, the groundhog will not see his shadow, which means an early Spring is on the way. Got a few more polling questions for you. Before we wrap up today's session. If you have a question for our panelists, please make sure and get it in right now. Let's go back and look at one of our other questions we have here from our participants. This one says, what should we do if in the QPP addresses and locations of our providers are incorrect, but they are correct in PECOS and NPPES?

Lisa Sagwitz: Hi, it's Lisa. Often we see that. While the source is PECOS where that data is being pulled from, sometimes there are discrepancies. It's nothing to get real concerned about but I would definitely recommend double checking with PECOS they have your main address or correct address, also advising the QPP help desk. And then maintain those emails or documentation of your calls. But as long as the rest of the information is okay, and you've made an effort, you're fine. It is something that happens. Another discrepancy we sometimes see is with female providers, their maiden names will show up. As long as it's correct, and the NPI number is correct, they will get appropriate credit. But sometimes there are little glitches like that, that happen.

Shanen Wright: Thank you, Lisa. Coming up, we'll do another polling question. Make sure and get ready for that before we wrap up today. But before we do that, here's another one of the frequently asked questions that we receive here at Quality Insights. This says, for cost do providers have to bill specific codes or is it calculated automatically from all Medicare claims? Do the claims need to have G codes?

Amy Weiser: Hi, I this is Amy, I can take that. So cost is calculated entirely by CMS based on administrative claims, and cost measures do not require any action by clinicians

on their claims. However, if you choose to submit your MIPS data through your claims, you'll have to add quality data codes to the denominator eligible claims to show that the required quality action or exclusion happened. We're talking about two different things here. Cost is automatically calculated by CMS based on administrative claims, but if you want to submit quality using Medicare part, it claims you must use the QDC codes or the G code to do that. If you need any more information about that, please reach out to us.

Shanen Wright: Thank you, Amy. Our next polling question, this one is for you all get ready and submit. Are you trying to get a minimum of 75 points this year to get the exceptional performance bonus? Is that yes, no, or not applicable to your practice? While you submit that, let's go out for another question. This one asks, when submitting via claims, is it mandatory to submit the G codes, S codes, etc.?

Amy Weiser: This is Amy. I just kind of alluded to that in the last question, so yes. If you are submitting via claims for the quality category, you must use G codes on the appropriate QDC codes. If you need help with that, you can go to the resource tab on the QPP, that's the QPP website, and look at the specifications and every year the specifications are updated. Because we're moving from 2018 into 2019, those specifications, may have changed. You always want to look at the most current specifications for the year that you're reporting. Again, if you need any help finding the specification sheets for the measures you selected, or you're just having difficulty locating the specific codes that you may need, please reach out to us and we can help you.

Shanen Wright: Taking a look at our polling questions. It looks like the vast majority of folks are trying to get the minimum of 75 points to get exceptional performance at 79%. Well time has slipped away from us today here on QPP Live. That'll wrap up another session today we'd like to thank you for joining us. If you have questions you can contact us at any time at qpp-surs@qualityinsights.org. 1-877.497.5065 for practices with 15 or fewer clinicians. For practices with 16 or more eligible providers, you can reach out to our Project Director Kathy Wild at kwild@qualityinsights.org or 1-877.987.4687 extension 108.

Shanen Wright: Please remember as you exit today's webinar to complete the evaluation. We love to hear your feedback and make each and every episode of QPPLive! better for you and more useful as well. A reminder too that we are available to help you anytime. So please contact us because most of all here at Quality Insights, we want to establish a relationship with you so you can succeed in CMS' Quality Payment Program. On behalf of all of our panelists, thank you again for joining us today. We'll see you again on February 21 for the next edition of QPPLive!



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