



Quality
Insights

QPPLive!

Transcript from Live Session

Thursday, October 18, 2018

Shanen Wright: Good morning and welcome to *QPPLive!*, a production of Quality Insights where on the third Thursday of every month we answer your questions in real time about CMS' Quality Payment Program. If you've been with us before you know how *QPPLive!* works. You can start submitting your questions using the Q&A box at any time. A little later, if this is your first time joining us, and if it is welcome, we'll tell you exactly how you can submit your questions to our panel of experts, so we can answer them for you.

Shanen Wright: First, I'm pleased to introduce Marvin Nichols for today's Breaking News and Announcements. Marvin?

Marvin Nichols: Thank you, Shanen. Individuals who have been submitting quality measures via claims can now view their preliminary 2018 claims-based measure scores in the QPP Submission Portal. You must use your EIDM account information to login to the portal. Quality scores appear on the home screen on the Review Preliminary 2018 Claims-based Submission. Please note that this is not your final quality score. Final scores will be processed after the claims submission window ends in early 2019.

Marvin Nichols: If you're planning to submit data for the PI category you must complete or update a security risk analysis by December 31, 2018. The submission period for 2018 opens January 2nd 2019. Data can be submitted through April 2, 2019. Please make sure that your EIDM account is active and you're able to login to the QPP Portal. You will not be able to submit MIPS data without an active EIDM account. If you do not have an EIDM account you will need to visit the CMS Enterprise Portal to have one created. Also, if it has been more than 180 days since you logged into your EIDM account it may have been deactivated. To reactivate your account, please call the Open Payments Help Desk at 1-855-326-8366.

Marvin Nichols: CMS has posted three new CME training models that are accessed by logging into your Medicare Learning Network account or creating one here. The three modules are the 2018 Improvement Activities Performance Category, which will cover the basics of the IA Category including reporting requirements, scoring

and flexibilities for small and rural practices. The second one is the 2018 Cost Performance Category, which will offer an overview of the Cost category and how CMS calculates cost scores. The third one is the 2018 Advanced Payment Model CME. This module will provide an overview of MIPS, APMs, the APM scoring standard, and reporting requirements for MIPS APM participants.

Marvin Nichols: CMS has just released new QPP resources. The 2018 Quality Payment Program Participation Infographic explains how clinicians can participate in the QPP Program for the 2018 performance year. The 2018 MIPS Data Submission Infographic reviews how MIPS eligible clinicians can submit data for the 2018 performance year. The 2018 MIPS Scoring 101 Guide will provide a detailed overview of how each MIPS performance category is scored, how CMS calculates bonus points, and how the payment adjustment is calculated based on the MIPS final score.

Marvin Nichols: Updates on the 2017 performance feedback. Revisions were made to the MIPS performance feedback on the Quality Payment Program website on September 13th, 2018. These revisions addressed and corrected errors in MIPS final score logic, and resulted in changes to the 2017 MIPS final score and associated 2019 MIPS payment adjustment for clinicians who were impacted by the identified issues. Additional revisions may be made after CMS reviews all of the targeted review applications.

Marvin Nichols: One revision was intended to clarify that the clinicians who were eligible to participate in MIPS at the individual level will receive a final MIPS score of 0 and a -4% payment adjustment in 2019 if they did not submit data in 2017 as an individual. The revision is why you're seeing a final score of zero and a -4% payment adjustment for the group, even though there was no group level submission. When individual data was submitted by or on behalf of clinicians in your practice, you'll see a message indicating these clinicians will receive their higher individual score.

Marvin Nichols: To review your payment adjustment when logged into the portal review with the Payment Adjustment CSV by selecting download to the right of the practice name and score. The summary includes payment adjustments earned by clinicians in your practice. Additional information can be found on page 11 of the QPP Performance Feedback User Guide [hyperlinked here](#).

Marvin Nichols: Final 2017 MIPS scores, performance category scores, and data for some measures will be reported on the Physician Compare website if they meet the minimum reliability threshold and are statistically valid, reliable, and accurate. Brand-new measures, such as cost measures and all of the improvement activities that were collected for the first time in 2017, will not be reported. CMS will be releasing the details of which measures will be published soon and a 30-day preview period will be given to allow everyone to review their data.

Marvin Nichols: Things to do now. Please make sure that you have the appropriate user role for your EIDM account so you can access the Provider Quality Information Portal,

PQIP, when the data becomes available. Make sure PECOS is updated to reflect clinicians that have left or joined your practice since the end of 2017. Also, register today for the CMS webinar about Physician Compare that will be held on Tuesday, October 30th from 1:30 to 3:00 PM Eastern Standard Time. CMS will discuss public reporting of the 2017 QPP performance information, including the preview period that will allow you to review your information before it is publicly reported on the Physician Compare website.

Marvin Nichols: There's a webinar being held today on how to submit 2018 MIPS data. This event will focus on the methods by which you can submit your 2018 MIPS data including the CMS portal, and EHR vendor, and registries. In addition, the event will focus on step-by-step processes you can take to submit your data for each performance category.

Marvin Nichols: Upcoming Quality Insights webinars. Quality Insights will be hosting a webinar entitled Effective Communication with Patients and Family Members on Wednesday, October 24th at 12:00 PM Eastern Standard Time. This webinar will define patient and family engagement, explain why it is important to improving patient outcomes, and provide examples and best practices.

Marvin Nichols: In addition, we will be hosting a MACRA/MIPS 2018 practical applications and information webinar on Tuesday, October 30th at 2:00 PM Eastern Standard Time. Join Quality Insights and guest speaker Dr. Christian Urrea, Quality and Utilization at Mon Valley Hospital for this webinar as he shares practical tips to be successful in MIPS and explains how your EHR system should be utilized to maximize its potential in improving the quality of care you provide for your patients.

Marvin Nichols: Thank you, Shanen.

Shanen Wright: Thank you, Marvin. Marvin is one of our QPP specialists who has joined us today in our panel of experts to answer your questions about CMS' Quality Payment Program. We have a lot of specialists with us today, and experts here to help you including Kathy Wild who's our Project Director, Amy Weiser who's our Lead Project Coordinator, I'm Shanen Wright Associate Project Director based in West Virginia. Serving the great state of Delaware we have Rabecca Dase, and Rox Fletcher. For Louisiana, we have Lisa Sherman, and for New Jersey we have Maureen Kelsey, Diana Haniak, and Andrea Phillips.

Shanen Wright: For Pennsylvania, Rabecca Dase is on deck today to answer your questions. We also have Joe Pinto with us, Lisa Sagwitz, Shirley Sullivan, and Marvin Nichols, who you heard from today in the morning news. For West Virginia, we have Julie Williams.

Shanen Wright: Now, if this is your first time joining us, welcome! Here's how it works, you can open the Q&A box in your WebEx player, you see it right there on your screen, the three dots on the bottom middle icon. If you haven't been to QPPLive! in a

while this has changed a little bit in the player, so you can bring up the Q&A box in there, type in your question, and then hit send. We'll also be using the chat feature to share links to resources that our experts will be talking about today. We ask that you not submit your questions using chat because that's where the links will go. If you have a question, just use the Q&A box and we will get to as many as time will allow for today.

Shanen Wright: You also have the opportunity, if you're listening on your phone today, to ask questions verbally. Periodically we'll give you a heads up. Don't worry, we'll unmute the lines here on QPPLive, and that way you can ask your questions, provide your feedback, or provide any comments if you've dialed in on or phone as opposed to listening through your computer speakers.

Shanen Wright: Please also keep in mind that we're here to help you any time with your QPP related questions not just during QPPLive! on the third Thursday of every month. You may not realize who your contact is at Quality Insights, if so you can reach out to any of us and we will make sure and get you connected with the right person who serves the right sized practice in the right state. We'll do the best we can to answer all the questions we can today, but know that some of them you guys stump us, their tough questions. We need to do a little more research because most of all we want to make sure the information that we provide is accurate and helpful to you, so we may need to get your contact information and follow-up with you at a later time.

Shanen Wright: Please also keep in mind that rules and interpretations change over time, so if you're listening to this as a recording, which we are recording it today, the answers given may not be applicable at one point in the future. Most of all, we here at Quality Insights want to establish a relationship with you so you can succeed in CMS' Quality Payment Program.

Shanen Wright: With that being said, let's jump into today's questions. You can start submitting them now, we've got a question here this one asks, "If we could only report PI formerly ACI for one of our providers for more than 50% of our patients will we have to pay a penalty?"

Rabecca Dase: This is Rabecca. I guess, I could take myself off of mute. Ultimately, for 2018, in order to award the penalty you need to have at least 15 points. Now, I would assume you went out and looked at the eligibility workup tool to determine what clinicians in your group were eligible. If they were eligible you'd want to make sure that you at least receive 15 points to avoid that penalty. There are a lot of different things you can do. You can earn points in any category in order to avoid the 15 points, so you have Quality Improvement and Promoting Interoperability.

Rabecca Dase: If you're reporting as a group typically you'd want to include all of the providers' data. There's a lot of things that go into that question, I feel like it's a heavily weighted question. For more than 50% of your patients, I'm not sure for that you would actually want to report on all of your patients. I don't believe that

there's a data completeness threshold like there is for quality. Again, for PI you'd want to report on all of your patients and, again, that's a heavily weighted question, so I'd be happy to talk to you off-line about that, and how you can avoid the penalty.

Shanen Wright: Thank you, Rabecca.

Shanen Wright: Let's go to our next question that asks, "What if a provider meets the low-volume threshold i.e. does not exceed the LVT for 2018 can they still report MIPS?"

Rabecca Dase: This is Rabecca again. You absolutely can report if you choose to do so. Ultimately, you will not receive a payment adjustment if you do submit the data, if you want the feedback that's great. CMS will accept anything that you'll submit to them. Now, again, you will not get a payment adjustment whether it be positive or negative because you were not eligible. In 2019, they do propose that that could be an option for the opt-in, but for 2019 yes, you can submit, but no, you will not get a payment adjustment.

Shanen Wright: Thank you, Rabecca.

Shanen Wright: Next question we have coming into us asks, "What is the website for the CMS Enterprise portal?"

Rabecca Dase: I can actually put that in the chat box. Portal.cms.gov is where you would go for your EIDM account, and I will put that in the chat box.

Shanen Wright: Thank you so much.

Shanen Wright: We have another question coming in now. This one is from Eva. Eva says, "For 2018 is MIPS going to be a payment in the form of an end of year incentive or an enhanced fee schedule for the following year?"

Kathy Wild: Hi, this is Kathy, I can take that. Thank you, Eva, for asking that. The way that the payment adjustments work will be the same as it was for 2017. Payment adjustments are always applied two years after the performance year, and the reason for that is that CMS wants to accumulate the data from everybody, analyze it so that they can distribute that money, and then they will apply it beginning January 1. For 2018 payment adjustments will be applied beginning January 1 of 2020, and they will be applied to each individual Medicare Part B payment. Whatever the percentage is that you find out that you get, for instance this year if someone had a perfect MIPS score of 100 we know that the maximum that was awarded was 2.02%, which actually was decreased even a little bit more, but that amount will be applied to every Part B payment adjustment.

Kathy Wild: I hope that answers your question. If not, please ask another.

Shanen Wright: Thank you, Kathy. In reference to the earlier question that Rabecca answered about the web address, that link now appears in your chat window. You can click directly to go to CMS' portal.

Shanen Wright: We go back out to the Q&A box now for our next question. This one comes from Kimberly. She asks, "When I login to check the claims-based submission it is not showing up showing a percentage. Is there something else I need to do?"

Rabecca Dase: Kimberly, this is Rabecca. I have not logged in to view any claims feedback, or anything like that. I'm not exactly sure where you're talking about seeing the percentage, I'm assuming probably performance. Again, I'm not exactly sure what they do have displaying in there but I would be happy to talk to you off-line, or maybe even if you already work with somebody you could talk to them, and they could login and navigate the portal with you. Again, because what's available I'm not quite sure, I'm not sure if any of my colleagues on the phone know right offhand either what is displayed or how it's displayed.

Shanen Wright: Thank you, Rabecca.

Kathy Wild: This is Kathy.

Shanen Wright: Go right ahead, Kathy, my fault.

Kathy Wild: I was going to say I have not seen it either, but my thought is that it might just show what the score for that measure out of 10 possible points at this time. Remember, this is just preliminary data and as claims come in that data is going to change, so it's not the final score, or anything like that. If you have another patient later in the year that is applicable to that measure it's going to be added to that. I think CMS just wanted to give you the opportunity to go ahead and view what the data looks like, and I think what they're doing is showing how many points out of 10 points you could get for that measure, if this was the end of the year, but just know that will be changing. Let us know if that's what you're seeing is a number between 0 and 10 then that would mean that's what they're showing.

Shanen Wright: It appears we got a little clarification here ... a little more information rather from Kimberly who just sent into us, "It is not listing a score at all just the physician's name."

Rabecca Dase: This is Rabecca again. I would highly recommend reaching out one of us, or if you already work with somebody and we would be happy to do a GoToMeeting, and login with you, and just navigate what you are actually seeing because, typically, if we look we usually don't have a way to see that. We'd be happy to login with you and navigate and see what we need to do from there, absolutely. Just let us know and we'd be happy to help you.

Shanen Wright: Thank you.

Kathy Wild: To add on to that, what that could mean is that there was not a claim. If it shows a physician there was not a claim applicable to his/her patient population for that measure that would be counted, maybe a possibility. As Rebecca said, please reach out to us and we'll go through that with you.

Shanen Wright: Thank you, Kathy and Rebecca.

Shanen Wright: Let's go out and see what questions we have coming in now. This next one comes from Marianne, who I believe is a returning audience member for QPPLive!. Welcome back Marianne. She says, "I received a notice that ICD 10 updates effective October 1st affect three of my derm measures. What do I need to do?"

Rabecca Dase: Shanen, I will take this one. Marianne is one of mine. Marianne if you're talking about the email that I just sent you this morning, ultimately, we can talk about this off-line, but what it seems like is we're going to have to reach out to the registry and see what we're going to have to do. Again, this was just a link that I happened to find when I was in the resource library. Ultimately, we're going to have to read through that, get the details, and then reach out to the registry to make sure that we're all on the same page, and that you guys are capturing your measures appropriately, and such. Again, we can talk off-line a little more in detail about how that specifically impacts you.

Shanen Wright: Thank you, Rabecca.

Shanen Wright: We had a follow-up from Kimberly as well who said, "Thank you, I will check with Julie," so it sounds like Kimberly must be here in West Virginia. Thanks for joining us for QPPLive!, Kimberly. Next question we have coming in, this is from Tammy. Tammy asks, "If you have access to reports by a registry and would also like to submit EMR data, would you recommend doing both?"

Rabecca Dase: This is Rabecca. That's a great question. Ultimately, it's completely up to you. Depending how you want to report, ultimately, if you submitted two different ways, if you submitted a registry and an EHR, CMS would look at both of those and they would actually take the higher score. Ultimately, you would have to report six measures via registry and six measures through the EHR, but ultimately CMS if you did submit both, would take the best score and, again, it'd be completely up to you. You can look at your scores, and compare them to your benchmarks, and such, but ultimately you want to make sure that you're going to submit scores to get you the most MIPS points, and best payment adjustment.

Rabecca Dase: With that being said, as Marvin mentioned initially, if the measures meet all the necessary requirements they will be posted on Physician Compare, so that's another reason why you want to make sure that you're submitting data that best reflects your practice. Ultimately, it's up to you. CMS would take the higher scores, but again completely up to you on how you chose to do that.

Shanen Wright: Thank you, Rabecca.

Shanen Wright: Next up we hear from Eva again. Eva asks, "For the 2020 fee adjustment does it increase with according to how high we get our measures numbers, or is it the same fee adjustment no matter what the measures numbers are?"

Kathy Wild: This is Kathy. I can follow-up with that. The fee adjustment is calculated based on your total MIPS score, so when the end of this year comes, and everyone has to submit their data by April 2nd of 2019 CMS will collect all that data, they will provide you with an opportunity to request a targeted review if you think there's an issue. As we know, that deadline just passed on October 15 for 2017 data, and then they'll come up with a final final MIPS for everybody, and the final payment adjustment. That payment adjustment is one number, one percentage that will be applied to all of your payments for that calendar year. Know that this is a process that will change every year, it's the same thing, whatever happens in 2018 will affect your 2020 payment, however, you perform next year in 2019 will affect your 2021 payment, and it will be that same percentage.

Shanen Wright: Thank you, Kathy.

Shanen Wright: Coming up we are going to unmute the phone lines for those of you are dialed in on your telephone in case you have a question or comment for any of our panel of experts. First, we have another question in here from Eva. She says, "We are a small practice are we required to join virtual groups for 2019?"

Rabecca Dase: This is Rabecca. Eva, no you do not have to join a virtual group, that's just an option that CMS is providing. If you guys chose to join a virtual group it would almost ... they would pair you with other clinicians and you guys could utilize resources, and report together, and such. No, as a small practice you are not required to do that, that's just an option that CMS does provide. If you did choose to do that, I believe, the deadline to apply to become a virtual group for 2019 would be the end of the 2018 year. I will go ahead and post a link for virtual into the chat box.

Kathy Wild: I'm going to add to that also, Rabecca. Eva, if you are interested in that CMS has provided our organization with a list of practices that would be eligible to even want to go ahead and participate that way. In other words, there are certain criteria. One of them, you have to have 10 or fewer physicians in your group, so if you are thinking of that the first thing is please contact us, we could access the database, and see if CMS has said that yes, you have the opportunity to join a virtual group if you're interested because if you're not on that list then you would not be able to do it even if you wanted to. Thank you.

Shanen Wright: Thank you, Kathy and Rabecca.

Shanen Wright: At this time, if you're on the phone, and you don't have a question please make sure and mute the line on your end, so we're not hearing what's going on in your office, or wherever you may be. We will unmute the lines now. If you do have a question please feel free to jump in and ask.

Shanen Wright: Hearing none, we will re-mute the lines at this time and go back out for some more Q&A. If you've got questions make sure you get them in, so we can answer them. We only have a limited amount of time here on QPPLive!, but we are more than happy to answer your questions.

Shanen Wright: The next one asks, "How do we know what the scores mean in terms of reimbursement and penalty, and is there a baseline?"

Amy Weiser: Hi, this is Amy. Can you hear me?

Shanen Wright: Loud and clear.

Amy Weiser: I will take that one. There's a minimum threshold needed to avoid the negative payment adjustment. In 2017, it was three points and for 2018 it is 15 points. If you had three points or more in 2017 you will not receive a negative payment adjustment for payment year 2019. Then, you have the potential for a positive payment adjustment based on your score. In 2017, if you received over 70 points you would receive that exceptional performance bonus. Then, if you need more information on the 2017 performance feedback it can be found in the MIPS Payment Adjustment Facts Sheet, which is located in the cms.gov QPP website under the resource library. It's called the 2019 MIPS Payment Adjustment Facts Sheet.

Amy Weiser: You can see your payment adjustment when you view your 2017 final score through the CMS QPP Portal, and you also need your EIDM account to login to obtain that information. Again, if you need more information or more help, please reach out to us and we will assist you readily. Thank you.

Shanen Wright: Thank you, Amy. Amy makes a good point that we'd like to reemphasize that we are here to help you any time and not just doing during QPPLive!, so please reach out to your Quality Insight contact and we will assist you.

Shanen Wright: Next question in Q&A is from Kristy. Kristy says, "On the QPP website it says 'Total MIPS adjustment,' is that the percentage taken away from us or added to our payments?"

Rabecca Dase: This is Rabecca. Good question. Is there a negative sign in front of it or a positive sign, or is there any type of display? I feel like the ones that I've seen when it's a positive adjustment I think it has green, but if it was negative, typically, I've seen a negative sign in front of it indicating that it was in fact a downward adjustment.

Shanen Wright: It was a positive. Sorry to interrupt you, Rabecca, but Kristy chimed in and said it was positive.

Rabecca Dase: Good, there you go. That then, in fact, will be a positive adjustment on your reimbursement then.

Shanen Wright: Excellent. Next up we hear a question from Maureen who says, "Do you think the patients over paperwork initiative will affect MIPS in the future?"

Rabecca Dase: This is Rabecca. Again, this is going to be just based on my opinion. Ultimately, I think that CMS is trying to do everything that they can to reduce the burden for providers, and you do see them (CMS) taking different approaches and different weights, for instance, for the smaller practices. They're working on scoring, and all those things. Ultimately, I think, their end goal is to make sure that they make it easier for providers to do their job while increasing the quality and delivery of care. How that will roll out in everything that we know and everything that we do, I'm not exactly sure, but I do think it will have an impact on MIPS. Again, they want to make it a little bit easier for providers while increasing the quality and delivery of care. Yeah, I think there will be an impact. How? I'm not quite sure.

Shanen Wright: Thank you, Rabecca.

Shanen Wright: I have another great question from Eva. She asks, "What's the maximum positive fee adjustment?"

Amy Weiser: Hi Eva, this is Amy, I will do my best to answer that question. When the Quality Payment Program rolled out CMS said that you could earn up to a 4% positive adjustment, or you could be deducted or earn up to -4% payment adjustment, because CMS and the Quality Payment Program is a budget neutral program the more people that participate the less ... I should say, the more people that participate and earn a positive payment adjustment lowers the amount that everyone would receive because it has to remain budget neutral. What we've seen so far for 2017, as Kathy had mentioned, is that practices that score perfectly meaning that they got 100 points earned a 2.02% positive payment adjustment. Nobody reached the 4% because there was such a high participation rate the first year, over 91% of eligible clinicians participated in 2017, which is great, but what it does is it lowers the pool of money.

Amy Weiser: Then, because of the targeted review and some issues that CMS identified with some practices, and clinicians being incorrectly attributed a negative score once they reevaluated that and corrected those problems it lowered that 2.02% to about 1.88% for a positive payment adjustment, so that was for 2017.

Amy Weiser: For 2018, the possible score, or positive adjustment, I should say, is 5% positive or a 5% negative payment adjustment. Again, it needs to be budget neutral. A lot of it's going to depend, again, on how many eligible clinicians participate in

2018 to see what that final payment adjustment may be for those clinicians. I apologize for the length, but it is a little complicated, and a little bit of an unknown because we don't know how many people will participate and earn the positive payment adjustment. Thank you for your question.

Shanen Wright: Thank you for your answer, Amy. Next up we hear from Kristy again. Kristy has a great question here, she asks, "How do we receive the total adjustments? Is it in our payments on our EOBs for future payments, or is it going to be in a separate check?"

Amy Weiser: Hi, this is Amy again.

Rabecca Dase: You can go right ahead Amy.

Amy Weiser: Thank you for your question. You will not receive a check per se. It's not like a lump sum payment for the positive payment adjustment. You will receive it two years after the reporting year, so for 2017 in 2019 that positive adjustment would be attached to the fees that you're receiving from Medicare as they occur throughout the year of 2019. You don't get it in a lump sum, you don't get a "check" it comes through on your claims payments accordingly. If you got a 1.88% positive payment adjustment that would be attributed to those fees for the entire year of 2019 for your Medicare Part B.

Amy Weiser: Anyone else please feel free to chime in if I said anything incorrectly or if it needs explained further.

Rabecca Dase: No, I think you said it, Amy. Kathy explained that earlier, it'll be attached to the claims that are being billed for that practice in the future year, so I think you answered it correctly.

Shanen Wright: Let's go out for another question now. This one asks, "Where can we find more information on the hardship exemption?"

Rabecca Dase: This is Rabecca. They do have the hardship exemption information out on the qpp.cms.gov portal. The deadline to submit this application is 12/31/2018, so the end of the year. There are some different things that could make a practice eligible for this. For instance, a clinician is in a small practice, they have a de-certified EHR, they have insufficient Internet connectivity, extreme and uncontrollable circumstances, and the possibility of lack of control over the availability of the cert.

Rabecca Dase: There is more information on the QPP portal and, again the deadline to apply for that is 12/31. Obviously, CMS would accept your application, and then they would review it. If, in fact, you did get the hardship exemption, and you didn't have to report for the promoting interoperability category those points would be taken and reweighted to the quality category.

Shanen Wright: Thank you, Rabecca. Let's see, we had a question in here from Eva that requested the link to register for the how to submit the data webinar coming up today at 11 AM Eastern. It appears we will have the link to that showing up in the chat box, so you can register for that webinar coming up today, again, at 11 AM Eastern.

Shanen Wright: We've got about eight more minutes to go here on QPP*Live!*, so if you've got a question don't miss out. Let's go back out and hear one of our frequently asked questions. This one says, "If the QPP lookup tool shows that the provider does not need to attest for MIPS do they have to file for the hardship exemption? Or do they not have to anything at all?"

Rabecca Dase: This is Rabecca. If your clinicians are showing up as not MIPS eligible in the lookup tool they do not have to do anything, there's no hardship exemption, there's no forms to fill out if they are in fact not eligible to participate you don't have to do anything. I would continue to check back every so often just to make sure that there hasn't been a change in the lookup tool, or anything like that, but ultimately if they're showing up as not eligible there's nothing that you need to do. As I mentioned earlier, you can choose to submit data if you wanted the feedback, you will not get a payment adjustment for the 2018 year. Again, it's always up to you if you want to submit the data if you are in fact not eligible.

Shanen Wright: Thank you, Rabecca.

Shanen Wright: Next question asks, "There is a practice with three providers two of them use an EHR. What happens if two of them submit their individual EHR data, and we also attest under the PIN or TIN for the practice? Which score will Medicare take? Should we only submit the PIN, or TIN data?"

Amy Weiser: Hi, this is Amy, I'll take that. You need to choose to report either as a group at the TIN level or as an individual at the TIN and NPI level. If you submit data as a group the data will be submitted at the TIN level, if you submit data as an individual the data will be submitted at the TIN and NPI level. If a situation arises where data was submitted for both, the TIN and the TIN and NPI levels, CMS will attribute the more advantageous of the two scores for that TIN and PI.

Amy Weiser: If you want to submit as an individual and as a group you are able to do that, and CMS will keep the higher of the scores, and that will be how your payment adjustment is calculated.

Shanen Wright: Thank you, Amy. Next up we hear from Martin in the audience. Martin says, "A physician who switched midyear from private practice to working on staff at a hospital would they have to report under each group? If they don't reach the minimum in private practice at the beginning of the year do they have to report?"

Rabecca Dase: This is Rabecca. Ultimately, if for the first group they were not considered eligible the group that they left then that clinician on your staff would be ineligible unless it were to change later in the year under the new TIN. Now, if group one that they left is reporting as a group I would assume that they would pull that provider's that are because they would have that information in their EHR but, again, they wouldn't have to because the person left the group. Ultimately, if they're ineligible they wouldn't have to participate.

Rabecca Dase: I did somewhere see somewhere too where it said if the provider joins a group between September 2017 and August 31st, 2018 to make sure to go back into the QPP portal to look to see if their eligibility status did change. Ultimately, make sure that you're checking the QPP portal lookup tool. If you're reporting as a group you would pull their data in because they would be part of your group, so if they weren't eligible at the individual and you're reporting as a group you would still want to include their data.

Shanen Wright: Thank you Rabecca.

Shanen Wright: Next question we have coming up here on QPPLive! asks, "Based on my clinicians 2017 MIPS score where can I find what is going to happen with our reimbursements?"

Rabecca Dase: This is Rabecca. We've mentioned a few times where you can actually go into the qpp.cms.gov portal, you'll actually be able to see your 2017 feedback, and you will also be able to see what type of payment adjustment that your clinician or your group happened to earn for the 2017 performance year. Once you login there and see that payment adjustment that's how your payment and reimbursement will be affected is based on the numbers that you're seeing in the QPP portal.

Rabecca Dase: I will post a link to the Payment Adjustment Fact Sheet and the Feedback User Guide, so you will have both of those in the chat.

Shanen Wright: Thank you, Rabecca. Keep in mind that you can use the chat window to click directly to links to help you with the Quality Payment Program.

Shanen Wright: We've got a little bit more time here, so if you've got a question we've got about three more minutes left to go. If you have a question you better get it in quickly before we run out of time. First, we've got another question that says, "We've switched from one EHR to another at the end of April. How would the quality data completed in the terminated EHR be reported?"

Rabecca Dase: This is Rabecca. Due to the fact that you switched your EHR and unlike the PI category, performing interoperability category you cannot take the numerators and denominators, and simply add them together. There has to be a tool that's used in order to blend these numbers or merge these numbers. Typically you see people using a third-party registry, or something like that, because

ultimately, unfortunately that's a downside, you cannot just take these numbers and merge them together, you'd probably have to work with somebody to aggregate your numbers unless you happen to be using claims, or something like that then, obviously, that wouldn't come into effect. If you're using the EHR you would have to use somebody to aggregate these numbers from the first EHR and second EHR to get your complete quality score.

Shanen Wright: Thanks, Rabecca.

Shanen Wright: Our final question today for the October 2018 edition of *QPPLive!* is, "We don't have a choice for exclusion if we don't have a certified EHR, correct?"

Amy Weiser: Hi, this is Amy. That is correct. You cannot use the fact that you don't have a certified EHR to reweight the promoting interoperability. There are hardship exceptions that you can look at, again, on the qpp.cms.gov website, but in of itself not having certified EHR technology does not qualify you for a hardship.

Shanen Wright: Thank you, Amy, and thank you all for joining us for today's edition of *QPPLive!*. Man, doesn't 45 minutes go by so fast when you're having fun learning about CMS' Quality Payment Program? Keep in mind, as I mentioned, we are here to help you any time. We have contact information on the screen here that you can get in touch with our QPP Support Center for practices with 15 or fewer eligible providers or for the larger practices you can get in touch with Kathy Wild, our Project Director, or anyone here, and we will make sure and help you out.

Shanen Wright: Make sure and mark your calendar for the next edition of *QPPLive!* that will be the third Thursday in November, that's November 15th at 9:30 AM Eastern, 8:30 AM Central. I'd like to thank all of you for your great questions today, including Kimberly, Marianne, Martin, Kristy, and everyone in the audience.

Shanen Wright: On behalf of the entire Quality Insights QPP team, I'd like to thank you for joining us and hope you have a great day.



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