

**QPPLive!**  
**Transcript from Live Session**

Thursday, May 16, 2019



- Shanen Wright: Good morning and welcome to the May 2019 edition of QPPLive!, a production of Quality Insights. If this is your first time joining us, welcome to the program. We're so pleased that you've taken time out of your busy morning to spend with us and learn more about CMS' Quality Payment Program. If you're a returning audience member for QPPLive!, welcome back. You know how the process works here. You can start submitting your questions for our panel of experts any time using the Q&A player in Webex.
- Shanen Wright: We'll get the nuts and bolts of how that works coming up in just a moment. But first, it's my great pleasure to turn things over to Lisa Sherman for today's breaking news and announcements. Lisa.
- Lisa Sherman: Good morning, welcome from the sunny South, down here in Baton Rouge, Louisiana this morning. Appreciate you all joining us. I am not sure I have control of the screen. I apologize.
- Rabecca Dase: You should, Lisa, be seeing the menu on the left to advance the slides? There you go. Good.
- Lisa Sherman: Sorry about that. Good morning, again. The CMS Clinical Champion Program. CMS is seeking thought leaders and innovators, both clinicians and non-clinicians, who enjoys thinking outside of the box to find unique ways to educate clinicians and generate awareness about the QPP. Interested candidates must return an application by the end of the month. For more information, if you are interested, they have the fact sheet and nomination form on the link.
- Lisa Sherman: For 2019 MIPS group reporting, if you plan on doing reporting as a group, please review the newly released 2019 MIPS group participation guide. Again, we have the link here for your convenience. If your group plans to use the CMS web interface this year and you did not use it in 2018, then you must register by July 1st at 5:00 PM Eastern Time.
- Lisa Sherman: CMS will automatically renew registrations for groups who utilizes the CMS web interface last year. Changes can be made by logging into the QPP website by the July 1st deadline. All groups that want to administer the CAHPS for MIPS Survey in 2019 will also need to register by July 1st.
- Lisa Sherman: CMS is requesting feedback from stakeholders, clinicians, and professional associations for the quality measures that should be considered for the Quality

Performance Category in 2020. This is your opportunity to make your voice heard. For more information, please see the 2019 Call for Measures and Activities.

Lisa Sherman: There's a new e-learning opportunity. CMS recently announced the availability of the revised web-based training course called the Quality Performance Category in 2019. Continuing education credit is available through the MLN LMS. In this course, you will learn about reporting requirements, identifying data submission and collection types, and scoring and benchmark methodology and helpful resources. If you click right here on the link, it will take you to the website. You do have to have a sign on. If you don't, there's an easy way for you to sign up. These only take about 30 or 40 minutes and they're really good ways to get a good base knowledge.

Lisa Sherman: 2019 Security Risk Analysis. The Security Risk Analysis is not a Promoting Interoperability stand-alone measure this year, but it still must be completed to earn any points for the PI category. The SRA can be conducted outside of the 90-day performance period, but it must be completed within the calendar year of 2019. Additionally, it must be completed when the 2015 edition of CEHRT is implemented and whenever a practice installs or upgrades to a new system. If you need more information, we have attached the Security Risk Assessment fact sheet.

Lisa Sherman: There are lots of new CMS resources that have been posted. Again, they're all listed here for your easy convenience. We have some upcoming webinars you might be interested in. I will tell you that the second one that was scheduled for today, the MIPS Group Participation, has been postponed. They do not know the new date yet. But we have a couple of pages of upcoming webinars. Again, easy links for you to register for these. Some are happening today and throughout the rest of the month. I will turn it back over to you now, Shanen.

Shanen Wright: Thank you so much, Lisa. Thanks again for joining us for QPPLive!. We have a whole panel of experts here to answer your questions, including Kathy Wild, our Project Director, Amy Weiser, our Lead Project Coordinator, Rabecca Dase and Rox Fletcher for the state of Delaware, Lisa serving Louisiana. For New Jersey, we have Maureen Kelsey, Diana Haniak, and Andrea Phillips. I'm Shanen Wright, the Associate Project Director of Quality Insights QPP Service Center.

Shanen Wright: On the line today, we also have Rabecca Dase and Joe Pinto, along with Lisa Sagwitz, Shirley Sullivan, and Marvin Nichols who all serve the state of Pennsylvania. For those of us here in West Virginia, we have Julie Williams and Paula Clark. All of us are standing by to answer your questions or field your feedback about CMS's quality payment program. If this is the first time you've joined us on QPP Live, we ask that you use the Q&A feature in your WebEx player in order to submit your question.

Shanen Wright: You should, as you hover over the screen, see three little dots and a gray button just like you see right there on the slide. If you click on that, that's going to open your Q&A box, so you can type your question in there and hit send, and we'll

address questions in the order in which they are submitted and get to as many as time will allow for in today's session.

Shanen Wright: Now, you also want to take a look at the chat feature as well. Chat is not where you submit your questions but rather where we get links to all the resources that we're talking about today. Joe Pinto will be linking you to things we're talking about, including the CMS website, Quality Insights website, and more. You can see we are already in the chat window if you have it open, have a link to the 2019 registration guide for the CMS web interface for the MIPS survey.

Shanen Wright: You can get directly to resources using the chat button. It looks kind of like a little speech bubble as you see there on your screen. Please, make sure to open that up so you can follow along with today's session. For those of you who have called in using your telephone as opposed to your computer speakers, we will have an opportunity, at least once. We will break and open up the line for any questions or comments you might want to share via the phone.

Shanen Wright: We do ask that if you don't have a question or comment for our panelists to please make sure that your phone is muted on your end so that everybody is not hearing what's going on in your office or home or wherever you may be joining us from today. Please, keep in mind also that we here at Quality Insights are here to help you anytime, not just on the third Thursday of every month at 9:30 AM Eastern, 8:30 AM Central for QPP Live. If you don't have an individualized contact yet at Quality Insights, feel free to reach out to any of us.

Shanen Wright: We also have a general QPP inbox that you can reach out to. Whoever you contact, we're going to put you in touch with the right person to get your questions answered so that you can enroll and succeed in CMS's quality payment program. We'll do the best we can to answer all the questions that we receive today, but know that sometimes we need to do a little more research and follow up with you. We want to make sure we're getting you accurate information. That might be the case.

Shanen Wright: Please, also keep in mind that rules and interpretations change over time especially if you are viewing the recording of this QPP Live session and not on May 16, 2019 that some of the rules and interpretations could have changed, but most of all, we here at Quality Insights want to establish a relationship with you so you can succeed in the quality payment program.

Shanen Wright: With that being said, let's jump into the questions. We're going to start with a great one here from Jennifer who says, "When a PCP and specialists share a CEHRT and no CCDA is generated with a referral as it is not needed, how does this affect the receiving incorporating health information in PI?"

Rabecca Dase: Hi, good morning. This is Rabecca. Jennifer, I saw your question in the Q&A box and I thought that is a tough one. It is my understanding that when PCP and specialist share an EHR, obviously, a lot of times we wouldn't generate a CCDA

because the specialist or PCP can just see the information that's needed. Ultimately, I would highly recommend talking to your vendor about how they're tracking a specific information because, obviously, if you're not generating a CCD, then there would be nothing for you to receive and incorporate, again, because you're using the same EHR.

Rabecca Dase: But I would highly suggest talking to your vendor and seeing what their workflows are for that specific measure. Again, we can definitely dive into this deeper but, again, it was my understanding that PCPs and specialists that do share the CERHT, they don't really get credit for generating that CCD and things like that because all of the information is readily available. But, again, any of my colleagues on the phone if you know something different, please chime in.

Shanen Wright: We go on to another question we had in here. This is related to the audio. One person asked about getting sound. As I mentioned before, some of you who are listening through your computer speakers, some are dialed in. You can see here on your screen if you need a dial in number, maybe you would like to ask a verbal question. The telephone number for QPPLive! is 1-877-668-4493 with an access code of 667-278-803. I know I read that really fast, so if you need to refer to that, just open your Q&A box on your Webex player and you can take a look at that.

Shanen Wright: Coming up, we will unmute those lines if you have a verbal question for our panelists but next, let's go to another question here on QPP Live. This one asks, "What types of clinicians are eligible for automatic promoting interoperability or re-weighting in 2019?"

Andrea Phillips: I can take that one. CMS automatically waives the PI category for certain clinicians. Now, these include non-patient facing clinicians, hospital-based clinicians, ambulatory, surgical center based clinicians, as well as the following clinician types, the NPs, PA, CMS, and CRNAs. This year, they've added the six new additional MIPS eligible clinician types that were added for automatically weighting and they include the physical therapists, occupational therapists, speech language pathologist, audiologists, clinical psychologist, registered dietitian or nutrition professional.

Andrea Phillips: If your PI data is not submitted for the quality category, it's 70%, but if your PI data is submitted, the PI category will be scored.

Shanen Wright: Excellent. Thank you so much, Andrea. Let's go out for another question here on QPP Live. This one asks, "Is there something I can do if I don't qualify for automatic re-weighting of the PI category?"

Rabecca Dase: Hi, Shanen. This is Rabecca. I can take that one. If you do not qualify for the automatic reweighing, yes, there are things that you can do. There is what is called the application-based re-weighting process for the PI category for certain hardships. Certain hardships would be insufficient internet connectivity, your EHR became decertified, or you are possibly in a small practice of 15 or fewer

clinicians. Those are just to name a few, and you would fill out this application, and CMS would either approve you or deny you, and that'll start in the fall.

Rabecca Dase: Then, you have until December 31st to submit that application, and they'll provide the documentation back to you, saying, "Yes, you were approved or no you were not." Again, if you did receive that re-weighting from CMS based on that hardship application that you submitted, just like Andrea said, your quality category would become 70% of your total score and your PI category would be re-weighted.

Shanen Wright: Thanks, Rabecca. Make sure and check out the chat window. We have a link to a fact sheet applicable to this if you would like more information about that. Please, keep the questions coming. You guys have great questions. Just use the Q&A box right there in your Webex player. I think we'll open the phone lines next, but let's get one more question in first. This one asks, "What do I need to do in 2019 to meet the improvement activities requirements?"

Andrea Phillips: I'll take that one. Improvement activities are worth 15% of the final MIPS score. If you earn the 40 points to earn the full credit, you must complete most activities for the minimum of 90 consecutive days. Now, there are some exceptions to this. There are a total of 118 activities available for 2019, and added six new activities, modified five activities and removal of one activity. You can complete the same activities that you reported in the previous year or you can pick new ones.

Andrea Phillips: Now, CMS did remove the PI category bonus for completing an activity using the CEHRT. Now, your activity weights remain the same and the number of points are based on the size and/or location of your practice. Now, high weighting for 40 points and medium weight for 20 points. When your practice is less than 50 clinicians and your practice is located in a high professional shortage area or you're in a non-facing eligible clinician.

Andrea Phillips: Now, remember, high weight is 20 points and medium weight is 10 points when a practice is more than 50 clinicians. If you're reporting as a group or a virtual group or only one MIPS clinician must perform the activity for the 10 to receive credit. For a 10 to receive credit, at least 50% of the practice sites within a 10 must be recognized or certified as a PCMH to receive the full credit for the improvement activity category. MIPS APMS receive at least 20 points for the improvement activity points and are eligible to receive more points based on their particular model.

Rabecca Dase: I just want to add there. Andrea said that there were some modified activities, so if you are going to use the same activities that you used last year or the year before, I would highly recommend reviewing the data validation criteria sheet for improvement activities. I think Joe can put a link in the chat box for that because, again, some of these measures change, the requirements change a little bit. It might not be drastic but it might just be something to make you aware of these changes. Maybe you want to grab some additional

documentation. It's always really good to review that data validation criteria that CMS provides us just so we know we're all covered and have the documentation we need in the event of an audit.

Shanen Wright: Thank you, Andrea and Rabecca. Let's open up those phone lines now. Please, heads up. If you don't have a question or comment for our experts, make sure and keep your phone line muted on your end. But if you do, we would love to hear from you. Please, jump in with any questions now as you are unmuted.

Shanen Wright: All right. We'll re-mute the lines. If you have a question, make sure and use the Q&A box, and we'll get to as many as we can before we run out of time today. Next question. Wow. This is a good one. This one asks, "What stays the same and what is different with the cost category in 2019?"

Rabecca Dase: I can take that one, Shanen. For the cost category in 2019, the way that the CMS gets the data is the same. There's nothing additional that you need to do. It's based on administrative claims, so you're not submitting anything extra to CMS, so there's no burden for that. The cost performance is still going to be compared against other MIPS eligible clinicians and groups. It's not compared to a benchmark from the previous year. It's actually based on the same year that you're reporting for.

Rabecca Dase: For 2019, the weight of the category actually increases from to 10 to 15%. Weight's a little higher on your final score. They have added eight new episode based measures that will be scored in addition to the total per capita cost measures that we already know and the Medicare spending per beneficiary measure that we also know from last year.

Rabecca Dase: There are case minimums. The total per capita cost remains at 20 and Medicare spending per beneficiary remains at 35. Now for those new episode-based measures, the procedural episodes, they have a case minimum of 10 and the acute inpatient medical conditions episodes, they have a minimum of 20 for a case minimum. If you don't meet those case minimums, obviously, they won't score those measures.

Rabecca Dase: Again, there are eight new episode-based measures, and Joe can put a link to the fact sheet to the cost category in the chat box for you to review those. If you have any questions at all, always reach out to us. We're happy to walk through them with you.

Shanen Wright: Next up, we have another good question. This one says, "Can you tell us about the new facility-based measurement option?"

Andrea Phillips: Sure. I can take that one. The facility-based measurement is available for clinicians who are facility-based. For quality and cost category scores, will be based on performance of the hospital where they work if eligible criteria is met. The eligibility based on claims prior to the performance year, for individuals

furnished more than 75% of covered services in inpatient hospital, on campus outpatient hospital or ER group.

Andrea Phillips: For the group, it's also greater than 75% of eligible clinicians, and the 10 are eligible at the individual level. For eligible clinicians, we must have at least one service build from an inpatient hospital or ER visit. The clinicians are attribute to the hospital where they provide services to the most patients. Groups are attributed to the hospital where most facility based clinicians are attributed and if you're unable to identify your facility with the hospital value-based purchase, which is the VBP or to attribute clinician performance, that clinician would not be eligible for facility based measurement.

Andrea Phillips: Now, CMS will automatically apply facility-based measurements to MIPS eligible clinicians and groups who are eligible and would benefit by having a higher combined quality and cost score, but the individuals have no submission requirements for facility-based measurements. Groups need to submit data for the improvement activity or promoting an operability category for facility-based measurement to be applied.

Andrea Phillips: The measure set and benchmarks for the fiscal year hospital VBP program that begins during the applicable MIPS performance period are used, and the quality and cost category scores are based on how well the hospital performs in comparison to other hospitals in the hospital VBP programs. The hospital does not receive a total performance score in the hospital VBP program in the current year, CMS cannot calculate a facility based score.

Shanen Wright: Thanks, Andrea. Less than 10 minutes to go in today's edition. If you've got a question, you better get it and now or we might run out of time and not be able to address it. Let's go out to another question we've received. This one asks, "Are there any changes for advanced payment models in 2019?"

Andrea Phillips: I'll take that one. The three requirements that need to be met in 2019 to be considered in advanced are, one, at least, 75% of the eligible clinicians in each APM entity must use a certified EHR, which is the 2015 Edition and 2019. The APM must provide payment for covered professional services based on quality measure comparable to those used in the MIPS quality category, and via medical home model used under the CMS Innovation Center or require participants to bear an 8% revenue based nominal amount of financial risk.

Andrea Phillips: The APM scoring standard changed the eligible clinicians, and the MIPS APM can report PI data at either the group or individual level. That's new. Another change is that qualifying participants, QP, are no longer required to report the PI category.

Andrea Phillips: Now, there are extra incentives for a sufficient degree of participation, which is clinicians and practices receive greater rewards for taking on risks related to

patient outcomes. In addition to receiving financial rewards for their advanced APM, they will receive 5% positive payment adjustment from Medicare.

Shanen Wright: Next question asks, "How do I become a qualifying participant?"

Rabecca Dase: Okay. The webinar kicked me out, but don't worry, I made it back. To become a qualifying QP, there's two different ways you can do it. You participate in a Medicare option and you achieve your QP status based on your participation through the advanced APM with Medicare or you are part of an all payer combination option. Again, you would achieve your QP status based on a combination of participation advanced APMs with Medicare and other payers.

Rabecca Dase: There is a list out on the QPP.CMS.gov website that does list your other payer combinations and things like that. To become a QP, there's three different determination snapshot dates that they look at, and it's going to be March 31st, so that's past. June 30th, and then August 31st, and I actually look at how much this build through certain, or through the APM, and I do believe you have to build 50% of certain charges through that APM, and then see at least 35% of your patients through that advanced APM as well.

Shanen Wright: Thanks, Rabecca. Great to have you back as well. Next question we have here asks, "What are other payer advanced APMs?"

Andrea Phillips: The other payer advanced APMs include Medicaid, Medicare Advantage, and other Medicare health plans, the commercial payers, private payers, and payment arrangements aligned with the CMS multi-payer models, and all the payer combination options have the same three requirements as advanced APMs except 50% of eligible clinicians must use the CEHRT and communicate clinical care information, and the QP determines under the all payer option may be requested at the 10 level, the AP entity level or the individual clinician level which is new.

Shanen Wright: Thank you, Andrea. Next question asks, "Many of the new eligible clinician types do not have an E.H.R. Can they submit quality data using claims?"

Rabecca Dase: Okay. Good question. In 2019, they did make some changes for who can use claims. Before it was if you're an individual reporting, you could use claims. Now, the only people that are eligible to use claims for quality submission are going to be those clinicians and groups that have 15 or fewer clinicians. If you have 16 or more in your practice, you are not going to be able to use claims to submit your data. You would need to choose a different submission method, whether it be talking to another vendor, a qualified registry, a QCDR.

Rabecca Dase: Again, if your practice has 25 or more clinicians, you can register for the CMS web interface. But, unfortunately, only groups 15 and fewer clinicians are able to use claims for quality submission in 2019. Again, if you have more than 16 clinicians, you would need to look at another option. Reach out to Quality

Insights. We would be more than happy to talk to you about your options and different things that you can do to be successful in the program.

Rabecca Dase: I do want to know, I think it's important, one of the big changes for 2019 was that in order to avoid a MIPS penalty altogether, you must reach a 30-point threshold. You have to get at least 30 MIPS points. It's going to be very important that we have all these pieces in place to make sure that you can get the score that you need to avoid a penalty.

Shanen Wright: Thank you, Rabecca. Our final question for the May 2019 edition of QPPLive! asks, "Is it necessary to submit six quality measures for 2019?"

Andrea Phillips: Yes. To meet the quality performance category requirements, six quality measures must be reported. Now, the reporting period is for the full calendar year and the six quality measures must include at least one outcome measure or a high priority measure, and if you choose to submit measures from a specialty measure set, and the measure set has fewer than the six measures, then you must submit all the measures within the specialty set. If you're a group or a virtual group with 25 or more clinicians, then you also have the option to submit all the quality measures included in the CMS web interface.

Shanen Wright: That wraps up today's edition of QPPLive!. We'd like to thank you for joining us. If you have additional questions, please reach out to us at our QPP Support Center or through our Quality Innovation Network or reach any member of the Quality Insights team, and we'll make sure and refer you to the appropriate person who can answer your questions and assist you so you can succeed in CMS's Quality Payment Program.

Shanen Wright: Mark your calendar because our next edition of QPP Live will be on June 20th at 9:30 AM Eastern, 8:30 AM Central. That is the third Thursday of the month. You can always remember it that way, that's when you can tune in to talk with Quality Insights, ask your questions and learn more about CMS's Quality Payment Program.

Shanen Wright: We'd also like to remind you to please fill out the evaluation that you will be directed to upon exiting today's webinar. Hearing your feedback helps us continue to refine and improve each and every edition of QPP Live. On behalf of everyone on the Quality Insights team, thanks again for joining us, and have a great day. Goodbye.