

April Faulkner:

The Quality Insights QPP support center team welcomes you to today's webinar, Master the Quality Category. My name is April Faulkner and I would like to take a moment to review a few items before we begin the presentation. All participants enter today's webinar in a listen only mode. Should you have a question during today's presentation, please type it into the Q and A box at the bottom right of your screen. We'll address questions at the end of the presentation as time permits. Today's webinar is being recorded. The recording, along with the slide deck and a transcript of the webinar, will be posted on the Quality Insights QPP support center website within the next few days. These resources can be found on the archived events page. I will post a link to that webpage in the chat box.

April Faulkner:

At this time I would like to introduce our presenters. Joining us today are two members of the Quality Insights QPP support center team, Kathy Wild and Roxanne Fletcher. I will turn over the presentation to them to get us started.

Kathy Wild:

Thank you very much April, and welcome everybody. This is Kathy Wild talking. It's election year and what better way to start our presentation than having a polling question. So what we thought we would ask is number one, how did you collect and report your 2019 quality measures? There's seven options there, the deadline is March 31st, so you can just take a minute there and go ahead and put your results in of how you submitted your quality measures. We'll collect that data and then go ahead and get that back to you in a couple minutes. While you're looking at that I am going to go ahead and talk about our learning objectives.

Kathy Wild:

So today we're talking about the quality category. I'm hoping by the end of it you'll know everything you need to know to try to get a perfect score in this category. We're going to talk about the quality measures that are available this year. We're going to talk about which options are available to report each quality measure and how they are also scored. So one of the things you're going to hear is there's a lot of buzz words in this category that we will use in our presentation. I want to have you just be alert to them and we're hoping that you'll have a better understanding after listening to us during the presentation. Such as, outcome and high priority measure.

Kathy Wild:

Whoops, our results just came up and I just want to go ahead and tell everyone, it looks like the majority of people did report using a registry. We've got one person that used claims, one person EHR, five registry, two a QCDR. Some people use more than one method, okay. And it doesn't look like anybody on the call today is in an ACO. Very interesting. Okay. So that's good. So talking about registry, you're going to see some of these buzz words too. You still have to have the case minimum, denominator, things like that.

Kathy Wild:

So we're going to go ahead and get started now with our presentation. So we'll start with the Quality Category Overview. So here it is 2020, this is the fourth year of the Quality Payment Program, it began in 2017. And as you know, there is legislation that requires what performance threshold and what the payment adjustments have to be every year. So for this year a minimum MIPS score of 45 points is required to avoid any type of negative payment adjustment. The maximum payment adjustment was increased to 9% this year and that will be applied to anybody who has a score between zero and 11.25 points. So if you had a final MIPS score of 11.25 or less than that in 2019, beware, we need to help you improve that score so you don't get that full 9% penalty next year.

Kathy Wild:

So this is just a little table to kind of show you how the payment adjustments correspond to your MIPS score. So as you can see in the middle the key number is 45, if you have an exact score of 45 you would have no payment adjustment. Anything above that you'll get a positive payment adjustment and remember that the Quality Payment Program in MIPS is a budget neutral program, which means that the money that is given to reward the people who have the higher MIPS score is taken from the people who are the low performers and had a score below that threshold, so that's how it balances out. The exceptional performance bonus is available still, you have to have a MIPS score of 85 points to get that, which is when you will have an additional payment adjustment of at least .5% added to your regular positive payment adjustment. And anyone with a score between 11.26 and 44.99, you will have a negative payment adjustment and it will be somewhere between zero and nine based on what everybody reports next year. So that cannot be determined until the submission period ends.

Kathy Wild:

Okay, so we feel that this quality category we're talking about today is very important. One of the reasons is it does have the highest category weight out of the four MIPS categories. It has a weight of 45% if none of the categories are re-weighted. And what I mean by that is that one of the categories could be re-weighted if you have an automatic exception to that or if you submit a PI hardship exception. And so if you did submit a PI hardship exception application and it was approved, then the quality category would be increased to 70%. And then hopefully nothing would ever happen where you'd have an extreme and uncontrollable circumstance, but if that happened even more categories can be re-weighted which would make your quality category worth even more.

Kathy Wild:

So right now we're going to throw out one more of our polls and I'll see if that can be pulled up in a minute here. And we just wanted to see how many people on today's call did submit a PI category hardship exception or you were one of the clinicians that had an automatic exclusion for the PI category. And this will be just a yes, no or not applicable answer. While we're waiting for everyone to submit their choices there I'm just going to talk a little bit about the re-weighting of the PI category.

Kathy Wild:

So, like I said, PI does impact the quality category that we're talking about today because it would increase your quality category score. So everyone that is in a small practice that we are helping and that would be clinicians that have practices that have 15 or fewer clinicians, is eligible for the re-weighting simply because you are in a small practice. There is a list of clinician types that have automatically the PI category re-weighted, those that are hospital-based, ambulatory surgery based, non-patient facing such as radiologists and pathologists and others that also get that PI category re-weighted. Now what that means is you don't have to have it re-weighted, you can submit PI data if you want to, but if you don't want to then you can go ahead and do that. And one of the benefits, I just wanted to show you an example.

Kathy Wild:

Before we do that, I see our results just came up. So it looks like six out of eight people did get the PI category re-weighted, eight people did not and a couple people were not applicable. So it's almost half and half. So very interesting.

Kathy Wild:

So there are pros and cons to do it. I was just going to give you this quick example. We know we have to report six quality measures, so if someone reported four measures but did not meet the 70% data completeness criteria, which means the maximum they can earn is 3 points and we'll be getting into that in a minute. So that would be 12 points, four measures times three points each. Then one measure they were able to earn 5.5 points and another measure 7.2 points. If you add those together and you do not re-weight the PI category, you would earn 23 net points. However if you did re-weight the PI category, which means your quality category is worth 70%, look at that, you earn 35.8 net points. So by not re-weighting, what that means is that person would have to in order to get the same MIPS amount of points, they would have to earn 12.8 points in their PI category to come out the same.

Kathy Wild:

So this is something where we would love to work with you. So we can look at your data as you're going along and figure out if it is worth doing it, submitting that or not. It all depends if you're doing well in the PI category or not. And just note that you can go ahead and submit that PI category hardship exception, they're not even open for applications yet, but you have until December 31st to figure that out. And once again, we can help you figure that out which would be advantageous for your practice.

Kathy Wild:

So this slide, I just wanted to remind you one of the other things that's very important for you to decide right away is whether you're going to report as an individual or a group. Remember that all four MIPS categories have to be reported the same way. So what happens is, if you do submit data both as an individual and a group, CMS will look at all of that data and then they will score it and decide which way was advantageous to you and then they will base your payment adjustment on the higher score whether it was at the individual or group level.

Kathy Wild:

Okay so, quality reporting. What is this all about? So the purpose is really to assess the quality of care clinicians deliver based on performance of clinical practices and outcomes. Remember there's a thing you've probably heard before, if you don't measure it, you can't improve it. So the quality reporting period is the full calendar year from January 1 through December 31st. And one thing to note is that most quality measures are reported only once during the calendar year. And examples of that are tobacco use screening, so when a patient comes in you only need to ask them that question once during the calendar year. The same with the BMI screening, getting their weight and their height, diabetes eye exam, pneumonia vaccination. But then there's other measures that have to be reported more than once and one of those examples of a measure that has to be reported quite frequently, meaning every office visit, is if you select that measure that says, "Documentation of current meds in the medical record." So, these are some of the things that you have to think about when you're picking them.

Kathy Wild:

So for 2020 most of the things are the same, however there are a couple changes here. CMS did revise the list of quality measures, and I'll get into that in a minute. They added a couple new specialty measure sets. They've increased the data completeness requirement and this is the big major change for this year. It is now 70%, last year it was 60%. And what that means is you have to report data for at least 70% of the patients that are eligible for that measure in order for the measure to get scored and earn points. So clinicians in small practices will continue to receive three points for quality measures when data completeness is not met and that was how it occurred in 2019. The big change is, if you are in a large practice with greater than 16 clinicians, you will no longer get any points for that measure. So you have to make sure you're reporting enough data if you're in a large practice.

Kathy Wild:

The other big change that CMS did for this year is they established what are called flat benchmarks for two quality measures. And we'll get into that in a couple minutes, but I just wanted to highlight that here.

Kathy Wild:

So now let's get into some of the actual requirements. This slide basically is the same as it was in 2019. You should report six quality measures including at least one outcome or high priority measure. Or you can pick a specialty measure set. Or you can report all of the 10 CMS web interface measures if you belong to an ACO that has more than greater than 25 clinicians in the TIN. And once again, if you're in an ACO we recommend you check with them to make sure that that's what they're doing and they're reporting for you. And there's another requirement for that, they have to register to go ahead and use the CMS web interface too.

Kathy Wild:

All right. So scoring, so when you're looking at the individual measures they are going to be scored based on your performance. So it's one thing to select the measures, it's another thing to go ahead and try to provide that quality care. So you want to make sure that you are doing the things that the

measures are looking at. So if you are going to report a tobacco cessation intervention measure, you want to make sure that you are asking your patients that come in during every visit if they are a smoker and if they are that you're giving them some tobacco cessation information and that you go ahead and record that so that you get the points that show that you're making that type of improvement to improve your patient's healthcare.

Kathy Wild:

So the maximum points for the quality category for clinicians in small practices is 60 points. And the way to get that is, as I said, you have to report six measures and the maximum each one could be worth is 10 points and that's for the majority of measures. So please note that some measures are limited to seven points and those are ones that are topped out and capped. And then others are limited to three points. One good thing for clinicians in small practices is that if you submit at least one quality measure, you will receive what's called the small practice bonus and you'll receive six points, it will be added to the numerator in your quality category, so that will help you.

Kathy Wild:

There are some other bonus points for the quality category. If you submit more than one outcome or patient experience measure, you will get two points for that measure if you meet the data completeness and case minimum requirement for that additional measure. You will get one point for each high priority measure that you submit after you submit the first one, but once again you have to meet the case minimum and data completeness requirement for that measure to get that one point. Now if you want to use your electronic health record and submit the data through your EHR, you can get one point for each measure doing that. So that would be the possibility of getting six extra points if you submit all six measures via your EHR. Then the six point small practice bonus, I already talked about.

Kathy Wild:

And then there's also up to 10 points available based on the improvement in the quality performance category from the previous year. So if you have a quality category score of 50 points this year and you had only 42 points last year, CMS will see that your quality category score increased by eight points and they will calculate an improvement rate and you'll get some extra points that way.

Kathy Wild:

Okay, so now we're looking at the individual measures and their requirements. And I've eluded to this already that there's basically three requirements for each measure, and this is to gain the most possible points per measure that you can. So case minimum. CMS requires that you report a minimum of 20 cases per measure. So what you want to do is pick a measure that's applicable to your patients. It's going to be in your population so that you know you'll have enough cases to submit, that number is 20. Data completeness, we've already talked about. You have to report data for at least 70% of the patients that are applicable to that measure. And once again, you want to look at measures that have benchmarks because that will allow you to also get the highest possible score. So when you meet all three of those requirements, then the measure can be what's called reliably scored.

Kathy Wild:

And this is basically a repetitious slide, but it's just saying it a different way, that if you're in a small practice you will get three points if you don't meet these three criteria. And if you're in a large practice you will get no points for that measure.

Kathy Wild:

Okay, and this is just a reminder that if you are reporting measures either using your EHR or a registry or a QCDR, then the measure will be looking at all patients across all payers. So it will be everyone seen in your practice during the calendar year. However, if you are submitting quality measures using only Medicare Part B patients, then that would only be applicable to your Medicare patients if you're using claims. If you are doing the CMS web interface, you're in an ACO, then that also just looks at your Medicare patients.

Kathy Wild:

Okay, we're going to touch a little bit on benchmarks here. That's one of our buzz words for today. So, CMS uses benchmarking to assign achievement points to a quality measure. Benchmarking is the process of comparing your performance with peers who have reported the measure two years earlier. So basically what CMS does is it's kind of like when you went to school and your teacher would curve grades for a test. So even though everyone tried to get 100 points, if the test was extremely hard and the smartest person in your class only got an 80%, then the teacher would sometimes kind of curve your grade so that that 80, which was the highest grade in the class, would now be your new 100 for that time.

Kathy Wild:

So CMS kind of benchmarks and scores people based on what the others are achieving. So it really is a fair process. So most of the measures with benchmarks are worth up to 10 points, but as I said, sometimes they top some out and cap them and then they're only worth seven points. And we do have a link here, we have several built-in links in the presentation to kind of help you when you review this that it will take you straight to the 2020 quality benchmarks that's located on the QPP website.

Kathy Wild:

And this table just kind of shows you again, if you meet the data completeness of 20 cases and the case minimum requirements, then you are in a certain what's called a decile and CMS is not giving fewer than three points out. So the least number of points you can get for a quality measure is three points unless you get the zero and it kind of breaks out what your score would be in each decile.

Kathy Wild:

And this side will show you how based upon the method that you submit your quality measures will determine how many points you'll actually get for each measure. So this is an example for influenza immunization which is ID number 110. If you look in the first row that is 82% but you're reporting using your EHR registry. You'll look and you'll see that that is in decile nine, meaning that you're going to get at least nine points for that measure using an EHR. If you look down to the middle row, you'll see that that

measure still had an 82% but they used Medicare claims and their decile is in the sixth decile, that's where those points score. So that means that they're going to get three fewer points towards their MIPS score if they report it using claims than an EHR. And then for this same measure, if you have an 82% performance rate and you report using a registry, that 82% falls into the seventh decile so you have seven points.

Kathy Wild:

So it just kind of shows you how you can go ahead and get different points but they, I mean, yeah different points with the same performance rate based on the submission method. So it is very important for you to consider how you want to report your quality measures.

Kathy Wild:

One thing I noted for a change in 2020 is that CMS established what's called two flat benchmarks and they're just for two quality measures. One is the diabetes hemoglobin A1C poor control measure and the other is the controlling high blood pressure measure. And these flat benchmarks are only going to be applied when those measures are reported using claims or a registry, so it's not applicable if you're reporting it via an EHR.

Kathy Wild:

And this next slide will kind of show you exactly what the deciles and the points are. So for the first one, the controlling high blood pressure, it'll show you the first two rows for registry and claims. And for this measure it actually is the same as electronically reporting although it doesn't work that way for the diabetes measure. But you'll see how it's a straight 20 to 29.99 is one decile then 30 to 39.99. Normally with benchmarks they aren't that clear cut and flat like that, but for these what they wanted to do is they want to make sure that clinicians are going ahead and providing the correct care. You could try to manipulate the system and try to earn higher points by prescribing medications, possibly or something like that to get a better score which would inadvertently harm the patient. So these are two measures that they went and changed those requirements for this year.

Kathy Wild:

And with the diabetes one you will see how if you report that measure via electronic clinical quality measures the rates are different. That is an adverse measure meaning, that's why you don't have the high numbers at the beginning but you have one at the lower. And you'll see how the measure does kind of change based on whether you report it via electronically or not.

Kathy Wild:

So now we're going to get into a little bit about selecting quality measures. So this year there are 219 measures available. CMS has what is called Meaningful Use Measures 2.0 Initiative, in place and they've been working on this for a while too. Every year they do an annual review and they want to go ahead and eliminate the topped out measures, the ones that aren't used and the ones that have corresponding improvement activity or cost measures that are applicable in the MIPS category. So they're trying to kind of streamline this with the goal that actually these measures would be able to be used by other payers in their programs also. So from 2019 to 2020 CMS removed 42 measures last year. So that means that something that you just submitted for 2019, you want to check and make sure it is on your 2020 list,

because like I said, 42 got removed. Three measures were added and 83 measures were modified. And we've got links there to the full list of the MIPS quality measures that are available this year and then the explore measures is another choice of looking at the measures on the CMS QPP website.

Kathy Wild:

So when you're selecting them, and I know you've heard this before, you want to try to select measures that are applicable to your patient population. And they're also available to report using the collection method or methods that you plan to use. We created a list of the quality measures and grouped them by submission method to kind of help you, so the link for that is there as was as the link for all of the quality measures on the QPP website.

Kathy Wild:

One of the things you want to decide also is, who is actually going to collect and report the quality measures. You can do a lot of that by yourself or you can ask a third party such as a qualified registry or a QCDR, or you EHR vendor to report for you. One thing to consider there is that there usually a cost involved if you have the third party, so it's something to take into consideration. If you are using a registry or a QCDR it must be one of those that CMS has approved and appears on one of the lists below. So these are links to what is located out on the QPP CMS website, so you want to make sure you select one of those. And knowing that a large majority of you did use a registry last year, I'm sure you were aware of that and that you checked that to make sure the registry you used last year is still qualified to be a registry this year.

Kathy Wild:

So now we're going to talk about measure collection types. That's one of our buzz words. So collection type refers to the way you will actually collect and report data for a quality measure. Several measures can have data collected more than one way. In that slide I showed you with the three different benchmarks, for the immunization measure it showed you EHR, claims and registry. So those are our collection types. And every measure has its own set of instructions based on the specific collection type and those are called measure specifications, which is another buzz word. So it's very important for you to look at the measure specifications for the measures you're thinking about collecting and look them over, and make sure you pick the right one based on your collection type.

Kathy Wild:

So there are six collection types for 2020 and I'm going to go over each one of them, so I'm not going to read them from this list but we're going to go into details now. So the first one is electronic clinical quality measures and you'll hear them referred to as eCQMs. There are 47 of them available for 2020. One of the main requirements is that you have to use a 2015 edition certified EHR to report them. If you don't have that then you can't even consider using eCQMs. What you'll want to do is when you look at the measures you think you might want to report, you're going to have to talk to your vendor, make sure they have those eCQMs available in your EHR so that you can go ahead and report them. Because a lot of vendors do not have all of the CMS approved measures available in their system, so that is one of the things you'll have to look at.

Kathy Wild:

If you want to report eQMs you can report them at the individual or the group level. And if you want to report eQMs and then you might want to report a couple other measures different ways, you can report them with claims measures, registries or QCDR measures. And I've provided a link here, which are the specifications for the measures specifically that are going to be reported that way.

Kathy Wild:

So moving on to the next collection type are called MIPS CQMs, and these were formally referred to as registry measures. They changed the terminology last year. There are 196 of these measures available, so they can be reported at the individual or group level again. And these are measures that a third party collects and submits on your behalf. So once again, a registry can do it, a QCDR or a health IT vendor. So quite possibly, probably you will have a fee involved with reporting these measures. And you can report them in conjunction with claims, eQMs and QCDR measures. And the specifications for all of those 196 measures are available in the link provided there at the bottom.

Kathy Wild:

The next collection type are the QCDR measures. There are 751 QCDR measures approved for 2020. So if you don't know what a QCDR is, a qualified data registry, it is a CMS approved entity, excuse me, that develops, tracks and reports specific approved quality measures. The good thing about them is they have such a large assortment that a lot of them are available and applicable to specialists and endorsed by professional societies. So when you look at the main list of quality measures that are available and you're a specialist, a lot of them really aren't applicable. You don't feel like you're really helping to improve the care of your patient population, but when you look at the QCDR measures there are ones that are more specific to your specialty. So that's one benefit of using those measures. They can be reported at the individual or group level and you can report them if you were going to report using different collection methods. And we've got the specification link for those measures readily available for you on that slide.

Kathy Wild:

Okay, so Medicare Part B Claims Measures. This is a measure, an option that is only available to clinicians in small practices with 15 or fewer clinicians. Large practices cannot submit claims measures right now. There are 55 of them available in 2020 and basically what they do is you will have to add a quality data code called QDC to the Medicare claim before the claim is submitted for processing. And this can be reported at the individual or group level and you can report some of your quality measures using claims while you report others using eQMs, MIPS or QCDRs. And we've got the specifications for the Medicare claims measures there.

Kathy Wild:

All right, we've got the next data collection type is CMS web interface measures. So this is only available to groups with 25 or more clinicians who register to use this data collection method. Registration is not open yet but it will open supposedly on April 1st through June 30 and we will let everybody know when that option is available. So if your practice is part of an ACO chances are that your quality measures will

be collected by your ACO and the quality measures they will be reporting on will be the CMS web interface measures. It's a specific set of 10 quality measures and they are based on specific Medicare patients that CMS will provide you with a list of and you'll be reporting data on those specific patients. Once again, if you're in an ACO we recommend that you check with your ACO to make sure that they are collecting that data and submitting it on your behalf. And we've got the specs for those measures here.

Kathy Wild:

And we've included this here as a data collection type, it's called the CAHPS for MIPS Survey. But basically what that is, is just counts as one actual quality measure that you can use that would be one of the six measures that you would report. The advantage of using the CAHPS for MIPS survey is that it meets one of your measures, it also meets the requirement of submitting at least one outcome or high priority measure. And the last advantage is that it also counts as a high weight improvement activity. So it works across multiple MIPS categories if you want to go ahead and do that. So can everyone do that? Well, no. Solo practitioners cannot use the CAHPS for MIPS survey, but anyone with a group of two or more clinicians you can go ahead and do that. Registration is required, it's going to open on April 1st and must be completed by June 30th. In addition to that, CMS will determine whether you qualify because there is a minimum sample size. So if you are interested in that you can certainly register. One thing to know is that that survey must be administered by a CMS approved survey vendor.

Kathy Wild:

So pretty soon a list of vendors that have been approved by CMS will appear on the QPP website and you would have to use one of them and there will be a cost involved with that. We've got a fact sheet link to help you with that. And in case you didn't know anything about it, they're basically asking the patient seen in your practice about their patient experience in your office. There's I think 10 different issues and topics that the questions are based on. Some examples are, are they getting timely care, are they getting timely appointments, how courteous and helpful your office is and how well your providers communicate with each other.

Kathy Wild:

And one of the tools I wanted to highlight, and we've got the link for it up here, is the quality measures by submission method. And in addition to breaking it out by each of those data collection types I just went over, it gives you the maximum points available. It has a column to tell you whether it's an outcome or patient experience measure. It tells you if it's a high priority measure and if a benchmark is available and if it's topped out. So it kind of condenses everything so that you can get a quick look and say okay, these are the maximum points I can get and this is how I want to report. So we highly recommend that you take a look at that resource.

Kathy Wild:

And one other thing I wanted to touch on is, if you are doing group reporting and you have a multispecialty practice. That can be very challenging to try to select six quality measures that are applicable to everyone. So CMS created a list of cross-cutting quality measures. There are six of them on there that may be helpful for group reporting in those instances. Basic things, advanced care plan, BMI screening, documentation of current meds, tobacco use, BP controlling and that. Once again you'd have to look and see, okay, what are the maximum points for that? How am I going to report it, things like that. But it is some assistance to help you when you've got several things to consider.

Kathy Wild:

Another thing that CMS is doing is they are allowing reporting flexibility so that you can report using multiple ways. And I've eluded to that when we went over the data collection types. So out of your six measures you can report five claims measures and maybe one MIPS CQM or you can do three electronically, one with the registry and two with claims. So there is that flexibility if you want to try to really maximize that score. And if you decide to report one measure using two or three methods, CMS will go ahead and score the one with the highest possible points. And now I am going to turn this over to Roxanne Fletcher, and she is going to go ahead and continue on with some claims reporting tips. Roxanne?

Roxanne Fletcher:

Whoops, hold on. I was on mute, I hope you can hear me now.

Kathy Wild:

Yeah, we can hear you.

Roxanne Fletcher:

Okay, I think everybody needs to standup and take a quick stretch and a deep breath and we're going to get right into claims reporting tips. So, here we go.

Roxanne Fletcher:

So measure collection tip if using claims. If you have difficulty finding measures that apply to your Medicare patients, ask your biller. I know some of you continuously are using the biller to submit things and they can provide a list of the codes that you frequently bill. And there's a tool that CMS has for you and it's called the 2020 Claims Single Source v1.0, and it's an Excel file and it's located here, we gave you the link. And what that can do is it's going to help you locate the proper measures that you can identify to submit those special codes on. So if you... Here is a screenshot, you're going to go to this column D, click on that down arrow. When you click on that down arrow you're going to see a search box and if you type in the code that the biller has supplied to you and then click OK, what it's going to do is give you the ID of the measures that you can submit G codes or coding the special claims code for quality measure. And here again is that link that Kathy talked about before that if you click on that you can use that to use the exact measure that's being identified in the measure ID column.

Roxanne Fletcher:

Then here's more resources, you can go to our webinars that we've had. How to report MIPS quality measures in 2020 using Medicare Part B claims. And you can either look at the PowerPoint, listen to the recording or see the written transcript. Other resources that are very valuable is the 2020 step-by-step guide to recording quality measures using claims. This even has an example of what a claim form looks like and where to put things. So all of these are links on this slide that you've got, you should be able to just click on them. Of course, you can also find these resources at the qpp.cms.gov website and we also have our own website and it's the qppsupport.org. Some of the things that we've spoke about, Kathy has spoken about, ones we have developed are there. And so you have two different resources you can

access. And of course, if you can't locate something or you've never used either of those websites before, we'll be happy to guide you along the way.

Roxanne Fletcher:

Okay, specialty measure sets. Kathy's talked a little bit about this. CMS has now setup on their website how to locate specialty measure sets. There are 45 altogether. They are again, located at that qpp.cms.gov website and when you go there you'll see the little MIPS tab. You hit that little down arrow and at the very bottom of the left-hand corner you'll see explore measures and activities. And then make sure when you click on it though it's still set for a default of 2019. So if you're looking at what's available for 2020, make sure you change that performance year to 2020. All right moving, so here are the lists on the slide that you were provided prior to our presentation, these are a list of all the possible specialty measures that you can look at on the website. So they've created a list of quality measures. We also have developed some of these specialties, so I call them the little guides or little cheat sheets that kind of condenses what measures that we recommend and what improvement activities that are associated more in line with a particular specialty.

Roxanne Fletcher:

Education. This is one thing that I really tend to harp on myself with some of my practices. You need to communicate among each other what you are doing and it's really critical for the MIPS program that all staff are onboard to help you. So you're going to decide which measures to report, how they're going to be collected and you do want to have a staff meeting to inform everyone about the quality measures. And you're going to teach them what has to be done to get the highest possible performance rate. So again, here we have the list. It would be your receptionist, your billers, your medical assistants, office managers and clinicians. Different ones are interacting in the patient's chart at different times and so we want to make sure we're capturing the correct information that can be either submitted on a claim form and the EHR.

Roxanne Fletcher:

You also want to provide everyone with a specification sheet for the selected measure. You want to make sure you're using the correct sheet based on the collection type which Kathy reviewed with you, is that depending on what way you're submitting your quality measures would depend on the specification sheet that you need to look up and make sure you're meeting what's required. Now if you're going to report your quality measures using your electronic medical records system, you want to measure the workflow. And I run in to this all the time with practices. They say, oh, we're doing it. Workflow will be fine, just maybe there is the way the system is setup they're not maybe clicking in the right place or the right button based on how the electronic medical records were structured. So you do want to go in, right now is a perfect time if you have an electronic medical record, let's see what it's recording. And if there is zero numerator and zero denominator or no numerators listed and you're thinking, hey, we do that why isn't it being collected? Get back to your vendor and find out how to record that properly in your EHR.

Roxanne Fletcher:

Review measure specifications. Okay, so you're going to identify which patients are eligible for each measure and the criteria for the eligible patient can be based on a variety of factors such as age, gender, medical diagnosis like diabetes or hypertension. And again, in the specification sheets it will tell you

exactly what it is that you need to report on. Same way with your frequency, it will tell you in those specification sheets if it's a calendar year, every office visit, quarterly, every six months, it will tell you that. And then it's going to identify what actions must be taken to meet the measure.

Roxanne Fletcher:

So here is measure specifications and collection type you're going to measure. Measure specifications are listed separately in the QPP resource library based on collection type. For example, if you did go and I think here shortly I will show you an example of that. So let me, hold on one second. And it's important to use the correct specification based on the way you're going to collect. So Kathy reviewed these with you. So when you look at a measure and it will have, it might not have all of these options available to you. You might look at a measure and it might have eQMs and it might have Part B claim, so that would be the only two ways that those were reportable for 2020. For this QCDR measure specifications for the registries, a lot of times if the specialty societies have them it gives you a broader base of more applicable quality measures to report on. So you want to look at all avenues if the ones that particular measure has is not available. Let's go to the next screen.

Roxanne Fletcher:

So here's what I was referring to. Measure-eligible patients are documented in the denominator section of the measure specification sheet. So if you go on that qpp.cms.gov website and you explore measures and you click on the quality measures, and you can look at... just select, say for example, colorectal cancer screening. And it will pop up and it will list ways that's available to report on. So here, right here to the left you'll see that it says 2019 collection types, Medicare Part B claims. This is the one that we're looking at for that particular measure is how to report it by Medicare Part B claims. And then over in the denominator it tells you the specific age of the patient that you're looking to do the measure for. And in this particular case it will list your age group, the type of office encounter code that you can use to report this measure.

Roxanne Fletcher:

On the next screen it tells you... This is just a nice big screenshot of where it says instructions. So this will tell you when it's supposed to be reported, how many times. Here it's only once for the performance period. So that is once in a whole year you'd only have to document this. So like Kathy referred to, most measures only need to be reported once during the calendar year. This happens to be just one of them that does that. Then frequency continue, some measures need to be reported at different intervals. Example, documentation of current medications in the medical record. Here again, it will tell you instructions, this measure is to be submitted at each denominator eligible visit because they're expecting you to check the patient's medication status every time they come in. Did they go to the specialist before they came to you and something got changed on their medications? So it's just a way that by documenting this each visit they know that you are checking on the patient.

Roxanne Fletcher:

Change workflow. Our group, Quality Insights, we have this conversation quite a bit with different practices on what you need to do to maybe improve your measures. Since CMS is looking at, did you improve from the year before, we provide guidance in saying, hey, let's look at what you're doing, are there things that we can help you improve? So some of the ideas, if possible, use billing or scheduling software to flag patients who are eligible for each measure. So this way you're not missing anybody. A A

lot of your EHR systems already have this built-in that there's a flag for particular measures. Make sure you're clicking certain clicks to get that to count. You can create a formal written process to ensure all denominator-eligible patients are captured. You can ensure everyone understands what the performance action is for each measure so that staff can complete the necessary actions to increase the rate. I would say the majority of practices review the charts, either paper charts or electronic charts, before a patient is seen. So this is a good time to say, okay, let's look at the quality measures we are reporting on, does this patient qualify for any of those?

Roxanne Fletcher:

The higher the quality measure performance rate, the higher the MIPS score and resulting MIPS payment adjustment. So keep that in mind, the better that you are performing, the higher your score, the more of the adjustment you're going to get, payment adjustment. Because you work very hard, all of you work very hard to do this, so let's get a reward for doing it.

Roxanne Fletcher:

Report data when measure is met or not met. This is sometimes confusing for practices, they think that they should cherry-pick. Let's only do Medicare patients that I know have met the measure. Well, report what occurred during the office visit even if the measure was not met. To receive credit towards the 70% data completeness requirement you must report if the performance was met or not met or if the patient meets the exception or exclusion. They're a part of your denominator population, so by reporting the not met, the exceptions, the exclusions, CMS knows that you're taking into account your total patient population for this particular measure. And again, do not selectively report, that misrepresents your true performance and again, cherry-picking. So clinicians who report data that is not true, accurate or complete may be subject to an audit. How dare I use such words, right?

Roxanne Fletcher:

So identify how to meet the measure. So we have developed a little, I call it cheat sheet or a document, that kind of lists the 17 most common codes that are used for reporting quality measures. And it looks similar to this, identify how to meet the measure. So on that document we've given you the frequency, what the denominator would be and it would provide you with actually if you're doing claims, for claims what code would be used. So this is a great little guide here to help you.

Roxanne Fletcher:

Now we're going to go on to data collection. Okay so, the data needs to be collected for the full calendar year to ensure that you meet the 70% completeness requirement and that you have an opportunity to earn more than just three points for a measure.

Roxanne Fletcher:

Using a third party. If you work with a vendor, registry or QCDR, make sure you have frequent contact with them throughout the year so that you meet all the reporting requirements. So if you have not reached out to yours, if you're going one of these routes and you haven't reached out to them we recommend, we're closing out on the first quarter, it's a good time to do that.

Roxanne Fletcher:

EHR-based quality reporting. If you collect the data using more than one EHR system, you must aggregate your data prior to submission. So that means you're adding together reports from two different systems to get your totals for submission. If you transition from one EHR to another during the performance year you need to aggregate the data from the old EHR with the new so that you have 12 months of data. So just keep in mind, and I know I've had several practices this year that are planning to actually change their EHR vendor this year. So we recommend that, make sure that you run the reports prior to going on to the new system. Usually you have a period of time when you can still access reports from the old system even though you've gone live on the new system. Make sure you're aware of what that timeframe is because if you miss that timeframe you may not access to your old data anymore that you would need to report quality measures.

Roxanne Fletcher:

So in a case where, I've had a case happen in 2019 where the old system got shut down before they were able to run a report, so what happens? So the only data they have is the new report, but we must reflect the 12 month period. So when you go to do your submission it's going to be January 1, 2020 to December 31, 2020.

Roxanne Fletcher:

ICD-10 updates and data collection. FYI every year there is a new ICD-10 coding update that takes effect on October 1st. CMS will notify everyone in early November if there are any quality measures that are significantly impacted by this ICD-10 update. Measures that are significantly impacted will be a nine month performance period that will end on September 30th instead of December 31st. So just be aware of that. Make yourself some notes. I like to put things, reminders on my calendar just to keep me on my toes.

Roxanne Fletcher:

Facility-based clinicians and groups. Clinicians and groups identified as facility-based have the option to use their hospitals value-based purchasing program score instead of reporting quality measures. Clinicians are deemed facility-based if they meet all of the following criteria. If they bill equal to or greater than 75% of covered professional services in a hospital setting. If they bill at least one service in an inpatient hospital or ER. Can be attributed to a facility with a 2020 hospital VBP program score. That's a lot in one breath there. Groups are deemed to be facility-based if it's equal or greater to 75% of MIPS eligible clinicians in the group are deemed facility-based. See now before it was 100%, they've lowered that to 75%. CMS will automatically apply facility-based measurement if the combined facility-based quality and cost performance scores are higher than the combined MIPS quality and cost performance category scores. So they will automatically do this for you.

Roxanne Fletcher:

All right, now we're going on to submission. All right, so the submission period for this year, well for 2020 will start January 1st, I mean I'm sorry, January 4, 2021 and ends March 31, 2021. And if you report quality measures using claims, data must be submitted continuously throughout the year. And I have

also this come up quite a bit, practices says, well, I've already submitted, can I go back? No, you cannot resubmit a claim for the sole purpose of adding quality data codes to get credit. So if you haven't started adding codes to your claim forms, you can start now but you cannot go back to ones that have already been submitted.

Roxanne Fletcher:

Submitting your own data. Now if you collect eCQMs, you can sign in to the QPP portal and upload a QRDA3 file during the data submission period 1-4-21 through 3-31-21. Now I do want to make practices aware that there are some cases where your vendor if you're doing it, your IT vendor is going to charge you for the report. So what I tell practices to consider, if they're going to charge you the same price for the report as if they're going to do the reporting for you, that's something to consider. You could always report more than one way, but I just want to make everyone aware of that. If you are part of an ACO, check with your ACO to make sure that they are going to submit the CMS web interface measures for you. And the CMS interface measures must be submitted using the CMS web interface or the API not QPP portal, okay? The majority of ACOs do this, but like Kathy said and I've repeated here, make sure you're aware of what the ACO is reporting on your behalf.

Roxanne Fletcher:

And no one can manually attest or enter measures data directly into the QPP portal. That's another question I get. Because the old system you could just go ahead and put it in. That's not how it works now with the MIPS, it must be an uploaded file right to the QPP website. Your EHR vendor's attesting or you're going through something like a registry.

Roxanne Fletcher:

Okay, submission by third parties. So, electronic medical records, electronic clinical quality measures, the MIPS clinical quality measures and the QCDR measures can be submitted by third party intermediaries such as qualified registries, health IT vendors, just what I had discussed before, the QCDRs. And the third party will be logging into the QPP portal and uploading that file, that we mentioned before, the QRDA3 file or a QPP JSON file, or they will use the QPP submission app.

Roxanne Fletcher:

Re-weighting due to data integrity issues. This one, we just wanted to make you aware of this, that CMS finalized a policy to re-weight categories when data is inaccurate, unusual or otherwise compromised due to circumstances outside of the controls the clinician or its agents if CMS learns the relevant information prior to the beginning of the associated MIPS payment year. So things do happen and things do come up, and CMS will re-weight categories. MIPS eligible clinicians or third party intermediaries should inform CMS when such circumstances occur. We've had things happen where the IT vendors, EHR, electronic medical record vendors that has made it possible for some categories to be re-weighted. If CMS determines that re-weighting is appropriate they will follow existing policies for that.

Roxanne Fletcher:

Okay, I am going to open it up to questions. And let me just get Kathy back.

April Faulkner:

All right, well thank you Roxanne and thank you Kathy. This is April again. Thanks to everyone for joining us today. Because of the timing, what we're going to do is we did receive some questions through the chat and Q and A boxes and we will follow-up with those after the webinar concludes.

So I just wanted to give you a quick reminder, when you close out of today's session you will automatically be directed to a very brief evaluation. Please take a moment to complete it. We greatly appreciate your feedback and comments.

Please note, the next addition of QPP live will be held next Thursday, March 19th at 9:30 in the morning. I've posted a registration link in the chat box and we do hope that you can join us. Thanks again for joining us today and have a great rest of the day. This session has now concluded.

