Submitting 2017 MIPS Data Using the QPP Portal - Q&A from Live Webinar Session

Thursday, January 11, 2018

Questions Submitted via the Chat

Q: (Pamela Davis) - If you are reporting as a group, can you go over the steps for registration for reporting? Do you have to register each individual provider somewhere?
A: There is no 'registration' for MIPS reporting, except for groups that wanted to report using the Centers for Medicare & Medicaid Services (CMS) Web Interface, but that deadline was in July 2017.

Q: (Pamela Davis) - Are you saying the CMS Web Interface is the Quality Payment Program (QPP) reporting site?
A: The new reporting portal is at qpp.cms.gov and you will use your EIDM Credentials to log in.

Q: (Pamela Davis) - I did not register for the CMS Web Interface, can I still report with QPP?
A: Yes, you can still report for the 2017 QPP. The reporting period just opened on Jan 2 and it doesn't close until March 31, 2018.

Q: (John Kroubalkian) - Is "CMS Web Interface" different from "QPP Portal"?
A: Yes, the CMS Web Interface is different than the QPP Portal. The CMS Web Interface is a reporting method that only groups of 25 or more clinicians could select to use for reporting 2017 data. Registration was required for those large group practices and the deadline was in July. The QPP Portal is what is being reviewed now. It is the method that ALL clinicians and groups can use to submit data directly to CMS.

Q: (John Kroubalkian) - With PQRS there was a submission validation step that preceded actually submission - is this available in QPP Portal?
A: The submission process in this new QPP portal is different than what you did for PQRS. There is not a "validation step". Data and MIPS scores are displayed in real time as you enter data.

Q: (Shanthi Narayanan) - The address associated with Practice information in MIPS look up tool is incorrect and different from that listed in PECOS. How can this be fixed?
A: CMS will be updating the NPI look up tool very soon which will reflect claims from 9/1/16-8/31/17. Therefore, what you currently see will more than likely change when it is updated.

Q: (Becky Greenawalt) - Is there a way to filter to find a specific physician? We have over 300 linked physicians with only a handful that are active.
A: You would have to enter the Individual NPI number to find your clinicians. There is no way to bulk search.

Q: (John Kroubalkian) - I represent a vendor, however when I go to the Individual Reporting screen it says 0 CLINICIANS CONNECTED. What needs to happen to get it to show something like an actual clinician?
A: You must be linked to a TIN for the clinicians you want to see.

Q: (John Kroubalkian) - Since no validation step, if we submit an invalid format for QRDA Category 3 what will happen? Will it point out the erroneous portions of the document?
A: If there is an error in the file, you would get an error message after you uploaded it.

Q: (John Kroubalkian) - What is meant by the "Top 6" measures?
A: Top 6 measures means that if you report more than 6 quality measures CMS will score all and choose the top highest scored measure for your MIPS score.

Q: (John Kroubalkian) - Amy submitted a 'qrda3_Demo.xml' file - what would the behavior be if the format of the xml file was invalid?
A: Two types of file formats can be uploaded into the QPP portal: for electronic health record QRDA III and for registry or QCDR QPP format file. These are the only two files accepted in the portal.

Q: (e lin) - We are an one provider practice. We have reported quality measure compliance with one of the 4 xxxxF codes along with our MCR claims. We reported xxxxF codes in about 30 claims. Each claim had 1 to 3 of the xxxxF codes. Will our office to report MIPS/QPP measures in addition to what we have done to avoid penalty in 2019?
A: Reporting one quality measure one time for one patient via claims in 2017 will avoid the penalty for 2019.

Q: (Shanthi Narayanan) - The address associated with a practice in the MIPS look up tool is different from that in PECOs. Not been fixed when CMS reviewed this in DEC. How do I correct this error?
A: You will need to contact PECO's to correct issue.

Q: (Andrew Munchel) - For EPs in an APM (not an advanced APM, specifically OCM-1 sided risk), will the portal default to only ask for ACI scores?
A: No, you will still see the categories for Quality and Improvement Activities

Q: (John Kroubalkian) - I understand that QRDA III is an acceptable format...my question is more about the content of a QRDA III file - each measure has things like Specific Version Identifier (Neutral Version Identifier, etc.) - these are unique for a given measure (e.g. CMS68v6) - does the upload process verify correct identifiers?
A: The 2017 CMS QRDA III Schematron provides rules that enforce the conformance statements of the IG. QRDA III submissions to CMS for the 2017 performance period will be submitted through the new Quality Payment Program submissions API or via file upload on the Quality Payment Program website. CMS will provide immediate, clear, and actionable feedback at the time of submission which will enable submitters to be confident that they successfully submitted their data. Read more.

Q: (Linda M): Do you need to have been recognized as a PCMH for the entire year or 90 days?
A: 90 days

Q: (Deborah Weinstein) - We can get credit by participating in an ACO - how do we communicate that to CMS to get full credit for IA?
A: Your ACO should submit IA for you. Please check with your ACO.

Q: (Sandy Nistendirk) - Should we have selected our improvement measures prior to the reporting period?
A: Many improvement activities are things you are already doing in your practice. You need to review the list of activities and find any you have been working on. A few that are very common to practices are engaging new Medicaid patients and using the PDMP.

Q: (Delphine Terry) - if the ACO is submitting data, does the individual practitioner also submit the same data or just the individuals data?
A: You should reach out to your ACO for clarification, however most ACO's submit Quality Measures and Improvement Activities for you; you will need to submit ACI information as a group choosing one of the available submission options for the ACI category.

Q: (Wendy Salisbury) - We have been working with a Practice Transformation Network all year. Where do I enter that in the portal?
A: I believe you are stating that you are enrolled in the CMS Transforming Clinical Practice Initiative (TCPI). This is a high weight improvement activity under Care Coordination, ID number IA_CC_4. You would attest to this in the Improvement Activity category.

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Q: (Holly Bender) - We checked participation status on the look up tool and one of our PAC's shows up as eligible for her old employer despite being under our TIN, group NPI on CMS portal. Can I get this changed? Do I need to contact CMS before attesting?
A: Provider information will be updated through PECOS. CMS will be updating the NPI look up tool very soon which will reflect claims from 9/1/16-8/31/17. Therefore, what you currently see will more than likely change when it is updated. It is correctly updated on PECOS so I should be good then. CMS will be updating the NPI look up tool very soon which will reflect claims from 9/1/16-8/31/17. Therefore, what you currently see will more than likely change when it is updated.

Q: (Michael) - For submission of TEST reporting, how many patients do you need to report 1 Quality Measure?
A: For TEST reporting, you only need to submit ONE claim for ONE patient for ONE quality measure. Make sure your claim is submitted to Medicare in plenty of time for them to process the claim prior to 3/31/18.

Q: Our EHR vendor is telling me that we can do attestation as well for quality? Is this true?
A: You cannot attest for the Quality category. If your EHR vendor is not reporting for you, you have the ability to upload a QRDA III file on the QPP portal.

Q: (Deborah) - Our EHR will not report MIPS for 2017 and some registries are already closed - only allowing "manual" submission. Will you address how we can electronically submit through the CMS website?

A: We will explain the submission process through the CMS website during today's presentation. You will see screenshots and we will also provide links to you- tube videos to further explain the process.

Q: I have tried to set up EIDM accounts for our doctors and have not been successful. Is there any information to help with that?
A: Click on the links below for more information:
- [Role for an Existing EIDM User](#)
- [New EIDM Account](#)
- [New EIDM Account](#)

Q: If I am attesting for all my doctors and PAs, do they need to each have their own EIDM accounts or can I submit all under my PQRS Submitter Role EIDM account?
A: You can submit data for all of them linked to your TIN using your account.

Q: (Bobbi) - If you submit quality measures on claims, how do you report it on the QPP site?
A: You will not have to report claims data on the QPP site. If you submit quality measures on claims, then you do not report anything on the QPP portal for the quality category.

Q: (Marcia) - For a doctor that did the 90 days claim to keep neutral penalty, should they attest to the same questions? Will he have to upload anything?
A: If quality was submitted via claims there is nothing you need to submit on the QPP Portal for Quality. Marcia, can you please clarify your question? Are you saying that your doctor is submitting claims for the quality category? If so, then nothing needs to be done on the QPP Portal and nothing will need to be uploaded.

Q: (Bobbi) - On the first page of the Quality submission it does not give you an option if you are doing claims submission. Do we just do nothing here?
A: If you are doing claims submission for the quality category, then you do not use the QPP portal. You would however use the QPP portal if you want to submit data for the ACI category or Improvement Activity category.

Q: (George) - Why would one method score higher than another? There are different quality benchmarks set for different reporting options. If you are using claims reporting for quality, I imagine nothing is entered on the website.
A: You are correct. If you are reporting quality measures via claims you do not do anything in the QPP Portal for the quality category. The reason why quality measures have different scores is because the benchmarks for each submission method are different.

Q: We are group reporting. If I have multiple EMRs, can I upload multiple files for group reporting? One file per EMR we use? All of the separate reports would have to be added together to get our aggregate numerators and denominators.
A: No, you cannot upload multiple QRDA III files. If you are using different EHRs for the group, you would need to work with a data aggregator to blend your quality data.

Q: (Deborah) - Why would you submit using more than one method?
A: Data for each category (claims, ACI, IA) can be submitted using a different method. Some clinicians that use a registry for quality measure reporting may decide to use the QPP portal and manually attest for the other two categories to save money.

Q: In addition to the QRDA file itself, our EMR prepares a file per patient. There are hundreds of those. Do we need those files for anything?
A: A: I am sorry I am not familiar with the files you are referring to. Only the QRDA file needs to be uploaded for MIPS submission. You may want to keep all other documentation prepared by your EMR vendor in a file in case it is needed for a future audit.

Q: (Desiree) - Is it better to report ACI for the entire year, or the highest scoring 90+ days during the year?
A: It is advantageous to report data that results in the highest MIPS score so you get a larger incentive. The great thing with this QPP portal is that you get real-time feedback so you can enter data using different reporting periods.

Q: By using the MIPS dashboard, are you able to get the numbers and manually report them? Can this be done for all 3 sections, or just Advancing Care Information (ACI) and Improvement Activities (IA)?
A: Manual attestation can only be done for ACI and IA categories.

Q: Can the reporting period be different for Advancing Care Information and Improvement Activities?
A: Yes, each category can have a different reporting period.

Q: (Desiree) - When entering Improvement Activities data, is the submission tool smart enough to re-weight the points given for small/rural practices, since small/rural practices get more points for improvement activities?
A: Currently, the QPP portal does not reflect the points for improvement activities for small, rural, or health professional shortage areas; however, CMS has confirmed that these clinicians/TINs will receive double the number of points shown when the final MIPS score is calculated.

Q: Is the QRDA III file upload for ACI required?
A: No, you can manually enter the numerators and denominators as seen during today's demonstration.

Q: If I belong to an ACO which is a qualified APM, I understand that they will report for our group, or that we are exempted from having to report improvement activities. Is that correct?
A: Yes. The ACO should report your quality measures and you will receive full credit for the IA category because you are a participant in an ACO. You will still need to report your ACI data.

Q: (Bobbi) - How or when do we know what our scores are for Quality if we are reporting thru claims?
A: You will not know your final Quality score if you submit via claims until CMS provides you with the MIPS Feedback Report in the fall of 2018. In February, additional functionality was added to the QPP portal and quality scores are available in the QPP portal for those clinicians that submitted measures using claims.

Q: What is a Patient Centered Medical Home?
A: A PCMH is a care delivery model whereby patient treatment is coordinated through a primary care physician to ensure the necessary care is delivered when and where a patient needs it. The practice must go through an accreditation process to receive national certification and be recognized as a PCMH.

Q: (Christine) - Our practice does not have an EHR so we will not be able to report Advancing Care Information. Is this correct?
A: You are correct. If you do not have an EHR, then you will not have any data to report for the ACI category. This means that you will not be able to receive 25 of the possible 100 MIPS points, so your possible highest score is 75 points.

Q: How can we generate a QRDA or QRDA3 file?
A: That is something vendor specific, so please reach out to your EHR to determine the correct workflow.

Q: Do we report on just Medicare patient data or all carrier data?
A: If reporting via claims, it is just Medicare patients. If you are using other reporting options, then all patients will be reported on.

Please Note: All questions have been answered based on the Quality Insights team's best understanding of CMS's QPP reporting requirements. Please keep in mind that rules and interpretations change over time.