



Quality  
Insights

## QPPLive!

### Transcript from Live Session

Thursday, January 18, 2018

---

Shanen Wright:

Welcome to QPPLive!, brought to you by Quality Insights Quality Innovation Network, and QPP Support Center. We're just glad that so many of you have joined us today to talk with you and learn more about the Quality Payment Program from CMS. If this is your first time joining us, we'll let you know how the episode will work here in just a moment.

First, it's my great pleasure to turn things over to Joe Pinto with today's breaking news and announcements. Joe?

Joe Pinto:

Thank you, Shanen. Welcome everyone to the first installment in the new year of QPP Live. Quickly going over the breaking news and announcements, of course, CMS, the data submission system for clinicians in the quality payment program is now open. You can go to the QPP website at [qpp.cms.gov](http://qpp.cms.gov). We'll have the links to the website and all of the other resources in the handouts that you would have received in your email inbox this morning, the slide presentation with all of the information. There's no need to wait. If you don't have all of your data yet, you can enter what you have and then finish later. Submit as many measures as you want. The data submission system will pick the combination of measures that maximizes your score for the calendar year of 2017.

To log in, you will need an Enterprise Identity Management account, that's your EIDM account. You can set it up at the website at the link that's on your screen. It's also in the inbox, as I mentioned, with the slide presentation. That's how you would be able to log into the CMS website.

Submitting 2017 MIPS data using the QPP portal, the webinar hosted by Quality Insights back on January 11th, we do have the presentation slide deck and recording if you missed that. It can be found at the link at the bottom of your screen there.

Submission videos: There are some great tools that are available to you; the Merit-based Incentive Payment System, the MIPS Data Submission, regular MIPS submission for individual or groups. It's a video that you can click on the link. As well as the Advancing Care Information Data Submission for Alternative

Payment Models, that's the APMs. If you need information on that, click on the second link on your screen. Also, the Data Submission via a Qualified Clinical Data Registry and Qualified Registry. The video links are on the screen.

Upcoming webinars, real quick, for year two of the Quality Payment Program, which is already underway. There will be a webinar coming up on February the 6th at 1 p.m. Eastern Time. If you're interested, you can click on the register here link and that will take you to the registration page. Also, the MIPS Data Submission Webinar for Practical Advice for Small Group Practices and Solo Practitioners. There will be two separate webinar presentations, one on January 23rd at 11 a.m. or, if you miss that one, you can do the one on January 25th at 3:30. Registration links are available on the links on your screen. Also, the MIPS Annual Call for Measures and Activities coming up on February 5th. If you're interested in that, it's in the afternoon and you can click on the registration link on the screen provided.

Also, I just want to let you know that the January 2018 QPP-SURS Quality Payment Program Newsletter is now available. Articles in this month's newsletter include the cost category, what you can expect in 2018 and beyond. Also, 2017 transition year, the FAQs. If you still have some questions, we do have some question and answer information in the newsletter pertaining to the 2017 transition year as well as newly available MIPS tools that you can take advantage of. You can download the January QPP newsletter at the link on your screen.

With that, I will turn things back over to Shanen and he will be introducing the staff today that will be helping you with your questions.

Shanen Wright:

Thanks so much, Joe. Appreciate all the news from the CMS side of things and resources, as well, I'm sure. All of our participants will be able to take advantage of these great resources for the quality payment program.

Today, we've assembled an esteemed panel of experts in the Quality Payment Program to help answer your questions during the webinar today, starting with our Project Director, Kathy Wild, who comes to us from Delaware. I'm Shanen Wright. I'm coming from the Quality Insights corporate headquarters in Charleston, West Virginia.

Servicing the state of Delaware, we have Cathy Browning and Roxanne Fletcher. For Louisiana, we have Lisa Sherman and Maureen Kelsey. For New Jersey, we have Diana Haniak and Amy Weiser. Additionally, we also have for Pennsylvania, Matt Armstrong, Rebecca Dase who will be providing you web links in the chat window to direct you to resources that we talk about, our man Joe Pinto who delivered us the news a little bit ago, and for here in West Virginia, we've got Julie Williams and Debbie Hennen. Also, for Pennsylvania, Lisa Sagwitz and Shirley Sullivan.

If this is your first time attending QPP Live, we ask that you use the Q&A box in your WebEx player on the right, top side of your screen. You can click on it and then, using the drop down menu, choose all panelists. You can type in your question and hit send and we'll get to as many questions as we can today as time allows.

Please remember that the chat feature, we're going to be using that to post those resource links to the things we're talking about. You can click directly and go to them on the web. We ask that you please use the Q&A box for the questions that you have about the Quality Payment Program. You can start submitting those at any time. If you know what your questions are, go ahead and start typing them in now. We'd like to remind everyone, as well, please no protected health information. We know you know that, but it always goes without saying that we don't want to share anything like that in a public forum. We do have quite a few people tuning in for today's QPP Live session.

Maybe your question's a little more detail and you don't want to type it in to the Q&A box. You would prefer to ask it verbally, well you'll have a chance to do that on today's session as well. Periodically, we'll pause and then we'll unmute all of the lines and go by state to see if anyone has any questions. That way, everybody doesn't jump in one another. You know how it is on a conference call trying to get people in order. We do ask that if you don't have a verbal question when we get to this portion, that you mute your own phone line so that we don't hear background noise, conversations, crying babies, barking dogs, those sort of things, or maybe hold music. That's one of the worst ones when you put us on hold. Please remember that when we unmute the lines for the verbal questions, to leave your phone line on mute.

We would also like to remind you that we're here to help you anytime, not just during our QPP Live sessions, which are always on the third Thursday of the month at 9:30 Eastern, 8:30 Central. You can contact us anytime. We're here to help. You may not realize who your contact is at Quality Insights. If so, you can always use our general QPP inbox for inquiries. We'll get back to you within one business day. Keep in mind that we'll do the best that we can to answer all the questions today, but know that we may need to follow up with you at a later time. You have some great questions and sometimes they require a little follow up or some research, but we're always happy to reach out to you after today's live session.

Please also keep in mind that rules and interpretations change over time, especially if you're viewing the recorded episode of QPP Live. If you're not actually live with us today, we do record this and post it on our website, so things do change over time. Most of all, we just want to establish a relationship with, so that you can succeed in the Quality Payment Program. That's what we're here to do and that's what we're going to start with right now as we begin today's episode of QPP Live for January 18, 2018.

Let's go to our first question now that we have. This one comes from Chris who says, "I would like to submit the quality measures via claims. I want to submit as an individual since my doctor is a solo practitioner, but does have an MP and PA that work for him, but all claims are submitted under his 10 and group NPI. Can we do this?"

Lisa Sagwitz:

Hi, Chris. It's Lisa. I'll start to answer this question. Yes, claims are permitted for the quality measures. It will have been for visits up through December 31st. To submit via claims, you'll want to add CPT 2 codes or G codes to the specific measures for Medicare Part B patients for them to count.

While a deadline date of March 31st was provided, you will want to get those claims in earlier because they need to be processed by March 31st. We do have some additional resources from the Quality Payment Program if you would like them. We're happy to send them to you.

Shanen Wright:

Thank you so much, Lisa. You'll see in the chat window that we do have a link to these resources right now. If this is your first time on QPP live, you can click directly on that, and it'll open up in your web browser. Next, let's go to Rosanne who says, "I am ready to submit. I have 100% success showing, but have no submit button."

Kathy Wild:

Hi, Shanen. This is Kathy. I can take that one. Basically, there is no submit button like there was for the EHR Incentive Program. Simply, when you enter the data into the QPP portal, as you enter it, that data is automatically stored in there. CMS will not be looking at anyone's data until after the March 31st deadline. That gives you an opportunity to go in there. Submit it now. You can see your score, but if you need to go back and realized you made an error or something, you have the opportunity to go back up until March 31 to go in and edit it. At that time is when CMS will begin to analyze it. Once again, there is no actual submission button.

Another thing to add to this question is that some people want to keep, even though we're all in an electronic age, some people like to print what they're actually "submitting" to CMS. However, there are no print buttons in the application. Therefore, what we are suggesting is if you do want some type of documentation, manual documentation, to keep in a file in case you would get audited, that you would do screen prints of everything you are submitting. We think that's a good thing to have on file.

One other thing I want to address with Chris' question that Lisa answered is the part about the fact that the nurse practitioner and the PA do bill under the physicians NPI and not their own. That's perfectly fine. Whoever's NPI it's under, that would count. Chances are then the PA and NPA would not actually be MIPS eligible if you looked them up on the eligibility participation lookup tool. That's it.

Shanen Wright: Thank you, Kathy. We have a follow up question from Chris, as well, who says, "If using claims for quality measures, do you just skip over that category when using the QPP site?"

Kathy Wild: The answer to that, Chris, is yes. Yes. If you're using claims, you do not need to do anything on the QPP portal for that category. You can just submit data for ACI and Improvement Activities if you want to submit data for those categories.

Shanen Wright: Next up, we here from Terry. Terry says, "Can I submit all data via the QPP portal or do I need to use my EHR for some submissions?"

Lisa Sagwitz: Hi. It's Lisa. I can answer that for Terry. You will be using the QPP portal. That's the [qpp.cms.gov](http://qpp.cms.gov) site. You'll go to sign in, which is in the upper, right-hand corner, use your EIDM username and password to get in, and for the quality category, you will need to upload a QRDA3 file from your EHR and upload that. For Advance in Care Information and Improvement Activities, you have the ability to manually enter that data, putting in numerators, denominators, or answering yes for the improvement activities. For the quality section, you absolutely must upload that QRDA3 file.

Shanen Wright: Alright. Moving on to our next question, please keep them coming using the Q&A box. We'd love to hear from you. Coming up here in a moment, we will unmute the phone lines to hear from the folks who would rather ask their questions verbally. Our next question, it comes to us from Mary Ellen. Mary Ellen says, "One of my orthopedic surgeons did not meet six quality measures for 2017. How would I attest him as the minimum participation to receive no negative adjustment?"

Kathy Wild: I can take that one, Shanen. Mary Ellen, there is no actual meeting of measures, quality measures, or thresholds in the QPP Program. It sounds like you want to do individual reporting for the surgeons in your practice. If you just want to submit one quality measure for one patient for that surgeon to completely avoid the penalty and not try to get a positive payment adjustment, you would just simply, as Lisa said, do the quality reporting via a claim. If you're group has completed one of the improvement activities at a minimum, you can go ahead and attest that he has completed that also as he has done so. That would also make him avoid that negative payment adjustment. Lisa, do you have anything to add to that?

Lisa Sagwitz: I was just thinking not knowing the complete situation, Mary Ellen, if you do have a group of orthopedic surgeons and group reporting might be a better option for you, all of your surgeons would get the same score from whatever the group accomplishes, if that might help you. If you want to get into specific detail about your practice, please contact whoever of us in the states you work in and we'll be happy to get you more specifics to help you do the best you can for the orthopedic surgeons.

Joe Pinto: This is Joe real quick. Mary Ellen actually works for one of the practices that I work with. If you want to discuss this with me later today, we can set up a call and give me the information on this and I'll help you through the process.

Shanen Wright: Just for a little bit more information that came in from Mary Ellen, she says, "He has met most ACI. We cannot group report. We are under 15 providers," and she also said, "Thank you, Joe."

Kathy Wild: This is Kathy. Just to say, there is no minimum of having less than 15 providers for group reporting. Anybody with two or more clinicians can do group reporting. Maybe you're confusing if you have 25 or more clinicians, you could use a certain method called the CMS Web Interface. Mary Ellen, if you want to do group reporting, you absolutely can do that. You can talk with Joe later today and he can kind of clarify that.

Shanen Wright: As we said at the top of the show, we are here to help anytime, not just during QPP Live. We welcome your questions around the clock. In the case of Mary Ellen, she's working with Joe. You may not realize who your contact is at Quality Insights. If so, we do have an inbox that anyone can use that is just [qpp-support@qualityinsights.org](mailto:qpp-support@qualityinsights.org) as well as a phone number, 1-877-497-5065 for anyone. This helps us establish the relationship with you, so you can succeed in the Quality Payment Program.

Let's go back to the questions right now. Next up, we hear from Jennifer and Jennifer asks, "Do you have a chart on the CPT 2 that needs to be used for the quality measures?"

Lisa Sagwitz: Hi, it's Lisa. We don't have a specific chart. What you would do, and again we can work with you individually, is go to the [qpp.cms.gov](http://qpp.cms.gov) website. I believe it's the third tab on the right. It's the Resource Center and there will be a drop down to get to the Resource Center. At the top of that page, there's a link because it's been relocated. If you're talking about 2017, click on the tab for 2017 data. If you're intending to get these for 2018, click on the link for 2018 data. Then you're going to go down to the quality section. Under the quality section, by number, there's probably going to be 8 or 10 files. You'll need to know your measure's numbers, like 0001 is diabetes hemoglobin A1C greater than nine. You would find that measure, make sure you're in the claim section, and then there will be three or four pages that tell you exactly what you need to capture that information and the CPT codes, whatever the biller would need. You'd need to, basically, know which measures you want to do this for, get their numbers, and then print them off.

If that didn't answer your question completely, again, type in or ask us verbally or work with us one-on-one and we'll be happy to get you what you need.

Shanen Wright: Thank you, Lisa. We go back out here and we next are going to hear from Karen. Karen's question is, "Can anyone translate measure number 226? I'm having difficulty figuring out how to work the three different criteria?"

Lisa Sagwitz: I just looked up 226. That's preventive care and screening; tobacco use screening cessation interventions. Karen, I would assume from previous conversations with other practices, you're trying to figure out how to get a good percentage for that measure. There are several factors billed in. In addition to capturing if the patient is a smoker or not, there are different criteria that need to be in your EHR documentation. I think visits for, like, the last 24 months, and don't hold me to that, but there's a period of time captured that there's a smoking cessation plan.

Just as I had previously mentioned about going to the Resource Center and looking up a measure, the smoking cessation one also has the details on exactly what you need to capture to get a good score. I would suggest printing that as well as going to your EHR online manual. Under clinical quality measures, they'll list all of the measures. Look for tobacco and see what your vendor suggests be done exactly to capture that data to pair the two documents.

If you're not seeing an improvement in score, definitely talk with your support person at Quality Insights and/or your support person at your EHR vendor. Sometimes, it's just a little glitch or something's not being checked that prevents that.

Shanen Wright: Lisa, a little more information has come in from Karen. She says, "We do not have an EHR."

Lisa Sagwitz: Okay. Without an EHR, the only way to document would be via the claims method. As I mentioned earlier, go to the Resource Center, go under the quality tab, and then look for claims and measure number 226. Print that out, it could easily be three or four pages or more, and it will give you the specific CPT codes for the biller to use.

Shanen Wright: Alright, thank you.

Lisa Sagwitz: If that doesn't help, let us know.

Shanen Wright: Great. Thank you, Lisa. Our next question is about who on our team serves the small practices and the small practices. This one comes from Jan and says that, "Maureen is listed in our introduction as serving large practices, greater than 16 clinicians. Is that an error or not?" I believe that is actually correct. Both Lisa and Maureen serve the larger practices, the MIPS eligible practices, with more than 16 clinicians. If we're able to unmute Maureen, maybe she can speak to this herself.

Maureen Kelsey: Good morning, everybody. Yes, hi. It's Maureen. Yes, I work with larger groups in New Jersey.

Kathy Wild: This is Kathy. I will add that for the state of Louisiana, we only have one photo there and that is for Lisa Sherman. She provides assistance under our QIN contract to practices that have 16 or more clinicians. For practices in the state of Louisiana that have 15 or fewer, there is another organization that has the contract for that. They are called the Texas Medical Foundation. Certainly, if you are in Louisiana, reach out to us and we will go ahead and, if you are a small practice, we will give you the contact information on who at TMF you can contact and get that type of assistance. Once again, it's just based on the different contracts that we receive from CMS as to who provides that type of assistance. I hope that clarifies it.

Shanen Wright: Thank you, Kathy. Some of that confusion may have been rooted in ... I might have said Maureen was with Louisiana when looking at the slide, rather than New Jersey. I can't recall, but if I misstated the state that Maureen serves, my apologies. As Kathy said, Lisa is our representative for large practices in Louisiana, TMF is for small practices in Louisiana. Our New Jersey folks today are Maureen, Diana, and Amy Weiser. Thank you for that question, Jan, and that's opportunity to share that information.

Let's go back to the Q&A box and, after this next question, for those of you who've wanted to ask something verbally, after this one, we're going to be opening up the phone lines. First, let's hear from Chris who says, "When I went on the QPP portal and click on individual and quality category, it shows our physician's individual NPI and CMS pays with group NPI and 10. We are using claims with CMS. Will they capture our info?"

Kathy Wild: This is Kathy. Yes, Chris. If you are using claims to submit quality measures, CMS will absolutely capture that data. As Lisa stated earlier during the call, it is advantageous to go ahead and make sure you submit those claims with the appropriate CPT codes. We would like to recommend that you do that at least prior to the end of February. The reason for that is because the contractor must have time to go ahead and not only receive the claims, but process it. If you would wait too late in March to submit the actual claim, they may not be able to process it, which means CMS would not be able to use that data.

The earlier you can get all your claims in for patients that were seen in the office in November and December, if you're using the claim submission process, the better it is to ensure that CMS will get all the data.

Shanen Wright: Alright. Thank you, Kathy. Another clarification we wanted to share from an earlier comment was our email address for general inquiries. I misspoke and said [qpp-support@qualityinsight](mailto:qpp-support@qualityinsight). Delete that. Forget that. It's actually [qpp-surs@qualityinsights.org](mailto:qpp-surs@qualityinsights.org). My apologies for any misunderstanding related to the email address, but the phone number is still 1-877-497-5065. Speaking of phones, we're going to go out to the phones now and see if anybody has any

questions that they want to ask our folks. Please be advised, if you do not have a question that you want to ask, please put your phone on mute on your end. That will make things a lot smoother for all of our participants today. In looking at the number of callers we have here, I think we will ... Laurie, if we can unmute the phone lines at this time, let's ... I don't think we are necessarily going to need to go by state. It looks like most folks are actually listening through their computers. Once all the phone lines are unmuted, which it appears they are now, if anyone has a question for our panelists, please jump right in.

Any questions? Okay. Not hearing any verbal questions. We'll go back to mute for the folks on the phone line today. If you have a question or maybe you're just a little bit bashful and feel a little shy, we will open up the phone lines in a little bit to offer additional opportunities to ask questions of our panelists.

Let's go back to the Q&A box now. Keep in mind, you can keep the questions coming and we will be more than happy to answer them here with our panelists. Next question comes to us from Bobbie. Bobbie's a frequent attendee here on QPP Live. Welcome back to QPP Live, Bobbie. She says, "I think you just covered this, but I missed it. Where do I find the MIPS quality measures for 2018?"

Kathy Wild: Hi, Bobby. This is Kathy. If you are referring to the ... I'm sorry. Let me pull this up. The quality measures for 2018, you can go to the QPP website and then the "About" section in the top, right corner. Now, there is a link there for the Resource Library. When you click on that Resource Library, you can click on the one that says all resources. CMS has organized the resources according to 2017 and 2018. They have a section in there specifically for quality, so everything to do with quality measures will be in there. I hope that answers your question. If you need additional information, please let us know and we will answer that.

Lisa Sagwitz: It's Lisa. Just to add to what Kathy just said. When you're looking for your 2018 measures, you may notice that six of them only have a maximum decile point of seven for this year. Some of the parameters have increased. When you look at the benchmarks for some of them, you will have to score a little bit higher to get the better benchmarks for this year.

Joe Pinto: Bobbie, this is Joe real quick. If you notice, I'll save you having to go to the QPP website to look it up in the resources. Maureen Kelsey did put the link below your question on the screen. Just click on the resource link that she already included and it'll take you right to the page for the 2018 measures.

Shanen Wright: In addition to that, Rebecca has also posted the link in chat as well. There are two places that you can go to get a link to those resources. Keep your questions coming. We're going to go into our archives now and one of our classic questions from QPP Live. These are some of the most frequently asked questions that we hear. This one says, "Will CMS provide ACI scores for

individual groups reporting as part of MSSP Track One ACO or just one score for the ACO?"

Kathy Wild: Can you repeat that again, Shanen?

Shanen Wright: Certainly.

Kathy Wild: I just want to make sure I understood.

Shanen Wright: Certainly. The question is, "Will CMS provide ACI scores for individual groups reporting as part of MSSP Track One ACO or just one score for the ACO?" If you're unsure Kathy, I can help with that answer.

Kathy Wild: I think there's just going to be one score. Is that correct, Lisa?

Lisa Sagwitz: Off the top of my head, since each organization under an ACO would individually ACI report, I believe each organization would be able to see their score on the attesting screens. Since Shanen already has the answer since that's a popular question, I would say Shanen, let's read that so we're absolutely certain.

Shanen Wright: That's a great discussion topic for us. Thank you, Lisa. What we have archived here is each ACO participant 10 is responsible for submitting data on the Advance in Care Information category as specified by MIPS. Performance on this category is assessed by calculating the weighted mean of the ACO participant 10 scores, weighted by the number of MIPS eligible clinicians in them as compared to the total number of eligible clinicians in the ACO. This performance category weight is 30% of the ACO's final score.

For example, an APM entity consists of five MIPS eligible clinicians, four of which are in the same 10. The 10 report to ACI and receives a score of 80. The remaining individual reports ACI and receives a 40. The APM entity ACI score would be 72, or  $80 + 80 + 80 + 80 + 40$  divided by 5. Does that help?

Lisa Sagwitz: Yes.

Shanen Wright: Excellent.

Lisa Sagwitz: I think for the person who asked that, maybe we can get it off to them in an email because that is a little bit complex to listen to.

Shanen Wright: Yes, it is. One thing that I will mention with that, too, is that we are recording today's session. We'll send you a link to that. We will also be transcribing today's session as well so that we can document more frequently asked questions, just like this, and provide that information for you. Plenty of opportunities to follow up and sorry for pulling a math question out of the archives.

Let's go back to the Q&As. We've got next up from Lindsey, "Is the Resource Library the same place we would find the threshold for ACI measures in 2018?"

Kathy Wild:

This is Kathy. I can take that. Lindsey, yes, the Resource Library is going to include everything. Like I said, CMS has organized that by different categories. I currently have that pulled up and there is an Advance in Care Information section that has about six or seven resources. One thing I want to note is that you asked for ACI thresholds. For the Quality Payment Program, there are not thresholds that have to be met for the ACI measures. A lot of them are the same measures that were used in Meaningful Use. If you recall from Meaningful Use, in order to meet Meaningful Use, you had to meet all of the measures, which meant meet a certain threshold. That doesn't exist under the Quality Payment Program.

What you would simply need to do is there are base measures and performance measures. Some of them are in both categories. The base measures all must be met with either a yes attestation, such as that I have completed the Privacy and Security Risk Analysis, or you would need to have a one in the numerator for the other base measures, such as e-prescribe and HIE. However, CMS did post in the final rule, back on November 2nd of last year, that they are allowing two exclusions that were not previously added and that is the fact that if you prescribe 100 or less prescriptions during your 90 day reporting period, if you are using 90 days or whatever the reporting period is, then you can claim an exclusion and still be able to meet that base measure requirement. The other exclusion is the HIE.

That is Health Information Exchange, which basically, the measure states that you're electronically leasing a Summary of Care document for every transition of care or referral you have during that 90 day, or whatever that reporting period is. There is also an exclusion for that, that if you have less than 100 transitions or referrals during your reporting period, you can claim an exclusion and still meet those base measures.

The whole thing with the Advance in Care Information category is we need to meet all of those base measures in order to get any extra points in that category for the performance measures. You automatically, out of the 25 points, if you're just doing MIPS reporting and not in an APM, it's worth 25 points. You would get 12.5 points for meeting the base measures and then if you had more than one in the numerator, you'd be reporting your numerator and denominator for the performance measures, which will equate to a certain number of ACI points. You would also have the option to have some bonus points in that ACI category.

I apologize for making that long-winded, but I did want to clarify there really aren't thresholds for the ACI measures, but everything you need about the measures and their specifications and the fact sheet are on the QPP Resource Section. Okay, I'm done.

Lisa Sagwitz: One other thing to add to that, Kathy, is we will be hosting a February webinar about 2018. Look for that to be announced in our newsletters. We'll cover what you'll need to know for this year.

Shanen Wright: Let's go back out to the questions now. Next up, we hear from Patty. She says, "I logged into the site and, in addition to my providers, they are also showing a provider not affiliated with my group. How do I correct this?"

Lisa Sagwitz: Hi, Patty. It's Lisa. What you'll want to do is double check with PECOS that you're up-to-date with your current providers. As long as PECOS is up-to-date, you'll be fine. There's a lag time between when you add and delete people and them showing up on your screens.

Kathy Wild: I'd like to add something about that to give everybody some information. For the NPI lookup tool, CMS has just released the new eligibility file to us as a contractor. Remember, they have two look back periods. If you are eligible under both of them, then you would be deemed eligible for 2017 reporting. As of right now, it is my understanding the NPI participation look up tool has not been updated yet, but it should be very, very shortly. What we suggest is that everyone, before you go and report, to go ahead and check that. If you did not see a lot of Medicare patients or did not bill a lot of Medicare Part B, if you're kind of borderline with those thresholds, you may want to wait and actually submit any data because you may be determined not to be MIPS eligible.

We don't want to not persuade you not to go ahead and report because CMS would love to get data from everybody, but what that means is you would not be required to. If you are not deemed to be MIPS eligible, you would not be eligible for any type of incentive, meaning that you would just stay neutral. You would not be able to get neither a positive or negative payment adjustment.

Shanen Wright: Thank you, Kathy. Just a reminder for you to look at the chat window. Rebecca is placing some great direct links to applicable information, such as the PECOS website, which is linked directly to where you can log into. That is in the chat window of your WebEx player. Now, let's go back to the Q&A box. That's where you're submitting some great questions for our panelists today. We appreciate everybody's participation. Next, we hear from Mary Ann who asks, "Do you know if CMS is making mandatory reporting for 2018 in 2019 with 2015 Certified EHR? Currently, we are using a Certified 2014 version and using the transitional measures for reporting for 2017." I know that was a lot of years, so if you need me to repeat those, please let me know.

Joe Pinto: Shanen, this is Joe. I can take that one. Mary Ann, in the 2018 MACRA final rule, CMS relieved the pressure to make the switch to a 2015 Certified EHR system in 2018, making it perfectly fine that you can use the 2014 edition of Certified EHR technology this year. However, there are some disadvantages to not making that leap. If your EHR vendor hasn't been able to move you into a 2015 certified version, you can still use the 2014 version in 2018. However, for those using the

2015 version, especially to report the ACI measures this year, you'll receive a one-time bonus of 10%. That's one of the benefits of having the 2015 version.

Shanen Wright:

Thank you, Joe. We're going to skip ahead a question here, so we can get a little clarifying information and come back to it. There's an inquiry here from Karen who says, "I just tried to log into the Quality Insights website, but it does not recognize me. Do I have to re-register and, if so, how do I do this?" I'll certainly defer to our expert panelists, but I think a good question might be which Quality Insights website are you trying to register for, whether that's our QPP Service website for the small practices or the QIN website or My Quality Insights for the larger practices?

The two URLs would be either [qualityinsights-qin.org](http://qualityinsights-qin.org) or [qppsupport.org](http://qppsupport.org), I believe. I hope I did not get that incorrect. Panelists, is there anything you would like to add to that clarifying question?

Kathy Wild:

Hi, Karen. It's Kathy. Actually, there is only one website that has to be registered for and that is on the QPP SURS website. If there are more than 16 clinicians in your practice, everything we have is open on the Quality Insights basic website. If you have a smaller practice, we do ask that you register to receive that type of assistance. Karen, if you can contact us, give us your email address or phone number, we'd love to walk you through that process after the call. If you have registered before, you should not have to register again. Certainly, we will go ahead and walk you through that process. We're sorry for the confusion.

What we're trying to do is, as an organization, have you log into one site to register. One of the questions is if you have more than 15 clinicians in your practice, you will receive a pop up and then we will divert you over to other staff that are working with large practices. The reason for that is there are some nuances with practices of different sizes. On the large side, we deal with a lot huge networks, hundreds of clinicians and networks. Most of them are in ACOs. On the small side, there are some extra advantages because you have the small numbers, you get more points for your improvement activities and things like that. We kind of differentiated the staff that way. Please contact us and we'll be able to assist you with that.

Shanen Wright:

Thank you, Kathy. As a reminder, you can contact us at [@qpp-surs](http://qpp-surs), that's SURS, [@qualityinsights.org](http://qualityinsights.org) or you can call us at 1-877-497-5065. Let's go back out to the Q&A box and see what we have in there. Next up is Bobbie who says, "I just checked the resource you provided to find the 2018 quality measures, but they are all in a zip file and I can't open it." Joe, she's specifically asking you if you can send her an email to let her know if there are other ways to obtain this information as opposed to the zip file that Bobbie's having trouble with.

Joe Pinto:

Yeah. I will definitely get in touch with Bobbie on this. Bobbie, you know what? I have that information downloaded. Let me unzip the file and see if it's possible I can send it over to you in email formats, providing it's not over, I think, 10

megabytes per file, I'll be able to send it. I'll work with you on that and we'll get that information over to you.

Kathy Wild: One thing I'll add too to that, Joe, is sometimes, Bobbie, with those zip files, what I find is it's easier to actually click on save instead of open and save it to your hard drive. Know that those files are large and it may take several minutes for it to go ahead and download, then it would be in your download section of your computer. You might want to give that a try, also, but Joe will definitely follow up with you.

Shanen Wright: Thank you, Joe and Kathy. That is a perfect opportunity to remind folks that we are here to help anytime, not just during QPP Live. As you're hearing here, Joe's going to be helping Bobbie individually with that assistance and we would love to develop a relationship with you, so we can support you, any and all questions that you may have related to CMS Quality Payment Program.

Coming up, we're going to open up the phone lines again for anyone who might have been too bashful the first time around to ask any questions. Next, we're going to hear from Terry. Terry says, "Greenway just updated to the 2015 version within the last few months. Can I use the 2015 for the entire year of 2017 and, if so, did I understand there is an additional bonus?"

Kathy Wild: I can take that one. Terry, yes, you can use the 2015. It's great that Greenway has provided you with a 2015 version. Yeah. For the Advance in Care Information, you will get the bonus. Remember, for that category, the minimum requirement is 90 days for your reporting period. You do not have to actually have that 2015 version for the full entire calendar year this year in order to get that bonus. I will add, though, that just as a reminder to everybody, for 2018, quality measure reporting, the performance period, is the full calendar year. If you are going to submit quality measures via claims again, it's a good thing to go ahead and start submitting those CPT codes right now in January. Remember, there are data completeness requirements that have to be met. Therefore, you need to be doing that for the full calendar year.

To get back for the ACI category, Terry you will get the bonus whether you have the 2015 version for the full year or just for a 90 day reporting period.

Lisa Sagwitz: Hi, it's Lisa. I have something else to share for Terry. I had a practice who was interested in potentially reporting 2015 Cert. I reminded them that there was a fifth base measure that had to be met. We compared what their score would be using only 2015 Cert versus the 2014. That practice got a better MIPS score using 2014 Cert. That might be something you'll want to compare and see what the best score is since you have an option for 2017.

Shanen Wright: Before we open the phone lines, we have a follow up from Roseanne, which is also about Greenway. Let's go ahead and share. Roseanne's feedback, Roseanne says, "Greenway 2015 Meaningful Use Addition is not searchable. I opened a

case with QPP, but they keep closing the case because they are unable to resolve the issue."

Kathy Wild: I'm not sure what you mean by the fact that the EHR is not searchable. Maybe if you can provide some more information, Roseanne? Lisa, do you have any idea what that might mean?

Lisa Sagwitz: The only thing I'm wondering, and Roseanne please guide us, is this for MIPS or is it for Medicaid, Meaningful Use attesting?

Shanen Wright: MIPS is the answer.

Lisa Sagwitz: MIPS.

Shanen Wright: Mm-hmm (affirmative).

Lisa Sagwitz: In moving into the MIPS world, we're not really using the term Meaningful Use anymore. Can you give us more specifics what it is you're looking for?

Shanen Wright: While Roseanne is typing those specifics, let's go out to the phone lines and see if anyone has a question or, potentially, maybe Roseanne's on the phone and would just like to talk with our panel of experts. Laurie, if you could unmute the lines, please. If you don't have a question, keep your lines muted on your end. We will see if, maybe, Roseanne's on the phone or if anyone else has a question for us today.

Roseanne: Hi, it's Roseanne.

Shanen Wright: Hello, Roseanne. Thanks for joining us. Yes, if you'd like to provide your information, please go right ahead.

Roseanne: Okay. I'm going to actually sign into the QPP website so that I can speak a little better on this. When I'm going into attest for ACI, it gives you an option of searching for your EHR. I enter it. I enter the number, I enter the name, and it just continues to search or says it can't reach the database. I know it's not a requirement to have to do that, but I'd like to enter everything and get it all right. Everybody's aware of it, but they say there's not much they can do about it.

Kathy: Okay. I think you're referring to entering your EHR Certification number. Is that what you're referring to?

Roseanne: Correct. Correct. Mm-hmm (affirmative).

Kathy Wild: Okay. Okay.

Roseanne: That's correct.

Kathy Wild: Okay. We didn't know that.

Roseanne: Yeah, I'm sorry.

Kathy Wild: I think [crosstalk 00:55:28] from another practice that had that problem, too, that it wasn't there.

Roseanne: I know it's not a necessity, but if it's there, I'd like to do it.

Lisa Sagwitz: Roseanne, its Lisa. What would be accomplished by finding that is there are three buttons a little bit lower on the screen. One for the 2014 Cert, 2015 Cert, or a combination. By entering Greenway in your version, it's going to automatically populate one of those, so that's what would be accomplished.

Roseanne: Okay.

Lisa Sagwitz: It's not necessary. You can go down to those three boxes and click the one that you want to attest for. In the past-

Roseanne: Which I have done-

Lisa Sagwitz: Okay.

Roseanne: Sorry.

Lisa Sagwitz: I was going to say in the past, everybody's used to looking for that EHR Certification number and we don't need it anymore. That's one improvement that's been made.

Roseanne: Right. For me, it was if the question is asked or the box is there ... I know now we don't need it. I wanted to enter it because there's nothing here that says optional, which is why it was so concerning.

Lisa Sagwitz: I thought the exact same thing when I first saw that.

Roseanne: Okay. That would make everybody's life easier.

Kathy Sagwitz: Right. Roseanne, do you have the correct Certification number from the CHPL website, the Chapel website? You're stating that it's not on the QPP?

Roseanne: I do.

Kathy Sagwitz: Okay. It's just not on the QPP website. They haven't downloaded everything into the database.

Rabecca Dase: This is Rabecca. I don't think it's updated either. I looked up a couple other EHRs in the 2015 Certs, for other ones besides Greenway, are not showing. It's just missing data in the portal.

Roseanne: Okay. You guys should change it to optional, then, because this is the kind of thing you really don't want to upset CMS. If it's there, you think they want it.

Lisa Sagwitz: I agree with you. I thought the same thing you did.

Kathy Wild: I will add that we know at this time that the portal is not absolutely, 100% complete with all the functionality. Even though they opened it on January 2nd, not everything has been deployed yet. As Rabecca noted, maybe uploading all the certification numbers that would be accepted into that database, maybe which just hasn't been done yet. We can relay that information to CMS and I believe some of our staff has already done that, but we can certainly do that on your behalf, also, to tell them that is not available yet.

Roseanne: Okay. Thank you.

Kathy Wild: You are welcome.

Shanen Wright: Does anyone else have any verbal questions today? Thank you, Roseanne. We appreciate a great talk with folks as well as answering questions in Q&A. Anyone else on the telephone have any questions or comments that they want to share?

Lisa Sagwitz: Shanen, it's Lisa. I was hoping we could go back to Karen's questions. I saw something additional that she typed in. We had been talking about the quality measures and codes via claims and then she said that she didn't have an EHR. There was another email that Karen's using a registry. I just wanted to say Karen, then go by what the registry is guiding you to do. Each registry has a little bit different for submission requirements, that go by what your registry tells you and they'll take care of your quality, then, with the data you provide. Thanks for letting me jump in there for a minute.

Shanen Wright: Sure. Thank you, Lisa. Anyone else on the phone have anything? Okay, Laurie, we can re-mute our participant lines. Before we wrap up today, we just had a few follow up items I wanted to throw out to our panelists to see if they wanted to comment on before we wrap up today.

First is from Chris who says, "I just want to clarify that using claims for the quality measures only counts with Medicare patients, not any other insurance companies."

Kathy Wild: This is Kathy. That is absolutely correct, Chris. That would just be claims submitted to Medicare, so it would only be Medicare patients.

Shanen Wright: Next follow up was from Terry who said, "Greenway emailed that to us, so now we have the hard copy of the Certificates."

Kathy Wild: Okay. That's probably the EHR Certification number. We have that and, like we said, it just appears the database on the QPP portal doesn't have all of them in there.

Shanen Wright: The final follow up was from Karen who says, "Thank you, Lisa." On that note, we'd like to thank all of you for joining us today on our January 2018 addition of QPP Live. We hope this has been helpful to answer your questions about the Quality Payment Program.

As a reminder, Quality Insights QPP Support Center is here to help practices with 15 or fewer eligible providers. The correct email address is on the screen, that's [qpp-surs@qualityinsights.org](mailto:qpp-surs@qualityinsights.org), and also call us at 1-877-497-5065, or visit our website, which is [qppsupport.org](http://qppsupport.org). That's for the states of West Virginia, Pennsylvania, Delaware, and New Jersey.

We also have our Quality Innovation network for practices with 16 or more eligible providers. You can email Kathy directly, she is the director of our project, at [kwild@qualityinsights.org](mailto:kwild@qualityinsights.org), or you can call her at 877-987-4687 extension 108, or visit the QIN website at [qualityinsights-qin.org](http://qualityinsights-qin.org). Those services are for West Virginia, Pennsylvania, Delaware, New Jersey, and Louisiana.

On behalf of all of our panelists today, I want to thank you for joining us and remind you that we'll have another addition of QPP Live coming up on February 15th at 9:30 a.m. Eastern, 8:30 Central. It's always on the third Thursday of the month. That's an easy way to remember it.

We'd like to ask that you fill out the evaluation at the end of this session and provide your feedback because that's how we can make this better. We want to hear from you on that.

I'd also like to thank everybody for their great questions today; Chris, Jennifer, Karen, Bobbie, Lindsey, Roseanne. Everyone, we really enjoyed talking with you. On behalf of everyone at Quality Insights, we hope you have a wonderful day and look forward to talking to you again on February 15th.



This material was prepared by Quality Insights, the Quality Payment Program-Small Underserved and Rural Support (QPP-SURS) Contractor for Delaware, New Jersey, Pennsylvania and West Virginia under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication number QPP-011918