Laurie Fink:	Hi everybody. This is Laurie Fink from Quality Insights, and I want to welcome you to today's webinar, Tips to Prepare for 2019 MIPS Reporting and How to Avoid the MIPS Penalty. We will be recording today's session and will be posting that on our archived events tab on the website as soon as it is available, along with the slide deck. I did email the slide deck out to everybody earlier this morning so you should have that in your inbox. However, if you registered later in the day, you may not have gotten it, so please feel free to shoot me your email address in the chat, and I will make sure to get that slide deck to you.
Laurie Fink:	All participants entered today's webinar in a listen only mode. Should you have a question during the session, we ask that you please type it into the Q&A box on the bottom right of your screen and we will address your questions at the end of the presentation as time permits. If we do not have time to get to every question, we will definitely make sure to reach out to you via email after the session with answers to your questions. Serving as the moderator for today's webcast is Andrea Phillips who is the Practice Transformation Specialist with Quality Insights. So without further ado, I will go ahead and hand over the presentation to Andrea.
Andrea Phillips:	Good afternoon everyone and thank you for joining us. Our presenters will be Rabecca Dase and Joe Pinto. Next slide. A few of our learning objectives today, we will describe 2019 submission methods, and their impact on your MIPS score. We will also explain how to update MIPS and PECOS for QPP reporting. We'll also identify location of direct and secure email addresses, and also review what documents should be saved for possible audit. Then describe how to earn 30 MIPS points to avoid a penalty. Next slide. So just to jump right in, I'm going to start with the first question and, which many are asking. So what are the MIPS data reporting options for 2019 exactly?
Rabecca Dase:	I will take that one, Andrea. Thank you. So before I get started and going over reporting options, I do want to highlight today that we're going to be going over a high level overview of the program and we don't necessarily get into all the specific details of each category, but I did just post a link in the chat box, which actually will take you to our archived events. And Quality Insights in 2019 has held a few events in regards to the entire 2019 MIPS program. So if you click that website, it'll take you to all of our events. We did do a deeper dive into the program requirements in May of 2019, and we also did one back in December of 2018 and that will give you a very detailed look at the program as a whole if you're interested in more information.
Rabecca Dase:	So jumping back here, so reporting options, there are a few options. Solo practitioners must submit MIPS data at the individual level because they have nobody to submit with. If you are in fact in a group of two or more providers, you can choose to report as a group or as an individual or if you'd like, you can

actually do both. Depending on what you'd like your workload to be. If you wanted to compare scores and things like that, you could do that and then the third option would be virtual groups. You did in fact have to be registered for that option at the end of 2018 and then if you did register you would have to submit as a virtual group and I'm not sure if many practices have done that for 2019 but we just wanted to mention that as well.

Rabecca Dase: Onto the next slide, I also wanted to highlight some of the reporting periods for 2019, the quality category, you will report your data for a full year, so January 1st through December 31st of 2019. The promoting interoperability category and the improvement activity category are both a minimum of 90 days up to 365 days, and then the cost category is also a full calendar year, that's 365 days. Remember, there's nothing that you need to submit for that category. CMS actually will figure out your cost score on the backend based on administrative claims.

Andrea Phillips: So how should I submit my data exactly?

Rabecca Dase: All right. So that's up to the practice or individual that's going to be reporting. And so individuals and groups have the options to submit their data within each performance category. With the exception of the cost categories I mentioned, because they don't need to submit anything for that. Groups or individuals, they can use more than one submission method to submit data for their inequality category or improvement activity category. And then for the promoting interoperability category, you must use one submission method.

Rabecca Dase: So here, this is talking about how ... we'll look at the individual level and then we'll also highlight the group level. So on the left hand side you can see the categories and then who submits the data. We have individual or third party intermediary, which is your EHR vendor registry or QCDR. Those are going to be who can submit your data for you. All the way to the right, you can see method to submit data, you do have some options depending on what category. So number one for promoting interoperability and improvement activities, you can use that third party intermediary to submit your data for you, so directly from your EHR or registry or QCDR or things like that.

Rabecca Dase: One thing that I do want to highlight here is if your EHR or registry is saying that, "I'm submitting your data for you." Always, always, always verify what they've submitted when you log in and we'll get into this later, but you'll want to log into your QPP portal and make sure that information is there, because ultimately the person is going to be impacted if there was an issue with the submission is going to be you and your practice and your tax ID numbers. So you want to make sure that the information is there. The next option that you have

is being able to login to the quality payment program portal and uploading a specific file with the information.

Rabecca Dase: And then also we can see there, number three for promoting your operability and improvement activities is log in and manually enter your data or what you'll also overhear as referred to as attesting. So you would log in and enter your numerators and denominators or a yes and no answer based on what you were reporting for. And then on quality, in addition to the logging in and uploading your file or having your EHR do it, you also have the ability to attach quality data codes to your Medicare part B claims. And just to highlight, this is only available to those in small practices.

Rabecca Dase: So if you're in a group of 15 or more providers, you cannot use claims. Again, it's only to small practices. On the next side we'll highlight the group data. And that is actually going to be the same as it was for individual. The only difference is going to be in the quality category at the very bottom. Clinicians that are in groups of 25 or more or part of APMs and things like that, they'll report through the web interface or they can choose to report through the web interface and they must have been registered in order to do that. I believe the deadline for that was July 1st, so we're well past that. And something that I do want to highlight here is for promoting interoperability and improvement activities, you can see that there is an attest option.

Rabecca Dase: I want to stress, you cannot attest for quality information or the quality category. You cannot simply log in and enter a numerator and denominator. That file has to be a specific format for CMS to accept it. So don't think that, "Oh, I'll just log in and enter it." You cannot do that. So if you don't have an EHR or things like that, we'll probably have to talk about some claims options and things. But ultimately you cannot manually enter data for quality. So another thing that I wanted to stress in regards to getting your data to CMS and things, if you are using EHR for the 2019 performance year for any of your submission, you must have a 2015 edition certified EHR.

Rabecca Dase: And if you don't have that, you can't submit your data because there is certain functionality within that edition that CMS would require. I'm actually putting, and if you're like, "Oh, well I don't know what mine is." You can either check with your EHR vendor, ask them, what version of am I on? What certified version are we using? And I also just posted a link in the chat box. It's for the [inaudible 00:09:09] website, which you can go out there, you can type in your EHR vendor what version you're on and you'll actually be able to pull up whether or not you are in fact ... what version, what certified version edition you're on.

Rabecca Dase: And with that, so I just want to highlight too, for the promoting interoperability category. The functionality must be in place for the entire reporting period. But it wouldn't need to be certified until the last day of that reporting period. So for instance, if you chose the last 90 days of the year, October 2nd or October 3rd, you would have to have a functionality in place, the 2015 functionality, but it wouldn't need to be certified until December 31st if that was some issues that your EHR was working through. So that's that.

Andrea Phillips: Rabecca, I heard you mention a third party intermediary. Could you explain that a little better for me? Actually what that is.

Joe Pinto: That's a great question Andrea, and I could take that. Basically the third party intermediaries are also known as TPIs, and these are organizations that will submit your MIPS data on behalf of the clinician or a group. Also, these TPIs must be approved on an annual basis by CMS. So year to year they are approved. Some come on the list, some come off the list. So you just have to check with your EHR vendor on these. And some of the examples that a TPI would include, as Rabecca had mentioned earlier, would be an EHR vendor, your qualified registries, also a qualified clinical data registry, which is the QCDR. And in addition to that, there are the IT vendors that would be included.

Joe Pinto: If you see on your slide deck in front of you, and those of you that didn't already pre-registered and received the copy of the handout of the slide deck, you can click on the links that we provided for the 2019 QCDRs as well as the qualified registries that are listed. These were updated about two weeks ago, and they will give you the listing of all of the registries that have been approved for 2019, that you can review. Go through, they're basically ... some of them are or even set up based on specialty.

Andrea Phillips: So is it too late in the year to think about using a registry for the 2019 reporting year?

Joe Pinto: Not necessarily Andrea. In fact, it may not be too late to even ask a registry to submit your 2019 MIPS data. What we at Quality Insights advise you to do. However, if this is an option that you're looking into is to check with your EHR vendor first, just to see if they are already affiliated with a registry and then to review the list of the approved registries at the links that were provided in the last slide. Now some of these registries, they are able to extract the data directly from your EHR, but there are plenty of the registries that do require for you to manually enter the data. So you have to check with the registry individually for the options for reporting.

Andrea Phillips: So what do I need to do for the quality category exactly?

Rabecca Dase:	All right, I'm going to jump back in here to answer this question. So quality is the biggest contributing category to your final MIPS score. You can see here that for 2019, the category is going to be worth 45% of your final total MIPS score, which is very huge. And then it also actually goes to 70% if the promoting interoperability category is re-weighted, which we'll get into a little bit later. As I mentioned previously, the reporting period is a full year and you're going to want to report on six measures or a specialty measure set. In order to earn full category points for this category, you're going to need 60 performance points. So you have six measures. Each could potentially be worth 60 ... sorry, 10 points and then six times 10 would be 60s and that's how you're going to earn full performance points in that category.
Rabecca Dase:	In this category as well you do want to report at least one outcome or high priority measure that has been the same since 2017, so that hasn't been a requirement change. And then something is new for 2019, they are reworking the bonus points for small practices to help alleviate some stress there and clinicians or groups in a small practice, you'll receive six points in the quality numerator, if at least one quality measure is reported. And again that's called a small practice bonus and that's just going to help alleviate some of the reporting burden for small practices. For the quality measure options, there are a lot of measures available, but it always depends on how you are choosing to submit your data to CMS.
Rabecca Dase:	So we've mentioned some of these things. You have claims, EHR registry, the web interface and qualified clinical data registries. There's different options, but ultimately how many are available to you are going to depend on which submission methods that you choose. And we do actually included a Quality Insights resource here, which is quality measures by submission method. So it's a nice easy to use document. You would actually have the submission methods listed and the measures right underneath it with some additional details. So if you're interested, check out that resource. And something I want to point out too, as I was actually talking to a practice recently, and they were still reporting quality codes on a measure via claims, but the measure had been removed.
Rabecca Dase:	So keep in mind every year you always want to review the measures that you're submitting because CMS during final rule making time, will either change measures, remove measures, change the submission method that's available for that measure. So always, always, always review your quality measures and what's available to you. So the selecting of submission methods, again, so what measures are there always depends on what submission methods you are selecting. Beginning in 2019 something that's new is clinicians and groups can submit quality measures using more than one method. So in previous years, if you chose to use your EHR, you had to report all six measures through your EHR or if you're using claims it was claims or nothing.

Rabecca Dase: But now if you wanted to, you could choose to use claims. If you're in again in a small practice of 15 or fewer, you could use three for claims, three for EHR. And if you had a registry, you could also, maybe report one through registry. So they do offer those different options for 2019 with the exception of the CMS web interface measure. If you sign up for the CMS web interface measure submission option, or you're in fact part of an APM, you would report those measures, and there's 10 of them, you wouldn't get to pick and choose, it would be all 10 measures. And I just want to highlight again just so there's no confusion, you cannot log in and manually enter your quality measure data into the QPP portal. CMS will only accept this in a specific format and unfortunately that's not numerators and denominators being manually entered.

Rabecca Dase: So everybody always wants to know where you can earn those extra quality points. So I always like talking about this because again, once the thresholds are increasing and performance is getting a little bit harder, I always like to talk about where we can get some additional points. So our bullet point number one here says, report more than six quality measures. I do want to highlight that CMS will not score you on more than six quality measures. So if you submit nine or 10 they're not going to score those. But how this can benefit you in a way is CMS will add the score of the highest measure. So maybe you thought that you were doing well at one, but you submit, another one, CMS is, "Oh, well this one's actually higher." They would take your score and calculate your final MIPS score based on the six best measures.

Rabecca Dase: With that being said, though, I do want to highlight and point out that whatever you submit to CMS can potentially be made public on the physician compare. So you always want to make sure that you are moving forward with your best foot, and you do have ... you're submitting your best measures and things like that. And another place where this could possibly impact you, in reporting more than six, I'll use the tobacco measure for example. The tobacco measure currently does not have a benchmark, a measure without a benchmark, you can only earn a maximum of three points. So if you submitted six measures, and you still submitted the quality benchmark or the quality measure of tobacco use and you had a perfect performance of say 100%, and you earned [inaudible 00:18:22] three points.,

Rabecca Dase: But if CMS could create a benchmark for that measure based ... if they could collect enough data for the 2019 performance year and create a benchmark, you could potentially earn max points on that, so you could potentially earn 10. So that's where those little nuances come in and why it's great to work with Quality Insights too, because we can help you navigate the program in that way and think of strategies to get the most points. And then one last point I'll make here is bonus points, you can additional bonus points for each additional high priority measure. Or if you're submitting additional outcome measures, you can

earn two bonus points for each of those up to 10% of the denominator, which would be six points total.

Andrea Phillips: So multiple ways to submit. Would you say? I can submit a quality measure more than once by using different submission methods?

Rabecca Dase: Yes. So for 2019 that is something that you can do. And if you submit the same measure multiple ways, CMS will look at the scores, and they'll give you the one that earns you the highest points. So you can see here toward the left of the submission method how different it is for EHR claims and registry. Based on your performance, if you submit the same performance for all of those measures, you can potentially earn different points, and you can see here for this diabetes hemoglobin A1C measure, the performance would get you nine points. But if you submitted the same performance score for claims, you're going all the way down to five. So yes, you can submit the same measure using different methods and CMS will in fact give you the highest MIPS points based on the submission options that you have submitted.

Andrea Phillips: So is there an advantage to submitting quality measures using one method over the other?

Rabecca Dase: I love this question and the reason why is I always tell my practices that not all measures or measure benchmarks are created equally. So you can see from the previous slide that we were just on, we don't need to go back, but the performance rates, EHR claims and registry, you submitted the same performance score yet your points that you could earn were completely different. So the reason why is because quality performance is based on benchmarking. So you submit your performance and then CMS will take your performance scores and compare them to benchmarks and see how you compare against everybody else. These benchmarks are based on historical performance and it's typically two years prior.

Rabecca Dase: So the benchmarks for 2019 are actually based on the first year of MIPS, which is 2017. So in each, depending on how everybody submits through all the submission methods, they take those benchmarks and create them individually for each specific submission method, EHR claims, registry and things like that. So it's really important that you select quality measures with benchmarks that can benefit you for the submission methods that you selected. Try to stay away from those topped out measures, or those measures that are capped at seven points. So we also provide a link here to the 2019 quality benchmarks, which will list all of the benchmarks for all of the measures. And I just posted in the chat-box a resource that we created at Quality Insights, which lists the topped out quality measures in 2019, because as the program evolves, some of these measures are getting harder to do well at.

Rabecca Dase:	And again it might be topped out for claims, but it's not topped out for the EHR. So we did try to highlight the topped out measures, and those measures you can only earn seven points on. So here's just another example of how the benchmarks vary by submission. This one is looking at influenza immunization measure. And you can see here based on the performance with using the EHR, with the score, you're up to nine points. Looking at claims, the same scores, you're down to six points and then the registry you're falling into seven. So these are all strategies and things that we can look at when trying to just determine how you'll report and what you want to submit to CMS.
Andrea Phillips:	So how do I estimate data for the improvement activity category?
Joe Pinto:	That's a great question Andrea. So we'll move off of the quality category for a minute and over to the improvement activities category. And for 2019, this category is worth 15% of your total MIPS score. There are 40 performance points that are needed in order for you to earn the full credit for the category. And for the clinicians that work in small practices. And once again, a small practice is defined as 15 or fewer clinicians. They will receive full credit just by reporting one high weight activity or two medium weight activities because the points are doubled for the small practices. If you're a clinician in a large practice however, to receive the full credit, you need to report either too high weight activities or medium weight activities or one high weight plus two medium weight activities to earn the full credit score in that category.
Joe Pinto:	Now in terms of submitting your improvement activity data, the clinicians in groups need to submit between one and four improvement activities in 2019 in order to earn the full credit for the category and each improvement activity can be submitted using a different submission method just like with quality for 2019 however, there's one difference between the two and that's that for the improvement activities category, you can log into the QPP portal and manually enter the data or what's known as attesting. The other two options that are available for the submission would be direct from the EHR or registry and also to log into the QPP portal and then upload the QRDA III file from your EHR. And if you are new to attesting for MIPS in 2019 and you don't know what the keyword EH refile is, I strongly urge you to contact your EHR vendor for instructions on where to find it in your system and how to download it.
Joe Pinto:	This is something that your EHR vendors can definitely help you out or you can reach out to your representative with Quality Insights and we'll be more than happy to help you go through that process.
Andrea Phillips:	Okay, so how do I submit my data for the Promoting Interoperability category?

Joe Pinto:	So for the reporting, the PI category, which is the promoting interoperability, that category weight is 25% for 2019 unless you've had that category re-weighted to zero. There's 100 performance points that are needed to earn full credit for the PI category. And all of the required PI measures that are listed for 2019 must be reported or excluded if the measure does have the option for the exclusion. One note that I want to bring up and remind everyone that for 2019, even though your security risk analysis is no longer listed as an actual measure, it's a standalone, you still must complete that risk assessment analysis during the 2019 calendar year in order for you to meet the requirements for the mixed reporting.
Joe Pinto:	So submitting and promoting interoperability data clinicians and groups, they just need to report data for all of the PI measures that's mentioned earlier or claim an exclusion for a measure if it's available. Now, all the data for the PI category must be submitted the same method unlike with the other quality and the interoperability or the improvement activities category. You must use the same method for PI. So those methods are the same as the other categories. They would be either directly from EHR or registry, or you can log into the QPP portal and then upload the QRDA III file from your EHR, or you can go and log in to the QPP portal and manually enter the data, which again, is known as attesting.
Andrea Phillips:	Okay. So what can I do right now to make sure all of our information in the QPP portal is correct?
Joe Pinto:	That's another great question Andrea. And in terms of updating your Medicare systems or MIPS, just a quick review of how this all works. The CMS draws all the information from the Medicare provider enrollment chain and ownership system. This is commonly known as PECOS and also the national plan and provider enumeration system that is known as the NPPES to supply the participants' information for the quality payment program. You need to make sure that your information is accurate in both of these systems and we strongly urge that you verify this information on an annual basis. Get into the habit of doing it, if not this time of the year, a little bit earlier, late summer, early fall, just to make sure every year that all of that information is accurate.
Joe Pinto:	You don't want to have, come January 2nd when the portal opens to begin your MIPS submission and find out that there are discrepancies. You also meet the update no later than October of each year just to ensure that the changes will appear in the QPP portal. In terms of PECOS, PECOS must be updated within 30 days when there is an experience of a reportable event and CMS basically determines reportable events or changes as in a practice location change. If a practice changed ownership, if there's a general supervision change, banking arrangement has been updated or changed, or if there's a final adverse action.

**Tips to Prepare for 2019 MIPS Reporting and How to
Avoid the MIPS Penalty | Transcript from Live Session**

Wednesday, October 30, 2019

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	Any other changes aside from these five must be made within 90 days. So the next question would be how to update PECOS.
Joe Pinto:	Included in your handouts, we've attached the hyperlink that you can click on and that will take you directly to the PECOS login. What you need to do is then click on that link and then using your CMS identity and access login credentials, that'll get you into the portal. Then want to select Account Management. After that, select My Associates and then the information to be updated will come up and you can update anything that's applicable for your PECOS account at that point.
Joe Pinto:	As for the NPPES registry, CMS assigns the national provider identifiers, that's also known as your NPI number, to the clinicians through the NPPES. Now this information is in each of the clinician's NPPES record and it's used mostly for billing, Medicare quality reporting. Also, any assignment of a QPP technical assistance contractor, and also just a reminder documenting a direct email address to send secure messages for referrals and transitions of care would be done through the NPPES record as well. So the next logical question would be how to update the NPPES. Same processes with PECOS. You can click on the hyperlink that we included in the slide deck presentation and that will take you to the web portal. And then using your CMS identity and access login credentials, you're going to enter the web portal that way.
Joe Pinto:	Scroll down to Manage Provider Information. And then from that point you're going to click on the pencil icon under the Action column to edit any provider information and make any other changes that you need to make at that particular time. Once that's completed, then click on Error Check. And then after all the changes are made to ensure that the information provided is complete, you're just going to click Save and Return to the Main Page, you can find it in the lower right hand corner and this will activate a dialogue window. Then after everything is done, just select complete NPI application and any changes that you made will be submitted.
Joe Pinto:	The final point on the NPPES would be, what is going to be updated in there? Well basically you would have the three areas, your address. So your physical address of a practice. And if you're part of a group, which has more than one practice location, this would be the primary site location, if there are more than one practice locations in your group. Also, you want to make sure that the mailing address is updated, the phone number and also the Health Information Exchange Endpoint.
Andrea Phillips:	So what exactly is the Health Information Exchange Endpoints?

Joe Pinto:	And somehow Andrea, I knew that that was going to be the next question because that's new for this year. So the health information exchange endpoint is the HIE endpoint and this is a new field added to NPPES in 2019. Those of you who may have gotten in there, may have noticed it. If you are confused on that, it basically indicates how a clinician can receive and send a summary of care records or referrals and transitions of care. The HIE endpoint basically should help everyone improve their promoting inter-operability health information exchange, which is the HIE measures. That's the main goal of it. And just a couple of examples of endpoints would be a direct email address, also a fast healthcare interoperability resource, which is also called your FHIR URL and also your Connect URL.
Joe Pinto:	One thing I do want to make a point of that's very important is that personal email addresses cannot be used to send personal health information, which is known as PHI. So you need to be aware of that, if you're going to use an email address, we urge you to get a security email address such as the direct email address. So on the next screen we have a sample screenshot of the endpoint field that you will encounter when you go into the NPPES website and you'll see that there the listing on the left hand side of the different options, the Connect URL, the direct messaging address. Those of you who are not familiar of what an URL might be, the URL, that is basically just the uniform resource locator and in the internet protocol for a resource identifier. That's basically what a URL is. It's used to identify and locate things through the worldwide web.
Joe Pinto:	So if you're looking at this particular screenshot, you'll see that we highlighted the endpoint type, which is the dropdown window, and you will select one of those options and then each of the additional fields will take you through the process from there. So in regards to how you can check a clinicians and points, you basically can check to see who has a secure email address or URL just by opening the NPI registry and we've included the direct hyperlink there that you can click on and then entering the provider's name. And then once that information is entered, then open the provider's record and scroll down to health information exchange, that will be located on the left side of the screen, and you'll see if anything has been entered for that particular provider.
Andrea Phillips:	Okay. So is there anything I should do right now in the QPP portal?
Joe Pinto:	Absolutely, Andrea. So for the QPP portal access, you always want to make sure that you can log into the QPP portal, especially this time of the year, and make sure that you can log in now so that you can enter your 2019 data, come January 2nd of 2020, once the submission period opens and there won't be any delay. Also, you can view your 2019 preliminary MIPS score after the data is submitted. Now, if you don't know the process for actually making sure that your QPP portal access is activated and up to date, we've included the QPP

access user guide that you can just click on the hyperlink in the slide deck that was provided to you and that will take you to the process. Or if you still have questions on that, just reach out to your representative from Quality Insights and we'll be more than happy to help you through that process.

Joe Pinto: The next screen, you're showing basically a screenshot of what to look for once you basically bring up the QPP portal. Its access on the QPP website at the hyperlink included there. Once that screen comes up, you'll notice up in the right hand corner is the sign in. You just click on the sign in box and that will begin the process for you to log in to the QPP portal using your credentials. Now in terms of logging into the QPP portal, you use your HCQIS authorization rules and profile. That's simply known as your HARP account and your user ID and passwords are used to log into the portal. Now if you're a new user, first time user to the QPP portal, there is a multifactor authentication that's required. So just be prepared for that. If you have not ever entered the portal before, there will be a multifactor authentication that will be required for the first time login.

Joe Pinto: In terms of resetting your QPP portal password, this needs to be done every 60 days. You need to change your password every 60 days, and you can do that by going into the qpp.cms.gov website. Follow the steps to the My Profile, Edit, Change Password and then it will give you the instructions on how to go about changing it. Or you can just simply call the QPP help desk at 1-866-288-8292 and they'll walk you through that. Passwords must have at least 12 characters and they can include an upper case letter, a lowercase letter, a number zero to nine and also symbols. The only symbols that you cannot use though would be like the greater than or less than symbol or the plus sign and passwords cannot contain your user ID, first name or last name.

Joe Pinto: Also, a challenge question will be used if you need to reset your password. This challenge, the answer is not case sensitive, so if you entered it before, it doesn't matter if it's uppercase or lowercase and it must be between four and 100 alphanumeric characters.

Andrea Phillips: Okay, so how do I submit my data in the QPP portal?

Rebecca Dase: All right. I'm going to take this back over then from Joe and give him a break for a moment. So in the QPP portal, now that you know how to log in, what you're going to need to log in, and again, like Joe said, if you need any help setting up an account or anything like that, please don't hesitate to reach out. We're here to assist you in doing that. So the QPP portal is very easy to use based on other things that we've seen in historical reporting programs. It prompts you when you log in, where to click and things like that. And it's very intuitive and makes it easy for users to access and navigate around. One of the big highlights I think is

data, when you're in this portal, when you're attesting or uploading files, your data is automatically saved. So there's no save button.

Rabecca Dase: So that's good. So if something happened, hopefully you're not going to lose your data because it's automatically saving on the backend. Another great feature of the QPP portal, when you start entering your data is you're actually going to get real time scoring. So you're going to be entering categories and it's going to be determining what your scores are. Now keep in mind, when you report at the beginning of the year, those are not your final scores. Those are your preliminary scores and your final scores are not going to come out until late summer, and whatnot. But you can see where you're ranking, what your scores can look like and possibly, how your performance was for the performance year of 2019.

Rabecca Dase: Now keep in mind, the reporting portal within the QPP portal is open for data submission until March 30th of 2020, at 8:00 PM. Do not wait until the last minute. I cannot urge you that enough. Do not wait until the last minute, just in case you do run into issues. So if you're using a third party intermediary, talk with them, know what their timeframes are, because again, a lot of the EHR and registries and things, they have their own deadlines of when you need to have things submitted. So definitely talk to the people who are going to be submitting data with you. And do not wait until the last minute.

Rabecca Dase: These next few slides we'll move through quickly. We just wanted to show you a little bit, if you haven't been in the portal what it looks like. So you can see here, this is practice details and clinicians. This is on the home page when you log in. Joe was stressing the importance of PECOS and the updates and things that you should be doing. So this information is showing as accurate. What we're looking at here is obviously a test group and test clinicians and things. You want to make sure that the clinicians listed for your group are the ones that are actually there. So that's why updating your information is very important. When you log in on the left hand side, you'll be able to navigate through these different tabs. So you have your practice details and clinicians, group reporting overview, each measure or each category you could click on. You can choose to report as a group or individual.

Rabecca Dase: So on the next slide you'll be able to see where you would choose report as a group or report as an individual. You would click those, you'd be able to then if you were reporting as a group, you would go in, you would do one report, you would upload one file, you would upload or attest for your promoting interoperability and the improvement activity at one time. If you're choosing to report as individual button, you would then go in and you would do the reporting for each clinician under your tax ID number that was eligible, under the group keep in mind, I don't think we mentioned this before, but if you're

reporting as a group, you weren't going to report on all of the NPIs under your tax ID number regardless if they were eligible at the individual level. So just keep that in mind.

Rabecca Dase: On the next slide, you can see here if you did choose to go and you can report each category individually, and that one there, I know they're a little bit hard to see, but it says [inaudible 00:42:34] reporting. So you could click there. When you went in there, it would walk you through. Click here to upload your file. The promoting your interoperability underneath, you have to manually enter button too there. You could go in and that you would manually enter, it would list all of your measures and you would go in and enter your numerators and denominators where you were prompted to do so. So you don't have to go in and search around. It does really just you through what's available and what needs to be done. And again, Quality Insights, we are more than happy to help you navigate the QPP portal and things like that, and make sure that you are doing what needs to be done to capture your data.

Rabecca Dase: At the very end, it's always important to make sure you print what you've submitted. And I mentioned at the very beginning, even if you have a third party intermediary submitting data for you, your EHR always, always, always log into the QPP portal and review what has been submitted on your behalf. I know practices that I work with, the practices my colleagues work with, sometimes the practices aren't finding out until all of a sudden these final scores are coming out and they're like, "Oh my goodness, our EHR was supposed to submit that and they didn't." Or there was some type of glitch. So ultimately you're responsible for your 10 and your providers. So always log in and check. And so here again, if you've submitted your data or your EHR or third party has submitted your data, print out what's been submitted, you never know what's going to happen on the back end.

Rabecca Dase: Maybe the system crashes are like, "Oh, we didn't get your information." Who knows? You never want to cross those bridges, but you never know. But if you have something printed out to say, "Yes, I submitted this information, here's what information we did submit." And things like that, you'll at least have some documentation to support that you did log in by the deadline, that you did submit this information. But I can't stress enough to always log in and check to make sure that your information is there and accounted for.

Andrea Phillips: So is there a list of what I should do right now?

Rabecca Dase: Sure, of course. So what should you be doing now? Ultimately, we are rounding out the 2019 performance year. So we're really in the final days and we want to make sure that we have everything aligned. We can log into our accounts. So you want to make sure, like Joe said, update your information, and include the

endpoint secure email addresses. Something we hear all the time is, "How am I going to get my referral numbers up if I don't have direct messaging address for these clinicians?" If we all work together and start entering our clinicians addresses within this look up, how great? You could go to one place. You'd be able to pull up your clinician's information and send the direct messaging address there.

Rabecca Dase: You can send more summary of care documents electronically, your promoting interoperability numbers are going to go up. Great. Again, as Joe mentioned, logging into PECOS, update that information. We want to make sure who we're seeing in the portal is who actually is at our practice. You want to log into the QPP portal, make sure that you have access, make sure you're not locked out. Make sure, like Joe said, you have to log in 60 days. You want to make sure that you can get in there and not wait till the last minute. Then all of a sudden find out that you're not connected appropriately, you're locked out or there's just some type of issue with your account because the QPP portal is the one stop shop for your reporting. So you want to make sure that you have access to that.

Rabecca Dase: Make sure you are submitting applications for hardships if they're applicable to your practice. There are some deadlines that'll mention here in a few slides. Submit an application for 2020 virtual group reporting if that is something that you're interested in. And then also make sure you're collecting, supporting documentation for the 2019 performance year. Another, I will stressed before, the importance of collecting your data, even if your EHR is saying that they're doing stuff for you, still make sure that you have supporting documentation that you can, that you can provide in the event CMS was to come back and audit you or to say you are doing what you say you're doing.

Rabecca Dase: So again, some of those deadlines that I mentioned for the hardship exceptions we have here, we've talked about this on numerous webinars. So I'll just briefly go over it. December 31st is a deadline to submit a PI hardship exception application. This is available to small practices. It's 15 or fewer clinicians for the promoting interoperability category. If you apply your PI category will be re-weighted to zero. And if you do still decide that you want to submit promoting your operability data, you can, the application would just be null and you'd be scored on the promoting interoperability category. Other reasons to apply besides being a small practice could potentially be these. And you think, "Oh everyone in a small practice." Especially the clinicians without any HR, don't leave those points on the table, file this hardship exception and move it to quality because you can report via claims.

Rabecca Dase: So those are just little strategy things that we've been working on and that we can help you with as well. Some additional deadlines again are going to be December 31st. We mentioned the 2020 virtual group application, if that's

something that you're interested in. A little more detail about that there. And then the extremely uncontrollable circumstances, if something happened where you are not able to collect data for an extended period of time, [inaudible 00:48:19] performance here. This could potentially be a problem or a reason for application. I actually mentioned this on our QPP live event last week that I've seen a practice that had an attack on their system. So their system was down and they hadn't been able to report data or collect data for six months. They were able to file one of these extreme and uncontrollable circumstances application and they won't take a MIPS penalty because they were able to be approved because that is something that was out of their control.

Andrea Phillips: So how I get organized so I can easily submit all of my 2019 data?

Rabecca Dase: All right, so Quality Insights. Last year in 2018, we created what we call the QPP data validation audit tool. And what this is, it was a document that we created that allowed groups and individuals to collect their information and record it in one location, so you knew who was responsible for what, what you submitted. It's added suggested documentation to collect for each category and just really allowed you to have everything in one place. And we did include the link here for the data validation on the audit document. So I highly recommend checking that document out, printing it out, saving it in your MIPS binder and just following through to make sure that you have everything that you needed.

Rabecca Dase: It's almost like a little checklist and a little fill-in list. So in, in the event that you left your practice or things like that, whoever's taking over after you, they would have that MIPS binder for 2019 and know who handled what, which I think is really important. And again, like I said, within this tool, it does suggest documentation to support your [inaudible 00:50:08] and reporting. And CMS, I think ... just something to know, they can actually audit you for up to six years. If you asked me in six years what I was doing today, chances are I probably wouldn't remember. So it's going to be good to make sure that you have all that information highlighted. So on this slide here that we're looking at, documentation required by CMS, they did create a file, it's called the 2019 MIPS Data Validation Criteria file, which if you click the hyperlink here, you'll be able to access it.

Rabecca Dase: It takes you in and it highlights each category. And don't [inaudible 00:50:44] all 57 pages, you don't have to read through all of those. You can go through and you can look at the activities that you're interested in. I know for Pennsylvania we have a lot of practices that are interested in the annual registration of the prescription drug monitoring program. You don't need to read through 57 pages. You can go find your specific activities and go see what the required documentation would be or suggested documentation to collect. Promoting interoperability, same thing, that's a little more detailed because each

	promoting interoperability measure you are required to report on or claim an exclusion, things like that. So that one would be a little more detailed.
Rabecca Dase:	And then the quality depending on what measures you are going to be reporting, you could look at those specifically as well. And these are just some examples of the data validation criteria tool that you would be opening. And I understand they're really small here but we just wanted to give you a look at. So in column one here it says ID and it lists the little activity ID that IA-EPA-1, that's expanded access activity name provide 24,/7 access to MIPS eligible clinicians. If that was your measure, you could follow that one across and you could read and I believe it's column seven that says suggested documentation if you're doing this activity. And it's offers again, suggestions of things to collect to support you doing what you're say you're doing.
Rabecca Dase:	On the next slide here, just the promoting interoperability, it's the same thing, just some suggested documentation. And then on the next slide, just again the quality data validation is in that file. So simple to the point and again, we are happy to review that with you as well. And that tool that we created for Quality Insights, that audit tool, I highly recommend downloading it. Like I said, it'll keep everything organized for you.
Andrea Phillips:	So what do I need to do to avoid that 2019 penalty?
Joe Pinto:	That's a great question Andrea. And one of the common questions that I do receive and I'm sure that my colleagues will attest to the same, especially with working with the smaller practices and the one and two dock operations, we constantly are hit with the question of what do I need to do at the bare minimum so that I can avoid receiving the penalty to my Medicare Part B Reimbursements? And it's very simple for 2019 although the process we're going to get into later may look a little bit complicated. You basically need to reach the threshold of 30 points. Now that's double from what it was in 2018, there was 15 points required for 2019, you do need a minimum of 30 points in order to avoid the penalty on your Medicare part B Reimbursements would go into effect for 2021.
Joe Pinto:	The chart that we have in front of you is basically breaking down what you need to do to avoid the penalty in terms of the number of points and what the payment adjustment would be applied. So for example, if you choose to not attest anything or submit any data or you submit a bare minimum and it reaches a score of 7.50, then you would be hit with the negative 7% a payment adjustment on those Medicare Part B Reimbursement. Any MIPS score of 7.51 to 29.99 would be eligible for a negative payment adjustment of between 0.01% and 6.99%. In order to go and reach the middle level and not receive a penalty or be eligible for a payment adjustment on the positive side, the 30 points are

required. Anything above the 30 points you can see incrementally it goes up in the percentages of what the clinician would be potentially eligible to receive.

Joe Pinto: So in the next slide we're going to take a look at it, and I know this is going to start to look a little bit complicated, so bear with me folks. Actually, as we get a bit further along, I'm going to bring up [inaudible 00:54:53] that we also created, my colleagues and I, a little bit of a resource tool that you can use to help you through this process that we're going to talk about later. It's the how to avoid the 7% MIPS penalty in 2019 and that will simplify everything that I'm going to be going over in the next couple of slides and put it all down in documentation for you, So it will be much easier to follow. But basically to earn the 30 points, the easiest way, and this is for the small practices that we're talking about here, the easiest way for small practices to earn the 30 points is to report the improvement activity category, report the quality category, and then also submit a PI Hardship Exception application.

Joe Pinto: If you don't know where that's located, we've included the link right there, the hyperlink in your handouts so you can click on and it will take you to the QPP website and the PI Hardship Exception application will be there for you to review and complete if you choose to do so. So taking these steps, the MIPS score would be calculated based on, number one the improvement activity score, which is 15% of the overall weight, the quality score, which would now be 70% of the weight if you choose to submit and/or approve for the PI Hardship Exception and that would come out to your total MIPS score.

Andrea Phillips: So what can I do to avoid the penalty if I don't have an EHR?

Joe Pinto: Another great question Andrea, and we do get this from time to time from practices that do not have electronic health record capability in the practice. You can still earn at least 30 points by reporting the quality and improvement activity categories. And then of course you would be submitting an application from the PI Hardship Exception and they would then re-weight the 25 points that would be earned for the promoting interoperability to the quality category score. So if we take a look at the breakdown of your options here, for those that are not using an EHR, the PI category would be re-weighted and then you would be reporting three quality measures and of these three measures, we're taking a look at the ones that would be the quality measures that you would be submitting without meeting the 20 case minimum requirement or the 60% data completeness requirements for the IA category.

Joe Pinto: So then the bare minimum you're going to get is three points for each of those, our quality measures. So as you see in the example, this example is for submission for the three quality measures where the PI Hardship Exception was applied, the clinician in this would have earned three points each for those

three measures, that's nine points plus the small practice bonus of six points equaling a total of 15 quality points. Now when you look into that, you're taking that 15 quality points and you're adding to the equation 60 quality points because the category of course is being re-weighted to 70%, so when you add those factors in, times the 25 points, times 0.7, you now have 17.5 MIPS overall points. So after taking that, that 17.5 MIPS points for the quality category would be added to 15 points that you would earn by submitting under the improvement activities category.

Joe Pinto: And there you've met the minimum requirement, you've actually exceeded it, you've got 32.5 for your total MIPS score, therefore avoiding any negative payment adjustment. One thing I do want to keep in mind though, and the note here will apply to all of the next slides that we're going to be bringing up as well. Reporting a measure with a benchmark, and I know Rabecca had talked about this earlier, that at least a minimum of 20 cases and a minimum of 60% of eligible patients will result in the quality measure being scored based on performance. The measure will receive between three and 10 points, unless of course that measure is a topped out or capped measure. And in that case, the maximum would receive is the seven points.

Joe Pinto: So next we're going to take a look at if you have no EHR and the PI category is not re-weighted. So in this instance it would be reporting five quality measures. And of course, once again, these measures would be without meeting the 20 case minimum or the 60% data completeness requirement as well as the IA category. So in the example that we're showing, the clinician in this case is getting three points, which is the bare minimum that you can receive when you're not meeting the case minimum and the 60% data completeness. So you take that three points times the five for the measures. Now that clinician's at 15 points plus the six points for the small practice bonus, 21 quality points is earned in this case. So of the 21 quality points, if you're looking at the equation that the CMS uses to calculate, the total number of MIPS points earned for this particular category is going to be 15.75.

Joe Pinto: So you're taking that 15.75 points for the quality category, adding it to 15 points that you will earn under the improvement activities category, and therefore you're going to meet the minimum threshold that will allow you to avoid any negative payment adjustment because your score then would be 30.75.

Andrea Phillips: Okay. So what did I do to avoid penalty if I have an EHR?

Joe Pinto: So if you are a practice or a clinician that does have an EHR and you're looking to do the bare minimum to avoid any payment adjustment penalty, having an EHR does allow some flexibility more than those that do not have the EHR. Although you can still report quality measures using the claims submission

option if and only if you are in a small practice. And once again, that would be practices of 15 or fewer clinicians. Other practices that do opt to submit using the EHR would be, either you can report the PI category to earn points, and also you can submit quality measures directly from your EHR or use a registry or the QCDR to earn a one point additional bonus point that would be allocated per measure for end to end reporting.

Joe Pinto: Now for the practices and clinicians that are with an EHR and they're having the PI re-weighted and the quality submitted electronically, then you would need to report three quality measures that those are the measures that are without meeting the 20 case minimum requirement or the 60% data completeness requirements. So in this example that we're showing, you have this clinician submitted the three quality measures earning three points each for a total of nine points plus getting the small practice bonus, which is six points plus the end to end reporting bonus, which is an additional three points that equates to a total of 18 quality points. Now when you factor in the re-weighting because the category is being re-weighted for promoting interoperability category score are not being applied, now you're up to 21 MIPS points because of the re-weighting.

Joe Pinto: So you're taking the 21 points for the quality category, adding the 15 points that that clinician will earn for the improvement activities and you're at 36 MIPS points and therefore avoiding any payment adjustment penalty and actually setting yourself up for a very minimal positive payment adjustment potential for the 2019 performance year. Now there is reporting promoting interoperability data with one other category, and to receipt 15 MIPS points for the PI category. A very minimum of 60 pie performance points must be earned. And if the PII data is reported only with the quality category, the five quality measures must be reported by a small practice. Also, if PI data is reported only with the improvement activities category, then full credit must be earned in the IA category. And one note that applies to this particular scenario. If the PI category is reported with the improvement activities and quality categories and fewer pie points will be needed based on the scores of the improvement activity and the quality categories.

Joe Pinto: And this is just a couple more tips on how to avoid the penalty. As I mentioned earlier in this particular segment, we do have a resource that was created, Quality Insights created this resource that will help you through the process if you are one of those clinicians or practices that are looking to do absolutely the bare minimum that you need to in order to avoid any penalty on your Medicare Part B Reimbursement. This How to Avoid the 7% MIPS Penalty in 2019 guide is going to be very helpful. It's a five or six page layout and basically will go through all of the different scenarios and steps and processes that I previously laid out and make it a little bit easier for you to understand. And then if you do still have any questions after you review the information, please once again

	reach out to anybody that you're working with Quality Insights, your representative, and we'll be more than happy to help you through this.
Andrea Phillips:	So is there any way to save time selecting measures and activities?
Joe Pinto:	Yeah, there are a couple of ways to save time and that would be by aligning measures and activities, Andrea. So some topics do have crossover MIPS categories, and we're going to get into that a little bit. Selecting one of these topics would save you some time and also help you earn MIPS points a little bit more efficiently. There are some examples of the crossover topics that are laid out here. That would be the opioids, also antibiotics stewardship, vaccinations, diabetes, behavioral health as well as care coordination and health information exchange. So on the next slide, I'm not going to get into this all in detail, just to save some time here, but this is basically an outline that we put together that will show you how some of the crossover would affect the practices that would ... topic for the opioid crisis, for example.
Joe Pinto:	So under the quality category, these are the four options that this particular measure would be applicable to, also for the improvement activities category. For example for the first section you see there, opioid therapy follow-up evaluation would meet the requirements under quality and also consultation of the prescription drug monitoring program, which is the PDMP, very important in 2019, that would meet the qualifications under the improvement activities category. And on the PI side of it we're promoting interoperability that would meet the requirements under e-prescribing. Another option that we are showing you here too is for antibiotic stewardship and vaccinations for those practices and clinicians that are choosing to report on either one of these topic options.
Joe Pinto:	Once again, we've broken it down for the crossover between the three individual categories. So, for example, looking at the very top one for antibiotic stewardship, for adult sinusitis, antibiotic prescribed for acute sinusitis would meet the requirement under quality category under the improvement activities category or antibiotic stewardship, it would be implementation of an antibiotic stewardship program and then e-prescribing under the promoting interoperability category.
Laurie:	Well, this is Laurie. We have run over on time, so thanks everyone for hanging in there. It's a lot of information to digest. But we thank you so much for joining us today. And as always, if you have any additional questions, please reach out to our team, the slide up here with our web address, our email and a phone number that you can reach out to us and we will get back to you as soon as possible to help you out with your MIPS reporting.

Laurie: So thanks again for joining us. When you log out of today's session, you will be automatically directed to a very brief evaluation. We ask that you please take a moment to complete it, as it helps us with future programming. And we do greatly appreciate your feedback and comments. So thanks again for joining us. Have a great rest of your day. Have a happy Halloween, and this session has now concluded. Thanks.