



Quality
Insights

Quality Payment Program Support Center

A Bigger Tent: Expanded QPP Assistance from Quality Insights Transcript from Live Webinar

Monday, May 8, 2017

Crystal Welch:

Well, good afternoon, everyone. Welcome to A Bigger Tent: Expanded QPP Assistance from Quality Insights. We're so happy that you could join us today. I'm certainly looking forward to a great session. We're excited to be joined on the call today with our QPP-SURS staff, who are serving the small practices of 15 or fewer clinicians, including those small underserved and rural areas in Delaware, New Jersey, Pennsylvania, and West Virginia, just to help prepare and participate in the Quality Payment Program.

Today's agenda includes an introduction to Quality Insights by our CEO, Dr. Sven Berg. There will also be an overview of the Quality Payment Program by our QIN Network Task Lead, Kathy Wild. We'll have an overview of the Quality Insights Quality Program Support Center with our SPP-SURS Customer Service Specialist, Amy Weiser. Then finally, my name is Crystal Welch and I'll be giving you information about opportunities for coordination and collaboration, and just let you know of an exciting opportunity we have for new partnerships.

We will get to our speakers in just a minute, but first, many of you are listening in on your computer speakers and you may be dialed in on your telephone, so just keep in mind that we will have opportunities for questions and answers. You can certainly feel free to use the Q&A box, or the chat box, in your WebEx player. All you need to do would be submit your question and then after the presentations we will get to as many questions as time will allow. Without further ado, I will go ahead and introduce, it's my great pleasure to introduce our chief executive officer Dr. Sven Berg and he will be giving us an introduction to Quality Insights. Dr. Berg.

Sven Berg:

Well thank you Crystal. I am glad to be here with all of you this afternoon to describe just a little bit about Quality Insights and the things that we do, and how we're exciting to be participating in this new project to bring support for the Quality Payment Program to practices of 15 and fewer providers. This actually supports broader work that we're doing through our quality innovation network to support practices that are larger than 15 providers, as well.

Just to give you a little bit of information about Quality Insights, we are a not-for-profit company with a mission of bringing people and information together to improve health. Certainly, one of the purposes of this call today and talking with you, stakeholder in this important process, is to explore ways that we can

work together to bring this important information to practices across our areas of influence. To help them not only participate in the Quality Payment Program and do well under that program, but ultimately to lead to better health for the people that we serve. We as an organization are striving to be a change agent, a partner, and an integrator of local organizations in collaborating to improve care. We, really, across the time period where we'll be working on this project, we hope to be able to collaborate with you in that effort. Finally, we are committed to achieving the National Quality Strategy and its goals of better care, smarter spending, and healthier people.

Just a little bit more about us, we are headquartered in Charleston, West Virginia, but we also have offices in Pennsylvania, New Jersey, and Virginia. We have staff that is located in all of the states we serve and specifically for the QPP-SURS project, our states where we'll be executing this project are in West Virginia, Pennsylvania, New Jersey, and Delaware. We have in our organization about 200 individuals that are comprised of physicians, nurses, health service researchers, measures developers, statisticians, data analysts, and educators, and we're all dedicated to the quality of healthcare. We also collaborate with federal and state agencies, as well as private organization, all being committed to quality healthcare.

Just to give you some information about the experience that we have. We are Quality Improvement Organization and we've excited as a QIO since the inception of the program. We're now in the 11th scope of work for the Quality Improvement Program serving as a Quality Innovation Network. The states that we serve there are New Jersey, Pennsylvania, Delaware, West Virginia, and Louisiana. Then, as evident by the purpose of this call today, we are now the QPP-SURS, or the Quality Payment Program Small Underserved Rural Support contractor for four states comprised of New Jersey, Delaware, Pennsylvania, and West Virginia. We actually, under our QIN program, began preparing clinicians to successful participate in the MIPS program and the Quality Program Payment program as early as August of last year and now we're expanding our efforts under this new program. Our experience really even goes much deeper than that, we've been involved with clinicians for many years through our Quality Improvement Organization program and then we were also a regional extension center helping over 7,000 clinicians in the states of West Virginia, Pennsylvania, and Delaware to implement electronic health records and achieve meaningful use in their practices.

What we will offer under this program then are training, educational resources, and direct technical assistance for QPP eligible clinicians. Again, our QIN program will focus on practices then at 16 or more clinicians. Then under the QPP-SURS contract we'll be focusing on practices with 15 or fewer clinicians. You'll hear more about the specifics of that from other presenters on our presentation today. Through our Quality Innovation Network, we also offer programs and learning and action networks that are designed to really help all practices meeting their quality improvement goals. You can see on the slide a list of some of the things that we're involved in under our current statement of

work in the 11th scope of work, around cardiac health, diabetes, antibiotic stewardship, immunizations, opioid misuse and diversion, and the annual wellness visit.

Our priorities then under the Quality Payment Program then are really to collaborate and coordinate it with existing partnerships and initiatives. As you're listening today and you're thinking about your own Quality Improvement Programs and the ways that you are working to assist clinicians across your states or within your healthcare organizations, or within your specialty groups, I would encourage you think about ways that we might be able to work together, to use our efforts together synergistically, to help those that we're trying to serve. We hope to establish and lead partnership activities as needs in our communities arise, so we'd like to work with you on that. We hope that over the course of the contract and our period where we're providing the support, that our programs will continue to evolve, and that we can work with you on that evolution and develop the educational opportunities that will best meet the changing and ongoing needs of the participants in the Quality Payment Program.

Also, it's a huge priority for us to provide excellent customer service, and we encourage your feedback all the way through the process at how we're doing at that, so that we can provide the service that will truly help clinicians across the four states where we're working on this particular program to succeed under the Quality Payment Program. That's really the last bullet there is it's a goal that's set by CMS to help 90% of eligible clinicians to successfully participate in the QPP. That's CMS' goal, we would like to really be able to help anyone who approaches us under this program, to succeed.

We believe that important to this effort then is going to be the collaborations that we build with others. Crystal's going to talk a little bit later about some of the opportunities, but let me just lay out this as a framework. Catalytic Collaboration is a methodology that has been described or a set of principles that's been described that's used by organizations that successfully collaborate to achieve great ends. The essential behaviors then that have been identified among these organizations that are able to achieve results through collaboration are to prioritize learning to really make that the prime focus of the activity so that they can learn from one another, and to think in terms of entire systems and to act in terms of the entire systems.

We recognize that as the QPP-SURS contractor and as a Quality Improvement Organization, that for the quality payment program to succeed, it's not just going to be through our efforts alone or through the efforts of the clinicians alone, but it's going to take the entire system and changes within the system of healthcare delivery to really achieve the greatest benefits through this program. So we hope to work together with you, our stakeholders, to make that happen. We also believe in the behavior of democratizing access to assets. We hope that we can make information available and work with others to make information available so that all can benefit, that we won't work in our silos, but we'll work

together and share the information we have. Finally, it's been found that those organizations that can build long-term, diverse, transformational relationships are those that are going to be most successful at collaboration.

It's my goal to work with you and my goal for our organization to work with you in building those relationships so that we can succeed. For more information about our efforts then, you can go to our company website, you can go to the website for our quality innovation network, or for our QPP Small Underserved and Rural Support, and we also have a couple of emails listed on this slide as well for general inquiries or for your inquiries that are specific to the QPP-SURS support.

Next, I'm going to introduce you to Kathy Wild. She is then our network task lead in our Quality Innovation Network and she works specifically on the program where we help clinicians with the Quality Payment Program and other quality reporting programs. So Kathy, over to you at this time.

Kathy Wild:

Okay. Thank you Dr. Berg and welcome everybody. Thank you for the opportunity to allow me to speak to you, I think I have talked to several of you in the past when Quality Insights first started with our QIN contract. We find that we will be working with a lot of the same stakeholders since the Quality Payment Program does involve both of our contracts.

Today, I just wanted to give you a brief overview of the Quality Program. Oops, I apologize for that. Back here. As you know, it is a new payment system created by Medicare and it rewards value and outcome. I think everyone's heard about pay per performance and that's what it's all about. It's focusing on the quality of care as opposed to just reimbursing physicians for fee-for-services. The big thing to note is that we are all part of the Quality Payment Program. In order to be success, as Dr. Berg just noted, because we all share the similar goal to improve patient outcomes. So it's not just the physician offices, the clinicians, CMS that's dictating these rules, or Quality Insights, but we also need definite help from our partners and stakeholders.

So there's two tracks in the Quality Payment Program. I apologize, my mouse is going crazy. Okay. There are two tracks on the payment program ... I am sorry, this mouse. Okay, so one is called MIPS. I'm going to do this manually. In MIPS, it's called the Merit Based Incentive Payment system. Basically, CMS expects that over 95% of clinicians that participate in the Quality Payment Program this year will be in that track. What that involves is that they are going to be evaluated on certain measures that they submit to CMS and everything will be based on their actual performance rates. The other track involves Advanced Alternative Payment Models. That are entities, usually ACO's, and there are other programs that share a shared risk. The good thing about the APM's is that they can avoid the MIPS penalty and additionally they'll receive a 5% payment increase.

Our focus will mostly be on MIPS today. Basically, what it did is CMS streamlined three legacy programs. If you've ever heard about practices reporting PQRS, meaningful use, and the value based modifier, they all had different dates, different reporting methods. CMS realized it was getting very confusing to clinicians, so they combined it into one new program. In addition to that, they've added a brand new category called improvement activities which will be something else that clinicians will be evaluated on.

Because it is now one new program, there will be one new score, and that's going to be called the MIPS score. If you think about when you were back in high school, you had your report card that had individual grades, but in addition to that, you received a GPA. Basically, the MIPS score is the same as your GPA, it's taking the scores from your individual categories, where they'll evaluate quality, advancing care information, which is the old meaningful use program, and the improvement activities. They'll add up the points from those three categories and go ahead and give you a final point total, and that will be your MIPS score.

For 2017, the weights are 60% for quality, 25% for advancing care information, and 15% for improvement activities. There are certain circumstances when those weights are adjusted. For example, if you are a hospital based physician or if you are a non-patient facing clinician such as a pathologist. It's also important to note that for 2018 and future years, these weights will be changed and altered, the quality category will be going down, and remember, next year, the cost category in 2018 will be added, so these numbers will change.

Basically, what we are trying to help clinicians do is gain the highest MIPS score that we can because ultimately, it'll affect their 2019 payment adjustment from Medicare. If a clinician does not do anything this year as far as reporting, they could have a 4% negative payment adjustment. If they report just one measure in one of the categories, they can receive three points automatically, just reporting data on one patient. That way, they'd have a neutral adjustment, nothing taken away and nothing earned. If they gain four to 69 points, they will definitely have a positive payment adjustment and it can go up to 4%. What our goal is really to help clinicians do the best they can and try to get them to that 70 point marker because anyone that receives 70 points is eligible to receive an extra bonus from a pool of \$500 million that CMS has put aside for the next six years.

So, some QPP dates that we kind of went over already, is that for this year, CMS is calling this the transitional year, there's a lot of flexibility allowed. Therefore, they can report one measure, as I mentioned, they can report all of the measures for all the different categories, and they can report for different time periods. So they don't automatically have to report for the full calendar year, for some of the measures in some of the categories, they may only pick 90 days, or they may want to pick 110 days, it varies. Then after the end of the year, next January 1 through March 31, they'll have time to review all their data and actually evaluate it and pick, where did they have the highest MIPS score, so

they can determine which reporting period they want to use. Then the data submission deadline for everyone, as of right now, is March 31st of 2018. Just remember that their payment adjustments are always two years after the end of the year, so they would be effective beginning in 2019.

Then, we want to get everyone on board this year with the 4% penalty adjustment incentive because in future years, that will increase going from 5% to 7% and up to 9%.

This is just a slide that shows the contact information for the QPP support that the quality innovation network of our house can provide. In case you're wondering, as far as who made the determination on what constitutes a large practice, that was dictated by CMS. So in our contract, it specifies a large practice is called 16 or more and a small practice has less than 16, but we have the information here and you'll have copies of the slide deck. If you have any practices in the large category, we would love to help them and there's our contact information.

Now, I'd like to turn it over to Amy Weiser, a customer service specialist who is going to talk to you about the Quality Payment Program and the Small Underserved and Rural Support. Thank you.

Amy Weiser:

Thank you so much, Kathy. Welcome everyone. I'm so happy that you're with us today. I'm going to introduce you to our QPP-SURS support center and it is customized technical support pathway for small practice, which are those practices with 15 or fewer clinicians in Delaware, New Jersey, Pennsylvania, West Virginia, to participate in the Medicare Quality Payment Program. The focus is on practices in rural locations, health professional shortage areas, and medically underserved areas. This support is free and funded by CMS.

So, who is eligible for support? Physicians, podiatrists, optometrists, chiropractors, physician assistants, nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetists, and all are eligible for the QPP support for up to five years.

How will we provide support? We will be using web-based quality improvement plans and resources, which are simple, curated, online tools to improve quality and maximize scores for practices. We also will have training, which includes live webinars, online chats, e-learns, and learning action network opportunities. And, technical assistance. Our quality transformation experts are available online and by telephone to answer questions and personally guide clinicians through the Quality Payment Program process. Enter networking, opportunities to connect with local mentors or share experiences, questions, and solutions with other small practices.

We have developed a 360 degree approach to support our practices, which include self-directed, e-based learning, interactive online seminars, social media

and email outreach, personalized attention, and it begins with online registration and assessment and ends with Quality Payment Program proficiency at level three.

Now, I'm going to talk to you a little bit about our QPP-SURS website. Our website provides access to a full suite of learning materials and expert technical assistance including quality improvement plans for all levels of experience. No matter what or where a practice is starting in this process, we will be able to help them. A growing library of curated linked to resources from expert sources. Ability to submit online requests for assistance and receive response within one business day. Access to training, education, and networking opportunities. And, self-directed e-learns, which will be coming later this year.

The next slide shows you our webpage, which is www.qppsupport.org.

This slide also shows a little bit about us and introducing the Quality Insights QPP Support Center.

Practices will be able to easily find the tabs that they need as they go through the website and this one is the welcome page.

This takes practices to a two-step process for signing up and registering with us. The first step is to confirm eligibility and provide basic practice information to create an account on our website. The second step is, practices will complete a practice readiness assessment, giving our practice transformation specialists the information that they need to provide support and allow us to track their progress. By completing those steps, it will unlock the quality improvement plans, resources, events, and the ability to submit technical assistance requests to our specialists. This process takes about 20 minutes.

Once they have completed their registration and their readiness assessment, they are automatically sent to the My QPP landing page. This is the page that outlines the steps and how to navigate to our website.

We have developed customized improvement plans. This slide shows you a little bit about the three levels. There's level one, level two, and level three, which is coming soon.

This is an example of the level one plan that practices will see. It is comprised of five easy steps. The first step is to have practices visit the QPP website. The second step is to direct practices and give them guidance on implemented an EHR if they haven't even begun that step yet. We give them information to do that, as well.

The next slide shows the last three steps of level one, which includes updating their current EHR for the ONC certification prior to 1/18, all practices will need to have the 2015 certified edition. Step four is to review each of the MIPS

categories, which comprise quality, and advancing care information, and the improvement activities. Then step five is to pick your pace. So for 2017, practices are able to pick their pace since it's the transition year. As Kathy had mentioned, they have a lot of flexibility. So we give them guidance on all of these things with live links under each one of the steps.

This next slide shows you some information about our resources. We have developed a large suite of resources by level, with great ease and ability to filter and access pretty much any resources that practice may need as they're going through the learning process for QPP.

Direct technical assistance. Practices can submit requests directly from the website into the Quality Insights tracking and monitoring system and they will receive follow up within one business day.

This slide is to show you one of the fantastic tools that we have available for our members, which is the Quality Insights MIPS reimbursement calculator. This is showing you the cover page for the tool.

This is an example of the calculator and really what it is is a spreadsheet for practices to use and they can enter their information into the calculator and they can get their score. They can use it as sort of a sandbox where they can enter measures and see their score, and then perhaps make adjustments in their measures as time goes on to improve their score.

Once they have entered all of their information into the calculator, they can actually print out what's called an Exit Report that gives them a summary of the data that they have entered for their tracking use.

On the horizon, we will have more education and support resources available to our members. We will be having a regular e-bulletin with MIPS and QPP updates. Also, there will be opportunities for self guided and interactive learning. And also networking opportunities.

So what can practices do now to get started? They can go to our website, which is www.qppsupport.org and register. They can also contact us for individualized support at the email and phone numbers listed there on the slide. You can also follow us on social media for regular updates, which we just launched, through Facebook and Twitter.

Now it's my pleasure to introduce you to Crystal Welch, who is our education and training coordinator for QPP-SURS.

Crystal Welch: Well, thank you Amy, and I'll just go ahead and advance to our next slide here.

All right. Well, I am going to talk about something that Dr. Berg mentioned a little bit earlier when he was speaking about maybe some opportunities for us.

We have three ways and mostly the people on this call ... We're geared towards stakeholders, even though I know that there are providers and practices as well on the call. Just to address the stakeholders, we have three ways to help with the Quality Payment Program and how to succeed. One of those ways is just to simply share information about the Quality Payment Program support available through Quality Insights.

Just to achieve success in this very important effort, we roughly need to engage approximately 22,000 small practices in this four state area. That needs to be in one year and just also be able to keep them engaged for a five year period. So, just to be able to fully engage these small practices, like Amy mentioned with our 360 degree approach, the approach is a virtual and online approach.

So, for those on the call that have been familiar with the rec work and more of a one-on-one, coming to practices, visiting, different things like that, this, as Amy demonstrated with the website, it is basically to help providers help themselves and that has been the way CMS has set up a lot of their tools and resources on their site, as well. In order just to involve the small practices with that 360 virtual online approach, we want to include those key stakeholders, of which if you are on this call, you have been targeted, we wanted to make sure you were aware what was going on. These key stakeholders are in Delaware, New Jersey, Pennsylvania, and West Virginia.

In addition, we want to reach out to new stakeholders in this four state region as well, who are already working toward improving the quality of care in those small practices. So, we have developed a flyer for stakeholders and that is shown to the right. I don't know why my buttons are sticky today, I'm so sorry. I've got Kathy's mouse problem. Anyway, the flyer that you see right there to the right, what we want to do is provide some turn-key information, there's some suggested social media content, in this flyer that's available. It's immediately available to you. Then also, come up with some newsletter articles, things like that. Part of that, what I mentioned earlier, was to join our partners in quality health. PIQ is what we have been calling that, but instead of saying PIQ or pick, we wanted to really call it peak. So if you hear me refer to it as peak, it's a little bit different, but we like how it sounded and how it kind of elevates us, as well. For our Partners in Quality Health, so I just kind of wanted to let you know about that. Part of the Partners in Quality Health will just be able to let you know, as stakeholders, about our initiatives, what's going on, to keep you abreast of the new things coming out and about with QPP-SURS.

There we go. So, like I said, I realize there are some practices on the call, even though this was more of a stakeholder, but we realize there are practices on the call. If you can, bear with me, I'm just going to address the stakeholders at this time, and just let you know that we have an exciting new partnership opportunity that will help raise your visibility as a stakeholder and also demonstrate commitment just to helping clinicians and their success with these payment models.

Now, with that PIQ, to join the PIQ with the partners in quality, Quality Insights is going to convene a QPP support center advisory team and that is the Partners in Quality, and that primary role, what will we be doing? We'd like to encourage you just to join us, we will be actively sharing information, not only about the Quality Support Center project just within those small practices in the four states. For this PIQ advisory team, we are looking just for ways to achieve synergies, synergies between us and with the existing efforts that not only you are doing as stakeholders, but we are doing also, just to improve the quality and the support needs for these small practices.

Through the PIQ, the advisory structure, advisory team structure of the PIQ, or peak, we will actively share our information related to Quality Payment Program related topics and also offer opportunities for stakeholders in the four state region to be able to share and enhance their own improvement efforts or their efforts to improve their quality care. This is an inclusive, not exclusive, but an inclusive group of stakeholders supporting that transition to Quality Payment Program in the four states, which will in turn help increase the participation in the program.

So what will these PIQ members ... What will they do? They will assist us by actively communicating our goals, promoting the resources of which Amy alluded to, and you will be able to explore those initiatives within their practice communities. As well, each PIQ member will also be able to serve as a key resource for feedback from the partner and the provider community. So we have had those people on the call, we have been able to reach out, either you've reached out to us or you have come through our QPP-SURS inbox, which I'll get to in a second. But, these are the partnerships that we're wanting to address and again, just to achieve that synergy within the existing efforts, just to improve the quality and the support and the needs of small practices.

We will be using that 360 degree approach to outreach, as well as virtual assistance like I mentioned. Then Quality Insights and our Partners in Quality advisory team, we can certainly effectively engage those thousands of new providers that we're charged with, the 22,000 approximately, in the QPP system for the four states. Just be able to forge a cutting edge streamlined path just to improving those small practice and the quality in those small practices.

The benefits of joining is again, its exclusive access to the teleconference, we're going to have teleconferences. Opportunities to be able to share the Quality Improvement initiatives with others, fellow stakeholders, and ready to go articles about Quality Payment Program. We have e-newsletters that we are going to be promoting along with our QIN QIO. We have this website that Amy showed you, and just being able to sharing directly with practices.

We also have webinars, future webinars, we are working on our education plan to have something, hopefully, at least once a month, if not more, but you will have advanced VIP registration for those opportunities to the Quality Payment Support Center events. As you know with the 22,000, there's only so many lines,

so we want to make sure that our Partners in Quality have a seat at our teleconferences and our WebEx's and Webinars. So this advanced registration would go out before it opens up just to make sure that our stakeholders are involved.

Then we have access to the Quality Payment Program experts to present on your webinars. So, keep in mind that our practice transformation specialists, our Quality Payment Program experts are available during your teleconferences, so you would just need to contact us through our website to be able to schedule something like that. Of course this would only be virtual, there's no travel unless ... That's something different, but just for virtual help.

Then also, an exclusive Partners in Quality member logo. There will be a logo that we have to be able to promote, you can certainly promote that on your media, on your websites, on your newsletters, however that might be, then also your logo on our webpage as well, as far as being able to be on our Partners in Quality. That would be on the service website.

There we go, so sorry. In order to sign up for the QPP Support Center, with the member or let us know about your learning initiative, so how can we support you? Again, this is Crystal Welch, I'm the training and educator coordinator, so there is my email address and then I have my extension there at 4277 at our office. Just like the slide says, together we can help every practice improve their care and participate successful in the MIPS program.

So, I guess we have come to the point where we can open it up for questions. I have had some questions come in through chat, they've been private messages, but ... Like I said, some of these might pertain specifically to providers instead of more stakeholders, but I'll go ahead and take ... We have time here, go ahead and take the first question.

It says, "I'm hearing a lot of practices I work with ask if they need a EHR to participate in the MIPS program." So we have our staff on the call, I'll go ahead and attempt to answer this, but if Kathy or Amy, if I miss something, if you can chime in, that would be appreciated. It's my understanding that although an office might not have an EHR, an EMR, technology in place, they can still participate in the program. Since the ACI or advancing care information category, like Kathy mentioned, is that 25% of the final score, practices can still earn enough points by submitting the other categories, just to be eligible for that incentive, but they may want to explore the quality measures. There's tons of quality measures out there and then the improvement activities or the IA for the best reporting options for their practice. There's even opportunity for bonus points should they submit additional measures or activities, but Kathy or Amy, do you have anything to add for that?

Amy Weiser: Crystal, no, you covered it very well.

Crystal Welch: Okay, just making sure. A question just popped up as well as far as our address and we do have an 877 number as you can see, as well. That was another question, one of the questions that also have popped up is a question regarding how, I'm sorry not how, when do we submit MIPS data? Your data would be for the program year, program year one, which is this year, 2017. That needs to be submitted between the first of January, 2018, so January 1st of 2018, and then you have through March 31st of 2018 as well. Those are some questions that we have had come through, through chat, and I'm just scouring here, I'm trying to multitask to see if we have anything else.

Then the options for the MIPS reporting in 2017 and 2018. There's options there to report, so if you don't report any data, that will result in a negative payment adjustment. For practices, just to be able to submit data, it would be very easy to avoid that negative payment adjustment, so that's certainly something that our staff, if you want to contact us, that we can help navigate through that with our practice transformation specialists because we certainly want to avoid people having that negative payment adjustment. So being able to go through our Quality Insights Support Center at QPP-SURS@QualityInsights.org is the best way to figure that out. Now, you can report one measure that's just one time, for one patient, and that is avoiding that negative payment adjustment. It will not earn a positive payment, but it'll be neutral, it'll void that negative payment. Then to report 90 consecutive days of data, that's going to give you ... I'm sorry, that's what's going to earn you that neutral payment and it also could give you a positive payment adjustment, as well. Again, that would be that 30 days. Then to get your whole year to report, 365 days of data, that would certainly earn you a positive payment adjustment. Basically, for 2018 though, and this is for 2017, what I've mentioned, but for 2018, a full year of reporting is required. I'm so sorry.

Kathy Wild: Crystal, this is Kathy, I just wanted to add, for any ... Can you hear me okay?

Crystal Welch: Yes, I can.

Kathy Wild: Okay, great. I just wanted to add that for any stakeholders that are working or are familiar with practices that are in ACOs, they have a great advantage, ACO will be submitting the quality measures for those practices. Also, if the ACO is a Medicare shared savings program, track one ACO, that practice will automatically receive full credit for the improvement activity category. So we already know that they're going to get the 15 MIPS points for the improvement activities and then at a bare minimum they'll get 18 points for the quality category because we know they'll submit at least six quality measures for them. Although, I want to back that up, the ACOs do submit quality measures using the CMS web interface, so they are required to report all of those measures that are required for that reporting method. Just so you know that the ACOs are going to be in good shape and none of them should have a negative payment adjustment.

Crystal Welch: Okay, great, Kathy. Then while you were talking, I did get another question come through chat about a practice's ... I suppose everyone have been receiving their letters that CMS sent out. So, one of the questions was, they've been getting questions from practices, do they have to participate? Again, that would be if their letter said that they are included in MIPS, either at group level or an individual level, or however that's working, then they'll need to participate in order for the Medicare B payments not to be reduced by that 4% in 2019. Again, if that letter says that you are included, then you're included. Now, if your letter says you're not included, they can choose to participate in MIPS and I do believe that's the way that works, too. Their voluntary reporting, that would something that their practice, their participation to be required, in the future they have to have that. Anything I left out with that?

Kathy Wild: Yeah, it's Kathy, I just wanted to add that CMS did finally post the MPI lookup tool that is on the QPP website. So, as long as you know the MPI number for a clinician, you can easily look up to see if they are required to participate. MPI numbers can be looked up just by using Google, you don't even have to necessarily look them up in a registry. So as long as you have the first name and last name of a clinician, then anybody can look up the MPI number and then put the MPI number in there. Then when you enter that information, there'll be two columns and it'll tell you if that clinician is responsible for participating in MIPS, both at the individual and at the practice level.

That is because each clinician has the opportunity to report individually or as a group. Just because someone may fall below the low volume threshold, they don't bill \$30,000 a year to Medicare, or they see less than 100 patients annually or during one of the lookup periods, even though that might apply to them individually, if they're going to do group reporting in their practice, then everybody associated with that [inaudible 00:54:52] is added together and that's why sometimes the group reporting eligibility will differ from the individual. I just wanted to add that that tool's out there for anybody to go ahead and use if they didn't get a letter or they want to just get some clarification.

Crystal Welch: Thank you so much, Kathy. I did have ... I apologize, this is my error, my mouth and my brain probably weren't working correctly, but I believe that I said ... This came in through chat, as well, we're serving 22,000 clinicians and I believe that my mouth said practices, so I wanted to make that clarification that it is 22,000 clinicians. I apologize for that and thank you for sending that in the chat with your question.

Then the last question I have in chat was about the slides. The slides are available for download and the slide deck will be emailed to all attendees after our session is concluded. I believe that catches us up with all the Q&A in the chat, so I'm going to pause a moment just to make sure our staff, we don't have any closing remarks while people ... They might have another last minute question, but I just wanted to pause to see if anybody else has anything to add for today.

Well, hearing nothing, I just want to thank everyone for joining us. Feel free to reach out 24 hours a day, just like the slide says, we have that 360 degree support. You can contact us by email, you can call us, and we will get back to you within one business day. We certainly are welcoming, if we can't help you, you will be given a warm handoff to someone who can, and we want to support CMS' initiatives to make sure that we have impeccable customer service, so we will get back with you within one business day. Then our website is qppsupport.org, and it's always available with our resources for you and your practices.

Again, we're just trying to get all of the small practices and 22,000 clinicians on the pathway to go bit with QPP. With that, [Lori 00:57:39], I think I'll go ahead and end today's call. We certainly, again, thanks for joining us and stay tuned and you will hear more from us, and stay tuned for more webinars. On behalf of Quality Insights, thank you for joining. Have a great day.

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