MIPS Reporting Options
Transcript from Live Webinar

November 8, 2017

Laurie Fink: Well, good afternoon and welcome to today's MIPS reporting option two part webinar. My name is Laurie Fink, and I'm a communications specialist with Quality Insights. I will serve as the host for today's session. We will get started with the program in just a few moments, but first I'd like to review a few housekeeping items. All participants entered today's webinar in a listen only mode. Should you have any questions during today's presentation, we ask that you please type into either the chat or the Q&A box to the right of your screen, and we will answer as many questions as we can at the end of today's program.

The webinar is being recorded. The recording will be posted on the Quality Insights website, as well as the Quality Insights QPP support center website later today. You should have already received a copy of the slide deck via email earlier today, but if for some reason you did not, I will send out a link to everyone for where these resources are posted as soon as they are available. This will be a two part educational session on the reporting options available within MIPS.

First, you will learn about the pros and cons of individual versus group reporting. Everybody must select one method and report all MIPS categories the same way in 2017, so we will be providing tips so you can make an informed business discussion for your practice. In the second part of this session, you will learn about virtual group reporting, which is a new option available in 2018. CMS does not believe many practices will participate, it is important that you know that this option exists. There is an election process with a December 31st, 2017 deadline, so you will need to make a decision soon, if you want to report this way next year.

Now, I'd like to introduce you to today's speakers, which will include Lisa Sagwitz, Joe Pinto, and Julie Williams, which you'll see their smiling faces here on the screen. They are all practiced transformation specialists with Quality Insights, and are helping providers within our region to achieve success within the new Quality Payment Program. Without further ado, I will now hand over the presentation to Lisa Sagwitz. Lisa?

Lisa Sagwitz: Thank you, Laurie. During the first part of today's conversation we're going to be talking about pros and cons for individual and group MIPS Reporting. We'll give you some tips, resources that are available, and Quality Insights staff contact information, so feel free to contact us about any of these topics, and we're happy to help you.

Next slide. The decision on how to report individually versus a group is a personal decision for each practice. Next slide. First, we'll talk about individual reporting, and this slide has some pros. By reporting individually, each provider can shine with their own score. There's individual accountability. The MIPS data will be made public, so on the Physician Compare website each provider would individually be reflected. Providers who are in multi-specialty groups can select quality measures that are appropriate for them. If you're a practice that for the quality category you prefer to use claims for your Medicare Part B, billing is the only method that's available for individual reporting, you cannot do that for groups.

Next slide. Now, for individual reporting cons. It may be more of an administrative burden to report individually. If you have 15 or 20 providers in your practice, attesting 15 or 20 times will take a lot more work. Group scores appearing on the Physician Compare website can mask the high performers, but cover for the low performers. Then, with the individual reporting, each provider must meet the minimum guidelines, so for the advancing care information category there are four things that must be satisfied by each provider, and then for the quality measures you have a minimum of 20 cases in your denominator that you would need to achieve, and the 50% data completeness.

Next slide. We'll talk about group reporting pros. There's administrative simplicity. As I mentioned previously, if you have 15 or 20 providers in your practice attesting once is differently easier. Some measures can be accomplished by one provider, and everyone gets credit for them. An example might be for the ACI category, I see some challenges as I talk with practices with HIE, the Health Information Exchange in making sure that direct emails are sent for referrals, so in a group of one or two providers can do that, then that counts for everyone. Then, underperforming providers who cannot stand on their own, their scores are improved. Some sub-specialists do not have many quality measures to choose from. There's some practices that I work with that have an uropathologist, or a gastroenterology-pathologist, and it's very challenging to find measures, so the group reporting is the best way for those practices to go. Possibly, there would be fewer quality measures to manage. And, then the definition of a group, it can be two or more providers billing under the same tax identification number that can be a group.

Next slide. Now, for the cons. Individuality cannot shine, it's a group score. All providers in a TIN must report as a group, so even if you have providers that are not deemed MIPS eligible on the NPI look-up site, you still need to include their data. Then, for the quality measures, if you chose to report with billing via the

claims that is not available for group reporting. You would have to do the individual reporting. Next slide. Next, I'll turn the presentation over to Joe Pinto.

Joe Pinto: Thank you, Lisa. Some of the noteworthy items to consider when you're selecting, first, you should compare the MIPS scores for individual reporting versus the group reporting option and then decide, which option is best for your organization. Using the MIPS calculator tool that we have provided is also a very valuable resource that can help you in making this determination. You do not have to make a decision, just to keep this in mind, on how to report the data until the attestation period opens on January the 2nd, and that will run right through March 31st of 2018.

Now, whatever decision that you do make on the option you chose for 2017, just remember that the reporting data does not follow you, and that means that you can change your mind in 2018, and report as a group, or as an individual, or vice versa, opposite of what you did in 2017. That decision is basically based on your practice. Okay? The MIPS data that is provided you would basically be making that purely as a practice decision. It also anticipated that with the knowledge that you can from reporting in 2017, that you will position yourself and have a better understanding of the program in order to set up the practice, or your organization now in preparation for the 2018 reporting year.

Remember that the submission that you chose does matter, so whether you select to submit via the portal, through a QCDR, or approved registry via your EHR vendor using certified technology, or through the claims submission a measure can have a different score, depending upon the submission method chosen as each submission method has a separate benchmark for an applicable measure based on the historical data. Decide whether your goal in 2017 is to simply avoid the penalty, or to receive a high performance bonus when determining whether you will submit the minimum one measure or to receive the new payment adjustment, or submitting as much as up to a full year of data in order to align yourself for the maximum positive payment adjustment.

Keep in mind, that while you are allowed to report different time frames for each of the MIPS performance categories, you must be consistent in choosing either to report individually, or as a group for all of the performance categories data. Also, be aware that providers working under multiple TIN's need to report for each NPI or TIN combination when submitting. With that, I'll turn things over to my colleague, Julie Williams for a quick review of some of the resources that we do have available for you.

Julie Williams: Thank you, Joe. All right. I'm bringing you to my screen. Can we see my screen? No. There we go. I want to show you, show up and see, there we go. I lost you ... Are we here? Nope ...

Lisa Sagwitz: Julie, you're showing the reading resources, which is a great starting point.

Julie Williams: Well, I'm showing the reading resources. Can you hear me, now?

Lisa Sagwitz: Yes

Julie Williams: My soft phone kind of lost me there. I wanted to take you to the link there, actually, where we would be, if I could get my screen to move. Well, anyway, this is the resource page, this is the last page you're going to get ... We should have practiced this a little bit better. Sorry, there folks ... Well, this resource is the last page where you're going to get to when you get there. We saved the screen, which is incorrect, which actually takes you to the, if you look on the QPP SURS website, that link is incorrect now, and it's going to take you to this page, this is going to be your final destination, that we'll actually have all of your links on that. Lisa, can I give the screen back to you, now?

Lisa Sagwitz: Sure. I think if-

Julie Williams: Okay.

Lisa Sagwitz: You give it back to Laurie. Perfect.

Julie Williams: Yeah.

Julie Williams: I'm going to give it back to Laurie. Yeah. Then, I'm going take you to the next slide ... It didn't advance for me, did it advance for you all? But, the next slide is going to just give you our resources where you can actually see where we actually are going to have the location of where you can find this recording. We are not on my screen, anymore. Correct?

Lisa Sagwitz: We still are, Julie, I think Laurie needs to take control of the presenter.

Julie Williams: Oh, there she is.

Laurie Fink: Julie, are you wanting to show the slides, or share your screen to show where the resource is located?

Julie Williams: I want to take the slides.

Laurie Fink: Okay. No problem.

Julie Williams: Okay. Then, go to the next one. This one is actually telling you where you can actually find this archived event, and it will give you today's webinar presentation. Then, you can go to the next slide, please. This is actually the contact information for the plan and the QPP SURS. We actually will provide individual support; you just have to contact one of us here at this slide. Next slide, please. We're going to save all of questions for the end of both presentations, so we can go back. I know that everyone is going to have a lot of questions. Now, I'm going to turn it back over to Laurie.

Laurie Fink: Thanks, Julie. Yeah. We're now going to shift to the second part of the session which will provide you will some insights about virtual group reporting. As I mentioned earlier, this is a new option available for 2018. Kicking off this portion of the presentation is Joe Pinto.

Joe Pinto: Thank you, Laurie. Next slide. Today's objectives for going over how the virtual group method can come into place for practices; we're going to do an overview of what a virtual group is. Also, the participation for being in a virtual group for MIPS reporting. The process for performing a virtual group. MIPS scoring for virtual groups. Securing and maintaining formal agreements for virtual groups, and also we'll be providing you some resources that are available if you are interested in forming a virtual group.

Next slide. What is a virtual group? Well, a virtual group is comprised of solo practitioners and small practices that elect to join together to report on the requirements through MIPS as a collective entity. A virtual group is available being for the beginning 2018 MIPS performance year. Virtual groups are seen as a key mechanism for small practices to assist with the task of reporting Medicare performance metrics. But, keep in mind that a virtual group is not a data submission mechanism.

Next slide. The following is a quote from Kelly Kenny, who is the chief executive officer for Physicians Advocacy Institute. In a recent interview, Kenny stated that, "The virtual groups option allows solo physicians and small practices to participate in the QPP program while maintaining their independence, providing an opportunity to achieve meaningful cost savings and quality improvements, while also adding the potential for additional funding opportunities for these practices and physicians," so that gives you an idea of what the benefits are of the virtual group option.

Next slide. More on, what is a virtual group? Well, clinicians representing two or more Taxpayer Identification Numbers, or TINs that are either, A, solo practitioners eligible to participate in MIPS, and also billing under a TIN in which no other National Provider ID, which is the NPI are billing under that same TIN, or it can be comprised of a group of 10 or fewer eligible clinicians in which at least one eligible clinician must be eligible for MIPS that joins with at least one other solo practitioner or group for a performance period of at least a year.

Next slide. Participation in virtual groups include on the solo practitioner that they can form or join a virtual group if they meet the following. One, the meet the criteria for MIPS eligibility, and two, that they bill claims under a TIN that has no other NPIs billing under that same TIN. Next slide. Participation in virtual groups for small groups, the small groups may elect to report as a virtual group if they have a TIN and a group size of no more than 10 eligible clinicians, so that would eliminate the very large organizations. Number two, that they include at least one member that is a MIPS eligible clinician. Number three, that they join with at least one other solo practitioner or group for a performance period of a year. And, that they include all members in the virtual group.

Next slide. Additional participation requirements include that a solo practitioner or group may only participate in one virtual group, so you cannot be in multiple virtual groups, just keep that in mind. A solo practitioner or small group must exceed the low-volume threshold in order to participate in a virtual group, and for 2018, the low-volume threshold excludes individual MIPS eligible clinicians, that is, or groups with less than or equal to $90,000.00 in Part B Medicare allowable charges, or less than, or equal to 200 Medicare Part B beneficiaries, and the period from which the claims will be considered for determining the eligibility will be September 1st of 2016 through August 31st of 2017, as well as an additional period to be determined in 2018.

Also, eligible clinicians and groups must elect to participate prior to the performance year and may not be changed during the performance period. And, there are no limits set on the number of solo practitioners and groups comprised in a virtual group. Now, for a review of the rules for inclusion in a virtual group. I'm going to turn things over to Julie Williams.

Julie Williams: Thank you. The inclusions in the virtual group, CMS in the final rule has announced that for the Quality Payment Program year two, virtual groups, the flexibility to determine how they will be composed, there have been no classifications or restrictions for location, specialty, or any other factors that have been proposed. Next slide. How do I form a virtual group? Well, you can actually contact one of us, there are a lot of agreements and different things that you will need that we will have examples and be able to assist you to take you to the right spot, but stage one, which is optional, a solo practitioner with groups with 10 or fewer eligible clinicians may contact their designated technical assistant representative, or their Quality Payment Program Service Center to determine if they are eligible to join or form a virtual group.

In stage two, for groups that choose not to participate in stage one of the election process, CMS will determine if they are eligible in stage two. And, during stage two the virtual group must name an official representative who will submit their election to CMS via email to the MIPS virtual group email address by December 31st of this year, 2017. Next slide. Forming a virtual group. I will turn this over to Lisa. Thank you.

Lisa Sagwitz: Thank you. To form a virtual group you need to get a formal written agreement between all the members, and information about the TIN and NPI associated with the virtual group's representative contact information. Next slide. Benefits of joining a virtual group. It offsets insufficient case volume for reliable measurement reporting, the 20 cases with 50% data completeness. Combining with another practice of similar size may yield sufficient numbers of cases for MIPS reporting, so getting over 20 cases for your denominator. An opportunity for solo practitioners or small groups with 10 or fewer clinicians to work together and share their resources.

Next slide. MIPS scoring for the virtual groups. Virtual groups will be scored based on their combined performance for the MIPS quality and cost

performance category measures. Additional details are included in the CMS final rule for year two, which was just released last week. Group size/low-volume threshold requirements will be determined by CMS in review of claims data during two separate stages.

Next slide. Then, the formal agreement. Each virtual group must have a written formal agreement from each group member before the election request is submitted to CMS. That actual agreement does not need to be submitted to CMS, it's maintained by the virtual group. And, the group would assign an official representative, that person would email the group's decision that they want to report that way by December 31st, 2017 for 2018. That date of December 31st has just been extended. The email is below. Next slide. This is a copy or sample of a formal agreement, and you have, or will get these slides. It's also available online with the virtual group toolkit.

Next slide. And, then getting confirmation from CMS, so for virtual groups that meet the eligibility criteria, CMS will reply to the groups official representative with an identifier for reporting their performance data. CMS has proposed to identify each virtual group member using that unique identifier that's composed of group's TINs and NPIs. CMS is finalizing a two-stage virtual group election process for 2018 and 2019. Next slide, please. Now, I'll turn it back to Joe Pinto.

Joe Pinto: Thank you, Lisa. On your screen right now you can see some of the resources that are available to you for those of you that are interested in learning more about the virtual groups. There is a toolkit that's available to download from the resource library. It's available on the same resource library that Julie had shown, earlier, in the first part of the webinar.

Also, you can use the CMS Physician Compare website to research a physician's past performance to determine whether or not you'd like to include them in a virtual group based on scoring with other programs in the Physician Compare website is going to be a very valuable resource moving forward in the coming years with the MIPS program, and you can see that the hyperlinks are listed there, as well. Or, you can just reach out, contact any of your practice transformation specialists that you were working with Quality Insights, and we'd be more than happy to assist you with any of the resource needs, or information that you need for the virtual groups. Next slide. With that we'll open to any questions.

Laurie Fink: Thanks, Joe. At this time, we are going to move into the Q&A portion of the session, so if you have any questions for our team, please go ahead and type them into the chat or the Q&A box on the right of your screen. If you have already submitted a question, which I did see a couple roll in during the presentation, it will be addressed now as time permits. I will go ahead and read the first question to our team, here. It asks, "For clinicians that joined a group practice that is currently in an MSSP ACO for 2017, but joined after the last CMS snapshot date of August 31st, 2017 to be included in the group for 2017

reporting, how do you report for that physician as a group? There have been no specific details offered from CMS about this topic."

Lisa Sagwitz: I'll take that. It's Lisa. That's a great question, Pam. I've actually been doing some research on that in the past few days. One of the things we discussed internally was if a virtual group could be established for those types of clinicians who join an ACO, or an APM later. We're still in the midst of researching that, and I will get back to you as soon as I have a definitive answer.

Laurie Fink: All right. Our next question is, "Our practice has two physicians, and we reported our quality/CQMs last year as a group with nine CQMs. This year we would like to do the same as for it is easier. I was told we only had to do six for the new MIPS program, but I just heard 20. I'm a little confused, can you please clarify?"

Lisa Sagwitz: Sure. It's Lisa. Possibly we've confused you with the 20 case minimum, so when you're looking at your actual reports, there will be a numerator and a denominator for each quality measure. You want your denominator to have at least 20 cases in it, 20 patients, and then yes, you're correct that last year you did report nine clinical quality measures, now, you only need to report six. One of those should be a high priority or an outcome measure and most likely you're going to pick your six best to report, and then that decision could be made after January 2nd.

Laurie Fink: All right. Our next question came in from Scott Nesbitt, it asks, "Is there a list of doctors who want to join a virtual group? How do we find other docs who want to do this?"

Joe Pinto: I can take this one, Laurie. Thanks for the question, Scott. As far as a list of doctors that might be out there that are a list that are looking to join a virtual group, I'm not aware that there's any such list that exists. However, you can use the Physician Compare website, if you want to research physicians that you would like to form a virtual group with based on how their performance was in the past with other programs, or if you reach out through your local medical society, contacts to inquire about where the interest is in your area in terms of forming a virtual group, but if there is a list that's available right now, I'm not aware of it.

Laurie Fink: Just to add to that, CMS does not believe that the virtual groups are going to be extremely popular this year, it's just another option that's available. All right. Another question just came in, "What if a provider leaves during the reporting period? What should we do?"

Lisa Sagwitz: Great question. If that would happen, you would still want to report their data.

Laurie Fink: Okay. "If group reporting, will non-eligible MIPS providers get the incentive payment?"

Lisa Sagwitz: No. In the group reporting, all of the providers under that TIN they're data would be tallied and reported, but only those that are MIPS eligible would get the incentive payment.

Laurie Fink: Okay. Here's another question that just came in, "We are a solo practice that doesn't have any HR. I've been reporting six measures through claims since January of 2017, how will I report the improvement activities in 2018?"

Lisa Sagwitz: That's a good question, Christine. You'll be covered with the quality measures by using claims, with the improvement activities there are 94 of them, so there are a few that you don't need an EHR, and what I would suggest is reach out to the practice transformation specialist in your state, and maybe we can put those names up on the screen, again, when Laurie has time, and we could talk through what might work for you. The list of them is on the QPP.CMS.gov website, and also on the Quality Insights website, we have very nice resources and they're all listed there, as well. But, we can guide you as to some of the easier ones to do. I know one of the more popular ones have to do with the prescription drug monitoring program. Many of the practices are required to do that since last year, so by doing that, that satisfies one improvement activity.

Laurie Fink: Okay. Another question is, "What if a new provider starts during a reporting period?"

Lisa Sagwitz: Okay. If you're doing group reporting, and say a new provider comes in, in November or December, you'll still want to report the data that you have, now ideally you're going to have at least 90 days for the data for each provider. If you don't, if someone comes in late in November or December to your group, what will happen is by reporting their MIPS data they would avoid the 4% penalty, but that provider coming on late to the practice would not qualify to get a possible incentive payment. Now, possibly they're previous practice is reporting for them, but that might be something that you'd want to ask and find out about.

Laurie Fink: And, "When is the best time period to report?"

Lisa Sagwitz: Whether you're individually reporting or group reporting the best is at least 90 days and up to one year. You're going to choose the best time periods for each category, quality, advancing care information, and improvement activities. Your goal is to get the highest number of MIPS points for your score. Just one tip for the improvement activities, if you are using the prescription drug monitoring program, you need to be enrolled in that for at least six months or more. In general, the longer your reporting period is, the better the chances of meeting your 20 case minimum for the quality measures and capturing better numerator numbers.

Laurie Fink: Okay. Our next question is, "Why would I possibly report different time periods for each category?"

Julie Williams: I'll take that one.

Lisa Sagwitz: Go ahead, Julie.

Julie Williams: Okay. To get the highest MIPS score possible, you can possibly, or you can potentially have a different time period for your quality measures, your advanced care, and your improvement activities. This way it gives you the flexibility to pick a better time to get the highest MIPS score to get the highest possible adjustment that you can get.

Laurie Fink: All right. Our next question is from a group of more than 16 providers, "I have heard something about an all cause hospital readmission measure. Do I need to do anything about this?"

Lisa Sagwitz: It's Lisa. I'll take that one. The answer in short is no. All the calculations are made behind the scenes by CMS, based on unplanned readmissions for any admission, for any reason to an acute care hospital within 30 days of discharge, if there are more than 200 within the year, so there's nothing that you need to do or report. We actually do have an informational sheet on that and could discuss it in more detail if this applies to you, so reach out to us, please.

Laurie Fink: All right. Another question just came in from Brad Jumper, he's asking, "Are you folks hearing anything about the bonus pool for high performing groups? I know the magic MIPS composite score was always 70. Our providers are mostly in the upper 90s and low 100. I'm wondering what are chances of getting a 4% adjustment is?"

Lisa Sagwitz: It's Lisa. I'm happy to answer that, as well. 70 points will get you the exceptional performance bonus, so that's what you definitely want to achieve. Being in the 90s or a 100, which is the maximum score, even though you could potentially get a 155 points is awesome. That's really, really good. If you have used our MIPS calculator, or would like to use it we have two different models available and what's really nice on the one is you can put in approximate Medicare Part B allowable charges from last year along with your score, see what that base 4% would be, as well as what the potential exceptional performance bonus could be.

And, it's amazing when you start to use that MIPS calculator and look at just a several point or a five point difference, depending on how much Medicare revenue you're bringing in, that number can be. Now, it's tentative, because we won't know until next fall after everybody's submitted all their MIPS data and CMS analyzes it, there will be a bell curve to know how many people scored at 70, or 75, or 90 and where you fell within that bell curve. But, the MIPS calculators are really nice to give you a ballpark idea. Definitely reach out to one of us or go onto the Quality Insights website, and pick up one of the MIPS calculators.

Laurie Fink: All right. Terry Ramble, is asking, "If you could please go over the 20 case minimum, again?" What we discussed earlier.

Lisa Sagwitz: Sure. For the quality measures, when you pull your reports from you EHR for every quality measure there will be a numerator, a denominator, and a percentage. You want your numerator to have at least 20 as the number, so that's why you want to try to report at least 90 days, but if you can report more than 90 days, especially as an individual the chances of that denominator being 20 are going to be greater.

An example, there's a couple thing I can give you, like an easy example would be the influenza immunizations, so say a practice or an individual wanted to report for the summer months, your denominator would be zero, because nobody gives the flu shot in the summer months. Now, is when they're being given and that number is going to increase through year end. Then, there are some measures you have to have visits within maybe 12 months, or a certain time period, or a follow-up. All those are factored into the measures, so for them to count as a denominator, again, just look at them and if you have 20 then that's good. You're ready to go.

Laurie Fink: All right. Well, I think we have addressed all the questions, so we'll go ahead and wrap things up. Thank you to everyone who joined us, today. We want you to know that Quality Insights is here to help you navigate MIPS and the Quality Payment Program. Our services are funded by CMS, so there is absolutely no cost to you to take advantage of our services, including our huge library of resources, and also educational sessions, like this one, today. We hope you found this to be informative, and a beneficial presentation. Now, when you close 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. We do greatly appreciate your feedback, and comments. Thanks again, and have a great rest of the day. This session has now concluded.

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