Shanen Wright:	Welcome to the November 2018 edition of QPPLive!, a service of the Quality Insights Quality Payment Program Support Center and Quality Innovation Network-Quality Improvement Organization. We appreciate so many of you logging in today and look forward to answering your questions and hearing your feedback during today's session.
Shanen Wright:	If this is the first time you've ever joined QPPLive!, know that you can start submitting your questions using the Q&A box in your WebEx player at any time. We will get to as many as possible during today's session. You don't have to wait to do it. You can start submitting those now. But before we get to that and now the rules of QPPLive! and how we run everything, first we're pleased to have today's breaking news and announcements starting with our own Lisa Sagwitz. Lisa.
Lisa Sagwitz:	Good morning. I'll first start talking about the 2017 QPP results, the first year of the Quality Payment Program. You probably know what your organization or practices score is, so we now know how everyone did throughout the country. More than one million clinicians participated in the first year of the Quality Payment Program, which is terrific. More than 99,000 of those clinicians were in an ACO. They were qualifying alternative payment model participants.
Lisa Sagwitz:	Those who got 100% MIPS points will be getting the maximum positive payment adjustment, which will be 1.88%, and that will start January 1, 2019. Those payment adjustments are lower than what we expected, and that's because 93% or more of the eligible clinicians participated and the QPP program is budget-neutral.
Lisa Sagwitz:	These are the few highlights of the data that we have available. You can see in the first section that 71% who participated scored over 70 points, which is terrific. That means that those participants are getting both the positive payment and the exceptional performance bonus for scoring greater than 70 points. 22% of those participating will get a positive payment adjustment, and that's because they scored between three points and 69 points. 2% did the bare

minimum. They got three points just to not take the penalty. Then 5% did not participate, so they got no points and they will get that unfortunate payment adjustment.

Lisa Sagwitz: Then the bottom section, you can see that the APMs did score higher than the MIPS participants. You can also see that the large practices scored higher than the small practices, and the definition of a small practice is 15 clinicians or less. Definitely be involved with your Quality Insights representative or contact us if you need one and we will help you be successful for 2018. Also, we did have a newsletter come out this week that has additional infographics. So if that's something you're interested in, let us know and we'll get it to you.

Lisa Sagwitz: Next, we're going to move on to the really exciting stuff. What's happening for 2019? The final rule was recently released, so this is hot off the press. We're just going to give you some highlights of what to expect next year though there will be more webinars and more information coming on this.

Lisa Sagwitz: CMS estimates that 798,000 clinicians are going to need to participate in MIPS for 2019. That's about 156,000 more than the first year of the program. Now, very important, if your practice has clinical psychologists, physical therapists, occupational therapists, speech and language pathologists, audiologists, or dietitians or nutrition professionals, they are now going to be included in the program. So definitely contact us, your representative, find out how their documentation will be counting for 2019.

Lisa Sagwitz: Also, very important, there's a new program for 2019 called opt-in. You're probably familiar for last year and this year, there are two thresholds to meet to be MIPS eligible. A provider or a group needs to bill more than $90,000 in Part B claims, and see more than 200 Medicare Part B patients. Well for 2019, they're adding a third parameter, and that's having at least 200 Medicare services.

Lisa Sagwitz: So, how this is going to impact those who aren't MIPS eligible if you would like and you meet just one of those thresholds, you can do you opt-in. That means you're going to commit to MIPS test, report your data, and if you do well, you can get a positive payment adjustment. I think that's terrific news that would help practices or groups get a little bit more money if you're interested. Details will be coming from CMS and we'll also share those with you.

Lisa Sagwitz: Today at noon, if you have time, register and listen to the CMS webinar about year three and find out what's coming for next year. That will also be recorded and Quality Insights will have some webinars about that too, but we definitely want to get the details to you. Then Monday, November 19th at two o'clock Eastern time, there's another CMS webinar about the physician fees schedule and the final rule and a couple key topics. Again, if you have time, definitely register and listen to that.

Lisa Sagwitz:	I just wanted to briefly mention virtual groups. There aren't a lot that participate in this, but basically it's random practices that come together. There are no geographic boundaries, no new specialty boundaries, and they decide to aggregate their data and report together. If this is something that you've been thinking about, you have until December 31st to submit your information to CMS that you could do that for next year.
Lisa Sagwitz:	The next couple of slides are for ACOs or Accountable Care Organization members. This means that the QPP participation status has been updated recently, so the second snapshot's available for participation dates January 1st through June 30th. How you would get to this data is you would go to the website QPP.CMS.gov. You'll remember at the top of the screen, there are four different information tabs: MIPS, APMs, About, and Sign in.
Lisa Sagwitz:	You would use the APM section. There's a drop-down. It will say QPP participation status. You can look up an individual's status. If you're in a group and you want to look at the group, you would need to use the sign in capability and then look at your group data.
Lisa Sagwitz:	Here's a list of some of the 2018 advanced APMs or MIPS APMs. Again, this is for the ACO people. I can share with you that the groups and ACOs that I work with are predominantly in two of these. In the middle of the screen, you'll see Medicare Accountable Care Organization, ACO Track 1+ Model. That's been popular this year. It was just introduced in 2018 and that's a two-sided risk model. Many of the groups I work with are participating in that.
Lisa Sagwitz:	Then the other one that's popular is the following, the Medicare Shared Savings Program Accountable Care Organizations, Track 1. Track 1 I call it the plain-vanilla model. It's not a two-sided risk and those have been around for a few years. Then some other great news for 2019, in the past the ACOs have all been Medicare participants or the Medicare beneficiaries. So, CMS has approved for next year that there is a multiplayer alternate payment model or ACO.
Lisa Sagwitz:	What that means is it can include patients that are in Medicaid, Medicare advantage, commercial and private payers. That's being expanded, so that's great news. Next, we'll turn the presentation over to Rabecca Dase.
Rabecca Dase:	Hey, good morning everyone. Switching gears a little bit and moving forward, it is time to check your EIDM account. EIDM is just a short way for saying Enterprise Identity Data Management account. You will actually need this to submit your 2018 MIPS data. The portal will actually open January 2nd, so you want to make sure that you have it before then.
Rabecca Dase:	Not only will you need this to submit your MIPS data, but it also gives you a key to several other different things. We'll talk about that. If you do not have one of these accounts, you can actually go to the CMS enterprise portal website and create a new account, which is portal.CMS.gov. These hyperlinks in the slides

they'll be sent out and they are live, so you can just click on those. We can go there and create your new account.

Rabecca Dase: If you already have an account and you have not logged in for the 180 days, you may be deactivated. So, you would need to call the QPP help desk in order to get yourself reactivated. Also, I do believe that you have not logged in within 60 days, your password maybe need reset as well, so that could be another reason why you cannot access the QPP portal or the CMS enterprise portal. If you do happen to need a new account, there is an EIDM user guide link here where you can click on that and it'll take you to the user guide. That actually does walk you through step by step about your account creation.

Rabecca Dase: As I mentioned, your EIDM account does offer you a key to several other different things and one of those is actually when you log into the QPP portal you can see your claims feedback as it stands for 2018. If you log into the QPP.CMS.gov website portal, and you've been attaching quality codes to your claims, you can actually go in there and see how well you are doing for the 2008 performance year.

Rabecca Dase: Now, obviously these are not going to be file numbers because there are outstanding claims and we haven't finished the year yet, but it will give you an idea of how you were doing. Maybe you thought that you were doing fantastic but come to find out that maybe some of the codes were getting kicked back or your scores aren't what they thought they would be. This would be a good way to go in and see what your current progress is for the year and then maybe make necessarily changes if needed.

Rabecca Dase: The claims, they have to be submitted no later than March 1st or they have to be processed earlier than March 1, 2019. It was very important I think you check with your MAC to see what their deadlines are as well so you make sure that you're ahead of the game and that you don't miss any important deadlines, and that all of your claims data is processed and accounted for your 2018 performance year.

Rabecca Dase: We also did include a link here to the claims submission fact sheet that you can click on if you have any questions. You can always read through that or absolutely reach out to one of us at Quality Insights and we will be glad to help you.

Rabecca Dase: Another key that you get by having an EIDM account is actually going to be access to your QRUR and PQRS feedback reports. You can access these at portal.CMS.gov. Again, there is a hyperlink to get to that site. Now, I'm sure you've probably heard PQRS and QRUR reports and such especially when we talk about the cost category.

Rabecca Dase: I know that's been a big push of looking at your QRUR reports and seeing your historical feedback and seeing what you can do because these reports have a

wealth of information where you can actually go in there and see your patient attribution, where your costs are coming from and they do. They really provide a lot of information.

Rabecca Dase: Unfortunately, CMS will be taking these reports down as of December 31, 2018, so we have till the end of the year. Even if you're not looking at them today or tomorrow or even next week, I would highly recommend getting these reports and saving them somewhere to your desktop or a zip drive or something just in the event that you do ever want to look at your historical data, see how you're improving or see what your trends are.

Rabecca Dase: I would highly recommend getting these off the portal, saving them, and then you'd have access to them whenever you want it. They can be downloaded in Excel, PDF and anything like that. But again, they are great tools to have, so I would definitely recommend going out and getting those.

Rabecca Dase: All right. Switching gears one more time, the promoting interoperability category, the security risk analysis is a measure that must be completed. It's been around for meaningful use. It was around in the advancing care information category. Now, the new name promoting interoperability, it's still there. It must be completed once a year.

Rabecca Dase: So, the deadline to have this completed is going to be December 31st of 2018. You must have this completed to submit any of your data for the promotion interoperability category. If you don't have this completed, unfortunately, you would have met the base measures and you will not receive any credit for that category. Now, if you do have one in place, you have from previous years maybe '15, '16, '17, you do not have to start from scratch. You can make adjustments to those which is nice.

Rabecca Dase: There are different options to complete your security risk analysis. You have different tools that are provided to you. Again, you can go through those with your IT department. You can sit through and go through module by module. They walk you through what's going to be done, and that's if you want to do that yourself. You also have the ability to hire someone.

Rabecca Dase: Health Insights is actually a peer organization like Quality Insights. They actually have the ability to offer someone to conduct to the security risk analysis at a lot less of a cost than some of the other third-party organizations. We did provide the information here. That's completely up to you if you wanted to reach out to them. Then another option, like I said, is a third-party organization which we've just offered a couple of here. You can google this as well. But again, so you do have the different options.

Rabecca Dase: You can use tools and do it yourself in a practice. You can use Health Insights, which is an organization like Quality Insights, or you can hire a third-party organization. Again, it's completely up to you. If you already have something in

place, like I'd mentioned from previous years, you are absolutely okay to go through and modify that just to make sure that your date it for the new performance year and save that documentation in the event of an audit.

Rabecca Dase: Before we move on, I remember hearing in the past that sometimes when people get audited, one of the primary reasons for failing an audit is because they're missing the security risk analysis. Please make sure that you do in fact give that report to this category. Have this in place by 12/31/2018.

Rabecca Dase: All right. Moving forward, Lisa started talking about the 2019 steps. So, something else that was approved in 2019 year three final roll was the fact that a 2015 certified edition of your EHR is going to be required. Let me say that again. For 2019, a 2015 certified version of your EHR is going to be required. So, it's very important. If you have it already, start having these conversations with your EHR vendor. Get it scheduled. Find out what your requirements are, what you are going to need to do to be ready to do this upgrade. Again, talk to them about this, have this conversation. Each EHR is different.

Rabecca Dase: If you have any questions too, we're here at Quality Insights. We're happy to answer any questions and maybe help you ask the right questions, but whatever you need, we're here to help. But again, definitely start talking to your EHR about getting that upgrade scheduled if you have not already.

Rabecca Dase: More about the 2015 CEHRT and how it affects your category. The promoting interoperability category for 2019 has been approved for another 90-day reporting period. Again, it's going to be 90 days just like it was for 2017 and 2018. If you want to report data for this category, how the 2015 certified version comes into play, is you are going to want to upgrade your system by October 1, 2019, so you in fact have it in place for that full 90-day reporting period because the last day to begin to report for 90 days in 2019 is going to be October 2nd.

Rabecca Dase: Again, you'd want to have your 2015 certified version in place if you're just reporting for this category by October 1st, so you could earn points for this category. Something to maybe stress a little bit here too is that as long as you have it by October 1st, you can absolutely report the 90 days, but I think what's important to know is that you probably want to monitor your data throughout the year.

Rabecca Dase: For 2019, this category is changing. There's going to be different measures. There's going to be a different structure of the category and there's going to be some workflow changes that are needed within our practice. So, I really think it's going to be a good idea. To make sure that you have that, you can get the workflows in place. You can start making the changes and then you can get the best 90-day period that's going to earn you the most possible points because again this category is changing, and it's going to be harder to earn those promoting interoperability category points.

Rabecca Dase:	For the quality category, this is where it gets a little interesting, and it's still a little bit of a gray area. What we are thinking and again, some of this is based on our interpretation and what we've read and heard back. But again, you know as well as we do, sometimes things can change. Interpretations can change. This is as we are thinking of it now and we actually did put it at the very top. We've asked for clarification on the quality category and the implementation of the 2015 certified edition of your EHR because for 2019, the quality category again is 365 days.
Rabecca Dase:	What we've asked is, does this need to be in place by January 1st in order to use your EHR for reporting? What we know and how we interpret it now is the certified version must be in place by January 1 if you want to earn bonus points for reporting these eCQMs electronically.
Rabecca Dase:	But as for different reporting with your EHR, once we have clarification from CMS in black and white form, we'll absolutely put something on this in the newsletter. We'll talk about it in future events, but we just want to let you know that the 2015 certified edition is required. It's a little bit gray, but definitely talk to your EHRs and try to get it by 1/1 to eliminate any issues or confusion or question.
Rabecca Dase:	Here on the bottom we also talked about the benchmarks changing for 2018. They did just post the 2018 benchmarks or they changed them, so check out those. They've gone up a little bit or they changed, some have stayed the same. But ultimately, the benchmarks are changing, and some measures are being removed for 2019.
Rabecca Dase:	Again, very important that you stay up with your EHR for the measures that are available, the benchmarks that are available. Again, having it for the full year so you can make necessarily workflow changes that are needed to make sure you're getting the highest scores possible.
Rabecca Dase:	All right. Moving back to the 2018 performance, we've just wanted to up a little bit a few tips about what you can do to improve your scores. So, in the promoting interoperability category, a few of the measures are tied to the patient portal. You have to provide patient access or you're required to offer the patient portal. You have secure electronic messaging where your patients are messaging you, your clients are messaging back and forth. Then the patient is actually using the portal, if you download [inaudible 00:21:50] measure.
Rabecca Dase:	We did here include a couple of webinars that are on our website where you can go listen, and you'll hear some practices actually talk about how they got patients to sign up, how they've been successful and strategies to be successful with a patient portal. Unfortunately, the patient access to the portal and the using of such technology, it's also continuing in 2019. So, it's going to be very important that you utilize your portal and offer it to your patients. But these are two great webinars to provide a little bit of guidance and education on what others are doing.

Rabecca Dase:	Lastly, CMS, not CMS, actually Quality Insights finally did this one. It's an audit tool, so it's actually coming from us. You can see down here that we did create an audit tool to go with the data validation criteria that CMS created and it is available for download. It's a PDF document where you can track what you've been doing for the 2018 year, where things are stored, who did what. It's a great, great tool. I actually just provided to some of my practices to help keep them in line.
Rabecca Dase:	They have the data validation criteria that CMS has put out. What you can do is go through that. See what they want you to document. What are they encouraging you to document? We also have our own ideas of what's important to keep for the audit binder, which we encourage you to keep for 10 years per performance year, but the audit tool is fantastic. I highly recommend going out there and grabbing it.
Rabecca Dase:	We do have one created for small practices and large practices, so make sure you're grabbing the right one. As Lisa I mentioned, earlier small practice is 15 or fewer clinicians and a large practice is 16 or more, so make sure you grab the right one.
Rabecca Dase:	Again, look at the new data validation criteria that was just released and then you can use them hand in hand that you make sure that you have everything in place in the event that CMS do come back and audit your practice. That is all I have for now. I want to turn over to my colleague, Roxanne, who is going to go over a few more things.
Roxanne Fletcher:	Good morning everybody and thank you for joining us today. I'm just going to review some resources that are out there and available for you. Just to let you know that CMS has moved the QPP resources from the CMS.gov to the newly redesigned QPP resource library, and that is out on the QPP.CMS.gov website. After receiving feedback, all that information is that location. They listened. They did listen to what you wanted that it's easier to have everything in one place to search instead of going to various websites. They've also added a search function.
Roxanne Fletcher:	Some newer QPP resources for specialists. Here is a list. Again, this will be sent to you. So, any of these categories is where you fit in, your practice fits in. You can click on this and see what resources are directed just for your specialty. Of course, there's other CMS resource. We have the 2018 quality performance category fact sheet, which can be very helpful. There's a 2018 Cost 101 Guide which will highlight for you what is the cost category, how does it impact you.
Roxanne Fletcher:	There's of course the Improvement Activities Guide, a data validation criteria, the CMS interface sampling methodology, the quality benchmark, the CMS QRDA III. I know you're probably thinking, "What the heck is that?" The QR is basically a type of aggregate quality report. It's a format that you need to use if you are going to upload your quality measures on the CMS website at QPP.CMS.com, org. I'm sorry. I'm losing my voice here.

Roxanne Fletcher:	If you are uploading the documents yourself, you may want to take time to look at this and understand it. Also, find out if your vendor has this format for you to upload and how to do it. You want to do that ahead of time and not the day that you plan to attach. Then of course, we have the web interface support webinar, and then the QP methodology fact sheets. The fact sheets are really good. As Lisa and Rabecca had mentioned before, it gives you an overview and it helps you have a broader understanding.
Roxanne Fletcher:	Then we have Physician Compare to post MIPS scores. The final 2017 MIPS scores performance category and data for some measures will be reported on the physician compare website. They meet the minimum reliability threshold and are statistically valid, reliable, and accurate. Now, there are some brand-new measures such as the cost measures and all improvement activities that were collected for the first time in 2017 will not be published. You can view the slide deck with the CMS webinar in 10/30/18 that took place just to get an understanding of this. The recording will be available on MLN website soon. That's not been posted yet.
Roxanne Fletcher:	Help CMS improve the QPP. We know that they are listening to what you're saying. They've made changes and improved their website based on your feedback. We're asking you to consider participating in this interview that's based on the telephone or Webex that lasts 30 to 60 minutes. If you are interested in voicing your opinion, good, bad or indifferent, you can click here email by clicking this link that's going to be sent out to you on these slides. Definitely if you have some concerns, make sure you participate.
Roxanne Fletcher:	Other upcoming events, Overview of the 2019 Final Rule: Implications for Solo and Small Group Practices. One will be Tuesday the 27th. You can register here that earlier one at 11:00 AM. Then they're also having one that later in the day on Thursday, November 29th at 3:30. Again, we recommend that if you're small practice make sure to register for one of these events or someone on your staff to register for one of these events to get understanding.
Roxanne Fletcher:	Then we have an AHRQ webinar, "Understanding CAHPS Survey." What is AHRQ? Well, that is the Agency for Healthcare Research and Quality. The CAHPS, what is CAHPS? That's the Consumer Assessment of Healthcare Providers and System. Basically, under the CAHPS program, the AHRQ funds oversees and works closely with a consortium of research organizations to conduct research on patient experience.
Roxanne Fletcher:	The one thing I want to point out is that this survey is in two different spots. It is the quality measure and it's a high priority quality measure that you can find under the patient engagement experience category. It's also offered in the improvement activity under the patient safety and practice assessment. I just wanted to alert you that this CAHPS survey is one that you have to contract with the appropriate organization to do these surveys on your patients for you, but you can get credit both as a quality measure and as an Improvement Activity.

Shanen Wright:	Thank you so much, Rox. Also, appreciate the breaking news and announcements from Rabecca and Lisa as well. We've come now to the time in QPPLive! where our panel of experts will be answering your questions, in real time, that you have about CMS's Quality Payment Program.
Shanen Wright:	The panel today includes Kathy Wild, our project director, Amy Weiser, our lead project coordinator for QPP. I'm Shanen Wright, associate project director. Serving the state of Delaware, we have Rabecca who delivered the news and Rox as well. For Louisiana, we have Lisa Sherman, and for the state of New Jersey, we have Maureen Kelsey, Diana Haniak, and Andrea Phillips.
Shanen Wright:	For Pennsylvania, we've got a team that includes Rabecca, Joe Pinto, who will also be delivering links through the chat feature on your screen today. Make sure to check that out. As we answer questions, Joe will send you directly to the websites that you need to be at. Lisa Sagwitz who we heard from in today's morning news, Shirley Sullivan, and Marvin Nichols. For the state of West Virginia, we have Julie Williams.
Shanen Wright:	As I mentioned before at the introduction of this, if this is your first time ever on QPPLive!, this is how it works. You use the Q&A feature on your WebEx player to ask your question. It's simple to get to it. Just go to the gray icon that you see on your screen here pictured and select Q&A from the drop-down menu. There's the three little dots right there. That'll bring it up. It'll pop up right there on your screen on the right-hand side and you can start submitting your questions at any time.
Shanen Wright:	You can open the chat feature to look at Joe's links using the little of speech bubble on your screen as you see here. We ask that you refrain from submitting your questions in the chat area that just kind of clogs things up a little bit. They'll be much better served in the Q&A section if you don't mind to do that for your questions today.
Shanen Wright:	Periodically, we will also pause for those of you who have dialed in on the telephone today, to see if anybody has any questions they'd like to ask on the phone or any comments or feedback that they would like to provide. We do ask that if you dial in on the telephone and you don't have a question or a comment for our panel of experts, please make sure to mute your own phone line in an effort to minimize background noise.
Shanen Wright:	With that being said, we are going to get started with today's questions, but first we'd like to remind you that we are here to help you anytime with your questions about the quality payment program, not just during QPPLive! on the third Thursday of each month at 9:30 AM Eastern, 8:30 AM Central.
Shanen Wright:	You may not realize who your contact is at the Quality Insights. If so, you can always use the general QPP inbox for inquiries or contact any member of the

Quality Insights team. We're always more than happy to refer you to the appropriate person to provide the technical assistance you need.

Shanen Wright: We'll do the best we can to answer all the questions we receive today, but know that some of them may require a follow-up. We need to do a little bit more investigating at times to make sure we're giving you the right answer. Also, keep in mind, especially if you're watching this as a recording, that rules and interpretations change over time. So, what you're hearing in a recording might not be the case for when you're hearing it. Most of all, we here at Quality Insights, want to establish a relationship with you so you can succeed in the CMS's Quality Payment Program.

Shanen Wright: With that being said, let's go to our first question that came in. This one is from Alicia. Alicia asks, "For the quality measures, if you have a measure that meets the data completeness and case minimum, but the performance percentage is below decile three, how many points do you get for that measure, zero, one or three?"

Lisa Sagwitz: Hi, Alicia. It's Lisa. That's a great question. If your practice is small, 15 or less providers, you would get three deciles even though you fall below. If your practice is a large practice, 16 or more, you would only get one decile point.

Shanen Wright: Thank you, Lisa. Let's go to our next question. This one says, for the new PDMP measures and the HIE prescribing category, do you have to query the PDMP through the search in order to receive the bonus points or can you query your state's PDMP via their online portal and document the query within your search?

Rabecca Dase: This is Rabecca. I'll answer that one or try to, I should say. Ultimately, this is going to be a new measure in the 2019 performance year. I have not seen any measure specifications come out for this specific measure of actually what is going to be required. I'm assuming because it's in the Promotion Interoperability category, they are promoting the use of your EHR to do that. But ultimately, these specs have not come out yet for the 2019 year, so I cannot provide a definite answer, but my initial thought would be yes, it would have to be three-year EHR.

Shanen Wright: And I was just going to add a follow-up…

Lisa Sagwitz: This is Lisa.

Shanen Wright: ... a little later from Alicia who said her questions are in reference to 2019 final ruling for reporting year 2019. Sorry, Lisa. I just wanted to throw that in before you jumped in.

Lisa Sagwitz: No, that's important. That's good. Just a few more things to add to what Rabecca said. We know for next year, under Promoting Interoperability,

electronic prescribing will bring a maximum of 10 points in that category. There are two bonuses each worth 5 points. One is querying the prescription drug monitoring program and the other five bonus points for verifying opioid treatment agreements.

Lisa Sagwitz: While we don't have the exact specs yet, as Rebecca said, I would guess it's going to be something with in your EHR. Many of the Departments of Health in each state are integrating with the EHRs in the PDMP. So if that's something you have common opportunity to incorporate, it would definitely be a good thing to do. We'll provide more details as time goes on and we get those. Also, Alicia if you want to send a short email and the state that you're in, one of us can make sure we get back to you with the answer on that one.

Shanen Wright: Next question we have, and this one is coming in to us from Kim, Kim says, "Our group still has clinicians not linked to our group in the QPP lookup tool. The help desk said they are behind updating the site. What happens if they're not linked by December 31, 2018?"

Lisa Sagwitz: Hi. It's Lisa. The first starting point would be PECOS. You want to make sure that your providers are listed in PECOS. Often times you'll hear PECOS say it will take two to four months to show up, but we see it can be six months. Then if you know that that's taken care of, the next step would be to contact the QPP help desk. Say, "I just want to sure that you have this clinician who is new to my practice or I don't see them listed under my tax ID number." Get that in writing that they do know that that provider is part of your group and then you'll be covered.

Lisa Sagwitz: Likely, when you go to a test in January, February, March, you'll see that provider listed. But sometimes we've seen scenarios that the provider is included in your team, but they're not on the reporting. That's okay if you're doing group reporting, but you definitely need the provider there if you're doing individual reporting.

Shanen Wright: Thank you, Lisa. Next up we have a question that came in. This one says, "How do we become a participant of Quality Insights to help support and guide us through this process? It's our understanding that Health Innovations is no longer going to be available due to loss of funding."

Rabecca Dase: Well, that's a good question. This is Rabecca. Ultimately, if you provide us with your contact information and the state that you reside, we will absolutely have someone reach out to you after the QPPLive! event to make sure that we get you with the right person for the right state in which you live. Then we can go ahead and set up a time to discuss what you'd like to work on, work with, and move forward from there.

Shanen Wright:	Sounds great. Let's go back to the question list and see what else we have. Next one we have in here. This question asks, "How soon can we do a security risk assessment for 2018?"
Rabecca Dase:	This is Rabecca.
Roxanne Fletcher:	Hi, it's Roxanne. Go ahead.
Rabecca Dase:	I'll let you go, Roxanne.
Roxanne Fletcher:	Okay. For 2018, you can do it right now. You can do it any time during the performance year. For this year, it's a good thing to start it now, get it done now so you know it will be done by December 31st because I do recommend as you go through, if you haven't done one before and you do the toolkit which is an excellent tool to use that CMS has provided, you want to make sure it's going to ask you if you have documented policies and procedures.
Roxanne Fletcher:	A lot of times what I found is practices do have a policy or a verbal procedure that they're doing, but it's not documented. This is a goal that you can set up a plan that you start to put things in writing and build a notebook for your policies around your security risk analysis or ask about an emergency plan. The sooner you start working on it, the better. For next year 2019, January is not too soon to work on your security risk assessment review. I hope that helps.
Shanen Wright:	Next up we have a question coming in for Maureen. Maureen asks, "Have you heard anything about the patient over paperwork initiative affecting the Quality Payment Program?"
Lisa Sagwitz:	It's a great question, and that is the theme of CMS, patients over paperwork to help her use the burden on providers. As far as the Quality Payment Program for this year or next year, I haven't heard any reductions in things yet or exactly how that's going to impact. I don't know if any of my colleagues on the phone have read or heard more about that.
Rabecca Dase:	This is Rabecca. What I'll add to that is so they're not necessarily coming out and saying it's patient over paperwork initiative as it pertains to the Quality Payment Program for certain things, but they are doing certain things to reduce the burden of practices in the Quality Payment Program for reporting. For instance, the different rating of the Improvement Activities, for instance, for the smaller practices or rural practices and just different things like that.
Rabecca Dase:	For the patient over paperwork, they're working on a simplification of the documentation and just really trying to reduce what providers are required to do so they can spend more time with the patients. But as it pertains to the Quality Payment Program, as I see it, the burden reduction is what they continue to say. The options to re-weight things or the different weightings of

activities. But as for them referring to that as Patients Over Paperwork, I have not heard.

Shanen Wright: Coming up we're going to be unmuting the phone lines for those of you who have dialed in on the phone. If you have question or a comment for our panelists, you'll have an opportunity to share it soon. But first, we want to go back to our question. We're going circle back actually to our first question here. This was from Alicia. She said, "So to verify with my first question for quality for 2019, the deciles for practice would still be three and large practice would still be one?"

Lisa Sagwitz: For 2019, I do not know how that will be. I can only speak to 2018 right now. That's because the 2019 information is hot off the press. The final rule is almost 3000 pages long, so we will be digesting that information in the coming months. So that would be a great question to maybe check back with us earlier next year.

Shanen Wright: Thank you, Lisa. Lori, let's unmute the phone lines and see if anybody has a question or a comment who's dialed in on the phone. Okay. Hearing none, we'll go back to our Q&A box and pull out the next question for our experts to answer. This one asks, "With the 2019 MIPS changes, what should I do now to prepare?

Roxanne Fletcher: Hi. It's Roxanne. Definitely look into getting that 2015 CEHRT for your EHR that the sooner, the better. I know a lot of the vendors are madly working to get this done and upgrade it into their customer. So, you might want to check the timeline with your vendor for getting that implemented.

Roxanne Fletcher: Another good thing that we do when we're working with practices throughout the year, look at your quality measures. Look at how well you did on them and determine if you could do better in 2019. That's one of the things that I go through with my practices is where are we at, what are your scores, and how can you work within your EHR and with your staff and clinicians to get to raise that score or raise in your new latest denominator.

Roxanne Fletcher: Then again, as always, plan to watch upcoming webinars on the 2019 changes. As Lisa stated and Rabecca is we're still trying to digest ourselves all the information. So, we do recommend that you also participate when you can on these different webinars. There will be new measures for promoting interoperability and how to get that patient portal up and running the way it should be, using it efficiently. Go back to the link on the slideshow you'll be getting today and look at the few opportunities that we've had out there of webinars and information that will help you understand how to better utilize that portal.

Roxanne Fletcher: While this cost section that is based on claims been increased to 15 possible points, encourage annual Medicare wellness visit if you're a PCPT and also your

coding. Make sure that you code a patient for as medically complex as they are. If they're diabetic with heart condition, et cetera, make sure that you are using the highest code available that's appropriate for that patient.

Shanen Wright: Thank you, Rox. Next question we have here asks, "You mentioned having multiple submission methods in 2019 for quality. What does this mean?"

Lisa Sagwitz: Hi. It's Lisa. In the past, 2017, 2018, you could only submit your quality measures one-way. The most popular is usually through your EHR and you're pulling that QRDA III file. Some people have registries or QCDR. Some in the larger groups do the web-based interfacing, but this is going to be a big impact for specialists because specialists are sometimes limited in what their EHRs offer them for quality measures. Starting next year, you could have multiple ways. You could choose several of your EHR quality measures, possibly some of your registry measures.

Lisa Sagwitz: So, the specialist may be able to report or brag about what they do well. Just a couple examples, like urologists are often connected with the AQUA registry. The initials are A-Q-U-A. That's a special urology registry, or ENT practices are connected with a Regent registry. That's for ENT doctors. So, those are things specific to their specialty. This is a good thing that there are going to be multiple submission methods.

Shanen Wright: Next question we have coming in. This one says, "We are a solo provider practice currently associated with an ACO, but we'll be exiting our participation with the ACO. How will that change things for us in 2019 for MIPS and reporting?" The person adds on, "We are exiting the ACO for MSSRP."

Rabecca Dase: This is Rabecca.

Lisa Sagwitz: Great question.

Rabecca Dase: You can go ahead, Lisa.

Lisa Sagwitz: Okay, and then add too what I say if there's anything else you think of.

Rabecca Dase: Okay.

Lisa Sagwitz: Great question and I do see that happen whether the practice decides to leave or the ACO sunsets. You will be responsible for MIPS reporting on your own. Probably if you check your providers early in 2019, you'll still see them affiliated with the ACO, but you definitely want to prepare starting January 1st to do your own MIPS reporting for quality, promoting interoperability improvement activities.

Lisa Sagwitz:	Again, contact. Know whoever your rep at Quality Insights or if you don't have one, let us know. We'll be sure to get you on board so you have the right path to take. Anything else Rabecca you can add to help?
Rabecca Dase:	That is exactly what I was going to say. Just to make sure that you're going to be responsible for all of the category. So, it's going to be important especially now that things are changing and it's going to be more on your hands that maybe track your progress. Again, that you work for somebody at Quality Insights just to make sure that you have all your eyes down and your teeth crossed and that you're not missing anything because it is a little bit different when it's all in your own hands rather than having an ACO help you along.
Shanen Wright:	Next question we have, this is from Maureen. She asks, "Is there a way to look up CEHRT versions for EHRs?"
Lisa Sagwitz:	There is and what I'll do is go to that site. So if you want to take another question, give me a minute and I'll bring that up and show her how to do that.
Shanen Wright:	Excellent. Next question we have while Lisa gets ready to do that. This one says, "Will the positive payment increase from 2017 reporting be automatically applied to the payments on Medicare EOBs or will the billing have to manually apply the increase likely like they've had to do in the past?" That's from Jesse.
Rabecca Dase:	Jessie, this is Rabecca. It is my understanding that it'll actually just be applied. There won't be anything that you would need to do in the backend. It would just be automatically applied. When you get paid, it would just come over to you. Rox or Lisa, please feel free to step in if that's not accurate. That's how I understand it.
Roxanne Fletcher:	Yeah. That's my same understanding, too, it's Rox, Rabecca that it would be automatically submitted to them when the reimbursement is sent. I agree.
Shanen Wright:	All right. While Lisa is getting ready to demo a way to lookup CEHRT versions for EHR, let's squeeze in one more question before we switch the screen over to her and let her share her screen. This question says, "I've been using claims for my quality measures. Can I still do this in 2019?"
Roxanne Fletcher:	Well,
Rabecca Dase:	This is Rabecca.
Roxanne Fletcher:	Yes. I was going to say yes. It's Rox. Yes, if you're a small practice of 15 providers or less, you'll still be able to do claims.
Rabecca Dase:	This is Rabecca. I just want to add to that. Ultimately, like Rox just said, if you are a practice with 15 or fewer clinicians, you can still use claims for reporting. If you are in fact a practice with 16 or more clinicians, the claims submission to

meet your quality measures is no longer available for 2019. Again, we said in 2019, quality of the full year.

Rabecca Dase: So, if you had been doing claims in the past, it's going to be very, very important that you start thinking of other ways to report your measures whether it's using an EHR, whether it's using registry or QCDR. Or possibly if your group of 25 or more, the web interface through CMS, but ultimately groups of 16 or more, claims is no longer available. If you'd like to have a conversation about different options and things like that, please feel free to reach out and we can absolutely talk about that because that is a huge change I think that's going to affect a lot of practices.

Shanen Wright: All right. Lisa, if you'd like to share your screen, I believe you are now our presenter. I'm sorry if you had something to add as well, I didn't mean to interrupt you.

Lisa Sagwitz: No, that's fine. We're on a new system today, so we're all kind of learning together here. Give me a minute to find what I'm looking for. How to find your EHR number. The site that you'll go to is called CHPL. If you can see it, I know it's small or you could google C-H-P-L, Certified Health IT Product. So google CHPL.

Lisa Sagwitz: Then the first thing you're going to see on this side is a white box. Let me tell you, it moves very slowly, so it's not you. It's not your laptop. This whole program moves very slowly. I queried Allscripts and I just pulled up the first one. In that white box, type in your EHR vendor. Then there's going to be a laundry list with all the different versions, so pick the version that you're on.

Lisa Sagwitz: When you choose that, this is the first screen you'll see. Then if you go to CHERT ID. That's going to give you that 15-digit number and it will also give you the ability to print that off. It's not something you need for testing, but definitely something that we recommend you have and you keep that in your audit binder. Depending on how fast this moves, if Shanen wants to leave this on the screen, you'll see it appear but it may take a minute or two. We could continue with questions.

Shanen Wright: Sounds good. We'll continue sharing your screen. It looks like an action already occurred. Is that what you were waiting for or?

Lisa Sagwitz: No. It's not what I was looking for.

Shanen Wright: Okay.

Joe Pinto: Shanen and Lisa, this is Joe. I already put the link to the CHPL Certified EHR system look-up in the chat box. If they want to go there, they can find the link.

Lisa Sagwitz:	Okay. The person who asked again, if you have trouble because I know sometimes the first time you do things you don't know, let us know. Give us a call or email us and we'll help get you through it. Thanks, Joe.
Shanen Wright:	Thanks, Joe and Lisa. Just a reminder, that link that Joe mentioned is in the chat box now if you'd like to take a look at that. We still got about five more minutes in today's edition of QPPLive!. If you have a question, make sure and get it in the Q&A box now because not only will we be out of time in five minutes, but this is the last QPPLive! for 2018, so make sure you get your questions in now.
Shanen Wright:	Next question we have in here, let's take a look in the box. This one asks, "I don't have an EHR and I've reported Improvement Activities to avoid a penalty so far. How can I achieve 30 points to avoid a penalty in 2019?"
Rabecca Dase:	This is Rabecca. I wondered if anybody would ask this question. Ultimately, it becomes more difficult to avoid penalty especially in 2019. The threshold to avoid the penalty is 30 points. If you complete improvement activities, you can still earn the 15 point like to have in the past. Now if you are a small practice, you can use claims on your quality measures to help earn some more points to get you to that 30 points. That's an option for small practices.
Rabecca Dase:	Now if you are a larger practice with 16 or more clinicians, the claims option is not available. Obviously don't have an EHR, you may have to look at different solutions such as a registry, a QCDR, or again if you have 25 or more clinicians using the web-based interface. Again, without EHR, avoiding the penalty and meeting that 30-point threshold is more difficult especially if you're a large practice.
Rabecca Dase:	Again, small practices with 15 or fewer, you can use improvement activities and claims, claims reporting for your quality. Then large practice, you can use your improvement activities, but you're going to have to look at the option for quality measures which you could, like you said, web interface or registry or QCDR especially if you have EHR.
Roxanne Fletcher:	This is Rox. I just wanted to jump in there with the small practices. Remember that you have to add the G code or certain code with a 1%-line charge to the claim in order to let CMS know that this is a quality measure that you're reporting. We can help you with that. We can share a link out to the QPP resource library that will show you what the different codes are if you're not sure and we're certainly here to help you walk through that.
Shanen Wright:	Thank you, Rox. I think we have time for one more question before we wrap things up today. This one asks, "Would you explain the difference between voluntary participate in MIPS and opt-in please?"
Lisa Sagwitz:	Sure. It's Lisa. Again, the opt-in is the new program for 2019 that if you aren't MIPS eligible but you meet one requirement, either $90,000 in Medicare Part B

claims, or you see 200 Medicare Part B patients, or you provide at least 200 Medicare services, you have the option to opt in. That means you commit to MIPS testing and if you score well, you would get the payment adjustment, so additional money in your pocket. Voluntarily participate means you don't have to, but you do and you're not getting get any type of extra incentive for it.

Lisa Sagwitz: Just a little more clarification on that 200 services, if you have a Medicare Part B patient that comes in five times during the year and you are billing services or lines of charges five times on that patient, that five counts towards your 200. So, CMS is trying to make it easy for you to achieve one of them if that would help you.

Shanen Wright: Thank you, Lisa. Thank you everyone for joining us for the November 2018 edition of QPPLive!. Just a reminder if you need assistance for the small practices, 15 or fewer eligible providers, please reach out to our Quality Insights QPP support center at the email address or phone number listed here. For the large practices, you will be served by our Quality Innovation Network and you can contact Kathy Wild, our project director, at the information you see here on your screen or anybody on the Quality Insights team. We will be more than happy to assist you at any time.

Shanen Wright: I'd like to thank all of our panelists today for joining us for QPPLive!, and all of the folks who asked questions as well; Alicia, Kim, Maureen, and all of you who have joined us for QPPLive!. Join us again. Go ahead and mark your calendars now if you'd like. Our next edition will be on January 17th 2019, and we'll include some new features as well. So, make sure to tune in for the 2019 season of QPPLive!. On behalf of everyone at Quality Insights, I hope you have a great day, great holidays, and a happy new year. Goodbye.