QPP*Live!*
Transcript from Live Session

Thursday, February 21, 2019

Shanen Wright: Good morning, and welcome to the February 2019 edition of QPPLive! We appreciate you joining this production of Quality Insights, the Quality Payment Program support center, and Quality Innovation Network Quality Improvement Organization for five states. Coming up, you'll have a chance to submit any of your questions or comments to our panel of experts. If you've been with us before on QPPLive!, feel free to go ahead and start submitting those questions using the Q&A feature in WebEx now. If this is your first time on QPPLive!, we'll have instructions on how you can submit those coming up. First, we have breaking news and announcements, with our own Rox Fletcher. Rox?

Rox Fletcher: Good morning everyone, and thanks, Shanen. So the breaking news and announcements for this week are, from CMS. It's time to check your 2019 MIPS eligibility. The Centers for Medicare and Medicaid Services updated the QPP participation status tool, so clinicians can check to see if they are required to participate in MIPS in 2019. Simply enter a clinician's NPI number on the QPP participation look-up page. This is the screen that you will see. Next. Not eligible but want to report data? If you do not meet 2019 eligibility criteria, you can still report MIPS data voluntarily. You will receive feedback results, but payment adjustments will not be applied. If you meet one or two of the three eligibility criteria, you may have the opportunity to opt in and participate. Clinicians who opt-in will be subject to payment adjustments. The QPP participation look-up tool identifies if you are eligible to opt-in at the individual and group level. Just a note. You want to make sure that your numbers are strong, because you can also get a negative payment adjustment if you do not meet the proper criteria. Next.

2018 data submission deadlines. The year is rolling by fast, it's already the 21st of February, so here are some updates. There are only 40 days left to submit 2018 MIPS data. If you are submitting it via the QPP portal, your EHR registry, or QCDR, the deadline is eight o'clock Eastern Standard Time on April 2nd. If you are a group of 25 or more, and submitting data via the CMS web interface, the deadline is 8:00 p.m. Eastern Standard Time on March 22nd. That is only 20 days away. If you are an individual who submitted quality measures via Medicare

Part B claims, you need to make sure that your Medicare Administrative Contractor, MAC, receives and processes all your 2000 claims by March 1st. Only seven short days away.

MIPS payment adjustment codes on RAs. 2019 remittance advice forms now include payment adjustments based on 2017 MIPS scores. There are three types of codes on the RA: the claim adjustment reason code, CARC; remittance advice remark code, RARC; and group code. Below are the codes that reflect the MIPS payment adjustments. You'll see that for the CARC, there's two different codes, one for positive, one for negative. The other two, RARC and the group code, they are the same, so you'll just see a minus if it's next to a negative number. We did, with the slides that you receive today, if you click on the bottom for more details, "please see the following resources." If you just click on those links, you can see more details about the coding. Next, please.

2019 CMS web interface registration. Groups and virtual groups interested in reporting through the CMS web interface, and/or administering the CAHPS for MIPS survey in 2019 will need to register between April 1st and July 1st. You would do that at the qpp.cms.gov website. New for 2019, a group that wishes to voluntarily elect to participate in the CAHPS for MIPS survey measure must use a survey vendor that is approved by CMS. That you can find that list if you go to the resources at qpp.cms.gov. Next.

New QPP resources from CMS. They've put a lot of new data in there for you to look at, resources, so they posted the following materials in the QPP resource library. We have the 2019 clinical quality measures specification, the Medicare Part B claims measures, the claims data submission fact sheet. We always recommend that if you're doing claims, to make sure you look at that for any changes they've made from the year, previous year. Your 2019 improvement activities. They also have your 2018 quality benchmarks, and 2019 quality benchmarks.

New tools from Quality Insights. CMS added six new clinician types that may be MIPS eligible in 2019. Quality Insights created a resource for each provider type with examples of measures and improvement activities that may be applicable to your practice. Audiologists, clinical psychologists, occupational therapists, physical therapists, registered dieticians, and speech language pathologists. From your slide, if you click on, say, clinical psychologists and click that link, you would see the flyer with the details that we've just spoken about. Next.

Promoting interoperability security risk analysis. We have put together a list of practice, of companies, I'm sorry, companies that do the security risk analysis, and they are listed here. Just remember, every year if you're reporting on the promoting interoperability category, you must complete a security risk analysis (CRA). Practices can complete a CRA on their own, or hire a professional organization. There is a tool, you can access the tool from the qpp.cms.gov resource library. There is a tool that you can walk through yourself, if you want

to take that on, or here is a list of organizations that you can contact and have them work with you to perform that. Next.

Upcoming February events. Make sure to put these events on your calendar for the areas of interest for you. Overview of APMs for year three. That is Thursday, February 21st. MIPS data submission for year two of the QPP Office Hours, session one. If you're trying to do it yourself, this is a good webinar to look at, to make sure you're doing it correctly. Impact of social determinants of health managing and hypertension. This is Wednesday, February 27th. Then we have some events upcoming in March that you might want to make sure that you attend. Medical record documentation and billing for care coordination and preventive medicine. That's Thursday, March 7th. MIPS data submission for year two. This is another session similar to the one that they're holding in February, in case you didn't get that one, you can attend the one Tuesday, March 19th. MIPS questions and answers Town Hall event for solo and small-group practices, and that is Tuesday, March 19th.

Then of course we hope to see you back here next month for QPPLive!, and that's Thursday, March 21st. There's the second session of the MIPS question and answer Town Hall event for solo and small-group practices on March 21st, and then HIPAA orientation and refresher training for your staff. One of the things that's good to make sure that if you do not belong to an organization that provides HIPAA training, here is a webinar that you can attend or have your staff attend. That is on Tuesday, March 26th. Back to you, Shanen. Thanks!

Shanen Wright: Thanks so much, Rox, and thank you again for joining us, for QPPLive! This is our panel of experts that we have to answer your questions today, which includes our project director, Kathy Wild. Our lead project coordinator, Amy Weiser. I'm Shanen Wright, the associate project director. Serving Delaware, we have Rebecca Dase and Rox, who just delivered the news. For Louisiana, we have Lisa Sherman. In New Jersey, we have Maureen Kelsey, Diana Haniak, and Andrea Phillips, and we also have, for Pennsylvania, Rebecca Dase, Joe Pinto, Lisa Sagwitz, Shirley Sullivan, and Marvin Nichols. For West Virginia, we have Julie Williams answering your questions today.

If this is your first time with us here on QPPLive!, you can ask questions using the Q&A feature in WebEX. If you're not familiar with it, just hover around the bottom of your player there and you'll see the three dots, as you see on your screen. That will open up the Q&A box, and you can type your question in there and hit "send." We'll also be using the chat feature for web links to resources that we're talking about here on QPPLive! We ask that you please not use chat for your questions. We're just going to have that for web links, so if you have questions, please use the Q&A box for that.

Some of you have dialed in on your telephone as well. Most people are listening through their computer speakers, but if you've opted for the telephone and would like to ask any questions verbally, or provide any input to our panelists, we will unmute the phone lines at least one time during today's sessions, so

you'll have the opportunity to ask your questions on the phone. We do ask that if you don't have any questions or feedback for our panelists to please mute your phone on the other end, so that we don't hear any background noise.

Please also keep in mind that we are here to help you any time with your questions about CMS's quality payment program, not just doing QPPLive! on the third Thursday of every month at 9:30 a.m. Eastern, 8:30 a.m. Central. You may not know who your contact is at Quality Insights. If so, you can use the general QPP inbox for any inquiries, or reach out to any of us. We'll make sure and get you to the right person to get you the help you need. We'll do the best we can to answer all the questions that come in in the Q&A box today, but know that some of these questions may require some follow-up. You guys have great questions every month, so sometimes we have to refer back, check with some folks, do a little bit of research, and then we can get back with you with an answer to your question.

Please also keep in mind that rules and interpretations change over time, especially if you're viewing an archive of this and not the live presentation on February 21st, 2019. Most of all, we here at Quality Insights want to establish a relationship with you so you can succeed in the Quality Payment Program. With that, let's get started with today's edition of QPPLive! In addition to the questions and answers, we're also going to be asking you some questions as well. Let's go ahead and break the ice with one of those questions for you first.

Our first polling question that will be popping up in your WebEx player asks, "How are you reporting your quality measures to CMS in 2019? Are you using claims, a registry, EHR, end-to-end reporting, or you're not reporting quality measures?" You have about 30 seconds to enter your answer, and we will see what everyone has to say about how they are reporting their quality measures to CMS. While we're waiting for that to close, let's go to our first question in the Q&A box. This question asks, "Is the PI hardship exemption for small practices," this individual just has three physicians at their practice, "still automatically reweighted for 2019?"

Marvin Nichols: Shanen, I'll take this. This is Marvin. So the PI hardship exemption is a yearly exemption, so it's not automatically reweighted. You would still have to fill out the hardship exemption, and that usually, it usually will open up at the end of the performance period, would be like, let's say, October or November, you would see a link to go to the hardship exemption. Yes, you will have to fill out another hardship exemption application for 2019.

Shanen Wright: Thank you, Marvin. Before we get to our next question, let's take a look at those polling results and what you had to say about how you're reporting your quality measures to CMS. The vast majority of folks said registry, 47% responded with that. Coming in second were EHRs at 33%, and then in third place, at 13%, "I'm not reporting any quality measures." No one responded with claims, or end-to-end reporting. Very interesting information. We'll be asking you a few more questions coming up on today's edition of QPPLive! Let's go out for another

question right now for our experts. This one asks, "Do all the claims have to be submitted by 60 days after the close period?"

Joe Pinto: Hi, Shanen, this is Joe. I'll take that one. The simple answer to that is, yes. Rox had pretty much laid out the explanation during her opening news monologue which discussed this particular topic. All the claims must be submitted within 60 days at the end of the performance period, so all claims from the 2018 calendar year need to be submitted, and that deadline is coming up fast, we're already coming up to the end of February. This is necessary in order for CMS to process the claims and calculate the scores for the MIPS performance year of 2018, and of course, as you know that the portal will be closing on April the 2nd. The answer to that is yes.

Shanen Wright: Thank you, Joe. Keep in mind, too, the chat window does have links, courtesy of Rebecca, in there. We have a link right now in it to the 2018 data submission FAQs, so that may be something you want to click on and take a look at right now. Let's go back out to the Q&A box for some more questions. This one asks, "On the QPP, there are two columns for reporting your denominator and your numerator. Which column do we use, and what is the difference between the two?"

Marvin Nichols: Hi, Shanen, this is Marvin again. I'll take this. I'm guessing when this person is asking the two columns, they're, you can submit transition measures or just regular measures. So the two different numerator and denominator columns is that you might have did a combination of both, so you're going to see both numerator and denominator for transition measures and regular measures. That's what I'm guessing she's seeing.

Shanen Wright: Excellent. Thank you, Marvin. Our next question asks, "Is a reporting as a group or individual a choice, or is it tied into billing under the same NPI?"

Marvin Nichols: Shanen, I'll take this one as well. This is Marvin again. This is a great question. Let's break this down a little bit. Is reporting as a group or individual a choice? Yes, it is a choice. If you're an individual that by definition you're a single clinician, identified by a single NPI, tied to a single TIN. If you report as an individual, you report all the four, actually all the three performance categories. Obviously, we know costs will be done by CMS at the end of the performance period. Now, a group is defined by CMS as a single TIN with two or more clinicians. At least one of those clinicians has to be MIPS eligible. They're identified by their NPI, they have reassigned their Medicare billing rights to that single TIN.

Now if you report only as a group, you must meet that definition at all times during the performance period, and then all your group's data will be aggregated at the end for all four MIPS performance categories, under that single TIN. It's up to the practice to decide if they want to participate as an individual or as a group, by using those definitions and seeing what works best for that practice.

Shanen Wright: Excellent. Thank you, Marvin. We have a follow-up to our earlier question about the denominator and numerator columns. Annette followed up with us and she asked, "Do we put data in both columns?"

Joe Pinto: Hi, Shanen, this is Joe.

Marvin Nichols: This is Marvin. I can take that. Go ahead, Joe, I'm sorry. Go ahead, Joe.

Joe Pinto: That's okay. Yeah, so you put the data in both columns, so you should have a numerator and a denominator number in the datasets that you are entering data for.

Shanen Wright: Excellent. Coming up, we're going to ask you another question to see what your thoughts are about the weather outside. That should be a fun one. But first, we have another question in our Q&A box. This one says, "In my practice, three providers are exempt if they report individually, but if they report as a group, they are all included in MIPS. Will they get penalized if they choose to report as individuals since they could have participated as a group?"

Joe Pinto: Shanen, this is Joe. I can take that one again. If the eligible clinician or clinicians in this case are exempt from MIPS due to not meeting the low-volume threshold as an individual provider attesting, then they are not obligated to report anything and will not be penalized for not participating in MIPS. They also will not be eligible to receive a MIPS payment adjustment, whether it's positive, negative, or neutral, because they are exempt from MIPS. Now there is an exception to that, however, if they are exempt as an individual, but they are included in MIPS as a group, then they should consider reporting as a group to become eligible for any potential positive MIPS payment adjustment down the road.

One thing to keep in mind that in this scenario, to satisfy the group reporting requirements, you should have to submit data for all three providers. If data is being reported at an individual level for only one or two of the providers, then the data submission would be considered voluntary. That's something new for 2019. Voluntary meaning that it would not result in payment adjustments. You're just submitting your data voluntarily, just to get a score, but you're not going to get the benefit of a payment adjustment if it's a positive. If you choose to report as a group, you will receive the payment adjustment. Just keep that in mind.

Shanen Wright: Thank you, Joe. We have a comment to follow up on that. This person says, "We attest as a group. However, our EHR produces individual QM reports. I notice last year, my incentive was individualized, not as a group."

Marvin Nichols: Hi, Shanen, this is Marvin again. Oh, go ahead, Joe, if you want to, that's fine.

Joe Pinto: No, no, go right ahead, Marvin.

Marvin Nichols: Oh, no, you can, because you just talked about it, so you can take it.

Joe Pinto: Okay. I'm assuming that you're referring to the scoring that you're seeing in the QPP portal when you log in. You're going to have both a score listed for the individual and the group. Either way that you're reporting, if you selected the individual method, then you will be scored and your payment adjustment will be based on the reporting method that you selected. But CMS, I know this was a question last year, practices were noticing that they attested individually, but there was a group score that was indicated, and in some cases, they were showing a zero or a negative payment adjustment. CMS is just calculating that automatically in the MIPS portal. You can ignore that if you submit it as an individual.

Shanen Wright: Thank you, Joe. It's time for another polling question. We want to ask you what you think about the weather. Now I know a lot of us received some pretty nasty weather. Here in West Virginia, it was nothing but rain, rain, rain. For those of you tuning in from Pennsylvania, Delaware, New Jersey, you probably got some snow. We're asking you, are you ready for spring? Yes, it can't come soon enough, or no, you like snow. You've got about 45 seconds left to enter your answer for that, and then we will see what everyone thinks about springtime being right around the corner. But first, another question. This one asks, "What defines a group for reporting?"

Marvin Nichols: Hi, Shanen, this is Marvin. I'll take that one. So as I mentioned previously in another question, that a group is defined by a single TIN with two or more clinicians. At least one of those clinicians have to be MIPS eligible, and they're identified by their NPI, and they have to have the Medicare billing re-assigned to a single TIN. If you report only as a group, you must meet the definition of a group at all times during the performance period, and then all your data will be aggregated across all four MIPS categories.

Shanen Wright: Thank you so much, Marvin. Let's look at those polling results right now. It looks like the majority of people are like me. They are ready for spring, saying, yes, it can't come soon enough. If the weather patterns are continuing as they normally do, those of you in the Northeast should have some nicer weather. Here in West Virginia, right now it's sunny and about 55 degrees. So spring, let's hope it is right around the corner. Coming up, we're going to be unmuting the phone lines for those of you who called in. If you have a question or comment for our panel of experts that you'd like to ask, but first, we have another question that we'd like to ask, and this one asks, "How is a group defined under MIPS?"

Marvin Nichols: Shanen, I'll take that one. Like I just said, a group is defined as a single TIN with two or more clinicians, and it has to have at least one clinician in the group to be MIPS eligible. They're identified by the NPI, and they have their Medicare billing rights assigned to a single TIN. That's how they're defined under MIPS.

Shanen Wright: Thank you, Marvin.

Marvin Nichols: No problem.

Shanen Wright: Next question asks, "Will those who do not use EHR reporting ever be able to upload data to the QPP portal?"

Joe Pinto: Shanen, this is Joe, I can take that one. The simple answer to that is, it's not necessary to have an EHR to report to MIPS. Those who do not have an EHR can still upload data to the QPP portal for the other performance categories. You have the promoting interoperability category, is the only category that requires an EHR in order to report. Without an EHR, they can, a practice or an individual can still attest to the improvement activities in the portal, and also report their quality measures, if they do so via the claims submission option for individual eligible clinicians only. It's not available for groups.

Now the cost category is another category that does not require the use of an EHR, but that's because CMS is auto-calculating the score based on the claims that are submitted. You have uploading data to the portal for the improvement activities and quality measures, and that depends on whether they can create the required export data format. That's very important if they have a QR or a QCDR, which is the qualified clinical data registry. They can also consider applying for the promoting interoperability hardship exemption, as Marvin had discussed that earlier, if they meet the requirements.

Shanen Wright: Thank you, Joe. For those of you dialed in on the telephone, right now we are going to unmute the phone lines, and you have the opportunity to ask a question or provide feedback to our panel of experts. We do ask that if you do not have a question or comment, please make sure and mute your phone on your end, so we don't hear any strange sounds that might be going on. At this point, phone lines are open for any questions or comments here on QPPLive! Okay, hearing no questions or comments, we'll re-mute the lines. If you have questions, make sure and type them in to the Q&A box, and we'll get to as many as we can, as time allows, on today's edition of QPPLive! Next question we have. This one says, "Patient participation portal is a big issue. We offered a gift card for activation and download, just cannot get patients to engage. Is CMS going to take this off of the requirements?"

Rabecca Dase: This is Rebecca. I can jump in and take that one. So for 2019, the measure specifications have changed for the promoting interoperability measures. This measure that you're referring to, of offering the patient portal access, is changing a little bit. There will be some different things that are required, but ultimately, no, this type of measure is not going away. It has changed a little bit. I did just post a link to the 2019 measures specifications for the promoting interoperability category for you in the chat box.

Shanen Wright: Thank you, Rebecca. And thank you for the link as well. Make sure to open the chat box, so you can click directly on those links and get to those resources. If you don't have the chat box open, simply hover over your WebEx player, and there's a little blue bubble at the bottom that you can click on that will open

that window. Coming up, another question for you, but first, let's go back out to our Q&A box for the next question from you. This one asks, "Do the 90 consecutive days include weekends, or does it need to be 90 business days?"

Marvin Nichols: Hi, Shanen. This is Marvin again. It has to be 90 consecutive days, and that includes weekends. So just be mindful that you have to consider the weekends as days as well. Not 90 business days, 90 consecutive days.

Shanen Wright: Thank you, Marvin. Great to know. Now time for another polling question for you. This one asks, "Have you checked the QPP look-up tool to see if your clinicians are eligible in 2019?" Yes, no, or this is not applicable to you. We'll let you know the results, but first another question. This one asks, "If we are using an EHR, how do we submit quality report?"

Joe Pinto: Shanen, this is Joe, I'll take that. Basically, this one you need to check with your EHR vendor, because some of the EHR vendors can submit the data on your behalf, so you need to check with your vendor to ensure whether they're submitting on your behalf, or they can create an export file in the CMS-required format for you to upload the QPP portal. There's two file formats that are acceptable for uploading. There's the JSON or the XML file. Basically, your vendor would provide that to you through your QRDA III file.

Shanen Wright: Thanks, Joe. Let's take a look at those poll results right now. Have you checked the QPP look-up? Yes, 71% of people have checked that to see if your clinicians are eligible in 2019. 14% indicated no, they had not checked that yet, and 7% said it was not applicable to their practice. We got more polling questions coming up, so stay tuned here on QPPLive!, but next, another question from our Q&A. This one asks, "For the 2019 Quality Payment Program, does my EHR vendor have to be version 2015 cert for the entire year, or will it suffice if the EHR is updated to version 2015 cert prior to 12/31/19, and can generate reports for the entire year?"

Marvin Nichols: Hi, Shanen. This is Marvin again. I'll take this one. You must be using the 2015 cert for the entire length of the 2019, of 2019 PI reporting period, and that's that continuous 90 days. However, you probably should aim to have the 2015 edition in place by January 1st of this year. Now obviously for small practices, if they cannot get the 25 cert edition, they can actually apply for the hardship exemption that I mentioned before, and that'll open up in October or November.

Shanen Wright: Great information, Marvin. We've got another question coming in. This one asks, "What is promoting interoperability?"

Joe Pinto: Hi, Shanen, this is Joe. Very simply, promoting interoperability is just a new name for the old Advancing Care information category. So the promoting interoperability category just promotes the patient engagement and electronic exchange of information, using your certified electronic health records

technology, which is your certified EHR. If you need more information on the 2019 regulations and rules, you can go to the PI category and the requirements at, I don't know if Rebecca has it listed already in the chat box, or it's directly through the QPP resource library.

Shanen Wright: We do have links in our chat box that you can check out right now, if you would like. Coming up, another fun spring-themed polling question for you, but first, let's go back out to the Q&A box for some more questions from you. This one says, "We are getting three new physician assistants this year. They will shadow the physicians for a period of six months. Can I add them at any time, or must I wait until they see patients to be included in the three components?"

Marvin Nichols: Hi, Shanen, this is Marvin. I'll take that one. As soon as your physician assistants start seeing patients and are actually charging, you know, Medicare claims or seeing Medicare patients, then they will automatically be added to the program. Rebecca, can you post the requirements for the low-volume threshold? So if they meet that low-volume threshold, then they'll automatically be added to the program itself. It'll automatically do it. If they don't, then they might be able to be involved as a group, at the group level. If they meet one of the requirements for low-volume threshold.

Shanen Wright: Thank you, Marvin. Another question coming in here from our viewers. This person says, "Has CMS announced a positive incentive cap for 2018?"

Joe Pinto: Hi, Shanen, this is Joe. Annette, I'm assuming based on your question, you're referring to the positive payment adjustment that would be applied for the highest score, scoring MIPS performances for 2018? If that's what you're alluding to, the answer to that is, the maximum that you can possibly receive for 2018 would be 5%, but again, just like last year, until the CMS calculates all of the scores, we won't know until sometime after July when the final scores come out, what the actual payment adjustments are going to be, because the program, as we always refer to, is budget neutral. It all depends on how many providers have submitted data, what their scores are, how many have maxed out, and also offsetting that for those providers that were eligible to report to MIPS that failed to do so that will be penalized. We won't have an answer for that until sometime after July.

Shanen Wright: All right, thank you so much, Joe. Let's go to another polling question. That sounds fun. Laurie, if you could bring that up. This one asks, we're looking ahead about three weeks here. My favorite St. Patrick's Day activity. It'll be here before we know it, along with spring. Do you like listening to Celtic music, eating Irish stew, drinking the green beer, or, no, I don't celebrate St. Patrick's Day. Enter your answers now. While you're doing that, let's go back out to the Q&A box and take a look at our next question. This one asks, "If we are excluded from PI, will we need to upgrade to 2015 cert by 1/1/2020?"

Marvin Nichols: Hi, Shanen, this is Marvin. So excluded for PI, I'm guessing they're talking about excluding for PI for 2018. If they want to get excluded for PI for 2019, they will

have to do the hardship exemption, because 2020 rules, final rules haven't come out yet. If they can't, if they don't have 2015 cert right now, and they're not going to get it and they're a small practice, or they have other hardships that is going on, like unforeseen circumstances or you know, like hurricanes or uncontrollable circumstances, they can actually apply for that hardship exemption for 2019. However, 2020, the final rule hasn't come out as of yet.

Rox Fletcher: This is Roxanne. Can I jump in?

Marvin Nichols: Sure.

Rox Fletcher: Also they said if they're excluded from PI, do they need to upgrade? If you reported quality measures, you must upgrade to the 2015 certified edition by the end of this year.

Marvin Nichols: Rox, you're saying quality measures like via EHR, because you can still report quality measures via claims without upgrading. Right? That's what you mean, right?

Rox Fletcher: Yes, yes. So if they're doing EHR, they will need to make sure they're upgraded if they're using their EHR to do those claims. I just want to make sure that everybody on the call, because some people will be doing an EHR registry, not through claims.

Marvin Nichols: Gotcha. Thanks.

Shanen Wright: Let's take a look at those polling results and see what folks said about St. Patrick's Day. Well, it's pretty evenly distributed, but it looks like a lot of people are going to be getting pinched for not wearing their green on March 17th, because the number one answer with 35% is, "I don't celebrate St. Patrick's Day." Maybe this will be the first year for it. Second was listening to Celtic music. Third was green beer, and only 12% of people will be eating Irish stew. Let's go back to the Q&A box now and see what questions you have coming in here to QPPLive! This question asks, "We are a small practice with an EHR and are required to submit promoting interoperability for 2018 MIPS. What are our options for submitting data to CMS?"

Joe Pinto: Shanen, this is Joe. I can take that one. Kristen, I'm assuming that you're asking how to go about submitting your promoting interoperability measures. If that's the question, you can submit that directly through the QPP portal. There is the section for the promoting interoperability, where you would be running your report from your EHR that has the numerators and denominator numbers and performance calculation for each of the measures that you're reporting on, and you would be plugging that data into the MIPS portal.

Shanen Wright: Thank you, Joe. Let's see. We've got another question coming in here. This one is from Vicki. She says, "We reported two topped out quality measures in 2018.

Are those measures now gone? Do we need to find two replacement measures?"

Marvin Nichols: Hi, Shanen, this is Marvin. I'll take that one. So, now, I don't know which measures, your topped out measures. However, we at Quality Insights designed a resource that identified all the measures that are "gone" for this year. Rebecca, if you don't mind, can you post that in the chat? Just take a look at that resource and see if those two topped out measures that you have are on that list. That being said, CMS wants you, if you top out a measure, they want you to look at another measure in order to improve your quality and patient outcomes. If you want to improve your score, you might want to look at two replacement measures. However, if they're not "gone," you can still submit those measures for next year. Just bear in mind that you're not going to receive all the full payment or full points that you would if you would choose another measure.

Shanen Wright: All right. Let's go back out to the Q&A box. Another great question from Vicki. She asks, "If we are submitting 2019 via a registry, we won't need to upgrade to cert, correct?"

Joe Pinto: Shanen, this is Joe. I'll take that. Vicki, if you're submitting your data through a registry, that would be your quality measures data. The registry is submitting that on your behalf, but you would still be required under promoting interoperability to submit data, and in that case, you need to have the certified EHR technology, which is 2015 certified. If your vendor does not have that available to you, then you can apply for the hardship exemption, once the hardship forms are released and available to you. If you apply for the hardship, and you are granted the hardship for that, based on the vendor not being able to provide the 2015 version to you, then they would re-weight the category score from the promoting interoperability to the quality measure performance category.

Shanen Wright: Okay. Just waiting for audio to return at this point. Just a little hiccup for a moment. To Joe or Marvin, are you able to hear me at this time?

Joe Pinto: Yeah, we hear you now.

Marvin Nichols: Yes. We hear you, yes.

Shanen Wright: Okay. All right, great. Sorry about that. For some reason, I went to complete silence. I guess WebEx had heard enough from me, and decided to cut me off for a moment. My apologies for that. Let's go back to the Q&A box now for another great question. This one is from Annette. She says, "The base score of 50 in that category interoperable, what does that represent?"

Marvin Nichols: Shanen, can you have Annette identify which category she's talking about? Or she's referring to, please?

Shanen Wright: Sure. Annette, if you're able to provide a little more details, we'll be happy to answer that here in a moment. Also getting a message from Vicki as well, saying she's having a little trouble accessing the links in the chat. She's getting an error. Our apologies for that, Vicki. We will take a look at that and see if you're able to, or can follow up with you individually with the links that Rebecca has provided to us in the chat box today. While we wait for some more information from Annette, let's go back out to the Q&A box and see what else we have out here. Here's another great question. This one asks, "What resource does a practice wishing to do PI have if the vendor has glitches with the patient portal? How should they document it?"

Marvin Nichols: Hi, Shanen. This is Marvin. I can take that. You always want to have a paper trail. What I would suggest is that you use the QPP service center, because it's always going to be documented. Then you'll have historical documentation of any glitches that your vendor might have.

Shanen Wright: Okay, thank you, Marvin. In looking into our chat links, to follow up on Vicki's recent question, some of the recent one, the most recent one we have for 2019 benchmarks is actually a zip file. When you click on it, it's going to ask if you want to open or save-as, or there could be a restriction on your web browser that doesn't allow you to open zip files. Hopefully, that's helpful, but we'll be happy to follow up with you individually, Vicki, if you would like some of those links that are in the chat window. Time is running short here on QPPLive! Less than 15 minutes to go in today's episode. If you have questions, make sure and submit those in the Q&A box, before we run out of time. Let's go to another question now. This one asks, "Will we be able to request a hardship exemption in 2019 for having an EHR that is not 2014 or 2015 certified?"

Joe Pinto: Shanen, this is Joe. I can take that one. A lot of questions today about the hardship exemption. Basically there are certain clinicians that are eligible to submit a hardship exemption, primarily for the promoting interoperability category, and get that re-weighted to zero. The deadline for the submission is going to be December 31st of this year. Again, we mentioned, I mention again as we did earlier that the hardship form is not yet available. Once CMS does release that, we will let you know. What I can tell you is that some of the available re-weighting exceptions would be if a clinician is in a practice with 15 or fewer clinicians. I mentioned earlier about the vendor, the EHR vendor, not having the certified 2015 EHR technology available, or if they've been decertified during the performance period. That's another problem that can come up. Or if there's, you know, something like insufficient internet activity that would be cause for the hardship exemption.

Again, we go back to the re-weighting. If the hardship is approved, then the promoting interoperability category would be re-weighted, you would get a zero score for that, and then the 20 points would be moved over and the quality category would now be worth 70% of your overall score instead of the original 50%. Just keep that in mind.

Shanen Wright: Thank you, Joe. We do have a follow-up to the earlier question from Annette, when she had asked about the base score of 50 and performance score up to 90%. Or actually her, the base score of 50 question. She says, "Promoting interoperable on my EHR dashboard has a base score of 50, performance score up to 90%, with a goal of 100%." Marvin, I don't know if that provides you additional information for the earlier question about the base score of 50.

Marvin Nichols: If we can actually get her information, and I can dig into it a little bit deeper. Because, not unless anybody on the panel can answer that right now.

Rabecca Dase: This is Rebecca, Marvin. I can try to help you with that one. So ultimately with promoting interoperability for 2018, it's actually broken up into two different parts. You have your required measures, and then you have your optional performance measures. With that, the score that you're talking about, that 50, that's for your base measure. That's saying that you completed all four of those base measures, which I believe are security risk analysis, e-prescribing, offering the patient portal, health information exchange. So those are, you have four required measures that you must participate in, in order to earn any points in the promoting interoperability category. Once that you successfully say that you've performed all four of those things, you would then receive that, those 50 points, and then you could move onto the performance measures for the rest of that 90 that you were talking about, in your hopes of getting to that full 100 points for the promoting interoperability category, to earn that 25%.

Shanen Wright: Thank you, Rebecca. We have another question here from Annette. I'll go ahead and skip forward to that. We'll jump back for Kristen and Vicki as well, who are waiting. Annette says, "Is that the four base measures? What are the four base measures? This area is hard to obtain due to patient engagement."

Marvin Nichols: Hi, Shanen. This is Marvin. I think Rebecca just said what the four base measures were. I think Annette said yes, so she replied when Rebecca was talking. I think that question was already answered.

Shanen Wright: Excellent. Thank you.

Rabecca Dase: This is Rebecca again, I just want to add something real quick. So Annette, even though you're having patients, you've having a hard time getting them to access your patient portal and things like that. For that "provide patient electronic access" for 2018, as long as you offered the patient the portal within this certain amount of time and you met all those requirements, that's okay. You were just required to offer the patient portal. Now when you get into the other performance measures, and you have that "View-Download-Transmit" measure, that's where it's saying, are your patients using the portal? Yes, you're offering it. What they do with that, that's up to them, but as long as you're taking those steps within the practice to offer them that patient portal, you would meet that patient electronic access.

Then again, in the performance measures for 2018, your "view download transmit" is probably a little bit lower if you're having a hard time engaging them using that portal, but ultimately, as long as you're offering it, you will meet that base measure.

Shanen Wright: Thanks, Rebecca. Let's go back out to the Q&A box. This is another follow-up question. This is from Kristen's earlier question, where she had asked about the options for submitting data to CMS, as a small practice with an EHR. The follow-up question says, "If we are submitting our data as a group, who in the group should submit the PI data via the QPP portal?"

Rabecca Dase: This is Rebecca.

Marvin Nichols: Shanen, this is Marvin. Go ahead, go ahead.

Rabecca Dase: I was just going to say, ultimately, that's whoever that you have the authority in your practice to submit the data. It's whoever in your practice that has that responsibility. You would need a specific HARP account, which is how you would log into the QPP portal, to enter that information, but ultimately, it's a practice decision of who holds that responsibility, whoever can generate these reports, and then they again would have the access and credentials to log into that QPP portal to submit the data, but again, that's completely up to the practice. It can be a front office manager, a quality improvement specialist, again, whoever that you decide within your practice should hold that responsibility.

Shanen Wright: All right. About six more minutes left in today's edition of QPPLive! I've got one final polling question for you coming up, but first, wanted to circle back around on our links question. Vicki indicated she was able to get the links to work by copying and pasting and only had trouble with one link which is for the 2019 Quality Fact Sheet. We'll follow up with Vicki to make sure she gets that, and thank you for that follow-up information. Also had a comment from Corian, who said, "We offer all of our patients the portal each time, and we still have a low patient access score on our dashboard." Any follow-ups for that comment from Corian?

Rabecca Dase: This is Rebecca. When, so offering the patient portal again, there's two different parts in the 2018 measures. In 2019, the "view download transmit" or the patient accessing your portal, that measure goes away, but in 2018 again you had to offer the patient portal. There was two measures. Offer the patient portal, and then the second one was the patient access, which was also, was referred to as "view download transmit." Ultimately, engaging your patients, encouraging them to use the portal, you know, sending valuable information there and letting them know it's there, such as labs, you know, maybe provider notes or messages, or requesting appointments, but ultimately, there are two separate measures for 2018.

You had your providing the access, so you're saying, this is where you go to access your portal, which you said you did every time, which is great. So they know where to go. Then the patient accessing the portal, that's a performance measure, so you're not going to be penalized for them not engaging within the portal, but ultimately, you know, just trying again to provide important information there, encouraging them to use it. Again, we can't twist anybody's arm, to make them go out and use the portal, but you will not be penalized for having a low score on them accessing the portal.

Joe Pinto: This is Joe. I just want to follow up on what Rebecca said. I work with Cory's practice, so, Cory, I'll follow up with you on this and work with you through this process, if you have any additional questions.

Shanen Wright: All right. One final polling question we have for the day today. We want to know from you, what is your preliminary MIPS score for 2018, presuming you submitted your 2019 MIPS data? Is it between 31 and 50 points, 51 and 70 points, 71 and 80, 81 and 90, 91 and 100, or you have not submitted all of your data yet? Or it's not applicable to you. Please click on the answer, and we will find out in a moment, what everybody did for their preliminary MIPS score for 2018. Let's go back and get another question, though, as we start to wrap up today's edition of QPPLive! This question asks, "If my small practice hardship application was approved, I don't need to do anything else for the PI category, correct?"

Joe Pinto: Hi, Shanen, this is Marvin. I'll take that one. Yes, that is correct. However, just remember, if you begin any type of submission in the promoting interoperability category, it's going to take that score, even though you submitted the hardship exemption. Whomever is doing your submission, just make sure that they don't submit anything for PIs, because it will convert, your PI points will convert to quality.

Shanen Wright: Thank you, Marvin. Let's take a look at those polling results, as to what people said the preliminary MIPS score for 2018 was, if they submitted their data. The overwhelming majority said, "I have not submitted all of my data yet," or not applicable. That was 64% of our respondents. Second were people who responded between 81 and 90 points, at 21%, and third was 14% of individuals indicating that their preliminary MIPS score for 2018 was between 91 and 100 points. Thank you for that information, and thank you, everyone, for joining us, for the February 2019 edition of QPPLive!

We appreciate all of the great questions, feedback, and your answers in the polling questions as well. Please keep in mind, as we said at the beginning, we're here to help you any time, not just during QPPLive! Please reach out to any member of the Quality Insights team, and we'll do the best we can to help answer your questions and establish a relationship with you, so that you can succeed in CMS's Quality Payment Program. You see on the screen there some of our content information for large or small practices, if you would like to reach out to us.

Please also make sure to complete the evaluation, which you will be automatically directed to as you exit today's WebEx session. Your feedback and your comments really help us perfect this art of QPPLive! and make it better for you each and every month on the third Thursday, at 9:30 a.m. Eastern, 8:30 a.m. Central, for those of you in Louisiana. Mark your calendars, because the next session will be coming up on March 21st. It'll be here before we know it. That'll be the third Thursday of the month, and we will all be celebrating spring and thinking about all the fun that we had for St. Patrick's Day if we decided to celebrate it. On behalf of all of our experts here, on the QPP panel, for QPPLive!, and everyone at Quality Insights, I'd like to thank you again for joining us for QPPLive! Have a great day. We'll see you next month.

This material was prepared by Quality Insights, the Quality Payment Program-Small Underserved and Rural Support Center for Delaware, New Jersey, Pennsylvania and West Virginia under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication number QPP-022219