

Shanen Wright: Good morning and welcome to the April 2019 edition of QPP Live!, a production of Quality Insights. If this is your first time joining us, welcome. This is a fast-paced Q&A session where we help answer your questions about CMS' Quality Payment Program (QPP). If you've joined us before, welcome back. Please feel free to start submitting your questions in the Q&A box at any time. We'll give further instruction on how you can submit questions if you're unsure of how to do so, but before we get to the Q&A portion of today's show, it's my great pleasure to introduce Joe Pinto with today's breaking news and announcements. Joe?

Joe Pinto: Thank you very much, Shanen, and thank you everyone for joining us this morning. We do have some breaking news and announcements that we want to let you know about. The very first bullet point that we'd like to let you know is, Misty, if you can go to the next slide, is that the 2018 preliminary MIPS scores are now available, so if you submitted your data through the Quality Payment Program website, you are now able to review your 2018 preliminary MIPS score.

Now, keep in mind these are just your preliminary scores and the final scores will be available sometime in July, and we will let you know about that as the time gets closer. Next slide.

Why would you MIPS score change? Well, between now and June 30th, your score could change based on the following circumstances. First of all, the special status scoring considerations such as for hospital-based clinicians. There's also the all-cause readmission measure for the quality performance category. Claims measures which we need to be including the 60-day run out period. Also, CAHPS for MIPS survey results, the ACI hardship application status, improvement study participation and results, and also for creation of performance period benchmarks for quality measures that did not have a historical benchmark.

Next slide. There's also an APM participation status update. CMS updated the QPP participation lookup tool based on the fourth snapshot of data from the alternative payment model entities, also known as the APMs. The tool includes qualifying APM participant and MIPS APM status, also known as the QP. CMS will not make QP determinations based on the fourth snapshot, and if you'd like to learn more about this and how CMS determines QP and MIPS APM status for each snapshot, you can click on the link provided in the handouts that were emailed to you this morning, the slide deck presentation, and review the 2018 QP methodology fact sheet at the link listed.

Next slide. Also, just a reminder that if your group or virtual group used the CMS web interface option in 2018, CMS automatically re-registered your group to use it again in 2019. You can also cancel or edit your registration at any time prior to the cutoff time and date of July 1 at 5:00 p.m. Eastern time.

Also, if your group or virtual group, which would be including at least 25 clinicians, did not use the CMS web interface last year, you can still register and do so by the same cutoff date of July 1, 2019, at 5:00PM Eastern time.

Next slide. Also a reminder that all groups and virtual groups with at least two clinicians, and that would mean that at least one of those clinicians would be a MIPS-eligible clinician, they must register to utilize the CAHPS for MIPS survey in 2019. The groups that do participate in a shared savings program ACO, however, are not required to register or report because the shared savings program ASO is required to report quality measures on behalf of all participating eligible clinicians in the group.

To register, you can log in to the QPP website, and also we've provided a link to the 2019 registration guide for the CMS web interface and CAHPS for MIPS survey for those who are interested.

Next slide. We also want to let you know that you can earn full credit for the improvement activities category by participating in a study. Any individual or a group can earn full credit, and that would be 15 MIPS points, for the Improvement Activities category in 2019 if they are selected to participate in the MIPS study that will look at certain factors associated with quality reporting.

Next slide. The requirements to successfully complete the study if you are interested include to complete up to two web-based clinician surveys, also participate in a virtual 90-minute focus group if you are invited to the study team, and submit at least three quality measures including one outcome or a high priority measure. If you'd like to have more information and know more about the study, you can email the MIPS study applications at the link provided in your handouts. They are now be accepted through April 30th of 2019.

Next slide. Also want to let you know that you can join a CMS Technical Expert Panel, also known as a TEP. CMS is seeking 10 to 12 individuals with the following perspectives and areas of expertise to contribute direction and thoughtful input to improve on activity development and maintenance. Those would be including subject matter and clinical expertise with improvement activities. Also consumer, patient, and family, healthcare disparities, performance measure, and quality improvement. The application period does close at 5:00 p.m. Pacific Standard Time on April 26th, so you have a little more than a week left to do so if you'd like to participate, and you can do that by downloading the TEP nomination form and review the full posting on the TEP page on the CMS website at the link provided.

Next slide. Also want to remind you that for 2019, there is the opt-in option for MIPS. Those clinicians who do meet one or two of the 2019 MIPS eligibility criteria do have the option and the opportunity to participate in MIPS if they are interested. Clinicians who elect to opt-in will be subject, however, to a MIPS payment adjustment. The QPP participation lookup tool identifies if you are eligible to opt-in at the individual and/or group level. If you'd like more information, you can check out the 2019 MIPS opt-in fact sheet listed on the link provided.

Next slide. Also, there are 257 quality measures available to report for the quality measures reporting category in 2019 excluding all of the qualified clinical data registry measures, also known as the QCDR. CMS renamed each submission method quality measure set as a collection type.

In 2019, clinicians can submit quality measures using more than one collection type, and CMS will then aggregate quality measures collected through multiple collection type and score the one with the greatest number of achievement points.

Next slide. The quality measure specification are provided to you below. I want go into all the details, but if you are interested in which measure set or collection type and the number measure provided, you can click on the measure specifications that are identified for each of those measures in your handouts.

Next slide. Position compare review period also ends on April 27th. Just a reminder, this is the first year that the QPP information will be publicly reported on Physician Compare, and CMS encourages everyone to check the performance information by logging in to the QPP website. There are also some new resources provided for you to learn about the Physician Compare, and they are listed below.

They include the Physician Compare review period user guide, Physician Compare national provider call, the clinical or clinician performance information on Physician Compare, and that would be performance year 2017 preview period, and group performance information on Physician Compare performance year 2017 preview period. If you also have questions about Physician Compare, you can also email them directly at the link provided below, [physiciancompare@westat.com](mailto:physiciancompare@westat.com).

Next slide. Want to spotlight a Pennsylvania practice this month? IMPAQ International, the central support contractor for the SPP-SURS program, featured an article on a Pennsylvania practice with Quality Insights is working with in its March 2019 QPP-SURS newsletter.

Lynn Karaffa, a practice manager for Campbell and Philbin Medical Associates in Pittsburgh, was spotlighted for the outstanding work that she and her staff have done to obtain a MIPS scores of 92.9. We encourage you to read the article to

learn the key strategies that Lynn's team employed to be successful, and if you would like be highlighted in one of our future letters, please contact Quality Insights and we can make that happen.

Next slide. Also want to remind you that one of the requirements of the Promoting Interoperability, or PI performance category for 2019, is to report to two different public health agencies, also known as PHA, or clinical data registries. Those options include the immunization registry reporting, and we've provided links for each of the individual states that we represent below in your handouts that you can click on based on where your location is.

Next slide. Also there are links for the public health registries. They include the clinical data reporting registry, the public health registry reporting, and that would include the PDMP registry as well as the cancer registry if you're interested in those, the syndromic surveillance reporting identified by each individual state in the links provided, as well as electronic case reporting, and that would be electronic lab reporting for each of the individual states.

Next slide. CMS also recently released its 2017 Quality Payment Program Experience Report with Appendix, and that provides a comprehensive overview of the clinician reporting experience during the first year of the QPP. Now this reports shares the amount of data that clinicians choose to submit, the ways they submitted the data, and the most commonly reported quality measures.

Next slide. We also want to make you aware of some new resources that CMS has recently provided on the QPP website. They include the 2019 QPP participation infographic, the 2019 quality benchmarks, 2019 MIPS data validation criteria for improvement activities, the 2019 MIPS quick start guide, 2019 CMS web interface fact sheet for those using the web interface option, the 2019 registration guide of the CMS web interface and CAHPS for MIPS survey, and the 2019 CAHPS for MIPS survey vendor list. All of these resources were recently added to the QPP website this month, and you can click on the link to take you directly to each one of those.

Finally, I want to also bring up some upcoming events to make you aware of. We have two coming up later today if you're interested. A Facility-Based Preview Live Demo and Office Hours Session will be taking place at 1:00. If you haven't already done so, you can register for that session at the registration link provided, and also later this afternoon at 3:30 P.M. Eastern Time, there's these Lessons Learned: How to Succeed in MIPS webinar.

Next slide. Couple of other events coming up. The MIPS APMs/Scoring Standard Overview will take place on Wednesday, April 24th. The registration link is available to you at the link below, and also how to maximize your score in the cost category. There will be two separate event dates for that particular webinar, one on Tuesday, May 14th, and then if you can't make that, the following Thursday, May 16th, we will have that rerun again at 11:00 a.m. Registration links are provided.

Next slide. Finally, we just want to let you know that our assistance goes beyond QPP Live! We are here to help you and all of our Practice Transformation Specialists at Quality Insights are experts in providing the education you need to avoid a MIPS negative payment adjustment, but more importantly to help you earn an incentive. It's never too late to start, so even if you have never reported in the past, every year is a new opportunity, so take advantage of our no-cost assistance today. You don't have any HR, that's not a problem. We can still help you avoid the penalties, so please contact us. We have provided you the contact information that will be available at the end of QPP Live!, and with that, I will turn it back over to Shanen and he will give you the update on today's QPP specialist. Shanen?

Shanen Wright:

Thanks so much, Joe, and thanks again for joining us for QPP Live! Today, we've got a panel of experts here to assist you with any questions you may have. These individuals include Kathy Wild, who's our project director, Amy Weiser, who's our lead project coordinator. I'm Shanen Wright, associate project director. Serving the state of Delaware, we have Rox Fletcher and Rebecca Dase. Note that Rebecca will also be providing you links to resources that we are talking about on today's QPP Live! in the chat window in your Webex player.

From Louisiana, we have Lisa Sherman, and New Jersey, we have Maureen Kelsey, Diana Haniak, and Andrea Phillips. Moving to our other states, we also have for Pennsylvania, Rebecca also helps with that state and Joe who delivered today's news. We have Lisa Sagwitz, Shirley Sullivan, and Marvin Nichols, and for the state of West Virginia, we have Julie Williams and Paula Clark.

If this is your first time joining us for QPP Live!, you need to access the Q&A box so that you can ask your questions. If you're not seeing it in your Webex player, all you have to do is click on the three little dots right there in the gray bubble. You see them right there on the screen. That will bring up the Q&A box for you. You type your question in there and hit send, and we'll get to as many as time will allow for today. If you're not seeing the chat feature, simply open the little chat bubble. You see it right there on your screen and that will be where you can get direct links to the resources we're talking about, websites, email addresses, etc. throughout today's session.

At least once during today's episode of QPP Live!, we will pause and unmute the phone lines. For any of you who may have called in via telephone and would like to ask your questions verbally, we can sometimes address them better that way, so if you're on the phone and you don't have a question, though, we ask that you please mute your phone line on your end so we don't hear any office noise or other things like that.

Keep in mind, too, that we are here to help you anytime at Quality Insights not just on the third Thursday of each month at 9:30 a.m. Eastern, 8:30 Central for QPPLive!. If you don't know who your contact is at Quality Insights, you can use the general QPP inbox for inquiries which right there in your chat window is the email address for that, or reach out to any member of the Quality Insights team.

We'll be happy to refer you to the appropriate person who can help you with the question that you have about the Quality Payment Program.

Keep in mind that we'll do the best we can to answer all of the questions that we have today, but sometimes we do need to do a little more research and follow up. You all have great questions and sometimes they require a little more research than we might have right on our hands.

Keep in mind, too, that rules and interpretations change over time, especially if you're viewing a recording of today's QPP Live!, that things could've changed, so please keep that in mind. Also, slides were emailed to everyone who registered this morning. If you did not receive those, we will also resend them at the end of the webinar, so if you want to click on any of the links that Joe talked about during breaking news and announcements or refer back to any of the information, you can do so via email.

Last of all, we really want to establish a relationship with you. It's not just about Q&As or QPP Live! We want to make sure that you succeed in CMS' Quality Payment Program, so please reach out to us. We're here to help. With that being said, let's jump into today's questions, and then coming up, we're going to have to polling questions for you all in the audience, as well, so we can hear from you both about the Quality Payment Program and maybe some fun questions, as well. We'll do that coming up, but first, let's go to our first question on QPP Live! that asks, "What steps should I take for 2019 if I haven't started yet?"

Kathy Wild:

Hi, Shanen, this is Kathy, and I can take that. First of all, I'd like to say as you've repeated several times that contact us. We are available to help you. There's a ton of resources out there available. CMS developed a QPP resource library on their website, and we would encourage you to go ahead and look through those. Additionally, they've developed some online training courses that are available through the MedLearn Manners Learning Management System, and we can provide the link to that.

Because everyone has to have 2015-certified EHR this year, if you do have any HR and you plan on reporting in the promotion interoperability category, we do suggest that you contact your vendor to make sure that you have the 2015-certified edition and get on the schedule to get that upgraded as soon as possible if you don't have it.

Another thing to get scheduled is to get a security risk analysis done. Whether you do that internally or have an outside organization do that, it's never too late to at least get it on the calendar in the books because that would have to be done before December 31st of 2019. Additionally, now is a good time to go ahead and create your audit binder for 2019. We realize that you just finished submitting 2018 data a couple weeks ago, but we closed the books on that and now it's time to start with 2019, so if you want to go ahead and just get the manual ready and you can start putting in documentation, keep your monthly

reports in there as you go ahead and monitor them so that you'll be all ready throughout the year.

Shanen Wright: Thank you, Kathy. Let's go to one of those polling questions. We want to hear from you, our QPPLive! audience. This question asks, "Are you going to administer the CAHPS for MIPS survey as one of your six quality measures this year? Yes? No? You don't qualify because you're a solo practitioner, or is it not applicable to you?" We'll have the answer to that coming up, but next, another question from our audience here.

This one asks, "Can you please review the MIPS eligibility criteria for the 2019 performance year?"

Lisa Sherman: Good morning, this is Lisa. The MIPS eligibility is determined annually and it's based on criteria and regulations passed by Congress every November, so there are two look-back periods for the 2019 eligibility and they're based on the fiscal year. The first period runs from October 1, 2017, to September 30, 2018, and then there will be a second look-back period that started in October 1 of 2018 and will end September 30th of this year.

Shanen Wright: Thank you, Lisa. Let's take a look at those polling results and see if you're going to administer the CAHPS for MIPS survey this year. Looking at the results, it looks like the vast majority said no. They were not going to be doing that or it was not applicable to them, so interesting information to know. We've got a fun question coming up for you after we have another question from our audience.

This one says, "I understand CMS has added new clinician types for 2019. Can you tell us what they are?"

Lisa Sherman: Yeah, this is Lisa. CMS added clinician types for 2019, so in addition to the 2018 clinician types, which are physician, physician assistants, nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetist, CMS has added for 2019 physical therapists, occupational therapists, speech and language pathologists, audiologists, clinical psychologists, and registered dietitians/nutritional professionals.

Shanen Wright: Thank you, Lisa. Let's have a little fun as we kick things off here in QPP Live! As you know, Easter is just right around the corner. If you're like me, you love Easter candy. What can you not wait to eat? We've got a few choices for you here on your screen, Cadbury Creme Eggs, chocolate bunnies, jellybeans, or nothing for you. You're being healthy this year. Oh, man. Makes me hungry just thinking about it. We'll hear what you had to say in the audience coming up, but right now, another question that asks, "Can you review the threshold criteria requirements to be considered a MIPS-eligible clinician?"

Kathy Wild: Sure, I can answer that, Shanen. For 2019, there is three low-volume threshold criteria that CMS considers to be a MIPS-eligible clinician. One is the clinician

must bill more than \$90,000 a year in allowed charges for covered professional services under the Medicare physician fee schedule. Two is they must furnish covered professional services to more than 200 Medicare beneficiaries a year, and the third thing is they have to provide more than 200 covered professional services under the Medicare physician fee schedule.

That third criteria is new for 2019, and just so everyone knows that CMS defines a service as one professional claim line with positive allowed charges to one covered professional service, and the way that you can find out if you are MIPS-eligible or not ... You don't have to worry about finding out if you meet that criteria looking at your data. CMS has done that work for you and you can go to the QPP website and click on the check participation status tool on the website, and that will tell you whether you are MIPS-eligible at both the individual level and at the group level.

Shanen Wright:

Thank you, Kathy. Let's see what people have a sweet tooth for as we go in there. It looks like chocolate bunnies are leading the way with 46% of our respondents. Cadbury Creme Eggs, I think I've eaten a dozen of those already, come in second at 31%. Jellybeans were third, and last place, none of for me. I'm being healthy this year. Glad to hear that everybody is getting into the Easter season festivities by eating some candy.

All right, let's go back to the Q&A box. Make sure if you have questions, you submit them using the Q&A box before we run out of time on today's episode of QPP Live!, but our next question asks, "Can a clinician participate in MIPS even though they don't meet the eligibility criteria?"

Kathy Wild:

This is Kathy. I can take that one, Shanen. The answer is yes. There's basically two ways that they can participate. One is by voluntary reporting, and that means that they can submit their data in the QPP portal, and CMS will provide them with a feedback report. However, clinicians will not be subject to any kind of financial payment adjustment if they just report voluntarily.

This year, the new thing that CMS opened up is an opt-in option, and we did note that earlier that what that means is that a clinician does not meet all three of that criteria, but if they meet one or two of them, then they do have that chance to go ahead and opt-in. CMS identifies that on the MPI participation lookup tool, so you don't have to worry about determining that on your own.

You can look that up and see if you are eligible to report or eligible to opt-in at the individual or group level. Just remember that if you do opt-in, you will be scored and the clinician will be subject to a payment adjustment, so if you think you can do well and you want to get that positive payment adjustment, then that is a good reason to go ahead and do it. However, if you don't think you can get at least 30 MIPS points, then it would not be worth it to go ahead and opt-in.

There will be an opt-in election process. CMS is currently working on that, and one thing to note is once a clinician does make that determination and tell CMS they are opting in, they decision is irrevocable and they will be held to the payment adjustment. If an APM entity is interested in opting in, they will do so at the APM entity level. I can't speak this morning. The difference, once again just to reiterate, between opt-in and voluntary reporting is that clinicians who opt-in are subject to the payment adjustment, but those who voluntarily report data are not.

Shanen Wright: Thank you, Kathy. Here in a moment, we're going to unmute those phone lines, so if you've got a question or comment for our panel of experts today, hang tight, but next we have another question. This one asks, "What if I don't meet criteria on the individual level but do on the group level? Shouldn't I still submit at the group level?"

Kathy Wild: This is Kathy. Let's see. If you don't meet the criteria at the individual level, but you do on the group level, should you submit at the group level? That's an option you'll have to weigh in. At the group level, everyone in your practice would be responsible for submitting data, and it would all really depend on what you think you're MIPS score is. One thing to note is this is the third year of the program. CMS has made it a little bit harder every year.

In addition to increasing the penalties, they've also increased the threshold which means for 2019, the minimum MIPS score everyone must have is 30 points just to break even and be budget-neutral. If you recall, in 2018 if you reported, you only had to have 15 MIPS points, and then of course that first year, you only had to have three points.

The answer to that is depending on how well you do, then yes, it would be worth it if you think you can get a positive payment adjustment and have a MIPS score above 30. Then it would probably be worth it, and we encourage you to reach out to us and we can walk you through the steps and help you make a decision on that.

Shanen Wright: Thank you, Kathy. Let's open up those phone lines now, Misty. If anybody is dialed in on the phone and you have a question, please drop in now, or if you do not, please make sure and mute on your end. Let's see if we have any questions or comments for our panelists.

All right, hearing none, we'll go back to the Q&A box and we've got some more polling questions coming up for you. We want to hear from you both about fun things and about MIPS, as well, but our next question asks, "Did the payment adjustments change for the 2019 performance year?"

Lisa Sherman: Hi, this is Lisa. Yes. The financial implications for the 2019 performance year are severe if you are a MIPS-eligible clinician and you don't report. The negative payment adjustment is up to 7% and that will be attached to all Medicare Part B

claims beginning on January 1, 2021, but if you do participate in MIPS, then you could possibly receive up to a 7% payment adjustment based on your final MIPS score also based on how many eligible clinician report nationally and their MIPS scores.

Again, this is a budget-neutral program, so the amount of positive payment adjustment will depend upon those other criteria. You may receive an additional positive payment adjustment for exceptional performance if you're MIPS score is 75 points or more. Now, this is getting a little harder. It was 70, and so now you have to have 75 points in order to qualify for the additional monies that are out there.

Also, bear in mind that each year, the performance threshold, that is the MIPS score that must be achieved to avoid a penalty, does increase. In 2019, it will be 30 as Kathy had just pointed out. It's getting harder.

Shanen Wright: Yes, it is. Thank you, Lisa. Let's go to another polling question for our audience. This one asks, "Are you going to complete the same improvement activities in 2019 that you reported in 2018?" Is the answer yes? Is the answer no? Maybe the answer is you did not report for the improvement activity category or this is not applicable to you. Enter your answers now. We'll find out what you had to day, but next, another question from the audience.

This one asks, "What are the performance category weights for 2019?"

Kathy Wild: Hey, Shanen. It's Kathy. For this reporting in 2019, two of the weights changed. The cost category increased from 10% to 15%, and because of that, the quality category decreased from 500% to 45%. Both the promoting interoperability and improvement activity categories stayed the same, so the PI category is 25% and improvement activity category remains at 15%.

Shanen Wright: Thank you, Kathy. Let's take a look at those polling results about improvement activities that were reported in 2018. It looks like, yes, the majority of people will be completing the same improvement activities in 2019 that were reported in 2018. Second was not applicable at 38%, and then 13% said no. Make sure and submit your questions. We've got about 10 more minutes to go on today's edition of QPP Live!

Next another question. This one asks, "Are there any opportunities for us to earn bonus points in 2019?"

Lisa Sherman: This is Lisa. Yes. One of the ways is through the complex patient bonus, so up to five points are available for treating complex patients, and this is based on the medical complexity which is measured by the hierarchal condition category risk score and the score based on the percentage of your dual-eligible beneficiaries.

Data must be submitted for at least one category to earn this bonus. The look-back period would be October 1 of 2018 through September 30th of this year, and that will be used to calculate your average HCC risk scores and the proportion of full benefit or partial benefit dual-eligible beneficiaries. Then within each category, there are some other opportunities for some additional bonus points.

Under the PI category, they have two new areas of bonus points pertaining to the PDMP and then the quality category still has some opportunities for bonus points with improvement and improvement in your overall score and then the end-to-end electronic bonus.

Shanen Wright: Thank you, Lisa. Another polling question coming you, but first, let's go back to the Q&A box for another from the audience. This is a frequently asked question we hear all the time. "Are there any changes in the reporting periods for the four MIPS performance category in 2019?"

Kathy Wild: This is Kathy. The answer to that is no. Two of the categories have a full calendar year requirement and that is the quality category and the cost category, but of course, nobody has to do anything for the cost category as far as reporting. The promoting interoperability and improvement activity category, the minimum reporting period is 90 days. However, a practice or clinician can go ahead and submit anywhere from 90 up through 365 days-worth of data if they'd like to.

Shanen Wright: Thank you, Kathy. Let's go to a fun polling question. Today is April 18th, and did you know that today is Conan O'Brien's 56th birthday? Well, in honor of that, what is your favorite, or who, rather, is your favorite late night talk show? Is it Conan celebrating his birthday today? Do you prefer The Tonight Show starring Jimmy Fallon, The Late Show with Steven Colbert, Jimmy Kimmel Live, or are you kind of like me? Late night, you're lucky to stay up past Wheel of Fortune. Let us know what you think, but next, we have another question coming to us from the audience.

This one asks, "What does the end-to-end reporting consist of? How do we meet that bonus?"

Lisa Sherman: Well, this is in the quality category, so it's end-to-end electronic reporting meaning that everything is done electronically, that there's no manual intervention, so if you are extracting a file from your electronic health record and then uploading that file, that's all electronic. Some registries also qualify for the end-to-end electronic, and you would get one additional point for each measure that you report that way. I believe it's up to a 10% bonus capped off at 10% of the category, so please, you all jump in there if someone else has something else to add to that.

Kathy Wild: I think you're correct, Lisa, that, yeah, the maximum, I think, is going to be six points. If you submit six quality measures, then you submit them electronically with end-to-end reporting.

Shanen Wright: All right, let's take a look at those polling results now. What do you like to watch late at night maybe while you're in bed or something? It looks like The Tonight Show starring Jimmy Fallon came in at first place. Second were people like me that are dozing off at 7:30 during Wheel of Fortune. Third was Jimmy Kimmel Live, and it looks like we don't have any Steven Colbert or the birthday boy himself, Conan O'Brien, on today's episode of QPPLive!.

Let's go back out to the Q&A box for another question now. This one asks, "Are there any changes to the submission methods of the ways we can submit performance data in 2019?"

Kathy Wild: I can take that one, Shanen. The answer is yes. There are changes and they are beneficial to the clinicians that are submitting data. This year, individuals and groups can use multiple methods to submit data in 2019. What that means is if you want to submit a measure using different methods, you can do so, and CMS will take the one with the highest number of points and score it. Now, just remember that in 19 quality measures they see submitted via claims, but that is only available for small practices which means that there's 15 or fewer eligible clinicians in the group.

Practices with more than 15 clinicians will no longer be able to submit via claims, but everyone else can use different methods to submit. I'll just give an example. If you want to use the registry to report one or two measures, especially if you're a specialist, you can do so, and then if you want to submit four more quality measures, you could do that through your EHR or you could do it via [inaudible 00:42:22] on the QPP portal.

Hopefully this will help everyone improve their quality scores the year.

Shanen Wright: Thank you, Kathy. We're going to keep rolling with some of these questions and frequently asked questions, as well. There are so many good ones on here. We might extend our time a little bit past 10:15 today to make sure we get all these in here. We also have more polling questions coming up, but next question asks, "Can you please give us a summary of the quality category requirements for 2019?"

Lisa Sherman: Okay, so the 2019 basics. Again, we're at 45% of your total MIPS score, and that would be increased to 70% if your promoting interoperability category is re-weighted to quality. Reporting period is a full year. You report six measures or a specialty measure set. If less than six measures apply in that specialty measure set, then you report on each applicable measure.

Report at least one outcome or high priority measure if the outcome measure is not available. You can report more than six and the measures the six highest performance rates will be scored. There are 257 quality measures. CMS has removed 26 and added eight for this year, and we had that great slide at the beginning with all the different links to the different ways that you can report and all of the information that you decision for quality measures per collection type.

Again, each measure must meet the data completeness and case minimum requirements to be eligible for a maximum score of 10 points. You must report on at least 60% of eligible cases, so with claims, that's going to be only Medicare Part B patients only. However, if you are reporting using your EHR registry or QCDR, then you would report on all patients across all payers.

The case minimum is minimum of 20 cases per measure. There should be 20 patients in your denominator, and you want to select quality measures with benchmarks advantageous to your submission method that you have select because the benchmarks do vary by the submission method.

For the CMS web interface submission, you would need to meet the sampling requirements for your Medicare Part B patients. You want to avoid topped out quality measures since the maximum score is seven points for these. That's high level overview. Again, if you have more specific questions, let us know.

Shanen Wright:

Thank you, Lisa. We'd like to hear from you again. This question asks us, "If your 2018 preliminary MIPS score is greater than 90 points, will you allow us to share your success with peers and CMS by answering a few questions about how you became successful? We would love to hear from you."

This is anonymous polling, but we would like to know yes, no, or it's not applicable to you. We'll hear whether you're willing to share your successes, but next another great question that asks, "Can you give us an overview of what the promoting interoperability requirements are for the 2019 performance year?"

Kathy Wild:

Okay, I'm going to try make this very brief, which is going to be difficult because the promoting interoperability category changed a lot for 2019, and just so you know, stay tuned because Quality Insights will be having a webinar probably at the end of May, early June, to specifically go over all of these requirements.

The measures were consolidated and there is a new scoring process. If you reported PI in 2018, you'll remember there was base score, performance score, and bonus scores. That's completely eliminated. Now everyone's going to ... the measure that they created are going to be strictly scored based on performance at the individual level.

If there is an exclusion available for that measure and you meet the criteria, then what will happen is the points for that excluded measure will be

reallocated to a different promoting interoperability measure, so in other words, you can't just get the exclusion and have zero points for that, those 10 points or whatever the number of points for that [inaudible 00:47:30] were they've added to a different one.

You have to report. Therefore, you have all the PA measures or claim an exclusion. The maximum number of points available is actually 100, and then there are those two bonus points that Lisa had mentioned earlier. They both involve opioids, and each one is worth five points, so there really are 110 points if you take those two into consideration.

Another thing to remember for the PI category in 2019, and we stated this earlier, is that you have to use 25 certified EHR technology during the entire 90-day reporting period. This is new. As of last year, everyone could still use 2014, so this is why we gave that reminder. It's very important to contact your vendor if you don't have the 2015 edition. Make sure you get on that schedule and make that it is completely installed and you've upgraded to that by October 3rd at the very latest because then you could use the October, November, December as your 90-day reporting period for 2019.

Then just so you know that even if the vendor if they have the functionality, but they haven't been formally certified by ONC, which is the body that certifies them, as long as ONC certifies them by the last day of your reporting day, then you'd be okay.

Let's see. I think that's about it. Like I said, that is a very, very high level overview. We could talk for probably two hours about this category, so stay tuned.

Shanen Wright:

Thank you, Kathy, and let's wrap up today's edition of QPPLive! by taking a look at those polling results of whether you'd be willing to share your successes with peers. It looks like 38% said yes, so glad to hear that, and we'd like to thank all of you for joining us for the April 2019 edition of QPP Live!. If you have questions, you can reach out to us at any time using the QPP inbox or reach out to Kathy Wild directly or any member of the Quality Insights team.

Make sure and mark your calendar because on the third Thursday in May, that's the 16th at 9:30 Eastern, 8:30AM Central. We'll do it again. On behalf of everyone at Quality Insights, thanks for joining us and have a great day.

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-042619

