

QPPLive!
Transcript from Live Session

Thursday, July 18, 2019



Shanen Wright: Hello and welcome to the July 2019 edition of QPPLive!, a presentation of Quality Insight's QPP Support Center. I see a lot of friendly faces there on the attendee list, people who join us each and every month. Welcome back! If you're a returning member of our audience, you know the routine. You can start submitting your questions using the Q&A feature at any time during today's presentation.

Shanen Wright: If this is the first time joining us on QPPLive!, welcome. We'll have further instructions on how you can interact with our panel of experts coming up, but first, it's my great pleasure to introduce Shirley Sullivan with today's breaking news and announcements. Shirley?

Shirley Sullivan: Thank you, Shanen. I am going to go over breaking news and announcements. So, the first thing is, for 2017 and 2018, the MIPS audits are here. CMS has contracted with Guidehouse to conduct data validation and audits on selected number of MIPS-eligible clinicians. Guidehouse will notify selected clinicians via email or certified mail if they have been selected for an audit. Clinicians will have 45 calendar days from the date of the notice to provide the requested information.

Shirley Sullivan: Now, if information is not received by the deadline, CMS may take further action including the possibility that you'll be selected for future audits. Now, we do have a link here for 2017 and 2018 for the data validation criteria. This will list for you, if you were audited, what information you would be requested for each measure. Next slide.

Shirley Sullivan: Also, the 2018 QPP performance feedback is now available, so if you submitted 2018 MIPS data, you can now view your final 2018 MIPS scores and your payment adjustment. You can log onto the QPP portal at this link. CMS created a list of frequently asked questions to help you understand the performance feedback report, and you can click on this link to get to that frequently asked questions. Next slide.

Shirley Sullivan: Also, for 2018, APM feedback is available, so participants of the APM entities noted below, you can also access your 2018 MIPS performance feedback by logging onto the QPP portal. If you are one of these five APM organizations, you can see your MIPS feedback.

Shirley Sullivan: Now, under the MIPS APM scoring standard, the performance feedback will be based on the APM entity's score and is applicable to all MIPS-eligible clinicians within the APM entity. Next slide.

Shirley Sullivan: There is also new feedback access for clinicians. So, CMS created a new QPP user role that will allow clinicians to access MIPS performance feedback for all of their practices, virtual groups, or APM entities. You can review the Connect as a Clinician document in the QPP Access User Guide and here's a link to the guide. Next slide.

Shirley Sullivan: Now, how to notify CMS with possible feedback report errors. So, if you log on, look over your final feedback and you see an error, you can request a targeted review. Now, you have up to September 30th, 2019 at 8:00 p.m. to request a targeted review. So, if you're a MIPS-eligible clinician group or virtual group, along with their designated support staff or authorized third-party intermediary, including APM participants, you may request a targeted review.

Shirley Sullivan: Now, CMS has released two documents to help you understand the targeted review process, the fact sheet, and the frequently asked questions. They are here that you can click on the link. Next slide.

Shirley Sullivan: Now, what are some examples of warranted targeted review? You can apply for targeted review if you have error or data quality issues for the measures and activity you submitted or, if you see eligibility or special status issues. For example, you fall below the low threshold and then you should not have received the payment adjustment, or you're being erroneously excluded from being part of the APM participation list and not being scored under APM scoring standard or performance categories were not automatically reweighted even though you qualify for automatic reweighting due to extreme and uncontrollable circumstances.

Shirley Sullivan: Now, if you're looking over your final feedback, and you see that there's a problem, you should also contact the CMS help desk and especially if you aren't sure if you should apply for the targeted review or reach out to someone from Quality Insight. Next slide.

Shirley Sullivan: To access the targeted review form through the performance feedback page after you log into the QPP portal, you can select the appropriate category for why you want to be a targeted review process, so submission issue eligibility or special status issue, measure activity issue, extreme or uncontrollable circumstance issue, or just a general issue. Next slide.

Shirley Sullivan: You can also provide additional information to support your request for a targeted review, such as a conversation with a QPP help desk about the issue, and the corresponding QPP help desk case number, if applicable.

- Shirley Sullivan: Now, CMS will evaluate each request on a case-by-case basis and will provide a final decision. Now, this decision is not eligible for further review. Final MIPS scores and/or payment adjustments will be modified if applicable as soon as technically feasible. Next slide.
- Shirley Sullivan: Now, there's also a new change to the submission format for 2020, so beginning January 2nd, 2020, submissions will no longer support XML format. All requests and return responses must be submitted to QPP JSON format. Now, this does not apply to the QRDA-III XML. So, a QRDA-III XML converter tool will remain available to convert your QRDA-III XML to the QPP JSON, and the QPP API submission API developer will be open a preview and production environment in the summer of 2019. Next slide.
- Shirley Sullivan: Now, there's a first snapshot of the 2019 qualifying APM data is now available. The QPP participation status tool has been updated based on the first snapshot of data from APM entities. The tool includes whether your 2019 qualifying APM participant status and also your participation status in APM that qualifies for the APM scoring standard. To check your QP or APM participation status at the individual level, enter your 10-digit NPI into the tool. There is a link for the tool here in this slide. Next slide.
- Shirley Sullivan: Now, to check your status at the APM entity level, login to the CMS.gov login, browse to the TIN affiliated with your entity, then go to the detail screen to view the eligibility status of every clinician based on their NPI. Clinicians who qualify as a QP are eligible for the 5% APM incentive bonus and are exempt from participating in MIPS. There's a link here for the QP methodology fact sheet. Next slide.
- Shirley Sullivan: Now, for this QPPLive!, we're also going to do a spotlight on the quality category and the Part B submission claims process. So, for the quality category, it is worth 45% of your final MIPS score. If you have your PI category reweighted, it is 70% of your score. You want to report for the full calendar year. Eligible clinicians will need to report six measures or a specialty measure set. If less than six measures apply to you, then you need to report each applicable measure. You want to report at least one outcome or high priority measure as one of your six measures. Next slide.
- Shirley Sullivan: MIPS-eligible clinicians can report more than six measures but only the measures with the six highest performance rates will be scored. There are 257 quality measures available in 2019. There have been 26 measures removed from the 2018 list, eight measures added and 23 measures with substantive changes, so you want to make sure that you look at your measures and their specification sheets each year to make sure it's still an available measure and nothing has changed. There's 64 of the 257 measures can be submitted by Part B claims. Next slide.
- Shirley Sullivan: Now, here is a chart that gives each way that you can collect your measures and submit them to CMS and how many measures are available for each submission

method or collection method, and then also a link for this measure specification sheet. And you can see highlighted in red for the Medicare Part B claims there, which again, Medicare Part B is only available for smaller practices with 15 or less clinicians. There are 64 measures available and there is a link that you can look at the measure specification sheet. Next slide.

Shirley Sullivan: Now, here's an example of a specification sheet for Part B claims. When you look at the measure specification sheet, you'll see it give a collection type saying you can do it through claims and measure type, this type was a process measure. Now, remember, you'll want one to say an outcome measure or a high priority measure. It always gives a description and then instructions on how to use the measure. Next slide.

Shirley Sullivan: It will also give you the denominator and numerator. Denominator will tell you what patients fall into the measure and then the numerator is what you have done with those patients for those measures. Then, it will also list for you the G-codes that you will need to put on your Part B claims. If you need help understanding the specification sheets, please reach out to someone from Quality Insights, so we can review it with you. Next slide.

Shirley Sullivan: Now, there are new submitting options for 2019. Measures can be submitted using multiple submission methods. The measure with the highest performance rate will be scored, so if you submit measures now through claims and then you also submitted measures through registry, CMS will score them both ways and will give you the measure with the highest score. There is an exception for the CMS web interface. Measures cannot be scored with any other submission method, so if you're using CMS web interface, all your measures have to be submitted that way and, again, via claims, you have to be a practice of 15 or fewer clinicians who use this way of reporting. Next slide.

Shirley Sullivan: How do you maximize your quality score? Each measure must have a benchmark and meet data completeness requirements in case minimum requirements to be eligible for a maximum score of 10 points. Now, what does data completeness mean? You must report at least 60% of the eligible cases for that measure. So, if you're reporting through claims, you're just going to look at all your Medicare Part B patients that meet that measure. Then, if you're reporting through EHR, registry, or QCDR, all patients across all payers will be reported. Now, for case minimum, you must report a minimum of 20 cases per measure and you should select quality measures with benchmarks that are advantageous to your submission method selected. Next slide.

Shirley Sullivan: How can you know if your measure is reliably scored? Reliably scored means that there's a national benchmark that exists. The sufficient case volume has been met, meaning for most measures, you have to meet a case measure volume of 20 cases per measure. For the readmission measure, it will be 200. You also must meet data completeness criteria, which is at least 60% of the possible data is submitted. And here is a link for the 2019 benchmarks for the quality measures that you can click on and look over the benchmarks.

- Shirley Sullivan: Now, what if your measure cannot be reliably scored? The number of points earned per measure varies if data completeness is not met. If you're a small practice with less than 15 clinicians, you can earn three points for each measure. If you're a larger practice greater than 16 clinicians, then you're going to earn one point for each measure submitted. Quality measures that can't be reliably scored against a benchmark or quality measures without a benchmark will receive three points.
- Shirley Sullivan: An example is the Preventive Care and Screening: Tobacco Use, measure ID 226. This measure can be submitted using claims, EHR, or registry. Now, if a benchmark cannot be established for the 2019 performance year, the maximum number of points available will be three points. Next slide.
- Shirley Sullivan: Now, if you can, you want to avoid topped-out measure. A topped-out measure typically require a perfect performance rate to earn 10 points if they are not capped. Although quality measures typically receive between 3 and 10 points, some topped-out measures are capped and limited to a seven point maximum. Topped-out measures can impact a final score in the quality category. Next slide.
- Shirley Sullivan: Here is a list of the commonly used topped-out measures for 2019. Now, if you're reporting six measures, one of your measures is a topped-out measure. You don't have another one to pick. It's perfectly fine to use a topped-out measure but if you're trying to get the highest score and you can pick another measure, then you would want to try to do that to earn the most points. Next slide.
- Shirley Sullivan: Here is the list of commonly used topped-out measures that are capped at the seven points, so if you're, again, reporting one of these measures and you get a perfect score, the most you can get is seven points per measure. Next slide.
- Shirley Sullivan: You could also try to earn quality bonus points. You can get two points for each outcome or patient experience measure after the first required outcome measure is submitted, so for the second, third outcome measure, you can get an extra two points. You can also get one point for each high priority measure after the first required measure is submitted and you can also get a one point for each measure submitted using electronic end-to-end reporting. Next slide.
- Shirley Sullivan: You can also get more bonus points if you've had improvement from one year to the next. So, you can get up to 10 points are available when a clinician or group submits all required quality measures and meets data completeness criteria. The improvement percent score is awarded based on the rate increase based on achievement in the quality performance category from one year to the next, so they will compare your 2018 quality measures to your 2019 and if you have improvement, then they will give you a bonus. Next slide.

Shirley Sullivan: There's also been a change to the small practice bonus. So, small practices will receive six bonus points are added to a numerator of the quality category for MIPS-eligible clinicians with 15 or less providers in their practice. The change for 2019 is this bonus is added to the quality category score instead of the final MIPS score as it was in 2018. Next slide.

Shirley Sullivan: Here are some quality category resources that you can click on that goes over submission fact sheet, specification sheets, and some user guides and benchmarks for your review. Next slide.

Shirley Sullivan: There's also an upcoming event about the quality category. It's maximizing your quality score beyond the basics for solo and small group practices. There's two dates in August. You can click on one of these links and you can register for either one of these. And Shanen, I'll now send it back to you.

Shanen Wright: Thank you so much, Shirley. Now, we're going to introduce you to our panel of experts who will be answering your questions during today's QPPLive!. First of all, we have Kathy Wild, who is our QPP Project Manager. We also have Amy Weiser, our Lead Project Coordinator. Me? I'm Shanen Wright, Associate Project Director. Also joining us, we have Rox Fletcher, Andrea Phillips, Shirley Sullivan, who just delivered the morning news, Marvin Nichols, Joe Pinto, Julie Williams, Paula Clark, Rabecca Dase, and Lisa Sagwitz.

Shanen Wright: If this is your first time joining us, here's how it works on QPPLive!. You'll use the Q&A feature in WebEx to submit your questions in real time. If you're not seeing that on the right side of your screen, click on the little gray button, right there like you see, where it says three little dots for Q&A and that will bring up the box.

Shanen Wright: We also have a chat feature as well. If you are not seeing that, click on the blue button with the little bubble there. The reason for that is not to submit questions but rather to get direct web links to the resources in which we are talking about. So, we ask that you please not use the chat window for your questions. Just use Q&A but keep an eye on it and you can link directly with the resources that we are discussing here on QPPLive!.

Shanen Wright: Most of you are probably listening on your computer speakers but some of you have called in via the telephone. For those of you on the phone, we will periodically break and unmute the line so you can ask any questions you have or provide any feedback or comments for our panel of experts verbally. We do ask that if you don't have a question or comment, that you please keep your phone muted on your end of the line so that we're not hearing any noise from your office or wherever you may be today.

Shanen Wright: In addition to asking questions of us, we're going to ask several questions of you today. We have our new QPPLive! polling features, which will feature information about the Quality Payment Program and also some fun as well.

We're going to have regional trivia time on this day and the newest feature on QPPLive!, known as fact or fiction. So, please stay tuned for that.

Shanen Wright: Please also keep in mind that we are here to help you anytime, not just on the third Thursday of the month at 9:30 a.m. You may not know who your contact is at Quality Insights but if so, if you do not, just use the general QPP in-box for inquiries or reach out to anybody on the Quality Insights team. We'll ensure that we get you to the right person.

Shanen Wright: We'll also do the best we can to answer all of the questions today, but know that sometimes we may need to do a little more research and follow up with you individually at a later time.

Shanen Wright: Please also keep in mind that rules and interpretations change over time, especially if you're viewing a recording of this today, which we are recording this for your access at a later time. So, if you're listening to that, just keep that in mind.

Shanen Wright: Most of all, we here at Quality Insights want to establish a relationship with you so you can succeed in CMS's Quality Payment Program. With that, we are going to jump into today's questions. Start submitting them using the Q&A box and we'll have a question for you coming up. But first, question asks, "What do I have to do for the quality performance category in year three?"

Joe Pinto: Hi, Shanen. This is Joe. I could take that one. So, just like in the 2018 performance year, the quality performance category will continue to have a full calendar year, 12-month performance period. That would have started January 1st of this year and run right through December 31st of 2019. When you're reporting a full year of quality data, you need to get a more complete picture of your performance and then you'll have a much greater chance of earning a higher MIPS score for your final score, so you'll also have to have a chance to increase your 2019 quality performance category score based on your rate of improvement from the quality performance category score that you've earned in 2018 of the program.

Joe Pinto: So, to meet the quality performance category requirements, a clinician, a group, a virtual group, they all have to submit one of the following. That would be six quality measures for the 12-month performance period. Also, select your measures from a defined specialty measure set and keep in mind that not all of the measure that you intend to report on would be available through the method in which that you intend to submit. You need to check with your vendor for that also if you're using a quality data registry. Check with the data registry as well as but I know that Rabbecca can put the link to the QPP website's resource guide on the quality measures fact sheet for you to review. She can post that for you this morning. You definitely want to check the QPP website for the quality measures listing, because they will identify the measures and tell you which method in which that you can submit or cannot submit that measure under. So, that's very important.

Joe Pinto: Also, as you can submit all your quality measures included in the CMS web interface for those large groups that did intend to submit through the web interface and the collection type is available to the registered groups and virtual groups with 25 or more clinicians.

Shanen Wright: Thank you, Joe. We got a question for you coming up, so get ready to answer that. This one's going to be about your EHR, so stand by.

Shanen Wright: But before we launch that, we've got another question coming in from one of our participants today. This one asks, "How is the small practice bonus applied in 2019?"

Julie Williams: Hi. This is Julie. I'll take that one. The small practice bonus will now be added to the quality performance category rather than in the MIPS final score calculations. Beginning in year three, 2019, six bonus points will be added to the numerator in the quality performance category for the MIPS-eligible clinicians in small practices who submit data on at least one quality measure.

Shanen Wright: Thank you, Julie. Let's get a question out for you all here in the QPPLive! audience. You'll see your polling question pop up on the screen. This one asks, "If you have an electronic health record, has it been upgraded to the required 2015 edition?" We've got five options for you. You can say, "Yes, the 2515 edition is fully operational. Staff are trained and we are able to produce reports," or B, "Yes, we have the 2015 edition but we are still learning how to use it." C, "No. We have not been upgraded to the 2015 edition yet but we are on our vendor's waiting list." D, "No. We are not aware that we needed to upgrade to the 2015 edition," or, E, "Not applicable. We do not have an electronic health record in our practice."

Shanen Wright: We will come back here in a little bit and see the results of what you had to say. In the meantime, let's go to another question. This one's in reference to the promoting interoperability measure data. This question asks, "What data do I need to submit?"

Joe Pinto: Shanen, this is Joe. I can take that one. So, for 2019, you're going to need to submit all of the promoting interoperability measure data collected by your certified EHR technology. That's your CERT for your patients regardless of whether they are Medicare fee for service beneficiaries or not.

Joe Pinto: Also, for the 2019 reporting year, you must have the 2015 edition of your certified EHR technology functionality in place throughout the entire performance period and your EHR must be certified to the 2015 edition no later than the final day of the performance period. You also need a minimum MIPS score of 30 points in 2019 in order to avoid a negative payment adjustment which would be applied to your 2021 calendar year reimbursement. I know that we are in the process of making a fact sheet and a tip sheet available to you through the Quality Insights resource guide coming up soon. It will basically be

just a short guide and tips for those practices that just want to do the minimum in 2019 to avoid that negative payment adjustment. That'll give you the tips on how to do that.

Shanen Wright: Thank you, Joe. Let's take a look at those polling results and see what you all had to say in reference to your EHR upgrade. It looks like the majority of folks, at 42%, said, "Yes, we have the 2015 edition, but we are still learning how to use it." Second were folks who said, "The 2015 edition is fully operational." Then, we had 17% of people answering, "No. We've not been upgraded but we're on the waiting list." And then, another 17% indicated that they do not have an EHR. Very interesting info. Thanks for sharing.

Shanen Wright: Trivia times coming up but first let's go back out to our questions from the audience. This next one asks, "Whose data should be included when reporting as a group or virtual group?"

Julie Williams: This is Julie. I'll be glad to take that. But when reporting as a group, that the group should combine all of the MIPS-eligible clinicians' data under one TIN, I'm going to say. When reporting as a virtual group, the group should also combine all MIPS-eligible clinicians across that TIN in the virtual group. This includes data of MIPS-eligible clinicians who may qualify for a reweighting of promoting interoperability performance category as individuals such as clinicians who qualify for the promoting interoperability category. The significant hardship or other type of exceptions, hospitals, and certain types of non-physician practices.

Julie Williams: If these MIPS-eligible clinicians report, they earn a higher MIPS score. You will also have a chance to increase your 2019 quality performance category based on the rate of improvement from your quality.

Shanen Wright: Thank you, Julie. Those of you on the phone, if you've got a question, your chance is coming up to talk with our panel of experts but first, how about another question from the audience? This one asks, "How does promoting interoperability work for MIPS APM participants?"

Joe Pinto: Shanen, I can take that one. So, under the advanced payment model, the APM scoring standard, there is one promoting interoperability score that is assigned to all the MIPS-eligible clinicians that are working and reporting under that APM entity. The score is an average of the highest score attributed to each of the MIPS-eligible clinicians in the APM entity from individual or group reporting, so keep that in mind.

Shanen Wright: Thank you, Joe. Also keep in mind, if you're not looking at the chat window, make sure you have that open. Our friend, Rabecca, is giving you links directly to relevant tools that we are discussing here. You can just click right on that blue link and it will open up your web browser and you'll be right there, so make sure you have that open.

Shanen Wright: Speaking of open, let's open another polling time. This one is regional trivia time here at Quality Insights. We pick one of the states in which we serve and we're going to ask you if you can get this one right.

Shanen Wright: So, the question asks, "What of the following is the tallest in the Commonwealth of Pennsylvania? Is it the Comcast Technology Center in Philadelphia? Is it the U.S. Steel Tower in Pittsburgh, the state capital in Harrisburg, or Wilt Chamberlain?" Of course! We'll have your answers coming up and see who got it right.

Shanen Wright: But next, let's go back out to our Q&As and see what you're asking about. Our next question asks, "How is the promoting interoperability performance category score calculated for 2019?"

Julie Williams: This is Julie. I'll get that. The promoting interoperability score will be calculated for 2019. You can earn up to 100 points or 100%. They design this scoring way to intentionally encourage you to focus on measures that are most applicable to how you deliver care to the patients instead of on measures that may not be applicable to you.

Julie Williams: Our goal is to increase flexibility so you are able to focus more on patient care in the health data exchange. Each measure will be scored on the performance of that measure and the performance rate is calculated based on the numerator and the denominator submitted for the public health in clinical data exchange objective, which are a yes or a no. Each measure will contribute to the clinician's total promoting interoperability performance category score. Beginning in 2019, all MIPS-eligible clinicians' score under an APM in standard including those in a shared savings account have the option to report their promoting interoperability measures as an individual or a group.

Shanen Wright: Thank you, Julie. Let's take a look at the trivia and see if you got it right. I got to tell you, if you're a returning member of QPPLive!, we have not been able to stump you yet but we have this time. 67% of respondents said that the tallest building in Pennsylvania is the U.S. Steel Tower. It is not. Indeed, the 33% of people who chose the Comcast Technology Center in Pittsburgh were absolutely correct. That's a brand new building in Philadelphia. The Comcast Technology Center, it is 1,121 feet tall. It is the 9th tallest building in the United States, a brand new center there.

Shanen Wright: Now, the U.S. Steel Tower is actually the tallest building in Pittsburgh but is not the tallest building in Pennsylvania. It is the 52nd tallest building in the United States. The state capital, nobody fell for that. It is not that tall. It's only 272 feet tall, and while he is certainly a tall man, he wouldn't be the tallest in Pennsylvania. The legendary Wilt Chamberlain, he was seven feet one inches.

Shanen Wright: So, now you know the Comcast Technology Center in Philadelphia is the tallest building in Pennsylvania. Make sure and stump your friends with that trivia later today.

Shanen Wright: Let's go back out to the Q&A box and see what you're asking. Here's a good one. This one asks, "We are in an APM. Is it correct that I can view the quality score if I log on as clinician? Do I just pick one of the doctors in our practice or can anyone be the clinician?" That's kind of a three-parter, whoever wants to take that one on.

Lisa Sagwitz: Hi. It's Lisa. That's a great question. When you are a provider or an organization that's part of an APM, you will not see the quality score. It will come up as zero but the ACO that you belong to can provide that data to you and let you know how the group did. The group would have reported via that CMS web interface method.

Shanen Wright: Thank you, Lisa. If you're on the phone and you want to ask, get ready to mute it because we are going to unmute those lines, but first, we're going to throw out one more question to give you time to get your finger on that mute button if you don't have a question but if you do, we'll be excited to hear from you.

Shanen Wright: This next question says, "Concerning the 2017-2018 audits, we submitted data as a group for the 2017 and 2018 performance years. Will Guidehouse be contacting the group or the physicians in the event of an audit?"

Lisa Sagwitz: Hi. It's Lisa again. Another good question. You will be contacted via either mail, certified letter, or possibly a phone call. We believe that the person who's connected with your HARP account or the prior EIDM account will probably be the person contacted.

Shanen Wright: Thank you, Lisa. Okay, Laurie, let's unmute those phone lines and see if anyone has a question or comment for our panelists today.

Shanen Wright: All right. Let's re-mute those phone lines and go back out to the Q&A box. Even if you're on the phone, you can always use Q&A for your questions. Type them in now. We got a question for you up next, but first, another great question from our audience. This one asks, "Who can use the Medicare Part B claim submission type?"

Joe Pinto: Hi, Shanen. This is Joe. I can answer that question real quick. So, the submission type for small practices participating in MIPS individually or as a group, they can submit their quality measures through Medicare Part B claims. Now, keep in mind that for 2019 and this is new for anyone participating in MIPS as an individual, group, or as a virtual group that does not have the small practice designation, they can no longer submit their quality measures using the submission type for claim submission as an option for the quality data reporting. That's very important for 2019.

Joe Pinto: To see if you have the small practice designation, you can just visit the QPP participation lookup tool on the QPP website. A small practice is defined as a group that has 15 or fewer clinicians based on their NTI, the billing under their group's tax identification number. Then, the rest of the information that's on the fact sheet only pertains to the clinicians in the small practice, which would be the 15 or fewer clinicians, whether participating in MIPS individually or as a group, or because of the Medicare Part B claim submission type. It's only available to them in year three of the program.

Shanen Wright: All right. We want to hear from you now. Get ready to answer our next polling question. This one asks, "How will you submit quality measure this year? Will you do it by EHR, registry, QCDR, claims, the CMS web interface, I will use more than one submission method, I am not going to report quality measures this year, or not applicable?" We want to hear from you so enter your answer now and then we will take a look at that polling.

Shanen Wright: But next, we go out for another great question that asks, "How do small practices identify Medicare Part B claims measures that they can submit?"

Julie Williams: Hi. This is Julie. I'll be glad to take that. So, you select the Part B claim measures at the qpp.cms.gov website, and you select the measures that mean most to you or maybe something that you're already doing. You can review the list. You can actually filter it down to your specialty type and to the claim submission method. Then, you would submit those measures through your regular billing process by adding the billing code. And there are a few ways to select those measures that are most meaningful for you, and if you all need help, please don't hesitate to reach out to one of us to help you.

Shanen Wright: Thank you, Julie. Let's take a look at those polling questions now if those are available and we can see what folks said. It looks like the vast majority, 29%, chose the category of QCDR as their submission method. Secondly, we had EHR at 21%. A tie at 14% between a registry and CMS web interface, and then 7% said that they would use more than one submission method or it's not applicable. Nobody said that they were not going to report quality measures this year. Great information to know.

Shanen Wright: A few more polling questions coming up but next, another question from the audience that asks, "How do I submit quality data via Medicare Part B claim?"

Joe Pinto: Hi, Shanen. This is Joe. I can take that one. So, if you choose to submit your quality measure data through the Medicare Part B claims option, you must first code the claim for reimbursement, so when you begin, you'd follow normal coding rules for filing your claim. Then, if the patient encountered for that claim meets the denominator criteria for the quality measure that you've chosen to submit for, you will then apply the corresponding QDCs found within the numerator of that quality measure.

Shanen Wright: Thank you, Joe. Another great question and I got to tell you, these are some great questions we have here. If you have one, make sure you jump in. We've only got about 18 more minutes left in today's edition of QPPLive!, so get them in if you got them. The next one asks, "How do I choose the appropriate QDCs for the measure I submit?"

Julie Williams: Hi. This is Julie. I'll be glad to take that. So, once you've identified your measures and you started filing, if you look at the specification sheet, it'll actually tell you how you select your numerator. Each one of those selections would give you a code. So, you would have a code for performance met, if there was an exclusion, there's a denominator exclusion or the performance wasn't met at all. And they'll actually, I think in the beginning, there was a slide of one of those measure sheets so you would go actually to your specification sheet and look at those.

Shanen Wright: Let's do a little bit of on this day trivia. It is July 18th, 2019. We are going to ask you a question and see if you get it right because on this day in 1940, I guess 79 years ago, the famous actor James Brolin was born in Los Angeles, California. You probably remember him from lots of movies, Traffic, Westworld, Amityville Horror, that's the one I remember most of all, and lots, lots more. But the question today is who is the celebrity that he has been married to since July 1st of 1998? Is it Suzanne Somers, Barbra Streisand, Jane Fonda, or Marge Simpson?

Shanen Wright: Coming up, we'll see if you got that right but let's get another question out while we wait for those results. This one asks, "Which claim form should I use to support Medicare Part B claims measures and what type of NPI should I submit on the form?"

Joe Pinto: Hi, Shanen. This is Joe. I can take that one. We don't often get a very intricate billing question on QPPLive! so this is a little bit of a rarity. So, as a Medicare provider, if you submit claims using the CMS 1500 claim form that was available effective February of 2012 or the CMS 1450 claim form, also known as the UB-04 or the electronic version, on either form you submit your individual rendering type on NPI to be paid for billable services provided to Medicare Part B fee for service beneficiaries.

Joe Pinto: Now, whether you choose to report as an individual or a group for MIPS, it does not affect the type of NPI information that you submit on your claim form for Part B claims measures. That's very important. So, when you submit quality data to CMS through the claims, if you're a small practice, these claims will have QDC line items for each clinician's Type 1 NPI and the claims will be processed to a final action by the MAC. All claims reimbursed are then sent to the National Claims History, the NCH. This is the data source that MIPS will be used for the measure analysis.

Shanen Wright: Thank you, Joe. Taking a look at our "On This Day Trivia" question, we didn't stump you this time. 92% of people got it right. Barbra Streisand is indeed the wife of actor James Brolin. 8% selected Jane Fonda. You were close and nobody

thought it was Suzanne Somers or, of course it wasn't Marge Simpson. Everyone knows she is happily married to Homer.

Shanen Wright: Let's go back out to the Q&A box. Next one asks, "How do I know if the QDC I submitted are valid for MIPS in 2019?"

Julie Williams: Shanen, I can take that. This is Julie. So, you'll know if you've submitted a claim form and included the quality measure selected, you'll review the explanation of benefits or the remittance advice from your MAC. Now, I'm sure Rebecca is actually going to put in the cheat sheet for that for the claims reporting and it'll actually share some codes with you. So, you'll get a denial code NJ20. It'll be listed and it'll tell you whether they're valid for the MIPS performance period.

Julie Williams: So when you get that code, it's not a guarantee that it was the correct code or that the reporting thresholds were met. However, when the QDC is valid, the NJ20 can be indicated on the claim. It can be used calculating the status site reporting. So, also, it will tell you whether they're valid for the MIPS performance period.

Julie Williams: So, if you actually add one penny and why would you add one penny? You'd add one penny if you actually need to have value to that claim. All clearinghouses won't accept a zero fee for something. So, if you actually have a large claim, it could be dropped so you could add that one penny so it wouldn't be dropped and it would be identified with value so if you bill that one penny on your claim, you'll also get a 246 and an n620 code. All of these codes, it's like vegetable soup but with all of the submission is fully processed claims getting to the warehouse for analysis, so you want to make sure that the line items are on there and that you'll check with your remittance life to confirm all of that.

Julie Williams: Also, you should be able to log into your HARP account under your quality measures and then you can actually see if they are receiving those. I don't think it's available right now but give it a couple months and it should be available in there.

Shanen Wright: Thank you, Julie. We have got a quality improvement bonus question coming from the audience. Thanks to Monda for this. She asks, "If quality maxed in 2018, will you receive bonus for '19 if you also max?"

Lisa Sagwitz: Hi. It's Lisa. I can answer that question. So, Monda, if your six quality measures all scored a perfect 10 in 2018 and that would be the base quality measures, not adding in end-to-end reporting bonuses or anything else, then no, you would not get a bonus in 2019. However, I generally don't see everyone or see practices with perfect 10s. There's usually only a couple. So, say, for your six measures, you got sevens, eights, nines, tens, as you look at your base score and you can do that on the final feedback report when you go into each particular measure, you'll see a column on the right. It will have the base part of that score, probably the end-to-end reporting bonus of one point, if it was an

additional outcome or high priority, another point or two. So, look at the base one. Then, if you score better in 2019, you can get some additional points for that. And if I didn't explain that well or you'd like it explained again, please just type in or get on the call and ask, and we're happy to clarify.

Shanen Wright: Thank you, Lisa. Let's ask you another question, audience. This has to do with your MIPS score. If you know your 2018 MIPS score, is it, A, between 75 and 100 points, B, between 31 and 75 points, C, 30 points, D, less than 30 points, E, I'm going to request a targeted review by September 30th, 2019, because I believe there's an error with my current score, or F, not applicable. We will come back in a moment and see what you had to say about your MIPS score.

Shanen Wright: But, in the meantime, we've got another great question out here. You guys are really putting some great ones in the Q&A box today. This one is regarding audits. "Will there be any guidance about when the notices have finished going out so we know that we haven't missed the notification or is the audit process an ongoing process throughout the year?"

Lisa Sagwitz: Hi. It's Lisa. Paula, that's a great question. We know that, starting in June, the audits did begin for the Quality Payment Program through the company called Guidehouse. We do not know how long they will continue or when they may be done for those two years, so when I talk with the practices I work with, I just let them know Guidehouse is something to work for, let their front desk who answer the phone know and the people who get the mail so if you see anything from Guidehouse, just stay on alert. If I was going to guess, and my colleagues on the phone can chime into this, I would think that they will be ongoing.

Rabecca Dase: This is Rabecca. I will add CMS did just post in the QPP resource library a MIPS data validation audit overview fact sheet, which I did share in the chat box. There's also a video that they did put in there if you were selected for an audit, how you would get your data to CMS. So, I will share that link as well.

Lisa Sagwitz: And we know, if you're audited, you do have 45 days to respond.

Shanen Wright: Thank you, Lisa and Rabecca.

Shanen Wright: Let's take a look at those polling results right now. It looks like 73% of you are indicating that your MIPS score is between 75 and 100 points, meaning that you have a positive payment adjustment plus exceptional performance bonus. All the other answers were between 31 and 75, meaning a positive payment adjustment at 9% and not applicable at 9% as well.

Shanen Wright: One more polling question coming up before we wrap up today, and if you have a question, we are running out of time. It just flies here on QPPLive!, doesn't it? We have seven more minutes to go, so get them in if you have them.

Shanen Wright: Now, let's go out and see what we have there. This next one asks, "What are the MIPS improvement activities?"

Joe Pinto: Hi, Shanen. This is Joe. I can answer that question. The improvement activities are activities that are relevant to MIPS-eligible clinician organizations and stakeholders. These activities have been identified as improving clinical practice or care delivery and that the secretary determines, when effectively executed, whether they are likely to result in improved outcomes.

Joe Pinto: Now, there are over 100 MIPS improvement activities and they're divided up over a list of nine different categories or subcategories. I'll just give you the nine subcategories. If you want to know what all the improvement activities are, you can go to the reference guide that I'm sure that Rebecca can post in the Q&A section for you to review or it's available through the resources on the QPP website but basically the subcategories would be expanded practice access, population management, care coordination, beneficiary engagement, patient safety and practice assessment, participation in an APM, achieving health equity, emergency preparedness and response, and the final subcategory is integrated behavioral and mental health.

Shanen Wright: Thank you, Joe. Let's play fact or fiction now. This is a new segment here on QPPLive!. Is this a fact or is it fiction? There are over three million shipwrecks on the ocean floor that are worth millions of dollars in treasure and value. Is that fact or fiction? Take your guess and we will have the answer for you coming up in just a moment.

Shanen Wright: In the meantime, let's go out for another question. This asks, "What are the new modified and removed improvement activities for the 2019 MIPS performance period?"

Julie Williams: Hi, Shanen. This is Julie. I'll take that. Well, there's six new improvement activities that are available for this year, the 2019 performance period. They are comprehensive eye exams, financial navigation program, completion of collaborative care management training program, relationship-centered communication, patient medication risk education, use of CDC guidelines for clinical decision support to prescribe opioids for pain chronic via clinician decision support.

Julie Williams: Then, for these slides, existing improvement activities that were modified, the modifications did take effect in 2019 and they were to the following: The care transition document practice improvement, the chronic care and preventative management or empaneled patients, participation in an MOC, use of patient safety tools, implementation of analytic capabilities to manage total cost care for patient population, and one of the improvement activities that was removed from improvement activities inventory in 2019 was participation in population health research.

Shanen Wright: Thank you, Julie. Taking a look at fact or fiction. Oh, my goodness! We have a tie. It is 50/50. Half of you think this is true and half of you think it's not. Well, the half of you that think it's true are absolutely correct. According to the United Nations Educational, Scientific and Cultural Organization, also known as UNESCO, there are less than 1% of shipwrecks have been discovered and explored. There are so many shipwrecks, in fact, that a search operation for the missing Malaysia Airline's flight 370 discovered two simply by accident. So, when you're planning your next vacation, maybe it should be to the ocean floor. You might just get rich from that.

Shanen Wright: We'd like to thank you for joining us for today's edition of QPPLive!. Just a reminder, if you have a question anytime, we are not just here on the third Thursday of the month at 9:30 a.m. We are here to help you 24/7. You can reach out to who your individual contact is at Quality Insights or any member of the Quality Insights team and we'll be happy to help you with your questions related to the Quality Payment Program or anything else. That's what we do. We bring people and information together to improve health. You can always reach out to our Quality Insights QPP Support Center as well. You can see the email address, qpp-surs@qualityinsights.org, give us a call at 1-877-497-5065, or visit our website, qppsupport.org.

Shanen Wright: Mark your calendars because we will be doing this again in one month, the third Thursday of August will fall on August 15th. That is at 9:30 a.m., so we would love to see you back here next time. Thanks to all of our great participants today and some of the great questions coming in from Barbara, from Kristen, Monda, Paula, all of you. We really appreciate your questions, your comments, your feedback and your participation in our interactive polling features. On behalf of everyone on the Quality Insights team, thank you for joining us and we'll see you next month. Have a great day.