



Quality
Insights

Quality Payment Program Support Center

QPPLive!

Transcript from Live Session

Thursday, March 21, 2019

[Shanen Wright:](#)

Welcome to the March 2019 edition of QPPLive!, a presentation of quality insights. If this is your first time joining us for QPPLive!, welcome. We'll detail how today's format will work coming up in just a little bit. If you're a returning member of our audience, welcome back and you know that you can start submitting your questions for our panel of experts using the Q&A feature in WebEx at any time. Before we get to today's questions and answers, it's my great pleasure to introduce Quality Insights lead project coordinator Amy Weiser with today's breaking news and announcements. Amy.

[Amy Weiser:](#)

Thank you so much, Shanen, and good morning and happy spring to everyone. Next slide please. So I'd like to start off today by reviewing some information about submitting your data for the 2018 performance year. If you're submitting this data via the QPP portal, EHR, Registry or the QCDR, the deadline is 8:00 p.m. Eastern Standard Time on April 2nd, 2019 and this is only 11 days away. It's hard to believe but that is the case. But just a reminder that we are here to help you. So, please just let us know how we can help you.

[Amy Weiser:](#)

If you are a group of 25 or more and are submitting quality data via the CMS web interface, the deadline is 8:00 p.m. Eastern Standard Time on March 22nd, 2019, which is tomorrow. Clinicians who reported quality measures via the Medicare Part B claims can sign into qpp.cms.gov to view current performance based information on claims that have been processed by their Medicare administrative contractor or MAC. You can view the list of MACs in the slides that we've sent you. There's a link right here, it says list of MACs. If you're working with a third party intermediary to submit data on your behalf, we strongly encourage you to sign into the Quality Payment Program website during the submission period, so that would be before April 2nd and review the submission for accuracy. Data cannot be submitted after the submission period closes. Next slide please.

[Amy Weiser:](#)

So here's a few tips to help you with your PI score, which is the Promoting Interoperability category score. The Office of the National Coordinator for Health Information Technology, also known as the ONC, created a Patient Engagement Playbook to help clinicians engage their patients in their healthcare, and you can see that there's a link for that included on this slide.

One of the Promoting Interoperability measures involves patient engagement using a patient portal. You can review this playbook to learn how to register patients securely, develop an automatic enrollment policy, market your portal effectively, and use secure messaging with your patients. Next slide.

[Amy Weiser:](#)

Recently there's been some changes to some of the Electronic Clinical Quality Measures, so we're just going to highlight those on the next few slides. CMS had a webinar on January 15th to review changes for the following preventive screening quality measures. The first one is preventive care and screening for high blood pressure and follow-up documented. Then we have preventive care and screening influenza immunization and then preventive care and screening for tobacco use, screening and cessation intervention. There are videos and slides, there's links for the videos and slides attached to the slides. Next slide please.

[Amy Weiser:](#)

There's also been some changes to some diabetes electronic clinical quality measures. CMS had a webinar on January 30th to review the changes for the following diabetes quality measures. The first one is diabetes hemoglobin A1C poor control. Then the diabetes eye exam and then the diabetes medical attention for nephropathy. Again, we've included links for slides in the transcript here as well. Next slide please.

[Amy Weiser:](#)

CMS also held a webinar on February 27th to review changes for the following measures on preventive care and screening for body mass index, screening and follow up plan. Depression remission at 12 months and depression utilization of the PHQ-9 tool. There are slides included in the slides here as well. Next slide please.

[Amy Weiser:](#)

So now I'm going to talk to you a little bit about the new facility-based clinician reporting option in 2019. Mixed eligible clinicians groups and virtual groups who are determined to be facility-based have an option to use facility-based measurement for the quality and cost performance categories in 2019. You can check to see if you are facility-based on the QPP Participation Status Look-Up Tool with the link included here. CMS made the determination based on Medicare Part B claims billed between October 1st, 2017 and September 30th, 2018. Criteria include that you bill at least 75% of your covered professional services in a hospital setting. You billed at least one service in an in-patient hospital or emergency room and you can be attributed to a facility with a hospital value-based purchasing score. Next slide.

[Amy Weiser:](#)

Facility-based clinicians will still need to submit NIPS data for the Promoting Interoperability and Improvement Activity categories. Facility-based clinicians can submit data for the quality category and if they do, the data that yields the highest MIPS score for the clinician will be used. Preview data is now available to see what your quality and cost category scores could look like in 2019 if you are deemed facility-based. CMS will calculate the facility-based quality and cost category scores based on the total performance score calculated under the hospital VBP during fiscal year 2020. Next slide.

[Amy Weiser:](#)

So this slide just shows you the 2020 VBP measures. I am not going to read through this at this time. You do have them from the slides that we sent you today. Next slide.

[Amy Weiser:](#)

CMS is constantly updating the QPP resources. You can find them on the QPP Resource Library. I'll just highlight a few of these. They've added some information on the QCDRs. They've added information for qualified registries. There's new fact sheet for promoting interoperability and there's also a fact sheet for the MIPS opt-in and voluntary reporting which is new for 2019. The ability to opt in is a new way to report in MIPS if you'd like to. The facility-based preview, frequently asked question which I briefly mentioned before. MIPS participation and eligibility fact sheet and the data validation for improvement activities. So you can see that there is other things here and check out the QPP Resource Library. You can find virtually anything that you're looking for there. Next slide please.

[Amy Weiser:](#)

Okay, so we want to just make you aware of some great upcoming events that you may want to register for. The first one is the MIPS Q&A Town Hall for Solo and Small Practices. This is actually today at 11:00 a.m. and there is a link to register here for all of these things that I'm going to mention, but this one is today at 11:00. Those sessions are usually very packed with great information for you as well, so I encourage you to attend that if you're able to. Then there's the HIPAA orientation refresher training for your staff on Tuesday, March 26th at 2:00. The MACRA cost measures post field testing is Wednesday, March 27th at 1:00. The MIPS call for quality measures is Thursday, March 29th at 12:00. Next slide.

[Amy Weiser:](#)

Some more events, there's a Lessons Learned: How to Exceed in MIPS for Solo and Small Group Practices which will go over how to strategically choose reporting options, choosing the most valuable and impactful quality measures and improvement activities. Efficiently Using an EHR and How MIPS Will Help Your Patients and Your Practice Succeed. Those are going to be held on Tuesday, April 16th at 11:00 or Thursday, April 18th at 3:30. Next slide.

[Amy Weiser:](#)

Alright, I'm going to go ahead and turn it back over to Shanen. Thank you.

[Shanen Wright:](#)

Thank you so much, Amy, and thank you all again for joining us today for QPP Live. We'd like to introduce our panel of experts who will be answering your questions live in real time today. These individuals include Kathy Wild, who is our project director for QPP here at Quality Insights, Amy Weiser, who you just heard from with today's breaking news and announcements. Serving the state of Delaware we have Rebecca Dase for the larger practices and Rox Fletcher for the smaller practices. From Louisiana we have Lisa Sherman for large practices. For New Jersey we have Maureen Kelsey, Dianna Haniak and Andrea Phillips. Flipping on over to Pennsylvania we've got Rebecca Dase, Joe Pinto, Lisa Sagwitz, Shirley Sullivan and Marvin Nichols. For the state of West Virginia we have Julie Williams and Paula Clark.

[Shanen Wright:](#)

Now again, if this is your first time joining us and you've never asked a question on QPPLive!, it's really simple to do so. All you need to do is bring up the Q&A window in your WebEx player. If you're not seeing it on your right hand side, just click on the three little dots right there in that round circle, just like you see in the slide. That will bring up the Q&A window and you can submit your questions at any time. We do ask that you avoid the chat box for your questions because Joe Pinto will be providing links to all the resources that we are talking about today in QPPLive! in that window. So you can click directly on them and get to what you need information wise so you can succeed in CMS's quality payment program.

[Shanen Wright:](#)

We'll also break at least once during today's show to give you the opportunity to ask your questions verbally. So if you've called in on the telephone and you're listening, you can talk with our panel of experts, provide your feedback, ask questions, anything you would like to do. We would like to ask that if you aren't going to ask a question and you're dialed in on the telephone that you keep your phone muted whenever we go to the segment for phone callers so that that way we're not hearing any background noise or any interference from the phone line.

[Shanen Wright:](#)

With that, I'd like to remind you that we are here to help anytime, not just on third Thursday of the month at 9:30 a.m. Eastern, 8:30 a.m. Central for QPPLive!. If you don't know who your individual contact is at Quality Insights please use the general QPP inbox for any inquiries or you can reach out to any of us. We'll make sure we get you to the right person to provide you with assistance and answer your questions. We'll do the best we can to answer all of the questions today but sometimes your questions are very detailed. They're great questions so we might need to do a little bit of research and get back with you at a later time. Please also keep in mind that rules and interpretations change over time so especially if you're listening to an archived recording of this edition of QPP live make sure that the information presented is still applicable. Most of all, we here at Quality Insights want to establish a relationship with you so that you can succeed in CMS's quality payment program.

[Shanen Wright:](#)

With that we'll get to today's questions and answers. We also have some interesting quizzes and polling questions that we'll be throwing out to you the audience so that we can learn more about what you're doing with MIPS and have a little bit of fun as well. So, let's get to our first question this morning. This one asks can you opt out of the facility based designation.

[Rabbecca Dase:](#)

Hi, and good morning, this is Rebecca. I can take that one. So ultimately if you are considered facility-based, if you have that designation, CMS will automatically apply that measurement to your group or individual clinicians for the quality and cost performance. You do not need to opt in or anything like that. But what happens then is if you then decide, that's again if you qualify for facility-based measurement, if you then decide that you still want to submit your quality category score at the group level outside of the facility-based CMS would then take that higher MIPS score for you. So no, you do not need to opt

out or opt in, CMS will score that if you qualify and then if you submit your data at the group level outside of that you would receive the higher score. So it actually benefits you if you qualify for the facility based designation and you submit your own quality data because again, they'll take the higher score.

[Shanen Wright:](#)

Thank you, Rebecca. As you can see up in the chat window, we have a link to these resources provided by Joe Pinto so you can click directly on that if you would like to access those resources. Let's go out for a polling question right now before we get to the next question. We've got a few lined up here. Our first polling question that we will be sharing with you, the audience, asks, "Have you submitted your 2018 data yet?" Choices are yes, no or not applicable. So we'll give you a little bit of time to answer that question and in the meantime let's go to another question we have here in our Q&A box. This one asks if we are going to be provided with copies of today's slide presentation.

[Rabecca Dase:](#)

That's a good question. This is Rebecca. I know that registrants did receive a copy of the slides in their email that was sent out but if you don't have a copy please let us know and we'll gladly send you one after the event. Not a problem.

[Shanen Wright:](#)

Thank you, Rebecca. Alright, let's take a look at those first polling questions that we had of whether you have submitted your 2018 MIPS data yet. As soon as we release those polling question answers we can see the results of what it is that you all said. It looks like 43% of our audience today, yes, you have already submitted your 2018 MIPS data. 29% said no and 21% said not applicable. Back to the question box now. This next one asks, has the macular exam been eliminated from the diabetic retinopathy measure?

[Rabecca Dase:](#)

This is Rebecca, I'm not exactly sure. I was actually just looking through the slides of the diabetic measure changes. I would highly recommend listening to that webinar that was released by CMS, Amy mentioned that you do have the links to the slides and the transcripts, that might answer your question. I'm sorry but I can't right now. Maybe somebody on the line can. But once you dive into the measure and listen to that, we can, again we always dive into the measures as well a little bit deeper. So if you don't find your answer there we'll gladly dig deeper as well to get you the answer to your question. Does anybody on the line know the answer to that?

[Amy Weiser:](#)

Hi, this is Amy, I do not know the answer to that but I agree with you Rebecca that that would be the best place to look. The other place that might be helpful too is to go to the QPP website and look under the quality measures for 2019 for your specialty. Which would be I'm assuming ophthalmology and you can look at the measures there for 2019. If anyone else would like to chime in, please feel free. Thanks.

[Shanen Wright:](#)

Okay, moving on. We do have a response about the copies of the slides. In the Q&A box we've got some contract information from that viewer so, we can send you a copy of those slides and it will be emailed out directly after this session concludes. So let's go back and see what questions we have right now. This one

asks, is it true that a provider could potentially skip a performance category and still avoid a negative adjustment?

[Shirley:](#)

Hi, this is Shirley. I can take this. Yes, it is true that you can skip a performance category and still avoid a negative payment adjustment. For 2019, this year you need 30 points to avoid the penalty. So, it really depends on what performance category weight is and also the points that you achieve in that category. So you can possibly do say the quality category which is 45% of your mid-score and be able to get enough points to avoid the penalty. I would advise you to reach out to someone from Quality Insights to review your circumstance on what your points are and see if you're getting enough to avoid the penalty. Thank you.

[Shanen Wright:](#)

Thank you, Shirley. Coming up we're going to have another polling question for you about MIPS scores. So get ready for that but next we've got another question for our panel of experts. This one asks if you only score 45% for 2018 will you see an increase in payments or will you receive a penalty?

[Rebecca Dase:](#)

This is Rebecca, I can take that one. So for 2018 the threshold to avoid a penalty is 15 points. Anything that you score above 15 points will receive a neutral payment adjustment or 16 and more you'll receive a positive payment adjustment. Again that's based on the scaling factor. Then for 2019 the threshold that Shirley mentioned to avoid a penalty is going to be 30 points and anything above the 30 you would then earn a positive payment adjustment. So yes, if you only score 45% for 2018 you will absolutely receive a positive payment adjustment.

[Shanen Wright:](#)

Thank you, Rebecca. It's time for us to hear from you again. This polling question for you asks is your tentative MIPS score as displayed in the QPP portal zero to 15, 16 to 30, 31 to 70, 70 to 100, not applicable, or you haven't submitted data yet. You've got another 30 seconds to submit your answer and we will get those results coming up. But next we have another question here in our Q&A box. This one asks do the incentive payments come separately or as a lump payment?

[Shirley:](#)

This is Shirley, I can take this. The payment adjustments are applied to your Part B claims two years following your performance year. So for instance for 2017 performance year, you will be seeing this year in 2019 on your Part B claims any payment adjustment. It will not be a lump sum but it will be applied to each of your claims during the year.

[Shanen Wright:](#)

Alright, let's take a look at those polling results right now to this question, "What are you seeing as your tentative MIPS scores in the QPP portal?" It looks like the majority said that is not applicable or haven't submitted yet. Second place we've got 70 to 100 points with 33% of our respondents. 17% said 31 to 70 points and 8% said zero to 15 points. More polling questions coming up for you, they're not all about MIPS so get ready for fun ones as well. Up next, we've got another question in the box. This one asks can hospital based physicians receive a positive payment adjustment?

[Rabecca Dase:](#)

Yes, this is Rebecca. So hospital-based physicians can, in fact, receive a positive payment adjustment if they are eligible for participate in MIPS and of course meet the minimum MIPS score requirements and all that stuff and again score above the 15 for 2018 and above 30 for 2019. So yes, if they are MIPS eligible and meet the MIPS requirements and scores, yes they can receive a positive payment adjustment.

[Shanen Wright:](#)

Alright, coming up we're going to release the phone lines, if you have a question or comment for our panelists so get ready for that. But next another question about MIPS. This question asks if I submitted MIPS in 2017 will my claims start to show the incentive beginning now in January 2019?

[Shirley:](#)

This is Shirley. I can answer this. Yes, if you submitted MIPS data in 2017, you will be seeing your positive payment adjustment or the negative payment adjustment based on your 2017 performance year start in January 2019 on those Medicare Part B claims.

[Rabecca Dase:](#)

This is Rebecca, I just want to add that. Joe did just post a fact sheet into the chat log which I think is a great resource. I've had a lot of questions come in about these payment adjustments and how they're applied. I just want to note that payment adjustments will only apply to payments made for the covered professional services for which payment is made under or based on the Medicare physician fee schedule and furnished by the MIPS eligible clinician. I actually had a practice ask me yesterday why they weren't getting a payment adjustment on certain things that they were billing. In fact the payment adjustment will not apply to your Medicare Part B or other items and services that are not covered professional services. The payment adjustment is applied to the Medicare paid amount. So this in fact does not impact the portion of the payment that the beneficiary or patient is responsible to pay. That is actually right out of the fact sheet that Joe did post so I highly recommend reviewing that if you have any questions about how or what you're getting paid.

[Shanen Wright:](#)

Alright, stand by because we are going to unmute the phone lines here in just a second. If you have a question or comment please jump in at any point. If you don't please make sure your phone is muted on your end. Okay sounds like we're hearing a conversation so we'll re-mute those phone lines right now and get back to the Q&A box for another question here on QP Live! This one asks do we need to meet MIPS for 2018, 2019 and 2020 in order to avoid the 7% penalty, the negative 7% penalty in 2021?

[Shanen Wright:](#)

Okay we may have muted our panelists as well.

[Rabecca Dase:](#)

You did, I was chatting away.

[Shirley:](#)

So was I.

[Rabecca Dase:](#)

Shirley you can take this one then if you'd like.

[Shirley:](#)

Oh okay. I was just going to say the answer is no. Each MIPS performance year is considered individually. So your payment adjustments apply to your claims are a two years following that performance year. So your 2017 performance, whatever you did in 2017 affects your 2019 payment adjustments. 2018 performance year affects your 2020 payment adjustments and then your 2019 performance year, this year's score will impact you 2021 payment adjustments and that 7% is for this year's 2019 which will affect your 2021 payment. If you have anything to add Rebecca go ahead.

[Rabecca Dase:](#)

Nope that's pretty much what I was saying too when I was chatting away and Shanen had us muted. Ultimately each performance year and the eligibility of each performance year is assessed separate from all of the other performance years. So even if you were eligible in 2018 that doesn't mean you'll be eligible in 2019 and vice versa as the program progresses. So it's always very important to check your eligibility at each performance year. But no, it does not affect your payments if you didn't do something before. If 2018 you didn't perform that won't affect your performance in 2019.

[Shanen Wright:](#)

Thank you Rebecca, another interactive portion coming up next but first another question for our experts. Is there a process like measure applicability validation, MAV that CMS performs if you report less than six quality measures?

[Rabecca Dase:](#)

Yes, this is Rebecca. CMS will actually use the EMA process and what that does is if you submit less than six measures they'll run through their process which Geo can post a link for the outline of that and they'll go through and they'll determine whether or not you could have submitted additional measures. If the answer is no, they'll adjust your denominator so you won't be penalized for not submitting those six measure. Now based on a reading that I was doing previously, this actually only applies to claim measures and registry measures and does not impact the ECT ones or your EHR measures.

[Shanen Wright:](#)

Alright time for a polling question. We've talked so much about MIPS scores why don't we talk about a different kind of score. It's March Madness time, the tournament begins today at noon Eastern. So we want to know from you who is your pick to win the NCAA tournament? Is it Duke, is it North Carolina, are your brackets already set and you're not going to tell us, or March Madness it's not really your thing? Go ahead submit your answers and we'll find out what you have picked for this year's NCAA tournament coming up here on QPPLive!. Just a reminder you can submit your questions using the Q&A box at any time here on today's show. Let's go out and get another question. This one asks, what are activities that quality for small practices?

[Shirley:](#)

This is Shirley, I can take this. For the improvement activity category for small practice, first of all they have to do one high weighted or two medium weighted activities to get the full points in that category. There are a few activities that many small offices seem to be reporting. One is engage in new and follow up Medicaid patients in a timely manner. Also being registered or consult in a prescription drug monitoring program. Now there are a list of 118 improvement

activities listed on the QPP.CMS.gov website. Then if you're having trouble finding activities for your office, please reach out to someone from Quality Insight, we can review them with you and help you find one that can work for your practice.

[Shanen Wright:](#)

Alright, still time to set those brackets before March Madness gets started. Let's see what you're saying about this year's NCAA tournament and whether you're a basketball fan or not. The results of today's poll are coming up here. We'll find out what everyone picked to win this year's tournament. Looks like not a lot of college basketball fans here in our QPPLive! audience. Half of you say March Madness is not your thing, 14% are choosing to stay quiet because they want to win their office pool. 21% said North Carolina and 14% said the Duke Blue Devils.

[Shanen Wright:](#)

Let's go back out to our Q&A box for another question here on QPPLive! This one asks if our ACO is reporting and we also report as an individual will CMS take the higher of the two scores?

[Rabecca Dase:](#)

This is Rebecca, I do believe yes you will receive a score for each submission but yes CMS will take the higher score.

[Shanen Wright:](#)

Okay, thank you Rebecca. Let's go out for another question right now. We've still got about 10 minutes or so left in today's edition of QPP live. So make sure and get your questions in before we run out of time. This one asks if all of our providers are exempt is there anything extra that has to be done?

[Shirley:](#)

This is Shirley, I can take this. If all of your providers are exempt from MIPS as an individual then no there is nothing else that they need to do. They're not eligible, they don't have to be part of the program. They do not need to report MIPS data. Now there is a two look-up periods that CMS looks at to determine your eligibility. The second look-up period would end September 30th of 2019, this year. So you would want to check again after that to make sure that you aren't eligible but chances are if you are not eligible in the first look up period you would not be eligible in the second look up period unless you had some big change to your office. You saw a lot more Medicare patients or your office was closed the first eligibility period and then was open the second. In general if you're not eligible the first look up period, you probably won't be the second look up period. Again, you don't have to do anything extra for MIPS. If you don't have to participate you don't to let CMS know, you just don't participate.

[Rabecca Dase:](#)

Shanen this is Rebecca, I want to jump in. I do believe I gave inaccurate information in regards to the ACO question. It appears that CMS will not take the higher of two scores for the ACO or individual. You'll receive feedback on the individual or group score outside of the ACO but your payment adjustment will be based on the full ACO score. So again, what I said previously about taking the higher score, that is incorrect and CMS will take the ACO full score. Again, you'll still receive feedback at the individual or group score outside of the ACO but you will not receive a payment adjustment based on that score.

[Shanen Wright:](#)

Thank you, Rebecca. Another question for the audience is coming up but first we have a question from Wendy who asks, how do I check eligibility for 2019?

[Rabecca Dase:](#)

Well this questions easy, I can take this one. This is Rebecca. You can go to the QPP.CMS.gov website and you'll check the check participation status button and you'll actually enter your clinicians NPI and then it will bring up the clinician's eligibility status under each practice. It will give you their individual clinician status and the practice level status.

[Shanen Wright:](#)

Alright we want to hear from you about MIPS. We want to know have you selected 2019 measures and improvement activities yet? Your choices are yes, I have selected everything. Yes, I have selected some measures and/or activities. No, I haven't looked at the 2019 requirements yet or not applicable. Coming up we'll find out what you had to say but first Angela asks, what if we are no longer part of an ACO as of June 1st, 2019, should we still be reporting as an individual?

[Rabecca Dase:](#)

This is Rebecca. So ultimately if you would no longer be part of an ACO my initial instinct, and your clinicians were eligible under your TIN, my initial instinct would say yes that you would need to report your data if you are in fact eligible. Amy or Shirley if you have anything else on that one please speak up but that would be my thought, you would want to report out if you were eligible.

[Amy Weiser:](#)

Yeah, I agree as well, it's better to air on the side of being prepared to submit as an individual then to possibly face any penalties. We are, of course, here to help you with that as you transition from one to other and I just want to say, go Duke! Thank you.

[Shanen Wright:](#)

Feeling the love for the Blue Devils with Amy there. Alright I think we know where her bracket ends with Duke taking the championship, so it will be interesting to see. Let's take a look at what you had to say about your 2019 measures and improvement activities. Looks like the majority of our viewers today said nope, haven't looked at the 2019 requirements yet but also a lot of people said yes, I have selected everything. We also had 25% who said yes, I've selected some measures or activities and bringing up the rear at 8% were folks saying not applicable.

[Shanen Wright:](#)

Let's go back out and get another question here on QPPLive! today. This one asks what would be the difference in opting in or just reporting as a group? We are a two provider small practice and one of our clinicians was eligible last year and did very well but wasn't eligible as an individual this year so we decided to report as a group.

[Shirley:](#)

This is Shirley, I can take this. So when you go to the QPP.CMS.gov website to the participation look up tool and you put in your NPI if it shows that you one, it could show you have to participate as an individual and if it says you have to participate as an individual, you have to participate, you have to get more than 30 points to avoid the penalty for 2019. Now let's say in this case with a two

provider small practice you go in, each provider doesn't have to participate as an individual but it says as a group, they can participate that is again a choice. They can choose to participate or not, they will not get a penalty if they don't participate and they don't have to notify CMS if they decide to participate as a group, they just can go ahead and participate as a group and submit their data. Now new for 2019 is this opt in option. If you are determined when you look at the participation tool that yes, I can opt in if I choose to, in this option you will have to actually and CMS doesn't have this available yet but it will be available on their website where you will sign and say yes I want to opt in.

[Shirley:](#)

If you again choose to opt in, once you are accepted then you have to participate and then if you don't you would get a penalty. So opt in is a choice but once you do it you have to follow through and participate. If you had to participate as a group and you didn't participate you would not get a penalty. There is a, I think it was mentioned already, there is a fact sheet out there for opt in and voluntary reporting on the resource page of the CMS website.

[Shanen Wright:](#)

Thank you, Shirley. Still got about five more minutes to go on QPP Live, if you've got a question get it in now before we run out of time. Here's one from Kathleen who asks...

[Rabecca Dase:](#)

This is Rebecca, can you hear me?

[Shanen Wright:](#)

Yes, loud and clear.

[Rabecca Dase:](#)

Okay. I didn't hear your question Shanen but I do see it in the Q&A box. So Kathleen the reason why the decile file scores are different in comparison to like a registry or EHR or claims, based on my understanding of how the benchmarks are created it's based on the data that they can collect based on that submission method. So it's again based on the data they can collect and then they take that historical data from each different submission method and create those benchmarks. There is a benchmark fact sheet that Joe can share with you in the chat box but yes, ultimately it's based on the data that they've collected from each submission option, registry, EHR, claims separately.

[Shanen Wright:](#)

Thank you, Rebecca, we've got one more polling question for you so get ready, get that mouse out, get ready to click on it, we want to hear from you. But first we have another question here on QPPLive! This one says I have been trying for weeks to gain access to the QPP portal but when I enter my information I get a message that says sorry, we cannot complete your roll request, try again or call the help desk.

[Shirley:](#)

This is Shirley, there have been problems sometimes with getting access to your account on the QPP portal. It could be a couple of things going on, one if you're not getting access you first want to check and make sure somebody else in the office does not have the administrator role in which they would have to give you permission to get access to the office. If that is not the case, you really probably

should call the QPP help desk at 1-866-288-8292 and they can really get in behind into your account and see what's going on and why you are not able to gain access. I would not let it go a couple of weeks though, if you're having trouble getting access to your account I would go ahead and call right away.

[Shanen Wright:](#)

Thank you Shirley. As most of you know yesterday was the first day of spring at last. Being that it's now spring you know what's right around the corner, April Fools' Day. What do you think about April Fools' Day? Is it a fun opportunity to play friendly pranks on your co-workers and family members, is it a foolish observation (yes, we're intending the pun), or uh-oh, that's around the corner, I better be on the lookout? Let us know what you think about April Fools' Day as we go out for another question for our experts. This one asks since we no longer will be receiving QRUR reports, when is the portal going to provide cost data?

[Rabecca Dase:](#)

Hi this is Rebecca. So ultimately I do believe that we'll receive cost feedback after the close of our reporting period for 2018 and I believe it will be out probably I think for 2017 performance it came out in the late spring, early summer. CMS did hear what people had to say based on the feedback from the 2017 costs that it wasn't very detailed and it would hard to make improvements based on that. So they are working to provide more information in the cost feedback so you can take it and make practice improvements. But ultimately I believe it will be available in the summer of 2019.

[Shanen Wright:](#)

Thank you, Rebecca. As we wrap up today's edition of QPPLive!, it looks like all of you like, well 57% of our audience, have said that April Fools' Day is a fun opportunity to play friendly pranks, 21% through it was a foolish observation and 21% are getting ready to have pranks played on them but at least you've got the heads up now. We'd like to thank everyone for joining us today on QPPLive! If you have additional questions, we are here to help you anytime. You can reach out to us using the contact information on your screen right now and we will be happy to help you. Make sure and mark your calendars because the next episode of QPPLive! will be taking place on April 18th, that's at 9:30 a.m. Eastern, 8:30 a.m. Central. It's always the third Thursday of the month so you can remember when QPPLive! is coming up. We'd like to also ask that you fill out the evaluation that you will be automatically directed to when you exit today's webinar. I'd like to thank Beth, Michelle, Kathleen, Wendy, Angela and everybody for the great questions today and of course, all of our experts for answering them as well.

[Shanen Wright:](#)

We'll see you next month on the next edition of QPPLive! Have a great day.



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