

QUALITY PAYMENT PROGRAM

SMALL UNDERSERVED RURAL SUPPORT (QPP SURS)

LAN WEBINAR

NOVEMBER 14, 11:00-12:00 ET; NOVEMBER 16, 3:30-4:30 ET

**MIPS QUESTION AND ANSWER
TOWN HALL EVENT FOR SMALL
PRACTICES AND SOLO
PRACTITIONERS**

HOUSEKEEPING ANNOUNCEMENTS

- ▶ Please mute your computer speakers to avoid audio feedback
- ▶ For assistance, enter your issue in the chat box
- ▶ To ask a question, enter your inquiry in the chat box, or press *# to enter the queue on the phone

POLLING QUESTION

What is your role?

- ▶ A clinician working in a practice with 15 or fewer clinicians
- ▶ Non clinical staff from a practice with 15 or fewer clinicians
- ▶ A clinician working in a practice with more than 15 clinicians
- ▶ Non clinical staff in a practice with more than 15 clinicians
- ▶ Quality Payment Program contractor
- ▶ Other person helping practices prepare for MIPS
- ▶ Other

POLLING QUESTION

What MIPS-related topics do you have the most questions about?

- ▶ MIPS eligibility
- ▶ Data submission
- ▶ Advancing care information (ACI)
- ▶ Quality measures
- ▶ Improvement activities
- ▶ Changes for 2018

CMS WELCOME



Brenda Gentles, RN, BS, MS

Division of ESRD, Population & Community Health

Centers for Medicare & Medicaid Services

QPP SURS Central Support Contractor COR



Brian M. Pinga, Clinical Practice Advisor, Health Care Quality Improvement & Prevention (HCQIP), IPRO



Dale W. Bratzler, DO, MPH, Edith Kinney Gaylord Presidential Professor, Chief Quality Officer



Jim Daniel, Public Health Coordinator, Office of the National Coordinator for Health IT



Bruce Spurlock, MD
President & CEO,
Cynosure Health

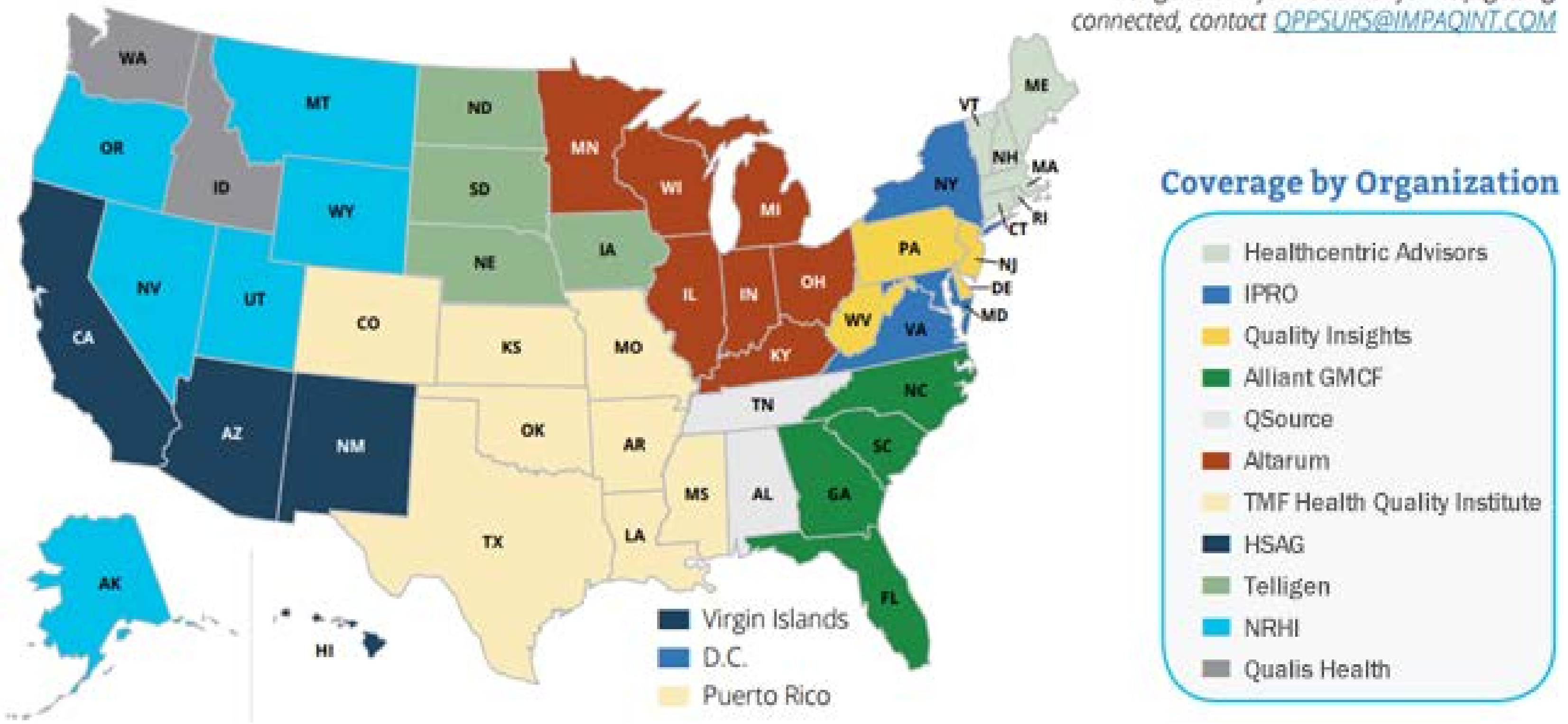
SETTING THE STAGE

- ▶ Answer frequently asked questions from small group practices that will help them succeed in MIPS for 2017 year. Questions from:
 - ▶ Questions submitted by people registering for the event
 - ▶ Questions we've received on prior webinars
 - ▶ Questions you submit during the event in the chat box
- ▶ Focus is on what works best for **SMALL** group practices
- ▶ Answers in three forms:
 - ▶ Oral responses from panelists
 - ▶ Responses from DSOs and panelists through the chat box
 - ▶ Follow-up responses from DSOs that provide free support

RESOURCES FOR FREE SUPPORT

Small, Underserved & Rural Direct Support Organizations (DSO)

For general information or for help getting connected, contact QPPSURS@IMPAQINT.COM



- General information about QPP and MIPS for all practices participating in MIPS or an APM: <https://qpp.cms.gov/>
- Questions to CMS about the QPP Program: QPP@cms.hhs.gov
- Sources of support for larger practices and APM participants described in: https://qpp.cms.gov/docs/QPP_Technical_Assistance_Resource_Guide.pdf
- More details provided on slide 38

Free technical assistance and advice available for small practices from CMS-funded DSOs. Contact information for each DSO at: https://qpp.cms.gov/docs/QPP_Support_for_Small_Practices.pdf

EVENT STRUCTURE

- ▶ Questions organized into six general categories:
 - ▶ Eligibility
 - ▶ Data submission
 - ▶ Advancing care information (ACI)
 - ▶ Quality measures
 - ▶ Improvement activities
 - ▶ Changes for 2018
- ▶ Begin with questions received in advance
- ▶ Respond to questions participants enter in chat box

ELIGIBILITY QUESTIONS:



- ▶ I got an exemption letter but how can I confirm that I'm exempt (or eligible)?
- ▶ Will FQHCs or Rural Health Clinics be required to submit MIPS in 2018?
- ▶ We have 2 first year doctors, what is required to ensure they can participate next year and are exempt for 2017?
- ▶ Last year, Medicare told us that we did not meet the threshold and therefore there would be no financial rewards but no penalties either. Just received letter last week from Medicare that we are being penalized 2% for next year for not participating. What now?
- ▶ What advice can you give on submitting as a group or as an individual clinician?
- ▶ If we haven't done anything for MIPS yet, are we still eligible to participate?

ELIGIBILITY FOLLOW-UP QUESTIONS:



DATA SUBMISSION QUESTIONS:



- ▶ When do we need to submit our data?
- ▶ Where do we go to turn in our information?
- ▶ How can we ensure we are reporting everything correctly?
- ▶ For Quality, we are submitting via paper claims. Is there a website (like PQRS used to have) to monitor our status?
- ▶ Where can we go to see how to submit our MIPS/MACRA data? Will there be a website and will it be the same as the meaningful use reporting website?
- ▶ What portals are we using for submission, i.e. QPP, Quality, MMIS Core systems?
- ▶ Will we still need to submit for meaningful use for 2017?

DATA SUBMISSION QUESTIONS:

- ▶ How can I submit 1 patient to avoid a 4% penalty and are there any other options for avoiding the penalty besides submitting a quality measure/ What is pick your pace, how does it work and how do you apply to use it?
- ▶ What is the difference between MIPS and APM reporting?
- ▶ Should we submit data for all insurance carriers or just Medicare?
- ▶ Are we more likely to get a bonus payment if we submit for a whole year vs. only 3 months or using test pace?
- ▶ Does the 2017 performance period include the date of service 01/01/17 through 12/31/17 only? But if you are billing some 2016 dates of services during 2017, would you also include those cases in 2017 reporting?
- ▶ Is there precedence for groups changing billing companies mid-year and changing from claims reporting to using a registry in the same year?



DATA SUBMISSION FOLLOW-UP QUESTIONS



ACI QUESTIONS: SPECIALTY AND PUBLIC HEALTH REGISTRIES

- ▶ What can count as a specialized or public health registry?
- ▶ What actions do I have to take to be in active engagement with a specialized or public health registry?
- ▶ What type of documentation do I need from a specialized or public health registry for audit purposes?



ACI QUESTIONS:



- ▶ How do we avoid penalties if we do not have an EHR? If you do not have or plan on having an EHR is there a way to do more than just maintain a neutral balance and actually receive a bonus payment?
- ▶ We need a "workaround" for the HIE ACI objective. Some specialties do not refer, cannot find physicians with direct message addresses, and EMR's do not capture as "meeting" if the doctor referred to sends the referring doctor a CCDA.
- ▶ We are part of an ACO and it is my understanding we need to submit ACI information only/ How does all this apply if you are in a MSSP Track 1 ACO?
- ▶ Will 2018 MIPS require 2015 certified EHR?

ACI FOLLOW-UP QUESTIONS



QUALITY MEASURE QUESTIONS:



- ▶ For quality, each provider selects their measures as they wish, correct? We want to make sure there are not required measures per specialty.
- ▶ Does your data all have to be captured within the same 90 day period?
- ▶ What is the optimal number of patients to include in the Clinical Quality Measures? Is it better to report a higher measure score with fewer patients or a lower measure score with fewer patients?
- ▶ What should specialty practices do to find quality measures they can use without changing practice scope and workflows?

QUALITY MEASURE QUESTIONS:



- ▶ We are reporting our quality measures via claim codes throughout the entire 2017 year. I have been reporting 11 codes but how do we know which ones CMS will be using for our scoring? I chose more than needed so that if we performed poorly in one area, I would hope another area would help with scoring. Do your data all have to be captured within the same 90 day period; eg: what if your data was better if you ran the report for a different time period?
- ▶ What measures do CPC+ physicians require?
- ▶ If you do not have an EHR, where do you attest to measures? We are submitting codes via claims but do not know where to go to attest everything else.

QUALITY MEASURE FOLLOW-UP QUESTIONS



IMPROVEMENT ACTIVITY QUESTIONS:



- ▶ How will improvement activities be submitted?
- ▶ How long do I need to have participated in an improvement activity for in order to get credit for it?
- ▶ Can practices still submit improvement activities if they are designated as rural or are in a medically underserved area?
- ▶ I heard in a previous seminar that it would be wise to document "what you learned" or "how our office improved" with the improvement implementation. Are we required to do this? Or is this just a good suggestion?
- ▶ If I use a certified EHR to report improvement activities can I get bonus ACI points?

IMPROVEMENT ACTIVITY FOLLOW-UP QUESTIONS



2018 CHANGE QUESTIONS:



- ▶ What is a virtual group and what are the pros and cons of joining one?
- ▶ What is the Final Rule and how will it affect small group practices participating in MIPS for 2018?
- ▶ Is the low volume threshold for MIPS eligibility changing next year and, if so, how?

FREE RESOURCES FOR ASSISTANCE FROM CMS

- ▶ QPP website: <https://qpp.cms.gov/>--includes information tailored for the needs of small practices
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-Events.html>
- ▶ Contact the Quality Program at: QPP@cms.hhs.gov or call 1-866-288-8292
- ▶ Small Underserved Rural Support Direct Support Organizations (see list on slide 8)
 - ▶ Contact information on available at: https://qpp.cms.gov/docs/QPP_Support_for_Small_Practices.pdf
 - ▶ Available websites of each Direct Support Organization
 - ▶ Types of help: needs assessments, webinars, technical support, links to peers you can talk with, assistance getting signed up to report through an approved channel that meets your practices needs
 - ▶ **FREE Technical Assistance funded by CMS** is also available for larger group practices and for clinicians interested in participating in an Alternative Payment Model. More information on those programs is available at: https://qpp.cms.gov/docs/QPP_Technical_Assistance_Resource_Guide.pdf
- ▶ [Benefits of Electronic Health Records](#)
- ▶ Other national events about Quality Payment Program
- ▶ Other national webinars focused on small practices

POLLING QUESTION

In the next three months, what describes your plans for participating in MIPS for the transition year 2017?

- ▶ We're already totally prepared
- ▶ We're taking steps that will allow us to do full year reporting
- ▶ We're taking steps that will allow us to do partial year reporting
- ▶ We're planning to use the Test Pace to avoid penalty in the 2017 transition year
- ▶ We're just going to accept the penalty

FINAL POLLING QUESTION

If you are struggling to participate in MIPS for 2017, what are the largest challenges you are encountering?

WRAP-UP ACTIVITIES

- ▶ Links to the recording of the event available at: <https://qppsurs.wordpress.com/resources/>
- ▶ Future webinar topics and timeframe:
 - ▶ Overcoming Challenges to MIPS Participation for Solo Practitioners and Small Group Practices
 - ▶ December 12 at 3:30 pm ET
 - ▶ December 14 at 11:00 am ET
 - ▶ Please provide feedback on this event: [Feedback Form](#)

Some of the materials contained in these slides is drawn from: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MIPS-ACI-Deep-Dive-Webinar-Slides.pdf>. Slide decks created by event panelists also provided information reflected in this presentation. The input from project panelists is gratefully acknowledged.

Other documents on the QPP.CMS.GOV website provide additional detail about the MIPS program.

Disclaimer: This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes periodically so links to the source documents have been provided within the document for your reference. This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.