



Learning Forum Friday

22 Days 'til MIPS Data Submission! Get Ready!

Questions and Answers

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- Question 1:** If a provider logs into the Quality Payment Program (QPP) website and already sees claims performance data in his/her account and additionally uploads his/her Quality Reporting Data Architecture (QRDA) III EHR file, will the Centers for Medicare & Medicaid Services (CMS) take the higher score?
- Yes, CMS will take the submission method with the highest performance score.
We are beginners and need help.
- Question 2:** Let us assist you! Please call our HSAG QPP Service Center as soon as possible at 1.844.472.4227, Monday—Friday, 8 a.m.–8 p.m. ET.
- Question 3:** If our EHR vendor says that it submits data for you, should we also submit the data in the QPP portal?
- No, you do not need to submit, but definitely log in to verify that the vendor did submit for you and that you have a score.
- Question 4:** If measures were submitted by claims, is there anything else to do before the deadline?
- Not for the Quality Measure portion. However, you should sign into the EIDM portal to see how you/your clinician scored for the Quality section measures submitted by claims.
You will still need to report the other two sections if they apply to you.
- Question 5:** What are other practices doing that are having issues with their electronic health record (EHR)? Our EHR is on Corrective Action Status.
- For your specific issue, please call our HSAG QPP Service Center. You should have received notification from your vendor about the issue and been provided other options for whichever MIPS section was affected.
- Question 6:** How often does the QPP update the physicians from the provider Enrollment, Chain and Ownership System (PECOS) and National Plan and Provider Enumeration System (NPPES)?
- The QPP website is updated twice a year to reflect information from PECOS and NPPES to reflect the end of each new determination period. The 2018 participation status for clinicians will be based on historical claims data from 9/1/16–8/31/17 and performance period claims data from 9/1/17– 8/31/18.
In order to have updates reflected from PECOS on this website, clinicians will need to update their information with PECOS before 8/31 of each year. Practices should contact the CMS service center at 1.866.288.8292 if there are inconsistencies.
- Question 7:** What happens if a provider changes practices during the year and he/she is MIPS-eligible at practice #1 but non-MIPS eligible at practice #2. Does practice #2 have any reporting responsibility because of practice #1?
- For 2017 reporting, if practice #2 reports as **individuals**, there is no responsibility on the part of Practice #2 or the clinician to report data under practice #2. However, if practice #2 reports as **a group** for a timeframe when the clinician was billing there, practice #2 does have reporting responsibility to include the clinician.
If Practice #1 does not submit data, Practice #2 could absorb the penalty.



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How do we submit claims with G-codes to avoid future payment penalties?

This answer applies to the new 2018 performance. It is too late to submit any claims for the 2017 performance year.

For the 2018 performance year, the same reporting requirements as 2017 apply, such as:

- Only individual clinicians can use the claims method to report Quality measures
- Six measures are reported, with one needing to be an outcome measure.

Question 8:

In 2018 you will need to report for the full year and report on at least 60% of the patients that applied to that measure. For example, if one of your measures applied to 100 patients throughout the year, you'll need to include the applicable Quality Data Code (QDC) on at least 60 of those claims. Performance is key. You will need to score at least 15 total MIPS points to avoid a future payment penalty in year 2020.

What is the process and timing for self-submission of data?

The process of self-submission allows you to:

- Obtain access to the QPP portal via an Enterprise Identity Management (EIDM) account.
- Enter data for each applicable MIPS section.

Question 9:

Regarding timing for self-submission, the portal has been available since early 2018. Clinicians had/have until the deadline of:

- March 16, 2018 to submit Web-Interface submissions.
- March 31, 2018 to enter data via the portal.

The portal can be accessed as frequently as necessary until the submission deadline and CMS will use whatever has been entered last for calculation of the total MIPS score.

We are a small independent office that had issues getting started with QPP. We have billed 2018 but couldn't include MIPS information. Can we submit another bill with a \$0.01 only and QPP data to meet the March deadline?

Assuming you are referring to 2017 MIPS performance year reporting, only 2017 claims processed by the data warehouse by March 1, 2018 are included for the MIPS Quality measures. Those claims would have needed to include the specific Quality measure quality data codes. If you practice anywhere in Florida, or in specific counties of other states affected by Hurricane Irma or the California wild fires, you will have an automatic waiver and avoid any 2019 negative payment adjustments because of the Hurricane Irma or Wild Fires Hardship. Please call our HSAG QPP Service Center as soon as possible at 1.844.472.4227 8 a.m.–8 p.m. ET if you do not practice in one of these automatic waiver areas and need assistance with avoiding the 2019 negative payment adjustment. We will do an assessment of your practice to see if there is more you can report.

Question 10:

We haven't started 2018. If not full time EHR, how do we manage this?

Question 11:

Please call the HSAG QPP Service Center at 1.844.472.4227 8 a.m.–8 p.m. ET. Our staff will assess your situation and share options and strategies for your 2018 MIPS reporting.

Can I register a practice that is in litigation with CMS?

Question 12:

Yes, if you are eligible to report for MIPS, you should be able to register for an EIDM account and proceed accordingly for 2017 MIPS reporting. Proceed with meeting your MIPS reporting goals, whether it is to avoid the 2019 negative payment adjustment or to receive a positive incentive. If your issues with CMS are resolved, you will be on target to proceed with



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your MIPS participation. This will also apply to 2018 MIPS reporting and future years, if still in litigation.

- Question 13:** **How do we know that Medicare has received our documents for MIPS requirements?**
Enter your information in the QPP portal and whatever has been entered as of the deadline will be used. CMS will not send a notification that data was received.
- Question 14:** **We are part of an accountable care organization (ACO), so I need to make sure we are exempt from reporting Improvement activities and still get full credit.**
Verify that you are an active member of the ACO to be sure.
- Question 15:** **What if our facility doesn't qualify for enough measures?**
Please call our HSAG QPP Service Center as soon as possible at 1.844.472.4227 so staff can assess your practice and assist you directly.
- Question 16:** **Is there a way for the QPP website to give an overall total score once all the data has been submitted, or will that occur after the deadline?**
The total MIPS score is given in the portal as long as **data has been entered into each MIPS section**. If you are waiting on a third party to upload data, check the portal frequently to see if that has been done and to see your total score.
- Question 17:** **Do I have to have to be registered with PECOS to report QPP?**
PECOS is the electronic portal where physicians enroll in Medicare. You would need to be a Medicare provider to report to MIPS. Access the QPP website www.qpp.cms.gov "Check your participation status" section to assess your eligibility to participate. If you are eligible to participate, report/submit your MIPS data through the QPP portal "Sign In" page at www.qpp.cms.gov.
- Question 18:** **What format is the data submitted in? Is this manual entry or an upload of a data file?**
It all depends on how you plan to submit your data. If you plan to submit Quality section measures using your EHR, you upload a QRDA III file. If using a Registry or Qualified Clinical Data Registry, these companies will upload the Quality measures data for you. Quality section measures cannot be entered manually. The Advancing Care Information (ACI) and Improvement Activity (IA) sections can be entered manually or electronically.
- Question 19:** **Are you saying that by getting 100 right now without reporting any IA because I'm in the ACO...I'll get those % you mention above?**
The percentage of positive incentive you receive depends on what type of ACO you are in. Refer to the table on slide 17 for the percentage positive incentive if this applies to you. Enter data for each applicable section and then look at your total MIPS score.
- Question 20:** **Does it matter if we submit 90 days vs. a full year data? Is there a bonus for submitting the full year?**
Use whichever shows your best performance. You can do just as well with 90 days as with a full year. Look at both scenarios. If you enter both timeframes, CMS will count the timeframe with the higher performing score.
- Question 21:** **If a provider is in a private practice and also in a separate Medicare Shared Savings Program (MSSP) Track 1 ACO-MIPS Alternative Payment Model (APM) Scoring Standard, will the provider receive the higher of the two scores for practice and ACO?**
Yes.



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I already have 100 points can you earn more?

Question 22: No, but you will receive 4% plus at least an additional 0.5% as an exceptional performer, for a total of 4.5% +.

Question 23: **One of the slides says if the MIPS score is above 70 pts, the adjustment will be a +4%. I thought CMS said it would be lower because the program is budget neutral and they are not expecting very many physicians to be hit with the 4% negative adjustment.**

It is budget neutral; however, we highly suggest you report your best performance. If you score 70% or above, you will receive 4%, plus at least 0.5% for the exceptional performance bonus. This information is directly from CMS.

Question 24: **If you're active with an ACO, you don't need to report for IA. But, if you do, will you get extra points?**

You can certainly report more for IA. But, the most points you will receive for that section is 15 out of 15 toward the 100 total MIPS points needed.

Question 25: **For audit documentation, in addition to screenshots, what is other documentation you recommend for our audit file?**

Audit documentation should include screenshots and any reports used to attest or submit your data. Supporting documentation is anything and everything that provides evidence of what was reported. Less obvious examples are your Security Risk Analysis, participation letter with a Qualified Registry company, and copies of data submitted to the Registry company.

Question 26: **I was told to report more than six quality measures and CMS would pick the best. Is this true?**

Yes.

Question 27: **We are a small practice and don't have six measures with a minimum of 20 patients for reporting Quality. We are reporting EHR. What can we do?**

Please contact the QPP Assistance line at 844.472.4227 8 a.m.-8 p.m. ET as soon as possible, or email your question to HSAGQPPSupport@hsag.com. The staff will review the details with you based on your other section scores as well.

For the measure, "Provide Patient Access," is there a time period identified as "timely?" Someone told us we have to do this within four business days of the appointment.

Question 28: This is an ACI-based measure and is also found on your EHR dashboard. This ACI measure specification is listed on the QPP website resources page and **does not** specify four days. The EHR does the calculation on that patient access measure; however, one EHR vendor's specification does state four days.

Question 29: **Can we keep updating the data until the March 31 deadline?**

Yes.

Do you recommend submitting more than six quality measures and more than two improvement activities measures?

Question 30: You can report more than six measures. CMS will accept the six best performing measures. Just as with the IAs, you are welcome to report on more than what's required.

Question 31: **When a provider is no longer affiliated with one of the TIN-NPI combinations listed on the MIPS Participation Status Report, what are CMS' expectations for that provider?**

The eligible clinician can have more than one status. If you use the QPP NPI Lookup tool, you will see the status under each TIN for the eligible clinician. For those that show included, CMS would be expecting to receive data for each one.



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Question 32: **When a provider has multiple TIN-NPI combinations, is the provider expected to submit MIPS data for all combinations?**

Yes.

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