



Learning Forum Friday

Let the 50-Day Countdown Begin!

Questions and Answers

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- Question 1:** **I am a hospitalist, with small SNF and ALF practice. Does it apply to me?**
- Yes, as a Hospitalist, the Quality Payment program (QPP)—Merit-based Incentive Payment System (MIPS) does apply. To be considered eligible to participate in the QPP in 2017, you must be an MD/DO, DDS/DDM, DPM, DC, PA, NP, CNS or CRNA, have billed Medicare Part B fee-for-service for more than \$30,000, and had more than 100 patients during the determination period. The Centers for Medicare and Medicaid Services (CMS) determines each clinician’s eligibility status. If you meet the criteria as stated, then visit www.qpp.cms.gov and enter your individual clinician national provider identifier (NPI) in the NPI Look-up Tool; there you’ll be able to see if you’re “Included” or “Exempt” from MIPS participation. Hospitalists automatically have the Advancing Care Information category (use of an Electronic Health Record [EHR]) reweighted to the Quality category.
- Question 2:** **Is this practice manager's ID information or physician's ID information?**
- Both the practice manager and physician may have Enterprise Identity Data Management (EIDM) accounts, and either account can be used to enter data into the QPP Data Submission portal, provided the account-holder has the appropriate role (i.e. Security Official, PQRS Submitter).
- Question 3:** **Regarding the advancing care information, how can we prove or provide documentation to prove that we did all the base measures? Same as improvement activities?**
- At a minimum, documentation for the base measures should include:
- A letter or contract from your EHR vendor showing your Certified Electronic Health Record Technology’s (CEHRT) Number.
 - Reports generated from your EHR for the measures requiring a numerator and denominator.
 - A copy of your security risk analysis.
- You may also include screenshots from your system showing the version your practice is on with a date and time stamp.
- Question 4:** **Would this include email communication from a TCPI? We have our participation letter.**
- Yes, you can include your TCPI participation letter as part of your audit documentation.
- Question 5:** **What documentation can we use for NCQA PCMH, our congratulatory letter/email?**
- Yes, you can include your congratulatory letter/email as part of your audit documentation.



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Question 6:

Our EIDM account shows we have 99 connected physicians under our TIN, but we actually had 45 in 2017. How do we remove the extra physicians? If we submit the data, will it count for all connected providers? What can we do to select the providers in the group?

Please contact the QPP Help Desk at 1.866.288.8292 to speak to a representative for assistance. When you provide your TIN, they will be do the research for you. Each TIN is handled on a case-by-case basis.

A couple of important notes:

- The determination period used to determine the eligibility was based on claims submitted September 1, 2016–August 31, 2017.
- Be sure your Provider Enrollment, Chain, and Ownership System (PECOS) account is up to date.
 - CMS uses PECOS for the list of NPIs associated with a TIN.

Question 7:

Regarding IA, will just the participation letter from the TCPI suffice? I have email communication between our practice and the TCPI. Can I use the emails as documentation as well?

If your practice is considered a Patient-Centered Medical Home, you will select [Yes] in the Improvement Activities category in the QPP Data Submission portal.

As part of your documentation, keep any emails or congratulatory letters showing the PCMH status of your practice during the reporting period.

Question 8:

What should be the performance period?

In Year 1 (2017) of QPP-MIPS: Quality, Advancing Care Information and the Improvement Activities categories are a minimum of 90-days up to a full year if the goal of the practice is to try and earn a positive payment adjustment.

For the Cost category, there are no data submission requirements for 2017. CMS will provide feedback on Cost for 2017, but it will not affect your score.

Question 9:

Which files need to be uploaded for quality reporting? Is it what shows under MIPS dashboard?

The QRDA III file in .xml or .json formats are acceptable file types that can be upload into the QPP Data Submission portal.

Question 10:

Under Syndromic we have an exclusion letter; how do we score for that?

Syndromic Surveillance is a bonus measure. If you have an exclusion letter, you **cannot** check [Yes] to earn bonus points for this measure. The measure states you must be in an active engagement and submitting data.

Question 11:

Do we still need to have EMR screen shots of CDSS, etc., as we had to do for MU and PQRI?

Screenshots are still highly recommended for audit documentation purposes.



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Question 12: We are part of ACO with the hospital. We were advised that we have to report ACI only and the QPP and Improvement will be reported by ACO. How do we know that ACO's reporting is reflected on our reporting?

When you log into the QPP Data Submission portal to enter your Advancing Care Information category data, if the ACO has uploaded their data files to CMS, you will see a score in the Quality category. If they have not uploaded the data, you will not see a score.

ACOs using the CMS Web-based interface have a deadline of March 16, 2018 at 8 p.m. ET to submit data. Other submission methods, such as Qualified Clinical Data Registry (QCDR) or Qualified Registry submissions, have until March 31, 2018.

Question 13: Do you need to have EHR to reports MIPS?

No, an EHR is required if you plan to submit data in the Advancing Care Information category. You can attest to the Improvement Activities category and use a registry or claims for the Quality category. Cost doesn't require any data to be submitted in Year 1 (2017).

Question 14: Is this webinar being taped? Can we access the slides and recording later?

You can access the slides and the recorded webinar on the Learning Forum Friday [website](#). These links take you directly to the [PowerPoint slides](#) and the [recording](#).

Question 15: I thought we had to report quality data for all insurances, not just Medicare. Is that not true?

This depends on the data submission mechanism used. If you submit data via claims, you are only reporting on your Medicare Part B FFS patient. All other methods, such as EHR, QCDR, or Qualified Registry, require you report on all patients/all payors.

Question 16: Our group is pathology, so we do not have advancing care or improvement activities. Do we still have to attest?

Yes, as a Pathologist, the QPP-MIPS applies, and you will need to attest. To be considered eligible to participate in the QPP in 2017 you must be an MD/DO, DDS/DDM, DPM, DC, PA, NP, CNS or CRNA, have billed Medicare Part B FFS more than \$30,000, and had more than 100 patients. CMS determines each clinician's eligibility status. If you meet the criteria as stated, visit www.qpp.cms.gov and enter your individual clinician NPI in the NPI Look-up Tool; there you'll be able to see if you're included in MIPS or Exempt. Non-patient-facing clinicians (i.e. Pathologists, Radiologist, Anesthesiologists, Nuclear Medicine practitioner) will automatically have the Advancing Care Information category reweighted to the Quality category.

Question 17: Does the record keeping have to be hard copies of the documents or does an online cloud qualify?



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Both are recommended. While cloud-based is probably the safest, a paper copy may come in handy should access to the cloud be limited by power or Internet outage, or other unforeseen circumstances.

Question 18: **Can the billing manager for a group practice register for the EIDM account as the security officer?**

Yes, the billing manager can certainly register to be the security official.

Question 19: **What is the credential ID when registering for an EIDM account?**

There are no requirements for credentials, such as MD, to register for an EIDM account. However, to submit data in the QPP Data Submission portal, you will need to request the role of Security Official or PQRS Submitter.