



Learning Forum Friday

Deep Dive Into the Various Submission Methods

Questions and Answers

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Question 1:

We have 365 providers under the same TIN number, various specialties, and various EMR systems. What are our group reporting options for the Quality category?

If you registered for the Centers for Medicare & Medicaid Services (CMS) Web Interface already, which you would have done between April 1 and July 2, 2018, the Web Interface would be a good option. If you did not register for the Web Interface before July 2, 2018, and you have multiple EMRs, you could report using a Qualified Registry. Even though you are a large group with multiple specialties, you will be scored on your top six highest-scored Quality Measures if you use a Registry.

Groups that submitted their 2017 quality measures through the CMS Web Interface are automatically registered to submit data through the CMS Web Interface for performance year (PY) 2018. If the number of eligible clinicians in your group changed since submitting for PY 2017, you should have reviewed and updated that information between April 1 and July 2, 2018.

If your group would like to participate through a different data submission method for PY 2018, you should have cancelled your registration for the CMS Web Interface between April 1 and July 2, 2018.

*Source: [How to Register for CMS Web Interface and the CAHPS for MIPS Survey](#)

Question 2:

What is the preferred Quality measure reporting mechanism for a group of four providers not yet part of an ACO? If group Quality is not reported, does CMS default to Claims for the individual providers?

There is no 'group' reporting via claims in performance year (PY) 2018, so if you are reporting for other categories (Improvement Activities and Promoting Interoperability), then you would need to report as a group for Quality as well. Your options for reporting Quality as a group in PY 2018 are either through a Registry and/or your electronic health record (EHR). If you report through both your EHR and through a Registry, CMS will assign the TIN the highest score.

There is no 'default' Quality reporting mechanism. If you were to report individually, you could report via your EHR, a Registry, and via Claims. CMS would then assign you the highest score of the three submission methods.

Question 3:

Is the Claim submission method going to end when reporting data for PY 2019 in calendar year (CY) 2020?

CMS has not yet issued the Final Rule for 2019; therefore, this cannot be answered. The 2017 Quality Payment Program (QPP) Final Rule (81 FR 77090) indicated that CMS wants to move away from claims reporting, since approximately 69 percent of Medicare Part B claims measures are topped out. CMS would like to move towards the utilization of electronic reporting by all clinicians and groups.



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CMS recognizes that small practices face challenges that large practices do not, and for this reason, CMS is proposing that Medicare Part B claims measures and collection type are made available to MIPS-eligible clinicians in small practices beginning with the 2021 MIPS payment year, regardless of whether they are reporting as individual MIPS eligible clinicians or as groups. With this proposal in the works, it seems unlikely that CMS would discontinue Claims as a data collection and submission method in 2019. Stay tuned as additional rulemaking continues.

*Source: CMS, 2019 Proposed Rule, page 543 of document: <https://bit.ly/2LfoBNX>

Question 4:

**Have the submission methods changed for the Web Interface in Year 2?
How can we achieve bonus points using the Web Interface?
How will the file upload method work in Year 2?**

There have been no significant changes other than the ability for approved virtual groups with 25 or more eligible clinicians being able to submit via the Web Interface method if they registered to do so. Groups, virtual groups, and MIPS alternative payment method (APM) participants will receive bonus points for additional outcome and high-priority measures reported through the CMS Web Interface, provided those measures meet case minimum and data completeness requirements. Additionally, a group or virtual group could earn bonus points by submitting data using end-to-end electronic reporting when the group or virtual group submits data through the CMS Web Interface. For the CMS Web Interface, end-to-end electronic reporting is the upload of data that has been electronically exported or extracted from EHRs, electronically calculated, and electronically formatted into a CMS-specified file that is then electronically uploaded via the CMS Web Interface. Measure data electronically uploaded into the CMS Web Interface are eligible for to earn one bonus point per each eligible reported measure (capped at 10 percent of the denominator).

*Source: CMS Web Interface Fact Sheet: <https://go.cms.gov/2MPRDEh>

Question 5:

How can my practice obtain the quality data codes (QDCs)?

That information is found on the measure Spec Sheets. Contact the QPP Helpline at 1.844.472.4227 with the quality measures (QMs) you are interested in finding information on and we can assist you. Our representatives can show you were to access the QM Spec Sheets on the QPP.CMS.GOV website [here](#). There are downloadable PDFs for all the claims and registry measures.

Question 6:

Can you please address PQRS measures for hospital-based physicians?

PQRS is a legacy program that is now called Quality and is a performance category of MIPS. To look for measures for your specialty, go to the qpp.cms.gov website and select [Explore Measures] under the MIPS Program tab.

If you need assistance, please call the QPP Helpline at 1.844.472.4227 and we can offer guidance with selecting measures based on your specialty and submission method.



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Question 7:

I would specifically like to hear about attestation and EIDM accounts. Who should do the attestation? Doctor? Practice Manager? Can a third-party billing/practice management company attest on behalf of the providers contracted for services?

Who should attest is a practice-based decision; who does your practice want to make their security official? When you identify an entity to attest, you are giving access/authority to the person who will be submitting data to CMS.

As a recommendation, the process of identifying yourself could take some time, so sign up for your EIDM account sooner than later. Delays can occur for various reasons; e.g., if a person has had their identity stolen in the past, it could take longer for the approval process/to bestow the security official role on them because additional research and/or background checks would be required.

Question 8:

I had called the Registry and was told that the Registry is only for one year?

Different registries have different capabilities and provide different services. For example, a registry may only report on a single category, the Quality category. That same Registry may not report for Promoting Interoperability or Improvement Activities. Please contact your registry with questions on contract terms and length of service agreed upon in your contract.

Please call us at 1.844.472.4227 and we can help you further.

Question 9:

For 2018 submission, if we choose Quality/Claims submission, do we need to submit any data thru the Registry?

If you are currently submitting Quality via Claims, you should be good. Be sure you're receiving the N620 remark code on your EOB.

Question 10:

Will CMS select the higher scores if a provider submits data through both individual and group reporting?

Yes, the clinician will receive the score that is most advantageous for all data submissions.

Question 11:

So, for 2018, we don't have to report on the Improvement measure if we choose Quality?

No, that is not true. Clinicians should submit data in all categories. Doing Quality doesn't give you the IA score unless you're with an ACO (APM/Advanced APM).

Question 12:

For 2019 data to report in 2020, is it correct that CMS will not accept Claims submission and we will have use the CMS Web Interface or a Registry?

According to the 2019 Proposed Rule, CMS will continue to allow all clinicians to submit Quality via claims in 2019. The Final Rule will be out later this year, probably in November, and this point will be clarified.