



Learning Forum Fridays



Quality and Cost Deep Dive Questions and Answers

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Questions	Answers
Question 1	<p>I have an Individuals Authorized Access to the Centers for Medicare & Medicaid Services (CMS) Computer Services (IACS) account and an Enterprise Identity Management (EIDM) account for group. Can someone help me differentiate the roles of each?</p> <p>If you had an EIDM account and established the appropriate role last year, you can log in with your EIDM credentials.</p>
Question 2	<p>Is the reporting only for Medicare beneficiaries or is it for Medicare Advantage plans also?</p> <p>The data that you submit will contain all your patients. The payment adjustment will affect only your Medicare Part B Fee-For-Service claims.</p>
Question 3	<p>Advantage of submitting as a group vs. individual?</p> <p>This will depend on how you are performing as a group versus your individual performance. Since payment adjustment can be applied to the entire group or individually, you will need to do a cost benefit analysis to determine the financial impact. However, reporting as a group reduces the administrative burden by letting you submit for all the clinicians associated with the group.</p>
Question 4	<p>Which performance measures are being deleted and which performance measures are being added?</p> <p>Although there is no list of measures that are added and removed for the 2019, the inventory of measures for 2019 can be found here: https://qpp.cms.gov/mips/explore-measures.</p>
Question 5	<p>How to review reports before doing the final submission of our data?</p> <p>You can generate reports from you EHR to review. You will have the ability to submit multiple times.</p>
Question 6	<p>What is Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP)? If I need help while submitting data, who do I call?</p> <p>HARP is the account needed to manage and submit data through the attestation portal. You can call your state’s assistance provider, which can be found here: https://qpp.cms.gov/about/help-and-support.</p>
Question 7	<p>Coding for denominator and numerator. What [sic] all Healthcare Common Procedure Coding System (HCPCS) code [sic], coding all measurements.</p> <p>Each quality measure and its respective specification document can be found on the Quality Payment Program (QPP) website: https://qpp.cms.gov/mips/explore-measures/quality-measures.</p>
Question 8	<p>Who can input to the computerized physician order system (CPOE)?</p> <p>Any credentialed provider can input CPOE, but this is not a measure requirement for the Merit-based Incentive Payment System (MIPS).</p>
Question 9	<p>How to review the final reports before doing the final submission of our data?</p> <p>This was covered in the presentation slides starting at slide 47 and in the downloadable webinar recording.</p>
Question 10	<p>I appreciate the open opportunity to target selected challenges, but [sic] need to become more familiar with MIPS.</p> <p>All MIPS resources can be found on qpp.cms.gov or you can get direct one-on-one assistance by calling the HSAG QPP Assistance Line at 1.844.472.4227.</p>
Question 11	<p>E-prescribing bonus: verify opioid treatment agreement — Is this a pain contract? What does this mean?</p> <p>This means there is a signed treatment agreement documented in the electronic health record (EHR).</p>



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Question 12	<p>Submission booklet for MIPS Categories for Medicare Shared Savings Program (MSSP) Accountable Care Organizations (ACOs)?</p> <p>Resources for APM entities such as MSSP ACOs can be found on the QPP website: https://qpp.cms.gov/apms/overview.</p>
Question 13	<p>When we get our certified EHR (CEHRT) number from the Office of the National Coordinator (ONC) website, will this allow CMS to apply the bonus for using 2015 CEHRT for the entire year?</p> <p>2015 CEHRT is required for the 2019 performance year. As long as the EHR is certified by the end of 2019, the provider will be eligible for the CEHRT bonus when all the measure requirements are met.</p>

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