



Learning Forum Fridays



Second Base: Pitch Your Best Improvement Activities Questions and Answers

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Questions	Answers
Question 1	<p>If a doctor's (MD) office is sold to a group, how do you combine yearly attesting, individual part of the year, and group the second part of the year? Two Tax Identification Numbers (TINs)?</p> <p>If the MD group is sold to another group, each National Provider Identifier (NPI) carries over to the new group/practice TIN. HSAG would recommend reporting and attesting for the new TIN.</p>
Question 2	<p>Give examples for non-physicians, such as physical therapist (PT), occupational therapist (OT), and speech language pathologist (SLP).</p> <p>For PT, OT, or SLPs in the Improvement Activities (IA) performance category, a few examples are listed below. Refer to the data validation file to see the description, activity weighting, validation for the activity, and required documents in case of an audit. The activity dates must be for 90 continuous days.</p> <ol style="list-style-type: none"> 1. Tobacco Use: Activity ID# IA_BMH_2 2. Engagement of New Medicaid Patients and Follow-Up: ID# IA_AHE_1 3. Care Transition Documentation Practice Improvements: ID# IA_CC_10
Question 3	<p>Please review bonus points available. Please [provide a] review on [the] prescription drug monitoring program (PDMP) [and] how to yearly re-credential the account for points?</p> <p>There are three PDMP IAs. Visit https://qpp.cms.gov/about/resource-library to access the 2019 Data Validation file that includes a few examples of activities:</p> <ol style="list-style-type: none"> 1. Consultation of the PDMP (high-weighted) 2. CDC Training on CDC's* Guideline for Prescribing Opioids for Chronic Pain (high-weighted) 3. Annual registration in the PDMP (medium-weighted) <p>*Centers for Disease Control and Prevention (CDC)</p>
Question 4	<p>How can we make a Satisfaction Survey work? What questions should we include to cover the one about access to care?</p> <p>There are two satisfaction surveys. There is a satisfaction survey in the high-weighted category that requires a vendor to do the survey for your patients and they would have pre-set questions. The second satisfaction survey is in the medium-weighted category, allowing the practice to create its own survey questions. You can select questions that pertain to improving care of patients or providing appointments in a timely manner, etc. For specialists, they can obtain a template from their respective specialty organization and customize it. Please do not hesitate to contact our HSAG QPP Service Center at 1.844.472.4227 should you need further assistance.</p>
Question 5	<p>This question refers to Merit-based Incentive Payment System MIPS for year 2 (2019). Isn't 2019 year 3?</p> <p>Yes, you are correct. 2019 is MIPS Year 3.</p>
Question 6	<p>If you have physical therapy in your group, they have different quality measures. How would you report them as a small group?</p> <p>Our discussion today will focus on the IA category. Please call our HSAG Quality Payment Program (QPP) Service Center at 1.844.472.4227 if you require further assistance on selecting quality measures as a physical therapist.</p>
Question 7	<p>Can an organization use the same IA from year to year? For instance, for patient access where we are still working on improving access?</p>



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	Some measures, like completion of the CDC Webinars, can only be done every four years. Be sure to read the measure’s description and view the MIPS Validation file at the Centers for Medicare & Medicaid Services (CMS) QPP Resource Library .
Question 8	<p>We are hospital-based physicians. Can we use the Press-Ganey satisfaction report to report on patient satisfaction?</p> <p>Please download the MIPS Validation file at the CMS QPP Resource Library. This file will give you suggested documents to have in the event of an audit. The survey allows you to develop improvement within your practice.</p>
Question 9	<p>Is there any advantage to reporting more than the minimum IA?</p> <p>No, there is no advantage in reporting more IA than the minimum.</p>
Question 10	<p>If I'm a member of an Accountable Care Organization (ACO), [how] would the ACO report IA for my practice?</p> <p>Click on the “Participating in the Quality Improvement Payment Program – Overview for Clinicians” (PDF) link, where you will find a section for “MIPS-Alternative Payment Models (APMs)” that explains how ACOs will report the IA for your practice. However, please contact your ACO Lead for clarification.</p>

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