



MIPS Scoreboard Check Questions and Answers

Moderator

Tara McAdoo, MSM
Director, Physician Office Quality
Health Services Advisory Group (HSAG)

Speaker

Denise Hudson, NR-CMA
Health Informatics Specialist, Physician Office Quality
HSAG

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Questions	Answers
Question 1	<p>Version 2015, please list the changes from version 2014. Can you send me the list?</p> <p>In 2019, the Promoting Interoperability (PI) category in the Quality Payment Program (QPP) was simplified by the Centers for Medicare & Medicaid Services (CMS) and will now be scored on four objectives: ePrescribing, Health Information Exchange (HIE), Provider-to-Patient Exchange, and Public Health and Clinical Data Exchange. In May, our Learning Forum Fridays (LFF) webinar covered the PI category in depth. You can download the recording here: http://bit.ly/2HqNo24 or review the CMS PI category Fact Sheet here: https://bit.ly/1MbKbMs. You also may contact our QPP Service Center at 1.844.472.4227 to discuss the category further.</p>
Question 2	<p>How to report MIPS if we are still using paper charts.</p> <p>You can be successful in the Merit-based Incentive Payment System (MIPS) without an electronic health record (EHR). If you are a small practice (15 or fewer eligible clinicians), consider submitting a Hardship Exception application when it becomes available over the summer. Once approved, CMS will reweight the PI category weight to the Quality category. At this point, you will have three categories to participate in that do not require an EHR (Quality, Improvement Activities [IA], and Cost). Call HSAG's QPP Service Center at 1.844.472.4227 to get started today!</p>
Question 3	<p>Specific MIPS codes for Retina Specialist and how to locate them and how to know when to use them step-by-step.</p> <p>Please contact our HSAG's QPP Service Center at 1.844.472.4227, for no-cost assistance. The answer may vary based on the QPP category or submission method you plan to utilize for 2019.</p>
Question 4	<p>How do I get a score card?</p> <p>HSAG offers a <i>QPP Documents for Audit Guide</i>: http://bit.ly/2K6X588, so you can record the measures you report. If you have an EHR, you should ask your vendor how to view your MIPS dashboard. If you are able to access reports from your vendor, call our HSAG QPP Service Center at 1.844.472.4227 and we can review them with you.</p>
Question 5	<p>For a small group practice, what is the required number of quality measures to report? 2 or 6?</p> <p>The required number of Quality measures does not change based on whether the practice is a small or large practice. However, the number required may change based on a measure set and submission method (i.e., a dermatologist reporting via claims would only report on three measures per the Eligible Measure Applicability [EMA] rule).</p>
Question 6	<p>What are the consequences if you intentionally withdraw from an ACO mid-year?</p> <p>The answer will depend upon factors such as: the date your practice withdraws from the Accountable Care Organization (ACO), the start date of the ACO itself, and if the ACO is considered a MIPS APM or Advanced APM.</p> <p>CMS has published a document called, "2019 Medicare Share Savings Program and QPP Interactions," that explains scenarios for participation and separation from an APM/Advanced APM: http://bit.ly/2KLxqBw.</p> <p>Please call our HSAG QPP Service Center at 1.844.472.4227 to provide additional details. Your practice can also consider submitting data to CMS as a backup plan. CMS will score the data and if your practice is able to be scored under the APM/Advanced APM you will receive that score instead.</p>



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	<p>It is better to err on the side of caution with the backup plan. Just be sure the data you submit is enough to earn 30 points in the program to avoid a negative-payment adjustment in the event CMS does not score you under the APM/Advanced standard.</p>
<p>Question 7</p>	<p>We have MDs who work as independent contractors 1 day per week each. Do we have to include them in our group or are they responsible for their own submission?</p> <p>You may want to give our service center a call on this at 1.844.472.4227. If the independent contractors are billing under your Tax Identification Number (TIN), yes, you would include them in your group data. Also, check their individual National Provider Identification (NPI) on the QPP Website (www.qpp.cms.gov) to see if CMS provides a status under your TIN for the NPI, especially when the second determination period is released in December 2019.</p>
<p>Question 8</p>	<p>How do we complete a security risk analysis?</p> <p>The Office of the National Coordinator for Health Information Technology (ONC) has put together instructional videos and a toolkit to guide you through completion of the security risk analysis (SRA): http://bit.ly/2I2f51j.</p>
<p>Question 9</p>	<p>What measures to choose to maximize scores?</p> <p>Each category has its own list of available measures. In the IA category, look for activities that you are already performing in your office. For PI, all measures under the four objectives will require a yes/no, numerator/denominator, or exclusion to earn a score in this category, so there really is not a measure selection to consider. For the Quality category, pick six measures that pertain to your specialty and your preferred way of reporting. If you need further assistance with your measure selection, call our HSAG QPP Service Center at 1.844.472.4227 for assistance.</p>
<p>Question 10</p>	<p>Do we have to include per diem providers in our group or are they responsible for their own MIPS?</p> <p>You can check the eligibility of your clinicians at https://qpp.cms.gov/participation-lookup. If you report as a group for your practice, their data would also need to be included.</p>
<p>Question 11</p>	<p>My org is reporting as a group (web-based submission for quality measures) and we have a handful of pathologists under our TIN along with a majority being MIPS-eligible primary care providers. Should we still report specific measures for our pathologists?</p> <p>CMS will only apply the top six scoring Quality measures to your Quality category score. You can submit more measures that are applicable to pathology, but since you are reporting as a group, your group will be given a Quality scored based on the top six.</p>
<p>Question 12</p>	<p>Does risk analysis have to be done thru portal or can I do paper?</p> <p>Please visit the HealthIT.gov website for the security risk assessment tool: https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-tool.</p>
<p>Question 13</p>	<p>Is the HARP account where you will find the final 2019 performance report?</p> <p>Yes, you will log onto the QPP portal with your Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) account to view your 2017 final performance and 2018 preliminary performance. Final scores for 2018 are estimated to be released in summer 2019.</p>



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Question 14	<p>PI-Security risk document link please. Is it any different material than last year? Do we also need to complete other risk assessments (other two)?</p> <p>Please visit the HealthIT.gov website for the security risk assessment tool: https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-tool.</p>
Question 15	<p>Where are the preliminary reports?</p> <p>When you log onto the QPP portal with your HARP account, you may view your 2017 final performance and 2018 preliminary performance. Final scores for 2018 are estimated to be released in summer 2019.</p>
Question 16	<p>What does CQM stand for?</p> <p>CQM stands for Clinical Quality Measure.</p>
Question 17	<p>How do we register as a small practice? Anything we have to do before submission?</p> <p>There is no registration required to be identified as a small practice. This special status designation is determined by CMS. You can check the special status of your clinicians and group at https://qpp.cms.gov/participation-lookup.</p>
Question 18	<p>How do we complete the security risk analysis?</p> <p>Please visit the HealthIT.gov website for the security risk assessment tool and further guidance: https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-tool.</p>
Question 19	<p>We have no EMR/EHR/ How do I check this performance?</p> <p>If you do not have an electronic medical record (EMR) or EHR, you are not able to submit data on the PI category. You will still need to submit data on Quality and Improvement Activities. Please review the Promoting Interoperability Hardship Application eligibility criteria to see if your practice is eligible to submit: https://qpp.cms.gov/mips/exception-applications.</p>
Question 20	<p>How do we apply for the hardship exception for the PI category? Is there a deadline to apply by?</p> <p>Please review the Promoting Interoperability Hardship Exception to see if your practice is eligible to submit: https://qpp.cms.gov/mips/exception-applications.</p> <p>The Promoting Interoperability Hardship Exception Application for Performance Year 2019 is estimated to open summer 2019 and will close December 31, 2019.</p>
Question 21	<p>So are you saying we do not have to use a MU3-certified EHR; we can use the same one we used for 2018?</p> <p>2019 Quality Payment Program and MIPS-Performance Year requires the use of 2015 ONC-Certified EHR Technology. You can check the certification of your EHR here: https://chpl.healthit.gov/#/search.</p>
Question 22	<p>When do we start reporting thru a registry?</p>



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	Please reach out to your registry, as each registry may have different deadlines for their participants.
Question 23	<p>Unfortunately, our practice has not been able to view our MIPS scores due to vendor-related issues. We use Prime Suite—a Greenway product and the MIPS dashboards have been unavailable since Jan 1st. They don't predict a fix until November.</p> <p>Verify with your EHR vendor that there are no alternate reports that can be run to monitor performance outside of the MIPS Dashboard. Some EHR systems have individual clinical reports that can be run to monitor performance. If that is unavailable, continue to follow the documentation requirements (specifications) for each measure. Once the dashboard is available, it will retroactively show your performance. If you are still not confident in your vendor's ability to provide updates in a timely manner, you may need to consider an alternate method of reporting, such as claims, registry/Qualified Clinical Data Registry (QCDR).</p>
Question 24	<p>Please tell us more about the security risk analysis.</p> <p>Please visit the HealthIT.gov website for the security risk assessment tool and further guidance: https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-tool.</p>
Question 25	<p>What is the deadline for Promoting Interoperability? End of the year or beginning of the year?</p> <p>PI Measures must be reported for at least 90 consecutive days in 2019.</p>
Question 26	<p>For half of the year until June we had 16 Physicians. Now we have 15 Physicians and 9 NP. Would we be considered small practice?</p> <p>Special status designation is determined by CMS. Please review your clinician and group special statuses here: https://qpp.cms.gov/participation-lookup. Also, on a side note, this may change when the second determination period will be released in December 2019.</p>
Question 27	<p>Last year we've participated under ACO and for 2019 we will be submitting the Quality Category by our own Group. Can we use the Quality Measures being assigned to ACO as our Quality Measures for this 2019?</p> <p>To see which measures would also apply to MIPS, please review the ACO Quality Crosswalk measures available at: https://qpp-cm-prod-content.s3.amazonaws.com/uploads/508/2019%20CMS%20Web%20Interface%20Fact%20Sheet.pdf.</p>
Question 28	<p>We are planning to report thru a registry, not utilizing EHR as of yet so, how many patients do we have to report? When is the PI hardship exception application be available?</p> <p>Please review the Promoting Interoperability Hardship Exception to see if your practice is eligible to submit: https://qpp.cms.gov/mips/exception-applications. When reporting via registry, you will be reporting on all patients/all payors that meet the measure criteria.</p>

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