NOVEMBER 2017

QPP SURS Quality Payment Program

Mechanics of MIPS Data Submission: Q&A

The Centers for Medicare & Medicaid Services (CMS) and IMPAQ International, the Central Support Contractor, recently hosted two webinars to help small practices – with a special focus on those in rural and underserved areas – learn about mechanisms and practical advice they can use to submit data for the Merit-based Incentive Payment System (MIPS). Below we highlight a few frequently asked questions from these webinars. You can access the recording from these events at:

https://qppsurs.wordpress.com/resources/.

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This newsletter is produced by IMPAQ International who is functioning as the QPP SURS Central Support contractor. Questions or suggestions about the newsletter can be sent to QPPSURS@IMPAQINT.COM.

Q: How do we report for the Advancing Care Information (ACI) and Improvement Activities (IA) categories?

A: For reporting on the ACI and IA categories, individual providers and groups of providers may use the following paths to submit data to CMS: attestation, QCDR (Qualified Clinical Data Registry), a Qualified Registry, or an EHR vendor. For additional details on reporting methods, see the summary graphics on slides 12 and 13 in the presentation, The Merit-based Incentive Payment System: Advancing Care Information and Improvement Activities Performance Categories: **https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MIPS-ACI-and-IA-presentation.pdf.**

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Mechanics of MIPS Data Submission: Questions and Answers (cont'd. from page 1)

Q: How do we report quality measures by claims?

A: Quality measures may be reported by claims in 2017. Additional ICD-10, HCPCS, and G-codes within claims submitted by an individual clinician for covered services will need to be included. These codes will identify which patients will be added towards the quality measure's denominator/numerator. If submitting for the test path, submitting data on one patient will fulfill the requirement for one measure, and will allow the provider(s) to avoid a 2019 payment adjustment. If submitting on the partial/full path, you can report two to six measures, and the reporting period must be at least 90 days. For additional details, see this link on using claims to report quality measures: **https://amazingcharts.com/fileadmin/user_upload/help/documentation/MIPS/Using_Claims_to_Report_Quality_Measures.pdf .**

Q: How soon can we submit to MIPS?

A: Data submission for 2017 is due no later than March 31, 2018. The submission window will open on January 1, 2018, and CMS encourages you to submit your data as early as possible to ensure that it has been received. If you are using third-party vendors for data submission, they may have earlier deadlines. The first payment adjustments will go into effect January 1, 2019. More information on deadlines is included in QPP Overview Fact Sheet, **https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/QPP-Year-2-Final-Rule-Fact-Sheet.pdf** and the quick start guide in: **https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Quick-Start-Guide-to-MIPS.pdf.**

Q: When we report MIPS measures, how do we know that we are in compliance versus not in compliance?

A: The QPP SURS Direct Support Organization assigned to your specific practice region can help determine if you are included in MIPS for the 2017 transition year. Their contact information is available in the Technical Assistance Resource Guide at: **https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Technical-Assistance-Resource-Guide.pdf.** You can also contact the Quality Payment Program at **qpp@cms.hhs.gov** or 1-866-288-8292, or use the MIPS NPI Look-up Tool available here: **https://qpp.cms.gov/participation-lookup.**

WEBSITES

Centers for Medicare and Medicaid Services
cms.gov

Quality Payment Program
qpp.cms.gov

Healthcare Communities
healthcarecommunities.org

For FREE assistance funded by CMS, clinicians in small practices can contact their Direct Support Organization
qpp.cms.gov/about/small-underserved-rural-practices

CONTACT US

QPP SURS Central Support Team
(202) 774-1060
qppsurs@impaqint.com

CMS QPP Service Desk
1 (866) 288-8292
1 (877) 715-6222 (TTY)
qpp@cms.hhs.gov

Tips from MIPS Clinicians

Clinicians from small practices in rural and underserved areas who have made progress transitioning to MIPS have shared some tips on specific strategies that have worked well for them. These tips may be useful to other clinicians who are just starting their transition to MIPS, as well as clinicians who have already started and could improve their approach.

1. Choose measures that are relevant to what you are already doing to serve your patients, or choose measures in an area that you personally care about.
2. Some MIPS measures earn points in more than one MIPS 2017 category, and some even apply to all three! Try to focus on quality improvement activities that have applicable measures in more than one MIPS category (i.e., ACI, IA, and Quality). See specific examples in the "Picking Quality Measures and Improvement Activities for MIPS Reporting – September 12th 2017" webinar materials here: **https://qppsurs.wordpress.com/resources/**.
3. Select quality measures that are not "topped out" – in other words, measures that may limit your score unless your practice is already performing at close to the 100th percentile compared to other clinicians. For more information on scoring and to identify which measures are topped out, see the benchmark files here: **https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2017-Quality-Benchmarks.zip**.
4. Participate in other initiatives, such as the antibiotic stewardship and immunization programs or the Millions Hearts initiative, which may concurrently satisfy MIPS requirements.
5. If you are a practice manager, create and distribute a scorecard to the MIPS-eligible clinicians in your practice to increase participation and motivate your clinicians.
6. Access and use the Quality and Resource Use Report (QRUR) to prepare for MIPS: **https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeedbackprogram/obtain-2013-qrur.html.**

Please reach out to your Direct Support Organization for **free technical assistance** and more tips from experts in the field on how to start your transition to MIPS, maximize your MIPS score, and increase your payment adjustment. Many also hold open forum style webinars which focus solely on answering attendee questions. Find your Direct Support Organization here: **https://qpp.cms.gov/about/small-underserved-rural-practices.**

Security Risk Analysis

Clinicians are required to conduct a Security Risk Analysis (SRA) to ensure that patient information is adequately protected. Doing so meets requirements of both the HIPAA security rule and the Quality Payment Program's Advancing Care Information (ACI) category. This category requires that participants conduct an SRA, and requires that participants protect and maintain data created by the Certified Electronic Health Record Technology (CEHRT). **Being proactive is key!**

Elements of a risk analysis include identifying the scope of a problem, evaluating the risk, creating a plan to address the risk, and establishing regular updates to the SRA. Two central considerations in evaluating the level of risk are 1) how likely an issue is to occur and 2) what the impact on security would be. For example:

Scenario	Sample Risk Calculation
If losing an *unencrypted* laptop is both likely and would have a severe impact	(Likely to Occur) x (Severe Impact) = **High Risk**
If losing an *encrypted* laptop is not very likely and would have a moderate or low impact	(Unlikely to Occur) x (Low Impact) = **Low Risk**

Once you analyze your risk areas, you can rank them and develop a plan on how to manage them. An appropriate work plan will vary across organizations, but should generally include specific actions to be taken, who is responsible for those actions, and the resources needed to address the issue.

Clinicians can conduct their own SRA (as opposed to hiring a professional) using the SRA Tool available at **https://www.healthit.gov/providers-professionals/security-risk-assessment-tool.** If clinicians have previously conducted an SRA, they can update the assessment results rather than conducting an entirely new SRA.

As an additional resource, the October LAN webinar discussed conducting an SRA, and the slides, transcript, and recording are available at **https://qppsurs.wordpress.com/resources/.**

QPP Hardship Exception Application for 2017 Now Available

The QPP Hardship Exception Application for the 2017 transition year is now available here: **https://cmsqualitysupport.service-now.com/exception_application.do**.

As a reminder, MIPS eligible clinicians and groups may qualify for a reweighting of their Advancing Care Information performance category score to 0% of the final score, and can submit a hardship exception application, for one of the following specified reasons:

- Insufficient internet connectivity
- Extreme and uncontrollable circumstances
- Lack of control over the availability of Certified EHR Technology (CEHRT)

There are some MIPS eligible clinicians who are considered Special Status, who will be automatically reweighted (or, exempted in the case of MIPS eligible clinicians participating in a MIPS APM) and do not need to submit a Quality Payment Program Hardship Exception Application. More information on Special Status can be found here: **https://qpp.cms.gov/participation-lookup/about.**

About the Hardship Exception Application Process

If you can't submit an application via the Quality Payment Program website, you can contact the Quality Payment Program Service Center at 1-866-288-8292 (TTY listed below) and work with a representative to verbally submit an application. To submit an application, you'll need:

- Your Taxpayer Identification Number (TIN) for group applications or National Provider Identifier (NPI) for individual applications;
- Contact information for the person working on behalf of the individual clinician or group, including first and last name, e-mail address, and telephone number; and
- Selection of hardship exception category (listed above) and supplemental information.

If you're applying for a hardship exception based on the Extreme and Uncontrollable Circumstance category, you must select one of the following and provide a start and end date of when the circumstance occurred:

- Disaster (e.g., a natural disaster in which the CEHRT was damaged or destroyed)
- Practice or hospital closure
- Severe financial distress (bankruptcy or debt restructuring)
- EHR certification/vendor issues (CEHRT issues)

Please note: Once an application is submitted, you will receive a confirmation email that your application was submitted and is pending, approved, or dismissed. Applications will be processed on a rolling basis.

For More Information on the Hardship Exemption

- Contact the Quality Payment Program Service Center at 1-866-288-8292 or TTY: 1-877-715-6222 or **QPP@cms.hhs.gov.**
- Visit the Quality Payment Program Hardship Exemption page: **https://qpp.cms.gov/mips/advancing-care-information/hardship-exception**.

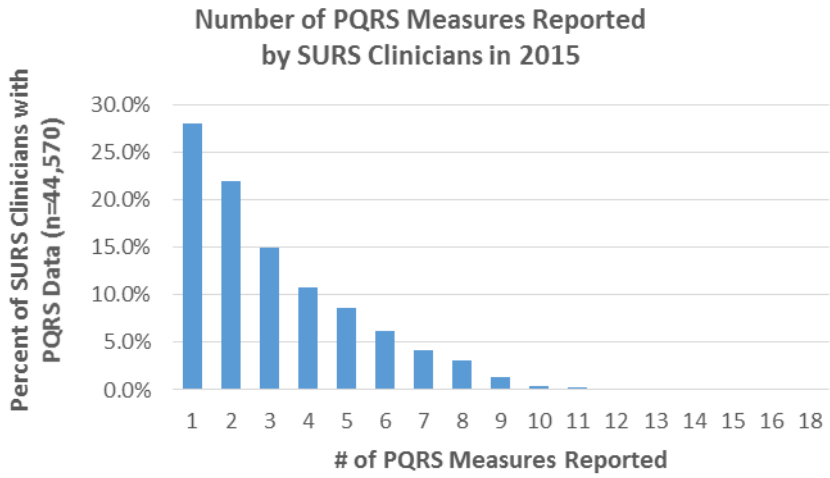
Data Spotlight: Quality Measures

If you have reported data to the Physician Quality Reporting System (PQRS) in the past, you are probably ahead of the game for MIPS reporting. In October 2017, the QPP SURS Central Support Contractor mapped the MIPS Quality performance category requirements to 2015 PQRS data for 44,570 SURS clinicians. Here is what we found.

Clinicians who are choosing the MIPS Test reporting option and who submitted PQRS data are in good shape. Under the Test reporting option, clinicians only need to submit one measure to meet requirements, therefore all clinicians who submitted PQRS data are projected to meet the Test reporting requirements. Of those SURS clinicians with PQRS data, nearly 50 percent of clinicians reported three or more quality measures in 2015.

100%

of SURS clinicians who submitted PQRS data are projected to meet MIPS Quality test reporting requirements



Clinicians who are choosing the Full or Partial Year reporting option (to earn a positive payment adjustment in 2019), and who submitted PQRS data, may need to make more changes to the measures they are reporting. Under this option, clinicians must report a minimum of six measures in the Quality performance category, including at least one outcome measure or one high priority measure.

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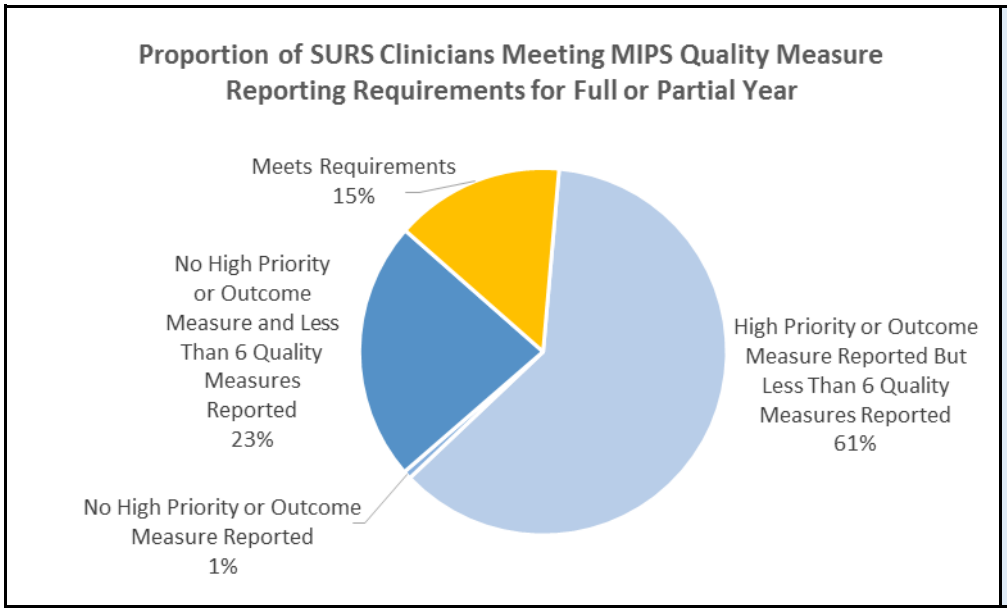
Data Spotlight: Quality Measures (cont'd from page 6)

As shown in the visual below, only 15 percent of clinicians would fully meet MIPS quality measure reporting requirements for Full or Partial Year reporting if they reported the same measures as they did for the PQRS.



15%

of SURS clinicians are projected to meet MIPS Quality reporting requirements for Full or Partial Year reporting

The table below displays the most commonly reported quality measures across SURS clinicians in 2015 and the average predicted number of points for each measure. A maximum of 10 points are possible for each quality measure based on 2017 quality benchmarks.[1]

Measure	% of SURS Clinicians Reporting (n=44,570)	Average Number of Points (Maximum of 10)
Documentation of Current Medications in the Medical Record	34.8%	8.2
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	31.3%	8.3
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	17.5%	7.7
Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	14.7%	6.4
Use of High-Risk Medications in the Elderly	12.3%	7.1
Diabetes: Eye Exam	11.4%	8.5

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[1] Benchmarks for all MIPS quality measures can be downloaded from the QPP website: https://qpp.cms.gov/docs/QPP_Quality_Benchmarks_Overview.zip

Data Spotlight: Quality Measures (cont'd. from page 7)

In addition to the most commonly reported measures above, the table below displays quality measures reported in top SURS specialties and other specialties of interest.

Specialty	Top Measures Reported
Internal Medicine/Family Practice	• Pneumococcal Vaccination Status for Older Adults • Preventive Care and Screening: Influenza Immunization • Colorectal Cancer Screening
Ophthalmology/ Optometry	• Age-Related Macular Degeneration (AMD): Dilated Macular Examination • Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation • Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement
Podiatry	• Diabetes: Foot Exam • Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy - Neurological Evaluation • Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention - Evaluation of Footwear
Certified registered nurse anesthetist (CRNA)/ Anesthesiology	• Perioperative Temperature Management • Pain Assessment and Follow-Up • Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections
Emergency Medicine	• Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented • Care Plan • Preventive Care and Screening: Influenza Immunization
Orthopedic Surgery	• Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients) • Pain Assessment and Follow-Up
Pathology	• Barrett's Esophagus • Radical Prostatectomy Pathology Reporting • Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade
Diagnostic Radiology	• Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms • Radiology: Exposure Dose or Time Reported for Procedures Using Fluoroscopy • Radiology: Stenosis Measurement in Carotid Imaging Reports

Monthly Observance: November is American Diabetes Month

In November, join the American Diabetes Association in observing American Diabetes Month. According to the Centers for Disease Control and Prevention (CDC):

- More 86 million American adults have prediabetes, and only 10 percent know they have it.
- More than 29 million people in the United States have diabetes.

Use this month to raise awareness about diabetes risk factors and encourage people to make healthy changes.

Make Diabetes Month Count

MIPS rewards providers for activities that support the goals of American Diabetes Month. Providers can earn points on their MIPS scores by conducting the activities shown in the table below, and opting to report on the corresponding measures.

What Clinicians Can Do	Corresponding MIPS Measures[2]
Offer or refer patients with diabetes to annual eye exams and/or foot exams	**Quality Measure 117:** Diabetes: Eye Exam **Description:** Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period. **Quality Measure 163:** Diabetes: Foot Exam **Description:** The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a foot exam (visual inspection and sensory exam with mono filament and a pulse exam) during the measurement year.
Help patients manage their diabetes	**Improvement Activity Measure IA_PM_4:** Glycemic management services **Description:** For outpatient Medicare beneficiaries with diabetes and who are prescribed antidiabetic agents (e.g., insulin, sulfonylureas), MIPS eligible clinicians and groups must attest to having: For the first performance year, at least 60 percent of medical records with documentation of an individualized glycemic treatment goal that: a) Takes into account patient-specific factors, including, at least 1) age, 2) comorbidities, and 3) risk for hypoglycemia, and b) Is reassessed at least annually. The performance threshold will increase to 75 percent for the second performance year and onward. Clinician would attest that, 60 percent for first year, or 75 percent for the second year, of their medical records that document individualized glycemic treatment represent patients who are being treated for at least 90 days during the performance period.
Give patients an opportunity to develop or adjust their plan of care at least once per year	**Improvement Activity Measure IA_PM_13:** Chronic Care and Preventive Care Management for Empaneled Patients **Description:** Proactively manage chronic and preventive care for empaneled patients that could include one or more activities listed on the QPP website.

[2]Refer to a full listing of MIPS measures on the QPP website: https://qpp.cms.gov

Upcoming QPP Events

Information regarding upcoming events, along with registration information can be found below:

November LAN Webinar: MIPS Question and Answer Town Hall Event

Date: Thursday, November 16

Time: 3:30—4:30pm ET

Registration: Please register here.

CMS encourages you to share the below registration information with clinicians, partners, and other stakeholders who are interested in attending a **public webinars** on Virtual Groups.

Virtual Groups Public Webinar

Date: Tuesday, November 21

Time: 1:00—2:00pm ET

Registration: Please register here.

CMS Quality Conference, Advancing Patient-Centered Care

Date: February 12-14, 2018 in Baltimore

Registration: Please register here.