QUALITY PAYMENT PROGRAM
SMALL UNDERSERVED RURAL SUPPORT (QPP SURS) WEBINAR
JANUARY 23, 11:00-12:00 ET AND JANUARY 25, 3:30-4:30 ET

MIPS DATA SUBMISSION: PRACTICAL ADVICE FOR SMALL GROUP PRACTICES AND SOLO PRACTITIONERS
HOUSEKEEPING ANNOUNCEMENTS

- Please access the audio for this webinar through your computer speakers
- For assistance, enter your issue in the chat box
- To ask a question, enter your inquiry in the chat box
What is your role?

- A clinician working in a practice with 15 or fewer clinicians
- Non clinical staff from a practice with 15 or fewer clinicians
- A clinician working in a practice with more than 15 clinicians
- Non clinical staff in a practice with more than 15 clinicians
- Quality Payment Program contractor
- Other person helping practices prepare for MIPS
- Other
POLLING QUESTION

What describes your progress in using the CMS platform for submitting data?

▸ Considering using it but no EIDM account or use yet
▸ I have an EIDM account but haven’t accessed the site yet
▸ Accessed the site but haven’t finished yet
▸ Think I’m done but want to make sure I’ve done it right
Gordon Wright, Medical Informatics Specialist, Health Services Advisory Group

Michael Sacca, Managing Director, IMPAQ Health Division, QPP SURS Central Support

Bruce Spurlock, MD President & CEO, Cynosure Health
MIPS DATA SUBMISSION

SETTING THE STAGE

▸ Focus: Helping practices prepare for MIPS submission via the QPP portal
▸ Strategy: Focus on the essentials and mechanics of submitting data

▸ Topic Overview:
  ▪ Resources for free support and answers to your questions
  ▪ Overview of who is eligible
  ▪ How to access the platform
  ▪ Overview of submission methods
  ▪ How to use the platform to submit Quality Measures, Advancing Care Information (ACI), and Improvement Activities (IA)
Small, Underserved & Rural Direct Support Organizations (DSO)

Free technical assistance and advice available for small practices from CMS-funded DSOs. Contact information for each DSO at: https://qpp.cms.gov/docs/QPP_Support_for_Small_Practices.pdf

- General information about QPP for eligible clinicians participating in MIPS or Advanced APMs: https://qpp.cms.gov/
- Questions to CMS about Quality Payment Program: QPP@cms.hhs.gov
- Sources of support for larger practices and APM participants described in: https://qpp.cms.gov/docs/QPP_Technical_Assistance_Resource_Guide.pdf
Am I required to Report MIPS data?
For 2017, you’re required to participate in MIPS if you are an eligible clinician type, **AND** if you exceed the low-volume threshold:

**Eligible Clinician Types**
- Physicians
- Physician's assistants
- Nurse practitioners
- Clinical nurse specialists
- Certified registered nurse anesthetists

**Exceeding the Low-Volume Threshold**
- Billed more than $30,000 in Medicare Part B allowed charges **AND**
- Saw more than 100 Part B-enrolled Medicare patients
Clinicians unsure about their final 2017 MIPS eligibility can use the CMS NPI lookup tool to check their eligibility: https://qpp.cms.gov/participation-lookup

The tool contains eligibility information for **ALL** practices you are associated with *(based on PECOS data as of December 2017)*

The NPI lookup tool can also be used to view special status information.
QUESTION:

How do I get started submitting data through the CMS portal?
YOU’LL NEED A CMS ENTERPRISE IDENTITY MANAGEMENT (EIDM) ACCOUNT…

- An EIDM account with an associated user role for your practice or organization allows you to log into the QPP portal, submit data, and receive real-time performance feedback for data submitted via the portal.
- If you have authorized a third party to submit data on your behalf, you can use your EIDM account to check the status of those submissions.
- If you’ve been submitting data under legacy CMS programs such as PQRS, your EIDM user accounts will be the same in the Quality Payment Program.
- Additional information on EIDM account setup can be found on the CMS Enterprise Portal: https://portal.cms.gov/wps/portal/unauthportal/home/
Use a Checklist to Guide You

Determine Appropriate Security Role

- Security Official
- Individual Practitioner
- Group Representative


For More Information, visit: www.neqpp.org
QUESTION:

What do I need to know before I get started?
OVERVIEW OF 2017 QUALITY PAYMENT PROGRAM REPORTING OPTIONS

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IT’S EASY TO AVOID A NEGATIVE PAYMENT ADJUSTMENT

- Submit **minimum** amount of 2017 data to Medicare
- **Avoid** a downward adjustment
- Gain familiarity with the program

Minimum Amount of Data

1. **Quality Measure**
   - OR
2. **Improvement Activity**
   - OR
3. **4 or 5+ Required**
   - Advancing Care Information Measures
QUALITY MEASURE CLAIMS DATA SUBMISSION

- Quality data can be submitted using Part B Claims
  - Claims data submission is completed outside of the QPP portal
  - An EIDM account is not required to submit quality data via claims
  - Avoid a negative payment adjustment by submitting just one quality data code on an applicable 2017 Part B claim
Measure #24 (NQF 0045): Communication with the Physician or Other Clinician Managing On-going Care Post-Fracture for Men and Women Aged 50 Years and Older – National Quality Strategy Domain: Communication and Care Coordination

**NUMERATOR:**
Patients with documentation of communication with the physician or other clinician managing the patient’s on-going care that a fracture occurred and that the patient was or should be considered for osteoporosis testing or treatment.

**Definition:**
Communication – May include documentation in the medical record indicating that the clinician treating the fracture communicated (e.g., verbally, by letter, through shared electronic health record, a bone mineral density test report was sent) with the clinician managing the patient’s on-going care OR a copy of a letter in the medical record outlining whether the patient was or should be treated for osteoporosis.

**Numerator Quality-Data Coding Options:**
Patient receiving Hospice Services, Patient Not Eligible;

- **Denominator Exclusion:** G9688: Patient using hospice services any time during the measurement period

**OR**

- **Post Fracture Care Communication Documented**
  - **Performance Met:** CPT II 5015F:
    - Documentation of communication that a fracture occurred and that the patient was or should be tested or treated for osteoporosis

**OR**

- **Post Fracture Care not Communicated, Reason not Otherwise Specified**
  - Append a reporting modifier (8P) to CPT Category II code 5015F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified
  - **Performance Not Met:** 5015F with 8P:
    - No documentation of communication that a fracture occurred and that the patient was or should be tested or treated for osteoporosis, reason not otherwise specified
## MIPS DATA SUBMISSION

### TRANSLATING QDC CODE TO CMS-1500 FORM

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**24. DATE(S) OF SERVICE**

**25. FEDERAL TAX I.D. NUMBER**

**26. PATIENT’S ACCOUNT NO.**

**27. ACCEPT ASSIGNMENT?**

**28. TOTAL CHARGE**

**29. AMOUNT PAID**

**30. Read for NUCC Use**

**31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS**

**32. SERVICE FACILITY LOCATION INFORMATION**

**33. BILLING PROVIDER INFO & PH #**

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**NUCC Instruction Manual available at:** [www.nucc.org](http://www.nucc.org)
2017 QPP CLAIMS DATA SUBMISSION FACT SHEET

- Claims data submission fact sheet on the QPP Resource Library that provides the steps to follow when submitting QDCs via claims: https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/QPP-2017-Data-Submission-Factsheet.pdf

- The fact sheet also provides important codes and information to look for on the transmittal remittance to indicate CMS receipt of valid 2017 QDCs

  - Keep transmittal codes and reasons to look for are “N620” and “CO 246 N620”
TIPS FOR SUCCESSFUL MIPS CLAIMS PARTICIPATION

- If your MAC denies payment for all the billable services on your claim, the QDCs won’t be included in the MIPS analysis, so your data won’t count towards your MIPS participation.

- You can’t resubmit claims for the sole purpose of adding or correcting QDC codes.

- To submit at least 90 days of quality data through claims, you should have started appending QDCs to your claims for a full quarter, or no later than October 2, 2017.
QUESTION:

▶ How do I use the CMS platform to submit Quality Measures?
MIPS DATA SUBMISSION

USING THE PLATFORM TO SUBMIT QUALITY MEASURES

- Make sure your EIDM account is set up with appropriate access.
- Ensure that your EHR can create QRDA files that are used in the submission process.
  - Call your EHR vendor to verify
  - Ensure there are no new updates and check for readiness as well.
- Determine whether your practice will be submitting as a group or individually
- Log into the QPP Portal and get started.
USING THE PLATFORM TO SUBMIT QUALITY MEASURES

Video clip of Merit-based Incentive Payment System (MIPS) Data Submission Video released by CMS; Quality Measures
Many EHRs do not have the capability of converting Quality, Improvement Activities and Advancing Care into a QRDA file. In most cases you will only be able to do submit Quality data if your EHR has that functionality.

Some EHRs do not have the ability to report Quality QRDA data at the Group level. In this case you can either submit individually or hire a company to combine the individual QRDA files.

Currently there’s no email of successful submissions and the only way that you know it has been saved is to log off and log back in and see if your Quality data is still there.
QUESTION:

- How do I use the CMS platform to submit Improvement Activities?
Be sure to have your Improvement Activities selected

- If you are a practice with less than 15 eligible clinicians, you will need either 2 medium weighted activities or 1 high weighted activity.
- If you are a large practice of 16 or more, you will need either 4 medium weighted activities, or 2 weighted activities or a combination of the 2 weights.

- Log into the QPP Portal and get started.
USING THE PLATFORM TO SUBMIT IMPROVEMENT ACTIVITIES

Video clip of Merit-based Incentive Payment System (MIPS) Data Submission Video released by CMS; Improvement Activities
Currently there’s no email verification of successful submissions, as the only way that you know it has been saved is to log off and log back in and see if your IA data is still there.

There is no need to upload data for this measure unless your EHR has the ability to create a IA QRDA, but just be sure to have your IA protocols at your practice in the event of an audit.

Be sure to put in at least a 90 day date range as the QPP portal will not give you an error message for less than 90 days. IAs have to be at least 90 days in the performance year.
QUESTION:

- How do I use the CMS platform to submit Advancing Care Information?
If you are not on a certified EHR, you cannot report or attest to ACI.

Prepare your EHR's dashboard report with the ACI data you will be submitting.

Log into the QPP Portal and get started.
MIPS DATA SUBMISSION

USING THE PLATFORM TO SUBMIT ADVANCING CARE INFORMATION

- Video clip of Merit-based Incentive Payment System (MIPS) Data Submission Video released by CMS; ACI
Not all EHRs can submit ACI electronically. In this case you will have to manually enter the data much like MU. In addition, if you are reporting via group, you will need to manually enter the aggregate data.

Currently there’s no email verification of successful submissions, as the only way that you know it has been saved is to log off and log back in and see if your ACI data is still there.

If a practice is part of an ACO, they will submit Quality, but for ACI, you can report either as a group or individually.
POLLING QUESTION

What are you biggest challenges or concerns with using the CMS platform to submit data?
FREE RESOURCES FOR ASSISTANCE FROM CMS

- QPP website: [https://qpp.cms.gov/](https://qpp.cms.gov/) --includes information tailored for the needs of small practices

- Contact the Quality Payment Program at: [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov) or call 1-866-288-8292

- Support and Available resources for Small, Underserved, and Rural Practices: [https://qualitypaymentprogram.cms.gov/about/small-underserved-rural-practices](https://qualitypaymentprogram.cms.gov/about/small-underserved-rural-practices)

- Small Underserved Rural Support Direct Support Organizations (see list on slide 9)
  - Contact information is available at: [https://qpp.cms.gov/docs/QPP_Support_for_Small_Practices.pdf](https://qpp.cms.gov/docs/QPP_Support_for_Small_Practices.pdf)
  - Available websites of each Direct Support Organization
  - Types of help: needs assessments, webinars, technical support, links to peers you can talk with, assistance getting signed up to report through an approved channel that meets your practice’s needs

- **FREE Technical Assistance funded by CMS** is also available for larger group practices and for clinicians interested in participating in an Alternative Payment Model. More information on those programs is available at: [https://qpp.cms.gov/docs/QPP_Technical_Assistance_Resource_Guide.pdf](https://qpp.cms.gov/docs/QPP_Technical_Assistance_Resource_Guide.pdf)
FREE RESOURCES FOR ASSISTANCE FROM CMS

- Benefits of Electronic Health Records
- Data Submission fact sheet
- CMS Data Submission instructional videos:
  - Merit-based Incentive Payment System (MIPS) Data Submission
  - Advancing Care Information (ACI) Data Submission for Alternative Payment Models (APMs)
  - Data Submission via a Qualified Clinical Data Registry and Qualified Registry

- Other national webinars focused on small practices
- Other national events about Quality Payment Program
WRAP-UP ACTIVITIES

▸ Links to the recordings of the event are available here: https://qppsurs.wordpress.com/resources/

▸ Future webinar topics and timeframe:
  ▸ February: Implications of the 2018 Final Rule for Small Group Practices
    ▸ February 20, 2018 at 7:00pm ET
    ▸ February 22, 2018 AT 11:00am ET
  ▸ March: How to Prepare for MIPS Cost Scoring
  ▸ Please provide feedback on this event: Feedback Form

Some of the materials contained in these slides is drawn from: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MIPS-ACI-Deep-Dive-Webinar-Slides.pdf. Slide decks created by event panelists also provided information reflected in this presentation. The input from project panelists is gratefully acknowledged.

Other documents on the QPP.CMS.GOV website provide additional detail about the MIPS program.

Disclaimer: This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes periodically so links to the source documents have been provided within the document for your reference. This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.