

Start Your 2017 Quality Payment Program Data Submission Today!

Data submission system for the Quality Payment Program (QPP) is quick and easy at <https://qpp.cms.gov/>, especially if you have certified electronic health record technology, or if you have data files from a registry. You can start your data submission any time and finish it later, or update it anytime until the reporting deadline:



Saturday, March 31, 2018. Submit as many measures as you like, and the data submission system will look at the latest file you've uploaded and pick the combination of measures in that latest file that maximizes your score for the corresponding performance category. Each time you add new data or update your submission, you will see how your preliminary score changes, both for each individual measure and for your overall score. Starting your data submission today will give you a chance to see what adjustments you may need to make before the March deadline, such as submitting additional or alternate measures.

To log into the data submission portal, you will need an Enterprise Identity Data Management (EIDM) account. If you do not have an EIDM account yet, set one up now: <https://portal.cms.gov>. As part of the process, you'll need to request a valid EIDM role (individual practitioner, security official, or PQRS submitter). Detailed instructions and documentation requirements are available here: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Enterprise-Identity-Data-Management-EIDM-User-Guide.pdf>. There is also a specific EIDM user guide for Accountable Care Organizations: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Enterprise-Identity-Data-Management-EIDM-ACO-User-Guide.pdf>.

If your data will be submitted on your behalf by your electronic health record (EHR) vendor, Qualified Registry, or Qualified Clinical Data Registry, you can log into the portal to see the submitted data. If you are submitting your own data, you can login to the portal and upload the necessary files. Once you have logged in, to submit data, you can upload aggregate quality reports as Quality Reporting Document Architecture (QRDA) III files produced by your EHR. Alternatively, you may also upload QPP format files produced by registries you belong to, or non-certified reports in either the QRDA III or QPP format. If you have data both from an EHR and from a registry, you can upload both, and you'll get credit for the combination of measures that gives you the highest score.

For Improvement Activities (IAs) and for Advancing Care Information (ACI), you also have the option to enter information manually. In the ACI category, you will need to complete the required attestations before you enter data, and remember, you are attesting to the use of certified EHR technology (CEHRT) for the ACI measures reported. You must complete the required base score measures before you enter the optional bonus score measures. Be sure to select a performance period of at least 90 days, otherwise your ACI score will be capped at 50 points.

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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.

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If you are submitting ACI data manually, you can easily check the measure specifications by clicking the download arrow next to the measure name (see example circled in red in the figure below).



Need more help? Contact your Direct Service Organization (DSO). Find your DSO here: <https://qpp.cms.gov/about/small-underserved-rural-practices>.

IMPORTANT!

If you are participating in MIPS by submitting claims data, you must submit at least one valid 2017 original claim with appropriate QDC codes by

March 1, 2018

Reminders for this New Year

2017 Data Submission for MIPS

The deadline to submit 2017 data via the QPP portal is March 31, 2018. The deadline to submit 2017 via **claims** is March 1, 2018.

Note: There is not a *SAVE* or *SUBMIT* button on the data submission portal. The portal automatically updates as you enter your data.

2017 Data submission for ACOs or other APMs

If you are part of an Accountable Care Organization (ACO) or other Alternative Payment Model (APM) that is submitting Quality Measures and Improvement Activities on your behalf, make sure the ACO or APM have any patient information they need to report. Also, remember that you need to report Advancing Care Information (ACI) Measures on your own.

2018 Data Collection

Reach out to your Direct Support Organization (DSO) for help strategizing on your plan to collect and report 2018 data. The 2018 performance year ends December 31, 2018.

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@impagint.com

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

QPP 2017: It's Not Too Late to Participate with Claims!

As you may know, if you are eligible and if you do not participate in QPP and the Merit-based Incentive Payment System (MIPS), you will have a negative 4% payment adjustment starting in 2019 for all your Medicare Part B services. If you haven't started preparing for QPP/



MIPS yet, you may still be able

to use claims to participate for 2017 to avoid a negative adjustment. To avoid a penalty, append a Quality Data Code (QDC) to at least one original 2017 Medicare Part B claim no later than **March 1, 2018**. Note that this is earlier than the March 31, 2018 deadline for the other modes of data submission into the QPP/CMS Enterprise Submission Portal. To be on the safe side, you may want to **file several claims** with QDC codes in case one is rejected. CMS **does not** allow you to resubmit claims for the sole purpose of adding or correcting QDCs. However, if you haven't yet billed for all 2017 services provided, you can include QDCs with a \$0.00 or \$0.01 charge amount on any applicable outstanding Part B claims and submit to CMS through your normal billing process.

CMS has updated the QPP data submission portal to integrate claims-based quality measure data outcomes into the quality performance category results and scores displayed on the portal. Accordingly, the portal will provide real-time feedback and preliminary scores for those measures submitted via claims. These results will be available to all connected individual clinicians within a practice, and will not be exclusive to only MIPS-eligible clinicians.

For more information, read the CMS fact sheet: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Claims-Data-Submission-Fact-Sheet.pdf>.

Using QRUR Reports to Predict and Improve MIPS Cost Performance

If you want to maximize your MIPS score in the coming years, now is a good time to start looking at your cost data and thinking of ways to improve efficiency. While cost measures will not count towards your MIPS scores for the 2017 reporting period, they will count for 10% of your 2018 MIPS score and 30% of your MIPS score in 2019 and beyond. However, CMS will provide clinicians and practices with a 2017 cost measure score estimate that will not count towards your 2017 MIPS score, but can be referenced in preparation for 2018. You can expect to receive your 2017 cost score around July 2018; CMS will automatically calculate it based on claims data.

To get a jumpstart on improving your cost score, take a look at your 2016 Annual Quality and Resource Use Report (QRUR), released in September 2017. Your cost score for 2017 will be based on your average score for Total Per Capita Costs (TPCC) for All Attributed Beneficiaries, and Medicare Spending per Beneficiary (MSPB). The measures will be adjusted for geographic payment rates and patient risk factors. These two measures will also be used to calculate the 2018 cost measure score.

You can use your 2016 QRUR data on those same measures to get a sense of how you might perform in 2017 and to help you identify what to work on in 2018. Exhibit 7 of your QRUR (see example below) shows your practice's standardized costs for both the TPCC and MSPB measures, as well as the national benchmark (case-weighted mean cost) from the same performance year. This gives you an idea of how you are performing relative to others. If you're ambitious, you can even use that information to get a rough estimate of your MIPS score, assuming that scores follow a bell curve.¹

Exhibit 7 from a QRUR Report (Example)

Cost Measure	Your TIN				All TINs in Peer Group	
	Number of Eligible Cases or Episodes	Per Capita or Per Episode Costs	Standardized Cost Score	Included in Domain Score?	Benchmark (National Mean)	Standard Deviation
Per Capita Costs for All Attributed Beneficiaries	70	\$5,587	-1.87	Yes	\$12,380	\$3,631
Medicare Spending per Beneficiary	35	\$16,154	-3.49	No	\$20,411	\$1,220

You may also be able to identify opportunities for increased cost efficiency by looking at the types of costs incurred by your practice's beneficiaries, in Tables 3A and 3B of your QRUR (for the TPCC measure); Tables 5C and 5D (for the MSPB measure); and Table 4A (per capita costs for beneficiaries with specific conditions).

To learn more about QRUR reports, visit:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/2016-ORUR.html>.

¹Points will be assigned to both the TPCC and MSPB measures based on benchmark deciles up to a maximum of 10 points for each measure – for example, if you were in the tenth decile (highest performance; lowest cost), you would get 10 points; if you were in the fifth decile (average performance), you would get between 5 and 5.9 points. You can get a rough estimate of which decile you're in for each cost measure as follows: 1) subtract your per capita or per episode costs from the benchmark; 2) divide the difference you found in step 1 by the standard deviation to get a z-score; 3) use a z-score chart or an online z-score to percentile calculator to figure out what percentile your z-score corresponds to (be sure to select a one-tailed z-score test). In the illustrative example above, the clinician would be in the 9th decile for TPCC: Step 1 - $12,380 - 5,587 = 6,793$. Step 2: $6,793 / 3,631 = 1.8708$. Step 3: That z-score corresponds to the 96th percentile (9th decile) for a one-tailed test.

How QPP and MIPS Help Clinicians to Address the Opioid Crisis

According to the Centers for Disease Control, 91 Americans die every day from opioid overdoses, representing a four-fold increase since 1999.² Clinicians have an important role to play in keeping patients safe while keeping pain under control. Under QPP and MIPS, you can be rewarded for your efforts to curb the opioid epidemic. For example, you can earn MIPS points and positive payment adjustments in 2018 by conducting and reporting on the activities in the table below.

What Clinicians Can Do	Corresponding MIPS Measures
Ask patients to sign opioid treatment agreements	<p>Quality Measure 412: Documentation of Signed Opioid Treatment Agreement.</p> <p>Description: All patients 18 and older prescribed opiates for longer than six weeks duration who signed an opioid treatment agreement at least once during Opioid Therapy documented in the medical record.</p>
Evaluate patients for risk of opioid misuse	<p>Quality Measure 414: Evaluation or Interview for Risk of Opioid Misuse.</p> <p>Description: All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, SOAPP-R) or patient interview documented at least once during Opioid Therapy in the medical record.</p>
Follow up every 3 months	<p>Quality Measure 408: Opioid Therapy Follow-up Evaluation.</p> <p>Description: All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during Opioid Therapy documented in the medical record.</p>
Participate in a Prescription Drug Monitoring Program	<p>Activity ID IA_PSPA_5: Annual registration in the Prescription Drug Monitoring Program.</p> <p>Description: Annual registration by eligible clinician or group in the prescription drug monitoring program of the state where they practice. Activities that simply involve registration are not sufficient. MIPS eligible clinicians and groups must participate for a minimum of 6 months.</p> <p>Activity ID IA_PSPA_6: Consultation of the Prescription Drug Monitoring program.</p> <p>Description: Clinicians would attest that, 60 percent for first year, or 75 percent for the second year, of consultation of prescription drug monitoring program prior to the issuance of a Controlled Substance Schedule II (CSII) opioid prescription that lasts for longer than 3 days.</p>
Get training	<p>Activity ID IA_PSPA_10: Completion of training and receipt of approved waiver for provision opioid medication-assisted treatments.</p> <p>Description: Completion of training and obtaining an approved waiver for provision of medication-assisted treatment of opioid use disorders using buprenorphine.</p>

²<https://www.cdc.gov/drugoverdose/epidemic/index.html>

Monthly Observance: February is American Heart Month

February is American Heart Month – a good time to encourage all patients to take control of their heart health. According to the Centers for Disease Control, cardiovascular disease accounts for about 31% of all deaths each year, but controlling risk factors could reduce a person’s risk of heart attack or stroke by up to 80%.³ QPP and MIPS reward providers for activities that support heart health. The table below lists 2018 MIPS measures aligned with the Million Hearts Initiative, which you can report on to earn points for your activities. You can also see Million Hearts-aligned MIPS measures here:



https://millionhearts.hhs.gov/files/MH_CQM.pdf, and all MIPS quality measures are on the CMS QPP website: <https://qpp.cms.gov/mips/quality-measures>.

What Clinicians Can Do	Corresponding MIPS Measures
Help patients control blood pressure	<p>Quality Measure 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented. Description: Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.</p> <p>Quality Measure 236: Controlling High Blood Pressure. Description: Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period.</p>
Prescribe aspirin or other antiplatelet, as appropriate	<p>Quality Measure 204: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet. Description: Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antiplatelet during the measurement period.</p>
Manage cholesterol	<p>Quality Measure 438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease. Description: Percentage of patients considered at high risk of cardiovascular events who were prescribed or were on statin therapy during the measurement period.</p>
Help patients quit smoking	<p>Quality Measure 226: Preventive Care and Screening: Tobacco Use. Description: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.</p>

³<https://www.cdc.gov/chronicdisease/resources/publications/aag/heart-disease-stroke.htm>

Resource Roundup: Newly Available MIPS Tools

Quality Payment Program Listserv

This listserv functions as a vital source of information on the Quality Payment Program, and all participants are encouraged to use the feature. To subscribe, scroll to the very bottom of the <https://QPP.CMS.gov> website, and enter your email address in the “Subscribe to Updates” box (see screenshot, right).

Subscribe to Updates

2017 Data Report Submission

To accompany the opening of the data submission period, CMS released several resources:

Checking Your Eligibility Status

APM Look-Up Tool

<https://data.cms.gov/qplookup>

MIPS Participation Look-Up Tool

<https://qpp.cms.gov/participation-lookup>

Fact Sheets

Data Submission Fact Sheet

<https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/QPP-2017-Data-Submission-Factsheet.pdf>

Claims Data Submission Fact Sheet

<https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Claims-Data-Submission-Fact-Sheet.pdf>

Instructional Videos

Merit-based Incentive Payment System (MIPS) Data Submission

<https://www.youtube.com/watch?v=q0Cvke6fnrg&feature=youtu.be>

Advancing Care Information (ACI) Data Submission for Alternative Payment Models (APMs)

<https://www.youtube.com/watch?v=yTR5l9yCmOI&feature=youtu.be>

Data Submission via a Qualified Clinical Data Registry and Qualified Registry

<https://www.youtube.com/watch?v=uCPHq1Pg9VY&feature=youtu.be>

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Resource Roundup: Newly Available MIPS Tools (Continued from page 7)

2018 QPP Resources

The Centers for Medicare & Medicaid Services (CMS) has recently posted documents on CMS.gov that include the measures and activities for each of the four Merit-based Incentive Payment System (MIPS) performance categories in 2018.

- 2018 Improvement Activities: Provides information about specific Improvement Activities and activity weights (medium vs. high).
<https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Improvement-Activities.zip>
- 2018 Quality Measures Specifications: Includes descriptions of, and requirements for, each of the Quality performance category measures.
<https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Quality-Measure-Specifications-supporting-documents.zip>
- Quality Measure Specifications Supporting Documents: Provides additional information for clinicians submitting quality measures via claims and registries.
<https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Quality-Benchmarks.zip>
- 2018 Cost Measures: Includes measure information for the two 2018 Cost performance category measures for MIPS: Medicare Spending Per Beneficiary (MSPB) and Total Per Capita Costs for All Attributed Beneficiaries (TPCC).
<https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Cost-Measures.zip>
- 2018 MIPS ACI Measures and Transition Measures: Includes additional details on each objective, measure, and transition measure in the Advancing Care Information performance category.
<https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Advancing-Care-Information-Measure-Specifications.zip>
- **Health Professional Shortage Area Physician Bonus Program Fact Sheet — Revised**
A revised [Health Professional Shortage Area Physician Bonus Program](#) Fact Sheet is available.

Learn about:

- Definition of a Health Professional Shortage Area
- Bonus payment

Upcoming Events

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

February 2018 LAN Webinar: Implications of the Final Rule for Small Group Practices

Date: **Tuesday, February 20, 2018** at 7:00 pm ET: [Register here](#)

Date: **Thursday, February 22, 2018** at 11:00 am ET: [Register here](#)

MIPS Quality Data Submission Webinar

Deadlines are fast approaching to submit data for the 2017 Merit-based Incentive Payment System (MIPS) performance period. CMS experts answer commonly asked questions about the submission feature, as well as answer attendees' questions live.

Date: February 28, 2018 from 3:00pm ET. [Register](#)

March 2018 LAN Webinar: How to Prepare for MIPS Cost Sharing

Date: **Tuesday, March 20, 2018** at 11:00 am ET: [Register here](#)

Date: **Thursday, March 22, 2018** at 7:00 pm ET: [Register here](#)

Past Events

An audio recording and transcript are available for the November 30 webinar about Year 2 provisions: <https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2017-11-30-MACRA.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending>

Past QPP SURS events are listed here: <https://qppsurs.wordpress.com/resources/>

This includes the Q+As from the December LAN webinars on overcoming challenges to MIPS for solo practitioners and small group practices, as well as the Q+As from the November LAN webinars on MIPS town hall for small practices and solo practitioners.

Upcoming and past CMS events related to MACRA, MIPS, and APMS are listed here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-Events.html>