Combined Self-Nomination Virtual Office Hours Session
October 11, 2018

Hello, everyone. Thank you for joining today's Combined Self-Nomination Virtual Office Hours Session. During this session, CMS will answer questions regarding the 2019 MIPS Self-Nomination Process and related tasks. CMS will answer as many questions as time allows. Now I will turn it over to Hector Cariello, a CMS contractor supporting the Quality Payment Program. Please go ahead, sir.

Thank you. Hi. A warm welcome to October's Virtual Office Hour. We will be discussing or going over questions regarding the Self-Nomination Process for the 2019 MIPS performance period, and so if you have any questions, please go ahead and submit them via the Q&A box or you can also ask them through your telephone, as well. We will go ahead now and start answering any questions that you may have regarding the 2019 MIPS performance period Self-Nomination process. Do we have any questions?

You can ask questions via chat or phone. To ask a question via phone, dial 1-866-452-7887 and press star 1. If prompted, please provide the Conference I.D. number -- 7279648. And please note that we may not be able to answer all the questions submitted via the chat. If your question is not answered, please contact the Quality Payment Program Service Center, and we will send out that contact information.

Once you have joined the audio line, please press star, then the number one on your telephone keypad to ask your question. Again, once you have joined the audio line, please press star, then the number one on your telephone keypad to ask a question.

In order to ask an audio question at this time, please press star, then the number one on your telephone keypad -- again, star, then the number one to ask your question. We'll pause for the first question.

Oh, we received a couple of questions through the Q&A, too. So, the first is, "How do we notify CMS that a measure was harmonized since there's no place for that in the spreadsheet?"

Hey, this is Jocelyn. So, internally, once we receive your measures and the measures from other vendors, we'll look to see if there's some more measures out there and compare them. Although it would be helpful, I think there is a column that it does ask if you own this measure, if so -- or if not, please provide -- If you could provide who is the measure steward, you could provide that, yes, this measure was harmonized with whomever, and list those out, that would be helpful, but we do review these internally for harmonization, as well.

Thanks, Jocelyn. Next question, "Is there a way to confirm MIPS participation eligibility for a group VIA their TIN?"

Hey, Hector. I think we want to stick to Self-Nomination-related questions. So, any eligibility-related questions should go to the service center.

I'm sorry.

Yep.

Okay. Next question -- "If nominating to be a clinical registry for the physical occupational therapy specialty set, how can we do this if we do not support the FOTO-specific measures in that set? There are only five non-FOTO measures in that set."

I guess I need more clarification on the question, because if you were to support the specialty set, I would assume that you would want to support all the measures within the specialty set if we do not support the FOTO-specific measures in the set. For the specialty sets, you would have to report on at least six measures, and if, for some reason, a clinician's not eligible for certain measures within the set, they would be eligible for that validation process if they submit the measures through registry or claims, but I'm not sure if I follow the question exactly 'cause they're saying that they are not supporting the FOTO measures, so if they can clarify, we can go back to the question.

Next question is, "Can we be a QCDR if we have no custom measures to submit at this time?"

Yes. We do not require that QCDRs self-nominate QCDR measures. In order to meet the criteria, we ask that you look at the criteria of what it takes to be a QCDR and then make sure you meet that definition. There are a lot of good resources on our QPP Resource Library in our Self-Nomination Toolkit that will help you understand our requirements and our participation requirements, so we do encourage you to do that, and you are not required to have QCDR measures in order to be a QCDR.

Okay. Next question is, "If we have questions about the application after today, where, to whom do we address them to?"

So, they should send a service-center ticket in. Also, if you've already created your application, there is that comment box. The PIMMS Team is constantly monitoring that, so you can provide a comment in there. They will get that notification and work with you to address your issue.

Okay. Do we have any questions through the telephone at this moment?

At this time, there are no audio questions. If you would like to ask an audio question, please press star, then the number one on your telephone keypad. No audio questions at this time.

Okay. The next question is, "We have developed custom measures that we utilize in-house with our clients for various studies in gap-coverage efforts. Do we have to submit those to MIPS to continue to register as a QCDR?"

Well, it sounds like custom measures would be ones that are outside of our MIPS measures set, and it sounds like you're asking if it's a requirement that they submit -- you submit that, and it's not -- As we said earlier, QCDRs are not required to develop their own measures in order to be a QCDR. We just ask that you review the criteria and participation requirements. We expect our QCDRs to be, prior to self-nominating, to ensure you could meet that criteria. Alternatively, if you don't want to, if you're not interested in developing measures in future years, we also have the Qualified Registry vendor type that's also available, and they have many of the same areas available to them in terms of what they can do. The only thing Registry

can't do versus QCDR is they cannot develop their own QCDR measures. So, that's also another alternative to not be able to meet the QCDR definition.

Next question -- "We are supposed to provide Q1 through Q2 data for measures that were provisionally approved for 2018. We are also submitting the streamlined self-nomination for 2019. Is there a full set of instruction checklist on what we should submit and how?"

As far as the measures template, a pre-populated measure template has already been uploaded into your JIRA ticket. So, I would pull down that spreadsheet, and then you'll find additional instructions on the first tab, and then any required fields, it does have self-validation within that spreadsheet. So, anything that's required additionally will be highlighted red so you can see what's required. If they were provisionally approved, there is a spot to provide gap information within that spreadsheet, and you would just want to include your average performance rate for the first two quarters, how many eligible clinicians were included in that performance data, as well as any range would be appreciated. So, as far as measures, that's your checklist. Hector, I don't know if you want to add on to the actual self-nomination process at a higher level?

Sure. So, for the self-nomination process, you can refer to the 2019 User Guide. That has instructions in there as well, but for the most part, the simplified self-nomination form is already pre-populated based on the information provided for 2018, so we ask that you review that information, update that information as needed, and once all the updates have been made, that you change the status of the self-nomination form from vendor application and complete. You can go ahead and click on the button that says, "Click Here to Submit to CMS for Review," and then that will trigger our team to start reviewing your self-nomination for 2019.

And, also, even though you have a simplified form, you're still able to attach documents to it. So, if there are performance-data resources that you want to attach that wouldn't sit within the cell of the spreadsheet, I mean, if there's additional information, you can also touch those. You should still be able to do that even if you have a simplified form.

Next question -- "We have had no trouble with the self-nomination in the past two years. There have been multiple issues this year, and we are confused still. Is there a way to have a short, private session to discuss our feedback with JIRA?"

We can certainly set that up if you wouldn't mind sending the PIMMS Team an e-mail if you're gonna be a QCDR at qcdrvendorsupport@gdit.com, or registryvendorsupport@gdit.com if you're a Registry, and then we can kind of look for a time to meet with you to discuss your issue.

Next question -- "If we are using another QCDR's measure and have obtained permission, how much information do we have to populate in the spreadsheet? Can we just put in measure I.D. and confirm that the measure belongs to another QCDR?"

So, if the QCDR measure has been previously approved in a previous year, and you have, like, if they can provide you with a CMS-assigned measure I.D., that would be helpful to provide. We're not expecting that you populate the entire spreadsheet, that row for that specific measure, because the measure doesn't belong to you. So, any feedback we have on the measure, we would

give to the measure owner to make those updates, and we would expect anyone who's borrowing that measure to use the most current and updated measure based off of what the measure owner has. So just to have a measure title or something that would indicate which measure using from which QCDR would be helpful for tracking purposes.

Sophia, I think, though, that the validation for the template this year will error out if you don't have all the required fields populated now.

Okay. Well, I mean, maybe they can put in a filler, like a TBD or a N/A or something like that. Would they be able to do that? Because I don't know if it makes sense for them to fill out a whole row for a measure that's not there.

Okay.

And just to add to that, if you supported that harmonized measure in a previous year, and maybe we provisionally approved it, we'd still expect that you provide the performance data because performance data may vary from vendor to vendor, and that's just what is left in our decision-making process, as well. So, while not everything may be required, as Sophia indicated, some of the other columns -- did you have permission? That sort of thing would need to be populated and whose measure it was.

Thanks, Jocelyn. Yeah, definitely performance data if you have that would be helpful.

Okay. Next question -- "Our registry, along with two others, are in process of harmonizing a few measures. During a previous conversation with this CMS Team, our registries were informed that there would not be a need for us to change our registry business models. We would like to retain our registry-specific exclusions. Is it acceptable to specify this in our measure specification as registry 'A' equals these are your exclusions, registry 'B,' these are your exclusions, registry 'C,' these are your exclusions?" Do you need me to read that again?

I think I'm understanding the question, but if this doesn't help, feel free to reach out. You know, the measure should be identical. We want to -- As the performance data comes in, and if you have that same measure I.D., we would expect that the measures align across the board because we would -- if one measure allowed for an exclusion that wasn't allowed in another measure, another QCDR, we really wouldn't be comparing apples to apples, and so the measures are expected to be harmonized and have the same exclusions, exceptions, and whatnot. So, hopefully that answers your question. If not, please feel free to reach out.

Okay. "If you plan on only being a QCDR for eligible providers that are contracted with our parent company, do we have to include a cost for other providers if we do not wish to provide these services outside of our providers?"

If I'm understanding the question correctly, if your QCDR is going to be limited to let's say, your members, we would ask that you provide that information as a part of your self-nom. so we can reflect it as such in the qualified posting. You can do that. That's not the issue. We just want to make sure we capture that, and if there is a cost to be a member, or

whatever it might be, and you're able to provide that to us, we would like to put that in your qualified posting, as well.

Okay. "It wasn't clear to me that the data for provisionally approved measures needed to be limited to the first two quarters of 2018. Is it okay if we provide more, i.e., the first three quarters?"

Yeah. So, when we provisionally approve measures, we sort of have that language in there just to sort of give additional feedback to the vendors of what's the required data. More data is always appreciated, but we know that for new measures, you may not have available data for the third quarter during self-nomination. So, we had just requested the first two for those new measures. That being said, if it's a current measure, or it was used in 2017, we do ask that that full year of data be submitted, as well, as in 2018. So, really, when we requested it, it's just that first two is not limiting, but additional data is appreciated, as well. So, it's not a hard restriction to the first two quarters.

Thank you, Jocelyn. Next question -- "There is a new question on the self-nomination -- 'describe how your QCDR meets the definition of a QCDR.' I don't understand why existing QCDRs in good standing using the simplified self-nomination need to answer this question."

It was really a field adage just for us to -- as we seek to -- and we flagged up this through rulemaking -- as we seek to ramp up the standards to which QCDRs need to meet and their measures to kind of, really, thoroughly, vet our QCDRs to make sure they meet our existing definition and that they can provide -- they do have that clinical expertise and measure-development experience. In some instances, it's more obvious than others, so we do ask QCDRs to explain why they feel they meet the definition. I mean, for the questioner, in particular, I think we have a pretty clear understanding of your expertise, so it would just be helpful if you could, at a high level, in a sentence or two, kind of provide that information. We really look to vet our new QCDRs to see that they meet the definition and they have that expertise and are able to develop and construct measures based off of our requirement. So that's the reason why we added it, and so we added it into both forms just to be consistent with our information-gathering processes, but, yes, again, like I said, in some instances, it's just more obvious than others which entities meet the QCDR definition.

Okay. "Can you provide an example of the gap-evidence column end of the template? How do you want that reported on the template?"

Okay, so this would be where the performance data would come in, and that would be appropriate to include within this column. But, for instance, if you are -- this is a new measure, and it doesn't have the performance data, any study that reflects what is trying to be captured within the measure that reflects the gap, that would be helpful to include. I hope that answers the question, but any performance data you have or any studies that would reflect the gap.

"Can you provide an example of what you want reported in Variance, Column 'O'? What type of external variance are you referring to or expecting?"

We're just trying to ensure that the variance, it reflects an opportunity for performance improvement, not the data imperfections where there may be limitations on the data obstruction or the work flow. We're just really

trying to make sure that it's not due to obstruction difficulties. And CMS does not have a set variance that they're looking to have an explanation, but just any standard deviation that you can provide in this column would be helpful.

We received clarification, Sophia, on that question earlier regarding the FOTO measures. "Can we still nominate on behalf of our PT and OT clients if they are not able to submit the FOTO measures because they are not paying for the FOTO product? This means some of our clients would only be able to submit on five of the measures."

So, as a registry or a QCDR yourself as to qualify to be a QCDR registry, you need to support at least six measures. So, if you're a QCDR, it could be a mix of QCDR measures and quality measures to meet the minimum of six, or as a registry, you have to support at least six MIPS quality measures in order to be considered and approved for the upcoming performance period. Now, within those measures, if your clinician group, if they're all measures that are within a specialty set, let's say, and they're registry measures, as I said before, if they can only submit data on five of the measures, and that's that, and not the six needed to complete the quality-reporting requirements, if they submit through the registry submission type, or the CQM collection type, they will be subject to the validation process, the eligible-measure-validity validation process. So that will seek to confirm that they truly only had five measures that were applicable to their scope of practice and would therefore reduce the denominator to get rid of that sixth measure. But, again, if you're particularly asking of the registry if you can support only five measures and be approved, that would be no. You have to support at least six measures.

Next question -- "How long does it take to receive feedback once we submit nomination?"

So, the amount of feedback depends on the type of vendor you're trying to self-nominate for. If you are self-nominating as a Qualified Registry, the turnaround time probably in the -- Self-nom. closes November 1st, so probably within the following weeks after that. We tend to finalize all decisions on approvals or rejections on QCDRs and Registries, and QCDR measures towards the middle -- or definitely be finalized by the end of December because we are required to post by January 1 a list of all the finalized QCDRs and registries and approved QCDR measures by January 1, so that's our end date. So, it's definitely a quicker turnaround.

Okay. Next question -- "Related to the data validation plan and the detailed audit plan, does the audit need to go down to review in the chart in determining if the code coded the MIPS code appropriately?" I'm guessing it's "if the coder coded the MIPS code appropriately."

So, yes. We do require as a part of the data validation process that you do chart reviews. Hector, do you have those numbers offhand in terms of the thresholds we require? I have to pull it up really quickly.

I can get it for you. It's the minimum that CMS states or the minimum requirement is a sample of 3% of the 10 NPIs submitted to CMS for the registry or the QCDR with a minimum of 10 TIN NPIs or a maximum sample of 50 TIN NPIs. At least 25% of the 10 NPIs, patients with the minimum sample of five patients, or a maximum sample of 50 patients should be reviewed for all measures applicable to the patient.

So, between 5 and 50 charts, and that was a lot that Hector just went through, but that information is detailed in the Self-Nomination Toolkit. If you look, I believe in the fact sheet, or even the Self-Nomination User Guide, we kind of go through those minimum thresholds. As you seek to develop your data validation plans, it should at least meet that.

And it's also included under the randomized audit field under the data validation plan tab. This information is also included there, as well.

"Can you provide guidance on the ability for QCDRs to add other QCDR measures for next year -- i.e., shared measures across all QCDRs, or can you confirm that only measures that go through the formal permission process will be allowed for 2019?"

Well, I think that the first part of the question is related to 2019 proposals that we proposed in rulemaking, and since we're currently in the rulemaking cycle, we can't really address whether or not that will be finalized. The second part of that question -- I'm trying to read it again. Where did it go? Hector, what did it say? Sorry. I lost it.

I think it's under -- Let me see. "Or can you confirm that only measures that go through the formal process be allowed for 2019?"

So, to clarify -- yes. All QCDR measures have to be reviewed and submitted during self-nomination by November 1st, 5:00 P.M., and will be reviewed and approved only through the cycle to be considered a QCDR measure for the upcoming performance period.

Okay. Next question -- "When submitting new measures for approval, should we put the measure info in PDF format or XLS format?"

So, actually, there is the QCDR measure template. This is a required document that we ask QCDRs to fill out if they're submitting QCDR measures for consideration. If you create a self-nomination form, it should be attached to the resource in JIRA, or also in our self-nomination toolkit on the QPP Resource Library, and we can send around that link. The toolkit itself is a ZIP file, and there's an Excel spreadsheet in there, and that should be where you populate all your QCDR measures. But if you're an existing QCDR, you should already have received a pre-populated form from the PIMMS Team -- if you're an existing QCDR in good standing, that is, where you could just make updates within that pre-populated spreadsheet, and it should be a little bit easier for you.

"If you submit earlier than the deadline, will you receive feedback before that time, or will it fall into the same timeframe that's just discussed?"

So, application-wise, we might give you earlier feedback if we need additional information on your application itself. With regards to your measures, no. We would have to review all the measures at the same time. So, the timeframe is -- Unless you're missing information, and the analysts want to come back to you to get that information, they could do that, but in terms of decisions on whether your measures are approved or provisionally approved or rejected, those won't happen earlier just because you submit earlier. We just will have a little more time to look at your measures in case things are missing so we can kind of follow up with you to get that

information, but that's about the extent of the review we could do at that point.

And just to add to Sophia's response, the earlier you submit, the quicker you'll also get feedback on your self-nomination forms, and we generally tend to have less self-nominations submitted before November 1st, so we do review those as they come in, and we do provide feedback via JIRA comments as we go through and review the self-nominations that come in. So, you can potentially get feedback on the self-nomination form within a couple of days, again, depending on where you are in the queue.

Next question -- "I was reviewing the 2019 self-nomination form in JIRA, and submitted before I was ready, so I clicked "Withdraw." How can I clear up the withdrawn status so I can submit the self-nomination when we are ready to do so?"

Hector, is there anything we have to do on our side? I think you can just resubmit. I'm sure the particular questioner has a simplified self-nom. So, will they still have access to their link? Will their link still be valid?

I think so. I think if you can reach out to our Registry inbox and just provide us with your link, I think we can enter back in, go back and bring it back to Vendor Application Incomplete, but if not, we can work with the ONC JIRA Team to try to recreate that ticket for you. It may generate a new link, but if it does, we'll provide that to you via e-mail so you have the updated link and can go ahead and make any necessary updates.

So, if that stakeholder wouldn't mind sending the PIMMS Team an e-mail, we can work with you offline.

Let's see. "Regarding the PT/OT question about the five available measures in the set, wouldn't this registry have the option to nominate/support a suitable measure that exists outside of the PT/OT specialty set?"

Yes, that's definitely true. They can support measures outside the specialty set. if they believe there's other measures that apply to the specialty that they're trying to cater to, they can do so. It doesn't have to be all within that specialty set. If you're trying to report on a specialty set specifically, it would have to be within those measures that are outlined through rulemaking that those measures specifically in that set are the ones that you're reporting. So, there are different nuances for reporting specialty sets versus just all the measures within the MIPS quality set, that broader set, so we take that into consideration. You definitely can support additional measures as a registry outside the set, but if your concern is that you only have five applicable measures, we just want to flag for you that we need to have at least six measures. So, if that's the feedback, we would just want to emphasize that requirement there.

"When we have licensed measures from any of the QCDR, how do I submit those measures with my application?"

So, I think we kind of addressed this before, but it depends on the application type. So, if you have a simplified self-nomination, you are an existing vendor that's been in good standing with us through MIPS, then you might have received a pre-populated form that included other measures maybe that you previously supported from another QCDR. If you continue to use that measure, I mean, just in the note section, I would indicate that you have

continued permission. If it's a new measure, as I said before -- and Hector has flagged about the updated form has -- updated template has built-in formulas into it that kind of errors out if you don't complete all the fields, but if you can at least provide the measure titles and then kind of give us the name of the QCDR whose measure that you're supporting and that you actually can confirm that you have that permission in the note section, and I think Jocelyn had referenced any performance data if you have any performance data, if you previously submitted on that measure, that information would be helpful. So, again, all that information can be streamlined and added to the QCDR measure template.

"It is my understanding through the self-nomination feedback we've been getting that any inaccuracies found in the audit need to be conveyed to CMS. Is conveying this through the data validation execution report in May an acceptable way to provide that information to CMS?"

Yes. So, you submit your data validation plan as a part of your self-nomination form, where we review it and approve it, or ask you to make updates to your auditing processes, and then come May, we will ask for you to submit your results as a QCDR or a Registry of your actually executing your data validation plan. If you find that you have errors prior to -- We had some vendors audit prior to submissions and able to catch those errors and make the corrections needed prior to submission so that they had more accurate submissions during the actual submission period, we encourage that definitely as much as possible, but it still would be helpful for us to understand where the errors came into play and how you were able to mitigate. So, we ask for that information as a part of your self-validation process.

Okay. "Can you create the self-nomination issue as a means of saving the progress, or is there a better way to save progress made on the form?"

Hector, you want to take that one?

Oh, sure. So, unfortunately, that is not an option currently within JIRA. Once you hit "Create," the application does not have a save-as-you-go function or capability at the moment. However, one way to get around that is for the required fields. You can enter some type of text or a TBD, and that will save the form for you, and it will generate a link, which you can then go at a later time and make any updates before clicking the "Click Here to Submit for CMS Review" and changing the status of your self-nomination form from "Vender Application Incomplete" to "Initial CMS Review."

Related to using a fellow QCDR vendor's measure or measures, "is annual approval required?"

Yes. We currently do annual approval of QCDR measures and annual approval of QCDRs and Qualified Registries.

Okay. And, so far, that's the last question we have in the queue. If you have any other questions, please make sure to submit them to the Q&A box at this moment.

If you'd like to ask an audio question, please press star and the number one -- again, that's star and the number one for an audio question.

We received another question. "Can we submit a measure during nomination process that will not get reported because the codes for the PT/OT do not exist even though the measure's appropriate? For example, Diabetes Foot Screen does not have validation codes for PT or OT even though the measure is appropriate."

I mean, I guess from our point of view as the vendor, if you're gonna be a Registry, and you're supporting the six measures, you have the means to collect the data should your clinicians -- I know you're saying your clinicians won't report on the measure because the codes are not appropriate or don't exist, but if you're supporting that measure, in general, if there are clinicians wishing to report on that measure and can report on that measure because they meet the measure, that you have the ability to accept data for that measure and report on that. So, we don't validate to that level of you had all these measures and only half of them apply to your clinicians. We're looking for you as the registry to have the ability, technical capabilities to support at least our minimum requirements of the Quality Reporting category because we just want to make sure that we're not increasing clinicians who have to go to multiple vendors to meet their quality reporting requirements because one vendor doesn't support the memo's six measures. So that's our general logic there.

Next question -- "Is there a formal way to get permission to use the QCDR measure? Are QCDRs obligated to give permission to use their measures?"

We don't have a formal way set. We do have, typically, QCDRs who are seeking to borrow another QCDR's measure. They do some kind of reaching out by e-mail or requesting a call with that other entity to see what process the other entity has in place in terms of getting those permissions and any formal paperwork or whatnot they see that they require, so it's really on a QCDR-by-QCDR basis as to what they require when you are looking to borrow their measure. Are they obligated to give permission to use their measure? No, though we highly encourage it because having harmonized measures in the program where we have larger cohorts reporting on the measures is only to the clinician's benefit. So, we do encourage QCDRs to share and harmonize as much as possible with their QCDR measures. Now, if there's a measure -- As a part of our review process, if you submit a similar measure, we might ask you guys to harmonize. So, there's that factor to consider, as well.

Next question -- "In the Data Validation Plan, we received a response back wanting to know what process will be used for resolution of an issue. How could we answer that if there -- don't know what issues will arise at that time, we would have a different way to resolve issues?"

I guess as a part of their vetting, they're looking to see the types of issues that you could probably foresee or that might possibly come up, and this could be based off of previous experience or that you have possible mitigations and plans, or it could be something on a case-by-case issue that you kind of approach how you mitigate, but we would look for you to detail those issues and those mitigations and your data validation execution plan. So, the report that's due the following May, if you come across things where you have to have a resolution in place or you kind of already implemented a resolution in place, we look for those details. So, we like you to preferably expand on what possible issue there could be and how you would possibly mitigate those, if possible.

Okay. And just again, as a reminder, if you have additional questions, please make sure to add those to the Q&A queue, or feel free use the phone option, as well.

"Follow-up clarification of question about using other vendors' measures. Is annual approval from the measure owner required?"

That's dependent on -- Because we review every QCDR measure on an annual basis, we don't do multi-year approvals of measures, it's not for certain that a measure will be approved every year. So, it might be to your benefit to follow up with the QCDR measure owner, but how long your contract is with them to use their measures is between you as the QCDR borrower and them as a QCDR measure owner. We don't get involved in that, but as long as your paperwork is valid for the year in which the measure's approved, that's all you would need. Again, just to let you know, we're reviewing measures on an annual basis, and just because a measure is approved or provisionally approved from a prior year doesn't necessarily guarantee that the measure will be provisionally approved in the upcoming year. So that's just a little piece of advice to consider. But we defer to the QCDRs as to how long their contracts should be in terms of licensing measures.

Next question. "If a measure was rejected for 2018, can it be resubmitted for 2019?"

I think as a part of our rejection rationale -- Oh, Jocelyn. Go ahead, Jocelyn.

So, it really depends on why it was rejected. So, say, for instance, we provided feedback that it was low bar or standard of care, would the quality action updated make it more robust? Was there some sort of quality action added to the measure? If it's the same exact measure, it would likely be rejected unless you could provide gap data that there is a gap in care. So, it definitely depends on if it was revised. This scenario is sort of described within the handbook. Within the toolkit, we do offer some guidance on that particular area. So, I would encourage the person who asked this question to review that handbook for additional information.

Okay. Do we have any questions through the telephone line?

There are no audio questions at this time.

Okay. We, also, don't have any questions in the Q&A queue. Again, if you have any other questions, please feel free to submit them through the Q&A queue.

If you have an audio question, please press star, then the number one -- that's star and the number one.

Sophia, do you want to wait a couple minutes to see if we get any additional questions?

Yes, let's stay on for a little bit just in case.

Okay.

So, I think we received another question, and the question says that, "The stakeholders are new to all of this, and how do they get information to get started?"

So, we do have a Resource Library on the Quality Payment Program website, and there is, within that Resource Library, what's called a Self-Nomination Toolkit. It provides different fact sheets for the Qualified Clinical Data Registry and the Qualified Registry vendor types, and that will outline the different criteria for the different measure vendor types, and we looked that you would actually meet the definition of a QCDR or Registry in order to self-nominate as one. There's also additional guidance as to what we look for in QCDR measures. I believe there's a QCDR Measure Workgroup PowerPoint, and a Self-Nomination User Guide. That would be helpful as you look to create a JIRA account and fill out an application if you are looking to become a third-party vendor.

We have another question. "Is there still a 30-measure maximum?"

Yes. The maximum number of QCDR measures that can be submitted for our consideration during a given self-nomination period is still 30.

Okay. Again, if you have any other questions, please submit them to the Q&A box. We also wanted to remind those of you that are on for today's Virtual Office Hour, that if you did qualify for the Simplified Self-Nomination Form for 2019, to go ahead and review those and make sure you click on "Click Here to Submit to CMS for Review." If your form is still under "Vendor Application Incomplete," if that's the status in JIRA, our team will not review those. So you do need to change the status of your self-nomination form in order for it to be officially submitted to CMS for the 2019 MIPS performance period, and we also ask that you use -- as Sophia and Jocelyn have mentioned -- that you use the QCDR Measure Submission Template to submit the measures to CMS for review and consideration for 2019, as well as if you've been provided a template, like Sophia mentioned, and it's been uploaded to your 2019 self-nomination, to go ahead and use that version of the template to provide us with any information, whether it's updates to existing measures or adding new measures that you would like to submit for CMS review and consideration, as well.

And, also, we do have a Mac-compatible version of the QCDR measure-submission template with the latest version of the 2019 self-nomination resource. It's a file that's been posted on the CMS Quality Payment Program website. It's currently under the 2018 Resources Page, and for those of you that are using Mac, we also encourage you to use the latest version of Microsoft Excel, which is Excel Version 16, to help in using or populating the QCDR Measure Submission Template.

It seems like we have a couple more questions. "Could you describe what you consider substantive measure changes -- more detail on top of what's in the Measure Development Handbook? Are additions or changes to diagnosis codes, not changes to diagnosis considered substantial? Must a specialty that want to be able to use the same quality action necessitate conversion to a 'revised' measure?"

Okay. So, I think I can help you with this question. Every year, even the MIPS measures go through an annual review process where the coding may change. A substantive change would be you'd be adding an entire different patient population with a different disease process, whereas, if you're just

revising the ICD-10 code -- before it only included a subset, and you're expanding to a little bit broader population, but still addressing the same clinical topic, this would not be considered really substantive, and it wouldn't have a great impact, or shouldn't have a huge impact to the performance data. So, what we're looking for in that column within the measure template is we're really wanting to know, based on the changes that you've made, can the data be compared from year to year? A substantive change may -- I mean, from one year to the next. I'm trying to think of one off the top of my head, but, really, you change the intent of the measure. Before it was that you were just looking at a documentation of something. Now you're actually requiring that. There's follow-up, there's improvement, and it changed from year-to-year besides that documentation, or now you're adding another component that's really gonna probably impact the performance data and make it more robust, and that performance data wouldn't be comparable from year-to-year and would be considered substantive. And if, Sophia, you have anything to add, go ahead.

No. Yeah, I think you covered it, and then the only thing to add to that is if the changes are substantive, it might require that we assign a new measure I.D. So, if that's the case, because it no longer can be compared to existing benchmark data, we will let you guys know that as a part of our review process.

Okay. Next question -- "Can you submit more than 30 QCDR measures, knowing that, inevitably, one or two might get rejected?"

No, I think in the rule, we clarify that you can only submit up to 30 QCDR measures. So, we would only accept 30 QCDR measures as a part of your submission, so -- meaning your application.

And I do think, actually, the template only allows for 30 rows to be added. So, yeah, we actually don't -- It's not even able to be more than that 30 in the template, too.

That is correct, Jocelyn, and validate or perform that it only allows for 30 measures to be submitted.

"Where are the 2019 MIPS measure specifications posted?"

They aren't posted yet because we do time the release of those after the final rule, and the final rule is not out yet. So once that final rule is published, then we're able to finalize the specifications. They will be posted in the Quality Payment Program Resource Library.

Okay. We just got another question. "Is that 30 measures total or 30 new measures?"

Thirty measures total.

Okay. Again, just as a reminder, if you have any additional questions, please submit them through the Q&A box or ask your question through the telephone, as well.

"You mentioned that you need to execute the randomized audit and then the detailed audit if you find something, then submit the data-execution results by May 31, 2019. What is the process if you find an issue after May 31, 2019?"

So, if you find an issue that impacted your 2018 submission after you've done your data validation execution report and plan and submissions closed, you should definitely notify CMS, whether that be through a service center ticket. I'm not sure of the timing of when targeted review opens for the 2018 year, but once that's released, that might be a possibility depending on your use case. But reaching out to the team to let them know the issue, and if there was something that you already addressed, that would be helpful. If it's something that's still ongoing, it would be helpful for us to know so we can have an understanding of the impact here of clinicians who are using your vendor.

Okay. That's the last question so far. We'll go ahead and hold for a couple more minutes, see if there are additional questions that come in.

All right. We'll give it another five or six minutes to see if anyone else has any questions before we wind the call down. So, if anyone else has questions, feel free to ask those through the Q&A box or through the phone line. Thank you.

To ask an audio question, remember to please press star 1 on your telephone keypad -- again, star 1.

Hector or Jocelyn, any other last-minute reminders we want to give the stakeholders here as they self-nominate?

I don't have anything additional.

Okay. So just a reminder of that self-nomination, and on November 1st at 5:00 p.m., the system will not shut down, but will disable the project. So, you'll not be able to make edits to your application after 5:00 p.m., or if you don't submit prior to 5:00 p.m., it won't let you submit your application officially to CMS. So please be wary of the timeline. You should be getting notifications as you submit your application, or as we provide feedback in your application through the comment section, we will note that in the times of -- like, right at the deadline where we have a rush of thousands of notifications trying to be sent out, there might be a little bit of a delay. We will send reminder e-mails to have you intermittently log in just to make sure you're up to date with our most updated feedback and kind of are tracking to the same things we are with regards to additional information or clarifications we're looking for. I think that's about it.

It's just important for those that have the simplified self-nom. form, make sure you guys click the gray button to submit to CMS, because even though your form is pre-populated, it's not officially in our queue until you hit the "Submit to CMS" button. It's still in your own queue, and it's not officially submitted. So just please keep that in mind for those who have the simplified form that's pre-populated.

There are no audio questions at this time.

Hi, Sophia. This is Jocelyn. We just got a few more in. Would you like me to go ahead and read them to you?

Sure.

Okay. So, the first one is, "You mentioned you need to execute the randomized audit and the detailed audit if you find something --" Oh, I'm sorry. I think I've already read this one.

Yeah.

Sorry. Sorry. I switched over to a different screen I was looking at. Okay, so the one that we got -- "Do we need to be approved as a 2019 Registry by November 1st if we have already submitted our self-nomination but still getting feedback?"

No. So what I meant was, the self-nomination application period is closed on November 1st, 5:00 p.m. Eastern Time. So, if you don't submit your application by 5:00 p.m. Eastern Time on November 1st, it won't be considered for approval. You're not necessarily going to get your approval as a Qualified Registry by November 1st. I know the PIMMS Team is trying to provide real-time feedback as much as they can, but you're not necessarily going to get a decision by that deadline of November 1st -- just to clarify. That was the last one.

Okay, last call for questions, or we will wrap up in about two minutes. So just as some closing notes, while we realize this is the last office hours for self-nomination, the self-nomination process itself, if you do have questions about the application and are a new vendor, please submit your tickets to the Quality Payment Program Service Center. I believe we provided that information, and we can provide it again as a reminder so that we can help you triage your issue. If you're an existing vendor, I think you have the appropriate context of who to reach out to, but, again, we try to streamline, and if there are larger concerns of your self-nomination application, you should direct those to the service center, but any technical issues or questions about your measures that you want us to look at, we can definitely do that.

All right. So, with that, I think we can close up the call. Thank you all for attending today, and please make sure to get your applications and your measures into CMS by 5:00 p.m. Eastern Time on November 1st to be considered for the 2019 performance period. And I think that's all we have, so thank you all for joining.

Thank you. This concludes today's conference. You may now disconnect. Speakers, please hold the line.