

MIPS Data Submission for Year 2 (2018) of the Quality Payment Program Office Hours Session 1  
Tuesday, February 26, 2019

Hello, everyone. Thank you for joining today's "MIPS data submission for Year 2 (2018) of the Quality Payment Program Office Hours Session." The purpose of this webinar is to answer frequently asked questions about submitting MIPS data for the year 2 (2018) of the Quality Payment Program, as well as the data submission feature on the QPP.cms.gov. The presentation will be followed by a question and answer session where attendees will have the opportunity to ask questions. Now I will turn it over to Adam Richards, Health Insurance Specialist in the Centers for Clinical Standards and Quality in CMS.

Alright, thank you and greetings all. Thank you for joining us today for this special office hours session on MIPS data submission for the 2018 performance year. Our goal today is to ultimately provide you all with the platform to ask questions, provide feedback, flag any concerns that you may have, so on and so forth as it all relates to the current data submission window. We have a number of our experts here in the room and also on the line to provide support and we will do our absolute best to answer as many questions as possible, as our time allows today. Please do be aware that there may be instances where we need to take your concern or question offline and follow-up with you individually, especially if it is related to a very specific issue and we need to do a little background research, so please keep that in mind. We will go through that a little bit later when we get into the Q&A portion of our session. Now before we get to that point, we always think it is beneficial to go through a couple of high-level announcements and topics that may address your questions and concerns right away, so please bear with us over the next 10 to 15 minutes and then we'll get started with the Q&A portion of our call. I do want to note that a copy of this recording, slide deck and transcript will be available within our webinar library on qpp.cms.gov in about two-ish weeks. Highly encourage you to sign up for the QPP listserv if you haven't done so already, just to be alerted when these resources post as well as for all other communications related to the Quality Payment Program.

Okay, with that we are going to charge along, we are on slide 3. Just to cover some of our topics today, again, we won't spend too much time, at least not from our end, doing a lot of the talking, we want to hear from all of you. But basically, what we'll do here is just walk through some of the overview of submitting data for 2018. We'll talk about some key dates that we just want to make sure that you are all tracking to, talk a little bit about submitting data through the QPP website, as well as talk a little bit about the HARP system, the identity system that we have available. Also talk a little bit about our resources, our technical assistance that is available that is on the ground right now that is out there ready to help you submit your data and make sure that you are successful for 2018. And then we'll get into our open Q&A session. We do have some frequently asked questions that have come through from different channels over the last couple of weeks, we'll take a look and go through some of those questions before we get into the open Q&A and hopefully this will help to answer some of the questions that you may have, but after that we'll turn it over to you.

Okay, charging forward onto slide 5. So, as I mentioned, we do want to just make sure that you are all tracking toward key dates that we have here. Of course, we are in the submission period which opened on January 2<sup>nd</sup>, that does

run through April 2, 2019 at 8 p.m. Eastern Time. This is the period of time where clinicians do submit their MIPS data to us from the 2018 performance year, either through the Quality Payment Program website or through potentially QCDR's, Qualified Clinical Data Registries, etc. I do also want to call out if there is anyone on the line who is working with - submitting through the CMS web interface, that opened January 22nd and that runs through March 22nd 2019, so a few more weeks remaining for the submission period, still plenty of time to get data into us if you haven't done so already. I'll also mention that we do have weekly CMS Web Interface webinars that are being hosted throughout the data submission period. If you haven't been able to attend and you are using that mechanism, please check those out. I think they're very good at helping with triaging and navigating some of the CMS web interface reporting aspects. Also, want to mention if you are participating in MIPS as an individual clinician and you choose to use claims to submit Quality performance data, those claims -- those Quality Data Codes (QDCs), you'll attach those QDCs to claims throughout the 2018 performance year, you should have attached those claims throughout the performance year. The last day for the 2018 claims with Quality Data Codes for the 2018 performance period is determined by the Medicare Administrative Contractor, but they must be processed 60 days after the close of the performance period. So, we highly encourage you to continue working with your MAC if you have been working with them, if you haven't reached out, please do so as well.

Charging on to the next slide, slide 6. Again, just talking a little bit about data submission at the high-level, we always talk about when we refer to submitting data to us we talk about submitting through the Quality Payment Program website on [qpp.cms.gov](http://qpp.cms.gov). If you navigate to the website you'll see the login feature in the top right-hand corner, you'll just click on that and use your identity management to sign in and we'll talk about that in just a minute or two. But when you login to the system, you have the opportunity to submit your 2018 data through file upload or to attest to certain performance categories, specifically Promoting Interoperability and the Improvement Activities categories. There is a lot of great features behind the submission login, so once you login to that authenticated site there is a lot of really great features and helpful tips as part of submitting your data to us. We'll also say, and as you can see on the screen, you can submit and update your data throughout the submission period. We automatically save your data and we update your records in real time, so this allows you to continue to come back in and checking back in with us without losing any of that data. We've always said submit as early and often as possible, we want you to keep checking everything that's inside there to make sure everything is accurate and if you are having any challenges these are what these forms are for but we also have technical assistance as well as our service center that can help walk through any issues that you are experiencing.

Okay, moving on to slide 7. We'll talk a little bit about the new HARP system, some of you may have heard about this, as you're preparing and working into the submission period others this may be some new information which is also okay. We do just want to talk through a couple pieces of this. During and following submission for the 2017 performance year, we heard from many clinicians, practices, support staff, some of our third-party vendors, the Enterprise Identify Management System, had its challenges. In many cases, it took too long to create an account, you had to establish separate roles for each program that you're a part of, many times you had to remember multiple ID's and passwords, which can become a bit tedious over time. So, we looked at the entire system and we decided that it really was time to move away from EIDM and toward a more intuitive and user-friendly system, which we

are calling HARP as you can see on the screen. So, on December 19, we made that transition from Enterprise Identity Management to HARP, which is the HCQIS Authorization Roles and Profile System, to really help streamline the process for eligible clinicians to obtain an identity management account to view, submit and manage their data behind the authentication experience, and make it a whole lot easier, in my opinion. So, we will say that if you had a previous EIDM account, this is the second bullet on the screen and I think this is extremely important. Any clinicians who had a previous EIDM account were automatically transitioned to HARP and they'll use their existing EIDM user ID and password to sign into [qpp.cms.gov](http://qpp.cms.gov) to access their data, look through their data, and ultimately submit. For new clinicians, for all clinicians who did not previously have an EIDM account, you will need to enroll in HARP, so we do have a step-by-step guide that is available on the QPP website, and we'll talk about the resources in just a minute, but we also encourage you to reach out, again, to the service center or our technical assistance because they can all help you get that HARP account set up, your identity management account, to be successful in the submission period. One note that I do want to make, that I want to call out here, the system will connect each user with their TIN, their Taxpayer Identification Number, and once you are connected you'll be able to report data either at the individual level or the group level within your practice.

Okay, charging forward just to talk a little bit about the resources I previously mentioned. So, again, with our HARP system resources, we do have the access user guide that is available, and again folks, all of this is available at [qpp.cms.gov](http://qpp.cms.gov) within our resource library, so you're able to find it once this call is over, so just navigate over to our website. We do have the QPP access user guide, some other additional helpful information, such as what you'll need before you begin creating an identity management account under the HARP system, registering for an account, connecting to an organization, managing access for security officials, so on and so forth, that information is within the user guide. We also have some really exciting and very helpful HARP demonstration videos, anywhere from creating an account to connecting to an organization, to approving role requests, those videos are also available as a first step to getting into our submission system.

On the next slide, slide 9, just to talk a little bit about some of the data submission resources. So, I think this pairs nicely, so once you have your account and you're all set up and through that process, this will be the next step in looking through some of what we have available as far as submission resources. Again, within our QPP resource library, we have the data submission FAQ's, which we'll talk about a few of those in just a few minutes, we also have the data submission user guide, but what I really like, and this is something that we tried a little bit different this year, we have a number of demo videos that are available. Now, last year I think we had three to four demo videos, they were a little lengthy, so we had some feedback from the clinician and stakeholder community to try to break those down a little more into bite size chunks, so as you can see we have a number of different topics that we focus on, again, a variety of information and all of these videos are in the three to five minute range, so they are really quick hitter information, you can listen to them on the go. But they cover everything from just reviewing your data to submitting for specific performance categories, deleting data, working with third parties. Great resources highly recommend you check them out, even after our office hour session today because I think there is a lot of really great information contained within those videos.

Okay, driving forward, again on slide 10 then 11. We mentioned at the start of our discussion today that in addition to all of the great education outreach materials we have, we also have one-on-one assistance for each of you. If you are in need of support, you can always start with the Quality Payment Program service center. We do have that information at the bottom right-hand corner of the screen. If you'd like to email a question to them it's [qpp@cms.hhs.gov](mailto:qpp@cms.hhs.gov). We also have the phone number listed for the service center. But we also have our technical assistance initiative and a number of networks that are currently working with clinicians to help them get their data into the system and be successful for 2018 and really kind of finalize the 2018 performance period at this point. So, any one of the networks, whether it's the small, rural, and underserved support which is customized support for small practices. Our QIN-QIO's -- Quality Innovation Networks and Quality Improvement Organizations - as well as our practice transformation networks under the Transforming Clinical Practice Initiative can help you through the submission process. So, there's really no wrong door, you can reach out to any of these organizations. All of this information is also available on the help and support page on [qpp.cms.gov](http://qpp.cms.gov). So, if you are looking for direct contact information that is available. I know we have the link on the slide itself but you can also navigate over to the website and find the exact same information.

Alright, we're going to get into the Q&A portion of the session. Now I know we have a couple of slides here with some frequently asked questions, but I don't think I'm going to spend too much time here. A lot of these questions we also cover as part of our FAQ guide, I'm going to try to address just a couple, maybe one or two from each of our slides, but then we're going to turn it over to you because we really want to hear from you so maybe I'll spend five or so minutes here. Just as far as general access goes you need to sign into [qpp.cms.gov](http://qpp.cms.gov). We have talked about that so yes in order to submit your data you will want to sign into [qpp.cms.gov](http://qpp.cms.gov) to really get started, that's if you are submitting data on behalf of yourself or the clinicians in your practices. If you're working with a third party such as an EHR vendor or maybe a registry who will be submitting data on your behalf. You do not necessarily need to sign into [qpp.cms.gov](http://qpp.cms.gov). However, we highly, highly encourage you to sign in and double check to make sure that all of your data is in the system. That's an important piece of information if that's the only takeaway from this slide that's the biggest one. Just go in and double-check to make sure your information is there. I think a couple of these other pieces we'll talk about as we get into the Q&A. Let's move on to the next slide.

Again, a couple of high-level questions that we have been hearing just in different channels and different feedback mechanisms. I think the first two bullet points are some of the more common questions we have, so I'll take a minute to -- excuse me - to go through these few questions and then at that point we'll turn it over to the Q&A. So, how do you determine which clinicians are displayed for our practice? This is a great question, for clinicians who are displayed for the performance year 2018 those clinicians who are identified by their NPI - National Provider Identifier - who were found as a part of your practices claims during the eligibility determination period for the 2018 performance year. This essentially means that these are the clinicians that we found claims within dates of service between September first 2017 and August 31 2018 and of course that allows for a 30 day run out and those clinicians will appear in your list of clinicians. This may include clinicians who are no longer with your practice or have terminated their assignments so those folks will still be listed there. I will note that we

are in the process of continually updating our eligibility data through new clinicians who were only found in claims from your practice during the first determination period which was from September 1st 2016 to August 31st 2017. And until those clinicians are removed they will continue to show underneath your practice. The other big question we get, the second bullet we see on screen is "What happens if a MIPS eligible clinician left our practice during the performance period?" and we get this question quite a bit so I'm hoping this helps to address some of the questions you may have. What does this mean for the 2018 performance period and the payment adjustments in 2020? So, ultimately this depends on how your practice chooses to participate in 2018. So, if you are participating at the individual level, so you're submitting data on behalf of each MIPS eligible clinician, you are not required to submit individual data on behalf of a MIPS eligible clinician who left your practice during the 2018 performance period. However, we do encourage you to do so if you have the data available, so that clinician doesn't necessarily receive a final score of zero and ultimately the negative 5% payment adjustment. If you do submit data on behalf of that clinician, they'll receive a final score and the payment adjustment based on what was submitted. Again, if you don't submit they'll get a zero and a negative 5% payment adjustment. If your practice is participating at the group level, so again that is aggregating all of the data on behalf of all of the clinicians in the group, you will include that data for all MIPS eligible clinicians who are part of your practice during the performance period as appropriate to the measures and activities you selected. And all of the MIPS eligible clinicians in the group including those who may have left your practice will receive a final score and payment adjustment based on the group's submission. I hope that's helpful in answering those two questions. I think we have one more slide with questions, but I think we are going to skip slide 15 and get into the Q&A because we do want to hear from all of you with the time remaining. So, at this point I'm going to turn it over to the operator to tell you how to dial-in and then we'll reconvene in just a moment.

Thank you. We are now going to start the Q&A portion of the webinar. You can ask questions via chat or phone. To ask a question via phone, please dial 1-886-452-7887. Again, that is 1-866-452-7887. If prompted, provide conference id, 9772327. The ID number again 9772327. Once you join the conference, you may ask a question by pressing star 1 on your telephone keypad. Again, that is star one to ask a question.

Okay, while we wait for folks to dial in, just a couple of things. Again, we are going to do our best to answer as many questions we can today. We'll try to answer your questions as fully as we can. We do know that there are cases where we may have to follow up with you just based on the specifics of your questions and have to do a bit of additional research, so please just bear with us. Also, there may be times where it gets silent from us on the line, don't worry, we haven't lost you or dropped the call, we are just chatting with each other in the room to make sure we are giving you the best answer possible. Okay, with that we'll take our first caller.

Again, if you would like to ask a question please press star and then the number one on your telephone keypad. There are no questions in queue at this time.

Okay, that's okay too. We will remain on the line, we're actually going to take a look at some of the questions that are coming into the chat. So, if you have submitted something to us we're trying to get through these and we'll start to flag some of these questions we may be able to answer right

now. But if you do want to call in please do so that information is on the screen and kind of talk through your question at that point. I'll certainly - - if my colleagues see questions we want to answer, we're going to go through them right now and try to answer some additional questions.

We do have an audio question from Jessica Henderson.

Hello. Hi. I just had a question for 2008 our individual physicians were indicated that they didn't have to report due to low-volume threshold, is there anything that we need to do after that?

Nope, if you are exempt there is nothing left for you to do.

Thank you, that is all I needed to know. Thank you.

Again, you may press star 1 to ask a question.

Folks, continue to dial-in if you're interested. One question I did see that I wanted to talk through question around multiple files. I think it is a good question, it is one we see often so I wanted to talk through that. You know, frame it as what happens if I upload multiple files, great question. Ultimately, what happens is we will keep and score the most recent file submitted by someone connected to the organization or by you for each performance category. For example, if you were to upload a file for Quality measures and upload a file of Improvement Activities, we will keep both of those submissions because they are for two different performance categories. Now, if you were to let's just say in the same day, say Tuesday, submit Quality measures at 9 o'clock this morning and 3 o'clock after this office hours session you decide to resubmit some Quality measures, we will only keep and score the measures that we received this afternoon for your Quality performance category score because that was what was the most recent uploaded file for the performance categories. Again, highly recommend signing in and checking out your data, especially if you are working through a third-party vendor, just to make sure everything was loaded into the system the right way.

Checking back in on the line, do we have any questions?

Again, to ask a question, please press star and the number one. There are no audio questions at this time.

Okay. So, we're going to keep navigating the chat, I know as I said we would take questions, my colleagues are answering them at the same time, so, that's great. We're trying to work through these as quickly as possible. But again, if you do have a question please feel free to dial-in at this point. I know that we did cover multiple submission types and methods. I think we also covered a couple of these questions about what to do if you are exempt at this point. Again, if you are exempt from the program based on the information that you are seeing within the lookup tool there's nothing further to do at this point. Just looking through it folks. For those who are submitting to the Q&A's we are trying to answer them as fast as possible, but please feel free to call in to us. Some good questions coming in, just around this is the first year of submitting, so great questions around getting a HARP and EIDM account set up. Again, I think one of the best approaches is to certainly start because you will need to create a new identity management account and certainly start with our resources on [qpp.cms.gov](http://qpp.cms.gov). What we flagged for you earlier really starting with that access user guide, that QPP

access user guide, but also take a look at the HARP demonstration videos, they're very concise, they are going to walk you through everything you need to know. I think that's the best approach to really getting started. Of course, if you need help please reach out because we are here to help get you through the process as quickly as possible so you can submit your data. Okay, good questions just keep them coming. And I'm certainly going to look to my colleagues to see if there is anything that we want to address. Just checking back in on the phone line, do we have anyone waiting?

No questions at this time. Please press star one if you still have a question.

Okay, another question that just popped up really around voluntary submission. So, if you submit voluntarily this year do you have to submit in 2019 if still deemed exempt? No, if you are exempt you can voluntarily participate, so certainly for 2018 if you are exempt you can voluntarily submit your data to us and we will give you performance feedback you will just not be tied to a payment adjustment. 2018 is a little bit different because we -- oh, sorry 2019 you see I have to make sure I stay on track for my own performance years. 2019 is a little bit different because we do now offer what we now call the opt-in capability, so if you are exempt due to the low-volume threshold but if you were still to meet at least one of criterion under the threshold you could still opt-in to the program. We do have some additional guidance that will be coming on that a little later on in a couple of weeks, hopefully we'll have that out there. But there will be some great information on the 2019 section of the resource library for folks to check out -- kind of thinking ahead to 2019 if that is something you are interested in.

Yup, I am seeing a question from Sue here in the chat box, just about submitting -- you're using CMS web interface to submit data for 2018 -- Quality deadline March 22<sup>nd</sup>, the PI, it's the same. So, everything you're submitting through web interface has the same deadline, March 22<sup>nd</sup>.

So that's a good question, I think there is a follow-up question too, not so much for CMS web interface but just the dates in general, so again, just as a refresher, key dates -- the submission window is open right now so I won't focus on when we started, but all data needs to be into us by April 2<sup>nd</sup>, 2019 by 8:00 eastern. Again, as Kati mentioned for the web interface it is a little different, March 22<sup>nd</sup>, 2019 is the cutoff but the absolute cut off is April 2<sup>nd</sup>, 2019. And checking back in on the line, do we have any callers?

No questions at this time.

Folks, we are still looking through your questions, our subject matter experts are addressing a lot of these questions individually for you all, which is great. If we see anything we'll be sure to flag it here. And as always, feel free to call in, happy to chat with you all today, even if it's not a question, any feedback that you might have for us on the submission feature itself, key resources, or the website, we're happy to hear that as well. Okay. And we're going to keep navigating through, a couple of good questions as it relates to checking your eligibility for performance years. Yes, the question was can you still check your availability online for 2018 -- the answer is yes. If you navigate to [qpp.cms.gov](http://qpp.cms.gov) and you navigate over to what's called the QPP Participation Status Lookup tool, you can punch in an NPI address right on the screen and you can actually check across all of our performance years at this point, which is a really great feature to see where

you're at from 2017, 2018, and 2019. All of that information is available, so you just have to keep tabbing just depending on what performance year you're looking for. I think this question might have been for 2018, and of course that information is still available and I think for 2019 we just released that eligibility I think two or three weeks ago, so that is also available in the lookup tool as well. These are great questions.

We have an audio question from Kelly Dennis.

Great, hi Kelly.

I was just typing it too, so thank you for taking my question. Is there a help line for MIPS similar to the PQRS help line? I found something online, but those numbers I dialed went nowhere.

Oh, that's not good, but yes there is. So, it's a little difficult to see so I apologize for that and we won't go back, but if you do have a question specific to MIPS, I highly encourage you to either email us, this is our quality payment program service center email [qpp@cms.hhs.gov](mailto:qpp@cms.hhs.gov) or if you do want to call in, we do have a line at 1-866-288-8292.

Excellent, thank you so much.

Absolutely.

And if I could ask another question, I'd like to double check and I do think I found the answer in a book for MIPS. I just wanted to confirm if you are a small based, group based of 15 or less, that is the only way you can still report by claims submission?

That is for 2019.

Correct, for 2019, if you are 16 or more you have to choose one of the other ways for reporting, is that correct.

Yes, that is correct. Claims is only available for small practices in 2019.

Okay, thank you. I interpreted that a different way, so I appreciate the confirmation, thank you.

Sure, thank you.

Again, to ask a question, star and the number one. No additional questions at this time.

Okay, we are still working through. A lot of the questions here, these are really great questions and appreciate you all taking the time to join us today and certainly send us your questions. Okay, so just in looking through some of the questions, we are getting some questions around Accountable Care Organizations and 2019. We are very fortunate to have our subject matter expert, Rabia Khan with us and she's going to talk a little bit about submission for us for ACO's.

Sure, so, just going to speak about the Medicare Shared Savings Program and interactions with the Quality Payment Program. For eligible clinicians who are identified the snapshots as being participating in a Shared Savings Program ACO, they will be scored under MIPS using the APM scoring standard.

The Quality performance category will be scored using data reported by the ACO and it will be the CMS web interface data and the CAHPS for MIPS survey data that will be included in calculating that Quality performance category data. Now when it comes to Improvement Activities, it was determined earlier in the performance year, as an APM, Shared Savings Program ACO's, eligible clinicians and ACO's will get full credit for IA so no additional reporting for IA is needed. Cost is a category that will not be assessed under the APM scoring standard, so the remaining category is Promoting Interoperability and for providers in a Shared Savings Program ACO, TIN's must report at the group level or solo practice level for the Promoting Interoperability category. In terms of how it gets scored, it ultimately all of the ACO participant TIN data gets aggregated and weighted so there is a single ACO level score that gets applied to all of the eligible clinicians in the ACO. We do have an interactions guide that is available in the Quality Payment Program resource library, that further details the interactions with the Quality Payment Program and overviews the MIPS APM scoring standard for eligible clinicians in the Shared Savings Program ACO under scenarios where an ACO successfully reports and in the event that they do not completely report the Quality data. And it also provides some information for ACO's that are participating in the Advanced APM tracks, and how eligible clinicians can qualify for Qualifying APM participant status. I highly encourage folks to review the interactions guide that is available.

And if we have any additional questions or follow up questions, Rabia will be here so please feel free to dial in, we'll keep going through the Q&A to see if there are any follow ups at that point. Oh, one question I did see that I wanted to flag which is a really great question and I think this may be coming from someone who is in the program both years, 2017 and 2018, which is a great question. In terms of what am I going to see as part of submission now versus what will I see later on in the submission period or post-submission, it is a great question so let me just run through the list of what you'll see, what you would have seen, right at the top, what you'll see coming, and what will be post submission. When we opened on January 2nd, what you'll see in the system, will be -- and this is really focused more on the special scoring circumstances, so things like if you're a small practice, special double weighting for Improvement Activities, that's an example of some of the special weighting. On January 2nd what you would have seen is clinicians in groups that qualify for 0% weighting of the Promoting Interoperability performance category based on either the clinician type or special status and we can talk a little bit more about that if we need to. Clinicians in groups that qualify for additional points under Improvement Activities based on special status, so this is the example I just gave you where small practices get double weighting, they would see that right off the bat. Clinicians who qualify for the 50% credit in the Improvement Activities performance category, or the scoring under the Alternative Payment Model scoring standard based on participation in MIPS APMs from either the first or second snap shot dates, and Rabia talked just a little bit about that earlier. You'll also see right off the bat, clinicians who were excluded from MIPS because they have what we call Qualifying APM Participant Status, or QP status, again, based on the first or second APM snapshot dates. Now some of the information that is coming, that'll be added at some point during the submission period, again, seeing the reweighting for Promoting Interoperability based on the hardship exception applications, clinicians in groups that qualify for 0% weighting of any of the performance categories based on our extreme and uncontrollable circumstances exception requests that can also be added. That also takes into account those who qualify for the automatic extreme and uncontrollable circumstances policy so both of those

pieces will be added. Again, this also kind of ties back to the last two points I mentioned -- clinicians who qualify for the 50% credit for Improvement Activities and the APM scoring standard based on the third snapshot update, as well as clinicians in groups who are excluded from MIPS because they have that QP status based on the third snapshot date. That information is also forthcoming. Now things that you can anticipate seeing after the submission period has closed, include clinicians in groups who will receive full credit for Improvement Activities performance category credits based on their participation in our CMS study on burden associated with reporting Quality measures. Not sure if anyone on the call participated in that last year, but that is an option available. Also, what you'll see are clinicians in the Shared Savings Program ACO, who qualify for scoring under the APM scoring standard based on the 4th snapshot date, which was added to the 2018 performance period and we can answer those questions if you have anything around those as well. And finally, clinicians who qualify for the 50% credit Improvement Activities based on participation in an APM following the third APM snapshot date. So, some of that information is also coming. Fortunately, everything I just gave you we've also listed out in our FAQ guide, so if you didn't catch everything from that it is available on the resource library under the FAQ section, we do have that listed. And as we do make those adjustments we are adjusting our outreach and education materials as well, so we keep those updated as best we can. Okay. Anyone dial-in while I was talking through some of those points?

We have an audio question from Alexis Shaner.

Great!

Good morning, thank you for your webinar. I have a question related to one of our groups who are mostly pediatric physicians. The question that I have is for -- on the QPP website itself, I am finding we are eligible as a group, but for some of the individual physicians that are pediatrics they're not showing up as associated with our Tax ID. So, I just wanted to get clarification, is this mostly due to the fact that those physicians don't bill Medicare Part B and that's how they're associated with our TIN?

Yes, that is absolutely correct. Right now, what you should see are clinicians who have billed Medicare Part B claims under your TIN, between September 1st, 2017 and August 31st, 2018. But the facility Part B claims you would not see them, for if they joined your practice in the last four months you also would not see them appear as well.

Okay, that is very helpful. Thank you.

Thank you.

Again, to ask a question, star and the number one. There are no additional questions at this time.

Okay, the good news is we have plenty of time left in our session so we'll stay right here. And, again, I do want to thank all of our subject matter experts who are working through the questions in the chat right now there are some really great questions that are coming in so this is helpful for us to see as well. There were a couple of specific questions just around specifically Promoting Interoperability performance category and just, you know, certain aspects on whether we can help out with things like whether you can submit your security risk analysis measure. So, for folks who do find

themselves in the position of needing to report PI, again I highly encourage you to reach out to our technical assistance. Depending on what state you're in, there is a specific organization working very closely and providing MIPS support within each of these performance categories. So again, you can find that information on our help and support page on [qpp.cms.gov](http://qpp.cms.gov). We actually even have a couple of interactive maps on the site, so if you just select your state you'll be able to find the organization who can work 1-1 with you. In fact, in most cases if you reach out to them they'll either answer on the spot, or connecting with you within 1 business day, so it is a very quick turnaround, so if there are elements not just Promoting Interoperability but any of the other performance categories that you are stuck on for 2018 I highly encourage you to reach out to these organizations. They can call you, email you, even schedule 1-1 visits so they can come out and really help you through. Definitely take that avenue.

We have an audio question from Kelly Dennis.

Hi, Kelly.

Can you hear me?

Yup, how are you?

Fine, thank you for taking another question from me. First, I'd like to thank you for the attempts that you do for education, I really appreciate it. One of the things I have seen varied information on is how long you should keep your data to support information and if you don't mind I'll include PQRS, because I would like to know how long that data has to be kept. I've seen 7 - 10 years, so if there a consensus amongst you?

Yeah, that's a great question. So, it is 6 years, that is our guidance to keep it maintained for 6 years and we do also offer, I'm not sure if you may have already seen this, but we do offer the data validation information on the resource library. I know Kati can give you a little more information on this.

Yeah, sure! So, on we have on [qpp.cms.gov](http://qpp.cms.gov) in our resource library we have a zip file that has all of our 2018 MIPS data validation criteria information. So, that really lays out specifically for each performance category what you need to do as far as auditing and record retention purposes, it gives a little bit more information.

Thank you. So that means 6 years for PQRS and 6 years for MIPS?

6 years for MIPS. PQRS we're all looking at what the length is right now.

Thank you so much. And like I said, I really do appreciate the education that you guys offer. I know you guys are going to have the slides available, but will the Q&A on the left side be available as well?

We normally don't post the Q&A because we get so many of them. We can certainly, that's helpful to know that you find this very informational and you appreciate these Q&As. So maybe we can take a look through and see what our top Q&As are from this session and either address them on a future session or have them available as part of a slide deck that we post.

I appreciate it. I had some difficulty logging in because of my own system Flash adobe, but by reading through the list I can tell that the questions had been asked already.

No worries, we appreciate you calling in. Thank you.

We do have a couple questions coming in through the chat and about taking screenshots and the need to do that. You do not need to do that, once you enter your data it is saved by our system. There is, however, you can use your browser native print functionality, so on the upper right-hand corner of each page you can print a record of your data if that makes you feel more secure, absolutely, certainly don't want to stop anyone from taking measures that make them feel confident. A couple of other questions that have come in, one is submitting data by registry, can we also submit data by claims? So, for 2018 we are past the point of being able to report your Quality measures by claims, if you are a small practice either reporting individually or as a group for 2019, you can certainly report Quality measures through the claims collection time and the MIPS CQMs collection type, which are formally the registry measures. And another few questions around payment adjustments. If we report as a group and an individual clinician in our practice also reports individually, will providers who have a higher individual score get the higher of the two scores? That answer is yes. If you report as an individual and your practice reports as a group, you will receive the payment adjustment associated with the higher of those two scores.

Thank you, that was the question I was going to address. So folks, we do have a couple of minutes left if you do want to call in, is there anyone on the line?

No questions at this time.

Okay, great. So, we do have a couple of minutes left, we will end right at the top of the hour, so we'll call this our last call for questions at this point, at least through the phone. We appreciate all of the questions that are coming. We are trying to get through these questions as fast as possible. So just again, to reiterate, a lot of questions on when the slides will be posted -- it is about two weeks. So, we'll have the slides, the transcript from this call, which is also helpful because the Q&A's that we've been talking about on the phone line and verbally communicating will be part of that transcript, as well as the slide deck will be available on the webinar resource library on [qpp.cms.gov](http://qpp.cms.gov). We'll send out an FYI that these resources are available, similar to all of the other resources that we create and post for each performance year, so just be on the lookout for that. Highly recommend signing up for the listserv, [qpp.cms.gov](http://qpp.cms.gov) and just entering your email at the very bottom of the screen that'll keep you up to date for everything that you need to know.

One other question. I've seen a couple of questions around using the web interface for Quality and if you use it to submit your PI, Promoting Interoperability and Improvement Activities as well, you can use the attestation if you're not working with a vendor to upload a file. So, once you enter that Quality data into the web interface, you can redirect to the main submission page on [qpp.cms.gov](http://qpp.cms.gov) and you can attest to your Promoting Interoperability measures and Improvement Activities.

Perfect. Good. Okay. Continuing to look through the questions. I will say, again I know that we have a lot of our folks working through questions, so

I'm trying to call out anything I don't see being answered, so I'm moving along. If we didn't get a chance to get to your question, I know we're starting to see a lot more questions come in at this point. So, if we didn't get a chance to get to your question today, don't worry, again, you can always reach out to us at the service center. We can address the question there with our technical assistance, but I will also mention that we are planning to hold another office hour session in the March timeframe. So, we'll have additional details available to you all very soon, again, through the listserv. If you are interested, please just keep an eye out for that future office hours session. It will be on the 19th. Thank you, Kati, March 19th. It is from 2 - 3 it is another Tuesday in March something a little closer to the end of the submission period so we can triage any requests you have so highly encourage you to sign up for that when we have the registration out.

The registration is up on the -- if you go to [qpp.cms.gov](http://qpp.cms.gov) and you go to our webinar library at the top it has our upcoming webinars. So, the registration information link is right there for you too.

So, there is plenty of time. There is still plenty of time, certainly we want you to navigate into the system, submit your data, make sure everything is looking good on your end and, again, if you do have questions feel free to come back to us through our different resource channels and we'll do our best to make sure we are helping you out along the way.

We did have another audio question that came in.

Perfect I was just going to check in with you.

Kamiko Jefferson.

I was actually just questioning the 60% of data that needs to be submitted for the Quality measure. I did type it in just in case one of the folks gets it. How do you determine what 60% of the data you are submitting? If you go it a full year, am I taking the full gamut of the year, how do we determine what 60%?

So, you're referring to the data completeness requirements for the Quality measure, so, this is where you would need to report performance on 60% of your patients on your eligible population for the given measures. There are specific -- and this is for methods other than the CMS Web Interface. Is there a specific way that you are submitting your data?

I'm reporting it through a QCDR.

Okay, this would likely be All-Payer data, but your QCDR should be collecting information about the number of eligible instances you have that qualify for the measure. And you would need to report performance on at least 60% of them to meet the data completeness criteria.

Okay, thank you.

Okay, thank you. Okay, well we are at the top of the hour. I do want to thank each of you for calling in, sending us your questions. I think we got a lot of very helpful questions and also, some really great feedback that we're going to look through after our session concludes today. But, again, thank you all. Remember we do have a second session coming so please login to our

webinar library now and sign up for that session if you're interested in potentially asking some additional questions as we get closer to the end of submission. Please be mindful that the submission period does end on April 2nd so just keep that in mind as we get closer. Still plenty of time to get your data in to us, but keep that date in mind. And with that we are going to adjourn for today thank you all so much and we'll talk to you again soon.

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