

The Merit-based Incentive Payment System: Annual Call for Quality Measures Webinar
March 28, 2019

Hello, everyone. Thank you for joining today's CMS Merit-based Incentive Payment System Call for Quality Measures Webinar. CMS will provide an overview of the Annual Call for Measures process for the MIPS Quality performance category. After the presentation, CMS will take your questions about the Annual Call for Quality Measures as time permits. And now I'll turn the call over to Kati Moore, health insurance specialist from CMS. Please go ahead.

All right. Well, thank you, Stephanie. And good afternoon, everybody. Thanks for joining us here today. We can go ahead and hop over to the next slide. So, as you all know, we're going to talk about the Call for Quality Measures today. So, we're going to go through just a really quick few slides to give you an overview of the Quality Payment Program, an overview of the Merit-based Incentive Payment System, or MIPS. We're going to do just another slide on just overview of the MIPS Quality performance category. And then I'll turn it over to my colleagues in the room with me to go over what we're here to talk about today, our 2019 Call for Quality Measures. Next slide.

Actually, you can skip ahead two. So, real quick -- And a lot of you on the phone today, this will all just be refresher information. As you all know, the Quality Payment Program -- clinicians have two tracks from which to choose to participate in this program. The first is MIPS, or the Merit-based Incentive Payment System. So, if you're in MIPS and you're a MIPS eligible clinician, you'll be maybe subject to a performance-based payment adjustment through MIPS. And you could also participate as an Advanced Alternative Payment Model, or APM. So, if you decide to take part in Advanced APM, you may earn a Medicare incentive payment for sufficiently participating in that innovative payment model. Next slide.

Oh, and skip ahead two. All right. Thanks. So, here is a really great slide that gives you everything you need to know, really, about MIPS in a quick, little snapshot here. So, under MIPS, there are four performance categories that affect your future Medicare payments. So, our four performance categories are Quality, which is weighted at 45% of your MIPS final score -- and I should say, so you all know, I'm talking about the 2019 Performance Year of the program. So, in 2019, Quality will be worth 45% of your MIPS final score, Promoting Interoperability is worth 25%, cost is 15%, and Improvement Activities performance category will be 15%, which equals 100% of your total MIPS final score. So, each performance category is scored by itself and has a specific weight that we just went over as part of your MIPS final score. And the payment adjustment will be assessed for MIPS eligible clinicians to equal that 100% final score, which will impact your payment adjustment for a future year of the program. Weights assigned to each category are based on a 1-to-100-point scale. The weights can be adjusted in certain circumstances. We have a lot of different overview, more in-depth webinars that will go into more detail on the specific circumstances where re-weighting might happen if you have different hardship exceptions. This one, we're just going to kind of touch on the overview. But weights are effective for Performance Year 2019. Next slide, please.

And we can do one more slide. Great. Thanks.

So, this slide gives you more details just specific to the MIPS performance category for Quality. So, as we said, for 2019, this performance category is worth 45% of your final score. There are 250-plus measures that are available. So, you can select -- You may submit six individual measures to get the points you need for this category. One of the measures must be an outcome measure or a high-priority measure. And high-priority is defined as outcome, appropriate use, patient experience, patient safety, efficiency, care-coordination measures, or opioid-related quality measures. And then, if you are a specific specialty, there's also specialty-measure sets that are available that you can submit those measures that are more specific to the work that you do and how you provide care. So, more information is definitely available on our Quality Payment Program Resource Library. For the specialty measure sets, we have specialty guides available for several of our specialties. And then we also have our 2019 Quality performance category fact sheet. That gives you a lot more details. And then, on our website, at qpp.cms.gov, we have an Explore Measures and Improvement Activities page that is a really great tool that lets you check out all the different measures and get all the information you need to decide which ones, you know, work best for how you practice. So, I think that's it for our really quick, brief overview. And I am going to turn it over to my colleague Susan Arday to go over the actual Call for Quality Measures.

Next slide, please. Good afternoon, everyone. I'm Susan Arday. And I'd like to thank you for the opportunity to speak with you today regarding the Call for Quality Measures for 2019 for the Merit-based Incentive Payment System, or MIPS. Next slide, please.

The Annual Call for Quality Measures process allows clinicians, professional associations, and medical societies representing eligible clinicians, researchers, consumer groups, and other stakeholders to identify and submit measures for consideration for the Quality performance category in MIPS. The current 2019 Call for Measures opened on March 1st of 2019 and it will close on June 3rd of 2019. Next slide, please.

So, submitting measures for the Quality performance category. In order to be considered for the Quality performance category, measures submitted during the Call for Measures must be fully developed, and that includes with completed testing results at the clinician level and ready for implementation at the time of submission. The testing results should include reliability and validity testing. For electronic Clinical Quality Measures, or, as we say, eCQMs, feasibility testing and Bonnie test cases must be included in that submission. The information should also be provided within the peer-review-article form for consideration. In addition, the measures must fulfill a clinical performance gap and be supported by a scientific rationale and performance data, if available. The measures -- if you submit them, in order for them to be reportable via registry, administrative claims, or what we call Medicare Part B claims, or as electronic Clinical Quality Measures -- we also would call these claims-based measures, in a sense, but claims-based measures will only be accepted in conjunction with another data-submission method. We're now calling the Registry measures, by the way, CQMs, Clinical Quality Measures. All information and supplemental documents must be submitted in the alt-project tracking system, JIRA, by the deadline, which, as I mentioned earlier, is June 3rd of 2019. Your measures should be ready for implementation at the time of submission. And for more information about what is required for 2019, please refer to the MIPS Call for Measures Quality Fact Sheet. The pre-rulemaking website will be updated to include this information, as well. I would recommend that you look to and

refer to the MIPS Call for Quality Measures Fact Sheet for the full list of requirements for 2019's Call for Quality Measures for MIPS. Next slide, please.

So, when you're submitting measures for the Quality performance category, CMS publishes an annual program-specific priority-needs document, and that identifies areas within the program that we are seeking to fulfill. Submitting quality measures should not be duplicative of a current quality measure within the program. The measure should be clinically relevant and address a gap in care. CMS will give priority measures that are outcome-type measures, opioid-related quality measures, or those that address high-priority areas, such as appropriate use, patient safety, care coordination, patient engagement, and care-giving experience, and efficiency-type measures. Preference will also be given to measures focusing on topics that are not currently represented in the program and for those addressing specialties that are not fully represented. Each measure submission, as I mentioned before, should be accompanied by a completed peer-reviewed journal article form. The completed peer-reviewed journal article form should be submitted in the alt-project tracking system JIRA, as I mentioned. And that's submitted as an attachment to your measure submission. Now, what's the reason that each submission has to be accompanied with this peer-reviewed journal-article form? That's because CMS is required to submit the measure and the method for developing the measure for publication in an applicable specialty-appropriate peer-reviewed journal in order to add a new measure in MIPS. Next slide, please.

So, when your measures are being submitted through the alt-project tracking system JIRA tool, which is where you need to go, in order to access the alt-project tracking system JIRA, you must request a log-in and ask for specific access to the 2019 MUC, Measures Under Consideration Project. Links have been provided on the slide to assist you in accessing JIRA, as well as a quick start guide. These links are also available on the pre-rulemaking website. All required data fields must be completed within the alt-project tracking system JIRA submission for consideration of the quality measure. Please also provide complete and accurate contact information in case the team has questions during our measure reviews. It's also a good idea to provide a backup contact person in case you're not available when we need to talk to someone related to your measure. It's important that the measure-submitters commit to providing timely and accurate feedback to CMS and our contractors throughout the measure review process, as well as in preparation for the MAP meeting -- MAP clinician, in the case of the quality measures and in QF. If your measures are approved for the MUC List, the Measures Under Consideration List, appropriate subject-matter experts must attend the Measures Application Partnership, MAP, meeting. In this case, again, and in QF, it's a MAP clinician. It's in December of each year. So, this year, it will be December 2019, to address your questions. Attendance may either be in person or over the phone. Again, there's a good number of helpful links posted here on this slide to get you started, and I would really -- If you're new to this process or if you've done this before, please take a look at these helpful links on JIRA for quality measures, the quick start guide, CMS pre-rulemaking website, and the 2019 QPP Resources Call for Measures and Activities. Next slide, please.

Okay, so, there are some caveats here. Measures in current use should not be submitted through the Call for Measures again. The exceptions would be for measures that are being submitted for another CMS program or programs or, say, for measures that have significant changes, including submission-type

changes or changes to the stewardship that need to be re-reviewed. Please note -- if a measure was on a prior year's published MUC List but was not finalized for implementation, due to the MAPs recommendation, the measure must be re-submitted to be considered for another performance year. However, if the MAP suggested updates to the measure, those suggestions should be taken into consideration prior to re-submitting during the Call for Measures. If no changes have been made, it's unlikely that the measure will move forward. Next slide, please.

So, wow. Here we go. These are the pre-rulemaking process for Quality performance category. There's a bunch of statutory references, and they're provided here for your reference. Section 3014 of the Patient Protection and Affordable Care Act, Section 1890 and 1890A of the Social Security Act. What are your pre-rulemaking steps to follow? Okay, first, the measures submitted during the Annual Call for Measures. 2 -- Then the measures are reviewed by CMS. 3 -- The approved measures are added to the Measures Under Consideration, MUC, List. Then 4 -- CMS annually publishes the MUC List by December 1st. 5 -- A National Quality Forum, NQF, convenes a multi-stakeholder group, the MAP, as I mentioned, the Measure Applications Partnership. And there's several different MAPs that meet in December. Ours is the MAP clinician. 6 -- The MAP provides recommendations and feedback to the secretary of the Department of Health & Human Services, on an annual basis, by February 1st. So, for this cycle, we'd be talking about by February 1st of 2020. 7 -- Your measures may be added to future rulemaking for the MIPS program. And 8 -- The measures go through the rulemaking process, including the formal comment period. So, it's a fairly long trajectory. Next slide, please. And now I'd like to turn this over to Helen Dollar-Maples, who will talk about the Measures Under Consideration List publishing for 2019 and 2020. Helen, you have the floor.

Thank you. Thank you, Susan. Good afternoon, everyone. As Susan already said, my name is Helen Dollar-Maples, and I just kind of help shepherd all the measures on to the MUC List as best I can. And MIPS being one of the programs that I do try to assist with.

And right here, you see a very high-level timeline of the Measures Under Consideration for all programs, not just MIPS. And, as Susan already stated, right now, it's that Call for Measures. So, we opened JIRA on March 1st of this year, so you are free to go into JIRA now. You have your fully developed, fully tested measure, go ahead and submit that.

And, so, next month, which is April 2019, we will have four webinars to help assist you, if needed. So, we have one that's scheduled on the 16th of April, and that's going to be our kickoff for the MUC season. So, we're just going to get some general information about -- almost what you're also getting here today through this call about just the different mechanisms of submitting, which really is just JIRA, right? But we actually -- It's not MIPS-specific. It is catered to all the different programs. And then, on the 18th and 23rd of April, we have scheduled for you a demonstration of how to use JIRA. We call it the JIRA Open Forum. And it's an open forum because we openly invite everyone, and then we want to have some interaction. If you have questions just in understanding how to navigate JIRA and how to get your information in there, that is the time to pick one of these dates -- like I said, it's the 18th and 23rd of April -- to go in and just learn about how to submit. On the 25th of April, we have scheduled the Needs and Priorities webinar, so, that way, CMS can articulate to the various

developers and stakeholders what our needs and priorities are for this year regarding the measures that we'd like to fill some gaps. Then, as Susan already stated, on the 3rd of June, we will close JIRA. No more submissions. Nothing else will be taken. We will close JIRA. And at that time, as measures are coming in, CMS will be evaluating, will be reviewing to determine if these measures are, in fact, fully developed, fully tested, and appropriate for our various programs. Once we have decided, kind of like a preliminary analysis and we've made our preliminary decisions on these various measures, we'll actually talk it over with our federal stakeholders within HHS just to kind of let them know what we're thinking, as well. And then, in August, we actually do what's called a clearance process, and this has nothing really to do with you guys, but just for your education of how rigorous and why we actually do a Call for Measures so early and not even publish the MUC List until December. It is really because we do need to get feedback from all components of HHS and to include OMB. So, we really need to get that rigorous review from all of our stakeholders within the government or within HHS and OMB. May I have the next slide, please?

So, once that clearance is finished -- yay! -- then we'll eventually publish that MUC List, and, statutorily, it has to be by 1 December. We do have this goal every year to publish it sooner. Sometimes, it might be a day sooner, but, really, our goal this year is -- we're trying to get that November 15th. Don't hold me to it, but that is the goal every year, just so that we can get enough time for public commenting, to allow NQF to do a preliminary analysis, and to provide the MAP with enough materials to understand the measures that are on the MUC List so that they can be prepped for their in-person meetings.

Now, going back to the September-through-November time frame, we have the MAP members on the various MAP groups, so it's clinicians, you have your post-acute, you have hospital, and you even have a coordinating committee. And they'll be meeting in the fall time frame so that they can be spun up on their actual duties and roles as a MAP member and to ensure that they are understanding what CMS is looking for them to do when they meet in December. So, again, in December, the in-person MAP meetings will occur. Our goal this year is for them to happen that very first week in December. We have yet to schedule that, but that is the goal. And in January, the MAP Coordinating Committee -- they will actually review all the measures and they will finalize MAP's input, their recommendations, and we will receive an Excel spreadsheet with all the recommendations for all the measures on the MUC List by February 1st.

Now, February 15 through March 15th, we do receive some other reports from NQF that address the various gaps that they may have talked about, and those are published on the NQF website. And if you see below on this particular slide, there's a link to that page on the NQF site. Now, NQF does facilitate two public-commenting periods with regard to the MUC List. The first one that takes place -- And this is why we're aiming to always publish this MUC List earlier than the 1 December is that once it's published, they will put it out for public commenting until the MAP in-person meetings actually convene. And then once the MAP work groups have weighed in, they've had their preliminary recommendations, the second commenting period then takes place until the MAP Coordinating Committee convenes in January. Next slide, please.

So, and this is the MAP measure-selection criteria. It really hasn't changed over the years. So, they're really looking for measures that are recommended for the measure sets that are endorsed. They do not have to be, though. Make that clear. They do not have to be endorsed, but, a lot of times, you'll hear the MAP might recommend a measure for the program but with the caveat that, if it's not already endorsed, that it be endorsed. Program measures that adequately addresses the CMS healthcare priorities, that we're reaching our goals and requirements. We want, definitely, a mixture of different types of measures. We're really looking for more outcome measures than process measures, if at all possible. But we understand that, sometimes, we have to have a process to get to an outcome. We want to make sure that their family- and person-centered care and services are included, that considerations for healthcare disparities and cultural competency, and certainly that these measures promote parsimony and alignment. We don't need a lot of duplication of measures. We just want to make sure that they do a lot and that they work together for each program. Next slide, please.

And, so, this year -- And, actually, this all occurred last year during the MAP cycle. The decision categories are now support for rulemaking, the decision of conditional support for rulemaking, or do not support with potential for mitigation, or just a do not support at all. So, a lot of times, you'll see something that, if these measures are quality measures, they kind of hit all those points that the MAP is looking for but they're not endorsed, you'll see something that might say, "Conditional support for rulemaking," with the caveat of it go through endorsement. The do not support for rulemaking -- that's new for last year's MAP cycle. And that really is speaking to a measure really have a lot of merit, but they do not feel that it is at a point where it can actually be used in a program and that some significant mitigation strategies probably need to be in place or some kind of tweaking or some changes to that particular measure may be needed for it to really be able to meet the needs of that program. So, those are pretty much the MAP recommendation categories that they can set forward to the secretary by 1 February. So, with that, I will turn it back to my colleague Susan Arday. Susan?

Thank you, Helen. Next slide. So, when are measures posted? Well, an annual list of measures will be published in the Federal Register in early November of the year prior to the first day of a performance period. This timeline refers to the annual rulemaking process, in which CMS publishes a proposed rule in late spring or early summer, and then a final rule in early November, prior to implementation of any new or updated measures for the upcoming January-through-December performance period. MIPS measures for 2020 will be posted in early November 2019 in the Federal Register. And the final measures and specifications will be available on the QPP resource library site. Next slide, please. Now I'd like to hand this back over to Helen Dollar-Maples -- or, actually, Kati. I'm sorry. Yeah, Kati.

All right. Great. Thanks, everybody. One more slide, please.

All right, here we go. I know that was a lot of information for you-all. And don't worry -- you don't have to have written down everything we said. We're going to post the slides on our QPP Webinar Library. Usually, it takes about a week or so to get our slides, our transcript, and video posted so that you guys have that resource to reference when you're going through this process. But this slide, we're just going to call out a couple other places to look for some helpful resources. The easiest place to start off is our Call for Quality Measures resources that are listed on our QPP Resource Library. So,

if you go to the Resource Library, there is a ZIP file named "2019 Call for Measures and Activities." And when you download that ZIP file, you'll get a lot of different information. I think there's seven resources in there. So, the first few resources are specific to our Improvement Activities and Promoting Interoperability Call for Measures that we also had a webinar on a few weeks back. But then we've also added all of our Call for Measure resources in here. So, there's an overview fact sheet that's really helpful, just lets you know what you need to do, all the basics; as well as a template for the peer-reviewed journal article; and then an example article for eCQM; and just a standard example. And I believe those materials are also posted, as we said before, on the CMS pre-rulemaking website that we also have a link to right here. And then, as always, there's more information in those materials on how to contact, but if you have any questions in general about the program, please feel free to contact our Quality Payment Program Service Center. And e-mail is qpp@cms.hhs.gov. And the phone number is 866-288-8292. And then we have a lot of really knowledgeable agents ready to answer any questions you have on this topic or any topic about the program. So, I am going to turn it back over to, I think, Mikala, and we're going to try and answer some questions, if you all have any questions in the chat.

Great. Thank you, Kati. If we could go to the next slide, please.

As Kati mentioned, we are now going to start the Q&A portion of the webinar. To ask a question, please submit it through the Q&A box. And please note that we will not be answering questions about 2018 or 2019 participation in MIPS. We will only be able to answer questions related to the Call for Measures. And I actually only see one question in the queue right now, so please do send in any questions, if you have them. We'll be keeping an eye out for those and can hopefully get you some answers.

So, this one question asks, "Would measures be considered that are currently existing QCDR measures from another vendor?"

Hi. This is Susan Arday. If they are measures in a QCDR for another vendor and those measures are not currently part of the list of quality measures that you go out on qpp.cms.gov within the program, you certainly can submit to the Measures Under Consideration List. I would certainly work with whomever is the actual generator author of that particular measure. So, for example, if the person asking this question and your organization is not the organization that initially, you know, came up with that measure, please coordinate and work with the organization and individual at that organization who is the, you know, author of that measure.

Thank you. And it looks like we did receive one more question, and it asks, "Is there a benefit to practices for submitting proposed measures?"

This is Susan Arday. I'm not exactly sure -- I guess I'd want to know a little more detail from the questioner on that. Part of the whole deal with the Call for Measures, including the Call for Measures for Quality is, as I mentioned, the measure has to be fully developed. So, I'm not sure what the benefit would be. Could the person elaborate, please?

Yeah, and to the person who submitted that question, feel free to send in some further clarifications, and we're keeping an eye out for that. And others, as well, if you do have a question, please do submit to the chat

box. That was our only question that we had at this time, so we will just stand by to let folks enter in any questions that they may have.

This is Susan Arday. I'd also like to know -- when the person said, "Is there a benefit to practices for submitting proposed measures," proposed for what? Do you mean proposed for the Measures Under Consideration List? Through the Call for Measures? Proposed -- maybe you submit it to the National Quality Forum for potential endorsement of your measure or re-endorsement. So, that clarification on what you meant by "proposed" would be helpful, too.

Yeah, and maybe, Susan, they might be asking about the incentives behind submitting or proposing measures. Maybe you could talk a little bit about that while we hold for questions.

Possibly. I mean, at the end of the day, if you have a measure that you would like to possibly see in the program for the regular list of quality measures that we use, submit it. You know the criteria that we've laid out that -- You know, what helps it to pass through the first level of the gates? But it's the old adage of, you know, "You got to get in the game to be a winner" or whatever. So, you know, put it in.

Great. Thank you, Susan.

You're welcome.

And let's see. It looks like we did just get a new question. It asks, "Is there --" Or, actually, first, I see there was a clarification on that last question submitted just now, so I'll read that out. That person just said they were curious as to whether there was a benefit or incentive for submitting new measures for review, which I think you just kind of answered.

Correct.

All right. So, this next question asks, "Is there a different process for maintaining an existing measure, rather than a new measure?"

When you say, "Is there a different process for maintaining existing measures?", I'm presuming you're talking about measures that have actually made it and have been formally adopted into the MIPS Quality measure category of that list right now that's about -- mm -- 254 or so measures out there on qpp.cms.gov. Maintaining existing measures. Well, if your measure makes it to that list of -- Like I said, right now, it's about 254 measures. Yes, the submitter of that measure, the organization and that individual, there's a responsibility on their part for annual updating and maintaining the measure, making sure it stays up to date with liability, feasibility, clinical guidelines. Similar, I would say, if any of you are familiar with the process that if you were to have a measure, submit it to NQF, and get it endorsed, we follow a very similar process for making sure the measures we use in the program that have been adopted are out there for use stay as relevant and fresh and accurate as possible.

Great.

All right, thanks, Susan. Mikala, I can take the next one, from Courtney. So, your question is, "Have there been any changes this year from last year's requirement?" And, Courtney, I'm going to assume you're talking about

requirements for the Call for Quality Measures. So, if you want to see a list of all requirements and things you need to do to submit for this year's -- this year being 2019 -- Call for Quality Measures, just refer back to the overview fact sheet in the 2019 Call for Measures and Activities ZIP file, and that will list out everything you need to know for this year. And if you're talking about, like, measure specifications, which isn't part of this webinar, but you can check out the Explore Measures tool on our qpp.cms.gov website.

Great.

Courtney, it's Susan Arday. In JIRA, I don't think much has changed, in terms of if you submitted measures last year for the Call for Measures compared to this year. So, there's not a lot of, you know, new fields or anything. I don't think there's hardly any, actually.

Yeah. So, this is Helen. So, in JIRA, you'll just see a couple little things that have changed, but, as Susan said, by and large, it's the exact same template as last year's. The new addition is that we opted to allow submitters an opportunity to identify a second healthcare priority and a corresponding Meaningful Measures Area. It is an optional field. Do not feel like you have to select a secondary Meaningful Measures Area. However, the primary health care priority and Meaningful Measures Area are still required fields. So, that's really, honestly, the biggest change. So, not much there.

And we got your thank you, so I hope we answered your question.

You're welcome. Yeah, glad. This is Susan Arday. I put a plea out for folks, and I know it's human nature -- please do not wait till the last day, June 3rd or June 2nd, to get your measures in to JIRA if you're thinking about submitting. Yeah. We have to start working with folks sooner. If there's something inadvertently that got left out or it's a little confusing, we can start working with you early on that, rather than later. And, also, you know, normally, everything works as planned, but I don't know about you. In my life, when I wait till the last minute, guess what. That's when I find out the car doesn't have gas and I can't leave right when I need to. So, you know, I'd hate to find, at the very end, suddenly, some glitch happened that you wanted to submit something and the stars just weren't aligning for you. So, help yourself and help us, too.

All right. It looks like we did just get in another question. And, folks, please do continue to keep submitting your questions, if you have any. Right now, we just have this one lined up in the queue. So, it asks, "For measures that currently exist, is there a different process for requesting a review or update to the measure? For example, a measure that an organization feels needs to be revisited to improve relevancy."

Well, one of the things -- This is Susan Arday. One of the things you can always do, assuming that you're talking about a measure that you're very interested in, very relevant to your population, your providers, or groups you're working with, and you say, "Eh, I'd just really like to see this changed or this tweaked here." First of all, approach the measure steward in the organization. While you're doing that, anytime, you can always write in and contact us. Go through the -- Probably the easiest way to do that is send the inquiry to qpp@cms.hhs.gov and label it, you know, "A question about MIPS Quality," I.D. number, and then the body of that, and that way, we can start looking at it and addressing it. We do, annually, look at the

measures and assess them that are currently accepted and adopted in the program. But it's different, you know, individuals and organizations that also write in and say, "I don't understand" or "Can you please -- Have you thought about this?" or "What about this code?" or "Are hospice, you know, patients included in this particular measure?" or "Why not?" That is very helpful to us. And, as you know, it can take, sometimes, more than a year, because of the cycle we laid out for you, for a change that we all agree is a great change to a measure to actually get into the formalized specs that are out there for folks to use and actually apply in a program year. So, I wouldn't say there's a different process. The Call for Measures List, though, is not where you -- If you are an entity not submitting a measure, that's not where you would submit somebody else's measure and say, "I'd really like to see this changed."

All right. Thank you. And we did get another question in just asking about more information on this upcoming April education outreach webinars and how -- kind of what those will cover and how those will differ from this presentation today.

Yeah, so, this is Helen. So, as I noted, the one big difference is -- we're not MIPS-specific. This is a very MIPS-focused webinar today, which makes sense, because it is the MIPS team, right? But I represent the MUC, in a larger scale, that represents all the various programs. So, on the 16th of April, the kickoff will include just a larger -- like, a higher view of the MUC in and of itself and how it pertains to all the different CMS programs. I believe that we have slated, for the agenda, to just talk a little bit more about the Meaningful Measures Initiative. We'll probably talk a little bit about interoperability. I know that we'll kind of do a little high-level view of the MAP itself, I think just kind of explaining, you know, who makes up a MAP. And then, on the 18th and 23rd, again, like I said, that's just JIRA-specific demonstration of how to put your measures into JIRA. So, we absolutely invite any and all to join us for that. And then, on the 25th, again, that's needs and priorities, and that, we will actually go program by program, and each program lead will speak to the needs and priorities that their programs have as it relates to measures and what we're hoping to see come in through JIRA. And this also is a great opportunity to listen in to the needs and priorities, because if we don't get those measures this year, it's a great opportunity for developers to think, "Wow. This is a priority area for CMS. Let me start working on that now, or I already have something in the works. Let me go ahead and push that forward, and maybe next year, I can submit it, hoping that they still will have that need and priority."

So... And if you need more information and if you're interested in participating and listening in, we will have that information on that CMS pre-rulemaking site. However, it is not posted just yet. And, so, we hope to have that posted, obviously, before the 16th. But I can tell you, by and large, I think the times for those, just so if you want to start planning and putting something on your calendar, I can probably give you a quick idea that for the kickoff, if you're interested in something along those lines, we'll start around 1:00. The JIRA demonstration will be at 1:00 on the 18th. It will also be at 1:00 on the 23rd. And the needs and priorities -- Let's just call it all the way across, 1:00. So, our four webinars in April will be 1:00 on the 16th for the kickoff, 18 and 23 for the demonstration of JIRA, and the 25th for the needs and priorities. Hope that answers your question.

Thank you. I'm sure that was helpful for a lot of folks on the line. And that was our last question, so please, if you do have any questions, feel free to send them in. We'll hold here for a few moments to allow you some time to think and send in any questions that you might have.

Hi. This is Susan Arday. I see a question came in from an individual asking, "Are there proposed ophthalmology measures, since so many measures were topped out at 7 points in 2019?" Well, Jodi, I believe, is the individual who submitted this. That's a great question. You've got a couple things you're asking about, though. One is benchmarking scoring, which this is not the right subject-matter experts here to talk about that for MIPS. So, what I would suggest on that is that you submit that exact question to qpp@cms.hhs.gov, because then we can get the wide variety of subject-matter experts that need to answer questions like that. But, in general, when you're asking about what measures are proposed, whether it be ophthalmology or whatever, the answer is the same. Please look at the proposed Physician Fee Schedule Rule for this year. It will come usually -- I want to say usually around July 1st to July 15th, on a given time period. It will be out on the Federal Register. So please go out there and take a look at that. I know it's a lot of pages, but you can, you know, search an index to find what you're interested in or what you find isn't in there. And you have a public comment period. It's a formal period, so either see what you are looking for in there or you want to ask a question, great time to do it.

All right. Well, we'll hang on maybe another minute or so, see if anybody wants to type in a final question to close this out.

I do see one other question. This is Susan Arday. Someone asked, "Small practices are those with less than 15 clinicians in practice. Are there any other added specifications to this?" Great question again. Again, we're not the right subject-matter experts here to answer your question, because this sounds like this is an Accountable Care Organization type question. So, what I would suggest -- please submit that question to qpp@cms.hhs.gov, and we can get it to the right people to get you the answer.

All right. I think -- I don't see any more questions, unless, Mikala, you have anything on your end.

Nope. Nothing else on my end either. So, thank you all for joining. And if you do think of any other questions, feel free to contact the Quality Payment Program Service Center. We did send that contact info out as an announcement that you should have seen pop up on your screen. And if we can go to the next slide, please, you'll see it again there.

And, as Helen mentioned, definitely feel free to join us for those April education and outreach sessions and keep an eye out for more information on those on the [cms.gov](https://www.cms.gov) pre-rulemaking website that we have linked to in the slide deck. And here it is again on the screen. So, thank you, everyone, for joining us today.

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