



QPP Resource Center: MACRA Minute



September 2018

New This Month: QPP Peer-to-Peer Learning Calls, CMS Webinar, 2017 MIPS Performance Feedback and Payment Adjustment

Fall is in the air! We are excited to offer something new this season . . . **QPP Peer-to-Peer Learning Calls** running September to November. This is a great way to connect with other practices to share successes and shared challenges. Check out the details below!

You've likely accessed your 2017 feedback reports already; but if not, please do so soon. If you believe there was an error to your payment adjustment calculation, you have until October 1 (7:00 p.m., CST) to request an appeal (aka Targeted Review). More information is included below.

New Events: Peer-to-peer Learning Calls

Telligen is facilitating a series of QPP/MIPS calls targeted toward certain practice specialties and/or EHR vendors. We selected groups most widely represented by the MIPS ECs in our region. These calls provide an opportunity to share successes and challenges, gain valuable knowledge, and network with your peers.

All calls will be held from 11:00 a.m. to Noon (CST) on the dates list below.

Register Now:

- [9/19/18: Podiatrists](#)
- [10/3/18: eClinicalWorks](#)
- [10/17/18: Diagnostic Radiologists](#)
- [10/31/18: Dermatologists](#)
- [11/14/18: AllScripts](#)

We want to hear from you before the call! If you have any topics you would like to discuss or if you have any questions, please contact Michelle Brunsen at mbrunsen@telligen.com or 515-453-8180.

Reminder: *Access Your 2017 Performance Feedback & Payment Adjustment Now*

Viewing options have changed following CMS' initial release of the 2017 performance feedback and MIPS final scores.

Original Display: The initial release displayed a single payment adjustment amount that included an additional adjustment for exceptional performance for those EC's with a final score of 70 or greater.

Updated Display: Based on clinician feedback, CMS is now displaying the payment adjustment and exceptional performance adjustment (if applicable) separately. The system will continue to display your total MIPS payment adjustment, which reflects the sum of your MIPS performance and exceptional performance.

How to Access Your Final Score and Feedback

ECs can access these via the [Quality Payment Program](#) website. Log in using your Enterprise Identity Management credentials. If you don't have an account, refer to this [guide](#).

Resources

- [2017 Performance Feedback Fact Sheet](#) and [User Guide](#)
- [2017 Performance Feedback Instructional Videos](#)
- [2019 MIPS Payment Adjustment Fact Sheet](#) and [infographic](#)

Questions?

If you have questions about your performance feedback or MIPS Final Score, please contact the Quality Payment Program at 1-877-715-6222 or QPP@cms.hhs.gov.

Deadline: *Request a Targeted Review By October 15*

MIPS ECs (including support staff, authorized third-party intermediary (includes those subject to the APM scoring standard), may request a targeted review of their performance feedback and final score.

When to Request a Targeted Review

If you believe an error has been made to your payment adjustment calculation, contact the QPP service center at 1-866-288-8292. If they're unable to resolve your issue, ECs have until **October 1, 2018** (by 7:00 p.m. CST) to request a targeted review.

Reasons for requesting a targeted review include:

- Errors or data quality issues on the measures and activities have been submitted
- Eligibility issues (e.g., you fall below the low-volume threshold and should not have received a payment adjustment)
- Being erroneously excluded from the APM participation list and not being scored under APM scoring standard
- Not being automatically reweighted even though you qualify for automatic reweighting due to the 2017 extreme and uncontrollable circumstances policy

Note: This is not a comprehensive list of circumstances. CMS encourages ECs to submit a request form if they believe a targeted review is warranted.

How to Request a Targeted Review

Access your MIPS final score and request a targeted review by:

- Going to the Quality Payment Program website
- Logging in using your Enterprise Identity Management credentials (the same credentials used to submit your data)

When evaluating a request, CMS generally requires additional supporting documentation. If your request is approved, CMS will determine the upward payment adjustment amount after the targeted review submission period. Please note that targeted review decisions are final and not eligible for further review.

For More Information

Refer to the Targeted Review of the 2019 Merit-based Incentive Payment System Payment Adjustment [Fact Sheet](#) and the [User Guide](#).

New: Meet Your SURS Team



Meet Telligen's Michelle Brunsen

I've had the pleasure of getting to know many of you, so it's my turn to share a little about myself.

I've been with Telligen for 7 ½ years, spending the last 1 ½ years working with small practices in Iowa and Nebraska on the Merit-Based Incentive Payment System. My true joy is working directly with the clients and helping them understand and succeed in MIPS.

In my previous work with Telligen, I helped Iowa practices implement EHRs and achieve Meaningful Use.

Prior to Telligen, I worked for an EHR company and for Iowa Medicaid as a utilization review

analyst.

In my spare time, I enjoy spending time with my family and friends. My husband and I are empty nesters. Our son, Alex (26), lives in Raleigh, North Carolina and our daughter, Hannah (21), is finishing up at DePaul University in Chicago. We have

two golden retrievers, Cora (2 ½) and Mia (13 weeks). I enjoy training them -- with the ultimate goal for them to become therapy dogs. I enjoy traveling, biking, spending time outdoors, cheering on the Hawkeyes and Cubs, and being active in my church.

Summary: Proposed Rule Changes for MIPS Year 3

Proposed Eligibility Changes Include:

- Adding four new clinician types: Physical Therapists, Occupational Therapists, Social Workers and Clinical Psychologists.
- Adding a third component to the low volume threshold.
 - In addition to billing \$90,000+ to Medicare Part B and seeing 200+ beneficiaries; ECs must also provide 200+ covered services. ECs meeting ONE of the three, have the ability to participate voluntarily.
- Maintaining the five point small practice bonus, but move it from the final calculation to the Quality performance category score.
 - Proposed changes to the performance threshold = 30 points to avoid a negative payment adjustment, and 80 points to receive an exceptional performance bonus.

Proposed Performance Category Changes Include

- **Quality:** Weight changes to 45 percent and the addition and removal of measures. Adding 10 new quality measures and retiring 34 measures.
- **Improvement Activities:** Weight stays at 15 percent. One activity is being proposed for removal and six activities added.
- **Promoting Interoperability:** Weight stays at 25 percent weight, but proposing doing away with the base, performance, and bonus measures. Security risk analysis will be the only base measure. All measures will be mandatory and scored on a sliding scale based on performance with a maximum of 100 total points.
- **Cost:** Weight changes to 15 percent, while adding eight new episode-based measures.

How Do I Comment?

Complete instructions for submitting comments are available on page 1 of the proposed rule. Use one of the following ways to submit your comments by

September 10, 2018:

- Electronically through regulations.gov
- Regular mail
- Express or overnight mail
- Hand or courier
- FAX transmissions won't be accepted

For more information, go to: qpp.cms.gov or [Proposed Rule Year 3 Fact Sheet](#)

Act Now: Upgrade Your EHR to a 2015 Certified Version

Eligible clinicians and groups that participate in MIPS are required to use certified EHR technology if they want to report measures in the Promoting Interoperability performance category.

In 2018, this requirement can be met with either 2014 or 2015 Edition CEHRT or a combination of the two. In 2019, only 2015 Edition CEHRT can be utilized; so now is the time to upgrade.

QPP Resources: Now Available on CMS.gov

New QPP resources listed below were released in August. Take some time to review them on the [QPP Resource Library](#).

- [MIPS Measures and Activities for Anesthesiologists](#) 9/4/2018
- [MIPS Measures and Activities for Cardiologists](#) 9/4/2018
- [MIPS Measures and Activities for Radiologists](#) 9/4/2018
- [2018 Exceptions FAQs](#) 8/3/2018
- [2018 Claims data submission fact sheet](#) 8/21/2018
- [CAHPS for MIPS survey CMS approved survey vendors](#) 8/3/2018
- [Payment adjustment fact sheet](#) 8/13/2018

Overview of Proposed Rule for Year 3 (2019) of the Quality Payment Program (7/27/18)

- [slides](#)
- [transcript](#)
- [recording](#)

Ongoing Webinar Series: *The Opioid Safety Project*

Opioid abuse is a critical public health concern and a relevant topic for all providers and practices.

They're prescribed to relieve pain, but opioids can also have a soothing, euphoric effect that could lead to dependency. Misuse, overdose, and deaths have been increasing at disturbing rates. According to the Centers for Disease Control and Prevention, **an average of 115 Americans die every day from an opioid overdose.**

Telligen QIN-QIO and the American Medical Association will take a deeper dive into safely managing patients with opioids in a webinar series held the 2nd Wednesday of each month in December.

- **October 10, 2018: Non-Pharmacologic Approaches to Pain Management**
Presenters: Daniel Blaney-Koen, JD, (AMA) and Steve DeToy - Medical Society of Rhode Island
Time: 12:00 - 1:00 pm CST
Registration Link: goo.gl/eyTiLh
- **November 14, 2018: Psychologically-Integrated Approaches to Pain Management**
Presenter: Dr. Elie Aoun - American Psychiatric Association

Time: 12:00 - 1:00 pm CST

Registration Link: goo.gl/DXFJcZ

- **December 12, 2018: Patient and Family Perspectives**

Presenter: Jennifer Westlund - American Academy of Pain Medicine

Time: 12:00 - 1:00 pm CST

Registration Link: goo.gl/SzqZ6t

For those unable to attend the event, please contact Sandy Swallow sandy.swallow@area-d.hcqis.org or 515-223-2105.

Update: *Fall Prevention*

Do you report on any of the fall screening or prevention quality measures? CMS is proposing to combine the three fall measures (154: Falls Risk Assessment, 155: Falls Plan of Care, 318: Falls Screening for Future Fall Risk) into one measure for the 2019 reporting year. The combined measure will be more comprehensive and include strata components for future falls risk, falls risk assessment and falls risk plan of care.

If you report on more than one of these measures you may need to add a new measure for your 2019 reporting.

How Do I Comment?

You can find the complete instructions for submitting comments on page 1 of the proposed rule. Use one of the following ways to officially submit your comments by the close of the 60-day comment period on September 10, 2018.

- Electronically through regulations.gov
- Regular mail
- Express or overnight mail
- Hand or courier
- FAX transmissions won't be accepted

This material was prepared by Telligen QPP-SURS Resource Center, the Quality Payment Program for Iowa, Nebraska, North Dakota and South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health & Human Services. The contents presented do not necessarily reflect CMS policy. HHSM-500-2017-00012C.

HealthPOINT | Dakota State University | 605.256.5555 | QPP-SURS@dsu.edu | www.healthpoint.dsu.edu

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