

Performance Feedback and Targeted Review Office Hours Session
July 31, 2018

Now I will turn the call over to Adam Richards, health insurance specialist in the Center for Clinic Standards and Quality at CMS.

All right. Great. Thank you. And thank you, everyone, for being here today. Thank you for joining us, and we certainly appreciate your patience in bearing with us while we get set up here. We do have quite a large team, a number of experts on the line, so we had to get everyone into one room. But we are excited to be here with you today. We realize that many of you have questions related to your 2017 MIPS performance feedback as well as questions specific to the targeted review process, so we're going to do our best to try to answer as many of those lingering questions as we can today. As I mentioned, I'm excited to be joined by a number of experts from a large cross-section of our Quality Payment Program integrated team. Everyone here today has worked very hard to bring you a user-friendly and streamlined performance feedback experience. So, I want to take the opportunity to thank each of them for their hard work and for helping us try to answer your questions today. So, with that, let's jump right in. I'm going to be on slide 3. I'm just going to go quickly through the run of show today. For those of you who have joined us for our webinars before, today's event is a bit of a hybrid style. So, we want to provide you with some basic information on performance feedback and targeted review just to make sure that we're all really speaking the same language over the course of the next hour. Then we'll move into answering some of the trending questions that we've seen in various webinars, certainly those we've received through the Quality Payment Program Service Center, and from you directly prior to this event. So again, we'll try to answer those questions in a rapid approach so that we can move to an open Q&A session where you'll have the opportunity to talk to us directly, which I'm sure you are all looking forward to. So, moving on to the next slide, and then one more after that, okay, so performance feedback -- really, let's start with the "What is it?" So, between January and April of this year, clinicians in groups had the opportunity to submit their 2017 performance data to earn a payment adjustment that will be applied in the 2019 payment year. Of course, we want to thank you all who participated in 2017 and submitted your data. We had a 91% participation rate, which is really fantastic. And as a part of the submission process, we at CMS provide clinicians and groups with what is known as performance feedback, which is a comprehensive overview of final scores, performance category details, payment adjustments, et cetera. Now, we have heard from you that being able to access performance feedback on demand and through a single source was a high priority. That's why we are pleased to announce that clinicians can now sign in to the Quality Payment Program website -- QPP.CMS.gov -- using their Enterprise Identity Management account credentials, the EIDM credentials, to view their MIPS performance feedback. So, I'm hoping that each of you who are participating in today's call have already signed in and have reviewed your feedback. If not, please do so as soon as possible. And this is foreshadowing to some later slides. But as you can see on-screen, these are the clinicians who will receive performance feedback -- individual clinicians, groups, both including voluntary submitters; MIPS APM entities; and partial qualifying APM participants, those who elected to participate in MIPS, those who will receive performance feedback. I just want to note that qualifying APM participants, what we call QPs, will not receive MIPS performance feedback. Jumping to the next slide, slide 6, again, as a reminder, you will see elements such as final scores, including those special scoring

circumstances; your 2019 payment adjustments; details about measures and activities; and much more. This performance feedback is truly comprehensive, and it will provide you with meaningful and actionable information to help you identify where you've excelled and areas where you can potentially continue to improve in future performance years. In fact, last week we had a guest clinician join us for the cost performance category webinar who highly recommended reviewing the contents of your performance feedback. You know, it is valuable information, so again, please access it as soon as you can if you have not done so already. Again, a big reminder there that you must use your EIDM credentials to log in. We can't emphasize that enough, having that EIDM account set up and up to date. Moving on to the next slide, slide 7, really what's included in performance feedback -- again, we've kind of just touched on this, your 2017 final score, payment adjustments, performance category, details for measures and activities, a couple other items that are listed on this slide. We've gotten a lot of questions and feedback from many of you on the inclusion of beneficiary-level data as a part of the cost performance category feedback. I do just want to note, so that's one question that we can rule out right away, you know, beneficiary-level data is not available for cost measures at this time. Please do remember that we use the 2017 performance period -- we did not score clinicians on cost. We were providing feedback on that cost performance category. However, it is our goal to provide you with all the basic information you need to prepare for future years, so that's why we're looking at future years to include this type of information. We're also interested in hearing any other areas that you may be interested in seeing or other information that may be helpful. You know, your feedback has helped us create this system, and it will continue to help us improve in the future performance years. So, those were the basics that we kind of rolled through. If we go to the next slide, we'll take a look at a couple graphics that I think help to visualize some of the functionality within performance feedback. On this slide, this is what you'll see. This is your basic snapshot of performance information. You'll see your MIPS final score, performance category scores, the payment adjustments. There's also some helpful information available by clicking on the hyperlinks. And please note that this is what you'll see both for group and individual reporting. On the next slide, slide 9, this may be a little harder to see, but this is really meant to highlight how to download your final score, payment adjustments, and associated NPIs. A couple of additional items that are important for you to remember -- in cases where a clinician submitted data at the individual level and the group level, the most advantageous final score, category scores, and payment adjustment will be identified and attributed for the payment year. A couple of other notes -- for the Shared Savings Program ACO/APM entities, this list will identify all of the NPIs participating in the entity who will receive the final score and payment adjustment associated with that APM entity. And finally, for groups and solo practitioners participating in the Shared Savings Program ACO, this list will identify all NPIs participating in the group or solo practice who will receive the final score and payment adjustment associated with the APM entity. So, jumping ahead to slide 10, another graphic for you here. If you were to drill down into your performance feedback for the quality performance category, this is the type of high-level breakdown that you will see. As I just mentioned, you know, our goal is to show you your most advantageous final score. In this case, the breakdown of the quality performance category will show your highest scored submission method, even if you submitted in multiple ways. So, for example, in this case, registry is higher, so maybe you also submitted claims, but in this case, registry would be your most advantageous score, so that's what you'll see here. And finally, our last graphic on slide 11, to kind of round out the performance

feedback discussion, this is an example of your landing page for performance feedback. The user interface shows you your highest score but also your feedback that you're able to download, the information you're able to download, and you'll see everything available under each submission mechanism. That's... We want to call your attention to the bottom right-hand corner. That's where you'll be able to download some of this information. So, charging along to our next section. So, we're going to jump into the targeted review component. So, if you remember earlier, and I'm on slide 12 just for those following along at home... If you remember from earlier, I did encourage each of you to check your performance feedback as soon as possible. Of course, there is always a reason why I do these things. The earlier you check your performance feedback, the more time you have to submit a targeted review in the event that there is an error or an issue that we need to address. So, let's talk about targeted review at a high level. So, I'm on slide 13. So, along with releasing MIPS performance feedback, we've also simultaneously launched what is known as targeted review. This is a process where clinicians, groups, those participating in certain APMs can request that we review their MIPS final performance feedback and MIPS payment adjustment factor if they believe an error has been made. You can see the "who" on-screen, so I won't go through these in too much detail. One point that I do want to emphasize is that we encourage you to contact the Quality Payment Program Service Center by phone or e-mail before submitting a targeted review. You may be experiencing an issue that we've already identified as impacting clinicians and groups and are working to address outside of the targeted review process. This also helps us to identify any issues that we may not know about. So, your feedback and questions really help us to make sure that we're providing you with the accurate performance feedback and the best user experience possible. Moving on to slide 14. This slide really speaks to what is considered beyond the scope of what can be requested for targeted review. Again, I won't go through these in great detail because I do want to get into our question-and-answer session. But please take the opportunity to review a few of these elements before submitting a targeted review. I think they're very helpful. And just so everyone knows, we will also be posting the slides and this recording, so you'll have a chance to kind of look at these slides again. So, this won't be your only opportunity to jot down notes if you're taking them. I do want to move on to slide 15, just a couple of examples -- I think these are helpful. So, for the targeted review process, maybe at the individual level, the "who" here would be the MIPS eligible clinician. The "why" for targeted review -- the clinician has supporting documentation that they are not a MIPS eligible clinician type and should not have received a payment adjustment. So, that's just one example. I think these are helpful. I know we'll talk a little bit about this at the end, but there's also some really great information available on our Quality Payment Program resource library specific to targeted review. There is a fact sheet that also highlights a couple examples as well to really help you through the process, help you understand these elements about targeted review. So, I also highly encourage you to take a look at those resources, and we'll circle back to that in just a few slides that you have the links to that site as well. So, moving on to slide 16, you may be asking -- I'm not monitoring the chat, but you may be asking yourself, "How do I submit a targeted review?" So, that's a great question. You know, in an effort to reduce burden, we've added the targeted review to the Quality Payment Program website at QPP.CMS.gov. Including targeted review on the Quality Payment Program website reinforces our desire to centrally locate all vital elements of the program in one location so clinicians can spend less time searching for the information that they need. You'll need to use that very important EIDM account that

we've mentioned a few times so far and sign in and locate the Targeted Review section of the platform under Performance Feedback. As you can see on-screen, you'll click on the "Request a review," and it's the graphic at the top right, the little portion that's circled or squared out with the red, that's what you'll click on. And that will launch the process for you. So please, please, please make sure that you have supporting documentation available. That's the second point on the slide. And again, I know I sound like a broken record here, but we do encourage you to review your performance feedback as soon as possible. The deadline for requesting targeted reviews is October 1st of this year, but it is strongly recommended that targeted review requests are submitted sooner to ensure that we can process your targeted review and that the payments are applied correctly beginning in 2019. So, if you take anything from this screen, again, it is the October 1st deadline for submitting targeted review and getting those targeted reviews in as soon as possible. Okay. So, moving on, that's really it for the overview of performance feedback and targeted review. It is fairly straightforward. I do want to now switch gears and begin reviewing some of the trending questions that we've received from you, again, from previous webinars. I know folks were submitting some comments through our various inboxes and through our Service Center. So, I'm certainly going to look to my colleagues and subject matter experts to jump in where they can and answer some of these questions. But for folks on the line, please stay tuned because after this portion of our discussion, our call, we're going to begin taking your questions via the phone lines. So just hang with us, and we'll get you there shortly. Okay, so moving on to the first of our kind of frequently asked questions that we've seen come in, I'm going to pose these. Folks, feel free to jump in. But the first one right off the bat, that we see quite often is "Can my vendor or third party intermediary access my final performance feedback?" Anyone want to take that one? No? Well, the answer is no. [Laughter] So that one's pretty straightforward. I guess I'll jump straight into the second one, "Will we still get QRURs?" Again, that answer is, we've built everything into performance feedback. That's where you want to access not only your cost information, your cost feedback from 2017, but all of the information from the other performance categories -- the MIPS performance categories. We don't have the QRURs available anymore. We want you to go to your performance feedback to review this information. Third question --

Sorry to interrupt, Adam. This is Molly MacHarris with CMS. I just wanted to add on to the response there of receiving the QRURs. So, you're correct. We are no longer issuing those. We have received a handful of other questions of "Will we be able to provide the additional data points, the drill-down data that was previously available in the QRUR report?" I just wanted to let folks know we are not able to provide that this year. However, we do anticipate being able to provide that in next year's performance feedback. So, we do apologize that we're not currently able to provide that level of drill-down information that was previously part of the QRURs, but we do plan on providing that information in next year's report. Thanks.

Thanks, Molly. So, just to round out this slide, I think the last question -- we see this quite often. We actually saw this throughout the performance period -- around voluntary submission, "Will I receive feedback if I submitted voluntarily?" And the answer is yes to that as well, so you can round out that slide. Those are pretty simple. So hopefully, you were able to jot those down. Moving into slide 19, this is where we start getting into some of our more nuanced questions that you've all submitted. So, starting with the very first question, "What if we believe there's an error with our

final score or feedback?" And I think I'll start. If anyone wants to jump in, that's fine, too, but I think this is what we were just talking about with being able to file a targeted review if you do believe that there is an error. Again, you know, please review your performance feedback as soon as possible. We do have the targeted review process, so we encourage you to submit those targeted reviews if there is an issue. I don't know if anyone else wants to add on to that. I think that's pretty straightforward. Okay? Good. Moving on to our second question, "Which information included in the feedback report will be publicly reported on the Physician Compare website?" And I'm not sure if we... Do we have some of our Physician Compare folks? Yeah.

Hi. This is Lisa Lentz with the Physician Compare support team. I just wanted to make sure I heard the question correctly. Could you just repeat that?

Yeah, absolutely. So, it is "Which information included in the feedback reports will be publicly reported on the Physician Compare website?"

Okay. Sure. Thank you for the question. I'm going to answer this question in a few different ways. So first, we will be having a national provider call later this fall that will discuss in more detail which measures specifically would be eligible for public reporting as we're conducting that analysis right now to determine which measures, activities, attestations meet our public reporting standards for inclusion on the website. I also want to mention, though, that any measures that are considered first year, meaning they're the first year they've ever been used, as opposed to being used in any of the legacy programs such as the Physician Quality Reporting System or EHR Incentive Program, any first-year measures are not eligible. Also, any risk adjust, non-risk adjusted outcome measures, as well as continuous or ratio measures, are not eligible. But everything else is currently under analysis to see which measures meet our public reporting standards, and we'll have that detail forthcoming this fall.

Okay, fantastic. Thank you so much. We have one additional question, the third question on-screen, "Why am I seeing a final score of zero and a payment adjustment as not available when I submitted data?" I think anyone who kind of experiences that, why don't we have you call in to the Quality Payment Program Service Center and just flag this one for us? That way, we can track it. If anyone on the line is experiencing something like this, it may be something that's already been resolved. Some of these are trending questions that we did pull from previous events, so... But in that event, this is a good example of flagging these issues or possible issues for our service center. That way, we can track them through. Okay, let's move on to slide 20. We've got two more slides with questions, folks, so just bear with us, and then we'll switch it over to our open Q&A session. So, the first question on-screen, so getting into the payment adjustment component of this, "What's included in the payment adjustment amount displayed on performance feedback?" And if we have anyone who wants to take a shot at that one... Okay. So, I think this was one that came in, and I think this is a good point. Sorry, folks. We were just talking in the room. This might happen a few times during the event when we get these types of questions. We may go on mute for a second. But I think what this question is asking is what all is included in the payment adjustment, and does that include the exceptional performer bonus? So, I think we can confirm that that's a yes, what you're seeing on the payment adjustment screen. I don't know if anyone else wants to jump in.

Yeah. Hi, Adam. It's Molly again. So, what's currently on performance feedback -- there's one number that reflects the clinician's payment adjustment percentage, and that takes into consideration their final score as well as whether or not they also received the exceptional performer bonus. We are working on getting additional language and enhancements to the feedback out where we can break down what that one combined payment adjustment percentage is, so for example, if you see your payment adjustment percentage as 1 1/2 percent, that could reflect what your performance was for MIPS overall, and then also if you received the exceptional performer bonus. I hope that helps.

I think it does. Thank you. Okay, so just continuing to charge along, I know some of these are other questions that we've seen come in. I'm going to move on to the second point here, one that we have seen come in quite frequently. Really, "Why am I receiving a low payment adjustment when I received a high 2017 MIPS final score?"

Sure. This is Molly again. That's a great question, Adam, and one we've received pretty frequently since we've since released performance feedback. So, as folks know, in the first year of the Quality Payment Program, we put a strong emphasis on clinician participation in the program. We offered a lot of different approaches on how people can participate and how they could achieve a neutral or slight positive payment adjustment. One of the pieces I want to flag for folks to keep in mind when they're looking at their MIPS final score, which may be high, and then they could see a lower MIPS positive adjustment -- we have to maintain budget neutrality, which means that the total pool of clinicians who would be receiving the negative MIPS adjustment needs to balance out the number of clinicians that would be receiving a positive adjustment. We did have a significant amount of participation in the first year of the Quality Payment Program, as mentioned in Administrator Verma's blog a few months ago, which we were very happy about. So, those are a handful of contributing factors on why clinicians could have a really high MIPS final score and then a lower MIPS payment adjustment. I hope that helps, but if people have other questions on that, happy to take that through the call. Thank you.

Thank you, Molly. Nope, I think that makes complete sense. And, folks, I think in the interest of time, I'm going to keep charging along to slide 21.

Hey, Adam, real quick, this is Chris. I just wanted to clarify something you said...

Sure.

...a couple slides back where the question was, "Would QCDRs and registries have access to the feedback reports for the users they submitted for?" You correctly answered that they would not. But they would have the option if the group practice they were submitting for applied for a PQRS submitted role with that group practice and the security official for that group practice were to approve them, they do have that option, I believe.

Okay. Well, thank you, Chris. I appreciate it. Good clarification. Like I said, it does take a big team certainly to put all this together, so always keeping me honest here. So, thank you. Appreciate that. Moving on to slide 21, I know the first question -- "How do I submit a targeted review?" -- we just went through that in some detail. Again, won't touch on this too much,

in the interest of time. But for the other two questions, "I did not receive a confirmation after submitting my targeted review. Will I receive an e-mail stating that I have done so?"

Well, they should have received -- This is Bobby from CMS. You should have received a confirmation for that. Within 48 hours, you should have gotten a confirmation, so if not, I would reach back out to the Service Center with the actual... You should have gotten a number when you did submit your targeted review so that we can research that for you.

Okay, thank you, Bobby. So, in these cases, if you think that that's... e-mail confirmation, certainly reach out to us, and we'll double-check it for you. And I think the third question on-screen, this kind of gets back to some of the points we've been talking about earlier. "I reported my Quality measures by claims, but my final score was zero. Should I request a targeted review?" Again, I'd start by reaching out to the Quality Payment Program Service Center just to check in on this one before filing that targeted review. I think that's a good starting spot just to make sure this isn't an issue, and then after that, once we can confirm then we can certainly if you need to, go forward with the targeted review request. Okay. So, that's going to wrap up the frequently asked questions that have come in through a number of our different areas. I want to charge ahead, just quickly cover some of the help and support that's available. So, I'm going to jump to slide 23. For those of you who have joined us before, you should be familiar with this slide. This is our integrated technical assistance. For those who are just joining us for the first time, this is the free support that is available to clinicians who are participating in the Quality Payment Program. We have supports for all levels and all practice sizes. As you can see, we do have specific support for small, underserved, and rural practices through our Small, Underserved, and Rural Support Initiative. Also, for those larger practices, we have our quality innovation networks and quality improvement organizations as well as our practice transformation networks under the Transforming Clinical Practice Initiative. The bottom line here is all of these organizations are available to help you at no cost. They're able to help you go through your performance feedback. If you have any questions, they're able to help you and even point you to the right resources for targeted review if you would need one. But of course, as I mentioned earlier, we also have the Quality Payment Program Service Center that are very capable and very able to help you answer questions -- quick questions that you may have, and of course we encourage you to check out our Quality Payment Program website, QPP.CMS.gov. A few additional slides -- on slide 24, just wanted to flag this for you all before we jump into our Q&A session. There is an opportunity to provide us with some feedback, so if you are interested in reviewing aspects related to QPP.CMS.gov, as I just mentioned, including our products, services, educational materials, web content, things of that nature, this is a great opportunity for you. These feedback sessions range from 30 to 60 minutes, and they can be done through a variety of mediums -- phone, video conference, e-mail -- we're pretty flexible here. So, if you are interested when we post these slides, you'll just have to click on that link, and it'll connect you to our User Research group, so that way, if you're interested, you can participate in our User Research testing. I do just want to note, and you'll hear me say this again, that we are in a proposed rule-making period, so I do just want to make sure that if you are interested in reading our proposals and certainly submitting comment, that you do that through the formal submission process as outlined in the Federal Register -- just a heads-up, and I'll touch on that again in just a few minutes. On slide 25, these are the helpful resources that I had

mentioned earlier. Again, really, really great resources, all things related -- performance feedback, targeted review, and of course the MIPS payment adjustments. We do have infographics, fact sheets, user guides, all things to help you get started and really understand this points in the Quality Payment Program. All right, with that said, we will enter into our open Q&A session. I do want to turn it over to the moderator. I think we're on slide 27. So, moderator, if you could just let everyone know how to dial in and get in line for questions, please?

Thank you. We're now going to start the Q&A portion of the webinar. You can ask questions via chat or phone. To ask us questions via phone, dial 1-866-452-7887. If prompted, provide the conference ID number 5958986.

Okay, and while folks are dialing in -- we'll give you a minute or two to do that, so again, you can dial in with that information on-screen -- there are a couple things that I do want everyone to remember. So, these are kind of the ground rules. We'll do our best to answer each of your questions. There may be instances where, as I mentioned earlier, we have to go on mute so we can talk amongst ourselves. We have a lot of experts in the room with us. It'll just help us put our heads together and make sure we're giving you the best answers. So please don't disconnect. We're still here, and we'll be right back. If we can't answer your question or if you're experiencing an issue, we do encourage you to send those questions to the Quality Payment Program Service Center. This will help us track your inquiry. And it'll give us a little more time to investigate and get an answer to you. A few other notes -- please try to limit to one question per caller so we can get as many folks on as possible. Additionally, as I just mentioned, please understand this is a rulemaking period. We have a number of proposals currently available for review for year 3 of the Quality Payment Program. We will not be answering questions related to those proposals today, but we encourage you to submit formal comments through the official process that is outlined in the Federal Register. Okay, and with that said, I think we'll take our first question if we have one.

Your first question comes from the line of Brett Grady with Mercy Hill.

Hi. Thank you for taking my question. I'm representing a MIPS APM, and I suspect the ACI score for 2017 was incorrect because one of our TINs was considered nonpatient facing. I did talk to the QPP help desk, was told this was a known issue, but my question revolves around for known issues, when will we be notified if the QPP score is changing, and if it isn't resolved the way we expected, will we have additional time after October 1st to submit a targeted review request? I was told by the help desk not to submit a request for this issue since it's a known issue.

This is Damon. I'm sorry. This is Damon Watkins. So, if you provided this information to the help desk, there are some known issues around ACI and how those scores were calculated. There's no need to submit a targeted review for those specific issues. However, if after the fact, you believe that your score was not impacted by the update that we provided, then you'll have an opportunity to submit a targeted review.

Okay, even if that's after October 1st?

No, targeted review is closing October 1st. And so that's the last date that you'll be...

Right.

So, if there was an issue with how your ACI was calculated, you'll be made aware of that issue prior to targeted review submissions' deadlines.

Okay. Thank you.

Okay. Thank you. We'll take our next caller.

Your next question comes from the line of Doug Blinco with Wellstar Health System.

Thank you. Good afternoon. Thank you for taking my call. I'm going to build off the prior caller's question. MIPS APM ACO with over 150 individual affiliated TINs. And the single largest frustration that I have is I cannot detail or explain how our scores for ACI were so low because I cannot look at the detail for each individual TIN within our ACO. The QPP help desk has given me conflicting answers multiple times. One has been that you're not going to see it. And another is it's a known problem with the ACI detail aspect of things. But to the prior caller's question, if we get to the deadline and the issue's not been resolved, I can't file a targeted review without targeted data to be able to isolate CMS to. And if CMS can't provide or produce the data for me, I'm kind of stuck. So, I'm kind of looking for recommendations.

So, at this point, we understand that there is a want for some of our ACOs to understand how ACI performance category was calculated. At this time, we have no additional details that we'll be providing, but we do encourage you to continue to check the QPP website, and that's all that we can provide at this time.

Does that mean that you're intending on publishing data, or does that mean you're not intending on publishing data?

At this time, we have no additional information to offer.

All right. When you do publish data, will CMS at least do it in the form of an FAQ that we can keep on file and record so that we can answer questions to our C-Suite?

Absolutely.

Thank you.

Your next question comes from the line of Regina Whalen with Concord Medical Group.

Hello. Good afternoon. Thank you for taking my question. The first part of my question is, we are a group of 42 providers. We didn't report as a group. Each provider reported individually. And on the QPP website, there is a little box that has a little explanation point saying one or more clinicians reported as individuals scored higher than the final group score. So, the final group score is zero, and the payment adjustment says minus 4%, but we didn't report per se as a group, so I'm wondering why we're seeing a final score of zero for the group. Having said that, all of the providers got their individual payment adjustments. But I'm just wondering why we are seeing even a group score when we didn't report as a group.

Yeah, that's unusual. So, can you send that to us through the Service Center? We want to make sure that we track that through.

Okay. The other part of it is, so this goes to the actual positive payment adjustment. I just want to clarify -- so when you said earlier the exceptional performance bonus -- [Telephone static] by clinicians got over 70 for their final score. The percentage that they see includes whatever exceptional-performer bonus would be -- it's in that final 2.2 percent or like 1 1/2 percent or whatever the percentage was?

Yes, that's all included.

It's all included, okay. And one final thing -- our EHR vendor submitted for us. One of the physicians is missing data. Should I start case... They're gathering all their information before I start the targeted review, but should I start case with QPP? Should I call and start a case just so I have something when I do request a targeted review?

Yep, we recommend starting the targeted review.

Okay. Okay. Thanks so much for taking my call, my questions.

Yep. Thank you.

Your next question comes from the line of Mimi Kleitches with TSI Healthcare.

Hi. This is TSI Healthcare. We have a question about what the scaling factors were both for the normal payment adjustment and the exceptional-performance adjustment and what those were. The question appeared on one of the slides, but it was skipped over, so I'm wondering if you could clarify those as we analyze data for our client base?

Hi. This is Molly MacHarris again with CMS. It's a great question. We have received that question a couple times as well since we've released performance feedback. To answer your question, we have not yet released what the scaling factors are for the MIPS adjustment or for the MIPS exceptional-performer bonus. As we've been talking about in the call today, we are currently in our targeted review period, which is the opportunity where clinicians or groups of clinicians can file a review based off of what they are seeing from their data results. So, since we're still in that targeted review period, we don't feel it's appropriate to release those adjustment factors quite yet. Once we're a little bit further along, we will be releasing additional information on how people performed in the first year of the program. We do recognize that there is a lot of interest in the program. And people are looking for additional data points, so we do intend on releasing that type of information. I will flag for you and for others on the call... if there are specific data points or a type of information that you all would like to see when we do start thinking about information that would be released, please share that with us. You can share that with us either today through the Q&A or by submitting a ticket to us through the Service Center. But we always welcome feedback on types of information that you all would like to receive.

Thank you.

Excellent. As a follow-up, if you're suggesting that the scaling factors can't be released because targeted review is still underway, is the conclusion that the scaling factors could change as a result of targeted review and thereby change incentives also true? And if not, then I guess I'm curious as to why they couldn't be released now.

So, since we're in the first year of the targeted review process, we are reserving... At this point, we don't anticipate that the scaling factors will change, but we are still in the first year of our targeted review period. As we've mentioned on the call here today, there have been a couple of glitches that have come about that we're working on remedying and fixing -- some items that people don't have to file targeted reviews for, so I can't say with certainty that we will have to wait for the targeted review period to close before we can release those scaling factors. We want to get a little bit better sense of the scope of inquiries that clinicians will be filing their targeted reviews under, and then we will make that determination on when we can release that information. So, I do not mean to imply that we will definitively be updating the scaling factors or updating all of that after the close of targeted review. It's something that we are still gathering information on. And once we know a little bit more, we'll be making those decisions. Thanks.

Okay. Thank you. Yep. Thank you.

Your next question comes from the line of Vita Mahati with Mount Sinai Medical.

Hi. Thank you for taking my question. This is with regard to the cost details. So, when I look at the performance feedback report for 2017 -- I'll just give an example using MSPB -- I see two dollar values on there, and I'm trying to understand what each one is for. So, on top, in the "cost details" section, I'll see, just for example, a dollar value of, let's say, \$20,000 for MSPB with a corresponding measure score. A little bit below that, there are the measure details, and then I'll see another dollar value, which is the per capita or per episode costs, which may be, let's say, around \$25,000. What is the difference between these two dollar values? I see that I'm scored for the dollar value on top, which has the measure score beside it, but I'm trying to understand why there's two values on there.

I think that is the one question... So, we're missing one of our subject-matter experts today who has that information. And unfortunately, he just couldn't join us, so that's something that we can certainly circle back on. Either we can take your information or just, if you submit that to our QPP Service Center, that's something that we can circle back with you on because I know we do have some information on that.

Your next question comes from the line of Christin with Frederick Integrated.

Thank you. I want to thank the first two participants for their questions regarding ACI performance for APM entities. We ourselves are an APM entity. And I noticed early in the presentation that there was a mention of scoring and performance details being available for ACI measures. So, if those are available to everyone except APM entities, that seems a little bit inequitable, you know, given the accountability that we have to all of our participating entities within our ACO and our APM entity. I just wanted to mention that, but my question is, when we were looking up QPP participation

status for our APM entity associated physicians, several of them had an entity listed in their name that said, "Practice name unavailable" and/or "Address unavailable" listed under the practice detail section. Given they have associations to our APM entity, how are we and how is the provider supposed to know what practice they're responsible to attest and submit ACI for if there are no practice details listed? Could this have to do with the sole proprietor ACO participant concern where we have to include both the Social Security number and practice TIN for those sole proprietors? That would be my question.

I'm sorry. Just give us one second. We're going to go on mute just to put our heads together. Okay. So, we're back, circling back on that one. I think our guidance right now is to just send that to us through the Service Center and open a ticket. That way, we can track it through and take a harder look at it. If you would please do that for us?

If I send... I submitted a ticket, I believe, about this previously, but it included the physician's NPI number to allow you guys to look that up. And it said I could not send any personally identifiable information through that process, so I submitted a secure message, but then I was informed that you cannot open secure messages. So how do I get that information to you?

So, if you contact the Service Center, NPIs typically are PHIs, so I'm not sure what may have occurred in that particular scenario. However, we should be able to do some additional research if you contact the Service Center and provide them with the NPI that you have questions about.

Alright. Thank you very much.

Thanks.

Your next question comes from the line of Daniel Collins with Orlando Health.

Hi. During the first performance period for us, we consolidated two TINs into one. And providers under the TIN that was being consolidated received payment adjustments of minus 4 percent even though we submitted for a 90-day period for them. We were wondering, in the final rule, where did it state specifically a TIN/NPI combination had to be effective as of August 2018? And additionally, we're in a zone for the Extreme and Uncontrollable Circumstances Policy because of Hurricane Irma. And we were understanding that at a minimum, we should have received a zero percent for those providers.

Hi. This is Mindy Riley. On the Extreme and Uncontrollable aspect, we do have a known issue where the Extreme and Uncontrollable for clinicians identified in those regions was not appropriately applied. We are in process of making that fix, and your scores will be updated shortly. In the performance feedback, for you to be able to see that, you don't need to file a targeted review around that particular issue. Once we update the scores, if you have any issues that you see from that, you'd have time to file a targeted review.

Okay. Perfect.

And on the other question, so, we had done a TIN consolidation. Those providers began billing on 10/1/17. And I was told August 31st, 2017, was

the end of the second determination period. I didn't know that that determination period determined TIN/NPI, that grouping. Is there any literature in the final rule? Do you know where in the final rule it actually showed that the second determination period determined TIN/NPI eligibility?

Hi. This is Molly again with CMS. Great question. That information is in our first year's rule where we talk about our low-volume threshold and the specific period that we use to make the determination. I don't recall the specific page numbers off the top of my head, but if you take a look back at our first year's final rule, that's where we talked about the time frames we'd be using for the low-volume threshold, also the time frames we'd be using for our analysis and application of all of our special statuses. I think that information was also shared, for those of you who haven't made it through all of the extensive pages of the rule, through additional communications documents throughout the QPP.CMS.gov website.

That's right, Molly, and just if...I know you'll take a look at the final rule, but also, I think there are a few resources under the 2017 Resources section. There was a participating in the Quality Payment Program for year one. I think that information is also there. So, it's just more of a quick highlight for you, but the rule is the best spot to find the detailed information.

Okay. We had asked the Service Desk beforehand specifically about this consolidation. They kind of gave us a different answer, that as long as you submit 90 days' worth of data, even though it's consolidated from two TINs into one, we'd receive the highest score of the two TINs for those NPI numbers. So, we've submitted a targeted review, and I guess we'll just await the results from that.

Okay. That's the best course. Okay. Thank you so much for that. I know we are at the top of the hour. So, I do want to be respectful of everyone's time here today. I do want to thank you all. I mean, you've sent us some fantastic questions in the chat. I know some of our subject matter experts were working through those questions. We also thank you for the questions during the Q&A session and certainly leading up to this event. All of this is extremely helpful for us. So again, I do want to thank you for joining us today and participating in this Q&A session. I also want to encourage you all, if you have not done so already, to sign up for the Quality Payment Program listserv on QPP.CMS.gov. It's on the main page. All you have to do is enter your e-mail address. But this is one of our ways of communicating upcoming webinars, educational resources, different Quality Payment Program related events, so it's a really fantastic resource, and I highly recommend signing up. So, with that, thank you all again, and we'll talk to you again soon.

Ladies and gentlemen, that does conclude today's conference call. You may now disconnect.