Combined Self-Nomination Virtual Office Hours Session
September 20, 2018

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

Thank you. As stated, my name is Anastasia Robben. I'm part of the PIMMS team assisting CMS with this particular process. In addition, as mentioned, today's session will solely be focused on answering any questions and answers related to the self-nomination and related tasks. So that could be related to self-nomination, the data validation plans, as well as the quality measures and QCDR measures you intend to self-nominate to participate for. Of course, this process is for entities wishing to self-nominate as either a qualified clinical data registry for 2019 or a qualified registry for 2019. With that being said, when we do answer your questions -- I should say, when you do ask the questions, we would like you to advise us if you are intending to self-nominate as a qualified registry or a qualified clinical data registry or both to ensure that we are answering the question applicable to the correct vendor type. So, we do not have any particular slide addressed at this point in time, however, we will give you those opportunities to ask in question-and-answer. So if you do have any questions and answers, please go ahead and submit them. I'll go ahead and let the Communications Support Team let you know how to ask those questions via phone or Q&A.

All right, so, Deirdre, if you can jump to the next slide. Great. So, we are now going to start this Q&A portion. You can ask questions via chat or phone. To ask a question via phone, please dial 1-877-388-2064 and press star-1. If prompted, provide the conference ID number, which is 6389926, and please note that we may not be able to answer all the questions submitted via chat. If your question is not answered, please contact the Quality Payment Program Service Center. Thank you.

Thank you. With that being said, I know we do have at least one question in the Q&A box to give folks a moment to follow those directions and submit questions. I do want to just quickly remind folks that on the 2018 Resource Library of the Quality Payment Program on the CMS website, there is a .zip file for the 2019 Self-Nomination, and there's a lot of helpful resources in there. So based on the question-and-answers that are provided on today's call, you may find that those resources in there are beneficial, and they include things like a user guide, a QCDR measure work group, as well as fact sheets that identify different requirements for participating as a vendor. So, with that being said, we'll go ahead and jump into reading the first question here. The first question is -- "We work with QCDR for the developed excellent quality measures with strong clinical relevance addressing a known gap in performance or concept critical to improving quality of care. However, for reasons unrelated to the measures, they have had low participation or utilization of the measures in their registry. This means that in self-nominating for renewal as a QCDR, there is little to no performance data to submit to support the approval of some measures for 2019. We fear that the measures may be rejected for this reason and due to the fact that a rejected measure cannot be resubmitted in a subsequent year without substantial changes. Do you recommend that these QCDRs hold back measures that were provisionally approved from QCDR nomination process until future years when they have enough data from the registry participants to confidently request approval? This way, they potentially have a great measure that isn't lost."

Hi, this is Sophia Sugumar from CMS, and I can address that question. So, if you don't have performance data for any of your provisionally approved measures that were approved for this past iteration of self-nomination, I would say as you submit that measure with your 2019 self-nom to indicate that. It's helpful to know that, that there was no data because you had no clinicians submitting for that specific measure. Also, if you have any evidence to support that there's that gap, that measurement is needed for that specific area on that specific measure, that is helpful to have, as well. I believe we have an area on the QCDR measure template that asks for evidence of a gap, and so that would be a great way for you to kind of show us that there is a gap and there is a need for this measurement. We wouldn't necessarily just reject a measure just because no one had previously submitted data on it. That would not be a reason. We would factor that into our decision-making, and we've had occurrences where we've continued a provisional approval because there was no data to support them. The measure's tapped out or there's no room for improvement. So, it is just helpful to have that information. It's not that we discourage you from not self-nominating that measure because you have no data at all. We really leave it up to the QCDRs to decide what's best for their clinicians and what they want available for reporting. Keep it in mind that you have that 30 QCDR measure maximum that you can reach.

Thanks, Sophia. Moving on to the next question. "Could you please address what registries are required to fill out on the simplified self-nomination form?"

So, if you're an existing QCDR or qualified registry and you've been in good standing for the past two years -- I mean, this year and last year -- and you haven't been put on probation, you likely qualified for what's called a simplified self-nomination form, meaning that we pulled information from your 2018 form into your 2019 form. What we're asking you to do as a registry is to go in and verifying that the information is still valid. Check your demographics, your address, your name of your vendor. Check your data validation plan, that you intend to still use the same methodology for the 2019 performance period and make sure it still meets our requirements. Check that you want to support the same measures and improvements activities and promoting interoperability measures. Or if you want to change that, you can make those changes. It's just provided is a pre-filled form just to make it easier. It's kind of our incentive for those vendors that are in good standing that haven't missed any requirements during the program year to incentivize their participation moving forward.

Hi, this Hector from the PIMMS team. I would also add that any field that's noted with an asterisk is required to be completed in order for the self-nomination form to be submitted, prior to the self-nomination form to be submitted.

That's good point. Thanks, Hector. It would be a good idea to make sure those areas are filled out completely before you submit.

Thanks, Sophia and Hector. The next question is a from a group self-nominating as both a qualified registry and a QCDR for 2019. The question is related to a proposal in the 2019 proposed rule, and it states -- "Given the proposal for QCDRs to have their measure centrally licensed for use through CMS in 2019 and the corresponding attestation in the self-nomination form, are QCDRs still expected to obtain individual licensing agreements with other registries interested in using their 2019 measures?"

Since we are in rule-making, we can't really address the issue at hand. We are working through rule-making to kind of decide whether or not we want to finalize this policy. We will work with the QCDRs to mitigate if they are additional measures you wish to support that don't belong to you, after the fact, regardless of whether or not we finalize this proposal, we will work to build that time in there knowing that right now everything's up in the air and we cannot ask that you reach out for permission prior to self-nominating knowing that -- that might change. I don't think that would be fair for you, to put the work in and then come to find you didn't need to do all that work. So, at this point, what we can do is kind of come up with a mitigation strategy. So, we would work with you guys as we approve your measures to then give you some time to either reach out to those vendors to see if you can get their approval. I mean, if you want to take the time to do that now and it's not a large burden to do so and you do see that there are measures that are in 2018 that you're interested in using for 2019, that is up to you, but, again, we would wait till this proposal decision is made through the final rule in order to make it as a part of our request to ask you guys to harmonize and ask you to use someone else's measure. So, those decisions would all wait and would not be made until we hear through the final rule what the decision is with regards to the finalization of this policy.

Thanks, Sophia. I'll pause here. Do we have any audio questions that have been submitted at this time?

Not at this time. If you would like to ask an audio question, please press star then the number 1 on your telephone keypad. That's star then the number 1.

Thank you. Next question in the Q&A box. "Can you confirm that for registries and QCDRs to offer EHR measure that they must be certified to the 170.315C1-3 criteria?"

That might be a question I have to take back to our ECQM team. The QCDRs and registries being certified themselves, I don't think that that's a requirement. They have to be able to pull from CERT, especially if they want to have those ECQMs qualify for end-to-end reporting and all the bonuses that are available through the MIPS Program. I'm not sure, so we'll have to circle back on that specific question.

Thanks, Sophia. The next question. "The self-nomination worksheet process for 'Is there a variance in the measure rate?' What is intended by this question? Don't we expect all useful measures to have a variance that is average distance from the mean? Do you mean something different by variance?"

Sophia, I can take that one. CMS does anticipate a performance rate variance, but what we're looking for by this question is to ensure it reflects an opportunity for performance improvement and not data imperfections. So is it a workflow or an error in data abstraction, and that's what's causing the variance, or is it truly indicating a gap?"

Thank you, Jocelyn. Next question. "We have a proposed measure that has many pages of ICD-10s to be included. Can we attach this information in a document in addition to the self-nomination form?"

Yes, you can. If you'd like to provide supplemental attachments, it's helpful, definitely when it shows settings or details, but what we're looking for in the template is more a high level. We wouldn't need -- For instance, all of the diabetes codes or all of the cancer codes within the cell itself, but just that high-level diabetes statement or patient population as just an example. But additional details can be uploaded.

Thank you. "We would like to include our data in a graph form. Can we attach this information in a document in addition to the self-nomination form?" Go ahead, Sophia.

I was going to ask Jocelyn if she had a preference.

Yeah, so, I think -- I believe the data is reflective of the performance data in a graph. Yes, any additional supplemental performance data can be uploaded. We would just ask that you indicate that additional information was provided or uploaded to JIRA within the self-nomination template just because when we're reviewing the measures, we just need to have a one-stop area to really know where to go to look for the information. As you know, there's quite a few measures that we're reviewing. So, if you could just indicate that it's been uploaded, we'll definitely go take a peek at it.

Thank you. Next question. "We are submitting measures that were approved in 2018 for the 2019 reporting year, however, we are updating the denominator to include a wider patient population. We were advised that because we cannot use the same benchmark from previous years for this measure due to the denominator change that we should indicate this as a new QCDR measure instead of an existing QCDR measure with changes in the spreadsheet. Can I confirm that this is true?"

Yep. You definitely -- I think we talked to you a couple weeks ago, and you had indicated that this was a new measure. Any details surrounding our conversation, there is a column that asks for the changes from year to year, and we did capture the notes that we gave you, that advice, as well. So please indicate what changed in the existing measure and how this will impact the intent of how it changed from the 2018 version. So, if you could provide that detail in there and just sort of recap our conversation -- We have our notes, but it never hurts to over-communicate.

Thank you. Let's see. The next question, and, Sophia, this is related to what you mentioned earlier and a little off-topic but somewhat related, so I'll go ahead and read it here. The question, though, is -- "Who leads the team of folks reading and reviewing the public comments for the proposal rules specifically regarding QCDR licensing? Is it CMS or a CMS contractor that reviews comments made on this section of the proposed rule?

We can't comment on who specifically reviews it, but CMS and our policy leads do read all the comments.

Thank you, Sophia. And we are getting down to our last question in the Q&A box, so I just wanted to prompt everybody that if you did have a question related to the self-nomination, data validation plan, the JIRA self-nomination, QCDR measure template, anything to that effect, we'd definitely be happy to address those questions on this call, and so you can certainly use the option that was provided by the Communications team to dial in and ask a question that way, or the Q&A box is available. With that being said, I will read the last question here in the Q&A box. "The QCDR measure template asks for current guidelines. Can you define "current?"

Yes. So, what we're asking here is for the most recent. Typically, I think we allude to a time frame within the Measure Development Handbook within the Tool Kit. I believe it's about 3 to 5 years. That being said, we know that some guidelines have not been changed for quite a long time. We just request that the measure aligns with the most recent guidelines.

Thank you, Jocelyn. Let's see. With that being said, I don't have any other questions in the Q&A box. Oh! It looks like one did pop through. I'll pause, though. Do we have any audio questions at this time?

There are no audio questions at this time.

Thank you. We did get one more question in the Q&A box. We will go ahead and close up the call early if we do not have any questions coming into the call. So, again, if you have any questions related to the self-nomination process or any of its related tasks, please put that in the Q&A box now, that way, we can get it addressed before we do close up the call. It does look like we have a couple now here. So, the next question -- "So, by variance in Column O of the self-nomination worksheet, CMS means error variance, not population sample response variance?"

We're basically asking you to detail what is the rationale or the reasoning behind the variance. So, you can provide your standard deviation, but then just indicate "This is appropriate. It doesn't have any errors." Something to the effect that the variance is not attributed to errors or erratic data collections or imperfections.

Thanks, Jocelyn. Next question. "We are updating the wording in some of our denominators and numerators to be more descriptive of the requirements. Do we submit these as existing with changes or existing with no changes?"

You would say there would be changes, but I think you would definitely want to say no, that it did not impact the intent of the measure just so that we are aware that there were changes because those changes will be highlighted for us to go review. Therefore, they are considered changes, but it doesn't impact the intent, and the data would be comparable from year to year.

Thank you. Next question is directed to Dr. Green, but, unfortunately, we don't have Dr. Green available on the call today. Of course, Sophia Sugumar from CMS who works right along with Dr. Green will be able to comment on this. But the question -- "As you previously indicated, you would prefer EHR vendors not to become QCDRs. Do you still feel this way?"

I think we've made it abundantly clear who we would want to be a QCDR in terms of our proposals moving forward for the 2020 performance period. So I think that we're looking to have -- especially since QCDRs, you're able to create your own measures -- people that have that clinical understanding and have clinical expertise and also experience with measure development. Because we've been in instances where we've met with potential vendors who didn't understand necessarily the measure constructs and what a multi-strata measure was or a risk adjustment, things like that. So that is all taken into consideration, and as we review QCDR applications for 2019 and future years, we will be ramping up in terms of what we look for.

Thanks, Sophia. It looks like we've got one more question in the box at this time, so this is a kind of a last call if you have any Q&As or questions, please submit them in the Q&A box. And this one is related to the QCDR measure template. I just wanted to note that there are some quirks in that QCDR measure template. So, if for some reason you are attempting to populate that QCDR measure template using a Mac, you would find that it's best to update Excel to the 16th version, which is the newest one because that does eliminate most of those bugs and permission issues. There's lots of functionality that's built into that Excel to pre-populate certain columns and allow only certain responses in certain fields and whatnot. So if you are using a Mac, we do encourage you to use Excel Version 16, and if you're having any issues, definitely feel free to submit an inquiry to the Quality Payment Program Service Center, and our team would be happy to assist you with getting access to that information or assisting you with that. With that being said, I don't have any additional questions in the Q&A. We'll check one more time for any audio questions.

There are no audio questions at this time.

Anastasia, let's just give it a few minutes to see if people can think of questions before we drop off.

Okay. That sounds good. While we're waiting here, I will mention that the Communications team did send out a link to the resources that I was referencing earlier in the call. So that .zip file that contains the Self-Nomination User Guide, as well as the fact sheets that contain the requirements that you need to meet to be able to participate as a qualified registry or QCDR. In addition to that, there's other resources like a QCDR Measure Work Group and a QCDR Measure Handbook that's out there. So, a lot of helpful resources that are posted. The Communications team did send the link to that information out via the webinar platform, so you should be able to access that information easily.

There are no additional audio questions at this time.

Thank you. And I don't see any coming in in the Q&A box, either. We'll do a last call. If you do have any questions related to the self-nomination for 2019 as a qualified registry or QCDR, please enter them in the Q&A box at this time or follow the instructions previously provided to ask a question over the phone. It does look like I've received a question in the Q&A box related to the QCDR measure template. The question indicates that the measure template -- well, and I guess it looks like this is more of a comment, I should say -- the measure template is locked, but things like widening columns and wrapping text would be very helpful. Just a comment for that. We did lock down the template this year in an effort to ensure that we're getting the correct information that we need. In receiving 1,400 measures-plus last year, it's extremely helpful when we receive that quantity of submissions that we have standardized language for certain things, certain fields, and so the new template will provide drop-downs and things like that, but we will take this comment to note for future years. I'm not seeing any additional questions coming into the Q&A box. Sophia, I still don't see any new question-and-answers coming into the Q&A. Do we have any audio questions at this time?

No audio questions at this time.

Okay, well...

Oops! Go ahead.

No, sorry about that. We'll give it till 1:35 PM Eastern Time, and then we can drop off if no one else has questions.

Sounds great. Thanks, Sophia.

Last call, everyone. If you have any questions, feel free to ask now. We otherwise plan to end the call in the next minute.

Thanks, Sophia. And if for some reason, of course, any questions come up after this call has ended, of course, you're more than welcome to submit those questions to the Quality Payment Program Service Center. I'll have the communications team send out the contact information to the Service Center just in case anybody doesn't have that. We'd be happy to address your calls that way.

All right. I guess we're at time. So thank you to everyone that joined. Again, if you have any further questions you can think of during the whole process, feel free to bring it up through our QPP Service Center. That helps us ticket -- or if you're an existing vendor, feel free to bring your questions to our support calls. Otherwise, I believe we're going to have another Office Hours session next month. Is that right, Anastasia?

Yes, we do. I believe it's scheduled on October 11th, so if you have any questions that arise around that time, you're welcome to join us again on another session like this.

All right, thank you all for joining.

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