[Classical music plays, stops]

 Hello, everyone. Thank you for joining today's "Quality Payment Program Data Submission Office Hours: Individual Eligible Clinician and Group Submission Webinar." During this Office Hours session, CMS subject-matter experts (SMEs) will answer commonly asked questions about the submission feature on the qpp.cms.gov. Today's session will focus on individual eligible clinician and group submissions. First, CMS will answer a selection of pre-submitted questions. You can submit additional questions through the phone or question box, which CMS will address at the end of the webinar as time allows. And now I'll turn the call over to Adam Richards, Health Insurance Specialist from CMS. Please go ahead.

 Okay, great. Thank you. And thank you, everyone, for joining us today. We are very, very excited about the launch of our new data submission feature for the Quality Payment Program, especially for those who are in the Merit-based Incentive Payment System side of the program and will be submitting data to us. We are in the midst of the submission period, which, for a majority of clinicians, will run until March 31, 2018. Always a date to circle on your calendars, as we move forward. We know that many of you have logged in to the system and either have begun submitting data or, at a very high level, just gaining some familiarity with the basic functionality within. And this is really evidenced by the quality and detail of the questions that you have been submitting to the Quality Payment Program Service Center, as well as our technical assistance organizations. So we certainly thank you for sending us those questions, along with your feedback, as it really helps us to continue to improve the program and the quality of products that we are putting out to you. And we certainly encourage you to keep sending us your questions and your feedback. That will help us to keep moving along in this continuous improvement process. So, to help answer some of your questions, we've convened a sizable group of subject-matter experts, who are here with us today to answer your technical questions on the submission feature. We have done our best to limit the number of participants, in order to ensure that we are able to answer as many questions as possible. Our subject-matter experts will be answering questions within the chat feature, and we'll also be taking questions via phone in just a few short minutes. If, however, at any point, you do need additional support after today's session, we certainly encourage you to take a look and to register for one of our additional Office Hours sessions that we'll be having in the future. Specifically, one that comes to mind is, we'll be covering questions related to MIPS attestation for the Advancing Care Information performance category, as well as the Improvement Activities performance category, on March 14, 2018. That's at 3:00. Again, registration is very limited for that, so please take the opportunity to sign up as soon as this session ends, if not sooner. Just a note. I did see a few questions come in to the chat already. We are going to post all of the recordings, so we will be posting the recording for today's session so that you always have the opportunity to go back and listen to some of the discussions that take place today and take a look at some of the questions and listen to some of the questions that were asked. Of course, if you do need additional support beyond that, we always encourage you to reach out to our Service Center, as well as our no-cost technical assistance initiative and the organization supporting that initiative, for direct support. So, now I'm going to move forward to the next slide and jump on to Slide 3, into the frequently asked

questions. Again, I mentioned we have a number of our experts in the room and on the phone. So, we did compile some of your top questions that you've been asking over the last few days. And really this spans all the way to the beginning of the opening of the submission window on January 2nd. So, these are some of the trending questions that we've seen. So, we want to go through some of these first, and then we'll turn it over to you to talk to us. But I'm going to kick it off with the very first question. I'm going to turn to some of your policy experts here. So, "Who needs to submit MIPS data by March 31?" And I think we have Lisa Marie on the phone.

Hi, this is Lisa Marie. So, those who need to submit data are those [Speaking indistinctly] roles who meet the definition of an eligible clinician. Those are physicians, nurse practitioners, those who are considered eligible, and you would have received a determination through looking up the APM Lookup Tool. Those who are determined eligible are to participate and submit data by March 31st.

Great. Fantastic. Thank you, Lisa Marie. And we certainly encourage everyone to go on qpp.cms.gov and take a look at the Lookup Tool just to verify your 2017 eligibility just one last time as you're working through submission. So, kind of getting into some of the technical aspects of the submission feature, one question that we always get is, "Where is the submit button? Why can't I find it? Why isn't there a submit button?" So I'm going to turn that over to our technical experts to address that one.

I can take that one. So, the application for submissions around QPP was designed with real-time scoring and feedback built in to the functionality for that application. And so it's actually not necessary, with this architecture, to contain a submit button. So any data that is submitted to the application, whether attested on the user interface (UI) or submitted through a file upload or data coming in through other sources, is actually stored and evaluated in real time.

Excellent. Fantastic. The third question here -- and this, I think, we're going to combine groups on this one -- so it's, "How do I determine my MIPS final score?" So, I think we'll look at it from the submission feature side. So, what is that real-time scoring that we're seeing within the feature itself? And then maybe kind of move it over to the policy team, just to address, "When will I see that MIPS final score? How do I determine that?" So, kind of a two-pronged approach. So, we'll start within the submission feature itself.

So, at least from the submission UIportion, which is open until March 31st, the application will accept data submitted for groups or individuals for the three categories -- Quality, Advancing Care Information, and Improvement Activities. And typically, the goal of users within those categories is, the application should be to achieve the highest category score, as presented in real time. The final score itself will not be present or available within the submission UI until after the feedback application is available. Did either of you want to speak any to feedback as representing final score in a user interface?

So, final score will be displayed on 7-1, which will show what was actually associated with the submission and also any type of performance adjustment, based on the submission. As Richard mentioned, right now what we're showing is based on category score within the Submission UI., but there's also items that will not be available until after the submission period closes. These details will be taken into consideration while we compile the final score.

Fantastic. And I actually think that that segues into our next question. Again, this is one that we have been hearing coming up with a greater frequency lately. So, "What will I see after March 31st? If I log in to the submission feature, what is it that I'll see? Will I have access to the data I submitted? Will I see any of my performance scores after that point? Even will I be able to start looking into Year 2 and what that looks like?" So, I don't know if anyone can touch on that a bit.

So, after the submission period closes, the submission UI will no longer be available. We will be transitioning into the feedback UI., so instead of navigating through each one of these categories as displayed currently, you will see the information submitted within the category, and we'll start compiling all of the information submitted to create your final score. While we're processing through this data, there will be messaging that will alert the user on what data or potential they're waiting on, for creation of the final score, and then, also, around timelines related to when the final score will be available.

Okay, great. Fantastic. And if we could advance to the next slide. A few more frequently asked questions. Perfect. So, throw this out to anyone. "Can you explain the different methods of submitting data? So, can all methods be used when submitting data -- through the CMS feature?" So, I'm thinking this is more along the lines of, "If I log in to the submission feature, and let's just say I'm looking at Improvement Activities or Advancing Care Information, which methods can I use to submit data at that point?"

Yeah, I can answer to that, to some degree. And there's a lot of information around how some of the submissions could take place, but I'll try to summarize it as best as possible. On the Improvement Activities and Advancing Care Information categories specifically, those are the only two categories available that allow for attestation directly on the user interface. Additionally, all three categories do encompass some file-upload submission capabilities, and those uploads include the QPP format XML, the QPP format JSON, and QRDA III data structures. And submitting data through those submission methods is just different structural components of how to submit your data to CMS and have it stored and available in our system. And there are just a few additional components and requirements around that, such as the submission method. So, for example, in uploading a file through the submission UI, there are only a select number of submission methods that are accepted, such as electronic health record (EHR) and registry submission methods, whereas some other submission methods for data, such as claim, need to come in through outside services. Excel spreadsheets are not permitted on the submission UI directly. Those, however, are leveraged on a different user interface, known as the CMS Web Interface, which is a different tool relating to QPP, which we don't have many of those subject-matter experts here to discuss that tool.

No. Thank you. That's perfect.

Also, just a caveat related to the naming convention and structure. The main category that's impacted by this is going to be Quality, because while you're deciding which submission type, we'll also decide which benchmarks are being applied to your submission. So the EHR should be submitted using the HL7 standard and QRDA III. The registry submission allows for either QPP or JSON submissions.

Thank you.

And, Adam, this is Lisa Marie. I'd also like to just elaborate on the CMS Web Interface as a submission mechanism. So, the CMS Web Interface is a submission mechanism specifically for groups. And those groups would have had to register for the Web Interface by June 30th of 2017. And so, as part of that, this submission mechanism is a little bit different in terms of it's based on reporting on a beneficiary sample that CMS derives and provides to the user and which the user will download the beneficiary sample file and then, at that point, then can report on who are their beneficiaries. I will specify that with CMS Web Interface submission mechanism, this one uses an Excel file. So users actually upload an Excel file, versus, as was noted previously, that other formats use an XML format. But with the Web Interface, it is in Excel format.

Perfect. Thank you so much, Lisa Marie. And I think we did touch on "format files for upload," so we did go through that information. Another question on this page is, for those who are only -- who are using multiple submission methods, and they're looking in their performance category specifically, "Why is it that only one submission method is being scored despite having those multiple submission methods present?"

This is Lisa -- Oh, did someone want to address it?

See, I was just going to say, I think we would probably need additional information about this, because looking at the question, we have built in the ability to view the different categories and see the different types of submission within the categories. So, if there's something specific where it's not being shown, it probably would need to go through the QPP help desk.

Hi, this is Molly MacHarris. So, for the question on why we are only scoring one submission mechanism, when a different clinician or group of clinicians may have data across multiple submission mechanisms, so I suppose they're probably aware what we did finalize was in our policy book for a few years, or that clinicians can participate through a variety of submission mechanisms across performance categories, but we don't have the capability currently to aggregate the data across submission mechanisms. So that, typically, we are confirmed more from folks related to the Quality performance category, where under the Quality performance category, people may be submitting data or [Speaking indistinctly] data, some from their EHR, some using a registry. But the way that it works now is that if you want to submit data, like a

particular EHR, you would do so and we would forward you dates off of the data that's received through that submission mechanism per performance category. I hope that helps.

Thank you so much. That's wonderful. Thank you. We're going to move on to the next slide. So. we're going to cover one more slide on some frequently asked questions. And then we've been doing a lot of talking, so we do want to turn it over to you to ask your questions. I know we're getting quite a few questions in the chat, but we also want to open up the phone lines after this. But I do want to go through just a few of these questions at a very high level. So, the first question, I believe, pertains to the new performance quality functionality that's within our submission feature. So, "Can we explain how clinicians who submitted Quality performance data via claims will see their score in the feature?"

So, the users who have access to QPP will be able to navigate to the Quality category page and see data representation for the claim-submission method, propagating through directly to the UI as an available path. So, if there's multiple submission methods, you would see the submission methods represented there. And if you have claims data available, that would be one of those submission methods.

Excellent. Thank you. The second question on here might be more for our policy experts. "If we have submitted at least one claim per provider with the 'Q' code for the test period and have received our confirmation explanation of benefits from Medicare, is anything else needed in order to avoid the 4% negative adjustment for 2017?"

Hi, this is Molly. The answer to that is no.

Thank you, Molly. Perfect. Short and sweet. Final question on this page, "I am on the Advancing Care Information performance category, but my category score hasn't populated." This sounds like a bit of a technical issue in there.

Yeah, there are a few things that can be taking place on the Advancing Care Information category page when this type of situation arises. But the most important thing to understand about that category is that some of the requirements must be completed in a stepwise fashion. So, in order to start earning a category score for Advancing Care Information, a performance period needs to be input, as well as the selection of one of the three measure sets that are available down below, followed by the attestation of the two required attestation statements. And then, finally, every single measure available within the Required for Base Score selection must be attested with positive values in order to begin populating a category score.

Okay. Excellent. Thank you. I'm going to flip it back. Like I said, we've been doing a lot of talking, so I want to open this up because we do want to hear from you -- your questions, your feedback. So, can we skip to Slide 8, just to provide that information for your participants. Okay, so, to ask a question, you can certainly dial in to the number on-screen. And if prompted, use the passcode that is there, as well. And we do ask that you press star-1 to be

added to the question queue. You may also submit questions via the chat box, and we know a lot of you are doing that at this time. We see a lot of questions in there. We know a lot of our subject-matter experts are also in there, answering your questions in real time. So, if we can open up the phone lines at this point.

Again, please press star then the number "1" on your telephone keypad. We'll pause for just a moment for the first question.

Okay, thank you. And again, please feel free to call in or submit your question to us via the chat. Like I said, we are in there. We have a number of our experts in there, working through these questions right now. We're also looking for some trending questions, as well -- some things that the majority of you are asking or are interested in talking a little bit more about. So, at this time, do we have any callers on the line?

Our first question comes from the line of Rachel Groman.

Hi. Thank you. I actually asked this question over the Q&A, so perhaps you're still looking into it. But we're coming across some clinicians who have looked up their NPI on the QPP NPI Lookup Tool and found out they were or were not certain statuses. And then, when they went into the data submission portal, it's telling them the opposite. So, for example, somebody found out they were hospital-based via the NPI Lookup tool, and then the data submission tool is telling them they're not hospital-based. And this is a big problem because that determined what they do and do not have to report -- for example, ACI. So, is there -- Are one of those more definitive, in terms of which one should they rely on if they're getting these conflicting designations?

Hi, this is Libby Riley. So, when we went live with the submission portal, not all [Speaking indistinctly] into the portal. We've since started to load them, and we have not yet [Speaking indistinctly]. So, if this is something that they checked on in the last week or so, I would recommend that they contact the help desk so that we can get this rectified, because the special status that affects their scoring is the one that we need in the submission dashboard.

So, thank you, Libby.

Do you have a follow-up to that?

So, that's in regard to -- So, if you're saying that it's not reflected in the score, or it doesn't -- give it some time but then contact the help desk?

No, no, what I'm saying is, if they have not seen the correct status represented behind the log-in in the last week, they should definitely call the help desk so we can rectify it, because in the last week or so, the statuses should be equal between the NPI Lookup tool and the log-in submission dashboard.

Okay, thank you. I appreciate it.

Thanks, Libby, and that is a good reminder. We do encourage clinicians to keep logging in to the system, keep checking back with us as we continue to roll out new features and functionality. But remember, clinicians are able to submit as often as they'd like, all the way up until the submission deadline. So there's always a benefit to continue coming back and logging in and working through the system. So just keep that at the forefront of your mind as we continue through the Q&A session today. We'll take the next call on the line.

Your next question comes from the line of Lisa Sagwitz.

Hi. My question has to do with a provider who's a member of both an ACO and will be reporting through an Alternative Payment Model and will be MIPS reporting because of their private practice. Can you tell me which score will trump the other score, or would they remain separate -- one for the ACO, one for the private practice with MIPS?

Go ahead, Lisa Marie.

So, it would start to [audio drop] associated with multiple TINs. So, as part of that, an individual is required to report, for each 10-digit NPI combination that they're determined eligible for. So, in this case, based on one, it's part of an ACO and it reports data on their behalf. An individual will get a score [Speaking indistinctly] to their participation as part of the ACO. And then, in regard to their private practice, which I'm assuming is a separate TIN, we would report for that and would receive a score -- a MIPS score -- based on their performance under that TIN. So it's not that one score will trump another. It's that they will be scored, and they'll see the score, based on both an NPI combination or both TINs that they're associated with. Does anyone else want to add anything?

No.

Thank you, Lisa Marie. No, that was good. Thank you. And I hope that answers the question. We have lost her. And just one thing to note before we take our next question. Like I said, there are a lot of our subject-matter experts in the room right now. So if you hear a brief pause, it's just because we're kind of putting our heads together to talk through and make sure that we're providing the best answer for you. So don't worry, we did hear you. We're just kind of coming together and brainstorming on that answer. So, we'll take the next question now, please.

Your next question [audio drop]. Your next question is from Abbie Glenn. Your next question is from Abbie Glenn.

Hi, Abbie. Are you there?

This is Abbie Goyer. Is it me?

Yes, go ahead.

Hi. Okay, sorry. We are trying to submit a group score and an individual score for a TIN. So we want some of our providers to be covered under the group score, but then be able to submit at the individual level for some of the providers, as well. So, we're unable to do that, technically. Do we [Speaking indistinctly]?

Can you just give us a quick second?

Sure.

Thanks.

Hi, again. We're back. Can you hear us?

Yes.

Okay, perfect. So, I think, for this situation, we are going to need some additional details just on your specific scenario. So, could you please do us a favor and submit your question to our Quality Payment Program Service Center, and then we'll track it through the Service Center to our experts in the room, and we'll make sure we get you the help that you need.

Okay, I will just say that we did submit that ticket, and we were told that you cannot submit a group and individual, but we'll submit again.

Okay, and we're going to look specifically for this one.

Okay, is there something I should say in the ticket to bring it to your attention?

Can Nancy get her information so that we can track on that ticket?

Yeah, can we -- can -- maybe send a private chat where we can capture your information? That way, we can monitor the ticket through.

Sure.

Or if she has an existing ticket, she can supply us with that, and we can find if it's closed.

Okay. Okay, so, we're going to have our team work with you just to collect your information, as well as the ticket that had been open previously, so that we can track through to make sure you get the right information.

Thank you.

Sure, absolutely. Okay, we'll go on to our next question, please.

Your next question is from Kylene Barrett. Kylene, your line is open. Going to the next question. Kylene, are you there?

Would that be Eileen Arret?

That's it. Go ahead.

Okay. Hi. Good afternoon. Thanks for taking my question. I have several providers who are actually excluded from the Health Information Exchange as they do not transfer more than 100 patients. However, with that, if they do choose to submit for Health Information Exchange, which is a Base ACI measure, will they still be eligible for the performance score? Or do they receive a zero for the performance portion of the ACI measure but receive full credit for the base?

I think I can answer to that for the most part. So, for the Health Information Exchange measure on Advancing Care Information, you can choose either to attest for that measure and enter those numerator/denominator values, or choose the Health Information Exchange exclusion if you have that capability within your practice. And as long as you have conducted the Advancing Care Information performance period as 90 days or greater as a selection, you should receive the performance score for that measure for the numerator and denominator values that are entered.

So it has to be, you said, 90 days or greater? So it has to be more than a quarter?

For the Advancing Care Information category, that should be...

It's not a quarter. 90 days or greater. 90 days or greater.

Correct. So, when selecting the performance period for Advancing Care Information, the window of 90 days or greater needs to be selected.

Perfect. Thank you. Before we take the next question on the phone, I'm just monitoring some of our chat responses. A good question came through, because we have seen this a few times.

"How will a clinician know that their submission was successful? How will they know that the data has been successfully sent to CMS?" Can anyone tackle that one?

So, the best representation will be any of the data that is available and visible within the user interface itself. When you access QPP and navigate to your group or individual selection for that TIN or TIN-NPI combination, you should be able to see, on the three category pages, whether data was submitted and through which submission method. It will provide a list of the data elements that were submitted and potential category scoring, if it's available, for those. If you are uploading information within the user interface itself, you should be able to see real-time feedback regarding either your file upload or your UIattestation.

Fantastic. Thank you. Turning it back to the phone lines for additional questions.

Your next question comes from the line of Stephanie Miyasaki.

Hi, this is Stephanie. Adam, in the very beginning of the presentation, you said that we have till March 31st for submission. And I was operating under the assumption that it was February 28th. So, when did it change? [Indistinct conversation]

QPP class?

Yeah, I think the window depends on what you're submitting. So, the general QPP program goes until March 31st. However, if you're using the CMS Web Interface or if you're submitting for CPC+, they have different timelines for submission.

Yeah, so, [Speaking indistinctly]. In regards to the CMS Web Interface, the deadline for the submission mechanism [Speaking indistinctly] closes March 16th. That's for the submission for the CMS Web Interface.

Okay, so, if I go to the QPP portal again and look for something like that, because I'm still confused as to what you are talking about, so...

Yeah, okay. So, we do have a lot of good resources on qpp.cms.gov. The timeline is also, I believe, still on the main page. But we also recommend, maybe you can also send us your information to our moderator. I think we can definitely get you connected with technical assistance. I think that would be one of the best options at this point. They can certainly help you through all of this information. Or if you have specific questions, you can certainly -- you're welcome to send them to our Service Center, and we'll get them addressed for you. But we do want to capture information, because we'll try to get you some direct support.

Okay, thank you.

Mm-hmm.

Okay, we're going to take one more question from the phone line, and then we'll go back to our frequently asked questions, just to work through the last few slides. So, if we could take one more caller at this time, please.

Your next question is from Barry Schrecklin.

Hello, and good afternoon. Thanks for doing this. Can you hear me? Can you hear me?

Yep, we can.

Hi. So, I asked a couple questions in the Q&A, and you got through some of it a little bit. One of them is that we have a Quality vendor who's going to provide us, instead of submitting on their behalf, provide us XML files. And they said they've already tested it. I'm wondering -- and I actually have a couple, but they're quick questions -- I'm wondering if I -- if we submit these XMLs, is there some kind of validation tool, like the old QualityNet site had, just to verify that it's formatted properly? And if its scores show, does that mean it's good? That's one of my questions. The other question -- and it's probably more important -- is, once the data is in there and you can see your scores, is there a submission report, like a PDF or something that can be exported for proof, just in case something goes haywire between now and the fall?

I think I can answer to those to a decent degree, as well. So, on your first question, if you are submitting a file directly through the submission UI, there are validation processes in step -- in process -- to make sure that the file format is correct, that the syntax is proper, and that some other logical validations are in a good state, such as the submission method and things of that sort. So, when you upload on the submission UI, if you perform that and see a green check box that says, I believe, "complete" or "successful," that will identify that the structure of the file was correct and was submitted and stored properly and is available in the database at that time. And once you've closed that window and returned to the category user interface, as long as the file you submitted was for the TIN and TIN-NPI combination for which you are currently viewing, you will be able to see that information propagate onto the UI at this time -- or at that time. And as for your second question, at least on the submission UI itself, at this time, there's not a direct export of CSV or PDF or anything of that sort to review. You may be able to take a screenshot or a print screen or something of that sort, in order to capture what you're seeing at that time. However, we may be exploring, potentially, including a feature of that sort in the feedback tool.

Yeah, I think that would be critical, but I'll definitely take screen prints. And thank you very much.

Thank you.

Great. Thank you. Okay, so, folks, at this time, we are going to circle back to our frequently asked questions. We have just two more slides to go through -- just a couple high-level questions that you've submitted to us prior to this session. I do also want to note that we are

going to post links to all of our training videos for the submission feature and the various scenarios that we've created thus far. You should see those coming up through the Q&A box in just a little bit here. But those training videos are also very, very good to help to answer a number of these questions, as well, just in case we can't get through to everyone. We are trying very, very hard to get to everyone's question right now, but we do have a lot of them coming in through the Q&A. So, moving back to the frequently asked questions, if we can just go back to Slide 6, please. Okay, a couple questions here. So, I think we've touched a little bit on some of these as we've kind of moved through our discussion today. It looks like one challenge that we may be experiencing, "Why is my score no longer increasing although I am continuing to attest to Improvement Activities or Advancing Care Information measures after seeing the 'Category Success' message?"

Yes. Just to touch on that one, if you are seeing that message that you've achieved category success, and you're seeing a category score that appears to be maxed out, you will, in the user interface or file upload, be allowed to continue uploading or attesting for additional measures and activities, and are encouraged to do so in order to submit additional relevant information. However, each of the various category scores does have a maximum score that can be achieved. So, once it has been achieved, additional measures submitted will not further impact the category score, so...

Excellent. Thank you. I know we did touch on the second question on here, earlier on, so I'm going to jump over that one. The third question on here, "Is there a policy that addresses all of the disasters that occurred in 2017?" So, I think this focuses specifically around the Extreme and Uncontrollable Circumstances policy. So I'll turn to our experts in the room to just touch on that.

Sure. Thanks, Adam. This is Molly. So, yes, there is a policy that addresses all those factors that occurred in 2017. There were a number of natural disasters that impacted folks across the country. So, specifically for clinicians that have impacted by both the Northern and Southern California wildfires, as well as Hurricanes Harvey, Irma, Maria, and Nate, if clinicians are in those impacted areas, as defined by FEMA "major designated disaster areas," those clinicians do not need to do anything for the first year of the Quality Payment Program. Essentially, those clinicians that are in those major designated areas will -- they do not have to participate in the program. Instead, they will receive a neutral payment adjustment beginning in 2019. If any of those clinicians that are in those FEMA major designated areas that can be classified as natural disasters I mentioned, if they want to participate in the program and, potentially, earn a positive payment adjustment, they would need to submit data to us for two or more performance categories. Thank you.

Great. Thank you so much, Molly. I think we'll jump to the next slide. Oh, we -- slide number 7, please. Might just be on a little bit of a delay. But the question is, "How can I practice submitting data in the QPP data submission feature?" I think this circles back earlier to what we were discussing, that you can go in, you can log in to the feature as many times as you'd like, and there's no limit to the data that you submit, all the way up through March 31st. So

we certainly encourage clinicians to go into -- log in to the feature early, often, and just gain familiarity with that functionality and continue submitting data. I don't know if anyone else wants to add anything on top of that, but I think that would be our general guidance at this point. Okay, and I think that gets us through our frequently asked questions. We're going to go back to Slide 8 and pull that contact information back up again. We do want to open the phone lines. I know we have a number of you patiently waiting on the line, so we want to jump back to your questions with our time that's remaining today. We're getting inside about 15 minutes left with the Office Hour session. So, at this point, Moderator, if you can remind everyone how to join the line, and then we'll take another call.

Again, if you would like to ask a question, please press star and the number "1" on your telephone keypad. The next question is from Sole Milano.

Hi. Can you hear me?

Yes, we can.

Okay, my question is basically, we're the owners of an ACO and we're also medical consultants of Florida primary care practice inside of the ACO. So we are doing group reporting, which is through the Web Interface, for the ACO -- all of our providers. But at the same time, I need to attest for my ACI. Do I do that individually for each provider on a separate QPP?

Yes, that's accurate. So you would need to attest for the users at the TIN level, which would then be aggregated up to the APM level to have an ACI score.

Okay, and for IA, does that automatically count because we are an ACO?

So, this is one of the features that will be implemented in the final score, so some of the functionality that you might be seeing during the submission period. Still trying to notate where we can, if you're part of an APM. But after the submission period closes and we start providing final feedback, you'd be able to see that you're receiving 100% auto credit for being a part of an APM.

Okay, perfect. Thank you.

Great. Thank you. And we'll take our next question.

Your next -- Your next question comes from Miss Malecki.

Hi. I have two questions. One of them is, our EHR, which is an ONC-certified EHR, is not ready to produce a JSON file for our quality reporting to upload to qpp.cms.gov. And I'm kind of getting worried because that line is marked "16," and this the way we were planning to do it,

to upload it. What are we going to do? Is there any oversight to push that EHR company to abide by the deadline, or what?

Hi. Just bear with us a quick second.

Hi. This is Molly. Thank you for the question. So, we definitely -- Though one that's unfortunate to hear that your EHR vendor is having issues working through the data-submission process. I do want to clarify that we've noted a couple times on the call today, the submission deadline for all non-Web Interface users is March 31st. So there is still about six weeks in the submission window, so we would hope that your EHR vendor can work through their technical issues. If your EHR vendor has not reached out to our help desk yet, to work through any sort of technical issues that they're having of uploading the data, they can certainly do that. If your EHR vendor has gone through all of that and they still do not have the ability to submit data on your behalf, you may want to consider submitting data through another means. A lot of our EHR vendors have partnerships with other data submission entities, such as registries, and they may be able to submit the data on your behalf. Another piece that I would recommend is that you go ahead and, if you haven't already, go ahead and open a help-desk ticket with us, and explaining this information. We'd also be very interested to know who your EHR is, and that's something that we can take a look at, as well. I hope that helps.

Yes. Should I tell you now the name, or should I send it in the ticket?

You can just go ahead and send that in the ticket. That would be great. Thank you.

How do I make sure that my ticket will get your attention? Like, what should I put in the ticket so you know I already spoke to you about it?

Yeah, thanks. So, when you go onto qpp.cms.gov, submit that ticket to us. And then what we'll do is we'll have our support team capture your details. That way, we can match up the ticket and make sure that we prioritize this issue you've just given.

Okay, the second question I have is a quick one. [Speaking indistinctly] performance measure in Advancing Care Information transition. I work for a few solo practitioners separately. I'm the practice manager for all of them. So, the Health Information Exchange for one of them, in the area that she works, no other referral physician has Direct with a capital "D," e-mail address. So he hasn't been able to satisfy that measure. Is there an exclusion for that kind of situation, where a lot of doctors don't know what Direct means. They think it's a Yahoo! address or a Comcast address or a Gmail address. Is there any exclusion for a practitioner who's out of luck finding any referral doctor with a Direct address.

Yeah, and thanks again for that question. Unfortunately, we don't have our preventive-care SMEs with us today. So, when you do submit your ticket to us, also include that question so that we can follow up on it, as well.

Okay, and I'm so sorry for this, but you're saying I should stay online to give my detailed information, or, no, just submit the ticket?

Yeah, so, if you could, just work with -- send a private message to our support team, or our support team will reach out to you, so you can give us your information. And then submit a ticket through our Quality Payment Program Service Center, and we'll match it up for you.

Okay. Thank you.

Just a quick note. This is Ashley Spence. I know we're getting some questions from ACOs, I know we're getting Web Interface questions, we're getting a couple vendor questions. I think this quick caveat is that there are support calls for the entities -- so, not the clinicians using the registry but the registry. So, if you are a registry on the line, you should be a part of the support call. Same for Web Interface users. I see a couple for Shared Savings Program. You should be a part of the support calls that have been for Web Interface users, and they also talk about ACI submission, et cetera. So it's kind of a full scope, because it looks -- submission looks a little different for Shared Savings Program and [Speaking indistinctly]. So I just want to note that these may not get a lot of responses back today, because we do not have those SMEs in the room for that reason. If you have questions about the support calls, if you go on to our resource library, there's a full schedule of all the support calls for Web Interface users. And certainly, you can open up a Service Center ticket to get specific.

Thank you, Ashley. I know we are getting closer to the end of our session today, so we are going to try to move in a bit of a rapid-fire fashion. We'll take another call via the phone line at this time, please.

Your next question comes from Karen Ryan.

Yes. Thank you for taking my call. My question is in regard to, in order to report ACI for a group, does it matter when -- And we're going to use fourth-quarter data. Does it matter when those providers started within that reporting period? We have several physicians that started after 9/1. So can I still report all of my docs' ACI as one group submission, even though they would not be included, I guess, in that 8/31 kind of snapshot that CMS did to be associated with our ACO?

Hi. This is Molly. Yes, you can include them. Thank you.

Okay. For the --

Sorry about that. Go ahead.

Sorry. Did you have a follow-up question?

Maybe we lost her. If you have a follow-up question, please feel free to submit it via the chat or send us a ticket through our Service Center. Thank you.

We'll take the next question from the line at this time, please.

Your next question is from Lina Ponti.

Hi. My question is in regards to an individual practitioner who would be reporting on an individual basis. And on the lookup tool, based on historical TINs, it says that he is to be included. And then, in the current TIN, he is excluded. And based on previous conversations with QPP, it said that they would be updating the previous TINs based on the previous employer. I guess my question is twofold. My first question is, does the individual practitioner need to submit? Because in the lookup tool, it does denote that he does need to submit, based on the previous TINs, not the current TIN. And having said that, if, currently, in the current TIN, he does not need to report and we do report, does that satisfy the previous TIN requirement? I guess, who has the onus to report if he's no longer with the previous TIN?

Just give us one sec. We're going to put our heads together on that one, and we'll be right back.

Sure, sure.

Okay, thank you so much for your patience.

Oh, no problem.

That is a very, very good question, and we had quite a discussion amongst our experts. So, I think what we'll do is, just because there is some nuance to your question, I think we'll do the same thing we've done with some of our other participants today. We do want to capture your information. Please send that question to our Quality Payment Program Service Center, and then we'll be on the lookout for that so we can provide an appropriate response.

So, just call QPP and submit a help ticket?

Call QPP. We also have an e-mail address that's available. It's all available, listed on qpp.cms.gov. And then our support team will reach out and make sure that they capture your information. That way, we can hear it together.

Okay, will I find it in the chat, the e-mail?

Yes, we can post that e-mail in the chat, as well. We'll post that e-mail. Thank you.

Thank you.

[Speaking indistinctly] and dynamic as possible. And that allows us to be able to provide you with [Speaking indistinctly] response.

Sorry, Miss Marie, I think you're cutting out a bit. Can you go with that one more time?

Oh, I was just indicating that for any ticket that you submit to the Service Center, just provide as much information as possible so that we can comprehensively address your question pertaining to your specific scenario.

Yes, absolutely. Thank you. That's an excellent reminder. We have reached the bottom of the hour -- the bottom of our Office Hours session today. So we can't take any more questions at this time. I do want to say that, on behalf of all our subject-matter experts, we do want to thank each and every one of you for participating in this Office Hours session today. We will post this recording very soon so that you'll have a point of reference to go back and listen to some of the conversation today. We also encourage you to register for our future sessions, which are listed on our QPP resource library on cms.gov, so please take a look at those. Again, registration is very limited, so please do so as quickly as possible. And please also take a look at our training videos on the Data Submission feature, that are available also in the QPP resource library, as well as some of our other resources on the Quality Payment Program. I do want to remind everyone that we also have the Quality Payment Program Service Center and our no-cost technical assistance still available to help, for those who are still in need of some direct support. In the meantime, we certainly encourage you to keep sending us your questions and feedback, and we'll continue to look through those items that you do send to us. Okay.

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