MIPS Improvement Activities Performance Category for Year 2 Overview Webinar
August 1, 2018

[Classical music plays]

 Hello, everyone. Thank you for joining today's "MIPS Improvement Activities Performance Category for Year 2" webinar. The purpose of this webinar is to provide information about the Improvement Activities performance category of the Merit-based Incentive Payment System for Year 2 of the Quality Payment Program. Now I will turn it over to Adam Richards, health insurance specialist in the Center for Clinical Standards and Quality at CMS. Please go ahead.

 All right. Thank you. And greetings, everyone. Thank you all for joining us for today's webinar on the MIPS Improvement Activities Performance Category for Year 2 of the Quality Payment Program. This event is number three, I believe, in our four-part MIPS Performance Category series for Year 2, which is our current performance year. We've previously covered the Promoting Interoperability performance category, and those materials are currently posted under our QPP Resource Library page on cms.gov. We've also recently covered the Cost Performance category, and we'll have those materials posted shortly, for those of you who are keeping track. For today's event, I'm privileged to be joined by Angela Foster, our lead for the Improvement Activities performance category. We'll take the opportunity today to review the basic requirements under the Improvement Activities performance category, covering what you need to know, and then hopefully we'll have some time for questions at the end. Now, before diving in, I do want to make it clear that we are covering the Year 2, which is 2018, our current year, policies for the Improvement Activities performance category that were finalized in last year's final rule. Please understand that even though we currently have proposals for Year 3 available for review and comment, we will not be discussing those proposals here today. For those of you who are interested in learning more about our proposals, I highly encourage you to review our comparison fact sheet, as well as our webinar recording from about two weeks ago, I think, on all aspects of the Year 3 proposed rule. Of course, all of these resources are available within the QPP Resource Library on cms.gov. So, now that I've got that disclaimer out of the way, let's jump onto slide three. We have a nice agenda of topics today for you related to the Improvement Activities for Year 2. Again, as I previously mentioned, Angela Foster is here with us today to walk through the various components you see onscreen, and to try to help answer some of those questions that you may have as we're a little past halfway through the performance year at this point, now that it is August. We generally like to begin each session with a concise review of MIPS itself, just to make sure we level-set and we're all on the same page before jumping into the specifics. We'll then proceed into an overview of the performance category, highlight some of the general requirements, talk scoring at a high level, and round out by discussing some of the Improvement Activities in Year 2. As always, we'll wrap up with a review of our free support options that are available to each of you. And again, as I mentioned, we'll try to do our best to take some questions at the end through the chat. So, moving on to slide four. Anyone who has joined us before knows that we like to review the basics of the Quality Payment Program. It's always helpful to keep in mind how we got to this point, and why we are here today talking about Improvement Activities. So, generally, the main takeaway on this slide is that we are required by the Medicare Access and CHIP Reauthorization Act, which we affectionately refer to as MACRA, to implement the Quality Payment Program. This program was ultimately

the solution to the problematic sustainable growth rate formula. Of course, as a part of implementing the program, we've developed two tracks from which clinicians may participate. So, as we've been talking a little bit here, the Merit-based Incentive Payment System, MIPS, or Advanced Alternative Payment models for those clinicians who are interested in earning additional incentives for taking on additional risk related to patient outcomes. One element that I would think is always important to flag is our focus on burden reduction within this program. I anticipate that you'll see, through our discussion today on Improvement Activities, just on Improvement Activities alone, really, that we've maintained many of the same elements from the 2017 performance period really to help minimize that time spent trying to learn about the different aspects of the program, and to spend some more time with patients. And, of course, that's always something to note as we talk about this program, so I think you'll see some themes throughout our slides today. Now let's move into the MIPS track. I'll try to get through this relatively quickly. I'm on slide six. So, a little bit of background for everyone on the call. Before we launched the Quality Payment Program, clinicians participated in what we called our legacy programs. So, you may be familiar with some of these -- the Physician Quality Reporting System, or PQRS, which was our quality components. The Value-based Payment Modifier, which dealt with measurements of quality and cost, and the Medicare EHR Incentive Program for eligible professionals, which really focused on the use of certified EHR technology. Those three programs have been sunset, and we've combined elements of all three of those previous programs into what is known as MIPS. I sense that, for you who have participated in the previous programs, that you'll see quite a few similarities under MIPS, which is certainly advantageous knowledge as you're working through the Year 2 requirements. As we like to say, the Quality Performance category is similar to PQRS. Cost is similar to the Value-based Modifier. And what we now refer to as Promoting Interoperability is very similar to the EHR Incentive Program. I think the Improvement Activities performance category is truly the newcomer, if you will, and that's the reason why we're here today -- to discuss this new performance element, the Improvement Activities performance category, and make sure that you're all comfortable with the requirements now that we're halfway through the performance year. All four performance categories do add up to 100 total final points. I always like to call this out, because we will assign a final score to each eligible clinician, and that final score can range from 0 to 100. Of course, then we compare that final score to what is called a performance threshold, which is essentially the minimum amount of points a clinician must receive in order to avoid a negative payment adjustment. So, comparing the final score to the performance threshold will determine if a clinician receives a positive, negative, or neutral payment adjustments in the payment year 2020, which is the corresponding payment year to the 2018 performance period. So, remember, we're on that two-year cycle. Jumping ahead to slide seven, a little bit more behind MIPS itself. We always get questions on the eligible clinician types, MIPS-eligible clinician types. So, just as a reminder, nothing has changed from Year 1 to Year 2. A MIPS-eligible clinician is still classified as a physician, a physician assistant, nurse practitioners, clinician nurse specialists, and certified registered nurse anesthetists. I do want to just take a moment to kind of explain what we mean by change, no change. I think you'll see this in not only our discussion today, but some of our other performance-category webinars, as well. This is ultimately to show that we've maintained a number of our requirements from Year 1 to the current performance year, which is Year 2. Again, as I mentioned earlier, our goal was to continue with the gradual implementation of the program to help reduce burden and allow

clinicians to continue familiarizing themselves with the requirements. So that's what you'll see when we say change or no change.

Moving ahead to slide eight. Again, this another area we get quite a few questions on, the low-volume threshold. So, this is how we determine who is included in MIPS for a performance period. So, as you can see, we did make a change to the low-volume threshold for Year 2, which is 2018 -- again, our current performance period. So, we are including MIPS-eligible clinicians billing more than $90,000 a year in allowed charges for covered professional services under the Medicare Physician Fee Schedule -- that's a mouthful -- and furnishing covered professional services to more than 200 Medicare beneficiaries. So, I think the graphic is somewhat easier to see. You have to have both of those components to be included in the program. I do just want to note, many of you may have heard that earlier this year, Congress passed the Bipartisan Budget Act of 2018, which is beneficial for us, because it helps us to continue our gradual implementation of the program. But I did just want to call this out, because, as I mentioned, Year 2, the low-volume thresholds, those determinations will only be made on covered professional services under the Physician Fee Schedule. That is different from the first year, the 2017 transition year, where the low-volume threshold determinations were made on all Medicare Part B-allowed charges. So, that's a distinguisher that we definitely want you to remember as we continue on through Year 2. Okay. Jumping over to slide nine. No major changes here in who is exempt. You've probably seen these from the first year, certainly into the second year. Again, those who are exempt are those newly enrolled to Medicare, anyone below the low-volume threshold, which we just talked about as being the $90,000 in covered professional services or the 200 Medicare beneficiaries. And, of course, the last element of this slide is, those who are significantly participating in APMs who ultimately become what we call qualifying APM participants and earn the incentive payments. Just a note -- and I think I might have missed this on the last slide, which is fine. For those who are excluded, there is still the option to voluntarily participate. You'll receive performance feedback, but you will not receive a payment adjustment. I think it's helpful in the sense of gaining experience for future program years if or when you may be included. So, moving on to slide 10, I think, finally, before I turn it over to Angela, I just wanted to quickly review the reporting options for Year 2. You may see us refer to some of these options throughout the remainder of our discussion today, so I just want to make sure we're all comfortable with the information. It's fairly straightforward. So, individual reporting, the one NPI, one TIN, I think that's pretty straightforward group reporting. Of course, two or more clinicians billing under the same TIN or practice. There's also, of course, the APM-entity component to group reporting. And then, for Year 2, which was new, is the virtual group option. Now, this is where solo docs or small practices can come together, what we call virtually, which basically means it doesn't matter where the clinicians are located, as long as they meet the basic criteria to participate they can come together and participate in this program. Now, unfortunately, clinicians do have to make that election prior to the performance year, so it's not necessarily an option to jump into right now. But it is a third option that we plan to continue into future performance years. So, with that, I'm going to wrap things up, and I'm going to turn it over to Angela to lead the Improvement Activities discussion.

 Thank you, Adam. Thank you. So, hello, everyone. I'm Angela Foster. I lead the Improvement Activities program for CMS, and I want to thank all of you for joining today to learn more about the Improvement Activities Year 2

policies. I feel very proud to work on this program, and I'm pleased with the work we've completed so far to develop a meaningful program that will hopefully improve patient outcomes. You all may be pleased to learn that not much has changed for Improvement Activities in Year 2. The category is still worth 15% of the MIPS final score in 2018. The minimum performance period is a consecutive 90 days. It was very important to the IA team to keep things as simple as possible for Year 2. We know that you're all still getting familiar with how Improvement Activities works, and we've tried to keep that in mind. Next slide, please. You'll see here the nine subcategories that make up the Improvement Activities. Clinicians can choose from 112 activities that are contained within these nine subcategories. It's not necessary to pick activities from each of the nine subcategories, or to choose a set number from a certain number of categories. We are also not mandating the activities that you need to perform. We've made it very easy for you to choose activities that are meaningful to your practice. Next slide, please. Here, we have the listing of the reporting methods for Improvement Activities. You have a few options available to you. We still include the Attestation, which is a simple check-the-box, which is where you check the box to indicate that you've performed a particular activity. You may also choose to report through a Qualified Clinical Data Registry, or QCDR. You could also choose a Qualified Registry or an Electronic Health Record, but this must be done through 2015 CEHRT. And if you're in a group of 25 or more, you can choose the CMS web interface. One thing that you'll want to note is that, we will not combine activities if you use more than one submission method to report. So, it's important to keep that in mind when you're selecting the method that you would like to use. Next slide, please. For MIPS APMs, Improvement Activities are weighted at 20%. If you're participating in a MIPS Alternative Payment Model and are on the Alternative Payment Model participation list on any of the 2018 snapshot dates, which are shown here on this slide, you'll be scored under the APM scoring standard. You'll earn points for improvement activities just by participating in a MIPS APM. And your Improvement Activities score will be automatically assigned to you based on the MIPS APM that you're participating in. Next slide, please. Improvement Activities performance category scores for MIPS APMs are based on the Improvement Activities that are required by the APM. No additional reporting is necessary. For 2018, all MIPS APMs will receive the maximum points at the APM-entity level for the Improvement Activities performance category. And you will see here that you can find additional information in the scores for Improvement Activities in MIPS APMs in 2018 in our Resource Guide, which is located on the cms.gov website under the Resource Library. Next slide, please. You can earn bonus points in the Promoting Interoperability performance category by selecting Improvement Activities that have been marked as "CEHRT-Eligible." A 10% bonus is available when you select these activities. Next slide, please. Now we're going to take a look at some of the IA performance requirements. We can move on to slide 19, please. Here are some important dates to note for 2018, for the 2018 calendar year. The period of performance is January 1 through December 31, 2018. You will have until March 31st of 2019 to submit your Improvement Activity data for 2018. And I also want to call out that you don't have to report on data for the entire performance year. For example, you would avoid a negative payment adjustment by submitting Improvement Activity data for as few as 90 consecutive days, as I mentioned earlier. Next slide, please. Here are some examples of the Improvement Activities inventory, broken down by weight. So, we have examples of what medium-weight activities look like on the right, and what high-weighted activities look like on the left. Out of the 100-plus activities available for 2018, over 20 of them carry a high weight. And you will also find this

inventory available to you on the Quality Payment Program website. Also, as well as on the Resource Library page on cms.gov. Next slide, please.

You will receive double points for each high- or medium-weighted activity submitted if you have any of these special-status designations. So, if you are in a small practice, if you are non-patient-facing, rural, or in a health-professional shortage area, this would mean that each medium-weighted activity would be worth 20 points for you, while each high-weighted activity will be worth 40 points for you. Next slide, please. We've provided some examples of what reporting could look like for individuals, groups, and virtual groups with more than 15 clinicians that are special designation, as mentioned previously. You could choose to report on two high-weighted activities. And, again, this is within any subcategory. You could also choose a high-weighted activity and two medium-weighted activities, any subcategory. And you could also choose four medium-weighted activities. Next slide, please. Oh, sorry. Go back to that last slide. I misspoke. That is for groups, individuals, and virtual groups that are not in the special designation. I just want to make that clear. I apologize. Okay. We can go on to slide 23, please. The Improvement Activities performance category provides flexibilities for certain circumstances. For instance, participants in Certified Patient-Centered Medical Homes will earn full credit in the Improvement Activities category, but you must still attest to this activity to receive the credit. And also, if you are in the Shared Savings Program Track 1 or the Oncology Care Model, you will receive points based on the requirements of participating in those APMs. Next slide, please. So, here we come back to the special considerations that I was talking about earlier. These special considerations, special designations listed here will receive double weighting for the Improvement Activities that they submit. And also, again, if you're in a Certified Patient-Centered Medical Home or comparable specialty practice, you will earn the maximum Improvement Activities score by attesting during this period. And it still is a minimum of 90 consecutive days. Next slide, please. Now we will dive into how the points you earn in Improvement Activities contribute to your score for the category and contribute to your MIPS score overall. Slide 26. Here we illustrate how the Improvement Activities performance category is scored. The Improvement Activities performance category is 15% of your final score in 2018. Your Improvement Activities performance category points are multiplied by the 15% Improvement Activities performance category weight. The result is then added to the other performance category scores to determine the overall MIPS final score. Improvement Activities can contribute to no more than 15% of your final score, even if you submit more than 40 points worth of activities. You won't earn a bonus or anything in addition. We're happy to take your additional activities, but we just want to make sure that it's understood that it won't count additionally towards your score. Next slide, please. We have provided a few scenarios to further illustrate how this might look based on what you may decide to report. If you choose one medium-weight Improvement Activity, which gives you 10 points total, or 25% of your available Improvement Activity points, you would then multiply your 25% Improvement Activity score by the 15% Improvement Activity weight to get a final Improvement Activity score of 3.75%. I'll just let that sink in a second. Next slide, please. This next scenario is fairly straightforward. Selecting one high-weight activity would give you 20 points, or 50% of the points available in Improvement Activities. Once you multiply that by the category weight, you would reach a final Improvement Activities score of 7.5%. Next slide, please. This scenario shows what your score would look like if you earned the maximum 40 points. You would have a final Improvement

Activities score of 15%, which is the full score available to you under this performance category. Next slide, please.

Taking a look at how a clinician in a small practice could be scored, you will see that the special consideration I mentioned earlier is applied here. Two medium-weight activities would be double weighted to 20 points each, which gives you 40 points total, or 100% of the available points for Improvement Activities, which would then give you the full 15% for your Improvement Activities score. Next slide, please. In an effort to further drive improvements and clinical practice, performance categories work in tandem to help improve performance on certain quality measures. Better performance and better improvement lead to better patient outcomes. Here are some examples of where Improvement Activities and the Quality performance category overlap. You must note that reporting or attesting to an activity or measure in one category does not give you credit in the other. You must report the activity separately under each category to receive credit for both. So, here we have examples of some of these topics that are overlapping between Improvement Activities and the Quality performance category. We've got depression screening, tobacco users, alcohol screening, fall-risk screening. And I also want to note that the CAHPS for MIPS survey is another one. Next slide, please. Improvement Activities also overlaps with the Promoting Interoperability category. As I've mentioned, if you use certified EHR technology to complete certain Improvement Activities, you can earn a 10% bonus on your score for the Promoting Interoperability performance category. So, what does this mean? Under the scenario provided here, a clinician who receives 80% for promoting interoperability will see their score increase to 90% if certified EHR technology is used to complete Improvement Activities. Next slide, please. We have designated the Improvement Activities that are available for this bonus. The entire inventory is not available for reporting for the Promoting Interoperability bonus. You will be able to see this listing here of the ones that you can use. And there are over a dozen available for the 2018 performance period. And you'll note that we have a nice variety between the subcategories. You can go on to the next slide. Thank you. What are some key takeaways about the Improvement Activities performance category for 2018? Next slide. There is no change in requirements for small practices and practices in a rural area. You will still continue to report on no more than two activities to achieve the highest score. Next slide, please. The biggest policy change for Year 2 is the increased threshold for groups or virtual groups seeking Patient-centered Medical Home recognition. We now require 50% of practice sites with a TIN or TINs that are part of a group or virtual group to be recognized as Patient-centered Medical Homes in order for the TIN to receive full credit for Improvement Activities in 2018. Next slide, please. Group reporting remains the same within the Improvement Activities performance category for 2018. Only one MIPS-eligible clinician in a TIN must perform the Improvement Activity to receive credit. The same is true of virtual groups. Next slide, please. You'll be happy to know that the Improvement Activities performance category continues to designate activities within the performance category that also qualify for the Promoting Interoperability bonus, and also, we still continue to allow simple attestation for Improvement Activities for 2018. I want to thank you for your time and for listening. I hope that this has been helpful. And I will now turn things back over to Adam so that he can direct you to some CMS resources.

 All right, great. Well, thank you so much, Angela. I hope that was all beneficial for those who are on the phone. I know there are some questions coming into the Q&A now, and I know we have a couple of our CMS folks in

there answering questions, so we'll try to get to a couple of those in just a few minutes. As Angela mentioned, there are some really fantastic resources available now for the Improvement Activities performance category. Those include the Improvement Activities measures for 2018, as well as I think we have an Improvement Activities fact sheet that's also available. Both are on the Quality Payment Program Resource Library under the 2018 section on cms.gov. As we always say -- and this might be a good segue into our next slide -- we always have the Quality Payment Program Service Center available. One more, please. Perfect. Thank you. So, we always talk about the free support that we have available. As you saw on the previous slide, we certainly encourage, if you do have questions, to reach out to the Quality Payment Program Service Center. There's both the e-mail address and the phone number on this slide, but also the previous slide for you. But also encourage you all to reach out to one of our Technical Assistance Networks. So, we have special, customized systems for those who may have questions about Improvement Activities, or just about the Quality Payment Program in general. So, we have the Small, Underserved, and Rural Support. That's available to clinicians who are in small practices. For those larger practices, the Quality Innovation Networks and Quality Improvement organizations are available to help you out. And additionally, if you're starting to think about that transition from MIPS to an Alternative Payment Model, or even an Advanced Alternative Payment Model, we certainly encourage you to connect with the Transforming Clinical Practice Initiative and one of the Practice Transformation Networks. Excellent source to help you make that transition if that is something that you're interested in, learning about practice transformation. Again, all of this support is absolutely free. So, please take advantage of it. I also encourage you to check out our website, qpp.cms.gov. There's a ton of excellent resources available there. Also, you have the opportunity on that site to sign up for the Quality Payment Program listserv. It is available on the home page. You just scroll down to the very bottom, enter in your e-mail address, and we'll keep you up to date with all of our resources, webinars, releases. It's really a fantastic way of staying connected to the Quality Payment Program. So, if we jump one more slide. Excellent. So, I think is what we were mentioning earlier. We do have some additional resources available. Certainly, again, I encourage you to go on to the Quality Payment Program website, qpp.cms.gov. There is a dedicated Improvement Activities page. You can also explore all of the measures in a very intuitive and interactive feature on the website. We used to call it the Shopping Cart feature, but it's now our Explore Measures and Activities section. So, if you are curious -- and I think we saw a couple questions come in around what the descriptions are for those activities -- you can definitely find that information on the website. Of course, we also have, on the Resource Library itself, our fact sheets, our specifications for the claims and registry measures. And specifications for the for some of the Improvement Activities themselves you can find on there in a downloadable zip file. I know we've been referring some of you over to that zip file. It does have some great information. Some of the descriptions for the Improvement Activities. So highly recommend checking a few of those out. Okay. We're going to charge forward to the next slide. And like I said, we've been monitoring the chat, the Q&A section, trying to pull out some questions for you. I do want to start, before we get into some of your specific questions, I saw a couple trending themes starting. One was really asking about having access to performance data, performance-category information from previous years, things of that nature. So, I want to flag, a And I highly, highly encourage you, if you have not done so already, to check out your 2017 MIPS performance feedback that is currently available on the Quality Payment Program website. All you need to do is sign in to the

website using your EIDM credentials, and you'll have access to your 2017 MIPS performance feedback. It contains your MIPS final score, your performance category details, information. I think there's a lot of great information there to really help you prepare to build off of Year 1 as we work through Year 2. I believe your payment adjustment is also included as part of your performance feedback. So please take a look at that information. Take the opportunity to sign in and review it. The reason I also say that is, not only is it a great source to use as a data-driven approach to continue to improve from year to year, but there's also, right now, what we kind of corresponded. We simultaneously launched our targeted review period. So, if you go in and you take a look at your MIPS feedback from 2017 and you notice that there are any errors or issues with the payment adjustments, now is the opportunity to submit a targeted review to us. And I am encouraging everyone to do this as soon as possible. It gives us plenty of time. It gives you plenty of time to pull everything together. There is the deadline of October 1st for targeted reviews, so please keep that in mind as you're working through your performance feedback. Okay. I think we're going to take a few questions. We're going to pull some questions out of the Q&A. Angela, I think you flagged a few of them, if you want to start in.

Sure. So, I've got a question from Marcy Roberts. "Does the QPP website give a description of the activities? For instance, what does Patient Navigator mean to QPP, and how is that documented?" That is a very good question. The website does give a description of the activities. When you pull up the inventory on the QPP website, I believe you go to Explore Measures, and then you click on Improvement Activities, and you can search using keywords, you can search using subcategory names. And when you pull up the activity, you will get the activity title, the activity description, and then also what we've designated as the activity number. And within that, you will be able to get a good description of what the activity requires. And then, also, within the validation criteria, which I know I'm seeing a lot of questions about that coming in, as well, we hope to have that published very soon. And I do know that people are anxiously awaiting that information, because it's a valuable tool that gives you a little more detail on what we're looking for, and what documentation we would ask you to retain. So, once it's published, when you take a look at the validation criteria, that will also provide the next level of detail for how the activity would be performed. And, as always, if you ever have questions about an Improvement Activity, or you're not sure if something you're doing is meeting the requirements, you can submit a question through the Service Center, as mentioned previously, and we are happy to answer those. I see a lot of those questions and answer them myself, in fact.

And I think this is a good reminder, too, that as we continue to work through the validation criteria, and we post that shortly, if you are signed up for the QPP ListServ, again, by going to qpp.cms.gov and entering your e-mail address, you'll be notified as soon as that document or that resource goes live. So, again, please take the opportunity to sign up. You'll know as soon as it's out there. That way you can take a look at that information.

Thank you, Adam. That's a great reminder. The next question I have here is from Adrian Jordan. And Adrian asks, "Can you elaborate on group reporting? We have several nurse practitioners who are new to Medicare this year and aren't billing under their NPI yet. The nurse practitioners aren't eligible if we report individually, but will we have to report on them if we report as a group?" Well, I would say, to this question, depending on the size of

your group, you may want to consider group reporting, because we have not changed that threshold for Performance Year 2018. It still is that, if one eligible clinician within your group reports, then everyone gets the credit. Okay. And then moving on. Just give me a second here to scroll down a little bit.

I have a question from Karen Kortes -- I hope I'm pronouncing that correctly. "Clinicians enrolled in TCPI are identified as being in a MIPS APM, but the TCPI was reduced from high-level activity to medium. What is the weight of the TCPI enrolled clinician in the Improvement Activities category in 2018? 15% or 20%?" That is a really good question. We have issued a correction on this, because the TCPI is not a MIPS APM. So, the designation that you would receive would be based on the points that you receive when you attest to the activity. It was a high-weighted activity, as you mentioned, and now it is a medium-weighted activity, so it would be worth 10 points or 20 points, depending on your designation. Okay.

And one more. I think, just getting back to, we were talking about the validation criteria, the documentation component. I see a few questions coming in.

Just on average, is there a standard amount of years that folks should keep documentation for Improvement Activities, or is there anything along those lines?

That's a great question. Thanks for asking that, Adam. Yes. So, our guidelines state that we want you to keep your documentation for six years, and that's in the event that we have questions, or we come back to you and ask to see proof that you did perform this activity. And that is also outlined within the validation criteria. If you could take a look at the 27 criteria, you can get an idea of what we're looking at. We added only 20-plus activities for 2018. We've updated the previous criteria a little bit, just elaborating a little more, providing some more examples. But looking at the 2017 criteria will give you a good idea of what we're looking for and how long to retain that information, as well.

Thank you. And there's, I think, a question that kind of coincides with that from Nicole Collins. Thank you, Nicole. So, she was just curious, could a clinician continue reporting on the same Improvement Activities from 2017 into 2018? There's no requirement that they'd have to change anything, correct?

That is correct. Unless it is otherwise specified within the activity, you may report the activity over years. So, there are a couple things in there. Sorry, I'm drawing a blank right now. I think one of them is an opioid, CDC-sponsored course where you can only report every four years, but it would be specified within the actual activity description, so there would be no question about whether you could report it again.

And I just wanted to jump to a question from Alexis Shaner. I hope I'm pronouncing that correctly. Forgive me if I'm not. But the question there is, "For the CAHPS for MIPS survey, do we have to choose CAHPS in the Quality portion in order to count this as CAHPS for MIPS, or are we able to do CAHPS without choosing this for Quality, and have this still count for the Improvement Activity?" And the answer to that is yes. You would just simply attest to the activity within the Improvement Activities inventory. If you do not want to report in Quality, you do not have to.

I think Alexis sent us another question, too, so while we have her, while she's asked these questions. So, again, just getting back to the Improvement Activities requirements, "Is there any requirement that a clinician or a practice has to prove that they've improved during the year of their Improvement Activities?"

Not at this time. We are looking at ways to do this in the future, but in the early years of the program, we are not requiring that, no.

I have noted a question here from Ranu Ray, and the question is, "Successfully participating in QPP User Research program also earns Improvement Activities points. However, details of this are not available in the Resource Library, and not listed as an activity. Where do we find the details?" This is actually listed as an activity. It's in the Inventory. The number for it us IA_EPA_5. So that's under the Expanding Practice subcategory. And if you put that into the search on the QPP site when you go into the inventory, you can even, I believe, just put in the keyword "user research" and that should pull it up, as well. But if you go on to the Resource Library and look at the list of Improvement Activities for 2018, you should see the IA_EPA_5 there.

So, we're going to keep scrolling through your questions. I know we're trying to answer these as they come in, trying to look for some of the trends. But we'll keep kind of filing down through. Again, I did just want to remind you -- because, again, I'm seeing some more questions just around performance feedback. Again, you can access your performance feedback from 2017 by going to qpp.cms.gov and going over to the Sign In option -- I believe it's in the top-right corner -- and entering through your EIDM account. That's how you'll get all of that fantastic information -- your MIPS final score, your performance category information, your payment adjustments. So please do take a look at that. I think we'll take a look for another question.

I have one. Stacey Aarons-Wilson asks, "What did the asterisk on slide 36 say?" And I'm happy to answer that, because I've seen some other questions come in on how the Patient-Centered Medical Home threshold works for 2018. Previously, it worked the way the group reporting worked, where it was one-for-all. One eligible clinician enrolled in the PCMH got the group credit for the PCMH. The threshold has now been raised to 50% of practice sites. So, that asterisk -- and you will be able to see the presentation. It will be posted in -- how long does it usually take?

About a week and a half, two weeks.

Okay. So, you'll be able to review these slides. But what it said there is -- and I'm sorry that I did not call that out during the presentation -- "We define practice sites as the practice address that is available within the Provider Enrollment, Chain, and Ownership System," also known as PECOS.

Angela, I don't know if we have any scoring slides specific to just small practices, but it might be good just to kind of go through the weighting for small practices one more time, because we are seeing a lot of trending questions around, again, how the double weighting works, what the scores end up looking like. Again, I'm not sure if we have a specific example, but it might just be good to kind of go through at a high level for folks who are asking about small and rural practices.

First let me tell you how it works for the regular clinicians, so you understand how it works for what we call the special considerations, which would be the smalls and the rurals. For an eligible clinician -- let's say I'm the doctor, and I'm in a group of 15 or more -- Improvement Activities are weighted this way -- a medium Improvement Activity is 10 points. A high Improvement Activity is 20 points. So, the category gives you 40 possible points that you can earn, so I, Dr. Angela, would choose to select maybe two high-weighted activities, so that's 40 points total, or I would select a high and two medium to get my 40 points, or I could say, "Oh, I love these four mediums. I'm going to do these." And that would get me 40 points. Now, if I'm Dr. Angela, and I'm in a small practice or I'm in a rural area and I'm a part of these special designations that we've talked about, those weights would double. So, instead of choosing two high-weighted activities to get to 40, I could choose one high-weighted activity. Instead of choosing four medium activities to get to 40, I could choose two medium activities to get to the 40 points. And that will get me the full 40 points available for the category. So, what we've done is, we've double-weighted the points for those special considerations.

Perfect. Thank you so much.

Sure.

Just a couple of other questions. Again, it seems to be circling back to performance feedback, which makes sense since we are in the midst of it. Some folks were just asking if there's any information out there. Yes, absolutely. If you go onto our QPP library on cms.gov, under the 2017 section, we have a performance-category fact sheet, user guides, targeted-review fact sheets. We also recently released some very, very helpful, I call them micro videos, that walk users through the various elements of the feedback reports. Those are also posted on that site. So, highly encourage you in checking that information out. Also, yesterday we did an office-hours session just around performance feedback and targeted reviews. So, we'll work to get that recording and slides posted. I think those will also be helpful. So, we'll work to get those out in the next week or two. And of course, we'll flag everything that we post for you through that QPP ListServ. So, if you do need additional information, there's some out there that can at least help you get started. Also, encourage you to call into our QPP Service Center or take advantage of the free technical assistance that's out there for you.

I'm also seeing, Adam, a lot of questions about the suggested documentation, which is what we call the validation criteria, and I just want to mention again, for those who may not have heard, that we are in the process of getting that posted. We recognize that this is valuable information that everyone's looking for. It was found to be quite helpful for 2017. And we wanted to develop an even more robust document based on a lot of the feedback that we had received through this Service Center, through various other webinars and office hours. So, we are working to get that posted as soon as possible. I just want to let you know that that is definitely coming, and we will have that for you soon.

Perfect.

We're just taking a look through some more of these questions to see what else is trending.

So, I did see a couple other questions just for, I guess, some rural practices, those health professional shortage areas, is there a place they can go to find out if they are considered rural or if they are considered a HPSA? I believe there is.

There is. And I'm sorry, I don't have that Web address right now. We can get that out to you. But there is a place where you can definitely check your designation.

So, we do have that info, and that may be something that we may be able to add to the slides before we post them, or just add it as part of the transcript. That way folks know where they need to go if they are interested in looking up whether they are rural or HPSA. I think that was a good question.

Yes. I agree. That's valuable information So, Tom Clifford is asking, "What documentation should a practice keep on file for potential audits of attesting to Improvement Activities?" And I just want to note again that that validation criteria -- this may not have been clear to everyone before -- it actually lists out what you need to retain by activity. So, each activity has its own validation criteria. There isn't any set validation criteria that we're expecting for the entire category overall, so it would be based on whichever activity you're submitting. You would check the validation criteria to find out what is required for that specific activity.

And we're just going to keep scrolling through. We certainly appreciate all of these questions that are coming in. These are, I think, very helpful for us to see, but also for your colleagues and peers who are on the line today, having these questions and being able to answer them.

We've got a question asking how we determined what made an activity a high versus medium, and that's a really excellent question. I'm just going to explain at a high level, because there's a lot more that went into it, but we looked at the level of effort needed to perform the activity. We've talked to a variety of stakeholders. We've had listening sessions. We've had technical review panels, and we've had medical-officer review, and basically, based on all of the feedback that we've received, we came up with a set list of criteria to help us determine how we should designate the activity. But at a high level, the level of effort is really what came into play when selecting whether or not an activity should be a medium-weight or a high-weight.

Great. I'm going to take just a side question, because we do get a lot of questions on the low-volume threshold, so I just want to answer this while it's kind of fresh on my mind. Really around, "If a clinician is excluded based on the low-volume threshold determination, do they need to submit any hardship information, or are they automatically exempt?" No, they don't have to submit anything to us. We know that you are excluded from the program if you do not meet the determination. At that point, again, as I mentioned earlier, clinicians do have the opportunity to voluntarily participate in the program, just to prepare for future program years, get used to some of the program requirements. But outside of that, no. You don't have to submit anything to us to tell us that you're exempt or that there's a hardship or anything like that.

Someone is asking what number to call, because I understand that some of this information can be a little overwhelming. There are a lot of links and a lot of resources. And Anju Joshi asked if there's a support number where we can go online for information. When you look at the slides, on slide 39, we have contact information. E-mail for the Quality Payment Program is qpp@cms.hhs.gov -- again, that's qpp@cms.hhs.gov -- where you can submit your questions to the Service Center. Or you can call, Monday through Friday, from 8:00 a.m. to 8:00 p.m., 866-288-8292.

And we're going to try to post that information for you shortly, just so you have it and you can write it down. Again, these slides will be available for everyone, so you'll also have them once they're posted in just a few weeks. Try to get that up onscreen for you. But that is slide 39, for those who are following at home. I know we're getting closer to the top of the hour. We're going to do kind of one final scan through our Q&A's. We're trying to keep up as best we can, but everyone has excellent questions. Again, some good questions -- "Where do you sign up for notifications that the validation-criteria file is available?" Again, please sign up for our QPP ListServ. Just go to qpp.cms.gov and scroll to the bottom of the page and enter your e-mail. If you're having any troubles receiving, if you have signed up and you haven't received anything, please check your spam or junk folders. We hope that all of our e-mails are going straight to your inbox for your viewing pleasure, but we do know that sometimes security redirects them. So please take a look and make sure they're going to the right folder. If you're still having trouble, try entering your address again, or certainly reach out to our Service Center. We might be able to kind of help troubleshoot that issue.

Seeing several questions about the overlap that I mentioned earlier between Quality performance category and the Improvement Activities performance category. If you're going to report on any of those Quality measures, you have to do them separately. So, if you've reported them in Quality, you are free to come on over to the Improvement Activities side and attest to those, as well. We're not requiring you to do that. It's completely voluntary. Up to you what you choose to report. As I said during the presentation, we are not mandating the activities that you have to perform. I hope that answers the question.

I think so. And I'm going to say last call. Last call. I know we're scrolling through. We're trying to get any last-minute questions. So, last call for anything, if anyone has any questions. I think we're getting through a lot of these, or we've gotten through a lot of these. And these are very good questions, so thank you so much for sending these to us. Anything coming in, Angela, that caught your eye?

TCPI does still count as an Improvement Activities. I have a question here from Elizabeth Whitehurst, "Does working with the TCPI count as an improvement activity? And if so, is it high- or medium-weighted?" For 2018, we finalized it as a medium-weighted activity. But you can still attest to the activity if you are working within a TCPI.

Okay. Fantastic. Taking one last scan. I appreciate, all of our colleagues are on, too, helping us kind of analyze these questions. Angela, if you could just one more time, maybe go through the types of documentation to retain with these Improvement Activities? Something that seems to be coming up again and again.

Sure. So, really, it'll vary based on the activity that you are performing. If you're attesting to, say, I'll just throw one out, expanded practice access -- I think it's 24/7 access to patient records -- you would be able to show this within your patient records, your patient schedules. You could show us with office policies. All of those things together would work as documentation for an IA like that. You would really need to go through the validation criteria -- and, again, you could take a look at 2017, because it still applies for all of the 2017 IA's -- which there were 90 plus available -- and you would be able to determine what we would need to keep, what we would require you to retain for each specific IA that you are choosing to attest to.

Okay. Fantastic. And I think that's going to round out our webinar today. We are at the top of the hour, and I do want to be respectful of everyone's time. Just quickly, again, reminder, check out qpp.cms.gov. Sign up for our ListServ. If you haven't done so already and you were including in MIPS last year, 2017, please take a look at your performance feedback. That is very, very important over the coming weeks to take a look at. Also, one last note. We will have the fourth part, a fourth and final part of our Year 2 MIPS Performance Category webinars next Monday, August 6, from 1:00 to 2:00 p.m. We are going to be focusing on the Quality Performance Category webinar. So, if you are interested in learning more about the Quality Performance Category webinar, I highly encourage you to sign up. Again, the registration information can be found under our events and resources page on the Quality Payment Program Resource Library on cms.gov. Again, everyone, thank you so much for joining us today. Angela, thank you so much for walking us through the Improvement Activities performance category. And we'll talk to you all again soon.

Thank you, everyone.

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