...turn it over to Adam Richards from the Health Insurance Specialists with CMS.

All right, well, thank you. Just so everyone knows, we are on the "Promoting Interoperability Performance Category" webinar today. But if you are interested, that QCDR workgroup is a little later this week. But you are in the right spot, so don't worry. Um, thank you, and we want to welcome you to the webinar today to talk a little bit about the promoting interoperability performance category under the Merit-based Incentive Payment System, um, which many of you may have formerly known as advancing care information, and we'll talk a little bit about that in just a few minutes. So, we're excited to talk to you all today. We want to walk you through the general requirements for the Promoting Interoperability performance category. Elizabeth Holland is here with us today, and she'll be leading our discussion in just a few minutes. But I will also say that we do have some of our subject-matter experts in the Q&A box right now. So, they're going to try to work through some of your questions, as well, in real time. We'll do our best to answer as many questions as possible, but we do have quite a number of participants on today. So, if we don't get to your question, please feel free to reach out to our Quality Payment Program Service Center, and we'll provide that address shortly. I will also say, just as a plug, if you are interested -- and we're going to a few forthcoming items and events a little later in the presentation, as well. If you're interested in staying up to date with us on those events and updates, please sign up for our ListServ, the Quality Payment Program ListServ, by visiting qpp.cms.gov, scrolling to the bottom of the page, entering your e-mail, and clicking the "submit" button. It's four very, very easy steps. So, I'm going to charge ahead -- I am on Slide 3 -- just to talk a little bit about why we're all here today, the learning objectives behind our discussion. We'll go through at a very, very high level the overview of MIPS requirements. I think we're just a little behind. There we go. We'll go through the MIPS requirements at a very, very high level. We'll discuss, as I mentioned, why we did change the name over to Promoting Interoperability for year two. We'll get into the performance category requirements, do a little bit of a deep dive, and then also touch on performance category scoring, which I think is of interest to many of you. So, if we jump over to the next slide, just to kind of introduce the Quality Payment Program -- I'm on Slide 4. I think we have just a little bit of a lag, but that's okay. I'm going to charge forward anyway. Just as a reminder, the Quality Payment Program -- really, the main takeaways on this slide are -- one, the Quality Payment Program is an incentive program that is required by MACRA, the MACRA law, and, two, that there are two tracks here. So, as I mentioned, there's the Merit-based Incentive Payment System, and then we have Advanced Alternative Payment Models. Aside from the program and policy itself, I do want to mention that we are continuing to listen as we move through the second year of the Quality Payment Program. We want to hear your feedback on the ways that we can continue to improve, as well as reduce clinician burden in the program. So, of course we'll continue working to develop measures through our Meaningful Measures initiative, introduce new Alternative Payment Models so that clinicians have additional options for participating in the program, and we'll really focus on Promoting Interoperability. And I think that's a good segue to really kick things off, and we'll now touch on the Merit-based Incentive Payment System, but also the Promoting Interoperability performance category. And I'm going to turn it over to Elizabeth Holland to take it from here.

Hi. Can we have the next slide, please? And the next slide after that. So, I'm going to be talking about -- giving a brief overview of MIPS itself. So, there are essentially four performance categories for 2018. They are Quality, Cost, Improvement Activities, and Promoting Interoperability. Now, you may not remember Promoting Interoperability, and that's because it used to be called the Advancing Care Information performance category, but now we are calling it Promoting Interoperability. So, your final score, your MIPS final score, is the sum of the points that you earn in each of the performance categories. And that will determine -- whatever your final score is will determine if you receive a positive, negative, or neutral payment adjustment to all of your Medicare payments. Okay, next slide. So, as I mentioned, we are changing the name from Advancing Care Information performance category to the Promoting Interoperability performance category, and this change is effective immediately. So, we are working on changing our website and updating, but it is just the name that is changing for 2018, so don't panic. It's just the name. All the measures, and et cetera, remain the same from what we established last year in rulemaking. We decided to change the name so that it better reflects CMS's new focus on promoting interoperability and the sharing of health care data between health care providers and patients. Next slide. So, for 2018, there are no changes to the different types of eligible clinicians that are eligible to participate in 2018. They are physicians, physician assistants, nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetists. Next slide, please. So, there is a change to the low-volume threshold for 2018. So, as you see in the slide -- as you will see in a second in the slide, the transition year had modest thresholds set, but the thresholds for 2018 are quite different. So, in order to be eligible, you need to be billing over 90,000 dollars in Medicare and have over 200 beneficiaries. If you are below those, you're exempt, but you can voluntarily report. But you will not receive an adjustment. Next slide. So, there are no changes to the basic exemption categories. We still have exemptions for those who are newly enrolled in Medicare, those who are below the low-volume threshold, and those who are participating in Advanced APMs. Next slide. So, there are different options for participating. You can participate as an individual or as a group. As an individual, you would submit your data under your National Provider Identifier and with your Taxpayer Identification Number, or TIN. As a group, you would submit all your data together as a group. I will note that your eligibility to meet the thresholds that I had just mentioned are either calculated as an individual or a group. If you choose to be submitting as a group, you would need to be over those thresholds as a group. So, you may actually qualify as being exempt from MIPS as an individual, but when you all pool your claims and your number of beneficiaries together, you may be eligible as submitting as a group. We also have virtual groups. These are groups that aren't under the same TINs, but are coming together virtually to submit their data together. Next slide. And then that just says Promoting Interoperability, and so then we go on to the next slide after that. So, Promoting Interoperability basics. So, this category emphasizes the use of Certified Electronic Health Record Technology, or CEHRT, as well as interoperability. It is worth 25% of the total MIPS final score. It is comprised of a base, performance, and bonus score, and altogether that is results in your score for Promoting Interoperability performance category. The minimum performance period is 90 consecutive days, although you can choose any length of consecutive days up to three-hundred and sixty-five. And as I mentioned, it requires the use of CEHRT. Next slide. In addition to the measures that you must submit for this category, there are two attestation statements that are linked to

information blocking. If you are reporting on the Promoting Interoperability performance category, you must submit a "yes" to the Prevention of Information Block Attestation and a "yes" to the ONC Direct Review Attestation. There is a third attestation also, but that one is optional. Definitely read the text of those and make sure that you are able to truthfully submit "yeses." Next slide, please. So, just like we had for 2017, for performance periods in 2018, there are two sets of objectives and measures available. There is the Promoting Interoperability Objectives and Measures and the Promoting Interoperability Transition Objectives and Measures. The clinician or group chooses which measure set they want to report, or they may also report on a mixture of measures from both sets. The only caveat to that is you cannot submit a measure twice and receive credit for it. If in 2018 you submit measures that are only in the Promoting Interoperability Objectives and Measures -- that is, submit no Transition Measures -- you will earn an extra 10% bonus for using 2015 Edition Certified EHR Technology.

Thank you.

Next slide. Okay, so, as I was saying, you can report the Promoting Interoperability measures if you have 2015 Edition CEHRT or if you have a combination of 2014 and 2015 Edition CEHRT. For the Transition Measures, it's easiest to report those using the 2014 Edition CEHRT or a combination. So, I will note that 2018 is the last year of flexibility, meaning it's the last year we are going to allow the submission of measures using 2014 Edition CEHRT because in 2019, 2015 Edition CEHRT is required. So, take advantage of that flexibility if you need it, but really push yourselves to try to get onto 2015 Edition CEHRT as soon as you can. Next slide, please. So, as I mentioned before, there are three parts of your Promoting Interoperability score. There is the base score, the performance score, and the bonus score. In this category, you must fulfill the base score. If you do not fulfill the base score, you will not earn a score for this category. You will get a zero. So, it's very important to make sure that you can fulfill the base score measures. In the first column here, we have the Promoting Interoperability measures. Two of the measures -- well, sorry -- three of the measures, e-Prescribing, Send a Summary of Care, and Request/Accept Summary of Care -- they all have exclusions available. So, if you're unable to meet the measure, but you meet the criteria for the exclusions, you may claim them. There's not a score associated with each measure here. You get a score for fulfilling the whole base. So, if you miss one measure, you don't get half the points, no. If you fulfill this measure, the base score, you get 50 points. If you choose to submit the Transition Measures, there's only four measures you need to fulfill, and that's because when we switched to the 2015 Interoperability measures, the Health Information Exchange measures are split into two. So, that's why that is to be double-counted. You'll also notice on this slide that there are asterisks next to certain of the measures, and that means when you submit your information, whatever information you submit -- for example, for Provide Patient Access -- that will also contribute to your performance score. One more thing -- to fulfill these, the threshold for these measures is one. So, you would need to do e-Prescribing for one patient. And the other, the Security Risk Analysis -- that is a yes/no measures, so you would need to submit a "yes." Next slide, please. So, we just talked about the base score. Then we move forward to the performance score. The performance score is a way to increase your score. As I mentioned, the whole category gets 25%. So, if you fulfill the base score, you earn 50%, and that would equate into a 12.5%. So, that's half of your 25%. But if you'd like to increase your

score, we give you lots of opportunities to do that. One of those opportunities is submitting a -- They need to go back. They're one slide too far.

Yep, can we go back one slide?

We're still talking about the performance score. So, there's a number of measures, and some of the measures -- there are fewer measures in the Transition set, and that's why some of those measures are worth double points. And you don't have to submit all of these measures. You can pick and choose which ones you choose to submit. And you can actually get the same score by submitting many measures and performing moderately as you can reporting a few measures and doing very, very well on those measures. The one big change for the performance score is that last year we required, only had performance score points available for the Immunization Registry Reporting, but this year we let you choose any of the Public Health Reporting, and if you say "yes" to any one, you'll get a 10%. So, that's the biggest change probably in this category for 2018. Okay, now next slide. So, if you haven't added enough points for performance, you can also add additional points for a bonus. And if we have some math geeks on the phone, you may notice when you add all these scores up, it actually sums to 165, but the score for Promoting Interoperability performance category is capped at 100. So, you can keep submitting, but you certainly don't have to because if you earn 100 or more, you will receive the full 25% in the Promoting Interoperability performance category. So, this slide goes into some of the other items that are available for a bonus score. So, if you submit an additional Public Health Reporting Measure -- those measures are listed here -- a "yes," you would receive a 5% bonus. So, if you submit one for a performance score, you get 10%, and if you submit another, you get an additional 5%. If you submit three, you don't get another 5%. You only get the bonus for that once. There's also a bonus for submitting certain improvement activities. Those are items from the Improvement Activities performance category, using Certified EHR Technology. If you do that, you earn 10%. And, again, that bonus is limited to 10%. And then as I mentioned previously, if you report exclusively on the Promoting Interoperability measure set, using 2015 Edition CEHRT, you will receive a 10% bonus. Okay, next slide. So, interspersed here, we're going to answer a few questions. So, this is one of our most commonly asked questions -- "How do I submit my 2018 Promoting Interoperability performance category data?" Well, if you submitted last year, you will notice that these mechanisms are the same as last year. If you're submitting as an individual, you can attest. You can use a QCDR, Qualified Registry, or an EHR. If you submit as a group, you also have the option of the CMS Web Interface. And you can submit -- I know we're talking about submitting now for 2018, but you cannot submit yet, so don't panic. You can submit starting in January of 2019. And we will certainly -- if you're on the ListServ, we will certainly send out reminders reminding you that data submission is coming.

That's a good plug to sign up for that ListServ, again, on qpp.cms.gov.

Okay. Next slide. So, another question you've asked -- "How does my group submit Promoting Interoperability performance category data if my group is using more than one Certified EHR Technology vendor?" Okay, so, what we require you to do is to add up all your data among all your locations and all your vendors for that TIN. So, you would add all the measures up for all clinicians and submit one file for scoring. Okay, next slide. And that just says Reweighting Policy, so we will skip to the next slide. So, I'm just

going to give you a quick refresher on special status. There are special statuses in MIPS. The ones to be aware of for the Promoting Interoperability performance category in particular is the ambulatory surgical center-based. That's if 75 percent or more of your Medicare claims are performed in place of Service Code 24. Or, if you're hospital-based, and that's if 75 percent or more of your Medicare claims are performed in the following places of service -- 19, which is off-campus out-patient hospitals, 21, in-patient hospital, 22, on-campus out-patient hospital, 23, emergency room. So, if you are an individual and you perform to qualify as either hospital-based or ambulatory surgical-based, we will reweight your Promoting Interoperability category. That 25 percent will be moved to quality. But I will note, if you do submit data for Promoting Interoperability, we will cancel the reweighting, and you will be scored. Next slide, please. So, we have two different types of reweighting for the Promoting Interoperability performance category. One type is automatic reweighting, like I just mentioned with the hospital-based and the ambulatory surgical-based. Those are both automatically reweighted. If you're one of the other clinician types listed here -- physician assistants, nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetists, or if you're non-patient-facing -- if you are in a group, 100 percent of your group must quality for reweighting. However, as I mentioned, if you do submit data, your reweighting will be canceled. Next slide. The other type of reweighting that's available in the Promoting Interoperability performance category is reweighting through an application. So, we do take applications to have your performance category slide reweighted to zero if you have insufficient Internet connectivity, in extreme and uncontrollable circumstances, if you have lack of control over the availability of your Certified EHR Technology, if you are in a small practice, which we define as 15 or fewer clinicians, and if you are using technology that has been de-certified by the Office of the National Coordinator for Health Information Technology. The deadline for the submission of these hardship applications is December 31st. This year, that would be December 31st of 2018. The application now is not available yet, but if you're on the ListServ, we will be sending out a notice probably later this summer telling you that the application period is over. And you submit these applications online. You get an e-mail saying that it's been submitted, and you will get a status quite quickly, whether your application has been approved or denied. And note that if you simply don't have CEHRT, that does not qualify you for reweighting through a hardship application. Next slide, please. So, one of the categories that I mentioned was extreme and uncontrollable circumstances. So, that's a pretty large umbrella. So, if you submit under that category, you must submit a start and end date of when the circumstance occurred and pick what happened, for example. As I said, when you submit your application, it will be, you will get a confirmation, and then you'll find out if it's approved, denied, or dismissed. And as I mentioned, applications will be available later this year, and they'll be processed on a rolling basis. So, if you think you need a hardship, certainly don't wait once the application period is open. Next slide. Another question -- "How does the reweighting policy for the Promoting Interoperability performance category apply to groups?" So, if you're in a group or a virtual group, all the clinicians in the group must qualify for reweighting for the group's category to be reweighted to zero. So, it could be a combination of the automatic reweighting. Like, you could have some hospital-based, some ASC-based, for example. And then the rest could all qualify for a hardship. You can apply for a hardship as a group. But everybody would have to qualify for reweighting. And so, if anybody does not qualify, the whole group would not quality and they would have to report on

the Promoting Interoperability performance category. Next slide, please. Now we're going to go into scoring, so next slide after that, please.

It's just a little behind.

I know. I apologize for the delay.

Chance to catch your breath, so that's fine. We'll keep charging along. Okay. I wanted to wait till this came up. So, as we talked about, the base score accounts for 50% of the total score. So, the categories were 25, so that's why the base score would be worth 12.5. The performance score is worth an additional 90, and then you can get up to 25% as a bonus score. So, you earn 100 or more, and you will get 25% contributing for the Promoting Interoperability performance category. In the bottom, it just mentions what I said before about the $165 and how it's capped at $100. Okay, next slide. This is a reminder that you must meet all the requirements of the base score measures in order to receive a Promoting Interoperability score. You must submit a "yes" for the Security Risk Analysis in the base score and at least one in the numerators or denominators or claim exclusions for the remaining measures. And if you don't meet the base score, you get a zero. Next slide. Okay, so, people have asked when the Security Risk Analysis must be completed. So, Security Risk Analysis is the only measure that we have that can be completed outside of the performance period. The Security Risk Assessment can take place anytime in the calendar year. So, that would have to be within the calendar year 2018. The other measures all must be calculated within the performance period. Okay, next slide, please. So, there are exclusions, as I mentioned, for e-Prescribing and Health Information Exchange. And so why do we have exclusions for those base measures and not for performance measures? Because performance measures, you choose what to submit, and for base score, you must fulfill the base score, and we don't want to disadvantage somebody who doesn't e-prescribe at all, for example, a chiropractor who doesn't e-prescribe, from achieving the base score. So, if you claim exclusions for e-pres-- not for e-prescribing. that's not a good example -- for one of the items -- if you receive an exclusion and that measure is also in the performance score -- for example, to send a Summary of Care is a base measure and a performance measure -- you will only submit the data for that measure once. And if you submit a one, you fulfill the base score, and you will receive a very low score in your performance category for that measure. Okay, next slide. We're going to talk a little bit about the exclusions and the base score. So, e-prescribing...who writes fewer than 100 permissible prescriptions, and these are all linked to the performance period you select, which has to be a minimum of 90 consecutive days. So, the next two -- Send a Summary of Care and Request/Accept Summary of Care -- those are both Promoting Interoperability measures, and the corresponding Transition Measure is the Health Information Exchange exclusion. So, if you claim those, you could still fulfill the base score. If you are submitting as a group, however, you must fulfill these exclusions as a group. So, you'd have to add up all your data and make sure, if you're claiming an exclusion, that you actually rightfully do – can - submit the exclusion because it is applicable to your clinicians as a group. Okay, next slide. So, now that we're talked about the base score, we'll talk about the performance score. So, all of these measures -- most of the measures have a numerator and denominator. So, we look at the numerator and denominator and convert that into a performance rate. The only measures that don't have a numerator and denominator are the Public Health and Clinical Data Registry Reporting or the Public Health Reporting measures, and those, if you submit a "yes" for one, you will earn

a 10%. As I mentioned, there are fewer measures in the transition set, but we wanted to make sure that if you submitted measures solely from the transition set, you will still be able to achieve the same score that if you submitted the Promoting Interoperability measures, you would earn an equivalent score. So, that's why some of the Transition Measures are worth 20% as opposed to 10%. Next slide, please. So, when I was talking about a performance rate, if your numerator and denominator equate, you would find your performance rate on the chart, and then you would determine what your score would be for each measure. So, I think we're going to go through an example in a minute. But you can see most of the measures are worth 10%. So, those are all on the left-hand side. But for the couple that are worth 20%, we would double-weight those, and that's just shown on this chart. Next slide. So, here is a sample calculation just to walk you through how we complete. So, let's say a MIPS-eligible clinician is reporting on the 2015 Edition and chooses to report on the Promoting Interoperability measure set, not the transition set. And say they submit a numerator and denominator of 72 out of 100 for secure messaging. So, that would earn a performance rate -- It's worth 10%, but when you convert 72 out of 100, the performance rate would be 72%, so we find that performance rate on the chart. It would be performance rate between 71% and 80%. So, that would earn 8% for that score. And we would add up each of the measures you submitted to determine what your overall score would be. Next slide, please. So, just to review, you can earn a bonus score if you submit a "yes" for any additional Public Health Agency Clinical Data Reporting measure or any Public Health Reporting measure. It needs to be a different one than you submitted under the performance score. If you submit a "yes," for the completion of at least one specified improvement activity using Certified EHR Technology, you can receive a bonus for reporting improvement activities using CEHRT. And when you submit, if you're submitting that particular thing, you have to make sure that when you submit your data for your Improvement Activities category, that you submit that data there, as well. So, to earn the bonus, it has to be submitted for the Improvement Activities category and for the Promoting Interoperability category. And then if you report only using the Promoting Interoperability measures and you use only 2015 Edition CEHRT, you will result in a 10% bonus. And so, you might be saying, "Okay, well, how are they going to know?" Well, for example, if you submit for your performance score the Specialized Registry Measure, that's under the Transition Measure set. So, you would not be eligible for the 2015 Edition bonus. Okay, next slide. So, another question -- "How is the Promoting Interoperability performance category calculated for groups?" Okay, so, you submit as a group under one TIN, and that would include the data for anybody who qualifies for reweighting because we ignore reweighting unless the whole group qualifies for reweighting. And if these clinicians quality for reweighting, but they choose to report as a group, they need to submit data. Okay, next slide. So, now we're going to go through a scoring example, so next slide after that. So, I have a scenario here. You're an individual MIPS-eligible clinician. You currently use 2014 Edition CEHRT. You are going to report on the Promoting Interoperability Transition Measures and Objectives. You will not claim any of the exclusions, either for e-Prescribing or for Health Information Exchange, and you will not take steps to fulfill the bonus score. Okay, next slide. So, do you report on the Security Risk Assessment? Yes. Do you do e-Prescribing? Do you submit for Provide Patient Access and Health Information Exchange? And please note -- those two measures, Provide Patient Access and Health Information Exchange -- you submit that data once and it counts for the base score and it also counts for the performance score. So, next slide, we'll look at the performance score and what they submitted. Right there at the beginning we

have Provide Patient Access, as well as Health Information Exchange. Those are both double-weighted because this is the transition measure. So, you'll see when you look at the numerator and denominator, we convert it to the performance rate, and then you get your score. So, when we add up all the percentage scores, we get 39. The 39 will get added to the base score. So, the next slide, please. So, for submitting the base score, you get 50%, as we just saw on the previous slide that's still up there. I'll just take a breath.

Yep, yep.

[Laughs] Okay, so, you earn 50% for the base score, and then on the previous slide when we saw the performance score, you add that together, and you get 89%. And so, that 89% would be out of the total of the category, and the category is worth 25%, so you would receive a 22.25 points. And that would be added together with your scores for Quality, Cost, and Improvement Activities to get your final net score. Okay, next slide. So, I'm going to touch briefly on the Promoting Interoperability performance category Call for Measures. And you can go to the next slide after that. So, we have a Call for Measures open now, where we allow people to submit proposed measures that they believe would be good for the Promoting Interoperability performance category. We're really looking for outcome-based measures, measures that emphasize interoperability, patient safety measures, and measures that would be applicable to other clinician types. Next slide. If you choose to submit, we would need the measure description, measure type, numerator and denominator description, and if there's any exclusions and what functions of Certified EHR Technology would be utilized. And we're hoping people will be creative and think outside the box because we get a lot of complaints about measures that we are using, but we don't get a whole lot of suggestions on new measures. So, this is our way of reaching out to you and saying, "Please help us. Please send us some measures that you believe would help improve the quality of care." We're very open to receiving your measures suggestions. So, you have a little bit of time. Next slide, please. If you have measures that you'd like to be considered, you can send them to the CMSCallforACIMeasures@gdit.com. And so obviously, we created that e-mail address before we changed the performance category name. That's why "ACI" is there, but just forget that. But this is the e-mail address that you need to submit to. You have until Friday, June 29, to submit, and if you want a little more information, you can go to this website to get more information. Okay, so, now I can turn it back to Adam.

All right. Well, thank you so much, Elizabeth. That was a lot of information, folks, but we do want to create the space to ask questions. So, can we just go to slide 51, and then I'll circle back. I just want to give everyone kind of that information on how to dial in. Okay, there we go. Perfect.

No, that's too far.

One more. Sorry. One more back. There we go. Thank you. So, I'm going to turn it over to our moderator quickly just to give everyone that information, and then we'll circle back to some of our support options and talk through that a little bit. So, moderator, could you please just let us know how to dial in?

You may dial in to ask a question or via the chat. If you dial in, you may use 1-866-452-7887. Again, that's 1-866-452-7887. When prompted, you will enter the I.D. 6782847. Again, that is 6782847.

All right, fantastic. Thank you so much. So, folks, while you're dialing in, I'm going to leave this screen up because I can talk through the technical systems component. I think this is really beneficial. So, many of you on the line may know -- and you may have actually taken advantage of some of our support last year -- but we do have three on-the-ground networks available to help you. You know, for those in small practices, as Elizabeth alluded to earlier, 15 or fewer clinicians, we do have the small, underserved, and rural support available. Larger practices certainly can receive support from our Quality Innovation Networks and Quality Improvement Organizations. And then of course we have the Transforming Clinical Practice Initiative being supported by our Practice Transformation Networks. This is a great opportunity for those who are interested in beginning to think about or take the first step toward making the transition toward an Alternative Payment Model or an Advanced Alternative Payment Model. I think you get the best of both worlds. So, you definitely get the MIPS support, but you also start to work on that transition over to the APM side. So, we do have those three on-the-ground technical-assistance networks available. I highly recommend taking advantage of them. It's at absolutely no cost to the clinician, to anyone who reaches out, really. It's no-cost support. I do want to mention -- Elizabeth mentioned a few times earlier that there will be a hardship application coming a little later on this summer. This was a good group. These are great networks to connect with in case you need help filling out that form or just finding the right information or making sure that everything's complete. So, please feel free to reach out to any of these groups. There's additional information on qpp.cms.gov. Of course, I mentioned earlier we do have the Quality Payment Program Service Center. So, that information is now onscreen. Of course, if you questions, you can direct them to qpp@cms.hhs.gov. So, with that said -- and I'll also remind everyone one last time to join our Quality Payment Program ListServ at qpp.cms.gov for all updates and forthcoming materials, so please do that if you haven't done so already. With that said, though, I do want to open up the line for some questions. I know we have a lot of questions in the Q&A right now. I know some of our experts are working through those questions. But we want to turn it over to the line, so can we take the first caller, please?

Your first question comes from the line of Toni Wilkins.

Hi. I was just curious if there was any information about when to expect the 2019 QPP proposed rule?

We are working on it now, and it should be out soon.

Yep, and we will make sure that we let everyone know through that ListServ. So, again, thank you, Toni. This is actually a really good plug. Like Elizabeth mentioned, we are working through it, and we'll make sure that everyone knows through that ListServ.

Your next question comes from Shawna Banner.

Hi. Thank you for taking my call and my question. We are a hospital that has one TIN for both the hospital and the ambulatory clinic. So, our eligible clinicians -- we have a whole variety of eligible clinicians. Some

use certified technology, and some do not use CEHRT. We report as a group. So, how do we -- Is it required that we capture their data in our group reporting? Or do we just use the data that is stored within the CEHRT?

You would just use the data that's stored within the CEHRT because the Promoting Interoperability performance category requires that the data come from CEHRT.

Okay.

I hope that helps. I think we lost you, though.

Yeah. It's just such a big question because it doesn't seem to make sense, you know, that not everybody's data would have to be compiled within what we submit, but...

And we certainly encourage you to put more data into CEHRT, but if it's not in CEHRT, it's not necessary to add it.

Okay. And we're not penalized or anything like that for not having their data within the information that we submit?

No. They would share in the same score.

Okay. Great. Thank you.

Mm-hmm.

Thank you.

Your next question comes from the line of Kim Sweet.

Yes, hi, and thank you for taking my question. And actually, I'm going to piggyback on that question just before because I do understand that we're reporting as a group. If you’re not able to report - if any individual in that group is not able to report, like on PI measures because they don't work on the Certified EHR, I do understand that that member's data would not be contributed to the denominator. So, my question is -- and you may not be able to answer this, but what is the disadvantage of this situation?

Well, it could be a disadvantage if they could contribute to a higher score.

So, it would just be to actually -- their score results would be the advantage or disadvantage of some members not being able to report.

I mean, ideally, to have an integrated care network, you want everybody's data to be available. So, our ideal state would be everyone's data is in the Certified EHR Technology. So, I'm sure there's lots of different scenarios where everybody's not able to be on that technology. But we're encouraging people to get onto the technology. So, we're not penalizing people right now who are not on the technology, but that's not to say that that will always be our policy.

Okay. Thank you.

Thank you.

Your next question comes from the line of Jennifer Gasparini.

Hi. I am curious if you could go over the policy regarding what ACOs should do if they have individuals that qualify for the reweighting in the practices and how that's treated when you're composing the ACO entity's score for this category.

Sure. So, I'm just going to check-in. Do we have any of our experts on from the Medicare Shared Savings Program? Anyone able to dial in?

Hi. This is Kim Spalding Bush from Medicare Shared Savings Program. I think actually this is more of a MIPS APM scoring question, though, so if I might ask if there's anyone on who could speak to that. I think we learned during the presentation that we can reweight to the TIN level. And then I think the reweighting question may belong to the APM scoring standard.

Okay. Thank you, Kim. Do we have anyone from our CMMI side on? I know maybe Ben? Damon? Okay, that's not a problem. We can certainly take that one back, and we are capturing these questions, so we can take that one back.

That would be great because, you know, I'm with NAACOS, and this is our most frequently asked question and one that we feel there's still a little gray area regarding how this is treated by CMS.

Okay, sure, yeah. We'll definitely capture that one and take it back to -- and get the right experts on it.

Thank you.

Thank you.

Your next question is from Natalie Cohen.

Hi. Thank you for taking my call. I have two questions, actually. I want to just confirm -- did you say that 2015's CEHRT is going to be the only CEHRT available in 2019? Or is that just proposed? And the second question was just, do you anticipate that the small-practice exemption for PI will still be available in 2019?

Okay, so, in last year's rule -- so, the rule that sets the policies for the 2018 performance period -- we did establish that 2015 edition Certified EHR Technology would be required in 2019. So, it is not a proposal. It was already finalized last year. And the other question was...

Will the small practice exemption...

Oh, yeah. So, we just implemented the small practice hardship, and I don't believe it will be changing for 2019. I mean, we'll know for sure when the proposed rule comes out, but I would be very surprised if that went away from 2019.

Great. Okay. Thank you very much.

Thank you.

Again, if you would like to ask a question, please press star, then the number 1 on your telephone keypad. Your next question is from the line of Regina Whalen.

Hello. Thank you for taking my question. So, I actually have two questions. In the presentation, you said for the performance part of promoting interoperability that we're doing the transition year, so you do not have to report on all six, you could just report on five, and if you got your 50 points, then that would be okay? Is that correct?

Yes, that's correct.

The only requirement --

So, it doesn't matter --

Go ahead.

So, it doesn't matter whether you report on four measures because of the weighted ones and get 50 points or if you report on all six and get 50 points?

Right. It doesn't matter. Right. It doesn't matter. Any way you can achieve 50 points -- you get 50 from the base, 50 from the performance, you get 100% -- that equates to 25 in the Promoting Interoperability performance category.

That answer. And then the second part is, on one of the slides, I saw a 90% of the -- Like, I'm unclear of that 90% that you showed on one of the slides.

Okay, that slide was talking about the maximum you could earn in the performance category. So, the maximum you can earn for base is 50%. The maximum you can earn for performance is 90%.

So, 50 points would be 90%?

No. 50 points -- it would be 50%.

50%.

Right, but you could earn 90 because it would be taking you up higher, and then if you add in the bonus scores, you could possibly earn that to take you into the max of 165.

Right, but the most that it's going to count towards -- Now I understand. But the most that's going to count towards the 25 points is -- if you get 100, you'll get the 25 points. If you get more than 100, well, it would be nice, but it doesn't really matter or won't give you any more towards the composite part of PI.

Right. Exactly.

Okay.

Right. The slide was 50% base, 90% performance, 25% bonus, to show that maximum you could earn in each part of the three parts, but that does add up to 165, so that's why we just cap it at 100.

And just one other point -- So, would it reflect negatively on a provider if he only reported on four of the performance measures, as opposed to reporting on all six? I mean, is CMS looking -- or is there any look at that to say, like, "Oh, he didn't do all of the performance measures, he or she didn't do all of the performance measures"?

No. At this point, we're mainly just looking at the scores.

At the scores. Okay.

We haven't gotten that sophisticated yet.

Okay. All right. Thank you very much.

You're welcome.

Thank you.

Do we have anyone else on the line?

Yes. Can you hear me?

Oh, yes, we can.

Oh, you mentioned the ListServ where we can get notified of applications when available. How do we get on the ListServ?

Sure, so, four steps, four-step process. Visit qpp.cms.gov. And when you're on that site, scroll to the very bottom of the page. There's a little carve-out on that page where you can enter in your e-mail address. When you enter in your e-mail address, just hit "submit," and you're on our ListServ. And you'll have all of our updates, notifications. Anything Quality Payment Program-related, you'll get a message on.

Okay.

Your next question comes from the line of Cody Zentner.

Yes. Hi. This is Cody. Hey, quick question, and you covered this already earlier regarding groups submission for MIPS 2018. If we have a small group of outlier service lines that aren't connected to the same CHR technology, do they all take the same benefit in the uplift at the end of the year if our ambulatory services carry the weights for successfully submitting MIPS in 2018?

I'm sorry. Did you say they all have CEHRT, just different CEHRT?

Well, they have a different system that they work in, and that CEHRT only has ambulatory measures. So, I'll give you an example. Like, anaesthetia -- they're not going to hit the ambulatory measures that are built in our CEHRT. So, the way it was explained to us is that the small handful of providers that would be in that group would take benefit in the Medicare

uplift at the end of the year if a majority of our business, the ambulatory setting, is submitting for MIPS in 2018.

Okay. So, yes, if they report as a group, they would all get the same payment adjustment, whether it's negative, neutral, or positive. But if they're all on CEHRT, you would have to add that data together and submit it because we require all data from a group that's in CEHRT to be submitted together.

Yeah, they're on a different system that's not in the CEHRT for submission.

Well, if their technology is not certified, you would not include it, but if they have technology that's certified, it must be included.

Okay. Thank you.

Okay. Thank you so much. I know we -- We'll take this last caller, and then we're going to cut it off because we are at the top of the hour, so let's get this last caller through.

Your next question is from Jessica Piscella.

Yes, my question is -- We have two certified EHRs. We attest as a group. I need to know the file type if we were to take data from both systems to submit it to CMS.

Ohh, that's a good question. I don't think we have anyone from our product side on. But Katie might know. Could you just repeat that one more time? I think we might be able to answer it. If not, we'll definitely take it back and we'll take it to our product side.

Yes, we have two certified EHR systems. We have two specialists all under the same TIN. Last year some of our specialists got zeros because we had them testify under the one that they didn't use, so I need to know how to get the files out and compressed to CMS, what file type.

The easiest way to do it probably is to print out the reports from both CEHRTs, add them together, and then submit them via attestation. But we also could hook you up with someone who could explain to you the file formats that we will accept. We do not have a specific way to combine the files. That needs to be done on your end. We can only take in one file from a TIN.

Okay. All right.

So, I think what we'll do is take that question back and just make sure we can follow up on it. Okay. Well, thank you. Thank you so much. Thank you, everyone, for your questions. And we are at the top of the hour, so I do want to thank you all for joining us, certainly thank our subject-matter experts for being with us here today. As we've been saying all along, we will post the slide deck and recording shortly, and we'll be pushing out a notification to our ListServ when it is available. If we weren't able to get to your question -- I know there were a lot of questions -- you know, please feel free to reach out to our Quality Payment Program Service Center or our no-cost technical assistance networks. They are also available to help you answer some of these questions around the Promoting Interoperability performance category. Again, I want to thank you all for joining us, and we'll talk to you again soon.