Quality Payment Program: An Innovative Approach to Virtual Practice Facilitation

International Conference on Practice Facilitation
December 10, 2018
Objectives

• Learn about innovative approaches to virtual facilitation.

• Identify effective ways to match the method of virtual facilitation to the learner (the practice).

• Identify mechanisms to refine facilitation methods by leveraging ongoing experiences.
Virtual Facilitation: Why is it needed?

- The first performance year of the Quality Payment Program was 2017.
- During the first year, the QPP was slated to impact the Medicare Part B payments for more than 600,000 providers across the 50 states and other territories.
  - Physicians, APRNs, PA-Cs, certified registered nurse anesthetists (CRNA) and clinical nurse specialists (CNS)
  - Varied specialties and locations
Virtual Facilitation: The Future

• The 2019 QPP adds seven additional eligible provider types:
  – Clinical psychologists, clinical social workers, physical therapists, occupational therapists, qualified speech-language pathologists, qualified audiologist, registered dietitian or nutrition professionals

• This will increase the number of providers that must be educated and provided technical assistance to help them report for MIPS.
Let’s get real!

• In the TMF region alone, we serve eight states and the territory of Puerto Rico for the small, underserved and rural (QPP-SURS) practices.
  – For larger practices, we have four states and Puerto Rico.
  – The first year of the QPP, TMF had more than 31,000 clinicians in its region of responsibility for technical assistance.

• Our goal is to help all clinicians improve their scores.

• How do you help this many practices improve their score?
  – Looking forward, need to consider that for the seven new eligible clinician types, this is their first exposure to the Quality Payment Program.
Background

• The four categories of the Quality Payment Program (QPP) are meant to complement each other.
  – They are not silos!
  – The legacy programs of the Physician Quality Reporting System (PQRS), the Electronic Health Record (EHR) Incentive Program and the Value-based Payment Modifier did not connect.
  – It was not apparent that improving one legacy reporting program would affect another program.
  – The QPP has merged all of these legacy programs into one program to better link them for practice improvement.
  – QPP also reduces reporting burden on providers.
Legacy Programs

Combined legacy programs into a single, improved program.

Physician Quality Reporting System (PQRS)
Value-Based Payment Modifier (VM)
Medicare EHR Incentive Program (EHR) for Eligible Professionals

MIPS
MIPS Performance Categories

1. Quality
2. Cost
3. Improvement Activities
4. Promoting Interoperability

= 100 Possible Final Score Points
Types of Virtual Facilitation

- Telephone
- Email
- Virtual meetings
- Online workshops
- Office Hours webinars
- Learning and Action Network
- TMF MIPS Toolbox
- Help desk and call center
Telephone

• One of the first contacts with a practice or clinician
• Able to complete an assessment of the following:
  – Current request or need
  – Demographics of practice
  • Number of providers and staff
  • Electronic health record (EHR) name, CEHRT Edition, current use
  • Previous experience with practice transformation, reporting in legacy systems (PQRS, Meaningful Use)
  • Name and contact information for primary contact
  – Current status on practice transformation
  – Needs related to process improvement for the QPP
Additional Phone Conferences

- With additional phone conferences, our consultants tell us they can
  - Walk through Enterprise Data Management Amount (EIDM) registration (CMS Enterprise Portal)
  - Walk through application for Promoting Interoperability Hardship for clinicians or groups
  - Selection of Quality measures on the QPP.CMS.gov website.
  - When details are needed, send email links to information or sites.
  - When they have issues, consultants can move the call to a virtual meeting to guide them.
Email

• Useful to supplement phone conversation or summarize a virtual meeting:
  – Respond to requests by sending links to resources
    • Include information about what is at that link
    • Provide brief instructions on how to use the resources
  – Send registration links to helpful sessions they may attend
  – Answer simple questions
    • Request a phone call or virtual meeting if question is more involved

• Don’t overuse or people get “email fatigue”!
Virtual Meetings

• Most of our work is done via virtual meetings.

• Introduction is often done by phone or email, but this format is used to truly dive into the work.

• Tips:
  – Don’t show them what to do. Let them do it!
  – May need to begin by teaching how to use the web meeting controls.
  – Allow sufficient time so person does not feel rushed.
  – Do NOT record the session. People are self-conscious when recorded.
Demonstration of Virtual Facilitation

• This session began with an overview of the WebEx controls.

• Consultant then assisted the client to obtain data from her EHR to add to an Excel document.

• Once data obtained, she then provided instruction on how to build a run chart.

• [Virtual Meeting: How to Build a Run Chart](#)
Online Targeted Workshops

• Able to provide assistance to multiple practices simultaneously

• Targeted topic:
  – At TMF, we focused on the two MIPS categories Promoting Interoperability and Improvement Activities

• Overall goal: During the 90-day session, participants will have completed the measures/activities with 90 days of data for reporting in the selected category
Workshop Structure

• Unique features
  – 90 days of structured support and education
  – Implementation guides
  – Interactive virtual sessions via WebEx
  – One-on-one consultant assignments
  – Connection and support for TMF MIPS Toolbox
    • This tool, powered by BizMed Solutions and customized for TMF, allows practices to select measures to estimate their performance, retain documentation at no cost and optionally report to CMS for a minimal fee to BizMed.
Workshop Structure, cont.

• The Implementation Guide may be used electronically or by printing the PDF.
  – Benefit of the electronic version are the links to resources.
  – Promoting Interoperability Implementation Guide
  – Improvement Activities Implementation Guide

• Suggested activities and assignments guide their work.
  – These activities are in the implementation guide and are also discussed in the workshop session.
PI Implementation Guide

QUALITY PAYMENT PROGRAM

Health Information Exchange Measures
The Health Information Exchange (HIE) measures are base measures, and you must have a numerator and denominator of at least one to report these. Additional exchanges will count toward a performance score of up to 20 percent.

Certified electronic health record technology (CEHRT) is required for this measure. Your ability to report the HIE measures depends on which EHR vendor, edition and version you use. Each EHR has its own method of connecting to exchange information. In addition, each edition (2014 or 2015 Edition CEHRT) and version has different compatibilities.

- If you have 2013 Edition CEHRT, you will likely choose to report the 2013 PI Transition Objectives and Measures: Health Information Exchange measures.
- If you have 2015 Edition CEHRT, you should consider completing the following two PI Objectives and Measures instead:
  - Send a Summary of Care
  - Choose Select, Request, Accept Summary of Care

When approaching this measure, note that a transition of care is not simply a referral to another provider. A transition of care is defined as the movement of a patient from one setting of care (hospital, ambulatory primary care or specialty care practice, long-term care, home health, rehabilitation facility) to another care site. This includes all transitions of care and referrals that are ordered by the MIFS-eligible clinician.

The use of a fax is still prevalent in the medical field, but an electronic fax is not an electronic transmission. Although some EHRs are able to send and receive electronic faxes, this measure is referring to sending structured data fields electronically that are able to be received directly into the receiver's EHR as structured fields.

Some MIFS-eligible clinicians are exempt from reporting HIE measures, even if they have an EHR. Any MIFS-eligible clinician who transfers a patient directly from one setting of care, or refers a patient fewer than 200 times during the performance period may claim this exemption. To determine whether you meet this exemption, you will need to verify the credentials of providers and referrals that are documented in your EHR.

Getting Started with Health Information Exchange Measures
1. First step for meeting the HIE measure is to verify your EHR vendor, edition and version.
   - To verify your product name and version, try checking the system settings or about section, or search using the help feature. Some web-based systems have the version displayed at the top of the screen.
   - To verify your EHR certification edition, contact your vendor or visit the Certified Health IT Product List (CHPL). There are four possible responses: 2014, 2015, not certified or decertified.
2. Determine if your EHR can both send and receive a summary of care. If you have 2015 Edition CEHRT but cannot both send and receive a summary of care, you may use 2014 Edition CEHRT for the 2018 PI Transition Objectives and Measures instead.
3. Ask your vendor if your EHR is capable of interfacing with a structured local or state Health Information Exchange. If there is a state HIE available to your practice, for the TMR region, the following state-based exchanges have been identified. Others may be available as well:
   - Arkansas – State Health Alliance for Records Exchange (SHARE)
   - Colorado – Colorado Regional Health Information Organization
   - Kansas – Kansas Health Information Technology
   - Louisiana – Louisiana Health Information Exchange (LHIE), HealthyVNC of Louisiana, Greater New Orleans Health Information Exchange
   - Mississippi – MS Health Information Network (MS-HIN)
   - Missouri – Missouri Health Connection
   - Oklahoma – MyHealthAccess Network
   - Puerto Rico – Direct Exchange
   - Texas – Multiple available. Check the Texas Health Services Authority for the one that serves your area
4. Check whether your EHR has a list of local members that can send and receive summary of care records.
5. Do you have a MIPS or Meaningful Use dashboard on your EHR that shows you the transitions of care that occurred in your practice?
   - Ascertain that your EHR is tracking HIE activity so that it counts for the measure.
   - Remember that you need at least one to show in your numerator and denominator.

Measure Specifications
For the Health Information Exchange measures, you must select the HIE measure(s) from one of the measure sets below. Your choice will depend on the functionality of your EHR. Remember that if you do not report with PI measured with 2015 Edition CEHRT, you may earn a 10 percent bonus for using 2015 Edition CEHRT exclusively.

- PI Objectives and Measures
  - Send a Summary of Care
  - Choose Select, Request, Accept Summary of Care
- 2018 PI Transition Objectives and Measures

Resources
- How to Get Started with Direct Messaging. (2016). This article provides insight into this secure tool for providers: https://www.economist.com/medicaid/2013/05/02/how-to-get-started-direct-messaging
- Using the Health Information Exchange to Improve Communication and Coordination Across the Medical Neighborhood. (2016). This short video provides insight into the use of the HIE: https://www.youtube.com/watch?v=3B3Q2Ry6mXe&feature=youtu.be&list=PL417-tM3-21E4pG4v5Cp0IQO4Qbwa_1&mz=4-5
- Kansas – Kansas Health Information Technology
- Louisiana – Louisiana Health Information Exchange (LHIE), HealthyVNC of Louisiana, Greater New Orleans Health Information Exchange
- Mississippi – MS Health Information Network (MS-HIN)
- Missouri – Missouri Health Connection
- Oklahoma – MyHealthAccess Network
- Puerto Rico – Direct Exchange
- Texas – Multiple available. Check the Texas Health Services Authority for the one that serves your area
IA Implementation Guide

Measurement of Improvement

An important part of the improvement process is measuring your progress. Peter Drucker, a leader in modern business management, has stated, “If you can’t measure it, you can’t improve it.” For example, how would you improve the average wait time in the waiting room without first knowing what the base measurement is, setting a goal, and then monitoring periodically to see if the actions you are taking are having an impact? Your improvement process starts with that base measurement so you know if you even need to improve. From there, you will need to have a way to monitor your progress and discover whether the improvement activity is working.

The key to successful measurement is understanding what you need to measure. The purpose of measuring your activities is to help everyone in the practice understand the effect of their actions and the impact your change is having. Look at the improvement activity selected, review the goal you have set for that activity, and select measures that will tell you how you are progressing.

Your measure set may include both long-term and short-term measures. Process measures will provide more immediate results and are therefore short-term measures. Outcome measures, which show how your processes are having an impact, will have delayed results, but they will show you whether your processes are having the effect you desire.

Your Next Steps

Once you have selected an improvement activity and created your process for improvement, consider your goal or desired outcome.

- Review the improvement processes you will implement. What is the current, or base, value of what you are trying to improve?
  - Example: Your goal is to improve the number of patients enrolled with the patient portal by 30 percent within one year. How many are enrolled before you begin your improvement activities?
- What actions will you take to make your improvement?
  - Example: The medical assistant will explain the value of the portal to patients and caregivers, provide enrollment instructions, and offer to help them enroll on a tablet while they are in the exam room.
- How will you measure this value as you work to improve?
  - Example: The number of patients offered assistance to enroll in the patient portal will be measured weekly on Friday. This short-term measure confirms that your process is being followed. You may use a ratio of the number of offers of assistance to the number of patients seen that week.
- Example: The number of patients enrolled in the patient portal measured weekly on Friday. This could be from assisting them while in the office or by the patient enrolling at home. Where they enroll does not matter — what matters is whether you are improving. This is a short-term measure, yet it is the same measure that will provide you with your final outcome in relation to your goal.

Application of this Process: Examples

Example 1: Measurement of improvement can be used as an improvement activity itself. The activity Measurement and improvement at the practice and panel level (IA-FSSPA-10) is a means for evaluating success, which may be used as one of the practice’s activities. You need to track and report the change in the practice and panel level. Documentation may include the following:
- Quality improvement program plan at practice and panel level — Copy of a quality improvement program plan or review of quality, utilization, patient satisfaction (surveys should be administered by a third-party survey administrator or vendor) and other measures to improve one or more elements of this activity, or
- Review of progress on measures — Report showing progress on selected measures, including benchmarks and goals for performance using relevant data sources at the practice and panel level.

You may use this activity to assist you with another activity. While doing the other selected activity, follow the steps in this guide and collect your validation documentation to attest to this activity. Below is an example of how this might work.

<table>
<thead>
<tr>
<th>What You Need</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity selected</td>
<td>IA-FSSPA-6: Consultation of the Prescription Drug Monitoring Program (PDMP)</td>
</tr>
<tr>
<td>Required validation documentation</td>
<td>1. Number of Issuances of Controlled Substance II (CSII) Prescriptions — Total number of issuances of CSII prescriptions that last longer than three days over the same time period as those consulted, and 2. Documentation of consulting the PDMP — Total number of patients for which there is evidence of consulting the PDMP prior to issuing a CSII prescription (e.g., copies of patient reports created with the PDMP)</td>
</tr>
</tbody>
</table>

Documentation for this measure
- Create or update a quality improvement plan for this measure. For example:
  1. Create a query or report in the EMR to capture the number of CSII prescriptions issued and the associated risk demonstrating consultation of the PDMP |
  2. The measurement of your process improvement may be a ratio of the total number of times a CSII prescription was issued over a given time period (denominator) to total number of patients for which there is evidence of consulting the PDMP prior to issuing a CSII prescription over that timeframe |
  3. To improve this rate, educate all prescribing providers on the documentation in the EMR required to capture the data |
  4. Monitor this rate weekly and communicate rates to providers |
  5. Goal is that 85 percent of all prescriptions of CSII medications will have documented evidence of PDMP consultation prior to issuing the prescription |

- Create a report to capture this data (possibly the creation of a Fun Chart). Collect verification that this information was communicated and any actions taken as a result of the weekly results.

Example 2: Over time, you will want to improve your Quality measures. This is needed to obtain the additional improvement points for both Quality and Cost. Consider using this improvement process to count as an improvement activity, improve your Quality score and impact your Cost all at the same time.

One improvement activity focuses primarily on cost. The activity Implementation of analytic capabilities to manage total cost of care for practice population (IA-FSSPA-17) requires use of analytic capabilities to manage total cost of care for the practice population. To accomplish this, you must identify the data (the cost of common tests, procedures and referrals as well as how often they are ordered), identify the demographics of your patient population, including the diagnosis and the ordering provider, is also helpful. Then choose data measures to understand the effect of actions you take to reduce cost. Validation for this activity includes the following:
- Staff training — Documentation of staff training on interpretation of cost and utilization information (e.g., training certificate) or
- Cost/Resource use data — Availability of data on the cost of the practice population that is used regularly to manage opportunities to reduce cost
- A measurement of process improvement, which could be one of the following:
  - Number of staff trained or interpretation of cost and utilization information (numerator) over total number of staff (denominator). You should include providers in this, as they are the primary influencers of cost of care |
  - Measures on reduction or increase in cost, which might include
    1. Number of Mls of aspirin for patients with low back pain over the total number of patients with diagnosis of low back pain |
    2. Number of visits to an emergency department by total population over the total number of patients in the practice |
    3. Total number of patients readmitted to the hospital within 30 days over the total number of patients with an initial hospital admission for a procedure or medical condition

The next section of this guide will examine the documentation and validation of your improvement activities.
Workshop Structure, cont.

- Quality Improvement Consultants are assigned to provide assistance as needed:
  - Some practices prefer to work on their own, but they may call with specific questions.
  - Others are new to MIPS and work virtually with their consultant as they complete activities.
Live Workshop Sessions

• Sessions are not recorded. This encourages participation.

• Registration questions are asked specific to the topic so that specific areas can be addressed based on the needs of the registrants.

How familiar are you with the terms “outcome measures” and “process measures”?

<table>
<thead>
<tr>
<th>Familiarity</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not familiar</td>
<td>17</td>
</tr>
<tr>
<td>Somewhat familiar</td>
<td>36</td>
</tr>
<tr>
<td>Very familiar</td>
<td>13</td>
</tr>
</tbody>
</table>

Have you identified how to monitor or measure improvement?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>26</td>
</tr>
<tr>
<td>No</td>
<td>30</td>
</tr>
<tr>
<td>N/A</td>
<td>9</td>
</tr>
</tbody>
</table>
Live Workshop Sessions, cont.

• Use polls, hand-raising and Q&A to engage the participants.

• Chat is only used to provide useful links to participants. It is a one-way tool; participants are unable to respond. Participant input is captured through the Q&A tool.

The following slides are provided ahead of each workshop and as participants sign in at the beginning of each session to explain how to participate.
Connecting Your Telephone Audio

• Select “I Will Call In.”
• Dial phone number provided.
• Enter **Access Code**.
• Enter your **Attendee ID**.
  - This connects your phone line to your WebEx name and enables you to speak if you choose.
• **Note**: These numbers are unique for each event.
Request to Speak

To ask a question verbally:
• Raise your hand using the hand icon at the bottom of the participant panel.
• A hand icon will appear next to your name.
• The host will call on you and unmute your line.
  - We are unable to unmute call-in users that do not connect your phone line to your name.
  - If your phone and name are NOT connected, a phone receiver will not be indicated next to your name and we cannot unmute you.
Ask Questions Using Q&A

- Questions may be asked using Q&A:
  - Open the Q&A area at the bottom of the Participant panel.
  - Address your questions to All Panelists and click “Send.”
Watch Your Chat for Links

• When your Chat icon lights up, open the chat to see valuable links and information.
• You may wish to keep this panel open during the session.
Polling Questions

We will use polls during our session:

• Poll will open on the right side of your screen.
• Respond to the Poll in the time allotted.
• Click “Submit.”
Example of Live Workshop

• This example is from one of the Improvement Activities workshops:
  - Improvement Activities Workshop – Measurement
Results of Online Workshops

• Practices signed up for the overall workshop, then could register for the specific sessions that they wished to work on:
  – Promoting Interoperability: 545 enrolled
    • Active participants: 130–275 per session
  – Improvement Activities: 277 enrolled
    • Active participant: 85–112 per session

• A few comments from participants:
  – New to MIPS and appreciate the help.
  – You guys are doing a great job bringing this information to us!
Office Hours Webinars

• Office Hours also use the WebEx platform but are about a variety of topics that are related to the current work of our practices
• Use subject matter experts, including from both our team and outside speakers
• Done in discussion format, with frequent pause for questions (verbal or using the Q&A feature)
• Promote the topics by distributing Constant Contact emails and posting on our Learning and Action Network
Example of an Office Hours Topic

- Speaker was from the Reducing Readmissions team from the Quality Improvement Network
- MIPS-specific information presented by a QPP consultant
- All questions about MIPS are fair game
  - Still a discussion, not just a presentation
Learning and Action Network

- This website is available to anyone
  - Registration (free) required to access resources
  - Serves the needs of many quality improvement networks at our company

- The site is [https://www.tmfqin.org](https://www.tmfqin.org)
Quality Payment Program Home Page

Quality Payment Program

Welcome
As a member of the Quality Payment Program network, you have access to the latest news, resources, learning opportunities and forum discussions. This network is dedicated solely to helping clinicians participate in the Quality Payment Program’s Merit-based Incentive Payment System (MIPS).

Starting Jan. 1, 2017, MIPS-eligible clinicians choose from two payment path options to participate in the Quality Payment Program, which is designed to reimburse physicians and physician practices for value-based rather than volume-based care.

Read the Quality Payment Program fact sheet (PDF) for an overview of our purpose and goals.

Emerging Content

CMS Finalizes Changes to Advance Innovation, Restore Focus on Patients
On Nov. 1, 2018, the Centers for Medicare & Medicaid Services (CMS) finalized bold proposals that address provider burnout and provide clinicians immediate relief from excessive paperwork tied to outdated billing practices. The final 2019 Physician Fee Schedule (PFS) and the Quality Payment Program (QPP) rule released Nov. 1 also modernizes Medicare payment policies to promote access to virtual care, saving Medicare beneficiaries time and money while improving their access to high-quality services, no matter where they live. It makes changes to ease health information exchange through improved interoperability and updates QPP measures to focus on those that are most meaningful to positive outcomes. The new rule also updates some policies under Medicare’s accountable care organization (ACO) program that streamline quality measures to reduce burden and encourage better health outcomes, although broader reforms to Medicare’s ACO program were proposed in a separate rule. This rule is

In the News
Resources Available

Resource Center

* Resource Center (1102)

- Antibiotic Stewardship (189)
- Cardiovascular Health (205)
- Chronic Obstructive Pulmonary Disease (4)
- Health Information Technology (206)
- Immunization (594)
- Medication Safety and ADE (142)
- Patient and Family (799)
- Preventive Health (59)
- Quality Payment Program (116)
- NQF (48)
- Behavioral Health (965)
- Chronic Care Management (117)
- Health Care for Life Long Diabetes Initiative (226)
- Healthcare-Associated Infections (145)
- Incentive Programs (661)
- Nursing Home Quality Improvement (33)
- Physician Quality Reporting via EHR (17)
- Quality Improvement Initiative (12)
- Renderease (157)

Search Resource Center

Search

Resource Center Instructions

Click on a category link to the left to view resources.

Remember to use quotation marks ("") around key search words and phrases.

You can also search by file type (i.e., PDF, Excel). Get help with searching, browsers, file types and system requirements.

List of All Categories

Resource Center

- Antibiotic Stewardship (189)
- Behavioral Health (965)
- Cardiovascular Health and Primary Care Integration (799)
- Community and Nontoxic Resources (44)
- Educational Resources and Webinars (19)
- Medication and Treatment (61)
- Research and Observations (3)
- Screening and Tests (8)
- Cardiovascular Health (799)
- Chronic Care Management (117)
- Chronic Obstructive Pulmonary Disease (4)
- Health Care for Life Long Diabetes Initiative (226)
- Chronic Kidney Disease (18)
- Diabetic Patient Information (21)
- Education tools and materials (35)
- Provider Resources (7)
- Provider Informational Tools (30)
- Healthcare-Associated Infections (145)
- E.coli-Associated Healthcare-Associated Infections (145)
- E.coli-Associated Healthcare-Associated Infections (145)
- Clostridium difficile (19)
- Environment (3)
- Hand Hygiene (19)
- Leading Preventable Infection Control (60)
- Lifestyle-Associated Infections (3)
- Preventable Infections (566)
- NQF (48)
- Preventive Care (68)
- Preventive (68)
- Incentive Programs (661)
- Federal (19)
- Medicare (1)
- Medicaid (1)
- Resilience (19)
- Medication Safety and ADE (145)

Quality Reporting Program Updates—Nov. 2, 2018

Download this document to read the lastest quality reporting updates for the week of Nov. 2, 2018. Learn about reporting updates for physicians, hospitals, inpatient psychiatric facilities, and ambulatory surgical centers.

Quality Reporting Program Updates—Nov. 9, 2018

Download this document to read the lastest quality reporting updates for the week of Nov. 9, 2018. Learn about reporting updates for physicians, hospitals, inpatient psychiatric facilities, and ambulatory surgical centers.

A Quick-Start Guide to 2019 MIPS

The 2019 MIPS Merit-Based Incentive Payment System (MIPS) performance period is from Jan. 1, 2019, to Dec. 31, 2019. Download this Quick-Start Guide from CMS that explaies what MIPS is, who is included, how to check if you're eligible, and details about the four performance categories and criteria.

MIPS Toolkit

Upcoming Events

Recorded Events

Visit the Forums

Resource Center

Share Your Success

Provider Success Stories

Ask a Question

Nov. 15 Webinar

Overview of the 2019 Final Rule: Implications for Solo and Small Group Practices

Register today for this CMS webinar on Thursday, Nov. 15, from 2:30 to 3:30 p.m. CT. This webinar will discuss upcoming changes to Eligible by and low-volume threshold requirements, revisions to the
Value-Based Improvement and Outcomes Network

Welcome
As a member of the Value-Based Improvement and Outcomes Network, you have access to the latest news, resources, learning opportunities and forum discussions.

Join our Quality Payment Program network to learn about participation in the Merit-based Incentive Payment System.

View the latest quality reporting updates for ambulatory surgical centers, critical access hospitals, hospitals (inpatient/outpatient), inpatient psychiatric facilities, physicians and PPS-exempt cancer hospitals by visiting the Emerging Content section below and clicking on the item titled "Quality Reporting Program Updates," which is posted at the end of every week.

Emerging Content

Quality Reporting Program Updates—Nov. 9, 2018
Download this document to read the latest quality reporting updates for the week of Nov. 9, 2018. Learn about reporting updates for physicians, hospitals, inpatient psychiatric facilities, and ambulatory surgical centers.

Quality Reporting Program Updates—Nov. 2, 2018
Download this document to read the latest quality reporting updates for the week of Nov. 2, 2018. Learn about reporting updates for physicians, hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals and ambulatory surgical centers.

Quality Reporting Program Updates—Oct. 26, 2018
Download this document to read the latest quality reporting updates for the week of Oct. 26, 2018. Learn about reporting updates for physicians, hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals and ambulatory surgical centers.

View Physician Practice Award Criteria
TMF Health Quality Institute sponsors the Physician Practice Quality Improvement Award Program in partnership with medical associations in Arkansas, Oklahoma, Puerto Rico and Texas. Any practice in the state of Arkansas, Colorado, Louisiana, Mississippi, Wisconsin, Oklahoma, the U.S. territory of Puerto Rico and Texas with one or more licensed physicians providing care for Medicare fee-for-service patients is eligible to participate. Programs to apply in January 2019. View the award criteria (PDF), and visit the award website to learn more about the upcoming award program rules and a few best practices proven award-winning physician practices have implemented.

Quality Reporting Program Updates—Oct. 5, 2018
Download this document to read the latest quality reporting updates for the week of Oct. 5, 2018. Learn about...
TMF MIPS Toolbox

• **Free** online application for the TMF region
  – Select MIPS category measures
  – Track progress and calculate a projected final score
  – Submit data to CMS*
  – Maintain supporting documentation

*$75 submission fee per clinician; no charge for Improvement Activities and/or Promoting Interoperability submissions only
TMF MIPS Toolbox

- Practices have asynchronous access to the toolbox
- Quality improvement consultants may work virtually with the practice or review their progress asynchronously as well.
TMF MIPS Toolbox – Home Page

Click “Practice/Users Setup” on the home page to begin setup for the practice.
Selecting MIPS Measures

On the home page, select the “My MIPS Dashboard” button in the center of the page.
MIPS Categories

- This screen shows all four MIPS categories.
- Once your 2018 data has been entered, you may view your estimated scores on this screen.
Quality Category

- It is important to select your submission method on this screen.
- Also, enter your reporting start and end dates.
- Select “+Add/Remove Quality Measures” at the bottom of the screen to start adding your Quality measures.
Quality Measures

• The chart’s legend/information circles shows information about this measure:

• The benchmark information for each measure is new this year.
Improvement Activities (IA)

- Repeat the selection process for each MIPS category. Note the information circles also appear in this category.
Promoting Interoperability (PI)

- The PI category will pre-populate the required base measures when you select the “Reporting Option.”
# 2018 PI Transition Objectives and Measures (2014 Edition CEHRT)

<table>
<thead>
<tr>
<th>Dash</th>
<th>Qual</th>
<th>IA</th>
<th>PI</th>
<th>Cost</th>
<th>Status/Checklist</th>
</tr>
</thead>
</table>

**Mary Tester Practice**

MIPS Promoting Interoperability

Select Group/Clinician: Mary Tester  
Exemption Claimed: No  
Select Year: 2018

- e-Prescribing
- E-Prescribing Exclusion
- Health Information Exchange
- Health Information Exchange Exclusion
- ONC Direct Review Attestation
- Prevention of Information Blocking Attestation
- Provide Patient Access
- Security Risk Analysis

[Add/Remove PI Objectives and Measures]  
[Discard Changes]
MIPS Score – Summary View

• Once data is entered, return to the Dashboard tab at the top of the screen.
• The default view is the Summary View, depicting the MIPS score for each category.
• You may also view more detailed information on the Dashboard by selecting “Switch to Detailed Dashboard.”
MIPS Score – Detailed View

- By selecting “Switch to Detailed View,” you can view the details of each MIPS category.
- You may view by group or by individual MIPS clinician.
Simplified MIPS Data Submission Option

- To access the submission option, select the green “Register to Submit MIPS to CMS” from the Dashboard tab.
Uploading into the MIPS Toolbox

Mary Tester Practice
MIPS Quality Measures

Select Group/Clinician: -- Group Submission --  Select Year: 2018

Select Submission Method: Registry

Start Date 01/01/2018  End Date 08/22/2018

MIPS Submission Preparation
Upload/View/Review Audit/Validation Documentation
(You MUST upload supporting documentation for all selected measures prior to submission to CMS. You MUST check that uploaded documents match data entered and check the Validation boxes below for each selected measure)

Add/Remove Quality Measures

Care Plan
Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan

Numerator | Denominator | Exclusions | Exceptions | Data Missing | Percent | Decile | MIPS Active | Verify/Validate | Delete
---|---|---|---|---|---|---|---|---|---
678 | 789 | 0 | 0 | 0 | 85.9 | 5th | ✔ | ✔ | ✗
Uploading into the MIPS Toolbox

### Upload Documentation

<table>
<thead>
<tr>
<th>Category</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative</td>
<td>Attestation that each clinician (or the practice, if submitted as a group) bills at least $50,000 in Medicare Part B and has 200 or more Part B enrolled Medicare beneficiaries. Eligibility can be verified at <a href="https://qpp.cms.gov">https://qpp.cms.gov</a></td>
</tr>
<tr>
<td>Eligibility</td>
<td>Document(s) to verify the Tax Identification Number (TIN), such as tax document, claims, ERA. Documents must display the TIN and the practice legal name. For individual submissions, clinician NPI should be present.</td>
</tr>
<tr>
<td>TIN Verification</td>
<td>Documentation showing that the practice uses an EHR certified by ONC for 2014 or later, which includes ONC certification ID and list of certified quality measures. This information can be obtained from <a href="https://chpl.healthit.gov">https://chpl.healthit.gov</a></td>
</tr>
<tr>
<td>Certified EHR</td>
<td>EHR generated reports clearly showing EHR name, group (or clinician) name, reporting period, numerator, denominator, exclusion and exceptions if available, and date report was generated. One or multiple reports may be uploaded containing all data elements specified by CMS. See CMS recommendations</td>
</tr>
<tr>
<td>MIPS Submission</td>
<td></td>
</tr>
<tr>
<td>Quality Measures</td>
<td></td>
</tr>
</tbody>
</table>
Future Updates (2018–2019)

- Adding Clinical Quality Measure (CQM), standardized QI Monitoring schedules and a central data repository
- New QRDA III interface option to reduce administrative burden for practices
- Provides peer practice comparative reporting
- Supports CMS goal of year-over-year MIPS CQM improvement
TMF QPP Help Desk

Multiple methods to request technical assistance:

• Request support any time:
  – Email QPP-SURS@tmf.org
  – Submit a Request for Support form

• Receive an immediate response Monday – Friday, 8 a.m. – 5 p.m. CT:
  – Call 1-844-317-7609
  – Live chat at https://tmf.org/QPP
  – Directed to a quality improvement consultant for response
TMF QPP Help Desk
Request for Support

QPP: Submit a New Help Request

If you would like to submit a question or request support, please complete the form below and click on the "Submit" button at the bottom of the page.

- **First Name**: [Enter your first name]
- **Last Name**: [Enter your last name]
- **Phone Number**: [Enter your phone number]
- **Email**: [Enter your email address]
- **Confirm Email**: [Enter your email address again for confirmation]
- **Email Alerts**: [Check if you would like to receive emails with QPP news and educational alerts]
- **Name of Practice or Organization**: [Enter your practice or organization name]
- **City**: [Enter your city]
- **State / Territory**: [Select your state/territory]
- **Number of MIPS-eligible clinicians**: [Enter the number of clinicians in your practice]
- **Describe who you are**: [Select the option that best describes you]
- **Question Description**: [Provide a detailed description of your question. Please include any necessary details as possible.]

[Submit] [Cancel]
Central Repository for Assignment of Requests

<table>
<thead>
<tr>
<th>Ticket</th>
<th>Created</th>
<th>State</th>
<th>Status / Source</th>
<th>Problem</th>
<th>Contact</th>
<th>Assigned To</th>
</tr>
</thead>
<tbody>
<tr>
<td>16581</td>
<td>Nov 12, 2018</td>
<td>AR</td>
<td>New Ticket</td>
<td>We have 2 scenarios we are trying to figure out the best way to report for these providers for MIPS in 2018. 1. Provider switched EHR on 9/17/18 Sabrina submitted a chat requesting information on State Medicaid EHR Incentive program. Gave her contact information for the program please.</td>
<td>Jana Ferguson</td>
<td></td>
</tr>
<tr>
<td>16580</td>
<td>Nov 12, 2018</td>
<td>OK</td>
<td>RCC Referral List</td>
<td>From: Jessica Nichols Sent: Monday, November 12, 2018 9:37 AM To: Jeff Nordsyke Subject: [EXTERNAL] 2018 MIPS HI...</td>
<td>Angela Neal</td>
<td></td>
</tr>
<tr>
<td>16579</td>
<td>Nov 12, 2018</td>
<td>TX</td>
<td>Engaged Call Center Chief</td>
<td>Question: Tina is calling today to view the final scores for QPP 2017.</td>
<td>Melissa Pettway</td>
<td></td>
</tr>
<tr>
<td>16578</td>
<td>Nov 12, 2018</td>
<td>MD</td>
<td>Engaged IPNQ Referral List</td>
<td>Question: Hello, My question is as follows: I am reading through the Final Quality Payment Year 3 Fact sheet. It states for the Quality Data reporting endpoint to report on the individual level.</td>
<td>Katy Bennett-Blumer</td>
<td></td>
</tr>
<tr>
<td>16577</td>
<td>Nov 12, 2018</td>
<td>LA</td>
<td>Engaged IPNQ Referral List</td>
<td>Question: Hello my Name is Dr Chris Beach I am a doctor in Wichita Kansas I am having lots of issues with getting QPP Going! Do you offer a help desk?</td>
<td>Kimberly Byers</td>
<td></td>
</tr>
<tr>
<td>16576</td>
<td>Nov 12, 2018</td>
<td>KS</td>
<td>New Ticket IPNQ Referral List</td>
<td>Question: Chitra would like to know why their address is wrong on the QPP website.</td>
<td>Elizabeth Drew</td>
<td></td>
</tr>
<tr>
<td>16575</td>
<td>Nov 12, 2018</td>
<td>TX</td>
<td>Engaged IPNQ Referral List</td>
<td>Question: Chitra is calling today because she would like assistance with determining whether the facility’s 2017 MIPS data was received.</td>
<td>Melissa Pettway</td>
<td></td>
</tr>
<tr>
<td>16574</td>
<td>Nov 12, 2018</td>
<td>TX</td>
<td>Engaged IPNQ Referral List</td>
<td>Question: Robbie is calling today to see if the providers are eligible to report for QPP.</td>
<td>Melissa Pettway</td>
<td></td>
</tr>
<tr>
<td>16573</td>
<td>Nov 12, 2018</td>
<td>TX</td>
<td>Engaged IPNQ Referral List</td>
<td>Question: I need help creating an EIDM account.</td>
<td>Gail Olin</td>
<td></td>
</tr>
<tr>
<td>16572</td>
<td>Nov 12, 2018</td>
<td>TX</td>
<td>Engaged IPNQ Referral List</td>
<td>Question: Malena called and wanted to know her 2017 results from her old place of work. Texas Otolaryngology Consultants.</td>
<td>Melissa Pettway</td>
<td></td>
</tr>
<tr>
<td>16571</td>
<td>Nov 9, 2018</td>
<td>TX</td>
<td>New Ticket IPNQ Referral List</td>
<td>Ben Britton the office manager called from Dr. Jacqueline Britton practice needing help with 2018 MIPS. Email received and consultant contacted. Hello, We are with the St Louis Physicians Alliance/JOLPA ACO and would like assistance with our SRA.</td>
<td>Anne Bivins</td>
<td></td>
</tr>
<tr>
<td>16570</td>
<td>Nov 9, 2018</td>
<td>TX</td>
<td>Resolved Call Center Calls</td>
<td>Sara requesting TA with MIPS. The Practice is working without an Office manager. Sara would like education and information on how to get started.</td>
<td>Rose Landgon</td>
<td></td>
</tr>
<tr>
<td>16569</td>
<td>Nov 9, 2018</td>
<td>TX</td>
<td>Engaged TMP Mailbox</td>
<td>HOW TO REQUEST A EIDM ROLE?</td>
<td>Rose Landgon</td>
<td></td>
</tr>
<tr>
<td>16568</td>
<td>Nov 9, 2018</td>
<td>TX</td>
<td>Engaged Call Center Chief</td>
<td>HOW TO REQUEST A EIDM ROLE?</td>
<td>Rose Landgon</td>
<td></td>
</tr>
<tr>
<td>16567</td>
<td>Nov 9, 2018</td>
<td>MD</td>
<td>New Ticket Call Center Chief</td>
<td>HOW TO REQUEST A EIDM ROLE?</td>
<td>Rose Landgon</td>
<td></td>
</tr>
<tr>
<td>16566</td>
<td>Nov 9, 2018</td>
<td>OK</td>
<td>Resolved Call Center Calls</td>
<td>HOW TO REQUEST A EIDM ROLE?</td>
<td>Rose Landgon</td>
<td></td>
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</table>
Questions?

Contact Information

• Elaine Gillaspie, Project Director
  – Elaine.Gillaspie@tmf.org

• Rose Langdon, Training and Education Lead
  – Rose.Langdon@tmf.org