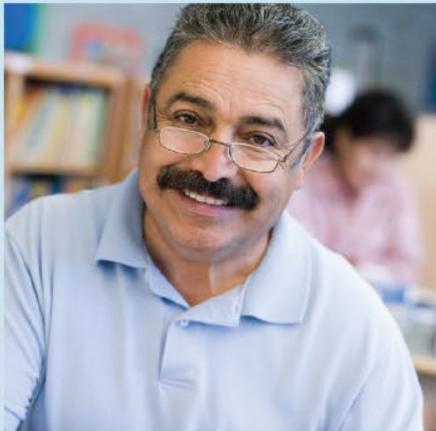




Quality Payment Program: An Innovative Approach to Virtual Practice Facilitation



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.



MIPS Performance Categories

MIPS Performance Categories



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](https://www.cms.gov/qpp) 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 2014 Edition CEHRT, you will likely choose to report the 2018 PI Transition Objectives and Measures: Health Information Exchange measure.
- If you have 2015 Edition CEHRT, you should consider reporting the following two PI Objectives and Measures instead:
 - Send a Summary of Care
 - 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, rehabilitations facility) to another care site. This includes all transitions of care and referrals that are ordered by the MIPS-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 MIPS-eligible clinicians are exempt from reporting HIE measures, even if they have an EHR. Any MIPS-eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period may claim this exemption. To determine whether you meet this exemption, you will need to verify the caseload of transfers and referrals that are documented in your EHR.

Getting Started with Health Information Exchange Measures

1. The first step for meeting the HIE measure is to verify your EHR vendor, edition and version.
 - To find 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 find your EHR certification edition, contact your vendor or visit the [Certified Health IT Product Listing](#) (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' measure instead.
3. Ask your vendor if your EHR is capable of interfacing with a structured local or state Health Information Exchange.
 - Is there a state HIE available to your practice? For the TMF 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 \(LaHIE\)](#), [HealthSYNC of Louisiana](#), [Greater New Orleans Health Information Exchange](#)
 - Mississippi – [MS Health Information Network \(MS-HIN\)](#)
 - Missouri – [Missouri Health Connection](#)
 - Oklahoma – [MyHealth Access Network](#)
 - Puerto Rico – [Direct Exchange](#)
 - Texas – Multiple available. Check the [Texas Health Services Authority](#) for the one that serves your area
 - Is there a local HIE that you can connect with? Check for those that may be affiliated with your local health system, for example.
4. Check whether your EHR vendor 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 a 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 can do all your PI measures with 2015 Edition CEHRT, you may earn a 10 percent bonus for using 2015 Edition CEHRT exclusively.

You can access the measure specification documents in the [CMS QPP Resource Library](#) or the Appendix to this Implementation Guide.

- PI Objectives and Measures
 - Send a Summary of Care
 - Request/Accept Summary of Care
- 2018 PI Transition Objectives and Measures
 - Health Information Exchange

Resources

- [Direct Basics: Q&A for Providers](#). (2014). National Learning Consortium. Overview of what Direct is and how to use it. https://www.healthit.gov/sites/default/files/directbasicsforprovidersqa_05092014.pdf
- [Direct Secure Messaging Makes Big Impact in Chicago Behavioral Health Community](#). (2012). Erica Galvez presents an overview of the benefits of direct messaging for behavioral health. <https://www.healthit.gov/buzz-blog/state-hie/direct-secure-messaging-big-impact-chicago-behavioral-health-community/>
- [How to Get Started with Direct Messaging](#). (2016). This article provides insight into this secure tool for providers. <http://medicaleconomics.modernmedicine.com/medical-economics/news/how-get-started-direct-messaging?page=full>
- [What is HIE?](#) (2014). Overview of HIE and the different types. Includes a video depicting consumer-mediated exchange. https://www.healthit.gov/providers-professionals/health-information-exchange/what-hie#consumer-mediated_exchange
- [Health Information Exchange Case Studies](#). (2018). Contains a description of the three forms of HIE with case studies. <https://www.healthit.gov/case-studies>
- [State HIE News and Updates 6-15-18](#). (2018). Health Data Answers. Overview of various state information exchanges. <https://www.healthdataanswers.net/state-hie-news-and-updates-6-15-18/>
- [Using the Health Info 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=xa1x3Oy8Amg&index=24&list=PLaV7m2z7FKpN0DwSn06QMy5_lba7Xih&t=0s

IA Implementation Guide

QUALITY PAYMENT PROGRAM



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 you whether 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 even do 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-PSPA-18), which is a medium-weighted activity, may be used as one of the practice’s activities. You need to validate that the practice measured and improved quality at 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 or 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 and 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.

What You Need	Example
Activity selected	IA-PSPA-6. Consultation of the Prescription Drug Monitoring Program (PDMP)
Required validation documentation	<ol style="list-style-type: none"> 1. Number of Issuances of Controlled Substance II (CSII) Prescription – Total number of issuances of a CSII prescription that lasts 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 PHI redacted)
Documentation for this measure	<ul style="list-style-type: none"> • Create or update a quality improvement plan for this measure. For example: <ol style="list-style-type: none"> 1. Create a query or report in the EHR to capture the number of CSII prescriptions issued and the structured field 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 EHR 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 Run 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-PSPA-17) requires use of analytic capabilities to manage total cost of care for the practice population. To accomplish this, you will want to identify the data (the cost of common tests, procedures and referrals as well as how often they are ordered). Identifying 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 cost or resource use data for the practice population that is used regularly to analyze opportunities to reduce cost
- A measurement of process improvement, which could be one of the following:
 - Number of staff members trained on 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
 - Number of MRIs ordered for patients with low back pain over the total number of patients with diagnosis of low back pain
 - Number of visits to an emergency department by total population over the total number of patients in the practice
 - 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”?

Not familiar	17
Somewhat familiar	36
Very familiar	13

Have you identified how to monitor or measure improvement?

Yes	26
No	30
N/A	9

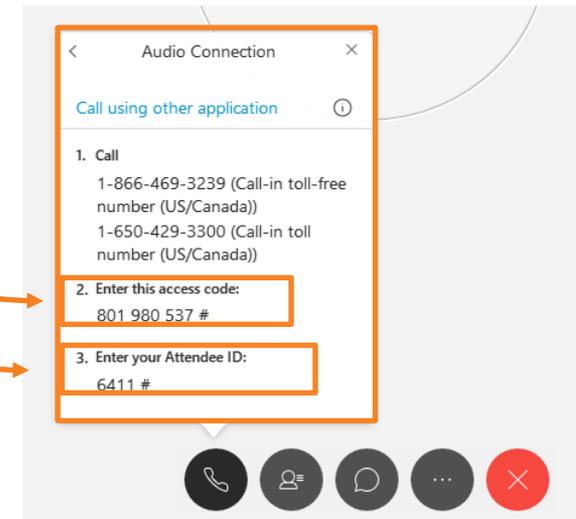
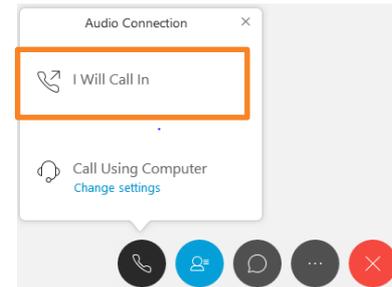
Live Workshop Sessions, cont.

- 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

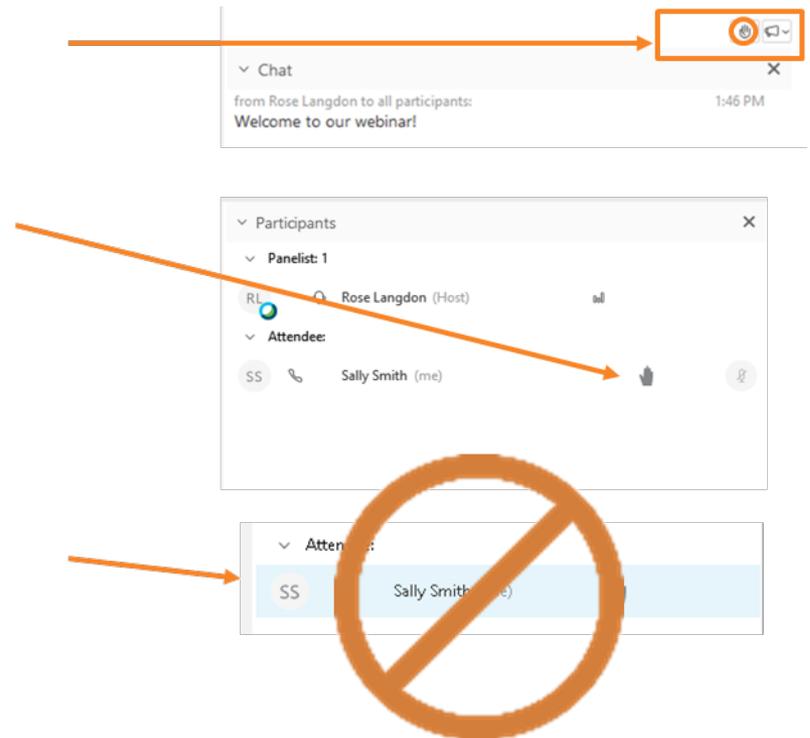
- Select “I Will Call In.”
- Dial phone number provided.
- Enter **Access Code**.
- Enter your **Attendee ID**.
 - This connects your phone line to your WebEx name and enables you to speak if you choose.
- **Note:** These numbers are unique for each event.



Request to Speak

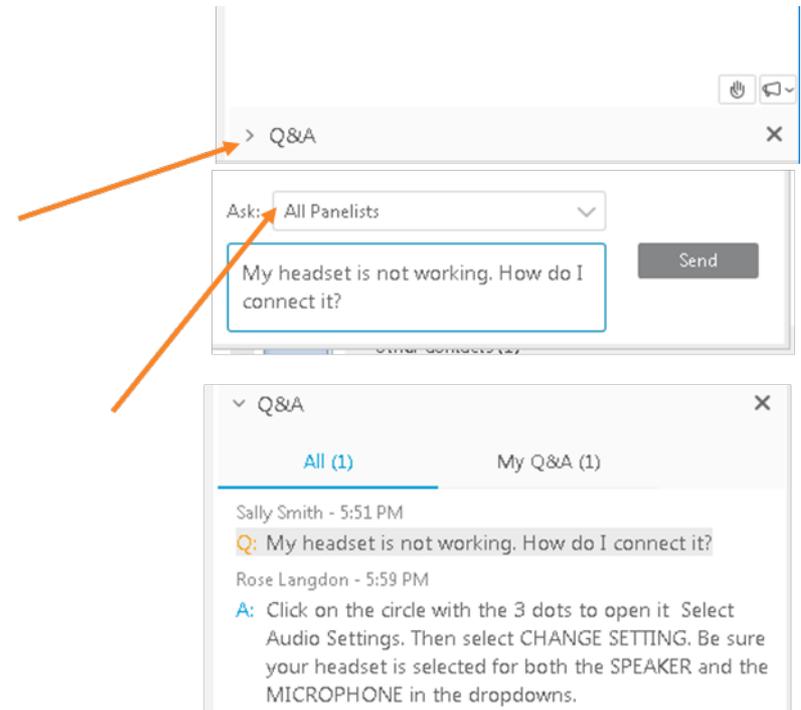
To ask a question verbally:

- 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.



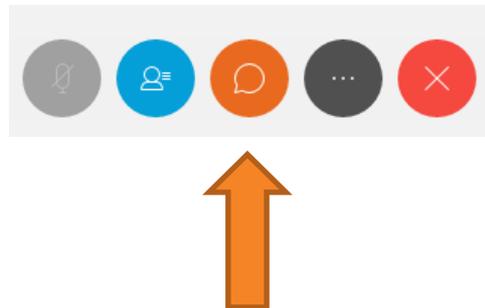
Ask Questions Using Q&A

- 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.”**

> Participants ×
> Chat ×
> Q&A ×
v Polling ×

Time elapsed: 0:25 Time limit: 0:30

Poll Questions:

1. Do you plan to participate in 2018 MIPS Reporting?

A. Yes
 B. No
 C. Unsure

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



Let's Talk QPP: Office Hours
Can Care Coordination Help with Merit-Based Incentive Payment System (MIPS)?

October 24, 2018



Quality Improvement Organizations
Sharing Knowledge, Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

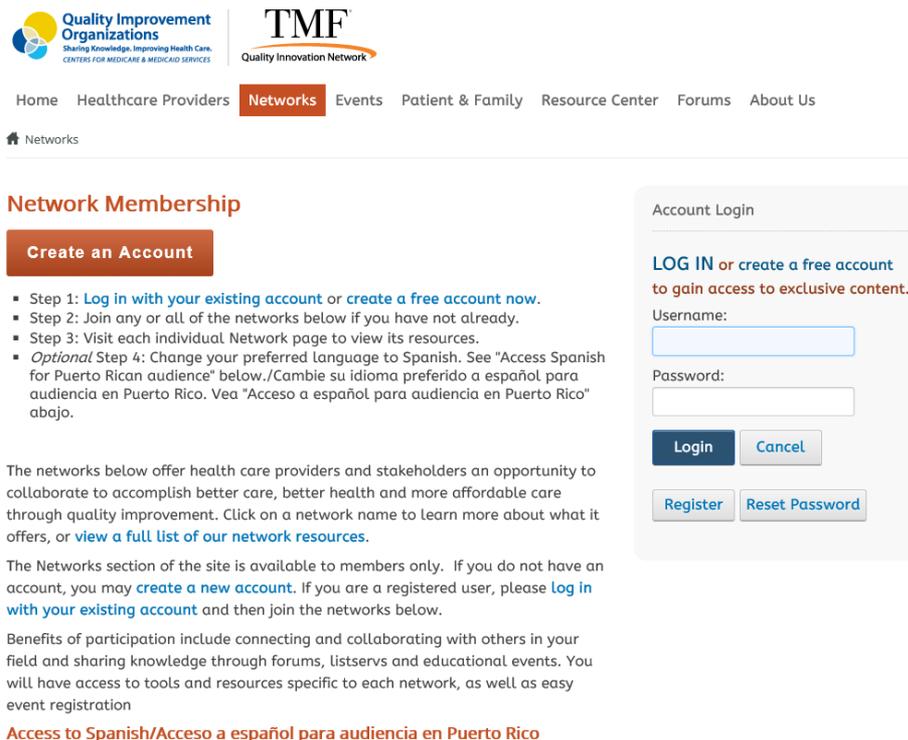


TMF
Quality Innovation Network

Texas • Arkansas • Missouri • Oklahoma • Puerto Rico

- 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



The screenshot shows the TMF Quality Innovation Network website. At the top, there are logos for Quality Improvement Organizations and TMF Quality Innovation Network. A navigation bar includes links for Home, Healthcare Providers, Networks (highlighted), Events, Patient & Family, Resource Center, Forums, and About Us. Below the navigation, there is a 'Networks' breadcrumb and a 'Network Membership' section. This section features a 'Create an Account' button and a list of steps for registration. To the right, an 'Account Login' form is visible, containing fields for Username and Password, and buttons for Login, Cancel, Register, and Reset Password.

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

TMF
Quality Innovation Network

Home Healthcare Providers **Networks** Events Patient & Family Resource Center Forums About Us

Home Networks

Network Membership

Create an Account

- Step 1: [Log in with your existing account](#) or [create a free account now](#).
- Step 2: Join any or all of the networks below if you have not already.
- Step 3: Visit each individual Network page to view its resources.
- Optional Step 4: Change your preferred language to Spanish. See "Access Spanish for Puerto Rican audience" below./Cambie su idioma preferido a español para audiencia en Puerto Rico. Vea "Acceso a español para audiencia en Puerto Rico" abajo.

The networks below offer health care providers and stakeholders an opportunity to collaborate to accomplish better care, better health and more affordable care through quality improvement. Click on a network name to learn more about what it offers, or [view a full list of our network resources](#).

The Networks section of the site is available to members only. If you do not have an account, you may [create a new account](#). If you are a registered user, please [log in with your existing account](#) and then join the networks below.

Benefits of participation include connecting and collaborating with others in your field and sharing knowledge through forums, listservs and educational events. You will have access to tools and resources specific to each network, as well as easy event registration

[Access to Spanish/Acceso a español para audiencia en Puerto Rico](#)

Account Login

LOG IN or create a free account to gain access to exclusive content.

Username:

Password:

Login Cancel

Register Reset Password

- 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>

Quality Payment Program Home Page



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[Resource Center](#)
[Forums](#)
[About Us](#)

🏠 [Networks](#) > [Quality Payment Program](#)

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.

[MIPS Fact Sheets](#)

[QPP Q&As](#)

Emerging Content

In the News

These items also available in the [Resource Center](#)

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

You are in this Network

Access your online MIPS Toolbox to help you manage your MIPS measure selection and reporting options, as well as track your performance against national benchmarks and calculate your estimated MIPS score. Click the button below to get started

[MIPS Toolbox](#)

Promoting Interoperability Workshop

Join the Promoting Interoperability (PI) Workshop to prepare for the PI category of MIPS. This 90-day workshop will include an implementation guide and action items, live workshop sessions and individual support as needed. [Sign up now.](#)

Improvement Activities Workshop

Join the Improvement Activities (IA) Workshop to walk through performing and reporting on improvement activities for this category of MIPS. This 90-day workshop begins Sept. 6 and will include an implementation guide and action items, live workshop sessions and individual support as needed. [Sign up now.](#)

Resources Available



Home Healthcare Providers Networks Events Patient & Family **Resource Center** Forums About Us

Resource Center

Resource Center

Resource Center (3102)

Search Resource Center

Search

- Antibiotic Stewardship** (36)
- Cardiovascular Health** (220)
- Chronic Obstructive Pulmonary Disease** (4)
- Health Information Technology** (26)
- Immunizations** (544)
- Medication Safety and ADE** (162)
- Patient and Family** (199)
- Preventive Health** (39)
- Quality Payment Program** (115)
- Sepsis** (42)
- Behavioral Health** (201)
- Chronic Care Management** (119)
- Health for Life Diabetes Initiative** (229)
- Healthcare-Associated Infections** (145)
- Incentive Programs** (161)
- Nursing Home Quality Improvement** (339)
- Physician Quality Reporting via EHR** (13)
- Quality Improvement Initiative** (13)
- Readmissions** (317)

RESOURCE CENTER (3102)

Sort by: Modified Reverse

Showing page 1 of 207

1 2 3 4 5 Next

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.

Adobe PDF Date Added: 11/08/2018 Date Last Modified: 11/08/2018

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.

Adobe PDF Date Added: 11/02/2018 Date Last Modified: 11/02/2018

A Quick-Start Guide to 2019 MIPS



The 2019 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 explains what MIPS is, who is excluded, how to check if you're eligible, and details about the four performance categories and criteria.

Adobe PDF Date Added: 11/01/2018 Date Last Modified: 11/01/2018

Resource Center Instructions

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

Remember to use quotation marks (" ") around key search word(s) and phrases. You can also search by file type (i.e., PDF, Excel). [Get help with searching, browsers, file types and system requirements.](#)

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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 eligibility and low-volume threshold requirements, revisions to the

Value-Based Improvement and Outcomes Network

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
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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.

Hospitals

Ambulatory Surgical Centers

Critical Access Hospitals

Physicians/Groups

Inpatient Psychiatric Facilities

PPS Exempt Cancer Hospitals

COPD Special Innovation Project

Emerging Content
In the News

These items also available in the [Resource Center](#)

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, Kansas, Louisiana, Mississippi, Missouri, 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. **Prepare to apply in January 2019. View the award criteria (PDF), and visit the award website** to learn more about the upcoming award program cycle and a few best practices certain 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

Tweets by @TMFQINQIO

TMF QIN-QIO @TMFQINQIO

View the @TMFQINQIO's Antibiotic Stewardship Mobile webpage for a quick and easy reference for adult and pediatric

Embed
View on Twitter

Quick Links

View these resources to learn more about the Value-Based Improvement and Outcomes Network.

- [Infographic](#)
- [Value-based Improvement and Outcomes Fact Sheet](#)

[View resources for patients and families.](#)

[Contact Information](#)

Manage Email Notifications

View Testimonials From Physician Practices

Upcoming Events

Recorded Events

Visit the Forums

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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

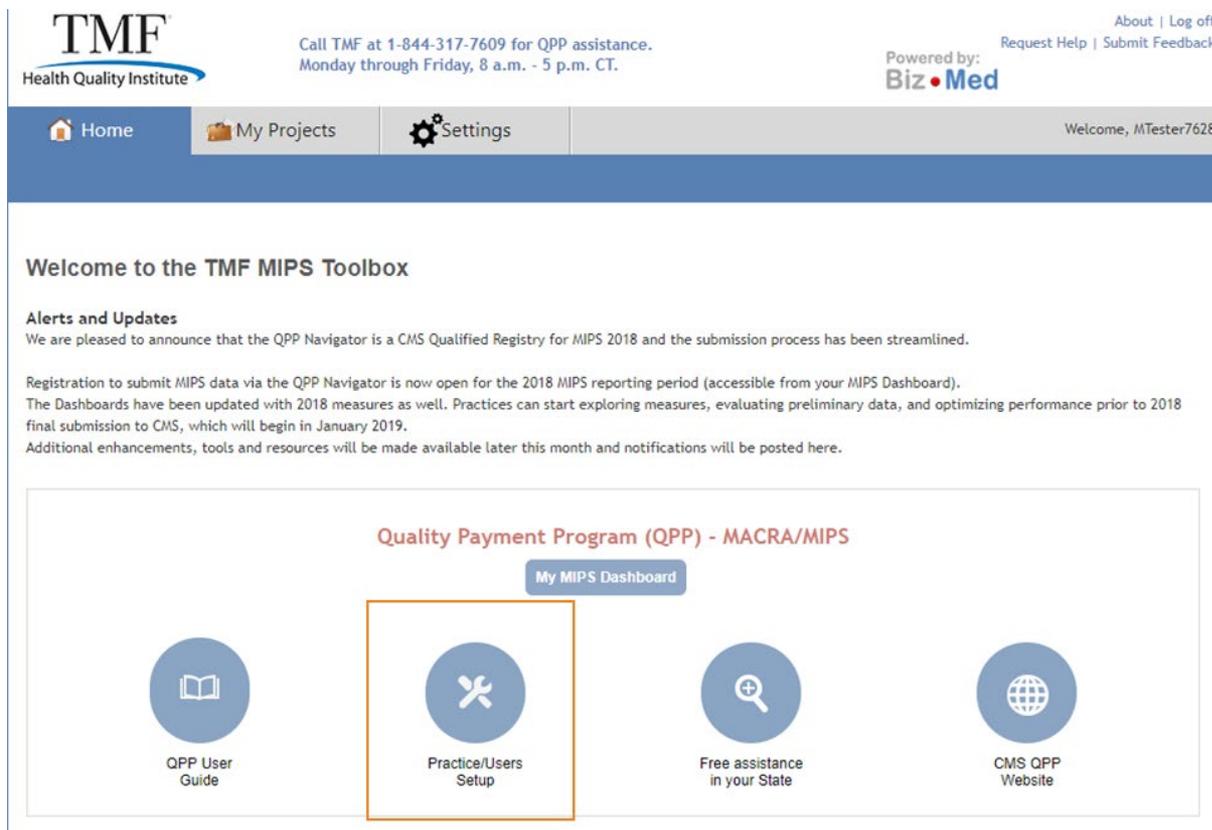
**\$75 submission fee per clinician; no charge for Improvement Activities and/or Promoting Interoperability submissions only*

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.



The screenshot shows the TMF MIPS Toolbox Home Page. At the top left is the TMF Health Quality Institute logo. To its right is the contact information: "Call TMF at 1-844-317-7609 for QPP assistance. Monday through Friday, 8 a.m. - 5 p.m. CT." Further right are links for "About | Log off" and "Request Help | Submit Feedback". Below this is the "Powered by: Biz•Med" logo. A navigation bar contains "Home", "My Projects", and "Settings" (highlighted with a gear icon). The user is logged in as "Welcome, MTester7628".

The main content area is titled "Welcome to the TMF MIPS Toolbox". Under "Alerts and Updates", there is a message: "We are pleased to announce that the QPP Navigator is a CMS Qualified Registry for MIPS 2018 and the submission process has been streamlined. Registration to submit MIPS data via the QPP Navigator is now open for the 2018 MIPS reporting period (accessible from your MIPS Dashboard). The Dashboards have been updated with 2018 measures as well. Practices can start exploring measures, evaluating preliminary data, and optimizing performance prior to 2018 final submission to CMS, which will begin in January 2019. Additional enhancements, tools and resources will be made available later this month and notifications will be posted here."

The main section is titled "Quality Payment Program (QPP) - MACRA/MIPS" and features a "My MIPS Dashboard" button. Below this are four circular icons representing different resources:

- QPP User Guide (book icon)
- Practice/Users Setup (wrench icon, highlighted with an orange border)
- Free assistance in your State (magnifying glass icon)
- CMS QPP Website (globe icon)

Selecting MIPS Measures

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

The screenshot shows the TMF MIPS Toolbox interface. At the top left is the TMF Health Quality Institute logo. To its right, contact information for QPP assistance is provided. Further right, there are links for 'About | Log off', 'Request Help | Submit Feedback', and the 'Powered by: Biz•Med' logo. A navigation bar contains 'Home', 'My Projects', and 'Settings' buttons, with 'Home' highlighted. The main content area features a 'Welcome to the TMF MIPS Toolbox' message, followed by an 'Alerts and Updates' section with several paragraphs of text. Below this is a section titled 'Quality Payment Program (QPP) - MACRA/MIPS' containing a 'My MIPS Dashboard' button, which is highlighted with an orange box. At the bottom, there are four circular icons representing: 'QPP User Guide', 'Practice/Users Setup', 'Free assistance in your State', and 'CMS QPP Website'.

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.

The screenshot displays the MIPS Dashboard for Mary Tester Practice. At the top, there are navigation tabs for Dashboard, Quality, IA, PI, Cost, and Status/Checklist. The current view is the MIPS Dashboard, which shows a current total score of 0.00, a possible payment adjustment of negative, and a possible quality bonus of no. The dashboard is divided into four sections, each representing a MIPS category:

- Quality 50.00%**: Submission Method: N/A. Measures Selected: 0 (Measures selection incomplete). Measures Reported: 0 (No Outcome measure reported). Estimated Score: 0.00.
- Improvement Activities 15.00%**: Minimum Required: 1 High or 2 Medium (90 days). Measures Selected: 0 (Measures selection incomplete). Measures Completed: 0. Estimated Score: 0.00.
- Promoting Interoperability 25.00%**: Reporting Type: PI Objectives and Measures. Measures Selected: 7. Contributing CPIA: 0. Measures Reported: 0/7 (Base Measures Incomplete). Estimated Score: 0.00.
- Cost 10.00%**: Coming soon.

Additional information on the dashboard includes: Last Saved at: 06-27-2018, a button to Register to Submit MIPS to CMS, and a note about the scores shown being for submitted measures only and not including bonuses and cost. A link to Switch to Detailed Dashboard is also present.

Quality Category

Dashboard **Quality** IA ACI Cost Data/Reports

O Outcome H High Priority R Registry E EHR C Claims W CMS Web Interface T Topped Out B Benchmark

Mary Tester Practice
MIPS Quality Measures

Select Group/Clinician: - Mary Tester Practice ?

Select Submission Method: Registry

Start Date 06/05/2017 End Date 09/30/2017

[Show Active](#) [Collapse all Sections](#)

Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) O H R E C W T B

Patients whose most recent HbA1c level (performed during the measurement period) is >9.0%

Start Date	End Date	Numerator	Denominator	Percent	Decile	MIPS Active	Validation	Delete
06/05/2017	09/30/2017	100	300	33.3	6th	<input checked="" type="checkbox"/>	<input type="button" value="⬇"/>	<input type="button" value="✖"/>

[+Add/Remove Quality Measures](#)

- 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

Patients whose most recent HbA1c level (performed during the measurement period) is >9.0%

Numerator	Denominator	Exclusions	Exceptions	Data Missing	Percent	Decile	MIPS Active	Verify/Validate	Delete
0	0	0	0	0	0	NA	<input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	

Submission	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
Claims	33.33 - 23.54	23.53 - 18.25	18.24 - 14.30	14.29 - 11.55	11.54 - 8.90	8.89 - 6.26	6.25 - 3.34	<= 3.33
EHR	83.10 - 67.96	67.95 - 54.09	54.08 - 43.22	43.21 - 34.12	34.11 - 27.28	27.27 - 21.75	21.74 - 15.74	<= 15.73
Registry	57.89 - 42.37	42.36 - 31.59	31.58 - 25.78	25.77 - 20.94	20.93 - 16.82	16.81 - 12.78	12.77 - 7.70	<= 7.69

Note: These national benchmarks are used by CMS to calculate performance scores for quality measures. Benchmarks are regularly updated by CMS and your scores will reflect those updates. Benchmarks differ for various submission methods as shown above.

- 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.

The screenshot displays the 'Improvement Activities (IA)' section of the TMF Health Quality Institute interface. At the top, a navigation bar includes 'Dashboard', 'Quality', 'IA' (selected), 'PI', 'Cost', and 'Status/Checklist'. Below this, a legend identifies three types of activities: 'H High Weighting' (red circle), 'M Medium Weighting' (blue circle), and 'A ACI Bonus Points' (green circle). The main heading is 'Mary Tester Practice MIPS Improvement Activities'. Below the heading are two filters: 'Select Group/Clinician: Mary Tester' and 'Select Year: 2018'. A 'MIPS Submission Preparation' section contains the text: 'Upload/View/Review Audit/Validation Documentation' with an information icon, followed by instructions: '(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)'. At the bottom left, a button labeled '+Add/Remove Improvement Activities' is highlighted with an orange box.

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) or the PI Objectives and Measures (2015 Edition CEHRT)

Dashboard Quality IA PI Cost Status/Checkli

B Base Measure P Performance Score + Bonus Poir

Mary Tester Practice

MIPS Promoting Interoperability

Select Group/Clinician: ? Exemption Claimed: No Select Year:

Select Reporting Options:

Start Date End Date

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 PI Objectives and Measures](#)
[Show Active Collapse all Secti](#)

2018 PI Transition Objectives and Measures (2014 Edition CEHRT)

Dashboard Quality IA **PI** Cost Status/Checklist

B Base Measure **P** Performance Score **+** Bonus Points

Mary Tester Practice
MIPS Promoting Interoperability

Select Group/Clinician: Exemption Claimed: No Select Year:

- [Show Active Subgroup Selections](#)
- ▶ **B** **P** **+** e-Prescribing
 - ▶ **B** **P** **+** E-Prescribing Exclusion
 - ▶ **B** **P** **+** Health Information Exchange
 - ▶ **B** **P** **+** Health Information Exchange Exclusion
 - ▶ **B** **P** **+** ONC Direct Review Attestation
 - ▶ **B** **P** **+** Prevention of Information Blocking Attestation
 - ▶ **B** **P** **+** Provide Patient Access
 - ▶ **B** **P** **+** Security Risk Analysis

[+Add/Remove PI Objectives and Measures](#)

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.”

The screenshot shows the MIPS Summary View for 'Mary Tester Practice'. At the top, there are navigation tabs: Dashboard (selected), Quality, IA, PI, Cost, and Status/Checklist. The user's name 'Mary Tester Practice' and 'MIPS Dashboard' are displayed. A 'Last Saved at: 06-27-2018' timestamp and a 'Register to Submit MIPS to CMS' button are visible. Below this, there are dropdown menus for 'Display Data for: Mary Tester' and 'Reporting Year: 2018'. A note states: 'Note: The scores shown here are for submitted measures only and do not include bonuses and Cost. Ability to add bonuses will be added in the July release. Real-time CMS scoring estimates will be available as soon as CMS enables its APIs later this summer. Please take a moment to notify our [Helpdesk](#) of any scoring problems you encounter in the MIPS Dashboard.' A 'Switch to Detailed Dashboard' button is highlighted with an orange box. Below the note, a summary bar shows 'Current Total Score: 0.00', 'Possible Payment Adjustment: Negative', and 'Possible Quality Bonus: No'. The dashboard is divided into four main sections:

- Quality 50.00%**: Submission Method: EHR; Measures Selected: 2 (with a yellow triangle warning icon and text 'Measures selection incomplete'); Measures Reported: 2; Estimated Score: 0.00.
- Improvement Activities 15.00%**: Minimum Required: 1 High or 2 Medium (90 days); Measures Selected: 0 (with a yellow triangle warning icon and text 'Measures selection incomplete'); Measures Completed: 0; Estimated Score: 0.00.
- Promoting Interoperability 25.00%**: Reporting Type: 2018 PI Transition Objectives and Measures; Measures Selected: 6; Contributing CPIA: 0; Measures Reported: 0/6 (with a yellow triangle warning icon and text 'Base Measures Incomplete'); Estimated Score: 0.00.
- Cost 10.00%**: Coming soon.

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.

Display Data For: Primary Care Practices Reporting Year: 2017 [Export Data to Excel](#)

Disclaimer: The scores below are estimates obtained from CMS in real time. However, the CMS scoring API is still in testing stages and the scores displayed below may not be available or completely accurate at times. If you experience problems with obtaining your estimated scores, please try again later. Please take a moment to notify our [Helpdesk](#) of any scoring problems you encounter in the MIPS Dashboard.

[Switch to Summary Dashboard](#)

Current Total Score: 80.68		Possible Payment Adjustment: Positive		Possible Quality Bonus: Yes		
ID	Measure Name	Reporting Period	Rate	Percent	Decile	Score
Quality - 60%						
001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	06/05 - 09/30	100/300	33.30	6th	8.70
005	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	06/05 - 09/30	132/175	75.40	2nd	0.00
065	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	06/05 - 09/30	100/150	66.70	2nd	1.00
110	Preventive Care and Screening: Influenza Immunization	06/05 - 09/30	750/1500	50.00	6th	6.90
112	Breast Cancer Screening	06/05 - 09/30	378/450	84.00	9th	9.70
113	Colorectal Cancer Screening	06/05 - 09/30	100/650	15.40	3rd	3.50
128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	06/05 - 09/30	453/650	69.70	7th	5.40
236	Controlling High Blood Pressure	06/05 - 09/30	150/157	95.50	10th	10.00
Total Quality						45.18
IA - 15%						
IA_AHE_1	Engagement of new Medicaid patients and follow-up	07/03 - 12/31				40.00
IA_BE_12	Use evidence-based decision aids to support shared decision-making.	07/03 - 12/31				20.00
Total IA						15.00

Simplified MIPS Data Submission Option

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

Home My Projects Settings Welcome, MTester7628

QPP Navigator
 Mary Tester Practice
 Tools
 MIPS Dashboard
 Utility Folder

Dashboard Quality IA PI Cost Status/Checklist

Mary Tester Practice
 MIPS Dashboard

Last Saved at: 06-27-2018
Register to Submit MIPS to CMS

Display Data for: -- Group Submission Reporting Year: 2018 Export Data to Excel

Note: The scores shown here are for submitted measures only and do not include bonuses and Cost. Ability to add bonuses will be added in the July release. Real-time CMS scoring estimates will be available as soon as CMS enables its APIs later this summer. Please take a moment to notify our [Helpdesk](#) of any scoring problems you encounter in the MIPS Dashboard.

[Switch to Summary Dashboard](#)

Current Total Score: 7.11 Possible Payment Adjustment: Negative Possible Quality Bonus: No

ID	Measure Name	Reporting Period	Rate	Percent	Decile	Score
Quality - 50%						

Uploading into the MIPS Toolbox

Dashboard
Quality
IA
PI
Cost
Bonuses
Status/Checklist
Consultation

O Outcome
 H High Priority
 R Registry
 E EHR
 C Claims
 W CMS Web Interface
 T Topped Out
 B Benchmark

Mary Tester Practice

MIPS Quality Measures

Select Group/Clinician: ? Select Year:

Select Submission Method: !

Start Date End Date

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](#) [Show Active](#) [Collapse all Sections](#)

! ! **Care Plan**
O
H
R
E
C
W
T
B

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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> / <input type="checkbox"/>	✗

Uploading into the MIPS Toolbox

Validation Materials
close [x]

Upload Documentation

Select Category:

Document Name:

(If left blank name on file system will be used)

Document: No file chosen

2018 MIPS Data Validation Criteria

- [2018 Improvement Activities Changes](#)
- [2018 Improvement Activities Criteria](#)
- [2018 MIPS Data Validation Fact Sheet](#)
- [2018 Promoting Interoperability Changes](#)
- [2018 Promoting Interoperability Criteria](#)
- [2018 Promoting Interoperability Transition Changes](#)
- [2018 Promoting Interoperability Transition Criteria](#)
- [2018 Quality Measure Criteria](#)
- [MIPS 2018 Validation Criteria v3_09102018](#)

Category	Instructions	Document	Replace	Remove
Administrative				
Eligibility	Attestation that each clinician (or the practice, if submitted as a group) bills at least \$90,000 in Medicare Part B and has 200 or more Part-B enrolled Medicare beneficiaries. Eligibility can be verified at https://qpp.cms.gov			
TIN Verification	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.			
Certified EHR	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 https://chpl.healthit.gov			
MIPS Submission				
Quality Measures	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			

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	<input type="text"/>
Last Name	<input type="text"/>
Phone Number	<input type="text"/>
Email	<input type="text"/> <small>Enter the best email address for us to contact you. Enter "none" if you do not have an email address.</small>
Confirm Email	<input type="text"/> <small>Re-enter your email address for confirmation. Enter "none" if you do not have an email address.</small>
Email Alerts	<input type="checkbox"/> Alert me regarding QPP news and educational events. <small>Check the box if you would like to receive emails with QPP news and educational events.</small>
Name of Practice or Organization	<input type="text"/>
City	<input type="text"/>
State / Territory	<input type="text" value="-- Select a State --"/>
<p>If you are a physician, physician assistant, nurse practitioner, clinical nurse specialist or certified registered nurse anesthetist, you may be eligible to participate in MIPS. Check your eligibility using your NPI at https://qpp.cms.gov/participation-lookup.</p>	
Number of MIPS-eligible clinicians	<input type="text"/> <small>How many clinicians in your practice may be eligible to participate in MIPS? If you are not sure about MIPS eligibility, please list the total number of clinicians in your practice.</small>
Describe who you are	<input type="text" value="-- Select the option that best describes you --"/>
Question Description	<input type="text"/> <small>Provide a detailed description of your question. Please include as many details as possible.</small>
<p><input type="button" value="Submit"/> <input type="button" value="Cancel"/></p>	

Central Repository for Assignment of Requests

[Ticket List](#)
[My Open Tickets \(6\)](#)
[My Non-Closed Tickets \(24\)](#)
[All Unassigned Tickets](#)

Include CLOSED tickets older than 90 days
 [+Home](#)
[+QPP](#)
[+Ticket List](#)
[Refresh Ticket List](#)

Search For [GO](#) [CLEAR SEARCH](#)
 Sort By [Sort](#) Reverse

Ticket	Created	State	Status / Source	Problem	Contact	Assigned To
16581	Nov 12, 2018 2:25 PM	AR	New Ticket NCC Referral List	"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		Jana Ferguson
16580	Nov 12, 2018 10:34 AM	OK	Engaged Call Center Chats	Sabrina submitted a chat requesting information on State Medicaid EHR Incentive program. Gave her contact information for the program in		Angela Neal
16579	Nov 12, 2018 9:48 AM	TX	Engaged Direct e-mails to staff	From: Jessica Nichols Sent: Monday, November 12, 2018 9:37 AM To: Jeff Nordyke Subject: [EXTERNAL] 2018 MIPS Hi...		Melissa Pettway
16578	Nov 12, 2018 8:50 AM	MO	Engaged IMPAQ Referral List	Question: Tina is calling today to view the final scores for QPP 2017.		Katy Bennett-Blumer
16577	Nov 12, 2018 8:50 AM	LA	Engaged IMPAQ Referral List	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		Kimberly Byers
16576	Nov 12, 2018 8:50 AM	KS	New Ticket IMPAQ Referral List	Question: Hello my Name is Dr Chris Beech I am a doctor in Wichita Kansas I am having lots of issues with getting QPP Going! Do you offer a		Elizabeth Drew
16575	Nov 12, 2018 8:50 AM	TX	Engaged IMPAQ Referral List	Question: Chitra would like to know why their address is wrong on the QPP website.		Melissa Pettway
16574	Nov 12, 2018 8:50 AM	TX	Engaged IMPAQ Referral List	Question: Chitra is calling today because she would like assistance with determining whether the facility's 2017 MIPS data was received.		Melissa Pettway
16573	Nov 12, 2018 8:49 AM	TX	Engaged IMPAQ Referral List	Question: Robbie is calling today to see if the providers are eligible to report for QPP.		Gail Olin
16572	Nov 12, 2018 8:49 AM	TX	Engaged IMPAQ Referral List	Question: I need help creating an EIDM account.		Melissa Pettway
16571	Nov 12, 2018 8:49 AM	TX	New Ticket IMPAQ Referral List	Question: Malena called and wanted to know her 2017 results from her old place of work - Texas Oculoplastic Consultants.		Anne Binns
16570	Nov 9, 2018 3:54 PM	CO	Resolved Call Center Calls	Ben Britton the office manager called from Dr. Jacquelyn Britton practice needing help with 2018 MIPS.		Rose Langdon
16569	Nov 9, 2018 3:17 PM	MO	Engaged TMF Mailbox	Email received and consultant contacted. Hello, We are with the St Louis Physician Alliance/SLPA ACO and would like assistance with our SRA.		Katy Bennett-Blumer
16568	Nov 9, 2018 3:14 PM	TX	Engaged Call Center Calls	Sara requesting TA with MIPS. The Practice is working without a Office manager. Sara would like education and information on how to get started.		Ben Britton
16567	Nov 9, 2018 3:05 PM	MO	New Ticket Call Center Chats	WHAT is the score needed for MIPS and how can it be achieved?		Rose Langdon
16566	Nov 9, 2018	OK	Resolved	How to request a EIDM Role?		Rose Langdon

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List will automatically refresh in 09:36 minutes.

Questions?

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