



QIN-QIO Sharing Call: MIPS in the Real World

May 17, 2017

Unanswered Chat Questions

from s woolsey to all participants:

Can we have Paul do a webinar on how he finds the tracking document data pieces and how he populates

- Please feel free to contact the presenter at paulb@eyeandlasik.com.

from Jan Rains to all participants:

I am struggling to find 6 measures that fit our ED docs. So far I have found only 4 that apply. –

- Jan provided her email, which Leila forwarded to Kaitlin Nolte at Great Plains for additional follow-up. If you have similar concerns, please contact your QIN-QIO for additional assistance.


from BECKY CLARKE to all participants:

We have one physician retiring in June, will the practice get penalized if he doesn't report on at least the minimum?

- If the physician retires in June of this year wouldn't have any claims to be penalized. If the practice is planning on reporting as a group, depending on the reporting period that you select, this clinician would be included in the group's performance on the various measures. CMS will be sending out a second round of participation letters this fall, depending on how this clinician's claims fall for the September 1, 2016 – August 31, 2017 period, he may be excluded due to low volume. However, if his claims and patient volume are sufficient, he will be required to report, at least one quality measures or one improvement activity or the base advancing care information measures to avoid a penalty.

from Dottie Buck to all participants:

When do you foresee non-MIPS measures to be released? Do you recommend a QR or QCDR?

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- What do you mean by non-MIPS measures? Utilization of a registry or QCDR is dependent on the practice or organization. Often the cost associated with participation makes this a less attractive option for smaller practices. If you are considering using a registry or QCDR, I would suggest speaking with the vendor about cost and how the data is submit, etc.

from carol hiroshima to all participants:

What factors were considered to determine individual or group reporting?

- This is a decision that is made at the practice level. Some practices choose to report as a group to reduce the administrative burden of reporting for multiple individuals. If you do choose to report as a group, clinicians that would have been excluded due to low-volume, will be included in your aggregate performance.

from Maryann Carlos to all participants:

Can you go back to January to report even if you are just starting MIPS today?

- If there is data to support the measures you are planning on reporting on, you may select any reporting period you would like between January 1 and December 31, 2017.

from Jodi Beck to all participants:

It's unclear to me how the Improvement activities have been reported. I was not aware that we could do that yet.

- Improvement activities are attestation only, so you would be attesting that 'YES' you have completed the activities you selected. This will be done via the reporting method of your choosing, which could include: EHR direct, registry, attestation or CMS web interface for large groups. Data submission (i.e. attestation) begins Jan. 1, 2018.

from Philip Joines to all participants:

What are sites doing now to prepare for new codes needed for Cost category? Patient relation, etc.

- The cost category performance will be pulled from adjudicated claims of 10-episode based measures. Which codes are you referring to? Please contact the QIN-QIO in your state for additional assistance.

from BETTY GOETLUCK to all participants:

Does this webinar have anything to do specifically to a solo practice Dermatologist who is not on EMR?

- This webinar highlighted the work of an internal medicine and ophthalmology practice in meeting the MIPS reporting requirements. As a solo practitioner without an EHR, you may report via claims or registry, but will not be able to receive points for the advancing care information category.
- If the clinician would experience a hardship related to their EHR status, they could apply for reweighting of that category.

Questions answered during the event (Either via chat or during Q&A)

from LINDA FREILICH to all participants:

I do not have an EHR. How would I report my measures? No portals or electronic records!!!!

from Nico Salas to all participants:

You can't report ACI measures without an EHR

from Rachel Crowe to all participants:

@ Linda - If you do not have an EHR, you have the option of reporting through claims, registry, or CMS Web Interface for quality. You need to have an EHR and meet the minimum base measures for the ACI category to get any points in the ACI category.

from LISA SCHULZE to all participants: (For Dr. Sharma)

My question was re: HTN control, which we cannot seem to master. What is the 24 hour monitoring program Dr. Sharma uses?


from Janet Garamy to all participants:

My question was re: HTN control, which we cannot seem to master. What is the 24 hour monitoring program Dr. Sharma uses? **Allen Welch system is used.**

from s woolsey to all participants: (For Dr. Sharma)

Who monitors the messages? Does someone triage them for you?

from Janet Garamy to all participants:



Who monitors the messages? Does someone triage them for you? **In the Tele- Message Hub the Practice Manager and Dr. Sharma oversee to ensure calls are addressed in a timely fashion. Thank you, INS**

from Mehdi Akhavan to all participants:

what is IRIS?

from Jerri Hiniker to all participants:

Great question Mehdi! The American Academy of Ophthalmology IRIS® Registry (Intelligent Research in Sight) is the nation's first comprehensive eye disease clinical registry.

from Cathy Wilkins to all participants:

IRIS is an ophthalmology specific registry. Only for ophthalmologists

from Mehdi Akhavan to all participants:

Thank you. Is there such a registry for PCP? (Like IRIS)

CMS registries list for 2017:

[https://qpp.cms.gov/docs/QPP MIPS 2017 Qualified Registries.pdf](https://qpp.cms.gov/docs/QPP_MIPS_2017_Qualified_Registries.pdf)

from Beka Prince to all participants:

Can you please cite the source where you got your information that a full year will give you a bigger adjustment? My CMS documentation says full year is the same as the 90 day submission if performance was the same.


from Leila Volinsky to all participants:

Beka - yes, if you report for 90 days or a year, you would have the same opportunity to receive a positive payment adjustment, the amount of your adjustment would be dictated by your overall performance in reporting on the various categories.

from Beka Prince to all participants:

Is this webinar just about this one EMR?

from Janet Garamy to all participants:



@ Beka - Thank you for the question. The current speaker will be referring to this EHR that he is currently using. **Dr. Sharma uses emr4MD supported by MedNet Medical Solutions**

from Brant Truman to all participants:

Can you share the Great Plains QIN tool?

from holly arends to all participants:

http://greatplainsqin.org/wp-content/uploads/2015/05/medicare_payment_adjustment_calculator__updated_05.15-1.xlsx

from Jane Stotts to all participants:

You can reach the Great Plains QIN at either qppsupport@greatplainsqin.org or 402-817-7250

[Those who left contact information:](#)

from Mehdi Akhavan to all participants:

Yes, please send me the list of registry. famd@me.com thx

from Jan Rains to all participants:

jrains@bchhc.org

from Debra West to all participants:

So we are also a general surgery practice and would like the Nebraska contact information for specific quality measure questions. We can be contacted through Dwest.osc@gmail.com