

## 2017 QPP Submission Portal Office Hours FAQs

**Q:** Please clarify how we submit data as we are unable to locate a submission tab when we attempted. We are attempting to submit the quality improvement measures only.

**A:** The QPP Portal does not have a Submit button or Save button. The system is saving data in real time. You can log out of the system and log back in and it will have saved all previously entered data.

**Q:** When we went to verify all providers under the website it shows many providers not under our TIN. How do we go about changing this information?

**A:** Check the PECOS system to ensure your list of providers is correct there. CMS has acknowledged there have been issues with incorrect providers. They are providing fixes to the system, but we don't have date when these will be completed. If you are submitting for individual providers, only select those that you are submitting on behalf of and submit their data. If reporting for a group, your uploaded files will only have those provider's data that are in your TIN.

**Q:** How do we go about changing our roles? Does the Security Official have that ability to submit?

**A:** If you already have a CMS portal login, you can request new access to the Physician Quality and Value program and the new role you need for that program. If you have a Security Official, that person will get an email that you have requested this new access. They would then have to approve that request.

**Q:** One of my doctors is listed by QPP as 'non-patient facing' even though she saw SUBSTANTIALLY more than the 100 Medicare during the periods indicated. How do we get this fixed?

**A:** CMS uses the non-patient facing codes on claims to make that determination. You can find that code list here - Patient facing encounter codes document <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Patient-Facing-Encounter-Codes.zip>

*Continued discussion on this topic.*

**Q:** We are not using non-patient facing codes, we are using 99213, 99214 etc....It is an error.

**A:** It would be best to contact the QPP helpdesk at 1(888)-734-6433 pvhelpdesk@cms.hhs.gov or your state GPQIN representative.

*Continued discussion on this topic.*

**Q:** The doctor is Family Practice and used standard patient-facing CPT codes (99213, 99214, etc.). QPP listing her a non-patient facing is an error. How do we get this fixed? Side note: All our other doctors are listed correctly.

**A:** same answer as above.

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**Q:** What if we have an ACO TIN and part of our providers are CPC+, would we report all including CPC+ providers or exclude them?

**A:** It is recommended that you identify which providers are determined to be included in the Advanced APM, CPC+. This would be done by accessing the APM QP lookup tool at this link <https://data.cms.gov/qplookup>

**Q:** Our Quality data has been submitted to QPP via our vendor. When we went in to check our data, we were a bit surprised by some of the results. We have 128 ECs, we are submitting as a group, and we were expecting to be eligible for 70 points, but we see we have maxed out on 60 points. For our group, we are confident we have more than 100 Medicare patients on each of our submitted measures. Any insight?

**A:** The 60 points possible is based on the provider types, volume, and if the readmission measure applies to you. To achieve 70-point possible total score you would have to submit successfully 6 measures and the 1 readmission measure. The Readmission measure is part of the Cost portion of the program. Although Cost is scored at 0%, the Readmission measure applies to practices with 16+ providers. Once CMS assesses the Readmission Measure, and it is applicable, you should be placed in the 70-possible points range.

**Q:** Are those providers automatically populated? Speaker assuming participant is asking out the list of connected clinicians on the account dashboard in the QPP portal.

**A:** Yes, they are. CMS has populated them for you.

**Q:** We have a couple of questions about how bonus points were assigned.

**A:** Bonus points are earned in different ways in different categories. In the Quality category, bonus points can be earned by reporting more outcome and high priority measures and using end to end reporting methods. Two points are given for each additional outcome measures, one point for each additional high priority measure. You can only earn high-priority bonus points up to 10% of the quality performance category denominator (total possible points you could earn in the quality performance category). You can earn one point for each measure that is reported via end to end reporting process. In the ACI category you can earn bonus points by reporting “yes” to 1 or more additional public health and clinical data registries beyond the immunization registry reporting measure (5% bonus).

Reporting “yes” that you completed at least 1 of the specified improvement activities using certified EHR technology (CEHRT) (10% bonus).

**Q:** If our ACO is submitting quality measures on our behalf, do we need to document anything in the QPP Portal?

**A:** If you are in an ACO and some of your providers are not on the ACO Participant List they may be eligible for MIPS and required to submit under the MIPS requirements. ACOs will need to submit their ACI data in the portal to satisfy the ACO-11 measure.

**Q:** One of our top six measures was Hypertension: Improvement in Blood Pressure. It is our understanding this is a high priority and outcome measure. We are reporting via our EHR, so we also expected to see an end to end bonus point, but we have 0 bonus points.

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**A:** Review the entire measure list summary to see where other bonus points may have been applied. There is a limit to the number of bonus points that can be accrued for a category.

**Q:** We only report claims. Should I be able to see results from claims? Is this site only to upload directly from EHR?

**A:** Yes, you will be able to see your Quality Measure data submitted via claims, which are now available in the QPP Submission Portal.

**Q:** Could you go back to looking up our Certified Technology field and do a search and demo how that works, please?

**A:** We don't have access to the system in a demo or test environment to provide demonstrations. CMS does have tutorial videos on their YouTube channel. <https://www.youtube.com/watch?v=q0Cvke6fnrg&feature=youtu.be>

**Q:** When we went to look for our certified EMR our vendor was not listed there in QPP but is in CPHL site.

**A:** That may be a bug in the portal system. You can use the information on the ONC CHPL site to verify to which standards your product is certified.

**Q:** We too, are seeing a number of ECs in our list on QPP that are not in our TIN. Wonder how widespread that issue is?

**A:** It is a highly reported problem and CMS is aware. They are working on a solution.

**Q:** We have both hospitalists and clinic practitioners that we bill under the same TIN. Can we attest for the hospitalists as individuals and then all our other providers as a group?

**A:** If CMS received multiple submissions for a TIN/NPI combination, CMS will generally use the higher overall MIPS score. If the TIN/NPI participates in a MIPS APM and is not a Qualified Participant, the APM submission is considered above all others. Otherwise, CMS will compare all submissions and take the highest overall MIPS score. Note, that in the case of comparing group to individual submissions, CMS looks at the entirety of all MIPS categories (quality, improvement activities, and advancing care information) as either being group or individual – CMS will not combine categories across group and individual submissions.

**Q:** Where do we enter that we are a small or rural practice?

**A:** CMS has made those special status designations. You may see those in the account dashboard. CMS knows your special status designations, so you will not have to select them in the system.

**Q:** We are only planning to attest for Improvement Activities. Will the information submit without entering information on the other two categories? To confirm, at the end of the reporting period whatever we have ready will automatically submit since there is no submission tab.

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**A:** Correct, if you are only submitting data to satisfy the test submission option to avoid the 2019 penalty CMS will recognize that and will consider that adequate if you have met the data requirements for the test submission option.

**Q:** If we report our quality measures through claims reporting will that show when we attest on the website?

**A:** Claims data is not currently available on the QPP Portal, but CMS has indicated they will be uploading that data. No timeline has been given at this time. Continued conversation on this topic

**A:** You will still need to log into the QPP Portal and add ACI measures and IA measures if you plan to report on those categories.

**Q:** I also am wanting to attest for Improvement Activities. Did you discuss how to do this?

**A:** Click on the Improvement Activities link in the left side navigation pane. Enter your reporting period. You can search or filter for the activities you would like to attest to. Click on the YES button next to the activity. If you are attesting to using CEHRT for an Improvement Activity be sure you go to the Advancing Care Information attestation and click the attestation at the bottom for CEHRT For IA.

**Q:** When requesting access in the CMS Portal EIDM and are wanting access to submit on behalf of a provider do we select the Group of Provider Approver or PV Provider? And for a role can more than one person from a facility be assigned the role of Security Official?

**A:** The answer depends on the type of organization designation. Whether ACO, individual, or reporting as a group. See the slide deck for the outline of the EIDM Roles.

**Q:** What if you choose to use the option of only submitting a test for 2017 MIPS?

**A:** If you choose the Pick Your Pace Test option then you are only required to submit either 1 quality measure for 1 patient for 1 day, the base ACI measures, or one Improvement Activity. If you enter any of those and that amount of data CMS will recognize that submission as meeting the criteria for a Test option submission.

**Q:** Want to confirm that within the pick your pace program we are only required to submit one Improvement Activity to avoid a negative adjustment in 2019.

**A:** See answer above.

**Q:** Does that work the same for visiting providers- they may file individually or even as a group at another practice- will it just take the best score for that provider?

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**A:** If the eligible clinician works at multiple locations, for each TIN that his/her NPI is identified as required to participate, measure data will need to be submitted. If reporting as a group, and because the payment adjustment is calculated at the TIN/NPI level, the data submission feature will save all the data you enter for both individual eligible clinicians and a group, and CMS will use the data that results in a higher final score to calculate an individual MIPS-eligible clinician's payment adjustment.

*Continued discussion on this topic.*

**Q:** That didn't answer me- if the other facilities don't file on him, does he not score for me?

**A:** MIPS is assessed at the NPI/TIN level. So if your TIN reports he will receive a score for your TIN. However, if other TINs do not report and he is eligible at those TINs he would get a negative payment adjustment at those TINs.

**Q:** I am getting mixed answers on whether or not our office is required to submit. We are a Rural Health Clinic and we had a Rural health specialist say all RHC's are exempt. Any opinion on this?

**A:** The QPP is based upon charges for Medicare Part B services which RHCs and FQHCs do not bill. But providers do become eligible if their services are billed from a Critical Access Hospital Method II billing. I would recommend accessing the Participation Look up tool on the [qpp.cms.gov](http://qpp.cms.gov) website.

*Continued discussion on this topic.*

**Q:** The tool says she is required as an individual. But our office doesn't have data on her part B services. Do I submit office data?

**A:** Yes, I would see if you have MIPS measure data in your clinic, if it is under the same TIN.

*Continued discussion on this topic.*

**Q:** Submit clinical data? Her services provided at the hospital are what are making her eligible. Our TIN is on there.

**A:** Recommend connecting with the QIN representative in your state to go through your scenario in detail.

*Continued discussion on this topic.*

**A:** You may need to check in with someone in your CAH to see if they already have QNET access / EIDM access.

**Q:** How often do we need to check eligibility?

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**A:** You can check eligibility at any time. There is no prescribed/needed amount of times to check eligibility.

*Continued discussion on this topic.*

**Q:** We understand how to look up, but how often do we need to check for eligibility? Yearly?

**A:** CMS sent eligibility letters in May of 2017 and those letters identified the providers associated with your TIN that were eligible clinicians. They do another eligibility snapshot in August.

*Continued discussion on this topic.*

**Q:** We didn't get the second letter in 2017 for who is eligible, any idea why?

**A:** If you had providers that were deemed exempt in the first snapshot they cannot be deemed eligible in the second snapshot.

*Continued discussion on this topic.*

**A:** The look back periods to determine 2017 eligibility were: 9/1/15-8/31/16 and then 9/1/16-8/31/17.

**Q:** Could you walk through the algorithm as you know it for the assignment of bonus points, particularly end-to-end? Of our top 6 measures, we only have 3 end to end bonus points.

**A:** For the Quality category you can earn bonus points for reporting high priority or outcome measures and submitting measures using end to end reporting via CEHRT (EHR or Registry). You can only earn bonus points up to 10% of the category score. You may have topped out on the number of allowed bonus points for the category.

**Q:** I need to fill out an application for EIDM access. Do you know which application type I need to choose?

**A:** I am not clear on which application you are speaking of, but the program you will want access to in the CMS Portal and your should request access to is the Physician Quality and Value Program.

**Q:** Is the deadline February 28, 2018?

**A:** The deadline for MIPS data submission is March 31, 2018. For Groups reporting via Web Interface that deadline is March 16, 2018. If you are submitting via claims you will need to have all 2017 claims submitted by March 1, 2018 to be considered for 2017 Quality Category participation. The February 28th deadline is for the Hospital EHR Incentive Program (MU).

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**Q:** How do we decide if we should use the ACI 2017 Transitional Measure Set or the ACI Measure Set?

**A:** That decision is based on which set of standards your EHR is certified. If your EHR version is certified for 2014 standards, then you can use the Transitional measure set. If it is certified for 2015 then you would use the ACI measure set. If you are using data that comes from a combination of technology that is certified for 2014 and 2015 then you can use the combo measure set. You can utilize the CEHRT look up tool in the ACI submission page to look up your technology.

*Continued discussion on this topic.*

**Q:** We tried to look ours up. That functionality was not working on the QPP Portal.

**A:** I would recommend you reach out to your state's GPQIN representative and they can assist you with looking up the product on the ONC CHPL website.



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