Good afternoon everyone I am Rachel Volpe from the New England QIN QIO and I'm your moderator for the webinar. QPP Portal Preparing for 2018 Data Submission. This is in collaboration with the New England rural health Association. Just a few housekeeping items. The call will be recorded for training purposes. I will provide details on accessing the recording at the end of the webinar. The phone lines, as I mentioned, will be on mute for the duration of the presentation and if you have not already downloaded the slides, I have put a link in the chat where you can find a presentation. We will take questions at the end of the presentation and I will provide instructions on how you can ask a question over the phone or at the end of the presentation or you can enter it into the chat box at the bottom right-hand corner of your screen. Please make sure to send all questions to all participants. I will now pass the presentation over to Laila and Chris to get us started.

Thank you, Rachel. Hello everyone. I am Leila Volinsky I'm pleased to be joined by my colleague Chris Hopwood. We are both senior program administrators at the New England Quality Innovation Network - Quality Improvement Organization and today we will tell you about the QPP portal and how to prepare for your 2018 performance data submission. If you have any questions as we go through the presentation, please enter them into the chat box, this may be new content for some of you, and for some of you it may be familiar; but we want to make sure we are getting your questions answered as timely as possible because the data submission window obviously is about halfway over now so it is really important to make sure you have all of your questions answered.

We will get started. Just quickly we will go over the HARP account which is a new account and I will tell you more about that in a minute; why you need that account and how you can register and create a new account. We will go over the QPP portal data submission talking about eligibility and the performance categories. We will leave time at the end for questions and discussions as well as sharing resources with you.

At this time, I will hand the presentation over to Chris.

Good afternoon everyone, thank you Laila. When we think about navigating the quality payment program we think about it in cycles and the first thing is we have to determine if we are eligible for the

program. If we determine we are, we then need to select their measures, collect that data and then we report out our data. We are talking mainly because we are in the submission period for 2018 so there is a lot of about the HARP account that we need to report out our data . There are some other things we can do that are beneficial in the HARP account. Besides submitting your measures for quality and operability and improvement activities you can also submit quality measures through the CMS web interface for this year's saving program or if interested in the next-generation you can submit your information in that format. For CP Plus, which is the primary Care Plus program, you can use the HARP account to view performance feedback and payment adjustment information. and the feedback usually is from CMS and those reports are usually come in around in July. You can request a targeted review and that is something you need, and you can. Also, if you're doing claims-based reporting you can see the and poor progress performance and review eligibility, for all of the clinicians, in your practice or in your virtual group and you can register for things like the CMS web interface our maps. Also, the HARP account will give you access to compare the preview for how well your particular product does and it will allow you to grant others access to your organization, if you are a security official. So really when we think about for the purposes of today's webinar getting our data and reporting that out if you do not already have an account you will need to register for the HARP account. Laila will do a phenomenal job of walking you through the process. The second part of that is connect it to an organization and you will need to do that in order to manage the data on behalf of your organization. The security officials will need to approve or deny requests. Leila will go through what you need to do if you don't have a security official, and how to set that up. This is important because as of December you will need the HARP account to approve requests from other users or to submit your managed data on behalf of the organization you represent. I am handing it back to you Leila.

Thank you, Chris. We have a couple slides before we get into all of that detail . The first is as I mentioned we are right in the middle of the data submission period of your submitting data through the QPP portal or through a registry or third-party vendor. If you submit your data using the CMS web interface so that is for all of the ACO participants as well as any of those large groups of 25 or more eligible clinicians that registered with CMS back in 2018 to use the portal in 2019; you have between January 22 and March 22 to submit your data to CMS.

Now into the HARP, as Chris mentioned this is the new account type that CMS will use to grant you access to the QPP portal for all of those different elements that she mentioned. So, getting access to

your previous feedback reports, submitting your data, identifying eligible clinicians and gaining access to all of those little bits of data you need in order to be successful in the Quality Payment Program (QPP) regardless of which track you choose whether you're under the Alternative Payment Model or the Merit-Based incentive program. Last year there was a separate system known as EIDM that was how you would log into the QPP portal. If you already have and that EIDM account, you can still use all of your same login information going through the qpp.cms.gov website you can go ahead, and login and all of your data should still be in the system and carried over into this new HARP account with a quick change of names. If you don't have an EIDM account please make sure you register for a HARP account. If you currently have an EIDM account, you can go to the website and if you don't you need to set one up we will go through the steps of setting one up now.

The first step to setting up a HARP account you would go to the https://qpp.cms.gov website and in the far-right corner you see a sign in box that is the first one you see highlighted in red. I apologize these screenshots are small. Once you click sign-in you go to the QPP webpage. If you already have an account, you enter your username and password and login. If you do not have an account, you want to click the second button which is all green and it says register. Once you click that you get the opportunity to register. You can click if you don't want to click the green tab at the top next to the login there is a highlighted box that allows you to register for a new counsel, there are a lot of different pathways to get to the same area to create an account.

Once you click register you come to another screen that talks about what the HARP is and why you need an account. You want to go ahead and click register that orange button at the bottom.

Next you are in the HARP system and you select all of your profile information, so you enter your first name, last name, address, date of birth and social security number. It's important to remember the address is not your business address, it's your personal home address. CMS is all about going through an identity verification process and that goes back to you personally not to your organization, so keep that in mind as you enter your data.

Next you want to select the user ID password and challenge question. Again, it's important to make sure you have the appropriate level of security that you do pick something you can remember down the road. I have that problem as I have a million different accounts and I can't remember which account

password goes with which so create something that seems synonymous with what you typically select or can easily remember.

Next is the remote proofing so this is very similar to the credit card credit confirmation that many credit card companies use. CMS has worked with Experian, for this part, so you will see very similar questions. Such as did you ever reside at this address and it gives you a couple options, what company did you work for, different elements to confirm you are who you say you are and it is in fact your identity your matching to. If you had any issues with may be a stolen credit card or a breach on your personal data previously either through an online market source or healthcare organization or whomever definitely there is another process we did not show here but there is a link if you have questions and need to go through the process more in depth you can go through that with CMS directly. Be sure to go through that option because you will have issues if there is a hold on your data. We had issues with individuals last year whose identity had been stolen, they had notified their credit card company but because there was a hold they were not able to get an EIDM account which put a big breech in their data submission plan because this individual had been the only individual identified by the organization to do the submission so make sure you work through the process as early as possible see you don't run into issues with that April 2nd deadline.

We talked about this a little already but as a reminder the reason why you need the HARP account is it is now the EIDM account in the way you access the QPP portal and allows clinicians to get access to their data. Will talk about the different roles but it's important to have this account. This is what the screen looks like went you finish your proofing and you get the login completed. It does take a little bit of time to get the full process completed, but once you enter the data appropriately you get a confirmation at the very end.

Next, you need to login and select your organization again CMS is going with the two-factor authentication. So, select the appropriate way to get that code usually it's through a cell phone or email address and they will send you the identification code. Here is where you select the device, enter your phone number if you use your cell phone, and they will send you the code and then you enter that code. Now assuming the process has been done correctly you should be able to access the QPP portal. Using the username and password you set up. If there is an issue with your remote proofing as I mentioned that perhaps you had an issue with your data breach or whatever the case may be you can contact

Experian verification support services directly and you want to go through the manual proofing process where they will help you get through the process directly and verify your identity and help you gain access.

Once you have access to the portal this is where you would select the organization you want to be connected to. This is a critical piece that says okay let's say myself so I have access to what organization, where do I work, whose data should I be able to see? Whose data am I submitting in terms of performance criteria? Is crucial that you get the step identified. If you are already able to get into the portal and connected to an organization this would be your page you would see this manage access button on the side and you would come in and see whatever organizations, you are connected to an overview of what that looks like.

Next if you don't have any organizations that you're connected to, or you need to add additional organizations you would come in and say connect to an organization and you have an option of four choices. The first is a practice and that would be one practice usually identified by a tax ID number. This is if you are an APM administrator or an individual handling the data submission. There is a registry which would be if your third-party registry member gaining access to one of your practices data so you can submit on their behalf. There is also a virtual group option, so, if you are an administrator handling the virtual group you want to make sure you select this so you can submit all of the data for your applicable group members. You can only choose one option. Make sure you select whatever is applicable to your practice or organization.

You have to find that organization so you can use a legal business name or TIN if you have that handy then the organization will pop up. I don't show that screen, but it does a matching where you say okay it is MainStreet Healthcare, whatever the name is, and select the appropriate practice and then you come in and you need to select your appropriate role. As Chris mentioned at the beginning there is a really critical role to have which is a security official. The security official, pretty much by the name, is the individual that oversees the data submission, the approval or denial of any additional roles or users within the account. If you are the very first person to try to get access to that organization or TIN, you would have to be a security official because if you're the first person maybe there additional clinician or practice managers that need access you actually get to say yes or no whether or not they can have

access down the road. If you are the first person you have an option to check staff user, you have to be this security official, but it has a little information in the box as to what each role grants you.

Once you move on in this case you see that security official has been selected. You have to do some additional data entry to make sure you know enough about this organization to be granted the security official role. You enter the practice TIN and NPI of one of the clinicians in the PTAN number of the organization and it is critical to make sure you have all of those numbers entered correctly. Any error in documentation would make this a more laborious process and limit your access if it was entered incorrectly. The process goes on and I don't have screenshots for this. Once you gain access as a security official if you have additional users that you're trying to bring in, go into that manage access screen. If you have individuals trying to get a staff user role or additional security officials or if you want someone to help with the process you would see this approved or denied and you can go in and see what they ask for and approve or deny it and that individual will receive a message saying whether or not the request has been approved and you can go on from there.

This is the table to show you if you select practice are virtual group how each of the different roles will function. If you select staff use, you can see all of the data and you can submit data with the security official and you can see all of the data and submit the data. Plus, again, you approve or deny additional user roles. That's the main difference. You have access to all of the slides and you can come back and review this if you need to.

Now onto the portal itself. So, once you have your HARP account and you get into the portal, this would be your landing screen. You would come in and it would say welcome back sorry there are so many other boxes here. You come in and see your name and you can see the timeline for data submission. I apologize this is an older slide of the timeline has shifted now it is April 2. You can also see the performance window which now is open for data submission. If you are ready to go and you know everything, and you want to report you can just start reporting. Select your practice that you submit data on and the performance categories you want to submit as well. There are all of the buttons on the left-hand side of the screen. You can review the eligibility options, you can review your performance feedback, you can check the physician compare preview, manager access or ask for help and get some information on FAQs. You can access your final 2017 performance if you submitted through the portal at

the bottom. So, there a lot of different pathways to access the data depending on what you want to do and where you want to go.

I will hand it back over to Chris.

Leila did a great job about managing our access. I just wanted to point out a few other things. The screen will show you your particular role whether you are the security official role it will actually tell you your role and also show your security official role. It will show you your role and also show you what types of the different platforms that you have access to, and it will also show you all of the users that are connected to your profile and the different clinicians. So, you can click in there and find out how your profile relates to different clinicians. You can click in there and find out who your users are and any pending requests you have as the security official. One question that we have been getting is if you don't know who your security official is, and you are requesting access to the system will you be told who that is? CMS said that if you have a pending role request you will be given the name of your organization and the name of your organization's security official. What sometimes happens is the security official leaves the organization and, in that case, you need to contact the CMS help desk to get help with that particular instance.

Thank you, Chris. The next slides go over eligibility and reporting. In this example, you will see all of the details on where your practice is. For this practice you can see there are four tabs along the top depending on what you have registered for. If you are affiliated with multiple practice, as in this example, you can see they have 11 the top depending on what you have registered for. If you are affiliated with multiple practice in this example you can see they have 11 practices they can gain access to. You see the practice name, the TIN and address. You would see a designation if they are virtual group. At talks about what a virtual group, is and if you want to read more about that. If you are ready to report for that group, as a group or perhaps as individuals within the group you can go ahead and click one of those buttons. If you want to see a specific clinician's eligibility, if you have 10 or 20 clinicians in the practice you can click on the view clinician eligibility and it will actually show you all of the clinicians that are eligible. So, it's very helpful.

I'll hand it back to Chris to talk about more of the details.

One of the things I wanted to point out for some of the smaller rural practices when you look at the detail of the eligibility if you click under each clinician it will tell you if they exceed the low-volume

threshold, and the number Medicare patients, the allowable charges and it will also say any specialty statuses. In this particular case, this clinician was in a rural area and considered a small practice so that information will be in the eligibility section under each clinician.

Go ahead Leila.

Thank you. So, next you can also see additional screenshots if you have questions about the practices. This practice shows you this practice exceeds the low-volume threshold their total Medicare patients and their total allowable charges. This practice had a couple special status designations as a surgical center as well as a HPSA and they are rural. So, they had quite a few attached to their profile.

If you plan to participate with the registry you can come in and see registries you have registered with. This practice is registered with IRIS . If you got a report from your registry you could come in and report that data out. You also see information if a practice is MIPS exempt which is nice so let's say you have a handful of practices you're submitting data for an you come to one that says it is MIPS exempt, you don't have to submit data if they are exempt and they do not meet the low-volume threshold and this one is for the total clinicians they were under the requirement so you can see all of the different information. This is nice as well here, you can see CMS gives you a lot of data on the screen. This practice was participating in the study which means they would get credit for participating in the performance category, if they were performing data, if they were MIPS exempt, they don't have to submit data unless they want to voluntarily but that's up to their choosing.

I want to point out on the side of the screen all the different navigation options. Under the eligibility and reporting you can see under the practice details and clinicians if you want to drill in more you go to the group reporting overview and then you can also go into each of the performance categories. You can submit data, go to quality measures or promoting interoperability or to the improvement activities category. You will get the options for each of the performance categories.

As we get into the reporting overview you will see now as you click on group reporting overview this is what it looks like if you are getting ready to submit data so you see the product does have the TIN the address and you can print the screen, if you want to. You can go to upload a file and you can go ahead and update that file and upload it to the portal. It is pre-coded so the portal will automatically poll the

quality measures or improvement activities for data right out of the report and put it into the performance categories for you. We will show you what that looks like in a moment.

If you are ready to start reporting the screen is very long so we will go through and piecemeal to see what it goes through as you move through the categories. You can start reporting or you can upload a file and you can see your performance category for quality. This group has had their category re-weighted, so you get little tidbits of information, CMS puts in a lot of information throughout the portal for you. As you see at the bottom of the quality screen it says quality counts for 75 percent of your score so right there you know immediately that for this group we are going to assume it has received a promoting interoperability hardship or had the performance category related made on the clinician type so now all of the sudden those 25 percent points from promoting interoperability have been shifted to quality. So now quality is 75 percent of their score, however they participate they want to make sure their scores are high, so they get the majority of the points. If you are ready to submit click start reporting.

I will hand this over to Chris.
The only thing I wanted to highlight with this is that you have multiple options when you are doing quality. You can certainly upload your QRDA and also you can use a third-party agency and give them permission to do the upload. So, besides that you can do claims and you have different options within the portal. The portal will actually walk you through which option you want, option one or option two, do you want to report as a group, do you want to report as an individual?

Thank you and you actually brought up a good point that I realized when you mentioned claims that we don't have screenshots. If you chose to report your quality data through a CMS Medicare part B claim there is data pulled from your claims or performance, but I don't know if that is available yet. Chris have you heard whether that is up and available yet or if they have to wait until 60 days into the year to get that final claims process? You can see the active claims on the portal right now for those that are reporting claims you can see that.

Excellent thank you. So, for the performance reporting overview you see promoting interoperability this practice had their score reweighted so their PI counts for zero percent of their score. You can see the

improvement activity category and you can see a score. There is a lot of information on the page and the total performance category weight.

Go ahead Chris. So, I wanted to point out that if you are a rural practice and you have a specialty status you can see how it will tell you that you have the specialty status that we are going to count and your improvement weights twice the points. The portal CMS has done a nice job of letting you know what your status is. If you know that you are in a small practice and you are not seeing this on your improvements activities and you're not seeing that you're getting calculated double points that would be something you would need to address with CMS. So far all of the submissions I have done, I have seen that they have been calculated correctly this year so that is good news.

As we get to the bottom of the page you see Cost. Obviously cost data is pulled from your claims you don't have to submit anything to CMS. Additionally, if you have any of the bonus points either for complex patient bonus or if you participated in 2017 and you have a quality improvement bonus you see those at the bottom of your screen there.

If you decide to upload a data report, this next a quick screenshot, what it looks like. You get the option to do a drag and drop or search your desk top or folder for the appropriate file. It's important to make sure you have that XML file those are the only three files allowed. You select the appropriate file as you see in the example. The practice has selected 1All category and that is their file. If you did upload and it was successful you see a green box that says upload successful. If you chose the incorrect file or there was an error in the data or the data or was corrupted, you would get a red X indicating that it was not successful. You will need to go back in and correct that file. We did this last year although I did not hear anything this year that there were some issues with data reports being created by some EHR vendors. They had some inherent corruption that was not allowing them to be uploaded the correct way or that measures were not being scored appropriately. If you upload a file you definitely want go back and check all of your measures to make sure the quality data looks appropriate. We will talk more about how it looks when you go to the specific category but do not assume if it's uploaded it set to go so make sure to go back and check.

Now will dive into quality reporting. This is what it would look like if you submit an EHR report so this practice is getting the full performance points they can get 100 and they have gotten the maximum

performance points available. If you were to dig in more on this performance category you could see the measures they specifically have reported on for the total performance category they were earning. You can go further drill down into each specific measure. Let's say you're looking at this and wonder why you got 58.83 points, how was my performance, how did I fall with the benchmark?

You can go in and look for the diabetes hemoglobin A1c measure and see you got a performance of 33 .33% which earned 8.1 points. You fell right in the 7.11 benchmark. It does a nice job plotting the data. You can see on the far right-hand side there are details that shows you your numerator and denominator. If you met completeness requirements, if you had an eligible population. Where there any additional performance and bonus points earned. Again, because this was through an EHR report they had one point for reporting which means they uploaded it there was no manual extraction or manipulation. If you have questions about your specification there is a nice hyperlink you can go out through the specification and see what the population for the measure is, how does my population stack up and evaluated that way as well.

If you are looking for your total performance category scoring if you scroll all the way down to the bottom of the page you would see your total performance category score for all of the measures you submit plus any bonus points you earned over your total possible score for the category times the category weight so this practice has 50% it was not related to 75 so they earned the full 50 points because they capped out at over 50 percent. From here because CMS gives you a lot of different ways to navigate the website you can go back to your overview, you can launch a promoting interoperability or go over to the eligibility promoting sidebar and choose a different performance category, maybe you want to look it to see what is. It's up to you to navigate how you see fit.

Next will dive into promoting interoperability reporting. Unlike quality which only has three ways of submitting data, as Chris mentioned, there are claims, there are third-party submission through either a vendor or EHR Registry or you can upload a registry from your registry. There are also three methods for claims. Promoting interoperability is not an option for claims, it is only for quality. You can either submit your data via report from your EHR Registry, which they can submit on your behalf or you can manually attest to data which we will talk about mostly because the report is a pretty simple process you just add the report. The same three options are available for improvement activities which we will talk about in a

moment. You can see in this example if you submit your data via the EHR and not manually how many points you have earned.

This is another landing page for the performance category you can see you got 100 out of 100 points or if you did manual what that would look like. We will pretend we did not submit data, and this is blank form. We are going to go through the manual process. First you need to select the performance period you are submitting data for. This needs to be at least 90 days and that's a continuous 90-day period through 2018. It could be the first quarter or a later quarter, but it has to be a 90-day period in 2018.

Once you select your reporting period you have to select the measures that you will use. There are three options. Depending on the certification of your EHR then you select which reporting option is the best for you. Under the 2018 promoting transition measures these are really for the clinicians and practices that are using 2014 certified EHR technology. These are measures similar to the modified measure. If you are on a 2015 certified EHR you have the option of selecting any of these three options which are in the 2018 transition measures, the straight 2018 promoting measures, or a combination of the two measures. As a side note the promoting interoperability measures are in line with the meaningful use stage III measure sets. If you're curious about the differences there. If you have gone through an upgrade or any other transition throughout the 2018 and you had both 2014 and 2015 you're welcome to select a combination option it's what works best for your practice in selecting the measures. Once you select, here we have the combination of both measure sets, so this practice uses both transition and regular measure set. You see your total score and it tells you the number of measures you reported on. This practice has not submitted anything. There are the three attestation statements, and these are required. You have to provide an answer to all of those and say yes or no. If you expand the little arrow you get more information about what the optional performance measures are at https://qpp.cms.gov statements so you are expected to be truthful in what you say. They are just statements that you respond yes or no to. You go into the base measure and review what those look like. I'll show you a handful of measures. The first is e-Prescribing so under the combination option you have the choice of selecting either the transition measure or the claim measure. There is not a lot of difference. If you are manually attesting enter your numerator and numerator. If you have fewer than 100 you can take an exclusion for this measure. At the bottom you can see a proposed measure exclusion. Go ahead and click that box and that excludes the measure for you and not requires you to report data, but you still meet the requirements for the base required measures.

I won't go through the rest of those I'll give you an idea of what the performance measures looks like. It's all about the same. Not all measures have exclusions there are three that have exclusions in their in the base required measures. Again, it's all based on 100 if you have fewer than 100 referrals or transitions you could take that exclusion for either of those measures depending on the measures that you select and the year of certification of your EHR. You will see for the performance measure this is the first measure select is patient specific education go ahead and enter your numerator and denominator and it gives you a score based on your performance and you could get the measure specification if you are curious. I want to show you one more thing at the top of the screen. You will see combination options you'll see your total score, so this practice has 90 out of a possible 100 points and the total number of measures reported on. As a side note three of those measures come from those attestation statements and you get three in the total measures completed.

As you move down we will look at the bonus measures. I only have the 2015 CEHRT Bonus showing in the improvement activity but there is also the clinical data registry bonus if you have that. This practice took the bonus so that gives them 10 extra points and they have capped out at 100 points. If you end up using your certified EHR technology to support the implementation of one of the appropriate improvement activities you can go ahead and take that as a bonus. As a reminder that does not happen automatically you have to attest to using that technology in the implementation of an improvement activity to get those 10 bonus points so keep that in mind. You can navigate back to your overview and go on to improvement activities those same categories are options on the left-hand side of your screen.

We will go into improvement activities and you can see here this improvement activity has already reported one through EHR so they're getting 10 points. You can get additional details here or we can dive into the performance category. You cannot see and I apologize this is very similar to promoting improvement activities you have to select a 90-day reporting period at the consecutive 90-days throughout the year of 2018 so choose what works best for you. We had a lot of questions about what happens if I select activities that kickoff at different points throughout the year, but we are continuously working on improvement activities contacts I would choose the entire year so make sure you cover what your timeframe looks like and that you are actually working on implementation or supporting the activities.

You come down and select the activities you are looking to report on. You can scroll through and search by the different subcategories such as those that are listed here. If you know where your improvement activity falls. You can search through the text box also. For improvement activities that is a simple process. You literally check yes or no, it's a little check box. If you do not select anything it is a nice thing about the categories as it shows you the weight of that improvement activity and how many points you earned toward your score. Currently, as you see here, only one is checked earning this practice 10 points, they must be a large practice. With the different weighting small practices earn double points and large practices earn the flat point scoring.

Here with the 10 points they get 10 out of 40 and 1 activity has been completed. A lot of information placed into the portal. You can see that the second activity and he is eligible for the bonus that I mentioned for promoting interoperability. So, if you check that make sure you took that promoting interoperability bonus and come back they will not link together so make sure you're getting those points if they are appropriate.

I did not have this previously, but if you look at this screen this practice has earned 40 out of 40 points with 3 completed activities and you see at the bottom right-hand part of your screen a green box pops up with the trophy icon and it says, "Max score for this category has been achieved". You have earned the highest possible score so you get a trophy icon indicating that you've done it, nice work you earned all of the points you can for that category. That is true for all of the categories you see that pop up.

As I mentioned previously, with the additional bonus points once you go through your reporting CMS generates a score. You will not get all of the bonus points here, it may take additional calculations on the backend that CMS will do when you get the final score, but you can get an idea of whether or not you are qualified for the bonus or that quality improvement score. This practice got some of those bonus points.

I will hand this over to Chris. As we close out the webinar, we want to encourage you while you are in the portal submitting, take a look at your feedback summaries. They also have field test report for your Medicaid, the Medicare spending program beneficiary and the total per capita cost. As you get into your reporting these field reports are a great asset and you have access to them. While you submit your data now through April 2 we want to encourage you to take a look at that and if you are not sure what you

are looking at, reach out to Leila and I and we will make sure to put you in touch with the appropriate consultant to help you with that.

Thank you it's critical to know how you perform previously and if you have questions on your data to make sure it lines up. Very briefly this is what a registry dashboard looks like. This practice does have multiple clinicians within one report, and you can see what your performance look like. Just a quick overview of what it would look like if you submit via the registry.

Chris I will hand it back to you.
We wanted to briefly talk about audits. We don't like to think about audits, but we want to make you aware that you should be starting your quality reports with the clinician's names and time frames and save that data for seven years. Also, save the documentation for your improvement activities, and your security risk analysis. Additionally, as Leila went through the portal at the right-hand side on top there are printed documents, I would print your total summary for all of your scores and the categories since that submission receipt, as well as any screenshots from your EHR vendor are your backup information. We have been given access to a templated document from our national coordinating center. If you are interested in preparing for your audits reach out to Leila or me and we can get you those templated documents for your use.

Thank you. Perfect we are at the end of the presentation so we will open it for questions. I see one question going back to when we first talked about the HARP accounts.
Q: Is the PTAN individual or group ?
A: That depends on the practice so usually it will be the practice PTAN unless it's an individual clinician where it would be that specific clinicians PTAN .

If you would like to ask questions over the phone please press pound six to unmute your line or you can ask your questions in the chat. Before I forget because I almost was about to forget it Chris made me think of something when she referenced the audit documentation. We had a lot of questions about how do I know my data has been submitted to CMS? There is no submit button, done button, complete, or finish button? Basically, your submission is a living document so you can come and go any time between January 2nd and April 2nd and update your data, you can change it, delete reports, add them back in. It is living until April 2nd at 8:00 p.m. If you have date in the portal, CMS will score you on that. So

whatever you have present is what you are scored on you can come and go add move and change just make sure that you have supporting documentation to back up whatever data you submit so have those reports, have the processes to support your improvement activities, security analysis, make sure you have all of it. There is no submit button so keep that in mind. I see a couple more questions.

Q: If you are certified EHR is upgraded after 2018 can you use it for your calculations are you allowed to attest for the upgrades?
A: So, I want to make sure I understand the question. You are saying your certified EHR was upgraded in 2019? If that's the case you cannot attest to having a 2015 certified system in 2018 because it was not completed yet. If I misunderstand your question please let me know.

Q: We use Officemate with reports, can we use it or do I need to call Officemate?
A: I would touch base with them to make sure they are submitting on your behalf. If they submit data on your behalf make sure they have access to the portal through either a staff user or security official however, you set up your product just make sure they can submit the data for you.
I see a question…
Q: If we had problems with our https://qpp.cms.gov system can we reregister for HARP? We have heard of some practices reregistering you could if you had issues with EIDM. The reason why EIDM was created was to save you the trouble to reregister it was supposed to pull your data over. If you had issues all along I don't see an issue with that. Chris do you have any thoughts on that? I would contact the CMS help desk. Depending on what the issue is, if you have someone that has the security official role that they are no longer at your organization you could certainly work that out with the CMS help desk. Depending on what the issue is but I would start there so it does transfer over correctly. Thank you for adding that in.

We have a question about small practices. Chris do you want to take this one?
Q: For 2018, if our small group submitted quality via claims, should we submit Improvement Activities as individuals, too?
A: So, if you submitted that's a great question and we have gotten that several times. The system does allow you to put in your improvement activity as a group, but I would not do that. I would, if you are submitting claims obviously as individuals, then I would submit the improvement activities as individuals

as well. I did speak to the help desk about that and they thought that was a good idea because they were seeing some glitches around that so that is a great question.

Great thank you. That brings us to the end of the questions. Again, feel free to ask your questions in chat or over the phone by pressing pound six. If you want to send me an email here is my contact information. I will leave it up for in information and I will jump to Chris's and you can send her email if you have questions as well. Here is Chris's information.

I will jump to one last slide. We have information on several different platforms and organization. We have our New England QIN-QIO MACRA website. We have an ask a question link there. Also links to the CMS quality payment program (QPP) which has a ton of information on the programs. You can look up your participation status. You can enter your number and it will tell you if you are in eligible or not. There is a link to the New England Rural Health Association to find out more information on their offerings and upcoming events as well.

Another Question:

Q: Our EHR system is 2014/2015 certified which measure set should we select?

A: It depends on what makes the most sense for your practice. We have often seen practices in the transitional practice will go with the 2018 measure set. Those are the measures that go back to Meaningful Use Stage Two. There is one last required measure at the prescribing risk analysis providing patients access to the portal and sending that information. For the numerator and denominator numbers you have to have at least one patient in the numerator in order to meet the requirements. For the security risk analysis that's adaptable only you just say yes or no that you have completed this during the calendar year and then you have the option to select as many or few bonus measures to get additional points. Off the top of my head I would say that's probably your best bet, but you have the option because you are using both certified years that you can go with either the 2018 transitions that are the combination options set. You would not want to go with a straight 2018 promoting interoperability measures because those go more toward the 2015 technology offerings and you might not have those available or completely integrated and ready to go. That was a long-winded answer [laughter].

We have a couple more minutes Chris is there anything you want to add before we wrap up?

Sure. I want to encourage you all to reach out. We provide no-cost technical assistance with the quality innovation network and we work with large practices, small practices, so make sure to reach out to QPP

website. Leila and I will get you in touch with the right consultant. We are here to help you through the process, so we encourage you to reach out. Absolutely, we want to make sure everyone in New England and beyond does not get a payment penalty and hopefully at least get some sort of positive payment adjustment whatever that looks like under the program.

We will hang on for two more minutes until the top of the hour. If you have questions you can ask them in the chat or open up the phone line by using pound six or if you want to ask a question on our website you can or contact Chris or myself directly and we are help happy to help. No question is a dumb question, we have a lot of specific nuance scenarios and different practices we've helped organizations work through because sometimes it comes down to subjective how you read the rule or requirement so make sure you get your questions answered.

This is Rachel I want to do a few last housekeeping items. Leila if you would not mind going to the next slide. I want to remind everyone we are on social media Facebook, LinkedIn, Twitter and YouTube. An evaluation will pop up on your computer when you leave the conference call. If you could fill that out we would greatly appreciate it. If you don't have time to fill it out right now or if you are sharing a computer with someone else, you will receive an email tomorrow with the link to the evaluation as well as a link to the event page. The PowerPoint presentation is posted on the website and that is in the chat box. Within the next few business days the recording and transcript of the webinar will be added and again I posted the link in the chat box. Thank you again for attending.

Thank you Rachel. Have a great afternoon everyone and reach out if you do have questions. Take care.