



MSSP Call Transcript 1/10/18

Good afternoon -

Thank you for joining today's call regarding the MSSP Medicare Shared Savings Program audit, which will begin on January 22, 2018. Most of the practices participating in today's call were members of the Community Medical Group MSSP in previous performance years. Therefore, what we will review today should be somewhat familiar to most of you.

As you know, GPRO is the group reporting option for members of the Medicare Shared Savings Program. Under the MSSP GPRO program, the quality measures will be reported for the 2017 performance year. This audit satisfies two of the four MIPS category requirements - *Quality* and *Improvement Activities* - and helps your practice avoid a negative payment adjustment in 2019.

This year, there have been many questions from practices regarding the reporting of MIPS data through an EHR-based system. Some of the EHR companies have made arrangements to report MIPS data on your behalf for the Quality and Improvement Activities categories. We want to reassure all of you that as a member of the MSSP, your practice TIN will receive full credit in the Quality and Improvement Activities categories when Community Medical Group (CMG) successfully reports your patients' data via the MSSP GPRO audit. Your sole reporting responsibility is to self-report in the Advancing Care Information category of MIPS. By now you should have received information from CMG and CMS regarding the ACI category, but we will recap towards the end of this call. We will also discuss important information about the other MACRA MIPS program requirement updates towards the end of this call.

After today's call, you will be receiving a list of patient records selected for audit by CMS. This list will be sent by CMG via secure/encrypted email, and will include patient names and other demographic data, in addition to the measures that CMS selected for your patients. In order to receive encrypted emails from CMG, please be aware that you will be directed to create a log in and password for the encryption software. For security purposes, please be aware that the ability to open these encrypted emails will expire after a few days, so be sure to create a log in and password as soon as possible.

Beginning next week, your practice should expect to receive a call from a CMG representative. The purpose of the call is to schedule an appointment to visit your office for the GPRO audit. If you have a cloud-based EMR, you have the option of providing CMG with a login and password so that we can perform the audit remotely. For ease of auditing and to create less of a burden on your office staff, remote access to medical records is the preferred method of data retrieval. It is important to note that alternative sources of data may also be utilized during the auditing process. For example, hospital or skilled nursing facility records may be used to demonstrate compliance with GRPO measures.

Expectations

As a member of the MSSP, we expect and need your cooperation and assistance with this project. CMG will need access to secure wi-fi and your EMR, in addition to paper or legacy medical records. If an onsite audit is performed, CMG employees will need space in your office to work, and the ability to plug in a laptop, as the findings of the audit will be entered into the software application in real time. CMG may need access to the paper medical record if the metric has a long period lookback or if you recently began using an EMR. For example, colorectal exams have a lookback period of 10 years. During the appointment scheduling call, the CMG employee will identify the patients that may require paper chart review based on the measures selected for audit. Finally, we request that a member of your office team be selected as the point person to help address questions or concerns on the day or days of the GPRO audit.

On your part, you can expect that the CMG employee will provide identification, be HIPAA compliant, and conduct the audit professionally. Once the audit is complete, CMG will transmit the audit results to CMS on your behalf.

For those practices that successfully self-reported through the ACO Health Solutions web application for 2016 performance year, you will be offered the same opportunity for the 2017 performance year. You will be receiving an email from Jenn Cammarano [CMG General Counsel] following this call to elect this option. Notification of the election to self-report must be received by Friday, January 19, 2018. Failure to notify by January 19, 2018 will result in CMG contacting your office to schedule an appointment for GPRO auditing purposes. In addition, those practices who plan to continue to self-report will need to comply with a random audit managed by CMG during the data collection time period. It is anticipated that this will be the last year CMG will offer a self-reporting option. In 2019, CMG staff will perform the audit for

all practices. This is to ensure that there is a standard reporting mechanism across the network and we optimize our performance on these quality metrics.

Timeline

Over the next few days, you will receive your list of patients selected for audit. Starting next week, CMG will contact your practices to schedule appointments for the audit. CMG has established an internal deadline of March 2, 2018 to complete the audit process, so your timely attention and cooperation is absolutely necessary.

Important Information on MIPS

Now, we will address the changes CMS is making to the Medicare program.

As you know, MACRA/MIPS replaced PQRS, value-based modifiers and meaningful use. We have received a number of questions regarding MACRA/MIPS and participation in our Track One Medicare MSSP ACO. Briefly, MACRA/MIPS consists of four categories. These are: *Quality, Improvement Activities, Cost, and Advancing Care Information*.

The *Quality* category has replaced PQRS, and your continued participation in the MSSP for performance year 2018 will satisfy the *Quality* category for purposes of the performance year 2020 payment adjustments.

The *Improvement Activities* category is new and does not replace a previous payment adjustment or quality program. Your continued participation in the MSSP for performance year 2018 will *likely* satisfy the *Improvement Activities* category requirements for the 2020 payment year without any additional reporting requirements. The final rule put out by CMS does not expressly state that practices will receive full credit in 2018, but the rule is written in a way that indicates it has adopted the full credit approach that CMS had taken with 2017 performance year reporting.

The *Cost* category replaces the value-based modifier. The *Cost* category is calculated from adjudicated claims and requires NO reporting on your part. In 2017 and 2018, *Cost* is not configured into the performance score of MSSP Track 1 ACO participants.

Important Information

The final category is *Advancing Care Information*, which replaces Meaningful Use. All practices must report this MACRA/MIPS category *independent of the MSSP ACO program*. On January 2, 2018, the QPP website released additional information about the submission of ACI information for programs that access the Web Interface for reporting quality data. This includes the MSSP Track 1 ACO, however, we have received conflicting information from the QPP Quality Payment Program regarding when ACI data should be uploaded. The conflict is regarding the date data should be submitted. According to one set of instructions from CMS, MSSP practice TINS should report *Advancing Care Information* between the dates of January 22 and March 16, 2018 to coincide with the GPRO Audit reporting window. However, at least one of our MSSP member practices was advised by CMS that ACI data may be entered anytime between January 2 and March 31, 2018. Last week, we asked for clarification of the timeline and what if any implications might exist regarding data already submitted. However, QPP has not yet responded to the question or resolved the conflicting information. As soon as an answer is provided, we will email this information out to practices. To err on the side of caution, CMG strongly recommends that practices plan for and confirm that their ACI data has been submitted by the GPRO deadline of March 16, 2018.

Planning for 2018 Performance Year

For MSSP Track 1 ACO participants, CMS has released limited data on how changes to MIPS will interact with the MSSP program. We do know that the Advancing Care Information data will need to be reported for 90 days in the 2018 performance year by our member practices and contributes 30% to the final aggregated MSSP score. As new information becomes available, it will be messaged out via the CMG monthly newsletter; a valuable source of information on Medicare as well as commercial carriers.

If you would like to sign up to receive the newsletter, please email Sue Loiacano [sloiacano@communitymedgroup.org] or Sharon Wood [swood@communitymedgroup.org] and we will get you on the list. If you previously opted out of receiving communications like the newsletter, we would be glad to add you back to our recipient list.

To recap:

- Patient lists will be sent via encrypted email;
- Someone from CMG will be contacting your office to schedule the GPRO audit;

- EMR access, internet access and space for the auditor is necessary, unless your office elects the preferred method of granting remote access;
- Alternative sources of patient data will be utilized to validate measure compliance;
- The GRPO audit that begins on January 22, 2018 is for the 2017 performance year. All auditing and data submission activities, including *Advancing Care Information* needs to be completed by March 16 in order for your individual practice scores to contribute to the MSSP overall score for the ACO. The 2017 performance year will impact Medicare payments in 2019.

Questions