

MSSP CMS Web Interface Call Transcript

January 15, 2020 12:30 P.M.

Good afternoon,

Thank you for joining today's call regarding the MSSP Medicare Shared Savings Program audit, which officially began on Thursday, January 2nd. 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, CMS Web Interface—previously known as GPRO Web Interface— is the group reporting option for members of the Medicare Shared Savings Program (MSSP). Under the 2019 MSSP CMS WI program, 10 quality measures will be reported for the 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 2021.

In previous years, CMG received questions from practices regarding the reporting of MIPS data through an EHR-based system or data registry. Some of these companies have arranged to report MIPS data on your behalf for the Quality and Improvement Activities categories. We want to reassure all of you that, as members of the MSSP, your practice TIN will receive credit in the Quality and Improvement Activities categories when Community Medical Group successfully reports your patients' data via the MSSP CMS WI audit. Your sole reporting responsibility is to self-report in the Promoting

Interoperability category of MIPS. This category formerly went by the name of Advancing Care Information, and prior to 2017 it was known as the Meaningful Use category.

By next week, your practice should expect to receive a communication from a Community Medical Group representative. The purpose of the call is to arrange an appointment to visit your office for the CMS WI audit. If you have previously granted a member of the CMG team remote access to your EMR, some of the MSSP auditing work has already been started on behalf of your practice.

If you have a cloud-based EMR, you have the option of providing Community Medical Group 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 CMS WI measures.

If you would like to receive a list of your patients selected for audit, please call or email Sharon Wood, and an encrypted file will be sent electronically via email or faxed to your office.

Expectations

As a member of the MSSP, we expect and need your cooperation and assistance with this project. Community Medical Group will need access to your EMR, in addition to paper or legacy medical records. When onsite audits are performed, Community Medical Group employees will additionally need secure wi-fi, 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.

Community Medical Group may need access to the paper medical record if the metric has a long lookback period, or if you recently began using an EMR. For example, colorectal cancer screenings have a lookback period of 10 years. During the appointment scheduling call, the Community Medical Group 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 CMS WI audit.

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

Timeline

CMG has established an internal deadline of Thursday, March 12th to complete the audit process, so your timely attention and cooperation is absolutely necessary.

Important Information on MIPS

As you know, MACRA/MIPS replaced PQRS, value-based modifiers and meaningful use. We receive 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 Promoting Interoperability.

The Quality category has replaced PQRS, and your participation in the audit of quality measures in the 2019 performance year will satisfy the Quality category for purposes of the performance year 2021 payment adjustments.

The Improvement Activities category did not replace a previous payment adjustment or quality program. Your continued participation in the MSSP for performance year 2019 will satisfy the Improvement Activities category requirements for the 2021 payment year without any additional reporting requirements.

The Cost category replaces the value-based modifier. The Cost category is not configured into the performance score of MSSP Track 1 ACO participants and no reporting is required.

*****Important Information*****

The final category is Promoting Interoperability, previously known as Advancing Care Information, which replaced Meaningful Use. Unless your practice applied for a reporting exception, all practices must report this MACRA/MIPS category independent of the MSSP ACO program. On January 2, 2020, the QPP website opened, and presently allows for MSSP program participants to report their 2019 Promoting Interoperability data from now until March 31, 2020. Please note that last year, the QPP data submission site was unable to handle the large numbers of last-minute uploads, and some practices were unable to submit data in a timely manner. To err on the side of caution, we strongly recommend that all Promoting Interoperability data submissions be completed by Friday March 20th.

New for the 2019 performance year, CMS now allow clinicians in MSSP ACOs to report Promoting Interoperability measures either as an individual or under a group TIN. Practices should include data from all eligible clinicians in the group, even those clinicians who might have been included in the low volume threshold.

If you had a clinician join your practice during the 2019 performance year, CMG recommends you verify that your new clinician is eligible to report as a MSSP ACO participant. CMS uses four snapshot dates which establish and then add clinicians to the MSSP during the performance year. You can check the eligibility status of any provider using their NPI number by logging into the QPP website <https://qpp.cms.gov>; navigating to the upper right corner, clicking on

MIPS, and clicking on “Check Participation Status” in the green box. You may also Google QPP and select “Check QPP Participation Status” under the site name in the search results.

In 2019, the definition of MIPS eligible clinicians was expanded to include some additional clinician types:

Physical therapists, occupational therapists, qualified speech-language pathologists, qualified audiologists, clinical psychologists, and registered dietitians or nutrition professionals.

CMS confirmed, in a response to our question, that these types of eligible clinicians are considered to be full participants in MSSP Track 1 ACO programs as long as they are on CMG’s ACO participant list during one of the snapshot dates for 2019. If you have these clinician types billing under your TIN with their NPI, then your practice should include them in group reporting for Promoting Interoperability. If you choose to report every eligible clinician in your practice as individuals, then these specialty types are exempt from the Promoting Interoperability category.

Planning for 2020 Performance Year

As new information becomes available, it will be messaged out via Constant Contact and 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 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:

Someone from CMG will be contacting your office to schedule the CMS Web Interface (WI) 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 CMS WI audit that began on January 2, 2020 is for the 2019 performance year. All auditing and data submission activities, including Promoting Interoperability, needs to be completed in the program timeframes in order for your individual practice scores to contribute to the MSSP overall score for our ACO. The 2019 performance year will impact Medicare payments in 2021.

**Finally, a transcript of this call will be made available to MSSP program participants and on our website at:
www.communitymedgroup.org**

Questions