

ONCOLOGY CARE MODEL

OCM QPP REFRESHER LEARNING EVENT

Event Transcript
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Rob Clevenger: Hello. My name is Rob Clevenger, and I will be moderator for today's learning event. This event is for OCM participants, and is entitled OCM QPP Refresher Learning Event.

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Rob Clevenger: We do want to note a few disclaimers about this presentation. It was prepared as a tool to assist providers, and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies within the provider of services.

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Rob Clevenger: I'd also like to point out some initial housekeeping before we start. All attendee phone lines have been placed in a listen-only mode. We are recording today's event. The slides, transcript, and recording will be available on OCM Connect after this event. You may submit questions during the event using the Q&A pod to the right of your webinar screen or after the event to OCMSupport@cms.hhs.gov. If you have any technical questions or issues today, please submit your question in the Q&A pod, and we will be happy to assist you or you may contact Adobe Connect Customer Support at 1-866-335-2256.

Now I would like to welcome Kris Corwin from the Center for Medicare and Medicaid Innovation who will begin our event today.

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Kris Corwin: Thank you, Rob. So in the next slide, we're going to go over welcome and objectives. So, again, welcome to all our participants that were able to carve out time to be on the webinar today. We both appreciate your participation in OCM as well as acknowledge that, while patient care is happening, it's tough to carve out the time. So happy to present this hour of discussion. And our topic, of course, is how your OCM participation interplays with QPP.

And so as we move through the presentation, expect to better understand how one-sided versus two-sided risk elections for OCM affect what opportunities or possible tracks you can use in QPP. And so we'll move through that and also give some early notice of changes in QPP.

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Kris Corwin: So moving into risk arrangements, the next slide, with risk arrangements, to best frame QP determinations which is mostly the focus of this presentation. For now, we'll limit ourselves to a brief discussion of some key OCM concepts. And really, what I want practices or participants today on the webinar to understand is that the current risk arrangement status that you have will drive what you want to pay most attention to during today's presentation.

So if you're in a one-sided risk arrangement, it's most straightforward in terms of navigating the material presented today. You'll be considered a MIPS Alternative Payment Model, and you'll report to MIPS. So it's that simple and straightforward for practices in one-sided risk. But please stay with us until the end as we'll get into what's changed a bit in MIPS, and Brittany will go over that content.

But turning to OCM two-sided risk arrangements, this risk arrangement status that you have as a result of your OCM participation will qualify your OCM practice as an APM entity that may be able to use the advanced track. So we'll talk about what that means and the considerations involved. But again, it mostly turns on once you've determined you are in a two-sided risk arrangement. It mostly turns on QP determinations which we'll really dive into at length later on in the presentation.

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Kris Corwin: Let's get right into it, and I'll turn it over to Brittany so she can explain some of QPP to the audience today. Brittany?

Brittany La Couture: Thanks Kris. Thank you. So, I'm Brittany LaCouture. I am the QPP APM Policy Lead over at CMS, just for any of you who have not been on webinar with me before. We can just go ahead and dive right in, and you're probably wondering, is your OCM practice an Advanced APM or a MIPS APM practice. So as Kris just described, if you are in a one-sided risk track, the answer is easy. You are in a MIPS APM. If you are in a two-sided risk arrangement, then we have another question to ask. And that question is, does your practice pass the QP threshold for the QPP performance year? And in that case, you'd become a qualifying APM participant.

QPs are excluded from MIPS, they have no MIPS reporting requirements. And they are also eligible to receive a 5% lump sum bonus on all their part b billing that's across all of their TIN/NPI combinations. If you're in the two-sided risk arrangement, and you don't get over that QP threshold, then your clinicians will remain MIPS eligible clinicians but you're still at a MIPS APM, and so you'd still receive the benefits of MIPS scoring as a MIPS APM.

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Brittany La Couture: So what are the differences in payment between these two groups? If you're a MIPS eligible clinician, the physician fee schedule rate will be based on your practice's final score in MIPS. And the way that we'll calculate that final score will be by taking the most favorable APM scoring-standard score that is calculated based on four categories under MIPS. We can get into that a little bit later.

But basically, we will look at your OCM payments and then we will make an adjustment, your physician fee schedule adjustment, to those payments which will be based on your participation in MIPS. If you're a QP, as I said, you're excluded from MIPS, and we're going to make a lump sum payment based on your total Part B billing, and that will be in addition to, again, any payments or incentives that you will be receiving under OCM.

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Brittany La Couture: So how do we define the OCM practice for purposes of QPP? In QPP, when talking about a practice, we're talking about the list of the NPIs, National Provider Identifier, on your practice's OCM practitioner list. So that means that if you are reporting to MIPS as part of a larger group or a TIN, a multi-specialty practice, etc., your OCM practice is only that subset of practitioners who are on that practitioner list for OCM. This is a great graphic that shows the OCM practice can be the entirety of a practice, a subset of the practice or group within a larger health system.

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Brittany La Couture: So in trying to determine, again, this is restating what we just said, trying to determine, well, who are the practitioners in the practice, we look at that practitioner list on three dates throughout the QPP performance year. That's March 31st, June 30th and August 31st. These are our snapshot dates. And based on that list, we now know who the practitioners are that we may be including in our practice. Again, if you are not in an advance track, then you are going to be reporting to MIPS. And if you are in the advanced track, then the next question we'll be asking is, did you reach the QP threshold, and that's 50% or 35%. That refers to the 50% of your total billing or 35% of your patients that are seen through the OCM practice. If you're over those thresholds, then you can qualify to be a QP, and you're excluded from MIPS.

Another thing to keep in mind is that it is possible that you could have, within your practice, say, a new clinician who joins the practice after that August 31st snapshot date. And, for purposes of QPP, we won't know that that clinician has joined your practice because they're not on one of our snapshots. So in that case, that clinician is just a regular MIPS eligible clinician, and won't be considered part of your OCM practice for that QPP performance year.

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Brittany La Couture: This is similar if you are in a larger group TIN that has practitioners that are not part of OCM. Those clinicians are MIPS eligible clinicians. They have to report to MIPS. They do not receive, really, any of the benefits of your OCM participation, other than the availability of some points that might be available to them for the improvement activities category under MIPS. Those points are assigned automatically. It's not something that you really need to worry about though I'm happy to answer questions if you're dying of curiosity. We can take that later.

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Brittany La Couture: So, again, to qualify as a QP or receive the APM scoring standard, the eligible clinician must be on the participant list on one of these three dates, March 31st, June 30th, August 31st. These are not cumulative lists. We are only looking at who is on the list on those three dates. And that's it.

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Brittany La Couture: Again, a restatement of the threshold scores that I breezed over earlier. When we talk about the 50% or 35%, we're talking about 50% of your payments have to be paid through

the Advanced APM. Or 35% of the patients who you see in that year have to be seen through the advance APM. I do want to draw your attention to, you can see the 2020 box is highlighted for this year, I do just want to point out in 2021, these thresholds are going up pretty significantly. So if you are in that two-sided risk, I just want to make sure you have your eye on that. And that we're driving as much of our payments and patients as possible into these Advanced APMs as possible.

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Brittany La Couture: So when we're talking about the percentage of patients that you're seeing in a year, how do we know who's counted and who's not counted? So when we're calculating that threshold score, we look at the attribution-eligible OCM beneficiaries. So these are the beneficiaries who could or should have been seen through your OCM practice, and then that will be your denominator. And then the number of OCM beneficiaries who actually were seen through your OCM practice, and this is going to be based on your quarterly feedback report, and we use those numbers to create a percentile score. And, again, for 2020 that number is 35% is what we're looking for. Going into 2021, we're going to be looking for 50% of it should be to beneficiaries being seen through the OCM practice.

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Brittany La Couture: We just talked through the patient count method, a little bit. Similar for the payment amount. We'll look at the total amount of Part B professional services that are provided to QPP attribution-eligible beneficiaries. And then the numerator which is the dollars of Part B professional services that were actually billed through the OCM practice. So we often will talk about attributed beneficiaries that really count for both the patient and the payment amount although it's usually understood more easily in the patient count method.

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Brittany La Couture: So which beneficiaries are included in that attribution-eligible definition? To be included, a beneficiary cannot be enrolled in MA or Medicare cost plan, does not have Medicare as their secondary payer, must be enrolled in Parts A and B, at least 18 years of age, is a US resident and has a minimum of one claim for services furnished by the eligible clinician in the OCM practice.

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Brittany La Couture: I realize that this slide is a lot to take in, but this is just a restating of our snapshot dates and how it works and how we're determining who's going to be a QP. So on each of those three snapshot dates, we're looking at who is in your practice. But we're also using those dates to start calculating your QP status so that you can know in advance whether you're over that threshold or if you need to make plans to report to MIPS. On the first snapshot of March 31st, we take a look looking at your quarterly feedback report from OCM that covers a slightly different chunk of time. So for that feedback report, we're actually looking at July 2019 to December 2019, and this is actually for the 2020 QPP performance year. For the June 30th snapshot, we'll be looking at, again, July 2019 through March 2020. And for August 31st, we're going to be looking at October 2019 through August 2020. So this is a cumulative effort. We're looking back in time but we're never

going to drop people from the list. So if you are a QP on March 31st but you don't get QP on August 31st, that's okay. You will retain that QP status that you earned on March 31st unless you leave or terminate from OCM. But as long as you are a participant in the Advanced APM, once you achieve QP status, you keep it for that performance year.

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Brittany La Couture: So if you're not a QP, if you're not in the Advanced APM track, what are you responsible for? You are still a participant in MIPS, a MIPS eligible clinician or your practice is comprised of MIPS eligible clinicians, but they do have some benefits under what we have called the APM scoring standard. For 2020, we made some significant changes to it from what we had been doing in the past. We had received feedback about the way that the OCM model timelines work. We weren't getting data in a timely enough fashion on all of your quality measures to use them for MIPS scoring. So in the past, we had been using only claims measures to score you for purposes of MIPS, which turns out, sometimes can artificially lower quality score relative to what you may have earned if you were reporting outside of just those OCM claims measures. So for 2020, what we're doing as a transitory, or transition policy, is we are allowing OCM practices to report on any MIPS measures that are available to them, including any measures that may be similar to those in terms of data collected, to measures that are already used in OCM. So it's fine to reuse data. And in this way, we hope that you can get a score that's hopefully more reflective of your efforts that you've put into the quality performance category. And, in addition, in recognition to the fact that you have to report to OCM and now you also have to report to MIPS, we are giving a credit of 50% to the quality performance category. Meaning that, if you are not reporting on as many measures or you're not fully prepared to jump in and report on a bunch of extra measures, you're still getting a minimum of 50% for that category. So it should be a nice little safety net in that, again, transition year.

The cost performance category is weighted to zero, so you don't have to worry about that category. We know you're already being scored on cost, and that's something you're already tracking through OCM. So we're not worried about scoring you on that a second time through MIPS.

The improvement activities category is weighted 20%, but you don't have to worry about reporting on that either. We're just going to give you a hundred percent for that performance category because we know that the requirements of participation in OCM require you to do all the things that the IA category is asking of you anyway so there's no need for you to report that to us a second time. The promoting in operability performance category that's weighted to 30%, and that does require reporting on your end. So you either as a practice or part of a larger group TIN, however makes the most sense for your practice, will need to log in and report through the QPP portal on this performance category. It can be reported again at the individual level. So if you have a couple of docs who perform really well on this category, they can report on their own. You can report at the group level. And, for OCM practices, generally, that will actually cover the entire practice. So it's still only really one submission. So hopefully not too difficult to do well in that category as well.

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Brittany La Couture: So, again, some changes to the APM scoring. You may have noticed that reporting requirements for the quality category are different than they were in previous years. I jumped the gun in my explanation before. Again, this is because of the reporting timeline from OCM quality measures, and they just don't quite match up with QPP because QPP is a January to December calendar year program whereas OCM runs on 6-month increments. The performance periods don't line up, and so we're trying to make sure that everything works out fair, and that we're not being unduly restrictive or creating disincentives for participation in these APMs. So, again, we're giving that 50% credit, hoping that this will encourage everyone to continue participation in OCM and not put them at any disadvantage in MIPS.

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Brittany La Couture: So that is the end of my presentation. I think the plan now is to open this back up to question and answer, unless Kris or anyone else has anything they'd like to jump in on before we do that.

Kris Corwin: I think we've covered it, Brit. So we can move back to questions. Our first comes from a practice, we'll deidentify this question that came before the presentation, but at least one practice has asked. *"If a practice has a lack of certified EHR technology in 2020, what does that do to their Advanced APM status?"*

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Kris Corwin: So, Britt, I'll turn to you to answer the first part of that question, then we can take this question in chunks. So, if I'm an OCM practice and I don't have certified EHR technology, what happens to my statuses in Advanced APM?

Brittany La Couture: There's some good news here. Nothing will happen to your status. See, the designation of Advanced APM attaches to the APM as a whole, not individual practices within it. So OCM is an Advanced APM. And that's the end of that inquiry for QPP purposes. I will say that, in a given year, if you do not meet those requirements, you're not going to automatically lose your QP status but you may be subject to monitoring under QPP. And you're also going to be subject to whatever monitoring requirements are part of OCM, meaning that you could be put on a CAP or face other disciplinary action. But that is not inherently QPP related. So, Kris, you might be able to better answer what will happen under OCM.

Kris Corwin: Yes. Thanks, Britt. Again, to remind practices, our agreement compels any participant to obtain 2015 CEHRT. And that was about two years ago now. So from that agreement flows our attestations that happen annually. So practices within the context of completing their practice transformation plan, have attested to having in place 2015 certified EHR technology. So in an instance where a practice has not notified OCM of any particular change and already attested that they're using certified EHR technology, that would be a compliance issue where our team would take action, reach out, and a corrective action plan would be likely in that set of circumstances.

And I have another question in from Christina Workman. “*Our practice is part of an ACO, will this affect our QP status?*” So, Britt, I'm not sure. Would you like to start in on this one?

Brittany La Couture: That's a really great question. The answer is, it depends. If your practice is a part of an advanced track ACO. I know 2020 and 2019 are strange years because there have been all the changes to the SSP Pathways, but if you're in one of the advanced tracks, so the tracks E, D, enhanced. I think there's some Track Three folks that may be left and SSP Track One Plus. If you're in one of those tracks, your ACO is part of an Advanced APM so they may be able to achieve that QP status. And if your ACO does get QP status, that QP status will apply to your clinicians for all of their TIN/NPI combinations and so your practice will then have that QP status. The other thing I will say is, if they are not part of an advanced track or if they don't get QP status, you may still be subject to MIPS in which case you will get the score that is the higher of the two, either your OCM practice score or your ACO practice score. And your clinicians will be able to benefit from whichever is higher. If you are in a two-sided risk OCM practice, it is also possible that if your ACO does not get QP status, what we will actually do is look at the combined threshold of your participation in both of those Advanced APMs. So as we were talking about the numerator and denominator before, your attribution-eligible population will include all of your ACO and OCM beneficiaries. And your attributed beneficiary population will also include all of those who are attributed to either of those Advanced APM populations. So it may be possible that you don't achieve QP status under either advanced track APM that you're participating in but, when you combine them, you might actually get QP status that way. So, yes, it does affect your QP status but, without knowing more about your specific practice, I couldn't tell you what the outcome of it would be.

Kris Corwin: Thanks, Britt. The next question comes from Lisa P. “*What is the quality portion that is getting reported to QPP on our behalf from the OCM data? Last year it was on OCM-1, 2, etc.*” So just to frame up, Lisa, there's been a change this year. The OCM program will not report quality data on behalf of practices as it had in prior years. And so that's the change highlighted on slide 18 which is up. But, again, as Brittany stated, there's 50% auto credit. It's generous in that regard. And, Britt, did you want to elaborate further or restate any of the information earlier that you felt might be helpful here?

Brittany La Couture: Yes. And I know that this is a big change, and, unfortunately, 2020 is a transition year. I will just flag for you all that we have our annual regulation that PFS comes out sometime in early summer where we will be proposing possibly more changes that we will intend to be a little more permanent. But, again, in this transition year, what we have done is give you that 50% credit for quality. And, if you look at the way that things are weighted, if you perform well in the PI and IA category, that 50% credit is enough to, at least, guarantee you an upward adjustment. Although how much of an upward adjustment depends on what else you report. But the rationale for that is really that, looking at the score that the OCM practices were getting, we were only able to score claims measures. And if you get into the weeds and how quality measures work, claims measures tend to be incredibly difficult measures to score well on relative to the rest of the MIPS quality measures set. And so it ends up making it difficult for OCM practices to perform as well on that performance

category as they should have been performing. Again, it's not that anyone was doing anything wrong. It's just when the data came in and those were the measures we had available. But we didn't think it was really fair that OCM practices were only being scored on the most difficult measures available, and then being held up in comparison to people who had the option to cherry pick their six favorite measures. And so what we're now doing is saying, "Hey, you can cherry pick your six favorite measures as well." And if it turns out you want to cherry pick six claims measures, that's fine if that's how you want to do it. Actually, no. You can't do six claims measures. But you can pick any measures that are available through MIPS. Yes. I don't think you can do all six claims measures. I don't think there are six claims measures, but there's a lot more flexibility for you there. And then, plus, with that credit, it should help you to get higher scores under the quality category.

Kris Corwin: Thanks, Brittany. And here's a great follow-up to the question. And, Lisa or Christina, we need to come back to your questions. Or, if you have follow-ups, please do ask them. But so Patricia Paquette asks, "*Can the quality measures be reported as aggregate group score or does it require individual reporting?*"

Brittany La Couture: It can be either. Individuals can report quality. And then we will aggregate it to your practice level. You can report as a practice, and you can say, "Hey, this OCM practice wants their APM entity ID wants to go out into the world and report on a group of oncology measures." And you can do that. Or if your oncology practice is a subset of a larger TIN, and the larger TIN reports to MIPS, you can use those quality measures that the larger TIN has reported as well. So you have a lot of options available to you for how you would like to do that reporting.

Kris Corwin: Thanks, again, Brittany. And I think some of the team may have questions coming in. I'll give it just another minute or two. But, please, freely ask anything that's top of mind as you're participating today.

Brittany La Couture: Yes, we tried to keep the slide deck short to have another opportunity to answer questions. So please don't hold back.

Kris Corwin: So, Brittany, I have a question for you as we have some dead air here that perhaps we can fill. So if I'm an OCM practice that's elected a two-sided risk arrangement, and as you noted earlier in the presentation, we have six month performance periods. *So if I was in a two-sided risk arrangement for the first six months of the QPP performance year but then I elected to switch back to a one-sided risk election for the latter half of the year, what would happen? What would the status of my Advanced APM qualification be?*

Brittany La Couture: That is a really good question, Kris.

Kris Corwin: So the answer would be that the practice would not be any longer in an Advanced APM. Back to one-sided.

Brittany La Couture: So I think that the question actually turns on whether you have finished the terms of your agreement. So it gets pretty weedy. If you signed a contract with OCM and you signed for a term of two years beginning in July of 2018, and that time period expired in July of 2020, and that was just the natural end of your contract, then we will say, yeah, you fulfilled your duties, your obligation, and you are at risk for that cost during this performance period. And so in that case, you would receive QP status, and not be subject to MIPS for the second half of the year. However, if you are in a two-sided OCM practice, and maybe you're struggling, I'm not actually familiar with OCM-specific participation agreements but you opt out for some reason, and you leave the two-sided risk in the middle of your contracts term, then we will consider that a termination from the two-sided risk arrangement. And the fact that you remain in the one-sided risk you'll still get the MIPS APM scoring standard benefits but you will not retain your QP status.

Kris Corwin: Thanks, Brittany. So while we were addressing that question we inserted, there were a couple more. So I'll turn to these. So Adelina B. asks, *"When will we have additional information on the quality measure selections?"* So I think Adelina's asking specifically about how to select MIPS measures if a practice in OCM needs to report to MIPS. How would they choose quality measures?

Brittany La Couture: That's a good question. So you would have available to you any measures that are available to any MIPS eligible clinician or group. You can find information about the total MIPS quality measure set on [QPP.gov](https://www.qualitypaymentprogram.gov). If you go to the APM section under quality, there's a downloadable CSV file with all of the 600 or so measures that are available. And it's easily sortable by reporting type or specialty type things like that if you use an EHR or a registry. So you can sort through the measures that way and find the ones that are most applicable to you. Also, if you already use an EHR or registry, it might make sense to start there and see which measures are already being collected. And then you can look into the measure specifications and see which ones are right for you in that way as well.

Kris Corwin: Thanks, Brittany. The next question comes from Jennifer L. *"I just wanted to confirm that two-sided risk Advanced APM practices for the entire 2020 year will not require PI submission for MIPS, but will form MIPS 2021."* So that last wrinkle, I don't know about. But I'll let you field the question, and we can go from there.

Brittany La Couture: Yes. So PI is a MIPS performance category, meaning that you only need to report on it if you're a MIPS eligible clinician. If you are in the two-sided risk track, and you are a QP, you are not required to report on any MIPS performance categories during any year. So there's no difference between 2020 and 2021 in that regard. If you do not achieve QP status, even if you're in the Advanced APM track, you are on the hook for reporting PI to MIPS but on behalf of your practice, again, either as an individual group or, in this case, entity OCM practice level. I'm not sure if this is really what was on your mind, but I believe OCM itself has some CEHRT requirements, whether you have to maybe send in an attestation or, in some way, guarantee to OCM that you actually have the 2015 CEHRT that is a requirement of participation in the model. I'm not sure what those

requirements are, but you will be required to do those things in each year according to the OCM participation agreement rules and requirements.

Kris Corwin: Yes. That's a great point, Brittany. Thanks, again. That's a call back to an earlier question where we referenced the Practice Transformation Plan. So that is an annual attestation. And so from an OCM context, that's how we check. And that remains a requirement.

And so Adelina B. had a follow-up question. *“Will we still be required to report the current quality measures that required for OCM?”* Yes. So all reporting timelines and reporting requirements remain stable, and as they're laid out in the participation agreement, and so it's business as usual from an OCM context, specifically about OCM measure reporting. So the measures reporting that OCM specifically requires, which is tied to timelines for performance periods in OCM, remains unchanged. And, Adelina, please follow up if you need further clarification. And, Brittany, if I bungled something, please add a bit of clarity here if appropriate.

Brittany La Couture: No, I think you said it exactly right although I am seeing another question come in that seems related. Just to restate, you have to report your OCM measures to OCM on OCM timelines. Beginning in 2020 performance year, you'll do reporting in 2021. For MIPS, you have to report MIPS measures to MIPS on the MIPS reporting timeline. But, as I said earlier, whether you report on those measures or not, because you are in an APM, you are going to get a 50% credit for that quality performance category. That credit is yours to have. And anything you report to MIPS is going to be additional points added to that 50% score.

Kris Corwin: Thanks again, Brittany. And Sydney may be handling this one. But I'll just draw the group's attention to the fact that the slides are available for download at the bottom of your screen. And so I'm simply regurgitating what Sydney put in the chat. But you'll click on the file name, select download. And they'll also be available along with a transcript and recording after this webinar, which, I think this is a good point in time to remind the group of the full archive and a set of rich resources available via OCM Portal because a lot of what we discuss, in some ways, starts in the middle of all this material. If you'd like to, go back for a baseline of fundamental understanding about feedback reports. There are resources including transcripts and a webinar previously held about feedback reports. It's helpful information. And it's excellent to have for a primer for beefing up on any of the material that's included in this stack today. But also, Brittany, did you want to speak briefly to any of the other resources available?

Brittany La Couture: Yes. So [QPP.gov](https://www.cms.gov/qpp) is a treasure trove of resources, having to do with QPP participation. When you open up that website, there's two tabs at the top. One is for MIPS, one is for Advanced APM, so if you're in that two-sided risk or thinking about joining a two-sided risk APM, please do go poke around the advanced side of QPP. We also have the QPP resource library which houses every FAQ and Q&A and E&O, the whole alphabet soup of documents that we have published since the inception of QPP organized in a somewhat intelligible way by year and by performance category for MIPS, or, if you're in the advanced side, it'll organize it by Advanced APM or MIPS APM.

So, hopefully, any other questions that you may have should be answered by a document that is housed on that resource library. Things are being added all of the time. The [QPP.gov](https://www.qpp.gov) is being updated frequently. And I also just want to say that, as an APM participant, we are always looking to help as best we can. And there's the QPP help desk. Feel free to reach out to them with questions. And they're usually very responsive. But, if you have a particularly sticky question, usually those questions end up being forwarded to me. So don't feel bad, or if there's anything you're confused about, and you can't find the answers that you need on [qpp.gov](https://www.qpp.gov), the QPP help desk is always prepared to help. That's why they're there.

Kris Corwin: Thanks, again, Brittany. Looking back through the Q&A, Lisa P. had another follow-up question, and I just want to make sure we addressed it. We may have, but maybe we can be more specific and responsive particular to the follow-up. Lisa P., *“Just to paraphrase, we can report quality if we choose, the practice will receive the 50% regardless.”* So let's clarify there. Lisa, there is a 50%, auto credit for the quality score in MIPS, but, Brittany, I'll let you expand from there so we make sure we reinforce information introduced earlier in the deck.

Slide 19

Brittany La Couture: Yes. Yes, you're correct in that understanding. You will get the 50% for the quality performance category regardless of your additional submissions or scores. You'll also get, again, an automatic score of 100% for the IA category, and cost has no weight to it. So you will have to report on the PI category which is weighted to 30%. And the quality measures that you report will just be added to that 50% credit that you'll be starting out with.

Kris Corwin: So said differently and informally, the first half of quality score for MIPS is free, or acknowledges the auto credit. And then the remainder, the 50% would be whatever...

Brittany La Couture: And it is a foundation that we build on. So, if you, say, report on three measures, and only really earn a score of 30, we're going to add 50% to that so you'll end up with a score of 80. It's not a floor where, if you earn a score of 30, we round up to 50 and leave it there. We're actually adding 50 to whatever your score is. So, again, it's pretty generous.

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Kris Corwin: Great to hear. So, winding down, we've given enough time. I'm not sure that there are any further questions at this time, so we'll pass it back over to Rob for announcements.

Rob Clevenger: Okay, before we close out, we would like to remind you to review the March 2nd eNews. This includes upcoming deadline reminders, CMS updates, and a practice spotlight on employee grief support groups.

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Rob Clevenger: And additionally, we would like to call out some of our upcoming events for you. Next week, we will have both the Patient Navigation Affinity Group Session 4 and OCM Lunch Hours on

March 10th. Then, Session 6 of the Care Coordination Action Group is on March 18th. After that, there is Revisiting Risk Stratification Learning Event on March 19th. There will be another OCM Lunch Hours on March 24th. And, lastly, we'll have an OCM Using Data for CQI Group session on April 22nd.

And, with that, I'd like to thank everyone, again, for participating in today's learning event. As a reminder, the slides, transcript, and recording from today's presentation will soon be available on OCM Connect. Finally, we appreciate your feedback. Please complete our short, post-event survey. And now, I would like to formally close today's OCM QPP Refresher Learning Event. I hope everyone has a great afternoon.