

- Shanen Wright: **Slide 1:** Hi and welcome to the March 2021 edition of QPPLive!, a presentation of Quality Insights Quality Payment Program Support Center. We're glad that so many of you have taken time out of your busy schedule to join us and learn more about CMS's Quality Payment Program. If you're a returning audience member to QPPLive!, you know how it works, you can start submitting your questions to our panel of experts at any time using the Q&A feature now in Zoom.
- Shanen Wright: **Slide 2:** We'd like to welcome everyone to the new platform for QPPLive!, which we think is more user-friendly and it has advanced capabilities, including webcam. So you're now able to see us, not just in the still picture on the slides, but also in real time.
- Slide 3:** Before we get to the Q&A portion of today's presentation though, it is my great pleasure to turn things over to Amy Weiser for today's breaking news and announcements. Amy?
- Amy Weiser: **Slide 4:** Thank you, Shanen. Good morning, everyone. So we'll just remind everyone that as of today, the deadline for MIPS submission is 13 days away. The deadline to submit your 2020 data and the 2020 EUC Hardship Application is March 31st at 8:00 PM. On this slide, you can see that we've included the data submission videos, which include the introduction and overview of the 2020 data submission, file upload and quality scoring, the manual attestation of improvement activities, promoting interoperability data submission, the APM data submission, opting in and opting in as a registry. And then the 2020 MIPS data submission FAQ's are included as well. And just a reminder that we are here to help you, don't wait. And all of our assistance is no cost.
- Slide 5:** Also new, the 2020 MIPS Automatic EUC policy was implemented. CMS is applying the MIPS automatic extreme and uncontrollable circumstances policy to all MIPS eligible clinicians for the 2020 performance period to provide relief to clinicians, responding to the COVID-19 pandemic. So what does this mean? If you are a MIPS eligible clinician and do not submit any individual data for 2020, you will receive a neutral payment adjustment. You do not need to take any action. If you submit data as an individual for one category, you will receive a neutral payment adjustment. If you submit data as an individual for two or more MIPS categories, you will be scored on the categories for which data was submitted. You cannot submit an EUC hardship application to override previously submitted data.
- Slide 6:** This information is about groups that have submitted data for one category. If you are unable to submit data for other categories, you can submit an EUC application to request reweighting for all four performance categories. This includes small practices that were automatically scored as a group for the

quality category because Medicare Part B Claims measures were submitted throughout 2020. If you don't submit an application, your group will be scored in all categories, unless you are eligible for reweighting of another category. If your application is approved and data isn't submitted for another category, your MIPS eligible clinicians will receive a neutral payment adjustment for the 2022 MIPS payment year.

**Slide 7:** This information is for groups that have submitted data for two or more categories. Your MIPS eligible clinicians will be scored in all categories, unless you qualify for reweighting in one or more performance categories. You cannot submit an application to override previously submitted data.

**Slide 8:** This information is about APM entities and the EUC policy. APM entities participating in MIPS APMs can submit an EUC application. However, there are four differences from the EUC policy for individuals, groups and virtual groups. First, APM entities are required to request reweighting for all categories so you can't pick and choose the categories. Second, more than 75% of the MIPS eligible clinicians in the APM entity must be eligible for reweighting in the promoting interoperability category. Third, an APM entity's approved EUC application will override all previously submitted data. This is different than the EUC policy for individuals and groups. And fourth, if an APM entity does not report 2020 data or have an improved EUC application, their MIPS eligible clinicians will receive a negative payment adjustment in the 2022 payment year.

**Slide 9:** Medicare Part B Claims Reporters. When clinicians report Medicare part B claims measures CMS automatically calculates a score for the quality category at both the individual and the group level. Medicare part B claims data will be scored as an individual only if data is submitted for the PI or IA category. All practices with two or more clinicians need to submit an EUC application as a group to request reweighting for all four performance categories, or they will be scored as a group unless eligible reweighting in one or more category.

**Slide 10:** Again, the EUC application is reopened so the MIPS EUC application is available through March 31st at 8:00 PM. Applications received between now and March 31st will not override previously submitted data for individuals, groups, and virtual groups. And now it's time for a polling question.

Shanen Wright:

**Slide 11:** Thank you, Amy. We've got some great polling questions today, both fun ones and professional ones as well. Let's start with a professional one. This one asks, *"If I am a MIPS eligible clinician for 2020, and I have not submitted data yet, I can:"* Is the answer, A: Submit data via the QPP portal until 8:00 PM on March 31st, 2021, B: Take advantage of the automatic extreme and uncontrollable hardship for 2020 and submit no data, C: Either A or B or D: Give up, it's too late. Go ahead and enter your answer now in the polling function

that has popped up in your Zoom player, and we will have the correct answer coming up after more news with Amy.

Amy Weiser:

**Slide 12:** Thanks so much, Shanen. So we wanted to let you know about the proposed change to the 2021 CAHPS for MIPS survey. If you're not familiar, the CAHPS for MIPS survey is an alternative for reporting one quality measure in the MIPS quality category. On February 26, 2021, CMS requested emergency clearance in the Federal Register to support an addition to the CAHPS for MIPS survey for calendar year 2021, by adding one question on the patient reported usage of telehealth to address the public health emergency. The additional question collects self-reported information from respondents on the modalities of care (in-person, telephone or video visit) received during the last six months. This survey item would be utilized for informational purposes only, and would not be used for quality scoring or payment purposes. Comments are due by April 9th and can be sent electronically to the link that we've provided.

**Slide 13:** We also wanted to let you know about the Medicare Care Compare preview period, which is closing on March 25th. 2019 quality payment performance information can be previewed now through March 25th, before it appears on the clinician or group profile page on Medicare Care Compare and in the Provider Data Catalog. The preview information can be accessed by logging into your QPP portal. ACOs can preview their performance information via their 2019 MIPS performance feedback reports. You can review ACO performance in these links on the Care Compare Doctors and Clinicians Initiative page. And we've also included several links on the Doctors and Clinicians Preview Period User Guide, recording transcript and presentation slides, 2019 Individual Performance Information on Care Compare, and the 2019 Group Performance Information on Medicare Care Compare.

**Slide 14:** This slide is about the CMS Quality Programs Bi-Monthly Forum that is going to be held on Tuesday, March 30<sup>th</sup>. Unfortunately registration is full; however, CMS will be hosting another one probably in May. And CMS said that they will reach out to everyone and let them know when the information is posted. And now back to a polling question.

Shanen Wright:

**Slide 15:** All right. Thank you, Amy. Looking at our last polling question, as usual, we don't stump you whenever it comes to QPP. 88% of you said either A or B, that you can submit data via the QPP portal until 8:00 PM on March 31, 2021. And you can take advantage of the automatic extreme and uncontrollable hardship for 2020 and submit no detail and submit no data rather. And you can reach out to us here at Quality Insights, Quality Payment Program Support Center for more details. And remember, it is not too late and we are here to help and I'm happy to help you. So 88% of you got it right, it was either A or B.

Now we've got a fun polling question for you. Let's see if we can stump you with this one! *This past Sunday, as we all know too well, Daylight Savings Time started and we sprung forward and lost that valuable hour of sleep. The United States first observed Daylight Savings Time in 1918.* Which states do not use Daylight Savings Time? Is it Arizona and Hawaii? Is it Arizona and Indiana? Is it Arizona and Wyoming? Or is it Arizona and Kansas? We know one thing, Arizona is one of the choices. Make your choice and we'll have the correct answer coming up after more breaking news with Marvin Nichols.

Marvin Nichols:

**Slide 16:** Thank you, Shanen, and good morning everyone. The following measures are excluded from MIPS eligible clinician's total measure achievement points. The total available measure achievement points will be reduced by 10 points for each measure. Each submitted CMS web interface measure that meets the data completeness requirement, but does not have a benchmark or meet the case minimum requirement, or is redesigned as pay for reporting for all shared savings program, accountable care organizations by the shared savings program. Each administrative claims-based measure that does not have a benchmark or meet the case of minimal requirement and each measure that is significantly impacted by clinical guideline changes or other changes that CMS believes may result in patient harm or misleading results.

**Slide 17:** The four suppressed quality measures for 2020 are as follows: ID 69- hematology multiple myeloma treatment with biphosphonates, ID 134- preventive care and screening: screening for depression and follow-up plan, ID 419- overuse of imaging for the evaluation of primary headache and ID 458- all-cause hospital readmission. Now it's time to learn the results of our polling question.

Shanen Wright:

**Slide 18:** Thank you, Marvin. Let's take a look at this and see if you got it correct. And wow, you guys are just too slick! 68% of you got the correct answer to our last polling question, which was Arizona and Hawaii. Most of the U.S. state of Arizona does not use Daylight Savings Time. The exception is the Navajo nation. Hawaii is the only U.S. state that does not use daylight savings time at all. So let's take a look at another polling question. This one has to do with the Quality Payment Program. *True or false, in order to avoid a negative 9% payment adjustment and Medicare part B reimbursement in 2022 for 2020 reporting, I need to achieve a total MIPS score of 45 points.* Is that true or is that false? We'll have the answer coming up after more news with Marvin.

Marvin Nichols:

**Slide 19:** Thanks, Shanen. So, Health Information Exchange is the electronic exchange of clinical information that allows doctors, nurses, pharmacists, and other healthcare providers and patients to access and securely share a patient's vital medical information electronically. Beginning this year, clinicians and practices who participate in an HIE can earn 40 MIPS Promoting Interoperability

achievement points by attesting yes to the optional PI measure Health Information Exchange Bi-Directional Exchange.

**Slide 20:** And here are some HIEs that are located in our Quality Insights territory. You can follow those links to receive more information for each HIE.

**Slide 21:** A group of national leaders in health information exchange formed The Consortium for the State and Regional Interoperability. Collectively, their nonprofit organizations connect over 80 million records for patients across several States and provide a wide range of services to healthcare organizations. As you can see, the founding members of The Consortium for the State and Regional Interoperability is listed on the slide, and we have provided a link so you can get more information to the Consortium for the State and Regional Interoperability. Now it's time for another polling question or to receive the results.

Shanen Wright:

**Slide 22:** Well, I'll tell you what, how about two for one? We'll do both here. The answer, once again, you guys are on your toes, the correct answer was true. In order to avoid a negative 9% payment adjustment in Medicare part B reimbursement in 2022 for 2020 reporting, true, you do need to achieve a total MIPS score of 45 points and keep in mind that in 2021, you need a total score of 60 to avoid the negative payment adjustment in 2023. All right. How about another fun polling question? That sounds good. *National Crayon Day on March 31st sparks fond memories of childhood creations in full color. As we celebrate one of America's most beloved toys, the crayon, what is the most popular Crayola crayon color? Is it yellow, blue, green, or orange?* This is a tough one. I don't really know the answer to it without looking at my notes. Enter your results now and we'll let you know the correct answer after more news with Marvin.

Marvin Nichols:

**Slide 23:** Thanks, Shanen. The Families First Coronavirus Response Act requires Medicare part B to cover beneficiary cost sharing for provider visits when a COVID-19 diagnostic test is administered or ordered. CMS has updated the list of codes that physicians and non-physician practitioners can use with the cost sharing modifier. For dates of service on or after January 1st, 2021 through the end of the public health emergency, CMS will accept these codes with the CS modifier. And as you can see, we have listed the codes on the slide. And we've also provided links for the list of codes in the Medicare response to the public health emergency.

**Slide 24:** Beginning April 5th, 2021, healthcare providers are subject to regulations under the information blocking section of the 21st Century Cures Final Rules Act. Broadly defined, information blocking is a practice that is likely

to interfere with excess exchange or use of EHI, which is electronic health information unless covered on the one or more eight possible exceptions.

We have provided the link for those eight possible exceptions and Shirley has provided a link in the chat box for them. Compliance with the prohibition on information blocking is not a check the box process, but there are a number of steps providers and practices should take to implement policies and procedures based on professional judgment and doing what's best for patients. Review the AMA resource, "How do I comply with info blocking and where do I start?" and view the ONC fact sheet or listen to the recordings to learn more about information blocking.

**Slide 25:** Get recognized for your 2020 accomplishments, dedication, commitment to learning, excellence in quality improvement and MIPS performance. You can submit an application by March 31st to receive Quality Insights 2020 Performers of Excellence Award. The criteria for consideration include the 2020 MIPS score and attendance at QPP related educational events. Gold level recipients must submit data using the EHR registry. You can download the award flyer on this slide to learn more about the Performance of Excellence Awards.

**Slide 26:** Want to learn more? Details and more information from today's breaking news and announcements can be found in the March 2, 2021 newsletter. Archived newsletters are located on our Quality Insights website. And now it's time for another polling question and perhaps an answer to the last polling question.

Shanen Wright:

**Slide 27:** That is correct. And let's see if once again, you guys knew it. Indeed you did! It is blue, which 81% of the audience got correct. Blue was voted the most popular Crayola crayon color, according to crayola.com. Coloring isn't just for kids. The adult coloring craze took off in 2015 and is holding steady. There are over 120 different Crayola crayon colors, including many retired and limited edition colors, which are no longer available. With over 12 million crayons made daily, one is never far from reach. So grab your box of 64 crayon, sharpener included, and get ready for some artistic expression and nostalgia. Fun question there like I said. I think you all might be cheating and Googling these before you answer them. If that's the case, no cheating, because you always get them right and I don't know them.

**Slide 28:** All right. Let's meet our panelists today, here from the QPP team, joining us on QPPLive!. We've got Kathy Wild, our project manager, Amy Weiser is our lead project coordinator. I'm associate project director Shanen Wright.



**Slide 29:** We've also got Roxanne Fletcher, Andrea Phillips, Shirley Sullivan, Marvin Nichols, Lisa Sagwitz, and Gary Rezek all with you today.

**Slide 30:** So we're in a new platform now, how do you submit those questions? Well, I've got good news. It's actually easier than it was before in WebEx. To submit your question, all you have to do is click on the Q&A button at the bottom of your Zoom player, type in your question and hit enter. Bam. It's very easy. We also have a chat icon, which I hope you are looking at right now because Shirley has been providing great direct links to our information that we are talking about in chat. So keep an eye on chat and you can actually scroll back and see some of the previous chats that we've had in there. And the links to resources that both Amy and Marvin spoke about today. We do ask that for your questions, please use Q&A and not the chat feature. So that way we can keep track of the questions I asked today. Keep in mind, also, that we're here to help anytime, not just on the third Thursday of the month during QPPLive!. If you don't realize who your contact is at Quality Insights, you can use our general QPP inbox for inquiries or reach out to any of us. We'll make sure you get to the right person. We'll do the best we can to answer all the questions that are received today, but know that sometimes we need to follow up, do a little more research and make sure that we are getting you an accurate answer.

Please also keep in mind that rules and interpretations change over time, especially if you are viewing this as a recording and not on March 18, 2021, it might change. So keep that in mind. Most of all, we here at Quality Insights want to establish a relationship with you so you can succeed in CMS's Quality Payment Program.

**Slide 31:** With that, let's go out and see if we've got any questions here. I believe there was one that came in a little earlier in our chat feature. So, okay, this question asks, if I have some data that was getting submitted with claims, if I don't enter/upload any more quality data, do I still get the automatic hardship?

Marvin Nichols:

I'll answer that, Shanen. So I'm guessing this person, when they say they didn't upload any more claims, they mean from December 31st because that's when the performance year stopped. And that's when the upload of claims would have happened, after December 31st 2020. CMS will look at those claims and formulate your score based off of those claims from January 1st to December 31st. Now, as Amy went over earlier, it's going to depend on how many other categories that you submitted data and whether you've submitted as an individual or as a group. If you review the slides and look at the information on the slides and still have a question, just please reach out to us because the slides pretty much explain verbatim how the automatic, extremely uncontrollable circumstance application will fit depending on what you submit and if you submit as an individual or group.

- Kathy Wild: This is Kathy. I am just going to add one thing to Marvin's excellent answer that it also depends if you are representing a solo practitioner or a practice that has two or more clinicians. So if it's a solo practitioner, you won't have to do anything else. If you don't submit any other categories then you'll have that automatic policy applied and a neutral payment adjustment. But if you have two or more clinicians that were MIPS eligible, and you do not submit any more data then you will need to submit the EUC application as a group, because CMS scores everybody that submits claims measures both at the group level and individual, but like Marvin said, please reach out to us individually. And we'll go over that process with you.
- Shanen Wright: Thank you so much, Kathy. Another great question and this one's from Christie. She says registered with the exchange of southeastern Pennsylvania. What is the next step as far as implementation?
- Kathy Wild: This is Kathy. I assume that you're referring to a health information exchange. If you can let us know if that's the case, then we will go ahead and do some research to find out the specifics for that. Or you may need to reach out to them to make sure that everything's set up and that it is going, but if you are registered with an exchange and using it, then yes, you would be able to attest to that new PI measure and get those 40 points.
- Lisa Sagwitz: And this is Lisa to add to what Kathy said. Definitely, you want to stay in contact with the HIE, Southeastern Pennsylvania, as well as notify your EHR vendor that you have that underway and then documentation of when that's all taking place. So you can attest to that measure in promoting interoperability for 2021. Good question.
- Shanen Wright: And yes, we had a confirmation there from Christie that yes, it is the HIE or health information exchange.
- Amy Weiser: This is Amy, thank you Kathy and Lisa. I just wanted to add one more thing to that. So you would need to be looking at this for 2021 and you would need a minimum of 90 days for promoting interoperability, the promoting interoperability category as a whole for your reporting. So again, if you need any more information about that, we can definitely talk to you one-on-one as well.
- Shanen Wright: Thank you, Amy. We did have a couple of advanced questions. These may have been covered in our breaking news and announcements, but we always like to make sure that everybody is clear on this information. And I'll tell you that we love the advanced questions. So any time, if you have a question for QPPLive!, please send it our way at [qpp-surs@qualityinsights.org](mailto:qpp-surs@qualityinsights.org). So one of our advanced questions, and thank you Desiree for submitting this, it asks if you were part of an APM in 2021, it appears that you can report at the individual or group level



and CMS will award the highest score. First of all, can you confirm this? Also, if you choose to report at the individual level with this, would that be just for PI? How does the score then relate to the ACO reporting? Does it aggregate the scores of all individuals across the group to come up with a total score for the ACO? Lot of questions in that question. So anyone want to give that one a shot?

Amy Weiser: This is Amy. As far as the first question, CMS always scores you on the highest score available. So that should answer the first question. In terms of the second question, I think it would be best if we talk to you individually, because there are some nuances with ACOs and APMS and things like that. And we want to make sure that we're giving you the most accurate information. So if we don't have your contact information, actually we do have your contact information through the email. We can reach out to you if that's okay.

Lisa Sagwitz: Hi, it's Lisa to add to what Amy had to say. There is a new document out for 2021 from CMS, it's called 2021 APM Performance Pathway, or APP, for MIPS APM participants' fact sheet. And that is a very nice resource. It talks about what's new for this year and that you can report individually as well as a part of the ACO to get the higher score.

Shanen Wright: Thank you, Lisa. And we have another advanced submitted question, which is similar to one that we have in the chat box as well. The advance submitted question says, I want to file a hardship, what hardships are available? And then we also have a question in the chat box that says, what are hardship choices? So lots of interest in that topic.

Marvin Nichols: I'll answer that one, Shanen. So as Amy went over, there's one hardship that's left for the 2020 reporting period. And that's the automatic extreme and uncontrollable circumstances application. The good news is depending on how many categories you have already submitted or have not submitted and depending on if you're reporting as an individual or group, or you have one clinician or two or more clinicians, the extreme and uncontrollable circumstance hardship may already be done for you. So depending on your status, we can reach out to you and depending on your status, we can tell you if you qualify for the automatic EUC application, or if you need to submit the EUC application.

Shanen Wright: **Slide 32:** Thank you, Marvin. And looking in here, I believe that takes care of all of the questions that we have submitted. As we start to wrap up today's edition of QPPLive!. We'd like to thank you for joining us today and make sure you mark your calendar for the third Thursday in April. That will be April 15th. Oh no, tax day, an easy day to remember. That's when we'll be doing the April 2021 edition of QPPLive!. Certainly you can reach out to us anytime you have a question, you don't have to wait a month to do so. You see on your screen there, we have our email address, which is [qpp-surs@qualityinsights.org](mailto:qpp-surs@qualityinsights.org). You can also give us a call

at 1-877-497-5065. We also invite you to visit our website. There are a lot of great resources, including all of the archived QPPLive!s that we have online. You can sign up for our newsletter as well. That's a great way to stay in touch with us and get the information that you need about CMS's Quality Payment Program. We also ask that as you exit today's Zoom, please make sure and fill out the evaluation for QPPLive!. That helps us deliver a better product to you each and every month. On behalf of everyone at Quality Insights and the entire QPP support center team, I'd like to thank you again for joining us today, and I hope you have a great rest of your day. See you next month for QPPLive!.