

Shanen Wright:

Hello, and welcome to the July 2020 edition of QPPLive!, a production of Quality Insights Quality Payment Program Support Center. If this is your first time joining us on QPPLive!, welcome. We're so glad that you've decided to spend part of your morning with us, learning about CMS' Quality Payment Program.

Shanen Wright:

If you're a returning member of QPPLive!, you know how this works. You can submit your questions or feedback for our panel of experts at any time, using the Q&A feature in your WebEx player. We ask that you please start submitting your questions now, so that we can make sure we have time to get to as many as possible today.

Shanen Wright:

If you're not sure how to get the Q&A player loaded up in WebEx, no worries, we'll let you know exactly how coming up. But first, it's my great pleasure to turn things over to Rox Fletcher, for today's breaking news and announcements. I'll be back in a moment with a polling question just for you. But now, here's Rox.

Roxanne Fletcher:

Good morning, everybody. Thank you for joining us today. We have a lot of breaking news and announcements to share with you, so we'll get started with the first one. That is, 2019 final scores overview. I know you've all been anxious to find out what your final scores are, but to date, we have not received notification from CMS that the final scores are ready or have been uploaded. As soon as we know, we will communicate that information to you via an e-newsletter or e-alert. If you have not been receiving our messages on a regular basis, just check the e-mail that you have listed with us, so we can update our database to make sure you get all the news. As always, reach out to us if you have any questions or concerns. Now, I want to test how many of you are really awake this morning and have Shanen do a polling question.

Shanen Wright:

Thanks, Rox. It's another bit of QPPLive! trivia, just for you. Let's see if you know what July 16 is known as. Is today National Mac and Cheese Day, National Pecan Pie Day, National Corn Fritters Day, or National Lasagna Day? Test your knowledge, we'll see if you're awake, and then you'll find out the answer coming up, and you can wow your friends, neighbors, and coworkers with the great information that you know about July 16th. Answer now, and we'll have the results coming up. But now, back to Rox.

Roxanne Fletcher:

Okay. Next, we're going to discuss the CMS 2018 QPP Experience Report. CMS released the 2018 QPP Experience Report, which provides a summary of the 2018 participation results. The key findings that we wanted to share with you, which were all very positive, are that 98% of MIPS eligible clinicians participated and avoided a negative payment adjustment. 84% earned exceptional performance

designation by earning 70 points, or more. We had 356,353 eligible clinicians participate in the MIPS APM, or ACO. And then, we had 183,306 clinicians achieve qualifying APM participation status, which is nearly doubled from the previous year. 84% of small practices earned a small payment adjustment and 97% of rural practices earned a positive payment adjustment. All these things were up from 2017.

Roxanne Fletcher:

The Physician Compare 60-day review period is open and will close August 20 at 8:00 p.m. We recommend that you review this information to ensure that the data, which will be publicly displayed, reflecting 2018 QPP performance, is accurate. This is all new to make sure that it is correct, and then, you can follow the instructions in the Physician Compare Review Period User Guide to access that report.

Roxanne Fletcher:

The Updated Health IT Playbook is available. ONC recently updated it and the link in the slides will take you to that playbook. It includes resources and tools focused on telehealth implementation. Right now, I'd like to take a short break and get the results from our previous poll, and also, a new question. Shanen?

Shanen Wright:

All right. Let's see if you knew the correct answer to what today, July 16th, is known as. Well, it looks like we've got some split results today, with 38% of you thinking it's Pecan Pie Day, 31% thought it was National Corn Fritters Day and 25% said Mac and Cheese Day. I guess Garfield's not out there in the audience, because no National Lasagna Day votes. Well, the good news is that 31% of you got the correct answer. Indeed, July 16th, is National Corn Fritters Day. Yum. You can fry up a batch of these crispy, flavorful bites of corn and batter, and let everyone know that it is the holiday to celebrate today.

Shanen Wright:

Let's get another polling question for you while we're at it. We're going to test your knowledge about the QPP program right now. You know, we like to mix it up with some serious and fun questions. This one, you've got a 50/50 shot at. True or false: If you don't have an EHR, can you apply for the PI hardship exemption? Is it true or false? We'll let you know, coming up. Right now, more news with Roxanne.

Roxanne Fletcher:

Okay. QPP participants, COVID-19 relief has been announced. I know that it has been a trying time for a lot of our practices, and we appreciate all that you have done to reach out to your patients and keep them healthy and safe. Here are some announcements regarding that relief. CMS announced that clinicians significantly impacted by COVID-19 may submit an Extreme and Uncontrollable Circumstance application for program year 2020. Those requesting relief via the application will need to provide justification of how the practice has been significantly impacted by the public health emergency. And also, review the 2020 Exception Applications Fact Sheet and the QPP Exception Applications webpage for more information. This application deadline is December 31, 2020. Note this year works a little bit different. Previously, you could just go to the main [QPP.CMS.gov webpage](https://www.cms.gov), and it was right there. Now, you must sign into your HARP account to access these hardship applications, so just be aware of that.

If you do not have a HARP account at this time, we strongly recommend that you get that set up, so that you can review information related to your practice.

Roxanne Fletcher:

PI Hardship Exception applications are available and can be submitted through December 31, 2020. If one of the following circumstances applies, you may submit an application: 1) If you're a clinician in a small practice, 2) you have decertified EHR technology, 3) you have insufficient internet connectivity, 4) you face extreme and uncontrollable circumstances, such as a disaster, practice closure, severe financial distress, or vendor issues or 6) you lack control over the availability of your certified EHR system. I know this is true for some practices that are mostly hospital-based and they wouldn't have access to reports. Not having an EHR does not qualify for a PI hardship exception. I know you're thinking, why didn't she go over this slide before we had our last polling question? Okay. We'll find out how all of you did in a few minutes.

Roxanne Fletcher:

This was our first year of offering the Performers of Excellence Awards and many of you participated. I want to recognize Grand View-Lehigh Valley Health Services in Sellersville, PA. They were a recipient of a Gold Performer of Excellence Award, in addition to the 15 practices we announced last month. Congratulations to Grand View-Lehigh Valley Health Services for your hard work and dedication. We will have this same awards program in 2020. Later this year, we'll have more information and you can always contact us for eligibility criteria.

Roxanne Fletcher:

We have a list of 2020 approved registries and QCRDs and each has a link so you can access more information. Clinicians and groups interested in utilizing a registry or qualified clinical data registry, a QCDR, for 2020 MIPS reporting will need to use a CMS-approved registry or QCDR. The updated list is now available on the QPP website. It is important, before you sign up for the registry, to learn more about them. Now, I'm going to turn it back to Shanen for the answers and another polling question.

Shanen Wright:

All right, thanks. There's not a lot of drama to this, since we do already know the answer from the previous slide. It looks like, for one of the first times ever in QPPLive! history, we have stumped the audience. 63% of you indicated true, that not having an EHR is an acceptable reason to apply for the PI Hardship Exemption, but you were wrong if you selected that. The 32% of you who selected false were correct. Not having an EHR is not an acceptable reason to apply for the PI Hardship Exemption.

Shanen Wright:

All right, let's go to another fun question now. We're going to test your knowledge. There is a day for everything. As we know, today is National Corn Fritters Day, but coming up this Sunday, National Ice Cream Day, will be celebrated in the United States. Looking back in history in 1984, Senator Walter D. Huddleston of Kentucky introduced a resolution to proclaim the month of July 1984 as National Ice Cream Month. Ronald Reagan signed the bill into law that same year, and the rest is cool, delicious history. With this in mind, which city consumes the most ice cream compared to all other cities in the

United States? Is it Rehoboth Beach, Delaware; Ocean City, Maryland; Long Beach, California; or Hilton Head Island, South Carolina? Which one is it? You'll find out, coming up. But first, more news with Roxanne.

Roxanne Fletcher:

Okay. We have some news regarding the Pennsylvania Prescription Drug Monitoring Program. The PA PDMP will soon offer a variety of additional options for connecting EHRs to the PDMP system. They are currently compiling connections via the RxCheck Hub and other integration partners, including PA's Public Health Gateway.

Roxanne Fletcher:

RxCheck Hub is a non-proprietary, federally-supported subscription-free hub for facilitating PDMP interstate data sharing and integrations with EHRs and pharmacy management systems. Basically, you have other registries, and once it's connected electronically, it can be considered a registry that you can sign up for. For the most up-to-date information for the PDMP integration options, including this subscription-free integration via SMART or FHIR, the website link is on this slide. You can also submit any questions about the program to the e-mail address on this slide.

Roxanne Fletcher:

Pennsylvania, Delaware and New Jersey can check their Medicare claims. Novitas Solutions is the Medicare Administrative Contractor, MAC, and it has a free, secure Internet portal called Novitasphere, which allows Medicare Part B users the ability to quickly check the status of their claims online. To learn more or enroll, visit the Novitasphere Center. This is great, because a lot of times, I know you're waiting or maybe you've missed if one didn't get approved, so now you can go in and check it.

Roxanne Fletcher:

CMS now offers guidance on quality measures that are telehealth eligible. This slide provides links to quality measures that include telehealth visits reported by claims or registry and eCQM telehealth guidance. A total of 80 quality measures are telehealth eligible. Some measures that can be reported using more than one method are 17 via claims, 50 via registry, and 42 electronic measures through your EHR. This last link on the slide, the 2020 Quality Measures by Submission Method resource, is a document that Quality Insights developed and recently updated to reflect changes and how you can submit your quality measures for telehealth.

Roxanne Fletcher:

CMS recently released the following list of measures and Improvement Activities applicable to a clinician's patient population that will provide guidance in measure and activity selection. You can check out the list, see if you're part of it, and click on the link on the slide.

Roxanne Fletcher:

We wanted to alert you of some upcoming educational events. For the *Maximizing Performance in the PI Category* webinar, you can learn how to earn the best PI category score possible with the review of measure requirements. This event is at 3:30 p.m. today. Another upcoming webinar is titled *Tips to*

Prepare for 2020 MIPS Reporting and How to Avoid the MIPS Penalty. The MIPS performance threshold for 2020 is 45 points. Attendees will learn how to achieve 45 points and avoid the 9% penalty. That is scheduled for July 23 at 2:00 p.m. A registration link is provided on the slide.

Roxanne Fletcher:

The June 2020 National QPP-SURS Central Support Contractor newsletter is now available with featured articles. This slide provides links to the newsletter as well as specific articles. If there's something of special interest to you, be sure to check it out. It has a lot of important and valuable information for you.

Roxanne Fletcher:

Want to learn more? Well, details from today's breaking news and announcements can be found in our most recent e-newsletters. The last two were sent on June 29 and Monday, July 13. If you didn't receive them, please provide your name and e-mail address in the Q&A box and state that you would like to receive the newsletters and we'll take care of that for you. Now, I am turning it back to Shanen for results of our poll and a new question.

Shanen Wright:

Thank you so much, Rox. Coming up, we've got another presenter for our breaking news and announcements. Julie Williams is standing by. But first, we want to find out if you knew the answer to today's trivia question on QPPLive!. And wow, you did. 55% of you got the correct answer. The city that consumes the most ice cream compared to all other cities in the United States is none other than Long Beach, California. I don't know where you are today, but I could already use a cold bowl of ice cream, because it is blazing hot here in West Virginia, and looking for a high near 100 today. Hopefully, you're having some ice cream and keeping cool.

Shanen Wright:

Let's ask another question of you. We're going to test your QPP knowledge now with another true or false question. You've got a 50/50 chance on this one. Tell us, a HARP account is necessary to apply for any QPP hardship. Is it true? Is it false? Let us know and we'll give you the results coming up. But now, here's Julie Williams with more breaking news and announcements. Julie?

Julie Williams:

Thanks, Shanen. Today, I'm going to talk about introducing you to the Quality Payment Program, explore CMS' Quality Payment Program website, explore Quality Insight's Quality Payment Program support website, identify how you can get free technical assistance, review final scores, and submit a target review.

Julie Williams:

We're going to go live to the QPP website. This is my favorite resource of all time. The first thing I want to say is, go to the sign-in tab here. Roxanne talked about that HARP account. It's really important. If you don't have one, we want you to register.

Julie Williams:

If you click the registration tab and click the “Learn more about the QPP Access User Guide,” it provides step-by-step instructions on how to obtain your account. You'll need your NPI, PTAN, and tax ID numbers. If you need any help, don't hesitate to reach out. This is really important because I think Roxanne explained the different reasons why you'll need a HARP account. Under the MIPS tab, this is where you're going to search for information. It's going to give you a MIPS overview. It's going to tell you how eligibility was determined. It's going to give you a resource on that MIPS value pathway that's coming up.

Julie Williams:

The next thing that's really important is to check your participation status. We had one provider who said we could use his NPI for demonstration purposes. I'm going to put that in and we're going to check his status. The first thing I want to show you is where to find your status for all the years that MIPS has been in place. Then also, another alert window comes up, and it talks about the eligibility status for the performance year 2020. If you read through here, it says your MIPS eligibility will be finalized in November 2020, so you want to go back and check that. These are important dates to remember.

Julie Williams:

Let's scroll down and look at our provider. Our provider is only associated with one practice setting. If you are associated with more than one practice, all of those will be available for you to look at and show your participation and eligibility for that NPI and tax ID number combination. This provider is only required to participate under an APM. Why is that? Because he did not exceed the low volume threshold, which was 200 Medicare patients, \$90,000 in allowable charges, and 200 covered services. If you scroll down, it does show that, at the practice level, he did exceed that volume. That practice is part of the Christiana Care Quality Partners ACO. It'll go on to explain what type of ACO that is, where it's a Medicare shared savings program. If you're interesting in joining an ACO, talk to us. We'll be glad to help you with that.

Julie Williams:

Now, the important thing is, how does Medicare see that provider? At the clinician level, he's viewed as hospital-based and non-patient facing. At the practice level, he's viewed as hospital-based. What does that mean? If we click right here, it's going to explain special statuses and what they mean. They can affect your reporting requirements for the different performance categories, so it's really important that you look at those and take time to see what it means to you. Now, as we learn more about those special statuses, it'll break down here and actually give you each of those. Let's go to that hospital-based designation that our provider was. It can show you that if you're hospital-based, you qualify for an automatic re-weighting of the Promoting Interoperability performance category, and that 25% of the score for that will be redistributed to another performance category. It'll most likely be Quality. As non-patient facing, which he was also, it says that he'll earn twice the points for each Improvement Activity submitted. Again, he'll also get automatically re-weighted.

Julie Williams:

I want to scroll down and talk about a small practice. I'm guessing that most of you are in a small practice. You will earn twice the points for Improvement Activities that you submit. If you at least submit one quality measure, you'll receive six bonus points for that Quality performance category. This is important information, so you definitely want to check your status and see what it means to you. I don't want to get you dizzy, but I'm going back to the top. We've checked out participation status. If you see over here, it also gives us reporting factors under those special statuses. We're going to talk about accepting applications in just a few minutes. Roxanne spoke about those just a few minutes ago.

Julie Williams:

We want to look at the four categories of reporting MIPS. There are Quality, Promoting Interoperability, Improvement Activities, and Cost measures. First, let's review Quality measures. This category is worth 45% of your final score. You have to report for a 12-month performance period, January 1 through December 31. There are six collection types. Medicare would like you to report six measures, including one outcome measure or high priority measure. They'd like to get 70% of your performance data, and this gives you the list of different reporting types. If you explore measures, it'll also give you additional resources, and gives you the ability to filter measures.

Julie Williams:

What I want to do now is pick one and pick the collection type of Part B claims. Now, Part B claims can only be submitted by small practices. That's something you also want to look at and determine. I'd like to go to this measure and look at the specification sheet. Each measure will have one of these. It'll actually tell you the description of the measure, the patient population, how often they want you to perform that, the denominator and the numerator for that measure. Familiarize yourself with the information for each measure that you decide to report on.

Julie Williams:

Now, let's go to the Promoting Interoperability measure. This is something else that's worth 25 points of your final score. This percentage can change due to special status, hardship applications, or re-weighting. There is a re-weighting section there, and you can see if you meet those requirements, that if you re-weight, that would make this worth zero. We still want to look at those, because it's important if you do plan to report the Promoting Interoperability category, it is for 90 consecutive days and has four objective measures. Along with those four objective measures, you also have to do the prevention of information blocking attestation, the ONC direct review attestation, and most important, the security risk assessment. You definitely want to make sure you complete all of those.

Julie Williams:

As we scroll down, you can explore measures, filter through those, and it will give you another option to read more about it. The important thing is that it also gives you the definition for exclusions. I know sometimes it may be hard to meet some of the measures. Exclusion definitions are important to have.

Julie Williams:

Now, I want to go back up the top to the Improvement Activities. The Improvement Activities category is worth 15% of your final score. This also can change due to hardship exception applications or if you're in an alternative payment model. It has to be reported for 90 days. The most important thing for 2020 is if reporting in a group, only 50% of the clinicians in the group have to participate in the activity for a 90 day period. You can also explore those activities and filter them. There's something for everyone. If you need help selecting those, don't hesitate to contact us. We're here to help.

Julie Williams:

I want to go back under the MIPS tab, to those reporting options and overview. We saw what our provider was. Here's more likely what you're going to see – MIPS eligible, and it's going to have that green check mark, and it'll say "individual." It also may look like that and it may say "group."

Julie Williams:

This website is ever changing. When you visit it, you might find something new: a new resource, a new way to explain something to you. That's why this is one of my favorite resources. If you scroll down and say you're a MIPS eligible individual, it's going to give you step-by-step information on what you're going to report. I love that, because there's always that uncertainty and I want a place where I can go and check exactly what information I need- the group reporting, the group factors overview, or the reporting factors overview, special statuses, the exception applications.

Julie Williams:

Learn more about those exception applications and this is where you would have applied last time. Like Roxanne said, if you hit that apply button, it's going to take you straight to the HARP account. You have to have a HARP account to apply. Make sure that you have a HARP account. I want to go back to the exception applications because there are two of them. There's one and there's just a re-weighting. The re-weighting one gives you the definitions if you qualify: 1) If you're a small practice, with less than 15 providers in your tax ID number, 2) if you have a decertified electronic health record, 3) if you have insufficient Internet connectivity, 4) if you face extreme and uncontrollable circumstances, or 5) if you lack control over the availability of your certified electronic record technology. Those are things to consider.

Julie Williams:

Now, let's go back to the top of the page. Under the APM, it gives you an APM overview. It gives your participation status in your APM. If you're in an APM, a lot of the information is here. It gives you a resource of different APMs that are available, so you may want to take time to look at that.

Julie Williams:

The About tab is another one of my great resources. It'll talk about that overview again. You can get the COVID-19 response, which is going to give you all the up-to-date information on that. I always change the filter to 2020. It's going to talk about the 2020 performance year flexibility. You definitely want to go to that and stay on top of that information. The resource library and measure specialty sets that

Roxanne talked about, they're located here. You're going to select 2020 as your performance year, and you're going to get another great resource, the MIPS Data Validation Criteria. This is your audit file information. This is your telehealth guide. Again, the measures and activities for your different specialty types are here. It is another great resource and a place to find that information.

Julie Williams:

I'd like to make sure everybody understands that you can't really do anything without that HARP account. You'll be able to view your feedback score. You'll be able to apply for hardships. You'll be able to check your eligibility. There are a thousand things you can do once you have your HARP account, but you need it.

Julie Williams:

Now, we'll go back to the slides. I'd like to remind you that if you'd like support, you can drop down on that website on the first page and pick your state. It will show who provides your service. Check your participation status. You want to make sure you're eligible. And, you're going to see what that eligibility shows – your practice and your TIN, how many you have to report under, all your information, and how CMS views you and the NPI, based on your different circumstances. Now, I've given you a lot of information and hopefully you'll be able to navigate through this website. I'm going to turn it back over to Shanen for some results and a new polling question.

Shanen Wright:

Thank you, Julie. Great information, and keep in mind that we are recording today's session, so we will have a link available to you, along with the slides, if you need to refer back to any of the information presented today. Let's go back to our QPP polling question now and see, ah, that's the audience we know and love here on QPPLive!. We see that 76% of you got the answer correct. Yes, it is true that a HARP account is necessary to apply for any QPP hardship.

Shanen Wright:

All right, we have one last fun polling question before more breaking news and announcements. We must have been really hungry and had our calendars out when coming up with these. These are some great questions today. Thanks to Andrea for doing that for us. July 18 is National Hot Dog Day. Boy, I'm really going to be eating well this weekend with all of the ice cream and hot dogs, following all the corn fritters tonight. But since that is National Hot Dog Day, what is the most popular hot dog topping? You know, it's a very regional thing, so we're looking nationwide. Is it mustard, relish, ketchup, or chili? I'm sure wherever you're joining us from today, there's a special hot dog topping for your area that people know and love. See if you know the answer to this and we'll be back with the results in a moment. But right now, more information coming to us from Lisa Sagwitz. Lisa?

Lisa Sagwitz:

Hello, everyone. We've covered a lot of basics about the Quality Payment Program and MIPS reporting. Now, let's start to make this MIPS process specific for your practice. As we go through this next section, let's think about how this can work for you.

Lisa Sagwitz:

When we start to work with you, one of the first questions we'll ask is, do you have an electronic health record or are you on paper charts? That will dictate the path that we'll take you down. It's important to note, and I'll say this again later, we are here to help you, whether it's today, next week, later this year, next year, whenever you need us, we are happy to assist you.

We'll also ask you, what is your goal? Do you just want to avoid the 9% penalty? Do you want to go for it and get the maximum positive payment adjustment by scoring high? Or are you somewhere in between? This will involve what your resources are and how seasoned you are with this whole program.

Also, if you're on an EHR, we're going to ask you which one and be sure that you're aware of the quality measures that are available for you on that EHR. They can range anywhere from seven quality measures to 40-some quality measures. We'll see what might work for you, and if they aren't, or not all of them would work, then we'll develop a plan B to help you.

Also, it was talked about a little earlier, if you're a small practice, which means 15 or less clinicians, you do have the ability to request a Promoting Interoperability hardship. That's a separate category. And sometimes, that's advantageous, as a strategy, to earn more points. It re-weights those points to Quality.

And then last, oftentimes you are going to get credit for the work you already do. I'm going to give you an example for the category Improvement Activities. I'm sure everyone on the call does medication reconciliation and documents that. There's an Improvement Activity called Manage Meds to Maximize Efficiency. That's one that you're already doing. Another one that I'm sure you also do is timely communication of abnormal lab results to your patients. We'll talk to you and see what you're doing now that we can count towards the MIPS program.

Lisa Sagwitz:

On the next slide, we're going to take a moment to mention an audit file. When we work with you, we're going to suggest that you get an audit binder or an audit file, and you want to save all the documentation, all the reports that you have. Quality Insights has a very nice eight-page resource that we'll release a little later this year to help you through. Basically, it's step-by-step everything you need to keep in that file in case there would be a future audit.

Lisa Sagwitz:

When we're getting you started, as previously mentioned, we will make sure that you have a HARP account. This is not only important for attesting to MIPS, but it provides a lot of important data-rich information about your practice that you'll want to have.

As Julie mentioned, you will go the Medicare website, gpp.cms.gov, and if you need to register under the sign-in button, the first step is to set yourself up as a user. Once that's completed, the second step is to link yourself to the practice. This is usually about 10 minutes to get through it, and we are happy to help you. We have GoToMeeting capabilities and can walk you through it.

Lisa Sagwitz:

This would be a good time to remind you to look at your PECOS account. The PECOS account feeds information into the HARP account, so make sure your practice name is correct, your address, your phone number, the e-mail for the contact person, and then we'll get you set up for 2020 and what you may want to report.

Lisa Sagwitz:

Just a reminder for 2020, the goal is to get at least 45 MIPS points to stay neutral, so we'll work with you to get that. And then, Quality Insights has a wonderful website specific to the Quality Payment Program. There's the main Quality Insights website, and then this one, gppsupport.org, which is just for MIPS and APM information. I'll go live in just a minute and show you that. We're going to cover the resources that are available, the events, and the webinars. I know someone asked earlier: they're going to be on vacation for the next webinar, how can she get to that information? I'll show you that. And then, we'll see the COVID and telehealth information that's available.

Lisa Sagwitz:

I'm going to share my screen. We are on gppsupport.org, if you wanted to bookmark that, and you'll see Quality Insights. This is specific for the Quality Payment Program. Here are the state outlines that we cover- Pennsylvania, West Virginia, Delaware, and New Jersey for small practices.

Lisa Sagwitz:

I'm going to call your attention to QPP resources first, and click on that link. If there's something in particular you're looking for, you can select it in the drop down, such as just Quality information or Improvement Activities, or you can leave it generic. For the year, you'll likely want to choose 2020. This has all of our current resources. I can't say enough about these. We take those documents that might be hundreds of pages long, put them into a reader's digest condensed format so they're easy to understand, applicable to your practice. Many practices download and print these and just use them as a resource to help them along, in addition to the education that we provide in the consultation. Another thing, oftentimes I'll be talking with one of the practices I work with, and they'll say, "I think in one of the newsletters, I remember seeing this, or seeing that, but I can't find it or I didn't print it." This is the place to go and find that document.

Lisa Sagwitz:

Next, I'm going to call your attention to the Events tab. Two things here: When you first click events, you're going to see, today's QPPLive!. Here's next week's webinar, Tips to Prepare for 2020. That's at 2:00. That will tell you what's coming up. And then going back to the Events tab, I'm going to click Archived Events. This is a very popular resource. Sometimes, you're busy. You can't attend when we're having something. All of our webinars are recorded and posted here. They're by date range. You can see for today's QPPLive!, we already have the PowerPoint posted. A few weeks ago, we had a nice webinar about coding. You'll see there's the PowerPoint, the recording, and the recording tells you how long it is, and the transcript. Here are former QPPLive! sessions. This is a good one if you're beginners to MIPS. It's about 23 minutes long. I know, for me, when I'm considering if I want to spend my time to listen to something, I'll often look at the PowerPoint first, see if that information's applicable to me, and if it's

new or confusing, I'll often print the PowerPoint, then listen to the recording and make notes on it. You can use this area however it helps you.

Lisa Sagwitz:

Next, in the pink ribbon, COVID-19 awareness, you're going to see our information center for news and information. I'm going to click that and we're going to leave the Quality Insights QPP site and move to the main Quality Insights website, which is qualityinsights.org.

Lisa Sagwitz:

Again, I want to focus your attention on telehealth. Here are all of the telehealth resources that we think our small practices would benefit from. Again, we've taken very complex information, there's a lot of it out there. Anything that says Quality Insights and the date, that's something that we've cumulatively taken the information and pulled it together for you to make it easy. This has been revised a few times. Say two months ago, you pulled the Telehealth 101 flier. Well, that got updated April 23, so you can see if you've missed the current edition. There are great resources on our website. Don't hesitate to use those.

Lisa Sagwitz:

Again, as I mentioned before, the important thing is we are here to help you. Anytime, now throughout the year, next year, no question is too small, or if you're starting out new to this and need somebody to get you going, we are happy to assist you.

Lisa Sagwitz:

We want to make sure that your HARP account's set up. And remember, there are two steps: Establishing yourself as a user and then connecting to your practice. That's about a 10-minute process. Julie had mentioned checking the Medicare website, qpp.cms.gov. Under the MIPS tab, you want to choose Check Participation Status to put your provider's NPI numbers in there. You'll be able to see if they need to participate this year.

Lisa Sagwitz:

And then, things to think about: What do you want to accomplish? What can you accomplish? We know COVID has been very challenging for all the practices we work with. Some offices have reduced staff or still aren't back to regular capacity. We'll help you through all that. And then, again, if you're starting out, we can help you with quality measures, teach you how to improve. If this is new to you this year, we'll help you select things and then maybe next year, show you how to improve your rates and maybe get some of the bonus money that's available. Back to Shanen now.

Shanen Wright:

Thank you so much, Lisa. Great information there. I'm dying to know if you got our polling question right about National Hot Dog Day. Let's take a look at that, and indeed, you guys know your hot dogs. The correct answer is mustard, which 65% of you indicated. That is the most popular hot dog topping. Even regionally, as I mentioned, all areas have their own special hot dogs, and mustard is the common

denominator among them. In New Jersey, a great hot dog is known as the Italian hot dog. It features diced fried potatoes with brown mustard on a spicy dog. A Pennsylvania hot dog often has ketchup, mustard, onion, relish, and sauerkraut. Yum. Delaware's dog is wrapped in bacon, with beans, diced tomatoes, mustard, ketchup, and mayo, all on a special split top bun. And here in West Virginia, we know the West Virginia dog, it's got to have chili. Meat only, not that chili with beans. People are going to know you're not from West Virginia if you put bean chili on your hot dog. Just the meat chili, along with onions, coleslaw, and yes, yellow mustard, the common denominator. Is it lunch time yet? I sure hope so.

Shanen Wright:

We still have a little bit of time for some questions for our panel of experts today. Let's meet the QPP team and who we have available to answer your questions. We've got Kathy Wild, who's our project manager. Amy Weiser is our lead project coordinator. Me, I'm Shanen Wright, associate project director. We also have, along with that, Rox Fletcher, who you heard from first with the news. Andrea Phillips, Shirley Sullivan, Marvin Nichols, Julie, who also was with the news. Joe Pinto, Rebecca Dase, and Lisa, who just tossed things over to me.

Shanen Wright:

We've already got some questions queued up, which we'll get to as soon as we can, but if you have a question, we've still got a little bit of time before we wrap up today's session. I promised you we'd tell you how to get that Q&A icon up, and here's how you do it. Just press on that gray button with the three little dots on it, and that will open it up. You can type your question into the Q&A feature in the bottom right of the screen, and hit send, and it's that simple. That's all you have to do.

Shanen Wright:

Keep in mind that we here at Quality Insights Quality Payment Support Center are here to help you anytime, not just on the third Thursday of every month during QPPLive!. If you don't realize who your contact is at Quality Insights, you can always use the general QPP inbox for inquiries, or reach out to any member of the Quality Insights team. We'll make sure you get to the right person who can help you. We'll do our best to answer questions, but know that sometimes we may need to follow up at a later time. And as time is running a little short on today's episode, if you don't mind, include your e-mail address with your question in the Q&A box, and that way, we can follow up with you with the answer if time doesn't allow us to get to all of them today. Please do keep in mind that rules and interpretations change over time, especially if you are viewing a recording of this session, which was recorded on July 16, 2020. But we here at Quality Insights want to establish a relationship with you so you can succeed in CMS' Quality Payment Program. It's that simple.

Shanen Wright:

All right. Let's take a look at some of these great questions that have been coming in throughout today's episode of QPPLive!. Lisa mentioned before, we had a person wanting to know if there's another day to register for the July 23 session, *Tips To Prepare for the 2020 MIPS Reporting and How to Avoid the MIPS Penalty*. As we indicated earlier, you can register for that, and we will send you the PowerPoint slides and a recording of it. All you have to do is go to qppsupport.org, as Lisa showed us a little earlier.

Shanen Wright:

We also have someone interested in getting our newsletter. That's great. We would love to have you do that. Just simply type your e-mail address into the Q&A box, and we will start sending you the QPP newsletter. You'll find it very, very helpful with lots of great information, and thanks to Mona for providing that information. We can start getting her the newsletter.

Shanen Wright:

Okay. A couple of other questions came in. For those that may be listening on the phone and not able to see the Q&A box, let's go ahead and address a few of these. This question said, for the PI category, do you have to resubmit a hardship form for this year if you already did one for last year?

Roxanne Fletcher:

Yes, the PI hardship application has to be completed for each performance year. You'll need to apply for this year, even if you applied last year.

Shanen Wright:

Thank you, Rox. Again, some of these have been answered in Q&A, but just want to make sure, for the sake of those listening, that they have the opportunity to hear the answer, as well.

Shanen Wright:

This question says, our practice bills under one group tax ID. We have always submitted MIPS data individually. Would there be any advantage for us to submit as a group?

Lisa Sagwitz:

Hi, it's Lisa. I can take that question. Yes, there are advantages to group reporting. It's only one group of data to report. If you do have a provider who's not scoring as well, it could potentially bring that provider's score higher. There could be circumstances where you may want a group report and possibly individually report for one or two providers who have very high scores. It's based on what you could get for a positive payment adjustment and definitely work with your consultant, and we can help guide you. We would look at your scores toward the end of the year, see how each provider's looking, as well as how the group looks, and then guide you that way.

Shanen Wright:

Thanks, Lisa. Another great question that came in, what is the small practice recommendation for the APM participation? Is this an option for small practices? Thanks, and we love these webinars. And we love you attending, Patty. Thank you.

Lisa Sagwitz:

That's a great question, Patty. It has not been made public yet, but we are having a webinar on Tuesday, August 11, at noon, just about ACOs and APMs. That may be something you want to register for when the invitation goes out. We will talk about some benefits of joining an ACO. Definitely small practices are part of them. I plan on showing you a link that can show you geographically where you live and what

ACOs are available to you. It's always good to talk with other offices and network if they're in an ACO to ask if they like it. There are less reporting options when you're in an ACO. The ACO itself would have 10 quality measures that may ask you for some patient data. You likely would need to report Promoting Interoperability, but then that would be it. There could be perks to belonging to an ACO. They often give guidance. They work as a group, so they want everyone within that ACO to be successful and will see how you could take care of your patients the best. I think that August 11 will be helpful to you. And also, if you want some information now, on the Medicare website, the qpp.cms.gov, you'll see a tab at the top just for APMs. You can click on that and start to read about ACOs and APMs.

Shanen Wright:

Another great question we received here, why does my QPP login show providers who are no longer with the practice?

Roxanne Fletcher:

Hi, it's Roxanne. During the process of our breaking news and presentation today, we did mention for everyone to check their PECOS account to make sure your providers are current. If you find providers listed there that are no longer associated with you, you need to unassociate them with your practice. The HARP or the qpp.cms.gov website is updated two times a year. Toward the end of the year before reporting, you may want to reach out to the QPP help desk and let them know that you still have providers that should no longer be connected to your practice, so they can fix that for you.

Shanen Wright:

Thanks, Rox. Looks like we have one more question in the inbox before we wrap up today. That question asks, is the HARP account different from the QPP site where you enter your data for MIPS?

Lisa Sagwitz:

The QPP site to enter your data for MIPS, on qpp.cms.gov, is a portal to get lots of different information. Through that site, when you sign in with your HARP user name and password, it will take you to where you can attest, and get the data-rich information specifically about your practice.

If you've been attesting to MIPS the last three years – your 2017 information, 2018, and 2019 preliminary score, which will become final any day soon – are all in there. It also shows you if there was a positive payment adjustment you're receiving or a negative payment adjustment. It shows you by year the number of Medicare patients, revenue and total services that are being provided.

In short, qpp.cms.gov is definitely a starting point, but then using sign-in and your HARP account credentials will get you to your practice's data-rich information. If I didn't explain that well, please let me know, and we'll talk to you in more detail about that.

Shanen Wright:

Thank you, Lisa. Great information. We also had another inquiry about that QPP e-newsletter. Make sure and contact us, and we will get you signed up for that. Special thanks to Shanti for reaching out for that. I know she's been a returning member of our QPP audience, and we appreciate everybody's support.

Shanen Wright:

We appreciate you spending an hour of your day with us today. Keep in mind that we are here to help you anytime, not just on the third Thursday of every month. Please reach out to any of our team members at the general QPP inbox if you have a question or comment, or we can be of assistance at any time.

Mark your calendars, because our next episode of QPPLive! will be coming up on August 20 at 9:30 a.m.. We would love to see you then. In the meantime, you see here on your screen, our contact information, qpp-surs@qualityinsights.org. The phone number is 1-877-497-5065, or visit us online at the great website that you just saw demoed here on today's session, at www.qppsupport.org. On behalf of everyone at Quality Insights Quality Payment Program Support Center, we wish you a wonderful day and look forward to seeing you again in August. Goodbye.



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