

Shanen Wright:

Hello, and welcome to the August 2020 edition of QPPLive!, a presentation of Quality Insights Quality Payment Program Support Center. We appreciate you taking time out of your busy day to spend it with us to learn more about CMS' Quality Payment Program. If you're a returning audience member for QPPLive!, you know the routine. We'll have breaking news and announcements followed by a Q&A session with our panel of experts. If you have questions for our experts, please feel free to submit them using the Q&A feature in Webex at any time. If this is your first time joining us for QPPLive!, welcome. We're so glad to meet you. We'll have instructions a little later on how to get to the Q&A box and interact with our panelists.

Shanen Wright:

Before we get to that, and some fun and informative polling questions, let's start off with some breaking news and announcements with Julie Williams. Julie?

Julie Williams:

Good morning, and thanks everybody for joining us. So we'd like to start off with the Provider Relief Funding. It is available again. We want to remind everybody that deadline is soon approaching. On July 31, it was announced that Phase 2 of the Provider Relief Funding would be available for certain Medicare providers. That application can be submitted now through August 28, so that's one week away. Eligible providers for Phase 2 include providers who were ineligible for Phase 1 because they underwent a change in ownership in 2019 or 2020 and they didn't have Medicare Fee-for-Service revenue in 2019; or providers who received a payment, but missed the June 3 deadline to submit revenue or did not receive Phase 1 payments totaling approximately 2% of their annual patient revenue; or those providers who previously received that funding, but rejected and returned that fund and are now interested in reapplying. Now, remember, all eligible providers will only receive up to 2% of the reported total revenue from patient care. That latest information can be found at the Provider Relief Funding Program website, and we have that link here available for you. But just remember, that's one week away.

Julie Williams:

We propose some light reading here. The 2021 Proposed Rule is now available. And we're going to share those links for the Proposed Rule: the press release, the Physician Fee Schedule Proposed Rule Fact Sheet and the Quality Payment Program Rule Fact Sheet.

Julie Williams:

We're going to review some key proposed changes for 2021. So they'd like to start out by delaying the MIPS Value Pathways until 2022; increase the MIPS performance threshold from 45 points to 50 points; decrease the Quality weight from 45 to 40; increase the Cost category weight from 15 to 20 and leave the Promoting Interoperability and Improvement Activity weights the same.

Julie Williams:

We'll take a deeper dive into the Quality category. They'd like to decrease the number of quality measures from 219 to 206; make some changes to 112 of the measures, remove 14, add 2 administrative claims-based measures; use the performance period benchmarks to score quality measures, rather than the historical benchmarks; and eliminate the CMS Web Interface quality reporting option altogether.

Julie Williams:

Now, in the Improvement category, they just want to modify two pre-existing activities. And in the Promoting Interoperability category, increase the number of points for the PDMP bonus measure from 5 to 10.

Julie Williams:

Some key changes for APMs in the proposed rule include implementing a new pathway for MIPS eligible clinicians in MIPS APMS called APM Performance Pathway or APP. So we'll have QPP and APP. Now, in the APP, each category will have a fixed set of measures. And the category weights will be Quality at 50, Promoting Interoperability at 30 and Improvement Activities at 20. Everyone would receive full credit for the Improvement Activity category, and the data can be reported at the individual, group or APM level.

Julie Williams:

ACOs in the Shared Savings Program would be required to report via the new APP. The number of measures that the ACOs would have to report would be reduced from 10 to 3, but the ACOs must earn a minimum Quality score equivalent to the 40th percentile across all MIPS Quality performance category scores to receive the maximum sharing rate or avoid owing maximum losses. They'd like to sunset the APM Scoring Standard and allow MIPS eligible clinicians in APMs the option to participate in MIPS and submit data at the individual, group or APM Entity level.

Julie Williams:

Now, we'll take a short break for our first polling question.

Shanen Wright:

That's right, Julie. Thank you so much. We're going to start off with a fun one today. You know we like the observances on the calendar here at QPPLive!. And our good friend, Andrea, was courteous enough to come up with this one. Each year on August 20, National Radio Day recognizes the great invention of the radio. Radio was once one of the most incredible technologies on earth, used by militaries and governments alike for navigation, news distribution and more. It made news and music more accessible and brought us closer as a nation and a planet.

Shanen Wright:

So to celebrate National Radio Day, who on the QPP SURS team here at Quality Insights Quality Payment Program Support Center has worked as an on-air broadcaster? Would that be me, Shanen Wright; our

man, Joe Pinto; Rebecca Dase, who always sends you the great links in the chat window during QPPLive!; or D, both Shanen and Joe? We'll have the answer coming up. But now, back to Julie.

Julie Williams:

Thanks, Shanen. That might stump a few of us. I don't know. So the proposed changes for this year, for 2020, and we're talking about ACOs still, automatically will give ACOs full credit for the Consumer Assessment Healthcare Providers and Systems survey by waiving the ACO requirement to administer; and increase the Complex Patient Bonus from 5 points to a 10-point maximum to offset the additional complexity of the clinician's patient population due to COVID-19.

Julie Williams:

Now, we can't stress this enough. Please, make your voice be heard. You listened to some of the changes. If you have any comment about those, you have until 5:00 p.m. on October 5. And your comment must be submitted in one of the following ways: electronically, regular mail, or express overnight mail. Be a change-maker. Let your voice be heard. Now, we'll turn it over to Roxanne.

Roxanne Fletcher:

Good morning, everyone. So glad that you're able to join us today, and thank you, Julie. First I'm going to go over the 2019 MIPS scores that are now available. The 2019 MIPS scores and the 2021 payment adjustments are available in your QPP portal account, using HARP credentials. Positive payment adjustments will be applied to the MIPS score if it is equal to or greater than 75 points. This funding is coming from the Exceptional Performance pool, which is separate from MIPS.

I know I heard some sighs out there, but let us explain why. In 2019, several circumstances occurred that prevented anyone with a MIPS score lower than 75 points to receive a positive payment adjustment. And they included the high participation rate by clinicians across the country, with a MIPS score well above the performance threshold of 30 points, and of course, our COVID-19 public health emergency. CMS extended the automatic extreme and uncontrollable circumstances policy so clinicians who did not submit any data would receive a neutral payment adjustment.

Because MIPS is a budget neutral program, and you've heard us mention this several times on previous QPPLive! sessions, there are little-to-no negative payment adjustments to collect and distribute to participants who have a score greater than the performance threshold. CMS understands that a lower than expected positive payment adjustment may be disappointing. However, it was critical to support every clinician's ability to focus on caring for patients bearing the impact of COVID-19. The two links on this slide provide more information and resources on why this took place. So we're encouraging you to keep going with your reporting and not be discouraged. We're trying to be fair to everyone as much as possible, and we appreciate all that you're doing during this COVID-19 period.

Roxanne Fletcher:

If you believe an error was made when you review your final 2019 scores, you, a designated support staff, or authorized third party intermediary can request a Targeted Review. And these requests can be submitted starting now through 8:00 p.m. on October 5 by logging into your QPP portal account. CMS may require documentation to support your request, such as your EHR reports, copies of performance

data you provided to a third party, copies of performance data submitted to CMS or QPP Service Center ticket numbers. If CMS approves the review, your final score and/or associated payment adjustment will be changed, if applicable. Targeted Review decisions are final and not eligible for further review. We did see this happen a couple of times last year. Practices waited until after the deadline to look at their feedback. So it's important that you review it as soon as possible because once this closes at 8:00 p.m. on October 5, you do not have any other recourse. Now, before we go on with the physician schedule, what I'd like to do is turn it back to Shanen so he can give us, first, the results of our question one, and also our polling question two.

Shanen Wright:

Thanks so much, Rox. Let's see, in honor of National Radio Day, yes, 50% of you got it right. Both myself and Joe Pinto have lived former lives in radio. 38% thought it was only me, but Joe's been featured on such stations as Hit Kickin' Country 94.3 WLSP in Scranton. And I've been heard on stations including WMUL in Huntington, West Virginia, and WTSQ in Charleston, West Virginia.

Let's go to a serious question now. This one is going to test your knowledge of QPP. True or false: it is possible to submit only a one in the numerator for the numerator and denominator based on Promoting Interoperability measures and earn points for PI? Is it true? Is it false? You've got a 50-50 shot at it. We'll find out if you know the answer coming up. But now, back to Rox for more news.

Roxanne Fletcher:

Thank you, Shanen. Next we'll talk about the Physician Fee Schedule Proposed Rule. The proposed changes are aimed at reducing burden, recognizing clinicians for the time they spend taking care of patients, removing unnecessary measures and making it easier for clinicians to take the path toward value-based care. There are four key provisions. One, extending telehealth and licensing flexibilities beyond the public health emergency; updating Evaluation and Management coding guidance; updating the Quality Payment/MIPS Value Pathways and updating opioid use disorder and substance use disorder provisions. The link on this slide provides more information on the Physician Fee Schedule Proposed Rule.

Roxanne Fletcher:

Reimbursement is available for COVID-19 counseling. I know this is great news for a lot of you. On July 30, CMS and the CDC announced that providers can be paid if they counsel patients at the time of COVID-19 testing. That's the key, during the time of the testing, no matter where the test is administered. So this would include a doctor's office, urgent care clinic, hospital, or drive-thru or other testing site. The counseling discussion should include the immediate need for isolation and the need to inform household members and recent contacts to self-quarantine and possibly get tested. It includes reviewing the signs and symptoms; what to do if the test is positive, to wear a mask at all times, to provide contact tracking information when asked by public health officials, and to inform household members and recent contacts so they can self-isolate and get tested. CMS will use existing Evaluation and Management payment codes to reimburse providers who are eligible to bill CMS for counseling services. You can download the Counseling Check List on this slide for additional information and resources.

Roxanne Fletcher:

The public health emergency declaration has been extended. On July 23, the Secretary of Health and Human Services, Alex Azar, officially extended the COVID-19 public health emergency designation for another 90 days. The PHE extension, which will now last through the end of October, will give healthcare providers assurance that they will continue to receive assistance to address the COVID-19 pandemic in these key areas: coverage for COVID-19 testing, telehealth reimbursement, Section 1135 waivers, COVID-19 inpatient add-on payment, Medicaid matching funds and Medicare Shared Savings Programs for ACOs. The formal declaration is available at the link on this slide.

Roxanne Fletcher:

Next we'll talk about the NPPES, a direct email address repository. This has taken several of you by surprise. The 21st Century Cures Act mandates all Medicare providers to enter a direct mail address into the NPPES system. If an address was not entered prior to June 30, the clinician will be publicly reported as noncompliant in the second half of 2020. Failure to enter an address could constitute information blocking. Note that having direct email addresses readily available will improve everyone's ability to electronically exchange healthcare information for referrals and care transitions and improve two Promoting Interoperability category measure scores.

So let me explain something here. I've gotten several calls, and so have my associates. We have several practices that are still on paper even though, if you have an electronic medical records system, you should already have a direct email address. If you're not sure how to find that in your system or what it is, reach out to your vendor. They'll be able to provide that to you, and also provide instructions on how to send out information electronically or to receive it into your system.

For those that are using paper charts and do not have electronic medical records, you still have some options. For instance, in Delaware and West Virginia, the Information Health Networks can help you get a direct email address. You just need to reach out to them. Pennsylvania and New Jersey have more than one network. So you might want to reach out to the network that you interact with the most or you can go out to their website to get information. That is something to look into. Of course, give us a call if you have questions. We can provide you with guidance through this process. I know this took a lot of practices off guard. There are some links on this slide that you can use to get additional information, especially the 21st Century Cures Act Final Rule. So please take a few minutes and visit these links and catch up on the information.

Roxanne Fletcher:

The 2020 MIPS APM data is available. On July 20, CMS updated the 2020 Qualifying APM Participant (QP) and MIPS APM participation status based on the first snapshot period. That was, of course, January 1 of this year through March 31. To check your QP or APM participation status at the individual level, enter your 10-digit MPI in the QPP Participation Status Tool. Of course, that can be found on that qpp.cms.gov website. To check your status at the APM entity level, log into your QPP portal account, that's HARP; browse to the Taxpayer ID Number, or TIN, affiliated with your entity and access the details screen to view the eligible status of clinicians based on their NPI. If you qualify as a QP, you are eligible for the 5% APM incentive bonus and exempt from participating in MIPS. For more information on APM, visit the QPP and APM webpages. Now we'll take a little break. I know that we've poured a lot of

information into your heads this morning. So, Shanen, give us the answer to question two and our polling question three.

Shanen Wright:

Sure. Let's see how many of you got it right. It looks like, as usual, you're a very, very informed audience here at QPPLive! It appears that 64% of you got the right answer, that indeed it is true that it is possible to submit only a one in the numerator for the numerator and denominator based on promoting interoperability measures and earn points for PI. However, you must also answer yes to the yes/no questions and measures to pass the category. All right. It's fun polling question time. We have a little bit more trivia for you here. This is about the month of August, which is often referred to as the dog days of summer. It has to do with the star Sirius, also known as the dog star, which rose at the same time as sunrise during the month of August in ancient Roman times. Since it's the dog days of summer, let's see if you know: What is the most popular dog name for 2020, according to woofdog.org? Is it Maggie, Charlie, Harley, or Buddy? Hm, that is a tough one. Let's see if you get it right, and we'll have the answer coming up. But now, more news.

Roxanne Fletcher:

Okay, great. Now, something new that's come out is an opportunity to field test five Cost measures. CMS and its contractor, Acumen, LLC, will conduct field testing from August 17, which started this week, Monday, to September 18 for five episode-based cost measures that are being considered for potential use in the MIPS Cost performance category. Clinicians and groups meeting the minimum number of episodes outlined on this slide will receive a field test report with information about their Cost performance for the period of January 1 to December 31, 2019. For 20 episodes, you'll have asthma and COPD or diabetics, and for 10 episodes, colon and rectal resection, melanoma resection and sepsis.

Participation is voluntary and can be submitted anonymously. Field test reports can be accessed by logging into your QPP portal account. Visit the link on this slide, the MACRA feedback page, for more details and to see if you'd like to volunteer for this testing.

Roxanne Fletcher:

The July 2020 National QPP-SURS Central Support Contractor newsletter is now available with articles. One is about the performance feedback, how to participate in MIPS using telehealth, the 2020 Quality measures list with telehealth guidance, safety considerations when reopening your practices and how to engage patients in telehealth.

Roxanne Fletcher:

CMS is hosting recurring calls open to all members of the healthcare community to share information related to the agency's response to COVID-19. During the calls, CMS provides updates, encourages peers to share best practices and offers attendees an opportunity to ask questions of CMS and other subject matter experts. The calls are recorded, and transcripts can be found at the CMS podcast page at the link on this slide.

Roxanne Fletcher:

There are some upcoming educational events in September. We always like to keep you posted on what's happening and what might be helpful for you to participate in, if you can etch out the time in your schedule. One is *Understanding Clinical Quality Measures: How CMS is Modernizing its Approach to Digital Measurement*. There are two options to participate: Tuesday, September 15, 2:00 to 3:00, or Thursday, September 17 from 3:00 to 4:00. Registration links are provided on this slide. Also, *Maximizing Your MIPS Score: Advice for Solo and Small Group Practices* will be offered on September 15 and September 17, just at different time slots. So, if either of these events are of interest to you, please try to schedule that time to participate. And, they will also be recorded if you need to review them at a later time.

Roxanne Fletcher:

Want to learn more? Details from today's breaking news and announcements can be found in our most recent e-newsletters, and you can access them by clicking on the links in this slide. Now, what you've all been waiting for is what is that popular dog's name?

Shanen Wright:

Yes, let's see if you all got it correct or not. Ooh, we're pretty evenly distributed. We've got 29% saying Maggie, 29% saying Charlie, 14 for Harley, and 14 for Buddy. Well, those of you who picked B) Charlie were correct. It is the most popular dog name for 2020. If you have a dog, feel free to share your dog's name in the Q&A box if you'd like. We would love to hear what your dog goes by in your home.

All right. Another polling question. This one is going to test your QPP knowledge. What is important to know about the Quality category? Is it, A) assesses the quality of care clinicians deliver based on performance of clinical measures and patient outcomes; B) if you don't measure it, you can't improve it; C) reporting period is the full calendar year, January 1 through December 31, 2020; D) most quality measures are reported only once during the calendar year (i.e., tobacco use screening, BMI screening, diabetes, eye exams, pneumonia vaccination), but some must be reported more than once (i.e., documentation of current medications in the medical record reported every visit); whew, that's a mouthful; or E) all of the above. We'll find out the answer coming up. But now, our feature presentation.

Julie Williams:

So we'll discuss what everybody's talking about – practice safety considerations for COVID-19. Many practices are in the process of reopening or just increasing their in-office visits. This raises so many questions about patient and staff safety, infection control, patient outreach, liability, and so many other issues. Well, the American Medical Association has released a resource guide entitled, "COVID-19: A physician practice guide to reopening." So we thought we would share some of the recommendations from this resource.

Julie Williams:

The first recommendation is to create a reopening plan. This plan will allow your staff and your patients both to know what's expected and what is needed to protect you from your liability. So we recommend

that you contact your malpractice carrier to inquire if any additional malpractice coverage is needed and ensure telehealth services are included in your insurance policy. The plan should also address some policies and procedures on the new workflows addressing safety. The personal protective equipment needs, the inventory, the ordering of supplies and how long staff should self-quarantine at home if they're infected or exposed to someone with the coronavirus.

Julie Williams:

Maybe you can consider opening with a lighter patient load and increase the time in between your patient appointments to address issues and conduct extra cleaning. You can make changes in a timely manner if you do that. Consider allowing your administrative staff to continue to work remotely, bring back the staff in phases or have them work on alternate days or times to reduce contact, and institute some safety measures.

Julie Williams:

This is really important. Require everyone, staff and your patients, to wear a face mask in the office. Screen the staff daily for symptoms, checking their temperature, and record it in a confidential employee log. Provide written instructions and demonstrate to the staff on cleaning and disinfecting and how, when, and where to put on and take off their protective equipment. Utilize a disinfection checklist and record all cleanings and ensure compliance. Consider asking your patients to wait in their car until you're ready to see them. If you're not doing that and you're going to utilize your waiting room, reconfigure the chairs to ensure that no one will be closer than six feet and designate separate areas for well and sick patients. Designate a work station for each staff member, reconfiguring work stations to ensure physical distancing and giving them the time and opportunity to thoroughly clean each area or piece of equipment between uses. Now, we'll pause for the answer to those polling questions.

Shanen Wright:

All right. Let's see if you... oh, my goodness, that is the QPPLive! audience that we know and love. We have got 9 out of 10 folks answering E) all of the above, for 90%. That's the way we like it. It is important to know everything we mentioned about the Quality category. Before we get to our next question, though, just a few cute dog names that came into us through the chat and Q&A windows. We've got a Bella, a Sparky, and a Boomer. Love to see pictures of them sometime in the future, maybe a future edition of QPPLive!

But let's go back to another polling question. It's time for our final polling question of the day, and this is a fun one. This is talking about tomorrow, more great trivia that you can wow your friends, neighbors, even your enemies with, if you'd like. Let's see if you know what August 21 is known as. Is it National Sweet Tea Day, National Beach Day, National Friendship Day, or National Root Beer Float Day? They all sound good to me. We'll have the answer coming up. But now, more news.

Julie Williams:

Well, those all sound good to me, too. So we suggest that you continue to utilize telehealth and telephone triage. This is really important, keeping everyone safe. Continue offering those visits, making sure you're educating patients that you're providing those services, and their protocol on receiving

those services. We recommend that you triage patients the day prior to the appointment to assess for any possible COVID exposure or infection. Direct those patients with symptoms to a testing site, rather than being seen in your office. Contact your public health department to obtain a list of the COVID testing sites in your area, when they are, where they're located; maybe even gather a wait estimation because we know that some of the sites have had really long lines and really long waits. And provide counseling, such as the need to self-quarantine, and then go back to that checklist Roxanne mentioned and see if you can get reimbursed for that counseling.

Julie Williams:

Limit access to the office. This is extremely important, too. Create and enforce a policy that limits who can enter the practice and when. That should address the vendors, your lunch delivery people, your salespeople and your mail delivery people. And discourage patients from bringing their family members and friends to the appointment, making sure it's only essential people coming in that door.

Julie Williams:

Assign one employee as the COVID lead. This is kind of important because that one person in the office should be responsible for staying up-to-date with the federal, state and local requirements because these regulations and guidelines and resources are changing, not daily so much anymore, but it is possible. It can prepare you for any additional closures that may come down the line or additional reopenings, the telehealth rules and regulations that are changing.

Julie Williams:

We listed three more additional resources on this slide. I would like to take this time to remind everybody that all these resources can be found on Quality Insights' COVID Resource page at www.qualityinsights.org/Coronavirus.aspx. We have a COVID ribbon there that you can click on to access all of these resources. We're trying to accumulate everything to be almost a one-stop shop for information. Some additional resources are the CDC Guidance for Providing Healthcare During the COVID-19 Pandemic, the Federal Guidelines for Opening Up America Again, Reopening America and What Patients Should Know About Seeking Healthcare. We hope everyone stays healthy, and thank you so much for joining us today.

Shanen Wright:

Thank you, Julie. We're going to take a look at those polling answers and see what tomorrow is. And it looks like, ooh, we're pretty evenly split and we stumped you this time. 36% of you said National Root Beer Float Day. You were wrong, sorry. The 18% of folks who said National Beach Day, wrong. Also, not National Friendship Day. So what's that leave us with? August 21 is known as National Sweet Tea Day. And for those of you in the North who may not be as familiar with it, sweet tea is a type of iced tea commonly consumed in the Southeastern United States. The oldest known recipe for sweet tea was published in 1879 in a community cookbook called Housekeeping in Old Virginia by Marion Cabell Tyree. So there's some trivia for you. Tomorrow, celebrate that National Sweet Tea Day. A great, nice, cool drink during the dog days of summer that you can have on a Friday when you get out of work.

Shanen Wright:

So speaking of dogs as well, we had another great dog name come in through the Q&A window, Optimus Prime, the Toy Manchester Terrier. What a cool name for a dog. That might be a top five one for 2021. I don't know.

Shanen Wright:

Well, now we've come to the portion of the show where we're going to interact with our panel of experts and answer your questions that you have about CMS' Quality Payment Program. You can submit those using the Q&A feature in your Webex player at any time. Keep an eye on the chat box as well because Rabecca is sharing links with you right now to some great resources, including the COVID-19 Safety Tips for Your Physician Practice that Julie just mentioned. There's a direct link to that in your chat window right now.

Shanen Wright:

So who's with us today? We've got Kathy Wild. She's our Project Manager for Quality Insights Quality Payment Program Support Center. We've got Amy Weiser, who is our Lead Project Coordinator. I'm Shanen Wright, Associate Project Director. With us also are Rox Fletcher, who you heard from for a portion of the news; Andrea Phillips; Shirley Sullivan; Marvin Nichols; Julie Williams, who also delivered today's breaking news and announcements; Lisa Sagwitz; Gary Rezek; Rabecca Dase; and my fellow DJ, my man, Joe Pinto. They're all with us today and are available to answer your questions.

Shanen Wright:

So how do you ask them? Simply use the Q&A feature in your Webex player. You'll see the Q&A icon. If you hover over the bottom of your screen, three ellipses buttons pop up. That will open it up so you can submit your question, and then you type it in there and hit send. It's that simple. The chat icon I mentioned was where we have links to resources for you. If you want to open your chat icon, if it's not open, it's the little blue bubble. You can click on that and take a look at those links that Rabecca is posting to Quality Payment Program resources.

Shanen Wright:

During today's presentation, for those of you who dialed in on the phone, we'll give at least one shot unmuting the lines in case you have a question or comment for our panel of experts. We do ask that if you don't have a question or comment for our experts, please make sure to keep your phone line muted on your end so we don't hear any noise wherever you may be, maybe inadvertently hear a conversation. I don't think anybody wants that to happen.

Shanen Wright:

So we'll have that coming up. And keep in mind, too, that we here at Quality Insights Quality Payment Program Support Center are here to help you any time, not just on the third Thursday of every month at 9:30 a.m. You may not realize who your contact is, your individual mentor for the QPP Program. If that's

the case, just reach out to any member of the Quality Insights team. We'll make sure that you get to the person you need to talk to. And we also have a general QPP inbox and 1-800 number that we'll share at the end of today's program as well.

Shanen Wright:

We'll do the best that we can to answer all the questions that you submit today, but sometimes we do need to follow up. We want to make sure that we're being accurate and we do supplemental research that we will share with you. Please also keep in mind that rules and interpretations change over time, especially if you're viewing a recording of QPPLive! This is being broadcast originally on August 20, 2020. If you're viewing the archive, rules and interpretations may have changed. Just keep that in mind. Most of all, we here at Quality Insights want to establish a relationship with you so that you can succeed in CMS' Quality Payment Program.

Shanen Wright:

With that, let's jump into the questions. Let's start submitting them, guys. We've got one advanced question that was submitted before the episode. You do have that opportunity as well by subscribing to the QPP newsletter. And this question asks: Any update from CMS regarding the inclusion of all telehealth visits for eligibility in MIPS measurements? And, Amy, I think this question is for you.

Amy Weiser:

Thank you so much, Shanen. Yeah, and thank you so much for submitting the question in advance. Quality Insights developed a resource and I'm going to put a link to it in the chat box. There are over 80 quality measures that apply to telehealth, which is pretty good. And our resource includes whether the measure is claims-based, registry-based, or an electronic health record measure that you can submit.

As far as all telehealth visits being eligible, at this time, I know CMS is probably going to keep working and looking at the measures, but there is a limitation on what measures apply to telehealth visits. So I'm going to post that in the chat box. And also, just so you know, we are here to help you. So as Shanen mentioned, as the ladies mentioned earlier, if you have specific questions about the measures, we would certainly be happy to help you work through that as well. Thank you.

Shanen Wright:

Thank you, Amy. Make sure you get those questions in before we run out of time on today's QPPLive! I'll tell you what, let's just quickly unmute those phone lines and see if anybody on the telephone has a comment or question. I'm not hearing any. So if you have a comment or question, make sure and use that Q&A player before we run out of time today. We don't have much time left in today's QPPLive! We do have a great question that came in from Patty. Patty asks: Will the new office E&M codes go into effect on January 1, 2021, or is there any CMS talk of postponing?

Julie Williams:

This is Julie. I'll take that one. As of right now, the codes will still take effect January 1, 2020. Again, we're in uncharted territory. They could still possibly change it, but as of right now, they still will take effect.

Shanen Wright:

Excellent information, Julie. And if you want to stay as up-to-date as possible on information just like that, make sure you are signed up for Quality Insights QPP newsletter. It's a great newsletter. It doesn't only promote QPPLive!, which I know is near and dear to all of your hearts, but you will also find out information on the changing nature of things like E&M codes. And right now, as Julie indicated, they are slated to go into effect on January 1, 2021.

Shanen Wright:

With that, we are going to start winding down today's episode of QPPLive! We really appreciate all of you joining us today, the great questions that you have submitted for everyone. Looking ahead into September, make sure and mark your calendars now. We will be doing this again on the third Thursday of the month. That would be September 17 at 9:30 a.m. and we hope you can join us again.

Shanen Wright:

And as we indicated before, you don't have to wait for QPPLive! If you have any questions or would like feedback on your approaches to CMS' Quality Payment Program, you can reach out to any of us here at Quality Insights and we will be more than happy to help you. The slide on your screen has contact information for the Quality Insights Quality Payment Program Support Center, and this is for practices with 15 or fewer eligible providers in West Virginia, Pennsylvania, Delaware, and New Jersey. You can reach out to us at qpp-surs@qualityinsights.org. You can also give us a call on our hotline any time. The number for that is 1-877-497-5065. We also encourage you to visit our website, qppsupport.org. That's www.qppsupport.org. It's got a lot of great resources, and we'd love your feedback on those resources as well. The best way we can serve you is by working together and making sure that we are providing the best possible information to help you succeed in CMS' Quality Payment Program.

Shanen Wright:

On behalf of everyone at the Quality Insights Quality Payment Program Support Center, thanks again for joining us, and have a great day.

