

Shanen Wright:

Hello and welcome to the September 2020 edition of QPPLive!, a production of Quality Insights Quality Payment Program Support Center. If you're a returning audience member to QPPLive!, welcome back. You know how the format works. You can start submitting your questions for our panel of experts using the Q&A box in your WebEx player at any time. If this is your first time joining us on QPPLive!, welcome. We'll have further instruction on how you can interact with us coming up.

Shanen Wright:

But first, it's my great pleasure to turn the floor over to Amy Weiser for today's breaking news and announcements. Amy.

Amy Weiser:

Thanks, Shanen. Good morning everyone. Just wanted to remind you about the Targeted Review deadline, which is 19 days away. If you believe an error has been made with your 2019 MIPS score, request a targeted review. Requests can be submitted now through 8:00 p.m. on October 5 by logging into your QPP portal account. We've included a link here for you for the targeted review user guide.

Amy Weiser:

There's also 19 days left to submit comments for the 2021 proposed rule. Comments are due by 5:00 p.m. on October 5. Review the fact sheet, the CMS webinar recording, slides or transcript, which all those links are included on the slide here. You can join Quality Insights on Tuesday, September 22 at 2:00 p.m. for Highlights of the 2021 QPP Proposed Rule. There's a link for you to register for that event. You can submit a comment electronically, or you can send comments via regular mail or express or overnight mail with the information included on this slide.

Amy Weiser:

The QPP website update may limit your access so we just wanted you to be aware. A mandatory update to increase network security will occur to the QPP systems this fall. As a result, you may not be able to access qpp.cms.gov if you have an outdated Windows operating system (7 or 8.1) and version 11 of Internet Explorer, or Mac OS and iOS with an outdated version of Safari or version of Google Chrome, Mozilla Firefox or Microsoft Edge.

You can test your web browser and make any necessary updates to ensure continued access. If you receive an error message stating, "This page can't be displayed," you are encouraged to update your web browser to one of the following, which includes the Google Chrome version 69 or newer, Mozilla Firefox version 47 or newer, Internet Explorer with Windows 10 or Microsoft Edge. You can review the QPP 2020 network security update fact sheet with the link on this slide for more details.

Shanen Wright:

And now it's time for a polling question. We like to ask you questions both about CMS' Quality Payment Program and fun trivia that you can wow your friends and neighbors with.

Shanen Wright:

Let's start off with something fun today. It's September, so let's see if you know what September's full moon for 2020 is named. Is it a corn moon, a grain moon, a harvest moon or a hunter's moon? We'll have the answer coming up, but now more news with Amy.

Amy Weiser:

Thank you. So we want to bring to your attention 2020 electronic quality measures reporters' information. CMS has identified an issue with three electronic clinical quality measures. It has the potential to impact measure scoring. The three measures include antidepressant medication management, appropriate testing for children with pharyngitis, and functional status assessment for total hip replacement. Updated measure packages to correct the files are available on the Electronic Clinical Quality Improvement (eCQI) Resource Center with the link included on this slide. Additional details are in the ONC eQIM Known Issues Tracker.

Amy Weiser:

The 2020 MIPS Audit Guide is now available. CMS is required to conduct data validation and audits for MIPS and can request information for up to six years after the performance year. CMS contractor, Guidehouse, randomly selects individuals, however, the sample must include a variety of clinician types and submission methods. If selected, you are required to provide documentation recommended in the 2020 Data Validation Criteria published by CMS. The Quality Insights 2020 MIPS Data Validation and Audit Guide can help you organize and record everything so you will be prepared for an audit.

Amy Weiser:

This month CMS launched Care Compare, a streamlined redesign of eight existing CMS healthcare compare tools that were available on Medicare.gov. Patients can now find information about doctors, hospitals, nursing homes and other healthcare services with just one click.

Another improvement was made to the Procedure Price Look Up or the PPL tool, which helps Medicare beneficiaries compare costs. Physician fees are now displayed with facility fees, allowing a more accurate prediction of true out-of-pocket costs.

Shanen Wright:

Let's take a look at those polling results and see if you got it right. Unfortunately, you didn't as an audience. I think you must be thinking about Neil Young's 1991 song, Harvest Moon, because 65% of you chose harvest moon. But 65% of you were also incorrect.

The correct answer is what 29% of you said, and that is the corn moon. September's full moon for 2020 is known as the corn moon. It only happens once every three years. September's full moon was given its name by the Algonquin tribes living in the Northeastern United States, according to the Old Farmer's Almanac. They named it for the time of year when they harvested staple crops like corn, pumpkins, squash, beans and wild rice. So make sure and let your friends and neighbors know that it is the season of the corn moon in 2020.

Shanen Wright:

All right, let's launch another polling question. We're going to test your knowledge of the Quality Payment Program now. Tell us which of the following is true about a targeted review for 2019 MIPS feedback. Is it A: Quality Payment Program participants can request for the Centers for Medicare & Medicaid Services to review the calculation of their 2021 MIPS payment adjustment factor? Is it B: The last day to submit a targeted review is October 5 at 8:00 p.m. Eastern Standard Time? C: New in 2020, the application process is through the QPP portal using your HARP account login or D: All of the above? Enter your answer now, and we'll find out the correct answer coming up. But first, more news with Amy.

Amy Weiser:

The AMA released the 2021 CPT Code Set. The AMA made the first major overhaul to codes and guidelines for office and outpatient evaluation and management or E/M services in more than 25 years. Modifications were designed to make E/M office visit coding and documentation simpler and more flexible.

To get the full benefit of the burden relief from the E/M office visit changes, healthcare organizations must understand and be ready to use the revised CPT codes and guidelines by January 1, 2021. The AMA has developed resources to help transition to the revised codes, which includes a checklist, videos, modules, guidebooks and tools and resources, all with links included on this slide for your ease of access.

Amy Weiser:

We wanted to give you some information about guidance for telehealth encounters and eCQMs. To represent telehealth-eligible CPT and HCPCS codes for eCQMs in QRDA I, submitters should use the optional qualifier attribute of the encounter code element to send the telehealth modifier code in addition to the primary telehealth-eligible CPT or HCPCS encounter code from the eCQM-specified value sets. The resource *Telehealth Guidance for 2020 eCQMs* details the 42 eCQMs that are telehealth-eligible. That link is included on this slide.

Amy Weiser:

The recording and transcript of last month's presentation, *Preparing for the New Normal in Telehealth: Transitioning from Surviving to Thriving*, is now available. Guest speaker Kathy Hsu Wibberly, PhD, Director of the Mid-Atlantic Telehealth Resource Center, shared best practices, workflow changes and explained how you can turn a canceled visit into a telehealth visit. This was an outstanding presentation, and I highly recommend that you take some time to listen to this. It will be very helpful to you.

Amy Weiser:

There are two more events today for you to learn more. *Maximizing Your MIPS Score: Advice for Solo and Small Practices* is today at 11:00 a.m., and the link is included on this slide for you to register for that event. You can learn the basic requirements for each performance category, how to use telehealth measures and activities and how to select measures applicable to your practice and advice on applying for hardships.

Amy Weiser:

And then the next one is *Understanding Clinical Quality Measures: How CMS is Modernizing its Approach to Digital Measurement*. That is at 3:00 today. The link is included here for you to register. You will learn about CMS' focus on digital quality measurement, and it will provide an overview of quality measurement, the unique features of electronic clinical quality measures or eCQMs, burden reduction and future plans for digitization.

Shanen Wright:

Let's take a look at those polling results right now. So we can stump you with the trivia but not when it comes to CMS' Quality Payment Program. 86% of you got the correct answer, which is "All of the Above." QPP participants can request CMS to review the calculation of their 2021 MIPS payment adjustment factor, the last day to submit a targeted review is October 5 at 8:00 p.m. and new in 2020, the application process is through the QPP portal using your HARP account login. It is all of them. Good job folks. You got that one right.

Let's go back to some fun trivia right now. You may recall last month we talked about dog names. So in equal time, we want to make sure all you cat lovers, like me, have an opportunity as well, so tell us. What is the most popular cat name for 2020, according to kittycatter.com? Is it Kitty, Pepper, Shadow or Oliver? If you have a cat, go ahead and put your cat's name in the chat box as well. We'd love to see that. I have the correct answer coming up. But first, more news with Amy.

Amy Weiser:

We want to take some time to highlight our Performer of Excellence Awards. Quality Insights will recognize practices that display excellence in quality improvement in 2020. We first launched this in 2019, and we are going to continue it in 2020. In addition to your MIPS score, your commitment to QPP education is taken into consideration. Attending some monthly QPPLive! sessions, as well as other educational events, increases your chance to obtain a gold level certificate. Please contact us for more information if you are interested.

Amy Weiser:

The National QPP-SURS Central Support Contractor August newsletter is now available. Articles this month include the Extreme and Uncontrollable Circumstances Exception for COVID-19, the release of the 2021 Proposed Rule for the Quality Payment Program, the May Learning Action Network Q&A: Understanding How to Implement Telehealth Services, How to Conduct a Virtual Annual Wellness Visit, and How to Engage Specialists in MIPS.

Amy Weiser:

If you want to learn more, details from today's breaking news and announcements can be found in our most recent e-newsletters. You can click on the links on this slide for the September 3 and the September 16 editions.

Shanen Wright:

Let's take a look at those polling results now and see if you got it correct. Well, once again, we're stumping you on the trivia today. The number one answer given was Shadow at 45%. Eh, that's wrong. Actually the correct answer was the number two response, Oliver, which 25% of you indicated. It is the most popular cat name for 2020 according to kittycatter.com. We also got some cat names in the chat box as well, including Cassandra, Sierra, Gigi and Mikey. Cute cat names. I love it.

All right, let's have another polling question for you now. This question is about the Quality Payment Program. This is a true or false one. Promoting Interoperability and Improvement Activities categories have a minimum of 90 days for reporting periods. One of the flexibilities in submitting MIPS data is that you can use two different timeframes for each of these categories. Is that true or is it false? Enter your answer now, and we'll have the correct answer coming up.

But in the meantime, it's time for our feature presentation with Kathy Wild. Kathy.

Kathy Wild:

As we know, every day in the news there's another disaster. Wildfires are out in California, Hurricane Sally has just hit the Gulf Coast and of course, we're all dealing with COVID. We want to make sure that you are prepared if anything else happens to your practice. This is something that JCAHO, the Joint Commission for the Accreditation of Healthcare Organizations, has recognized -- the need for all organizations, hospitals and physician practices, to plan ahead for emergencies.

Kathy Wild:

The resource that can help you prepare is called a Business Continuity Plan, or BCP. What that is, is a living document comprised of resources, policies and procedures that you will use any time there is a disaster or any type of major disruption of operations. It could be as small as a fire in your office and you can't work there for a couple of weeks. Anything like that.

What you need to do is create a plan to ensure that any disruption to your patient care services is minimized and there is very minimal adverse economic impact by resuming normal operations as quickly as possible.

As we all know, most physician practices had to close for a couple of months when the COVID pandemic hit, and we know that really adversely affected a lot of practices' income. Hopefully, this tool will help you plan for something in the future if it should occur.

Kathy Wild:

There's a purpose statement in the beginning. What we've done is we've created an 18-page document and it allows you to electronically enter information specific to your physician practice. You can save it and update it whenever needed. Like I said on the previous slide, the real purpose of creating this Business Continuity Plan is to make sure that if there is any type of event that causes a service outage by factors beyond your control, you'll get services restored to the widest extent possible in a minimum timeframe. What you need to do is make sure everyone in your office, all staff, will be expected to implement preventive measures whenever possible to minimize business failure. The plan will identify and make recommendations necessary to prevent extended service outcome.

Kathy Wild:

As I said, we have created a template for you. You can download the document from the link on this slide. It is 18 pages and you can print what you need. There might be sections where you'll need to address one area more than one time, and you can do that. Some sections may not be applicable to your practice at all, and that's fine. Like I said, this is basic guidance. We collaborated with several other technical assistance contractors that help small practices across the whole nation. About six organizations helped create this so we've heard from states that are impacted by issues besides COVID, such as the wildfires out west. Also, you can always go to our Quality Insights website and in the resource section you will find this Business Continuity Plan.

Kathy Wild:

I'm not going to read this entire slide, but I'll review some of the main elements to explain what you'll find when you look at this document. The *'Practice Profile'* is where you're going to go in and enter all your emergency contact information for your staff and describe their responsibilities. You'll want to assign backup and alternates. If that first person is not available, who else will be responsible for that category?

The next is *'Procedure For Event Notification'*. Spell it out. Make that workflow to ensure that there is smooth communication to everyone in your office, so everyone knows what's going on if something occurs.

The *'BCP Checklist'* is basically a sheet that has tips for you to create your own plan. So you can look at that and select what is pertinent to your practice.

Next is the *'Vendor Supplier Contact List'*. In addition to having all the contact information for your EHR vendor, remember you've got suppliers that you should have all their information readily available. If you are unable to get in your office and you're reopening somewhere due to a fire or something like that, make sure you have enough supplies on hand so you have all that information readily available.

The next section is called *'Essential Functions'* and that's where you'll sit down with your staff and you're actually going to create a list of your day-to-day activities and how you would address each one if something happens and your practice closes down, which is what just happened with COVID. How are we going to address office visits? How are we going to address telehealth services? How are going to check in patients? So if you are doing virtual visits, how are you going to order laboratory tests if you're doing them virtually? How are you going to collect copays? We know that several of you have struggled with this over the past few months but it's a shame we're giving this to you a little late. None of us expected COVID to happen. For the future maybe you can get something together that will help you to fine tune things.

The next section is the *'BIA Worksheet'*. BIA stands for business impact analysis. That's where you can actually prioritize what essential functions need to be addressed first. If you don't have power or a backup generator, what are you going to do that day? Oh my gosh, you're going to have to call your patients that have visits, appointments that day, to ensure that they don't come in. Who has access to the calendar to know who to call people, things like that.

Kathy Wild:

There are a couple more elements in the plan. The next one is the '*Pandemic Protective Actions*'. This is basically a section that addresses patient safety and what supplies you need. We're all well aware that everyone needs masks, gloves and gowns on hand. It's something that probably not many people had a lot of prior to COVID, but there might be other things that you can think about now. Okay, what else can we add to this?

The next section is the '*Coronavirus 2019 Certification Form*'. That document has the basic simple questions that you can ask your staff every morning when they come into the practice, as well as the patients you're seeing. Until the vaccine is out and we know it's reliable, this is an important form. You've probably created something like this, but feel free to use this form, where you're asking them, "Do you have a cough right now? Are you short of breath? Have you been in close contact with someone who's been diagnosed as being COVID positive?" Things like that. You may want to take a look at that. See if you want to use that or continue using what you've been using for the past couple of months.

The next section is the '*Back Up Important Data Checklist*'. This is where you really need to do a risk assessment to make sure that you are HIPAA compliant with all the patient data you have. Even when you can't access it, if you can't come into the office, but some of your people are working at home and are accessing patient data, you want to ensure that they are following HIPAA compliance rules.

The last part of the plan is to do the '*Restoration and Recovery Process*'. This is where you would identify the name of a company that you designated that you could contact if you had to restore and recover your practice. We've also included in this section a paper Emergency Health Records Form. If, for some reason, you have an EHR and it's completely shut down, no one can back you up, but your office is open. What can you do when these patients are coming? You can take this form to your copier and use it basically the same as you would be if filling out your EHR. It's a template, but we've created the basics. You can have a bunch of those on hand in case you don't have access to your EHR.

Kathy Wild:

Once again, take a look at that and we hope that maybe that will address the core issues and help you be prepared, God forbid, there be anything else. It's good now that coronavirus is here, we've addressed this.

Shanen Wright:

Thank you, Kathy. Great information. Let's take a look at those polling results now and see if you got our true/false question correct. It looks like the majority of you did. We've got some experts here in our audience. 69% of people got the correct answer that it is true. The Promoting Interoperability and Improvement Activities categories have a minimum of 90 days for reporting periods. One of the flexibilities in submitting MIPS data is that you can use two different timeframes for each of these categories.

Shanen Wright:

We've got one more polling question. We're going to end with another trivia-oriented one. This is a fun one in honor of today, September 17. What is it known as? Is today National Maple Syrup Day? Is it National Apple Dumpling Day, National Pancake Day or National Chocolate Chip Cookie Day? They all

sound pretty good to me regardless. But let's see if you know the correct answer, and we will have that correct answer for you coming up.

Shanen Wright:

But first, let's meet the Quality Insights QPP team. We have Kathy Wild, who just delivered our feature presentation. Amy Weiser with the news. I'm Shanen Wright, the Associate Project Director for the Quality Insights QPP team. We also have our panel of experts with us today, including Rox Fletcher, Andrea Phillips, Shirley Sullivan, Marvin Nichols, Julie Williams, Lisa Sagwitz, Gary Rezek, Rabecca Dase and Joe Pinto.

We'll be answering questions for you coming up, but first, let's find out what September 17 is known for and whether you got that correct with that answer, with the polling question. September 17 is known as National Apple Dumpling Day. National Apple Dumpling Day honors a sweet delight of autumn. With fall fast approaching, this food holiday comes at the height of apple harvest. Apple lovers can't resist this pastry filled with sweet delicious apples. It looks like most of you somehow knew that. I didn't beforehand, but that was the number one answer by our audience with 68% of people saying that indeed, today is National Apple Dumpling Day. So I have to go get one of those as soon as QPPLive! is over, and I'm sure a lot of you will be as well.

Shanen Wright:

Okay, we've come to the interactive portion of today's presentation. Not just the polling questions but your opportunity to ask questions of our panel of experts. If you have questions, simply use the Q&A feature in WebEx. WebEx has changed a little since last month, so if you're a returning audience member, look over on the right-hand side. You're going to see your Q&A box over there that you can submit your questions with. Keep an eye on chat as well in your lower right-hand corner because that's where we'll be sending web links directly to the resources that we are discussing in today's QPPLive! Make sure and keep an eye on that. Rabecca will be giving us links and use Q&A for your questions and answers.

Shanen Wright:

Also, if you're dialed in on the phone, you will have an opportunity to ask questions verbally. We will unmute the phone lines at least once during today's QPPLive! We do ask that if you are not asking a question that you please make sure to mute your phone on your end so that we do not hear any background noise or other things going on in your home or office, wherever you dialed in from for QPPLive! today. That will be coming up as well.

Shanen Wright:

Please also keep in mind that we are here to help you any time, not just on the third Thursday of the month at 9:30 a.m. during QPPLive! If you don't realize who your contact is at Quality Insights, you can use the general QPP inbox for any inquiries or reach out to any member of the Quality Insights team, and we will be happy to help you and direct you to the right person. We'll do the best we can to answer all the questions that you submitted today, but know that sometimes we need to do a little more research and follow-up. We want to make sure we're giving you the right answer to your questions. You guys have great questions so they sometimes require a little bit more research.

Shanen Wright:

Please also keep in mind that rules and interpretations change over time, especially if you are viewing a recording of QPPLive! and you're not with us here on September 17, 2020 at 10:01 a.m. Eastern. But most of all, we here at Quality Insights Quality Payment Program Support Center want to establish a relationship with you so that you can succeed in CMS' Quality Payment Program.

With that, let's get to the questions. We did have three questions pre-submitted before this episode, and we want to thank folks for doing that. That's something we do every month. If you subscribe to our QPP newsletter, you have an opportunity to pre-submit your questions and then we can research them and have a great answer for you. So thank you to the three folks who did that.

Shanen Wright:

Our first pre-submitted question today asks, how do you submit an exclusion exception from MIPS reporting for 2020?

Amy Weiser:

Hi Shanen, this is Amy. I'll take that one. You can apply for the hardship, so we really want to encourage you to reach out to us to have a conversation about which would be best given your situation and to also provide more individualized guidance to make sure you have all of the information you need to make the most informed decision. In order to apply for the hardship, you need to actually log into the QPP portal to submit the application. So you have to have a HARP account in order to do that.

In response to the 2019 Public Health Emergency, the COVID health emergency, CMS announced two flexibilities for clinicians participating in QPP in MIPS for 2020. Clinicians significantly impacted by the public health emergency may submit an Extreme and Uncontrollable Circumstances Application to reweight any or all of the missed performance categories. Those requesting relief via the application will need to provide a justification of how their practice has been significantly impacted by the public health emergency. We can't stress that enough. You must document how you've been significantly impacted by the public health emergency. There is a 2020 Exception Application Fact Sheet and a QPP Exception Application webpage for more information about the Extreme and Uncontrollable Circumstances Application.

In addition to the Extreme and Uncontrollable Circumstances Application, there is also the Promoting Interoperability Hardship Exception Application. 2015 edition certified electronic health record technology is required for participation in the MIPS Promoting Interoperability Performance category. If one of the following circumstances applies, you can submit a Promoting Interoperability Hardship Exception Application now through December 31, 2020: you're a clinician in a small practice (meaning that there are 15 or fewer clinicians), decertified EHR technology, insufficient Internet connectivity, you face extreme and uncontrollable circumstances such as a disaster, practice closure, severe financial distress or vendor issues, or you lack control over the availability of certified EHR technology. You will be notified by email if your request was approved or denied. If your application is approved, you do not have to report Promoting Interoperability data and 25% of your PI category weight will be redistributed to the Quality performance category unless you choose to submit data.

Shanen Wright:

Thanks, Amy. We have another pre-submitted question here that came in, and thank you for doing that. This one asks, can you please provide more direction on what needs to be documented for Improvement Activities and how to successfully complete an Improvement Activity?

Amy Weiser:

Thanks, Shanen. This is Amy. I'll take that one. You need a minimum of a 90-day reporting period for most Improvement Activities. However, there are a few that may require six months for reporting, so just be aware of that. You can find all of the Improvement Activities on the QPP website under the MIPS tab and Explore Measures. We can provide a link for you about the data validation sheet that offers more explanation or details for each Improvement Activity and the required documentation to support that activity as well.

Shanen Wright:

Thank you, Amy. Coming up we're going to unmute the phone lines. Get ready for that. Make sure you mute on your end. But first, our third submitted question for this month's QPPLive! asks, how do I apply for a hardship for 2020? We were not seeing a lot of patients from March to June. Also, if accepted, does that mean this year it will just stay the same as far as reimbursement?

Kathy Wild:

Hi Shanen. This is Kathy. I'll go ahead and take that question. This is kind of similar to one that I see someone has submitted in the Q&A box where Donna asks, what is the criteria for submitting an exclusion or exception for MIPS due to COVID?

Basically, to submit an EUC hardship application, what you would need to do is log into your QPP portal account and you would be using your HARP credentials. Now I'm going to walk you through this, but you don't have to take notes or anything. You'll have the transcript to go back to. I think what we'll do, because we seem to be getting a lot of questions about this, is in our next newsletter, which will be sometime later this month, we'll write an article and give you some step-by-step instructions about this.

But basically when you log into your portal account, on the left side of the welcome page there's going to be an option for exceptions applications. So you want to click on that and then when you open that up, you'll see over on the right-hand side in the header a little plus sign with the wording "Add New QPP Exception." When you click on the plus sign, a pop-up will appear and it says, "Add New Exception." You'll see two bullets there. One is for the Promoting Interoperability Hardship Exception and the second bullet is for the Extreme and Uncontrollable Circumstances Exception. Amy just discussed both of them.

It sounds like most people are considering selecting that second bullet, which would be the Extreme and Uncontrollable Circumstance Exception. When you click on that, you'll get another pop-up, and the next choice you have to make is whether you are going to request this as an individual, a group or a virtual group. This is called the "Application Type" field.

Next, after you make that selection, you'll need to put in your practice name and contact information for the person who is actually submitting the application. One thing to note is that the email address that you enter in there needs to be the one that's tagged with your HARP account. So whoever is submitting

this, they should have that HARP account and go in there. The reason is because after you submit the application, your notification will come via email. That's why they need that.

Kathy Wild:

Okay, so after you've gone and entered that demographic information, the next part is "Event Type". There are five options available for the Extreme and Uncontrollable Circumstances. The very first one is COVID-19. So CMS says, yes, that can definitely qualify. Number two, natural disaster, such as the fires and the hurricanes. Number three, ransomware or malware. Number four choice is a medical issue, and then they do have an option five for other, where you can fill something in. So you would select one of those. If you want to go ahead and select COVID-19, you pick that.

The next section you have to fill out is a 'Start Date' and an 'End Date' of when you're affected by this. There is an option in there to check a box if the 'Event Still Persists'. I'm going to give you an example. If you have to close your office the beginning of March, like a lot of people did, when everyone was instructed to stay home you might put March 1 in and then if you were closed temporarily for a while, if you're still not open or 100% capacity, you may want to check that "Event Still Persists" box. What CMS is looking for is that you're saying COVID has affected my practice and my ability to collect data. If you had just a one-week down time period, that doesn't really seem to justify hardship. But if you have two months, three months, a longer period of time, in CMS' eyes, yes, you're right, that does impact everything. So you will have to think of your start and end date.

Next is the 'Event Description', which is an open box to write your narrative. We've heard from a couple of practices that have submitted this already and gotten approved. I'm going to give you an example: something like, "My practice has been impacted by COVID. We closed for three months. We began to implement telehealth services but not until the last month. We're still not back to 100% capacity. We have been unable to collect any MIPS data for several months, and right now our focus is still on reopening and treating patients. We're implementing new workflow." So they're basically telling CMS, this is why I cannot go ahead and participate in MIPS this year. Provide details like that. Do not write in something like, "there's no quality measures available for me." We know of someone who submitted that and it got denied. That has nothing to do with COVID. Once again, you just want to give some examples like that in your narrative description.

Then, you have the option to select which 'Performance Categories' are affected and that you want to have reweighted. So remember we said you could select one category, two, three or all four. Just so you know, the Quality and the Cost categories have that 12-month reporting period. In CMS' eyes, those are the ones that are going to be most impacted if you haven't been able to collect data for several months. Now, the PI and the IA categories are mostly 90 days. For the IA category, some activities are six months. But for most, they're still three months. There's still 90 days left up until October 3, so you have a couple of weeks where even if you haven't done anything for PI or IA, you can still possibly get that done. If you don't feel you can, that's fine too. You can select those categories. What we want to stress here is to remember that if you have two or more categories that have data submitted, they will be scored even if CMS approves your application. I'll go over that again in a second.

Kathy Wild:

One of the other things I wanted to tell you about this application is that there is a save button, so if you want to go ahead and enter some information, but you're not really ready to submit it yet, hit save but do not hit the submit button. You can go back to it. It will be in there when you log back into your portal. There is also an option for you to withdraw the application. You could potentially go in, type all that up, not hit the submit button and then wait until December 31 or wait until January 2 when you actually look at your MIPS data. If your MIPS scores look great and you've got over 45 points, then you may want to not submit it. Let me go ahead and withdraw this application because I'm going to submit this data anyway. So there's an option.

As I said, you will be notified by CMS if your request is approved or denied. We've heard anywhere from one day to I know some people might be a couple days up to a week. It all depends on how many applications they're getting at the time as to when you get your response. One of the other things I want to tell you is that if you do submit it and you get the approval email, when the reporting period opens up in January, from January to March, you can still, after looking at your data if you have great scores, go ahead and submit data. What CMS will do is, if there is data for two or more categories, you will be scored. The application will be null and void after that. So remember that. Now, if there's only data for one category, that isn't enough, so CMS will still give you that neutral payment adjustment.

There's actually part two of this person's question. They asked, if it is accepted, does that mean we'll just stay the same? So yes, what that does is if you submit a hardship exception and it gets accepted, it means that there will be a neutral payment adjustment. They'll assign the performance threshold for the year, which for 2020 is 45 points. You'll be assigned that. You won't have a penalty, but you won't get a positive payment adjustment. I'm sorry that was lengthy. I thought I'd just go through that, and we will go ahead and let everybody know about that in a future newsletter.

Shanen Wright:

Thank you, Kathy. All right, if you have questions, make sure and use the Q&A box to submit them. If you're not seeing the Q&A box, there are three little dots in the lower right-hand corner of your WebEx player right next to chat. If you click on those three little dots, you'll see Q&A as a box. You click on that and it will bring it up. But before we get to more questions submitted, let's go ahead and unmute those phone lines and see if anybody has a question or comment for our panelists. Please mute on your end if you do not.

Shanen Wright:

Okay, not hearing any questions or comments, we will get back to more Q&As. Make sure if you've got them, you submit them before we run out of time today. Next question we have here asks, when will CMS release information about MIPS Value Pathways that are supposed to be available to report next year?

Kathy Wild:

I can take that one, Shanen. What we learned on August 3 when CMS released the 2021 QPP Proposed Rule is that the MIPS Value Pathways is actually going to be delayed until 2022 at the very earliest. The reason why you're not seeing any information is because it's not going to be available for next year. CMS

took the advice of stakeholders and they're waiting. What they're doing is trying to create a lot of pathways for multiple specialists, so it's not available for just say endocrinologists and surgeons and no one else. They're trying to create a whole bunch, roll them all out at once. We're looking at 2022 at the very earliest for that.

Shanen Wright:

Thanks, Kathy. All right. Here's another great question. This one asks, is it possible for clinicians who are currently identified as 2020 MIPS eligible as an individual to become ineligible and not have to report MIPS for 2020?

Amy Weiser:

Hi, Shanen. I'll take that one. Yes, there are two look-back periods to determine MIPS eligibility for every performance year. For 2020, the two look-back periods are October 1, 2018 through September 30, 2019, and October 1, 2019 through September 30, 2020. Final eligibility for 2020 will be calculated in October and posted to the QPP NPI lookup tool in November. Only clinicians who exceed the low volume threshold during both periods will be MIPS eligible for 2020 and required to report. It will be extremely important for everyone to check their status later this year because many clinicians may not meet the low volume threshold during the second period due to temporary office closures and reduced office visits due to COVID-19.

Shanen Wright:

Thanks, Amy. A question came in and we may have already answered it, but just to make sure we covered it, this one says, we had a new physician join the practice in August of this year. Would she be eligible for MIPS or not until next year?

Kathy Wild:

I suggest they go ahead and enter that new clinician's NPI on the cms.qpp.gov website and look up her eligibility there because, once again, it's looking at the number of Medicare patients seen, the number of services billed and the charges during those certain look-back periods. So even though that clinician is not necessarily with your practice the whole time, they still might meet that criteria. Go ahead and look in the NPI Lookup tool and please contact us. We can have someone walk you through that and explain what's going to happen there.

Shanen Wright:

Thanks, Kathy. Another great question that we have says, our practice has received CMMI QPP NGS payment at the beginning of this week. Is this a payment for practice year 2018? Please clarify. Thank you.

Amy Weiser:

If you were part of an ACO or an APM in 2018, we believe that that is your payment based on that. I've also been getting questions from my practices, and we're pretty confident those are coming from being in an APM. Anyone else want to chime in, that's fine.

Kathy Wild:

Yes, this is Kathy. I'll just add to that. We just received and CMS just posted a list of clinicians in an ACO in 2018 that they have not been able to give them their 5% bonus. So I'm 100% confident that's what that payment is. It's from 2018. We will be looking through that list and finding out which clinicians are in our four states that we cover and then reaching out to you to make sure that you have the correct address and everything so that CMS can pay you. So basically they're saying, we have your 5% incentive, we want to give it to you, but for some reason it's not going through, so I don't know if your bank information is incorrect or how they're doing it. But we will be reaching out to those people that are in our area.

Shanen Wright:

Thank you, Kathy. All right. Let's go to another question. We still have about eight more minutes left to go, so if you have one, make sure and get your question in now. This person says, I read in your newsletter that clinicians were required to enter their direct email addresses in NPPES by June 30. I did not know anything about this and just finished entering our information last week. What will happen since we missed the deadline? Will this impact our MIPS PI category score?

Kathy Wild:

I can take that question, Shanen. Basically that requirement to enter a direct email address in NPPES by June 30 was part of the 21st Century Cures Act Final Rule. This rule was released on May 1, 2020. It has nothing to do with the Quality Payment Program. It's really a rule that talks about interoperability and patient access and some of it has to do with patient information blocking.

We checked with CMS and they did assure us that anyone who is not compliant and didn't have that data in, it has nothing to do with your Promoting Interoperability score. You can still go ahead and attest 'yes' to the information blocking attestation questions when you're submitting for MIPS.

But as to the actual question, so what are they going to do? We don't know exactly. It sounds like CMS will be publicly reporting, but we don't know on which website yet, clinicians that don't have that information in there. But once again, the overall goal of them enforcing that is the need for clinicians to be able to share that data and information about patients with each other. So they're really trying to get that enforced so that electronically, no matter where the patient is and where they're seen, they can get that information at their fingertips because it would all be available. So it really is a good thing to have this done. If you haven't done so, reach out to us. We can certainly help you. But once again, when it has to do with MIPS, it doesn't have any impact.

Shanen Wright:

Thank you, Kathy. Here's another great question. This person says, I temporarily closed my office for 10 weeks from March through mid-May and am still not seeing patients full time in the office. I think I would like to submit an Extreme and Uncontrollable Circumstance Exception Application now so I don't have to worry about getting a MIPS penalty. Is it true that I can change my mind and submit data in January? If I earn a MIPS score greater than 45 points, will I receive a positive payment adjustment?

Amy Weiser:

Hi, Shanen. This is Amy. I'll take that question. The answer to the first question is yes. You can submit data even if you have an approved EUC, or Extreme and Uncontrollable Circumstance, hardship. CMS will override the approval and calculate a MIPS score when at least two categories can be scored.

The answer to the second question is we will not know if clinicians in groups will earn a positive payment adjustment if the MIPS score is greater than 45 points until all of the 2020 data is submitted. Based on the 2019 results, it's highly unlikely that people with a MIPS score between 45 points and the exceptional performance rate of 85 points will get a positive payment adjustment because it is anticipated that a lot of clinicians will submit an EUC hardship this year due to COVID-19. There will probably be a very limited number of people that will have a negative payment adjustment. There won't be funds to distribute among all of the reporters with a score of greater than 45 points. That is because this is a budget neutral program. It's run by the legislature so it's the law. This is how it all works out. If you have any more questions, reach out to us and we'll help you.

Shanen Wright:

Thank you, Amy. Next question asks, as a small radiology practice are we still required to create a direct email address?

Kathy Wild:

This is Kathy, and my answer is going to be yes. From what I've read, anybody that bills Medicare, anyone with an NPI number, will need to have some type of endpoint, which is a direct email address. As I said, reach out to us because if you belong to an HIE, health information exchange, that counts too. It doesn't necessarily have to be the direct email address. What it is, is for a way to electronically exchange information. For radiologists, I think it would be important to electronically exchange those reports back to the provider that ordered the service, to the surgeon or the family practice doctor or whatever. Once again, I'm going to give an example. If you live in Delaware and you belong to the Delaware Health Information Network and you exchange information that way, it would count. Once again, it's getting that interoperability option entered into NPPES.

Shanen Wright:

Thank you, Kathy. I think we have time for one more question today. Here's a nice short one before we run out of time. This questions asks, what is the maximum negative payment adjustment if I don't submit MIPS data this year?

Amy Weiser:

Hi, this is Amy. I can take that. It is negative 9%.

Shanen Wright:

Thank you, Amy. We would like to thank all of you for joining us for today's edition of QPPLive!, a production of Quality Insights Quality Payment Program.

Shanen Wright:

If you have questions for us beyond QPPLive!, you can reach out to us any time. For practices with 15 or fewer eligible providers, simply email us at qpp-surs@qualityinsights.org. You can also give us a call on our hotline. The telephone number is 1-877-497-5065. You can also visit our website at www.qppsupport.org to get your questions answered as well.

Shanen Wright:

We also invite you to connect with Quality Insights on social media. Check out our Facebook page, Twitter feed, LinkedIn or YouTube channel for more information about CMS' Quality Payment Program. Make sure and mark your calendars now because we'll be doing QPPLive! again in October. I'm betting there'll be some Halloween-themed questions in there. Mark it down. It'll be the third Thursday of the month. That's October 15 at 9:30 a.m. Eastern. We will do this all over again.

We'd like to thank all of you for joining us today and all of the great questions from audience members like Donna and Denise. We really appreciate all of your feedback and interaction with us.

Until next month, we hope you have a great day. Thank you for joining us.



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