

Shanen Wright:

Hello and welcome to the October 2020 edition of QPPLive! brought to you by Quality Insights Quality Payment Program Support Center. It's nice to see so many familiar faces in the audience today for the show. Welcome back to QPPLive! If you're rejoining us, you know how it works. You can start submitting your questions or comments for our panel of experts at any time using the Q&A feature in your WebEx player. If this is your first time joining us for QPPLive!, welcome. We're so glad you've decided to spend part of your Thursday morning with Quality Insights Quality Payment Program Support Center. The questions are coming up, but first it's my great pleasure to turn today's presentation over to Andrea Phillips and Marvin Nichols for today's breaking news and announcements.

Andrea Phillips:

Thanks Shanen. October 3rd through December 31st is the last possible 90-day reporting period for the Promoting Interoperability and Improvement Activities performance categories for 2021. It's not too late to collect data for these categories if you haven't yet started. We provided links for the 2020 PI and IA category quick start guides.

Marvin Nichols:

Beginning October 10, hospitals, psychiatric hospitals and critical access hospitals are required to send patient event notifications containing the name of the patient, treatment provider and transmitting hospital at a minimum when: a patient presents or is discharged from an ER and at a point of an inpatient and/or observation admission, discharge or transfer. The notifications must be transmitted to the patient's established primary care provider or primary care practice group, other practitioners, practice groups, entities identified by the patient as primarily responsible for the patient's care, or applicable post-acute providers who need to receive notification for treatment, care coordination or quality improvement purposes.

Andrea Phillips:

CMS will soon update all of the QPP systems to increase network security. We provided a link for you to test your web browser now. If you receive an error message that states, "This page can't be displayed," you're encouraged to update your web browser to one of the following: Google Chrome v69 or newer, Mozilla Firefox v47 or newer, Internet Explorer with Windows 10 or Microsoft Edge. We've also provided a link to the QPP 2020 Network Security Update Fact Sheet for you to view.

Shanen Wright:

Now it's time for a QPPLive! poll. Let's test knowledge and see how much you know, first of all, about CMS' Quality Payment Program. We're going to ask that you enter true or false in the chat window of your WebEx player for this following question. True or false, the small practice exception for Promoting Interoperability applies to practices in an ACO. Type it in chat. Is that true or false? We'll have the answer coming up, but now more news.

Marvin Nichols:

The Office for Civil Rights and the Office of the National Coordinator for Health Information Technology released the HHS Security Risk Assessment Tool version 3.2. If you plan to report the MIPS Promoting Interoperability category, you must submit the SRA by December 31, 2020. The updated tool includes a variety of new features such as improved navigation throughout the assessment sections, export options for reports and enhanced user interface scaling. I am showing the website that the Security Risk Assessment Tool resides on. If you look at this website, the tool is located by clicking the orange button, so you can download it to your local computer. This page provides good information about the SRA tool, so this is where you would download that information.

Marvin Nichols:

The American Medical Association CPT Editorial Panel released two new category 1 codes on September 8, 2020, that address the COVID-19 public health emergency. The two CPT codes are 86413 and 99072. This slide provides details for each code as well as a link to the PDF for the Special Edition of CPT Assistant.

Marvin Nichols:

Per the 21st Century Cures Act Final Rule published on May 1, 2020, all providers with an NPI must enter a Health Information Exchange (HIE) Endpoint in the National Plan and Provided Enumeration System (NPPEs), or they will be publicly reported as noncompliant later this year. HIE endpoints include direct messaging address, SOAP URLs, CONNECT URLs, FHIR URLs, RESTful URLs and other URLs. You can log into the NPPEs to enter your HIE endpoint and this slide includes the link for that login. You can check to see who has an Endpoint by going to the NPI registry, which is also a link, and entering the clinician's name and scrolling to the Health Information Exchange.

Shanen Wright:

Let's take a look at those polling results now that you chatted in. As usual, our audience is very informed about CMS' Quality Payment Program. 87% of you said true and you were correct. If you were a part of an accountable care organization or ACO that participates in MIPS, clinicians can claim the small practice exception for the PI hardship exception and it will not affect the ACO. Great information to know. Well, let's throw out a fun polling question for you. This is something you can tell your friends and neighbors tonight as you're talking to them from six feet away with a mask on, of course. Today is October 15. It is known as what day? A) National Pasta Day, B) National Cheese Curd Day, C) National Mushroom Day or D) National Chocolate Cupcake Day. Oh, they all sound pretty good to me. Enter your answer in the chat box and we will find out what today, October 15, is known as, coming up after more breaking news and announcements with Andrea and Marvin.

Andrea Phillips:

CMS is required to conduct an annual Data Validation and Audit (DVA) of MIPS measures and activities from the Quality, Improvement Activities and Promoting Interoperability performance categories. The DVA process for the 2017 and 2018 performance period is complete and results will be used for informational purposes only. In future years, the DVA may result in a change to a clinician's MIPS final

score and subsequent payment adjustment change. This slide provides a link for the 2017 and 2018 MIPS data validation criteria.

Marvin Nichols:

In an effort to empower medical professionals to identify patients struggling with substance use disorder, the Pennsylvania Department of Health, the Pennsylvania Department of Drug and Alcohol Programs and the University of Pittsburgh, School of Medicine created a series of learning modules to promote evidence-based prescribing. There are seven modules and each is one hour. Participants are eligible to receive free CME credits that meet the PA Act 124 requirements for opioid education. We've provided a training session schedule link and a registration link at the bottom of this slide.

Andrea Phillips:

Quality Insights have some upcoming events. There are two events in which we provided links for you to register. The first event is Tips to Prepare for 2020 MIPS Reporting, scheduled for Tuesday, October 20, from 12:30 p.m. to 1:30 p.m. Then also our last QPPLive! of the year will be held Thursday, November 19 from 9:30 a.m. to 10:30 a.m. And remember, we provided links for you to register for each of those events.

Shanen Wright:

Let's take a look at those polling results. Now, it looks like we stumped you on what October 15 is known as. 30% of you said National Pasta Day, 30% said National Mushroom Day, 25% said National Chocolate Cupcake Day and 15% said National Cheese Curd Day. You know what, if you were in that 15% of people who said National Cheese Curd Day, you are absolutely right. October 15 is known as National Cheese Curd Day. Cheese curds, if you're not familiar with them, are unique, funky snackable little pieces of yellow or white Wisconsin cheddar cheese. Many restaurants coat and deep fry them to a golden brown. These are chiefly found in Quebec, Canada in the dish poutine and in the Northeastern Midwestern mountain and Pacific Northwestern United States. So go get some cheese curds and celebrate October 15. For our final polling question of the day, we're back to CMS' Quality Payment Program. This is another true or false question. Just enter true or false into the chat window and tell us, true or false, you can complete an Extreme and Uncontrollable Circumstances Exception Application even if you have already reported quality measures through Medicare Part B claims for the 2020 performance period. Is that true or is it false? We'll find out coming up, but now more news.

Marvin Nichols:

The September 2020 National QPP-SURS Central Support Contractor newsletter is now available. I will show you the actual newsletter. If you navigate to the link that we provide in the slide, this is the page that you will reach. As you can see, this is the QPP SURS newsletter for September. Here are the articles for the newsletter: upcoming events, small practice spotlight, and so forth. If you click on one of the links, it'll take you right to that article.

Andrea Phillips:

Here we provided a link for you to sign up for the Cost Measure newsletter. The newsletter is basically for information about the clinician cost measure development work. If you didn't receive the link and you're interested, we provided a link for you to sign up for that newsletter.

Marvin Nichols:

Details from today's breaking news and announcements can be found in the QPP Insights September 30, 2020 newsletter that should have been provided to everyone who provided an e-mail address to us. Archived newsletters are also located on Quality Insights' website.

Andrea Phillips:

Like Marvin said, Quality Insights' website has been updated. You can access past newsletters. They're now available through the QPP resource tab. You'll also be able to navigate to resources, education and e-newsletters from the QPP Support Center's homepage. Also, the eligibility page reflects 2020 criteria.

Shanen Wright:

All right, let's take a look at those polling results and as usual, we have a very informed audience. 92% of you got the correct answer that yes, it is true. If you or any of the clinicians in your small practice, fewer than 15 clinicians, are eligible to participate in MIPS and are already reporting your quality measures through Medicare Part B claims, you can submit an Extreme and Uncontrollable Circumstances Exception Application for the 2020 performance period. If you are approved for reweighting in all four performance categories and don't submit any other data, your final score would be equal to the performance threshold, which would result in a neutral payment adjustment, unless you have another higher score. Congratulations to you, QPPLive! audience for knowing the correct answer to that question in our polling and that leads us to meeting our QPP team.

Shanen Wright:

We have our panel of experts here ready to answer your questions using the Q&A feature in the WebEx player. Those include Kathy Wild, who is our project manager for Quality Insights Quality Payment Program Support Center. Amy Weiser, who's our lead project coordinator. Me, I'm Shanen Wright. We also have with us Rox Fletcher, Andrea Phillips, who just delivered the breaking news, alongside Marvin Nichols as well. Shirley Sullivan also joins us, Lisa Sagwitz, Gary Rezek and Joe Pinto, who will be chatting you all the links to the resources that we're talking about. You've probably seen them already. They're right there in the chat window. You can just click one time to access the information we are talking about on today's edition of QPPLive!

Shanen Wright:

If you are not familiar with the WebEx player, here's how it works. You can ask those questions using the Q&A icon. You're going to have to go to the lower right hand corner of your browser. There, you see the three little dots. We've got a nice little green arrow on the slide pointing to them. Simply click on that and then select Q&A from the dropdown menu. You can type your question in the Q&A feature and hit send and we will address questions in the order in which they are submitted and as many as time will

allow during today's show. If you're not seeing the chat icon with all of those great links from Joe and all the polling questions being answered, you can simply click on the chat button right next to the three little dots in the lower right hand corner and it will open it up and you can click on those resource links as we talk about them during today's edition of QPPLive! Keep in mind that we here at Quality Insights are here to help you anytime, not just on the third Thursday of the month during QPPLive!

Shanen Wright:

If you don't realize who your individual contact is at Quality Insights, you can always use our general QPP inbox for inquiries or reach out to any member of our Quality Payment Program Support Center team. We'll be happy to make sure the right person is there to help you. We'll do the best we can to answer questions today, but know that sometimes we may need to follow-up and do a little research before answering. We want to make sure we get you the correct answer. Please also keep in mind that rules and interpretations change over time, especially if you're not viewing this live on October 15, 2020 at 9:46 a.m. If you're hearing a recording, information could have changed over time. But 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. With that, let's go ahead and jump into some Q&A today. We do have several questions that were submitted in advance of the session. We appreciate that. You can submit those questions. It's right there in our e-newsletter. We love to have those pre-questions as well as the live ones you present today. Our first question for today asks, how soon can a practice apply for the MIPS participation no penalty waiver for 2020? What is the latest date to apply?

Marvin Nichols:

CMS understands that this year there may be circumstances out of your control to make it difficult for you to meet program requirements. To reduce this burden, they provide an opportunity for clinician groups, virtual groups and APM entities to apply for performance category reweighting for the MIPS program. That reweighting comes as the Extreme and Uncontrollable Circumstances Application. Now this will allow you to request one or more performance categories to be reweighted to 0%. This application is open in the QPP portal from now until December 31, 2020. I know that was a long, drawn-out answer, but the answer to the question is, it's open now and it closes December 31, 2020.

Shanen Wright:

Thank you, Marvin. Another pre-submitted question, this is a great one. I know a lot of you are probably wondering this yourselves. For 2020 reporting, can I submit for the COVID-19 exception or exemption if I've already sent measures through claims?

Andrea Phillips:

Yes. If you or any other clinicians in your small practice, fewer than 15 clinicians, are eligible to participate in this and are already reporting your quality measures through Medicare Part B claims, you can submit an Extreme and Uncontrollable Circumstance Exemption Application for the 2020 performance period. Now, if you're approved for reweighting in all performance categories and don't submit any other data, your final score would be equal to the performance threshold, which would result in a neutral payment adjustment unless you have another higher score.

Shanen Wright:

All right. Great questions are rolling in here in the Q&A box. This one asks, where do we find the links for the hardship exemption application?

Marvin Nichols:

If you navigate to the qpp.cms.gov website, the links are actually right on the front page. You'll see it says "hardship exception" and if you don't see it on the front page, go to the resource tab and it is one of the highlighted content areas. You'll see "hardship exceptions" and click on that link and it'll take you directly to the hardship exception tab.

Shanen Wright:

Thank you, Marvin. Here's another good question. When should I start collecting data for the quality measure influenza immunization ID number 110?

Marvin Nichols:

You probably should have started collecting that influenza measure for 110 on October 1, because the performance period is from October 1, 2020 to December 1, 2020 and January 1 of 2021 to March 31 of 2021. That being said, since it's only two weeks, well, about two weeks since you should have been collecting that data. If you started right now, the data completeness of 70% will still be good. You're fine if you start collecting it right now.

Shanen Wright:

Thanks, Marvin. The next question asks, if I am considered facility-based, can I submit additional quality data?

Andrea Phillips:

If a clinician is identified as facility-based and is attributed to a facility with a hospital value based purchasing program score, the clinician or group is not required to submit data for the Quality performance category. Now, the hospital VBP score will be used for the Quality and Cost performance categories as long as the practice submits group level data for the Improvement Activities and/or the Promoting Operability performance categories. However, a facility-based clinician could also submit quality data via another collection type and CMS will use whichever data set results in a higher combined Quality and Cost score for the practice.

Shanen Wright:

Thank you, Andrea. The next question says last year we submitted an application for the PI hardship exception because we're a small practice. Is this something that is done only once or do we need to do it again this year?

Marvin Nichols:

PI hardship exception applications should be submitted every year and it's important to know that you must have a HARP account to submit the application through the portal.

Shanen Wright:

All right. The next question asks if it is true that clinicians can get reimbursed if they counsel patients who are getting tested for COVID?

Andrea Phillips:

Yes, it is definitely true. . On July 30, 2020 CMS and the CDC announced that payment is available to clinicians who counsel patients, at the time of COVID-19 testing, about the importance of self-isolation. Existing evaluation and management (E/M) payment codes will be used to reimburse providers who are eligible to bill CMS for counseling services no matter where a test is administered, including doctor's offices, urgent care clinics, hospitals and community drive-thru or pharmacy testing sites.

Shanen Wright:

Okay. The next question asks am I correct that as long as my MIPS score is greater than 45 points, I will receive a positive payment adjustment?

Marvin Nichols:

In theory, everyone within a MIPS score of greater than 45 points should receive a positive payment adjustment. But because MIPS is a budget neutral program, we won't know until all the 2020 data has been submitted. Based on the 2019 results, it's highly unlikely that people with a MIPS score between 45 points and an exceptional performance rate of 85 points will receive a positive payment adjustment because it's anticipated that a lot of clinicians will submit the 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, so there won't be funds to distribute among all of the clinicians that report with a score of greater than 45 points.

Shanen Wright:

Thank you, Marvin. This next person says, my practice has filed the EUC hardship exception for 2020, should we also file a PI hardship exception?

Andrea Phillips:

Absolutely, yes. We recommend that you complete both. Should your EUC (Extreme and Uncontrollable Circumstances) Hardship be questioned with documentation at a later time, small practices of 15 or less providers are eligible to apply for the PI Hardship simply for being a small practice and generally receive instant approval. That would be a safeguard. It is important to know that the deadline to submit hardships is December 31, 2020. There is no harm in applying for a hardship. Submitting data will over-

ride the hardship approval. So if you think you're looking great for the year, then submit data when you know you're going to receive over 45 points.

Shanen Wright:

Thank you, Andrea. More great questions coming in here and make sure you're checking out that chat window because Joe Pinto is providing us some great links to the resources that Marvin and Andrea are talking about. If you have questions, submit them using the Q&A feature. The next question asks, how do I know what documentation to maintain for 2020 reporting?

Marvin Nichols:

I'll take that one and this is an opportunity for me to toot our own horn. Quality Insights develops excellent resources for clinicians and practices, so if you haven't looked at our website in a long time, please visit it to take advantage of these excellent resources. That being said, we have a seven-page audit document that's pretty helpful. You can print and complete it page by page with the appropriate information. It is located on www.qppsupport.org. Look under the resource tab and this is called the 2020 MIPS Data Validation and Audit Guide. Just a general tip, you should maintain this documentation for at least six years after attesting.

Shanen Wright:

The next question says, my practice has been meaning to get started with 2020 MIPS but has had a rough year with COVID-19 and has not done anything. Will we have to accept the 9% penalty on future Medicare Part B claims or is there something we can still do?

Andrea Phillips:

There are definitely things you can start to do now to avoid or reduce that 9% penalty. We would suggest that you contact Quality Insights right away to get in touch with a personal consultant to help you. Now, if COVID-19 has had an impact on your practice, you can submit an EUC application and ask to receive a neutral payment adjustment. But if you prefer to try to get a positive payment adjustment, you will need more than 45 points. Now, quality measures can be submitted, whether you are on paper charts or using an EHR and we can guide you to choose at least six quality measures. There are several that might be applicable to your practice, such as documentation of current medications in the medical record, flu and pneumonia vaccinations, breast cancer, colon cancer and depression screening, just to name a few and also for the Improvement Activities category, which has over a hundred activities to choose from, we can help guide you to choose one or two easy ones to get full credit for the category. The important thing is to start working with us right now as December 31 is quickly approaching.

Shanen Wright:

All right. The next question we have here asks, is there a way to estimate what my 2020 MIPS score might be based upon my current data?

Marvin Nichols:

Yes, there are two different MIPS calculators available to enter your data and get an estimated score. But just be aware that one of the MIPS calculators is on our website and the other one is available upon request. I'm tooting that horn again, please visit our website and look at all the great resources that we offer.

Shanen Wright:

Perfect segue into the next question, which asks, is there a way to find past issues of Quality Insights' newsletters?

Andrea Phillips:

Yes, there is. As Marvin previously mentioned, we recently posted all of the 2020 newsletters on our website, which is www.qppsupport.org. Now, you can access them from our homepage or go to the QPP resource tab and then select "e-newsletter archive" and there's a link. We provided a link for that in the chat box and you should also try to at least skim over our newsletters when you receive them, as there is a wealth of information to keep you current on what's going on.

Shanen Wright:

All right. There's another good question rolling in here. This one asks, can I use the same G codes for claims reporting in 2020 as I did for 2019 reporting?

Marvin Nichols:

Sometimes G codes, they're actually called quality data codes, are used for claims-based reporting and they can be retired or amended from one year to the next. It's important that you use the current year measure specification sheets to ensure that that you're reporting accurate codes and be sure to use the measure specification sheets for claims-based measures because they are different from specifications for measures reported in a different way, like registry quality measures. The specification sheets are available on the qpp.cms.gov website in the resource library.

Shanen Wright:

Great information. Here's another good question. What are specialty measure sets?

Andrea Phillips:

Specialty-specific measure sets are an option for reporting the Quality category. Now, the attempt is to make this option less burdensome for a clinician or practice. There are a total of 46 specialty measure sets available in 2020. If the measure set contains more than six measures, you're only required to report six of those measures and you want to make sure that at least one of them should be an outcome or a high priority measure.

Shanen Wright:

All right. The next question says, I submitted the PI hardship application and it was approved. Can I report PI data if I change my mind?

Marvin Nichols:

Absolutely. But bear in mind that if you submit PI data, it will be scored. What you should do is run a report in January for different 90-day periods, because remember you only have to report the PI category for 90 days. Then identify the 90-day timeframe with the highest PI score. You could calculate what your MIPS score would be in the PI category by multiplying whatever your score is times 0.25 because 25% is the category weight. If you report the PI category and the Quality category, the PI weight would be 25% and the Quality category weight would be 45%. If you submit the PI hardship, the PI category weight is zero and the Quality category weight is 70%, so you just have to compare how this impacts your total MIPS score.

Shanen Wright:

Thank you, Marvin. The next question says, I'm a small practice and don't have an EHR. I submitted the Extreme and Uncontrollable Circumstance Application and it was approved for all four categories. Should I continue to submit QDC on my Medicare claims? I don't want to be penalized.

Andrea Phillips:

If you want a neutral payment adjustment, you should not submit the QDC codes on your claims. Now, if you submit the QDC codes, the Quality category will be scored and this could void your EUC hardship approval if the Cost category is scored.

Shanen Wright:

Thank you, Andrea. The next question says, when reporting as a group, do we need to include data from MIPS eligible clinicians who individually qualify for PI reweighting?

Marvin Nichols:

Yes, when submitting data as a group for the PI category, the group should combine all of their MIPS eligible clinician data. This includes the data of MIPS eligible clinicians who may qualify for a reweight in other PI category if they submit it individually. These MIPS eligible clinicians are a part of the group and have data in the group's certified EHR technology. Their data should be included and will be scored like all other MIPS eligible clinicians in that group.

Shanen Wright:

Thank you, Marvin. If you've got a question, submit it in the Q&A box. We've got about 10 more minutes to go for QPPLive! You don't want to miss out. Here's another great question that asks, what happens if a clinician joins a group after September 30 of the performance year?

Andrea Phillips:

CMS finalized in past rulemaking the policy for clinicians who start billing Medicare Part B claims at a practice (TIN) between October 1 and December 31, 2020. When the practice participates as a group, these clinicians will receive the group's final score and associated payment adjustment unless they are otherwise excluded. These clinicians will receive a neutral payment adjustment if the practice doesn't report as a group.

Shanen Wright:

Thank you, Andrea. The next question says, we have been tracking Medicare billing and don't believe we meet the thresholds for MIPS reporting. The QPP participation status tool shows that we are eligible. Why is there a discrepancy?

Marvin Nichols:

Final eligibility status for 2020 will be available in November, but the reason why you see the discrepancy is that there are two determination periods. The first one was from October 1, 2018 to September 30, 2019. If the low volume thresholds were exceeded during this period, you will show up as a MIPS eligible clinician in the lookup tool. Now, the second determination period is from October 1, 2019 to September 30, 2020. You must exceed the low volume threshold for both periods to be MIPS eligible and be required to report data for 2020.

Shanen Wright:

Thank you, Marvin. The next question asks, do we need an EHR to report MIPS?

Andrea Phillips:

You don't need an EHR to report MIPS. Only one of the four MIPS reporting categories, Promoting Interoperability, requires an EHR. Small practices, those with 15 or fewer clinicians, who do not have an EHR can apply for a Promoting Interoperability hardship exemption, which if approved, would allow for the reweighting of the Promoting Interoperability category so the measures do not need to be reported. Being a small practice is an acceptable reason to request the hardship exemption.

Shanen Wright:

Thanks, Andrea. Next up, this individual says, my practice was closed for three months and we are still only at 40 to 50% capacity. If I can't score the 45 points, what options do I have to avoid the 9% penalty?

Marvin Nichols:

There are a few strategies that we can take, but what I would suggest is that you get with a PTS and just do a one-on-one so we can check your current score. If you feel COVID has impacted your performance this year due to an inability to collect data, you can apply for an EUC exception to get some or all of the categories reweighted so you can have a neutral payment adjustment. Now obviously, like I mentioned before, the application has to be submitted before December 31.

Shanen Wright:

Thank you, Marvin. We're running out of time today. If you've got a question, make sure to submit in the Q&A box in your WebEx player and don't forget to keep checking out the great links to resources in the chat window as well, courtesy of Joe Pinto. The next question says, what types of healthcare practitioners are permitted to furnish telehealth services under the broadened 1135 waiver granted by the CARES Act.

Andrea Phillips:

All healthcare practitioners who are authorized to bill Medicare for their professional services may also furnish and bill for telehealth services. This allows health care professionals who were not previously authorized under the statute to furnish and bill for Medicare telehealth services, including physical therapists, occupational therapists, speech language pathologists, and others, to receive payment for Medicare telehealth services. Additionally, telehealth services performed by auxiliary personnel who cannot independently bill Medicare for their services, such as respiratory therapists, can be furnished and billed incident to the services of an eligible billing practitioner.

Shanen Wright:

Thank you, Andrea. Here's another great question. This one asks, when reporting for PI, do you need to submit for each category for the same 90-day period?

Marvin Nichols:

Cindy, do you mean each clinician? Because PI is a category in itself and if you're talking about the categories within the Promoting Interoperability category, then yes, that has to be the same 90-day period. But if you could put clarification in the Q&A box, I could clarify a little bit more. Thank you.

Shanen Wright:

Thanks Marvin. Next question says, we are a group of emergency medicine physicians who work at an acute care hospital. Can we perform and bill telehealth services or are they only allowed at critical access hospitals? If yes, can you provide links to the rules or directives on the CMS website?

Marvin Nichols:

Joe, could you provide that link in the chat box for me? What I would suggest is that you contact your Medicare administrative contractor for specific billing questions. Joe will provide that link for you for the CMS guidelines for telehealth services during COVID in the chat box so check that out.

Shanen Wright:

All right. To follow up on Cindy's earlier question, she responded that you answered her question, so we're good to go on that one, Marvin. We did get another good question coming from Karen, who says, in 2021 we will be required to submit quality measures under the new radiation oncology model. Will we be required to continue to report six quality measures in addition to the four required with the radiation oncology model?

Andrea Phillips:

Basically I would say that a PTS will reach out to you and will work with you individually to see exactly what you're referring to. Just want to make sure we give you an individualized answer for your practice that only relates to you.

Shanen Wright:

That is a great point you make there Andrea, and as we said, we are here to help you anytime, not just during QPPLive! on the third Thursday of the month, so feel free anytime to reach out to us here at Quality Insights. We'll direct you to the right practice transformation specialist who can help you individually get your questions answered and ultimately succeed in CMS' Quality Payment Program. With that, we're going to wind down the October, 2020 edition of QPPLive! We'd like to thank everybody for joining us today for this and remember, mark your calendars. We've got some great events coming up, including Tips to Prepare for 2020 MIPS Reporting. That will be on Tuesday, October 20 from 12:30 to 1:30 p.m. Eastern. You can register for that because as we know, 2020 has been a very disruptive year for everyone and we're going to help ease your burden by providing tips on how to prepare for 2020 MIPS reporting.

Shanen Wright:

Also make sure to mark your calendars for November 19. That is going to be the final edition of QPPLive! for the year 2020. You can submit your questions in advance, just like we have done today. We look forward to seeing you here in about a month. That will be the Thursday before Thanksgiving and it's hard to believe, Thanksgiving is almost here already. Please remember that you can reach out to us via e-mail at qpp-surs@qualityinsights.org, call us at 1.877.497.5065 or visit our website at www.qppsupport.org at any time. Also, as you exit today's webinar, take a moment to fill out the evaluation. It will help us provide better information for you. On behalf of everybody at the Quality Insights Quality Payment Program Support Center thanks again for joining us and have a great day. Goodbye.

