

Shanen Wright:

Good morning and welcome to the November 2020 edition of QPPLive!, a presentation of Quality Insights Quality Payment Program Support Center. I see lots of familiar names in the attendee list, meaning that you are a returning audience member to QPPLive!. If this is the case, welcome back. You know how it works. We'll have breaking news and announcements followed by a chance to interact with our panel of experts. You can start submitting your question for our experts at any time, using the Q&A function in your WebEx player.

Shanen Wright:

If this is your first time joining us on QPPLive!, welcome. We're so glad you've decided to spend part of your Thursday morning with us learning about CMS' Quality Payment Program. Before we get to the Q&As though, it is my great pleasure to turn today's presentation over to Gary Rezek for today's breaking news and announcements.

Gary Rezek:

Thanks, Shanen. And good morning everyone. As we approach the end of the year, there are many deadlines coming up. By December 31st if you plan to do so, you will need to submit a hardship exception application for the Promoting Interoperability category and or an extreme and uncontrollable circumstance for any or all other MIPS reporting categories.

Also, before the end of the year, submit virtual group applications for the 2021 reporting period. And also, if you're reporting the Promoting Interoperability category for 2020, you will need to complete a security risk analysis. We will provide a link in the chat box to the HHS Security Risk Assessment tool. And if you need any assistance with that, please contact us.

As the New Year rolls around on January 4th, 2020 MIPS data submission begins. The deadline for CMS to receive 2020 claims for the Quality category is March 1st, and the deadline to submit 2020 MIPS data is March 31st.

Gary Rezek:

One regulation of the 21st Century Cures Act addresses information blocking, which would prevent healthcare providers, EHR developers and health information exchanges from preventing or discouraging access to or use of electronic health information. These information blocking provisions were initially scheduled to go into effect on November 2nd of this year. Those have been postponed until April 5th of 2021. Violations are subject to civil penalties. Currently EHR developers and HIEs may face civil penalties of up to a million dollars per violation, while disincentives for health care providers have not been finalized yet.

Gary Rezek:

There are new repayment terms for Medicare loans. Providers were required to make payments starting in August of this year. But as of October 8th, with the CMS action, repayment will be delayed until one year after the payment was issued. And for more information, please review the facts sheet and the FAQ which again, we will provide the link to those in the chat box. Now let's turn it back over to Shanen.

Shanen Wright:

Thank you, Gary. Now it's time to test your QPP knowledge. As you know, we have fun questions. And we have serious questions. We're going to start off with a serious question today to see if you know what is end-to-end electronic reporting. Is it A, the reporting clinician or practice use of certified electronic health record technology to record the measure's demographic and clinical data elements? Is it B, the reporting clinician or practice exports and transmits measure data electronically to a third party or a third party intermediary? Is it C, the third party intermediary uses automated software to aggregate data, calculate measures and submit electronically to CMS. Is it D, end-to-end electronic reporting, using your EHR to record and submit data, makes you eligible for the end to end electronic reporting bonus or is it E, all of the above? We will have the answer coming up. Submit what you think it is. But now we'll toss it to Lisa Sagwitz for more breaking news and announcements.

Lisa Sagwitz:

Good morning. So in this slide, we'll talk about registries. Registries are another method to submit your Quality Payment Program data. And on October 16th, there was an updated qualified registry list and the blue links will take you to that. But we wanted to call your attention to eight specific ones.

On the left you'll see terminated registries and Practice Fusion EHR is a popular EHR with many of the practices we work with. So if you are a Practice Fusion customer, what does that mean to you? If you've given the company permission in the past to submit your MIPS data, that is no longer available. So your choices would be to submit the data on your own, and Quality Insights is happy to help you with that or you could find another registry. And on the right side are the withdrawn registries. Some of the podiatrists that I work with, their EHRs were connected with the last one, MedXpress. So the EHR companies have different relationships. And those podiatrists have the availability to choose the new registry report on their own, or find another registry. So just keep that in mind if any of those are familiar to you.

On the link, in Column I, you will see the last date that you could be a new client with a registry. I definitely recommend sooner rather than later, if registry reporting is something you'd like to do. And again, if you need help with this, we're happy to help you. There is detail with specialties and costs and what's included. So those links have a lot of good information.

Lisa Sagwitz:

On the next two slides, we're going to talk about ACOs and APMs. So if your practice is part of an Accountable Care Organization, or an Alternative Payment Model, these slides are applicable to you. So when you're in an ACO or an APM, your goal is to be a QP, a qualified participant. And there are three snapshot dates where information is tallied, CMS puts it on the website. And you can see if you're a QP. So the June 30th data has recently been uploaded if you go to the website, [qpp.cms.gov](http://qpp.cms.gov). Either under the MIPS tab, or the APM tab, choose "Check Participation Status." Enter your NPI number and you will see a few are listed as a QP or qualifying participant. That's the status that you want to achieve.

Lisa Sagwitz:

Now in the next slide we'll show you and this is important because for next year thresholds are increasing. So to get to that QP status, a certain payment amount or patient account needs to be

included through the ACO. So to be a QP this year, the payment amount needs to be at least 50%. That's increasing next year to 75%. And the patient count this year is 35%. Next year, it increases to 50%. So you'll definitely want to keep an eye on your status next year. One other thing that I'm hearing with COVID-19 this year is that patients have not been as willing to come in for office visits, or have procedures done. So that could impact 2021 for you as well. Periodically check the QPP site, make sure that you're at QP status. And then besides QP status, you could see that you're a partial QP or you did not qualify.

Lisa Sagwitz:

On the next slide, we're going to talk about telehealth, which has been very popular this year. CMS has added 11 services. And they are listed there. And now back to Shanen.

Shanen Wright:

Thank you, Lisa, let's take a look at those polling results right now and see if you got the question. And wow, it looks like 90% of you did. You've answered E, all of the above. And you were correct. I won't go through all those choices again. That was quite a mouthful. You probably don't need to hear that. But we're glad to see that you know what end-to-end electronic reporting is.

Well, let's have a little bit of trivia and you know it's November, it's hard to believe. This year has just flown by, 2020. What a year, but in the spirit of that, let's see if you know the answer to this question. Abraham Lincoln proclaimed Thanksgiving a national holiday on October 3rd, 1863. Sarah Josepha Hale convinced Lincoln to make Thanksgiving a national holiday after writing letters for 17 years. Now that's what you call dedication.

The question we have for you is, what nursery rhyme did Sarah Josepha Hale write? Was it Mary had a Little Lamb; Row, Row, Row Your Boat; Rock-a-bye Baby; or Twinkle, Twinkle Little Star? Let's see if you know the answer. Go ahead and put that answer in the polling box on your WebEx player. We will find out whether you got it right coming up. But first more breaking news and announcements with Gary.

Gary Rezek:

Thanks, Shanen. Well, I have no idea what the answer to that is. But good luck everyone. So now we're on to some COVID-19 news. The CDC has updated guidance related to the prevention and control of infection in healthcare settings during the COVID-19 pandemic. They provided some different options for screening individuals prior to their entry into your healthcare facility. They've also provided information on factors that could impact thermometer readings. There's resources for evaluating and managing ventilation systems in healthcare facilities. And they've added a link to some facts or some FAQs about the use of personal protective equipment.

Gary Rezek:

CMS is encouraging providers to get ready to administer a COVID-19 vaccine when it becomes available. Please read the enrollment section of the COVID-19 provider toolkit to see if you need to take any action right now. You can enroll over the phone to be a mass immunizer. You should contact your MAC-specific enrollment hotline.

Gary Rezek:

And there's also new CPT codes related to COVID-19. CPT updates as of October 6th include new code additions and editorial revisions for reporting, testing, and other medical services sparked by the public health response to the COVID-19 pandemic. You can see the codes listed here on this slide. You can check for code descriptions at the AMA website and we can provide that link.

Gary Rezek:

Also the AMA has made 329 changes to the 2021 code set for office and outpatient evaluation and management services. And those are the first major revisions to E/M codes in over 30 years. The AMA has developed an extensive online resource library that includes the checklist, videos, modules, and guidebooks, as well as other tools and resources to help transition to the revised E/M office visit codes and guidelines. You can join coding experts from the Medical Revenue Cycle Specialists and they'll guide participants through the key 2021 E/M code revisions and help you prepare for the impact of these new guidelines. There will be a webinar on November 24th at 1 p.m. And we will provide a link to register for that webinar. Back to Shanen for more polling questions.

Shanen Wright:

That's right. Let's find out the answer to this. Like Gary, I didn't know either what nursery rhyme that Sarah Josepha Hale wrote, but it looks like most of you did know. We have the vast majority of people in the results here. 58% got it right, that indeed, she wrote Mary Had a Little Lamb, and then proceeded to spend 17 years of writing letters, and we thank her for it, for a nice four-day weekend. I think we can all use a four-day weekend next week. Hopefully you're off for Friday, as well. But it was Mary Had a Little Lamb. And I don't know about any other states, but if you were in West Virginia in fourth grade, that was the first song you ever learned on the recorder, B-A-G-A-B-B-B, you know what I'm talking about?

All right, let's launch another polling question. Back to the serious ones now. Let's see if you know. API, what does it stand for? Is it application performance integration? Is it application programming interface? Is it apple picking interference? That's what my money's on or apple programming instruction. Let's see if you know. Put your answers in the polling box right now and we will find out what the correct answer is in a moment after more news with Lisa.

Lisa Sagwitz:

Hello again. So in the next few slides, we'll talk about Medicare Wellness Visits, CMS issued a new Medicare Learning Network tool. And the link is there that describes the differences between an Initial Preventive Physical Exam, an Annual Wellness Exam, and a Routine Physical. The video describes the exams, their purpose, and the requirements when submitting claims. And what many practices do not know is that Annual Wellness Visits can be performed via telehealth during the duration of COVID-19.

Lisa Sagwitz:

So if you have any appointment times that are empty, you're looking to fill up time with some patients, you may want to get a list of who needs their Annual Wellness Visit, give them a call, and see if they'd be willing to do a telehealth visit for that. So just a little tip.

Lisa Sagwitz:

Then on the next slide, it gives you some specifics about those three types of visits, including what's involved, the time period, and the financial responsibility.

Lisa Sagwitz:

For the next two slides, we're going to talk in general about Quality Payment Program information nationwide. CMS has released some preliminary 2019 participation data. And you'll see two links there for a blog and the infographic, if that's of interest to you. And we're going to define an engaged clinician as someone who has reported at least one quality measure or one improvement activity. And you can see for 2019, the number of clinicians participating has increased. The MIPS APM participation has also increased. 6.83% of the MIPS eligible clinicians received reweighting, in one or more MIPS categories which are Quality, Promoting Interoperability, Improvement Activities and Cost. And from my perspective, I see the Promoting Interoperability category as the one that's reweighted the most by submitting a PI hardship exception application. And then the number of qualifying advanced payment model participants, or QPs, also increased for 2019.

Lisa Saqwitz:

Then for 2018 on the next slide, that data is final. So you will see the blue links for the experience reports if you want more information. And that data can be sorted by clinician type, practice size, scores and payment adjustments. So if you have time and want to pull your 2018 final MIPS report, you could compare against what's going on across the country. And tables that you could create would be MIPS performance category scores among small and rural practices, the number of participants reporting each measure and activity to see what the popular ones are, and payment adjustments by group size. And back to Shanen.

Shanen Wright:

Thank you, Lisa. Let's find out what does API stand for? Looks like we have a split decision among all of our respondents today. We have about half and half, indicating that it's either application performance integration or application programming interface. Kind of a tough one. The correct answer is application programming interface. That one's kind of hard. And my money was on apple picking interference. But I was wrong on that one. Here's one more polling question for you. Another fun one in the spirit of November. There are four towns in the United States named Turkey. Which state does have a town named Turkey? Is it Arizona, Texas, Louisiana, North Carolina, or all of the above? Let's see how much you know about your turkey towns and no cheating with Google or anything like that. We'll find out the answer coming up after we hear from Gary with more news and announcements.

Gary Rezek:

Thank you, Shanen. The direct email addresses are a vital key to securely sharing health information. As a courtesy to practices that participated in the EHR incentive program in the state of Delaware, Quality Insights has collected direct email addresses from those providers who had a relationship with us and we're willing to voluntarily share that information. So the Delaware direct email address directory has been updated and is now available at the link provided. We do note that the directory is not all inclusive of Delaware providers.

Gary Rezek:

CMS is expected to release the 2021 QPP Final Rule in early December. IMPAQ and representatives from the support contractor community will host a webinar that will be offered twice in December, on December 8th and again on December 10th. They will be discussing implications of the year five Final Rule for solo and small group practices. I'm sure we will all be there for one of these webinars, both links are provided on this page.

Gary Rezek:

And if you haven't already, check out the October 2020 newsletter from IMPAQ. It contains a lot of great information on how to avoid the MIPS penalty in 2020, upgrades to the QPP website that may impact access, maintaining your MIPS momentum, MIPS measures and activities for the upcoming flu season, a specialist spotlight on MIPS and oncology in the COVID-19 era, and a monthly observance which is Health Literacy Month.

Gary Rezek:

And if you want to learn more, we have information from today's breaking news and announcements. It's available in our newsletters from October 19th, October 30th and November 13th. You can always find archived newsletters on the Quality Insights website.

April Faulkner:

All right. Thanks, Gary. We're glad everyone could join us today for this last edition of QPPLive! for 2020. We will be back for the next edition on Thursday January 21st. So feel free to mark your calendars. We wish you a wonderful holiday season and look forward to assisting you in the new year to maximize your success in 2021. Please note that even though we will not host QPPLive! in December, our team is still available to help. Reach out to our practice transformation specialists with questions or concerns. If you aren't sure who your practice transformation specialist is, the last slide in this presentation provides general contact information for you. If you reach out to us, we would be happy to follow up with you. Now I'll turn it back over to Shanen for the results of that last poll.

Shanen Wright:

Thank you, April. Appreciate that information. So let's find out what are the four towns in the United States named Turkey? Well it looks like most of you got that correct. It is all of the above. There is a town called Turkey in Arizona, Texas, Louisiana, and North Carolina.

Shanen Wright:

Glad to see most of you got that right. I hope you didn't cheat with Google to find out that indeed Arizona, Texas, Louisiana and North Carolina are all home to towns called Turkey. So let's jump into things and get to our panel of experts and meet the Quality Insights QPP team. These are the folks we have here to answer your questions today. We've got Kathy Wild, who is our project manager. Amy Weiser, who is our lead project coordinator. Me, I'm Shanen Wright, the associate project director. We also have our experts coming to you including Rox Fletcher, Andrea Phillips, Shirley Sullivan, Marvin

Nichols, Lisa Sagwitz and Gary Rezek, who you just heard the news from, and my man Joe Pinto, who has been providing you links to resources in the chat window throughout the news.

So if you didn't happen to see that, make sure you take a glance at your chat window, and you will see direct links to all of the information covered during today's breaking news and announcements. But we welcome your questions as well. Here's how you do it. Simply open up the Q&A icon in your WebEx player. You may not see it, so click on those little three dots, the little ellipses down there, and that will bring up Q&A from the drop down menu. You can type your question in the Q&A box and hit send. And we'll answer as many as we can in the order in which they are submitted today. So I mentioned the chat icon's also there. It's a little easier to find. Looks like a little bubble. And in that chat window, you will be seeing links to information about everything that we are talking about, which is really handy. It's just one click away from opening up your web browser and giving you the information that you need.

Shanen Wright:

Please keep in mind here at Quality Insights, we are here to answer your questions anytime, not just on the third Thursday of the month, which is when we do QPPLive! except in December, since today is the season finale of the show. If you don't realize who your contact is at Quality Insight, you can use our general QPP inbox for inquiries, or reach out to any member of our team.

We'll make sure you get to the right person for that individualized help with CMS' Quality Payment Program. We'll do the best we can to answer all of your questions today. But know that we may need to do a little bit of research and follow up at a later time.

It is really important, we want to make sure we get to the right answer. And you guys have some great questions, so we might have to do a little bit of research. But if we do, don't worry, we'll get back to you. Please also keep in mind that rules and interpretations change over time. So especially if you're viewing a recording of this, know that what we're talking about could have changed.

But for those of you viewing live today on November 19, 2020, we would like to say Happy National World Health Day to all of the rural providers out there on the front lines providing high quality care to all the patients in rural areas. But keep in mind that 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 get to our questions. We have a pre-submitted question, which you know, you can submit your questions in advance for our experts. We always appreciate that. And we also have two questions that have already come in, in the Q&A box. Before we get to the pre-submitted question, let's go ahead and address the questions submitted in the Q&A box. The first one being, what is information blocking? What do we need to do to be compliant by April 5<sup>th</sup>, 2021?

Lisa Sagwitz:

Hi, it's Lisa. So I see Marvin has been very gracious, and answered that in the Q&A box. There are going to be some changes coming with that. Your EHR vendor is going to have to make a few adjustments so definitely read more of Marvin's comments. One other thing I can add is that direct email addresses are supposed to be entered on the NPPES site by providers. So if you haven't had an opportunity to do that, that would be something else you could do.

Shanen Wright:

Thank you, Lisa, we had another question from Patty, a good one. Let's get to this one as well. Patty asks if Medicare Wellness Visits are for primary doctors specifically, not applicable to the specialist doc.

Lisa Sagwitz:

From my experience, it is generally the primary care physician that does the Medicare Wellness Visit. If anyone else on the call is more familiar with that, if a specialist is able to do it, please let us know.

Shanen Wright:

Thank you, Lisa. That takes care of the questions in the Q&A box for now. But we encourage everyone listening right now, open up that Q&A box. There's three little dots there in your webinar player at the bottom, pull it up and start submitting your questions. Let's get to the pre-submitted question that we had here on QPPLive!. Once again, we appreciate those and you can submit those any time. This one asks how is cost calculated for MIPS?

Lisa Sagwitz:

So it's a simple question with a very complicated answer. And Joe is going to enter three links into the Q&A to help the person who asked or anyone who's interested. But basically for the Cost category, that's worth up to 15 MIPS points, and there's no additional information that you need to submit or do. It's based on your Medicare Part A and Part B claims that have been submitted during the year. Now that is specific for providers who are not in an ACO or an APM. It is for those just reporting MIPS.

And just a brief explanation of what's included in the Cost score. There are different measures. The two biggest ones are Medicare Spending Per Beneficiary (MSPB) and Total Per Capita Cost (TPCC). Those two will account for the biggest part of the Cost score. And then there are 18 procedure measures. If your practice performs any of those, you could potentially be scored on that measure. They are based on a minimum case volume. Acute inpatient condition examples would be pneumonia with a hospitalization or a COPD exacerbation. Examples of outpatient procedures would be a knee arthroplasty, cataract removal, colonoscopy, hernia repair, mastectomy, renal or ureteral stone surgical treatment. So each of them can potentially be assigned points.

Now a tip that I can give you is if you've attested to MIPS in the past, you can go to the website, [qpp.cms.gov](http://qpp.cms.gov), sign in with your HARP account and look at your previous year's data. Locate the Cost box, then under the Cost box, you can drill down to see what measures you've received points for based on patients that have been assigned to you. And that can give you a picture of potentially what your Cost score might be this year, and give you some guidance. Also, if you're a specialist, sometimes patients are not attributed to certain specialists, or those procedures don't match up with what they do. A specialist will have a zero Cost score. So if that's been your history, likely those 15 points will get reweighted to the Quality category.

With the links that Joe put in the chat box, there's a short three-page Quality Insights resource. That's the Reader's Digest version of Cost, very easy to go through. There's two CMS resources, and the one that's called 2020 Cost Performance Category, I think you'll find that helpful. And then there's also a link for the scoring guide. So in that scoring guide, on pages 31 to 35, they'll get into the detail of exactly how those different parameters under Cost are scored. And I think that will be helpful for you. And then

of course, if I didn't answer the question, feel free to give us a call, and we're happy to get into that detail.

Shanen Wright:

Thank you, Lisa. Here's another great question that came in. I have already reported quality measures through Medicare Part B claims for the 2020 performance period. Can I complete an extreme and uncontrollable circumstances exception application?

Gary Rezek:

Hi, this is Gary, I'll answer that one. Yes, you can, if you or any of the clinicians in your small practice are eligible to participate in MIPS. And if you're already reporting your quality measures through Part B claims, you can still submit an extreme and uncontrollable circumstance exception application for the 2020 performance period. And if you're approved for reweighting in all four categories, and don't submit any other data, your final score would be equal to the performance threshold, which will result in a neutral payment adjustment. So it's just important that after you submit an application that if you don't intend to be scored on any MIPS performance category, you don't submit any MIPS data after that application is accepted.

Shanen Wright:

Thank you, Gary. Here's another great question. If I have an approved extreme and uncontrollable circumstances exception application for practice year 2020, can I still submit data?

Lisa Sagwitz:

The short answer is yes. Your extreme and uncontrollable circumstances hardship would need to be filed by December 31st. But if you find early next year, you do have some good data, you can report or attest for that, and it will override the hardship for whatever particular category you requested.

Shanen Wright:

Thank you, Lisa, make sure you submit those questions before we run out of time. Time is limited here on QPPLive!.

Shanen Wright:

Here's another great one. This one says the Corona virus pandemic has affected my ability to perform some patient-facing encounters. Has CMS issued any guidance about quality measure reporting due to the expanded use of technology during the 2020 performance period?

Gary Rezek:

Yes, they have. CMS has provided telehealth guidance for quality measure reporting during the 2020 period. There are a couple of different resources, such as the 2020 Quality Measure List with Telehealth Guidance. That includes the quality measures where the denominator can be captured via telehealth for Part B claims measures and for MIPS CQMs. And then another resource provided for ECQMs is the Telehealth Guidance for ECQMs for 2020. In addition, CMS has added some CPT and HCPCS codes for

CMS web interface measures, and also for the CAHPS for MIPS survey to ensure that those reflect the expanded use of technology during the pandemic.

Shanen Wright:

Thanks Gary. Here's another great question. What is improvement scoring?

Lisa Sagwitz:

Improvement scoring has to do with your Quality performance category. If last year you performed a certain amount and this year you did better, you potentially can get some extra points just for improving your overall score. And it can be up to 10 percentage points. Generally, when I see it, it's one, two or three points, but definitely improving from one year to the next, you get a little bit of credit for that.

Shanen Wright:

And another great question. How many points can I earn in the Cost performance category?

Gary Rezek:

I'll answer that one. The maximum, there's 20 Cost measures, the maximum would be 200 achievement points. I don't know how likely it is you would qualify and meet the threshold for all 20. Of course the Cost category's worth 15% of your total MIPS score. The 200 points would only be available only to individual clinicians, groups, and/or virtual groups who exceed the minimum case volume for each of the 20 MIPS Cost measures.

Shanen Wright:

Thanks, Gary. And your final chance, if you've got a question, submit it now, because this is the last one we've got on deck. It asks how are measures assessed and scored in the Promoting Interoperability performance category for 2020?

Lisa Sagwitz:

For Promoting Interoperability, or PI, there are specific parameters. There's e-prescribing, and then along with that an optional prescription drug monitoring program query and two health information exchange measures. One is sending health information with a direct email. The other is receiving and incorporating health information through a direct email provider to patient exchange, which is your patient portal and then the public health and clinical data registries.

So you need to have something in your numerator to be able to report at least one. But there are several of them that you can take an exclusion. Examples would be, if you are a provider who does not prescribe meds, you can take an exclusion for e-prescribing. If your HIE with your direct email's sending or receiving the denominator is less than a hundred, you can take exclusions and have those points reweighted, but for your patient portal, you have to have at least one in your numerator for your public health and clinical data registries, at least one, preferably two. And for the PI category, you have to have an EHR to do that. If you do not have an EHR and you're on paper charts, you definitely will want to take the PI hardship, which needs to be filed before December 31st. It's generally a 90-day period of time that you're reporting. And just a reminder, a security risk assessment is necessary for that category as

well. And again, if you have questions or are not sure about something, please reach out to us. We're happy to help you.

Shanen Wright:

And that brings us to the conclusion of today's episode of QPPLive!. We'd like to thank you for joining us. You can reach out to us anytime at [qpp-surs@qualityinsights.org](mailto:qpp-surs@qualityinsights.org), or visit our website [qppsupport.org](http://qppsupport.org). On behalf of everyone at Quality Insights we'd like to thank you for joining us. And we hope you have a great day and a great holiday season. See you in 2021. Goodbye.



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