Shanen Wright:

Good morning and welcome to the March 2020 edition of QPPLive!, a service of Quality Insights' Quality Payment Program support center. If this is your first time joining us today, we'll have instructions on how you can interact with our panel of experts to get your questions answered in a moment. If you're a returner to QPPLive!, welcome back. You know how the procedure works. You can start submitting your comments, questions and feedback using the Q and A function in your WebEx player at any time. Before we get to today's interactive portion though, it's my great pleasure to turn things over for this morning's breaking news and the announcements.

Rabecca Dase:

Hi, good morning everyone. My name is Rabecca, and I'll be running through some new information. Thank you for joining us this morning. There is a lot going on, and we appreciate your time. Starting on the next slide, we wanted to highlight some of the very important information, especially with the COVID-19 and how we can help within the practices and what you can do to help reduce the spread of the disease. Something we've been hearing commonly now is the term telehealth. What we're going to do is, in the offices, there have to be some changes made in order to reduce the spread. Medicare patients that we serve are the most vulnerable to this virus, the coronavirus. We need to limit our interaction. We've been here hearing about social distancing and things. Telemedicine and telehealth is a way that we can do this.

Rabecca Dase:

We encourage you call patients to reschedule for your routine visits and offer the telemedicine or virtual visits that don't require a physical evaluation. On the next slide, you might be thinking, "Okay, so what is telehealth and how do we offer that," and what the coverage is. CMS has actually expanded the telehealth services to cover this COVID-19 pandemic. They've offered some new regulations to help us at this time. This is available to new and established patients, and they can receive this care from their homes. They don't need to come into the offices to see you. The physician or nurse practitioner, whoever the person providing the care was, could do these things remotely and still provide quality care.

Rabecca Dase:

On the next slide too, who can provide these services? I just highlighted some of them. The doctors, the nurse practitioners, physician's assistants, things like that. We did highlight some physicians here who can provide these services. Again, one of the nice things what I saw too was also the physicians that maybe you wouldn't necessarily think about, like a registered dietician or nutritional professional or something. They can also provide telehealth services within their scope of practice. They would benefit from the Medicare rule as well.

Rabecca Dase:

Now, how do you do this? I was actually talking to my colleague Joe before the webinar and he was actually saying that the EHRs, if you do have an EHR in place, they're working to get this functionality up in place and trying not to make practices wait so long. You don't necessarily have to use your EHR at this time. If you wanted to, it's coming. But something else, too, is they're trying to alleviate the need to

implement new technology, so let's use what we already have. You can use smartphones, I know a lot of us have those, laptops, the FaceTime or Skype technology and things, where you can use these things to communicate with your patients.

Rabecca Dase:

We all know and we commonly hear, "Well, our patients are older, they don't have these technologies," and things like that. Well, maybe they could ask a family member or a friend for some type of assistance to help guide them. Because again, interacting probably with a family member is a lot better than going into a doctor's office where you're going to be surrounded by other sick people and being out in the community and all of that. That was a highlight there, which we can talk about and how to bill all of those things here in a couple slides.

Rabecca Dase:

More questions I'm assuming that you have. How do we keep this information secure? We always talk about locking down our patient information, making sure that it's safe and it can't be exposed and whatnot. During this time, obviously we still want to make sure that we're doing what we can to protect the patient's information and not just put it out there for everyone. But during this time also, the HIPAA violation penalties are waived when everyday communication technology is used. What I've seen in the past, you use these different services, secure texting and things, and they're HIPAA compliant and whatnot. But again, Skype messaging or FaceTime and things like that, those necessarily aren't HIPAA compliant. But during this time and this pandemic, those are services that you can use. But again, be smart while using them in your practice.

Rabecca Dase:

Now also, we talk about, how do we offer these, the patient's safety of their information, and we also want to know how we're going to get billed for these things or how we can make sure that we're paid for them. What services are covered? There are 101 services that are normally furnished in person that can be also be provided via telehealth. We've provided a link here to all of the codes. This does include your office visits, mental health counseling, and preventative health screenings. On the next slide, too, we did highlight some of the codes that you would see through that link. Now you know what codes are there.

Rabecca Dase:

Now, how are we getting paid and how do we bill these there? They're paid the same amount as if you were seeing in the patient in the office. Now what you're going to do is when you're coding these, or I should say putting on your bill, you're going to use a different Place of Service code. You would use 02 for that telehealth on your Medicare claim form. I mentioned before, too, this is an extra note, I did mention that Medicare has expanded how these services are covered. I know that other insurance companies are doing the same. I actually received a text message the other day from our insurance company that said telehealth services are covered during this pandemic. Even if your patients necessarily don't have traditional Medicare, they may have other plans too, chances are it may be covered, but you can always check. Again, leads us into the next one, beneficiary cost. The out-of-pocket

costs still do apply. They would have their deductible or coinsurance and things like that. But you can always choose to reduce or waive those fees for your patients.

Rabecca Dase:

There are two other options in addition to the telehealth that that Medicare will cover, and it's virtual check-ins and e-visits. When I first saw this, and again, this is all new for us, too. It's been around, but we really haven't dove into it or anything like that. The virtual check-in, I actually was like, "Okay, well, what's that?" I went out and looked it up, and it says, "CMS defines a virtual check-in as a brief communication technology based where the physicians, or they can talk to their patients, just to check in on them. These calls typically last between five and 10 minutes. It's not a lengthy conversation or anything like that, but just a check in. It can be provided via telephone, secure messaging, email, or the patient portal." Then we talk about the seven day window that cannot lead to a visit within the next 24 hours.

Rabecca Dase:

Again, here we just attach them billing codes, which you would use in the event of using this virtual check-in process with your patients. Then the e-visit, I actually was curious, too. It's digital communication through your patient that can occur over a seven day period. It says, "An e-visit is an online exchange of medical information between a patient and a physician, nurse practitioner, or physician's assistant where the provider evaluates one or a number of specific conditions that lead to a diagnosis and treatment of the condition. This visit again is via online secure communication." Again, another way to keep your patients out of the office that you can still provide that quality care. Again, here the Medicare coinsurance and deductibles would apply. Here we've provided some codes that you could use if providing these services to your patients. Again, here are just some additional codes continued for people that cannot independently bill their Medicare services.

Rabecca Dase:

We wanted to also include some of the resources here that, CMS and the CDC and everything, they keep putting out new resources. We want to provide some resource links here so you can review these now or at a later time. Where can you keep up to date with this information? You can visit the coronavirus.gov website, the Current Emergencies website, and you can also check with your department of health within your state. They've been posting information, too, I know here in Pennsylvania they've been giving constant updates. Just keep those things in mind. Continue to check this information and stay safe, and know how you can help your patients and protect your office staff as well.

Rabecca Dase:

All right, switching gears now onto MIPS/ we have not heard anything about CMS extending the deadline for the data submission. As of right now, we still have 13 more days to submit our MIPS data for 2019. The deadline is March 31st at 8:00 PM. Again, you'd want to make sure that you have your data submitted and uploaded. After that deadline date closes, there is nothing you can do to fix it. You want to have everything ready to go by 8:00 PM on the 31st. If anything changes, and we do have an

extension, we'll send out an e-newsletter and you'll probably hear from your practice transformation specialist. But as of right now, there is no change on the deadline.

Rabecca Dase:

We want to make sure that your information is submitted and accurate by March 31st at 8:00 PM. Just some reminders here, there is no save button. When you enter your data in there, it's automatically saved. There's no submit button, you just enter it, it updates the portal. You want to make sure that you can print out your information, too. On your overview screen, you'll be able to see your preliminary score. You can print out that information and keep it for your MIPS binder to have to review when your final scores come out in the summer.

Rabecca Dase:

If you're unsure if you have to submit MIPS data, I'm hoping by this point, you know if you have to, but if you don't, the QPP Lookup Tool is where you can go check your clinician's NPI. You might be thinking, "Okay, we're a couple of days out from March 31st. What can we still do?" Reach out to your practice transformation specialists. There may be ways that we can help you at least lessen the penalty. Maybe report one of the categories, or just help you get your information together so we can submit that. Only clinicians who are MIPS eligible at the individual level are required to submit data. If you log on and you see, "Not eligible at the individual level, but the group is," you don't have to unless you wanted to at the group.

Rabecca Dase:

But again, individuals are the only ones that are required to submit that data. Where you submit this information, you want to make sure your HARP account, that's where you log into the Quality Payment Program portal, that's where you'll submit your information. Your HARP account, you want to make sure that you have an active password. Even if you couldn't submit your data today, you still want to make sure that your HARP account is active and you can log in or request assistance if you need to do that.

Rabecca Dase:

Onto the next slide, we've also provided some resources to assist with data submission. Don't forget Quality Insights, we're always here to help you so you don't have to just rely on these resources. But these are good tools and good information to help you guide through the process. But again, we're always here to offer that customized individual assistance as well. I'm sure as you've worked with Quality Insights, you've always heard us say, "Maintain your documentation, make sure you collect your supporting documentation, save your reports, whatever it may be, print out that information." You want to make sure that you are maintaining this information and saving it. CMS can come back and audit your MIPS information for up to six years.

Rabecca Dase:

In six years, I know if they came back and asked me questions, I wouldn't remember what I was doing. Save that documentation. We also created an audit guide where you can outline what you were doing. Who was responsible for what, where your information was saved, what password you had, or what your submission ID was, or what your EHR version was. You can download this audit documentation

guide. It's a wealth of information, and an easy way to keep your information organized. Maybe you were leaving the practice. A person taking over could just easily open this in event of an audit and see where everything is, and it would just be very helpful for your practice as a whole.

Rabecca Dase:

All right. March Madness is just not about basketball. I don't even think March Madness is happening this year. But MIPS submission is. We want to make sure that we're submitting our MIPS data. This is a crazy time of year for us, because not only are we trying to submit our 2019 information, we also are moving forward with 2020 requirements. We need to remember what's happening for 2019 while implementing 2020 changes. It is a stressful time, but we're absolutely here to help you and navigate those changes in what we can be doing. By the time the submission deadline happens at 3/31, March 31st, we're already three months through 2020. We need to make sure that we are making those 2020 changes to be successful this year as well. We've also created a resource here which just highlights a high level of the changes from 2019 to 2020, and just the slight differences. Again Quality Insights, we are absolutely happy to help you navigate those changes and look at your scores for 2019 as you're getting that preliminary feedback, and help you make those changes to improve your scores and move forward for 2020.

Rabecca Dase:

We've highlighted again some new resources that we're trying to create to help you improve. The first one is a worksheet. This is going to allow you to help track your measures throughout the year. See your performance, see how everything is trending, what measures you might want to report, and things like that. For 2020, the threshold actually goes up to 45 points. In 2019, it was 30. It jumps to 45. Chances are you're probably going to need to improve what you were doing from last year. Again, Quality Insights is more than happy to help improve your process. The last one here is how to avoid the 9% penalty. This is showing you the minimum of what you can do to make sure that you avoid the penalty in 2020. There is still work to be done to avoid the penalty.

Rabecca Dase:

It's not just something you can do, "Oh, one quality measure or one improvement activity." There is some work that would go into avoiding the penalty. But don't let that scare you, because Quality Insights, we're absolutely here to help you navigate that and make sure you can avoid the penalty in 2020. Here we've just highlighted some of the 2020 resources that CMS has put out. I will say the resources that they have out this year are absolutely wonderful. The quick start guides and things like that, they're very easy to follow. They're a wealth of information, and definitely can help you learn more about the program in addition to what we can help you with. Just some more resources continued.

Rabecca Dase:

This one here contains a lot of the supporting documentation and specification sheets. The specification sheets help you learn what can be reported for your measures. For instance, if you're using claims, what codes need to be attached to your claims. I was just working with a practice yesterday, and I always make sure to emphasize, don't use the previous year's specification sheets. You always want to use the

current year. Because things do change, so it's always very important to review the specification sheets for the current performance year.

Rabecca Dase:

Again, here we're just highlighting some more information that you can look at. These are live links. We have the National QPP Newsletter that you can review. Just some highlights for this, this month they're highlighting a small practice in Arizona. Then just some new resources are available to the specialists. We have some upcoming webinars in April. Quality Insights is hosting a Promoting Interoperability and Improvement Activity webinar. I do believe the second webinar that's listed, the Maximizing your Quality Score, due to the COVID-19 pandemic, they are in fact postponing this webinar so practices can focus on treating their patients and helping them and whatnot, rather than worrying about getting on to learn something. They're just going to push it back, I believe maybe a month, but something will happen in the path. But I do believe for April, this is put on hold. All right, that is it for me today. Stay safe, and protect yourself and your patients and your families. I will turn it back over.

Shanen Wright:

Thanks so much Rabecca. Thank you all for joining us for QPPLive! today. We'll meet our QPP team and then let you know how the rest of today's program will go. We have Kathy Wild, who is our project manager. Amy Weiser is our lead project coordinator. I'm Shanen Wright, I'm associate project director for the QPP support team. Our experts on the line today include Rox Fletcher, Andrea Phillips, Shirley Sullivan, Marvin Nichols, Julie Williams, Joe Pinto, Rabecca Dase, who you just heard from with the breaking news, and Lisa Sagwitz. All right. If this is your first time joining us, here's how you can interact with our panelists. Simply open the Q and A button in your WebEx player. It has the three little dots in the circle. You might have to hover over the player to get it to open. That'll open the Q and A box on the right side. You can type your questions or comments in there, and make sure you open the chat icon, too.

Shanen Wright:

That's where we link to resources. We ask that you not use the chat for questions, since that is where we will place links during QPPLive!. Those of you who've called in on the phone will have an opportunity to ask questions or provide feedback verbally at least one time during today's episode. We will unmute the line so you can talk with our experts. We do ask that if you don't have a question or comment, please make sure to keep the line muted on your end so we're not hearing a lot of background noise. We also want to remind you that we're here to help you anytime, not just on the third Thursday of the month at 9:30 during QPPLive!. If you don't realize who your contact is at Quality Insights, you can always use the general QPP inbox for inquiries or reach out to anyone on the team.

Shanen Wright:

We'll make sure we get you to the right person. We'll do the best we can to answer all questions today, but know that we may need to follow up at a later time. Please also keep in mind that rules and interpretations change over time, especially if you're viewing a recording of this today. Most of all, we at Quality Insights want to establish and maintain a relationship with you so that you can succeed in CMS's Quality Payment Program. With that, let's get to some questions. We have some coming in here, and we

have a couple of them for you as well in our polling question. That'll be coming up. But the first question we have asks, "I was not an eligible practitioner for 2019, but I opted into MIPS reporting. Will I always be required to opt in, even if I am not eligible in the future years?"

Joe Pinto:

Hi Shanen, this is Joe. I can take that one. Basically, the simple answer to that is yes. If you do opt in for the 2019 performance year for MIPS, the election will only apply to the 2019 performance year. Going back to what Rabecca had indicated earlier during her slide presentation, keep in mind that if your practice is participating as a group, you do not need to make an election for the individual clinicians. Also, one other important note to keep in mind, for qualified registries and QCDRs with their own QPP accounts and access, they can also submit elections on behalf of the opt-in eligible clinicians and groups. But there's a lot more information on that about that in the resource libraries on both the QPP website as well as Quality Insights' website.

Shanen Wright:

Thank you, Joe. Polling questions next, but first, here's another great question that we hear here at Quality Insights. "Can we submit quality by a QRDA3 file uploaded to the QPP portal, and also report improvement activities by attesting directly on the QPP portal?"

Andrea Phillips:

I'll take that. This is Andrea. There are two things that you can do. Yes, you're able to submit your data for the quality performance category by one, uploading a QRDA3 file to the QPP portal, and then you're also able to submit an attestation for the improvement activities performance category via the QPP portal.

Shanen Wright:

Thank you, Andrea. All right, we're going to ask you a question. Let's see if you know the answer to this. You guys are usually pretty good on QPPLive!. We don't stump you very often. But the question we have here is, in 2020, the quality category performance period is... Is it 90 consecutive days or more? Is it January 1st, 2022 to December 31st, 2020? Or 180 consecutive days? Go ahead and put your response in there, and we'll see how many of you get the correct answer to that. In the meantime, here's another great question that asks, "I've been accessing the QPP portal for the past two years, but don't recall registering for HARP. Does the fact that I log in and see all my clinicians and group data indicate that I've completed the HARP registration in the past?"

Joe Pinto:

Shanen, I can take that one. The answer to that is yes. Being able to log into the QPP portal, it does indicate that you have a HARP account already set up and active and ready to go. But if you do not recall registering for a HARP account, then you likely had one of the EIDM accounts that you would have remembered that was transferred to a HARP account. If you need some help with this, please reach out to your practice transformation specialists with Quality Insights, and we can help walk you through the process. There's also information in the resource libraries on both the QPP website as well as the Quality Insights website that help you navigate and walk you through the HARP account set up process.

Shanen Wright:

Thank you, Joe. All right, April. Let's take a look at those polling results and see. Ah, 80% of you got the correct answer, which was January 1st, 2022 to December 31st, 2020. Glad to see you guys are up on your QPP trivia. We've got about seven more minutes left in today's episode. If you've got a question, make sure and type it in the Q and A box, and we will get to that before we run out of time today. We'll also unmute the phone lines, so stand by for that. But in the meantime, here's another question. "What is the deadline date for attestation?"

Andrea Phillips:

I'll take that. As Rabecca mentioned, the deadline to submit data for the 2019 performance year is set right now from March 31st, 2020. We're still waiting for updates from CMS if that date and time will change. You want to also note that the 2019 performance period ended on December 31st, 2019, therefore, your improvement activities and your promoting operability measures must have been completed during that year, that reporting year, and completed by December 31st, 2019.

Shanen Wright:

Thank you so much, Andrea. All right. Let's go in here and find another question. Another good one. Oh, here's one. "Do you foresee claims measures going away?"

Joe Pinto:

I can take that one, Shanen. Basically the answer to that would be, this is a year to year decision that CMS will be making. If you are a small practice of 15 clinicians or less, the claims measures are only available to a small practice like yours or a solo practice. But they will be available for small practices for the foreseeable future. We have not heard anything from CMS that would state otherwise. CMS is aware that the small practices may have limited resources, which may make it a little bit more difficult for them to participate in MIPS via other submission type options that are available. Unless things change down the road, we don't foresee that being taken away from the small practices at this point.

Shanen Wright:

Thank you, Joe. All right, let's unmute the phone lines, see if anyone has any questions or comments for our panelists. Please mute on your end if you don't, or we're going to hear stuff. [crosstalk 00:25:48] Okay. I think that's just a little bit of background noise, so we'll re-mute the lines. If you have any questions, please make sure and use the Q and A function in your WebEx player, and we'll be happy to address them that way. Let's go out for another question, and then we've got a little more lighthearted polling question for you. Here's one that came in, though. This says, "Will the QPP portal show what our vendor has submitted, or do we need to look at our vendor information to see what has been submitted?"

Andrea Phillips:

I'll take that one. Whether you're uploading data directly to the QPP portal or a third party vendor is submitting your data on your behalf, you should always log into the QPP portal to review your

submitted MIPS data. Also, you would want to check with your third party vendor on when they're going to be submitting your data. That way, you can check in and look at the preliminary scores.

Shanen Wright:

Thank you, Andrea. Okay, as we're winding down today, let's have a fun polling question. What is the first day of spring called? Is it the Spring Solstice, the Easter Equinox, MIPS Madness, or Vernal Equinox? Let's see if you know your trivia as well as we think you do. We'll have the answer to that coming up. But in the meantime, here is another great question that we have received that asks, "Like last year, we don't have to submit anything for the cost category, right? The data is just taken from our claims?"

Joe Pinto:

Shanen, I can take that. The simple answer to that is, that is correct. As was the case in the previous years, for the 2020 performance year, CMS will continue to use the Medicare claims data that is submitted off of your claims to calculate the cost measure performance, so eligible clinicians do not have to submit any additional information whatsoever for that performance category for the 2020 performance year.

Shanen Wright:

Thank you, Joe. All right, let's take a look at those polling results. See if you got it right. It appears we've got 80% of people saying Spring Solstice, and 20% said Vernal Equinox. Well, we did kind of stump you here. The first day of spring, which actually happens to be today, is called the Vernal Equinox, and sometimes referred to as the Spring Equinox, but not the Spring Solstice. Little tricky trivia question for you today. But you can make sure as you communicate with people today to let them know, happy spring. Spring has sprung, and it is the Vernal Equinox today, March 19th, 2020.

Shanen Wright:

With that, we're going to wind down today's episode of QPPLive!. We'd like to thank everybody for joining us today. Make sure if you haven't looked up in the chat window, we do have links there to resources we talked about before it closes out. We have the 2019 data submission guide and the 2020 cost quick start guide as well, so you may want to link through to those if you want to check out those resources. Feel free to reach out to us anytime at the Quality Insights QPP Support Center. We have a shared email inbox at qpp-surs@qualityinsights.org. You can also give us a call at 1.877.497.5065, and make sure to visit us on the web at www.qppsupport.org. Make sure and mark your calendars for April 16th, that's the third Thursday of the month. We will be doing this again on QPPLive! and hope to see you next time. On behalf of everyone at Quality Insights, I'd like to thank you again for joining us today, and hope that you have a wonderful day. Goodbye.