QPPLive!
Transcript from Live Session

Thursday, November 21, 2019

Quality Insights
Quality Payment Program Support Center

Shanen Wright: Hello, and welcome to the November 2019 edition of QPP Live, a production of Quality Insights Quality Payment Program Support Center. If you're returning and you've joined us before, you know how it works on QPP Live. You can start submitting your questions using the Q&A box in the Webex player at any time. If this is your first time joining us, welcome. We're so pleased that you've decided to spend part of your day with us here at Quality Insights.

Shanen Wright: Coming up, we'll have more information on how you can interact with our panel of experts, plus we've got some polling questions for you, including some exciting Thanksgiving trivia, since it's only one week away. But before we get to all that, it's my great pleasure to turn things over to Marvin Nichols for today's breaking news and announcements.

Marvin Nichols: Thank you, Shanen. Next slide, please. Quality Insights is pleased to announce a new awards program entitled The Performance of Excellence Award. This award was designed to provide an opportunity for small practices who participate in the Quality Payment Program an opportunity to be recognized for their excellence in quality improvement. Next slide. Next slide, please.

Marvin Nichols: The award program is based on specific quality improvement strategies and certain education requirements that align with the Quality Payment Program. The award will be presented in three categories; gold, silver, and bronze. We have provided you with the link to the flyer to learn more about the program. Please contact us if you are unsure of how many QPP Live events you have attended in 2019. Next slide, please.

Marvin Nichols: Just as a reminder, December 31 is the last day to submit a Promoting Interoperability Hardship Exception application. The process is relatively simple and my practices have been receiving approvals within minutes. I suspect that the time for approval will increase the closer we get to the deadline, so it will be beneficial that you apply sooner rather than later. Other reasons to apply besides being a small practice is decertified EHR technology, insufficient internet connectivity, facing extreme or uncontrollable circumstances such as disaster, practice closures, severe financial distress or vendor issues and lack of control over the availability of certified EHR technology. Next slide, please.

Marvin Nichols: Other applications that will expire on December 31 are the Extreme and Uncontrollable Circumstances Application and the 2020 Virtual Group Application, so just bear in mind that December 31 is the deadline for these two applications. Next slide, please.

Marvin Nichols: CMS is required to conduct annual data validation and audits of miseligible clinicians for up to six years after the submission period. The good news is Quality Insights has designed a QPP Data Validation and Audit document resource so you are prepared for any potential audit that you may have. Next slide.

Marvin Nichols: The QPP Portal will open for 2019 data submission on January 2, 2020, and will close on March 31, 2020. Bear in mind that there is no save or submit button. The portal has real time scores and feedback based on data entered manually, submitted through a file upload, or submitted through a third party intermediary. Changes can be made up to the submission deadline on March 31 at 8:00 PM. Next slide, please.

Marvin Nichols: For those of you who were able to attend the CMS webinar on Tuesday, November 19, this is a refresher. For those of you who didn't, I just wanted to inform you that the 2020 final rule has been approved by CMS. Today I will go over a high level overview of some of the changes of the final rule. The performance threshold has increased from 30 to 45 points, so that means the neutral threshold for 2019 is 30 and 2020 is going to be 45. The exceptional performance threshold increased from 75 to 85, and actually the four category weights remained the same in 2019 so your quality is still 45, your promoting interoperability is still 25%, whereas cost and improvement activities are worth 15%. Next slide, please.

Marvin Nichols: There was some changes in Quality category as well. The data completeness threshold increased from 60% to 70%. CMS removed low bar, standard of care, and process measures and added outcome and high priority measures. They modified two measures ... they modified the benchmarks of two measures to avoid inappropriate treatment : the diabetes and the controlling high blood pressure. They also added specialty sets for Speech Language Pathology, Audiology, Clinical Social Work, Chiropractic Medicine, Pulmonology, Nutritionists, and Endocrinologists. Next slide, please.

Marvin Nichols: The Cost Category, they had two changes. They added ten new episode-based measures, and they revised the existing MSPB and Total Per Capita Cost measures that were already being calculated. Next slide, please.

Marvin Nichols: In the Improvement category, they increased the participation threshold for group reporting from one single clinician to 50% of the clinicians in the practice needing to perform the same improvement activity. Remember, clinicians must perform the same activity, but it can be performed during different continuous 90 day periods during 2020. They also modified two new ... they added two new activities, removed fifteen activities and modified seven activities. They also modified the PCMH designation by removing specific examples of accreditation organizations or comparable programs. Finally, they removed the CMS Study on Factors Associated with Reporting quality measures. Next slide, please.

Marvin Nichols: In the Promoting Interoperability category, they remove the optional Verify Opioid Treatment Agreement measure. The Query for the PDMP measure remains optional with bonus points when a YES response is submitted, and they reduced the threshold for a group to be considered hospital-based from 100% to 75% of the clinicians in the

group being hospital-based. This will allow the group to be excluded from reporting Promoting Interoperability measures and reweight the category to zero. In addition, they added an exclusion for the Support Electronic Referral Loops by Sending Health Information measure results in point redistribution to the Provide Patients Electronic Access to Their Health Information measure. Next slide, please.

Marvin Nichols: Looking ahead at 2021, the performance threshold will increase to 60, so it will go from 45 to 60. The exceptional performance threshold will remain the same at 85 points. By law, the Cost and Quality performance category weights must be 30% each beginning in 2020, but CMS has not determined the 2021 category weights yet. The MIPS Value Pathways participation framework will begin in 2021. MVPs will be designed to move away from siloed activities and measures toward a set of measures that are more relevant to a clinician's scope of practice and meaningful to patient care. Next slide, please.

Marvin Nichols: We have provided a list of resources for the final rule for your convenience. Next slide, please.

Marvin Nichols: Finally, there are two upcoming webinars in December that will focus on the 2020 rule. Registration info is provided in the slide deck.

Marvin Nichols: Thanks, Shanen.

Shanen Wright: Thank you so much, Marvin, and thank you everyone for joining us for QPP Live today. I'd like to introduce everybody we have on the line from Quality Insights Quality Payment Program Support Center, including Kathy Wild, who's our project manager, Amy Weiser, who is our lead project coordinator. Me, I'm Shanen Wright. I'm an associate project director for QPP. We also have our experts who are here all the time, 24/7, providing support to you to succeed in CMS Quality Payment Program, and they include Rox Fletcher, Andrea Phillips, Shirley Sullivan, Marvin Nichols who just gave us the news, Julie Williams, Paula Clark, Joe Pinto, Rebecca Dase, and Lisa Sagwitz.

Shanen Wright: Here's how you can ask questions for our experts. Just use the Q&A feature in Webex. If you've never done that before, all you have to do is click on the little gray circle you see at the bottom of the screen with three dots. That will open it. You can type your question in and then hit send. You can also bring up the chat icon, which you see the arrow pointing to right there, but we ask that you not use chat for your questions because our friend is going to be providing links to resources that you can click on and go directly to while we are on QPP Live. So chat, keep an eye on it. You can go straight to the resources and you can submit your questions using Q&A.

Shanen Wright: Some of you may have called in on your telephone as well. Not listening through the computer speakers, but through the phone. If so, and you'd like to interact with our panel of experts, we will have an opportunity during today's episode of QPP Live where we will unmute the phone lines and allow you to provide your feedback, ask questions, provide comments, anything you would like to say. The one thing we do ask is if you don't have a question or comment for our panelists, please make sure that you keep the phone muted on your end so that we're not hearing a lot of crazy

background noise or any kind of private conversations that may be going on in your office.

Shanen Wright: Keep in mind, too, that we here at the Quality Payment Program Support Center at Quality Insights are here to help you anytime, not just during the third Thursday of the month during QPP Live. You may not realize who your individual contact is at Quality Insights. If that's the case, you can reach out to the general QPP inbox, which we'll provide the contact information for coming up, or any member of our team. We'll make sure you get the help you need.

Shanen Wright: We'll do the best we can to answer all of your questions today, but know that sometimes we need to do a little bit of research and followup with you at a later time. Please also keep in mind that rules and interpretations change over time, especially if you're viewing this as an archived recording and are not sitting here live on November 21, 2019, at 9:42 AM. But most of all, we here at Quality Insights want to establish a relationship with you and help you succeed in CMS's Quality Payment Program.

Shanen Wright: With that being said, let's go out and start getting some questions. We've also got some polling questions coming up, both about MIPS and about upcoming holidays. Exciting stuff. So let's start out with our first question here that asks, "Is the CMS webinar from Tuesday available online to view if we missed it?"

Joe Pinto: Hi, Shanen, this is Joe, I can take that-

Marvin Nichols: Shanen, this is Marvin. I'll take that.

Joe Pinto: Amy has already answered that. If you look at the Q&A window on your screen, you'll see that she did answer that question, and the webinar will be posted in the QPP Resource Library. Usually takes about a week or so after the live session for it to post, so just check our website for that.

Shanen Wright: Thank you, Joe. Sounds great. Polling question coming up, but here's another great question that just came in to our Q&A box. This one asks, "Can an extension be claimed for sending health info and points reweighted to patient electronic access for 2019, or is that effective only for 2020?"

Roxanne Fletcher: All right. I'm just reviewing that question again. It's Rox. Can an inclusion be claimed for sending ... so what happens with, if I'm reading this the right way, for referrals coming in or referrals going out, that the points will be reweighted to the patient electronic access, so you would claim the exclusion and then the 20 points for each of those for a total of 40 would go against your patient electronic access for 2019.

Shanen Wright: Thank you, Rox. Let's hear from you now. This is our first polling question here for this edition of QPP Live. This one asks, "What is the submission period for 2019 MIPS reporting? Is it January 2, 2020 through March 31, 2020? January 2, 2020 through February 28, 2020? March 1, 20 through March 31, 20? Or the answer I would personally choose, I have no clue." So go ahead, submit your answer now for that. Let's see if you got it correct for the submission period for 2019 MIPS reporting, and

while we wait to hear from you in the polling question, let's go back out to the Q&A box for another question.

Shanen Wright: This one asks, "How will clinicians and groups submit their election to opt in or report voluntarily?"

Joe Pinto: Shanen, this is Joe. I can take that one. That's a good question, because we're seeing that a lot this year since the 2019 calendar is the first year for the opt-in option for providers. Basically, the opt-in clinicians and groups can complete their own election which would be the opt-in to report voluntarily. Once the 2019 MIPS submission period opens on January the second, 2020, hope I didn't help give away the answer there for the submission question, but you can do that by signing in to the qpp.cms.gov website. All you need is the practice representative that's authorized by the security official to view or submit the data for the practice on the qpp.cms.gov website and then make an election on behalf of the practice or the group and that would be to report as well as also to make an election to make an election on behalf of individual clinicians to report as individuals.

Joe Pinto: One thing I want to keep in mind, though, that if your practice is participating as a group, you do not need to make an election for individual clinicians unless they are also submitting data on the individual basis. One other note that I want you to keep in mind that is very important, qualified registries, or the QCDRs, that's the Qualified Clinical Data Registries, with their own QPP accounts and access can also submit elections on behalf of the opt-in eligible clinicians and groups. Also, advanced alternative payment model entities, that would be your APMs if you are participating in an APM, you would opt-in at the APM entity level not through the QPP website level for individual or clinicians. That would be done at the APM entity level.

Joe Pinto: Once you make your election, you will be asked to confirm the election and then you'll be reminded that once that's made, the election can't be changed. So just keep that in mind.

Shanen Wright: Thank you, Joe, and I think we were in luck. Although you did give away the answer, we had already closed the polling so folks had already submitted their answers prior to that for, "What is the submission period for 2019 MIPS reporting?" So let's see how many of you got it correct, and wow. 94%. You guys are on the ball, got it correct that January 2, 2020 through March 31, 2020 is the submission period for 2019 MIPS reporting. Only 6% thought it was January through February. So good work everybody. Nice to know that you know that reporting period.

Shanen Wright: Let's go back out to the Q&A box now for another great question. This one asks, "Do you know if the Final Rule mentions any changes to how a group is designated as non-patient facing?"

Roxanne Fletcher: It's Rox. What I'd like to do is delve into that a little bit more so we can reach out to this person directly after the event.

Shanen Wright: Sounds good, Rox. We'll follow up for that question, and in the meantime, let's go out and get another question and get ready, because coming up, we're going to ask you some Thanksgiving trivia. You're going to learn a lot. All of your family is going to be fascinated next Thursday with all of the stuff you know about Thanksgiving. But first, here is another great question that asks, "What can clinicians and groups do between now and January 2, 2020?"

Roxanne Fletcher: Hey, Shanen, it's Rox. I'll take that question. Well, first thing I want you to do is keep breathing. People start getting uptight this time of the year because the holidays and then knowing they are getting ready to attest, so keep breathing. I think one of the first things is to first understand your current eligibility. Are you required to report as an individual? Do you have the option to report as an group, or if you're going to do in an opt-in? Like Joe was saying a little bit earlier, the question he had was about submitting elections to opt-in and report voluntarily. If you do intend to submit data to MIPS, you can't make your election again, like he said, until it opens January 2.

Roxanne Fletcher: The other thing that you can do is CMS will do a second round of eligibility and that will look at the period from October 1, 2018 to September 30, 2019. They will review your claims, so it's always good maybe like that first week in December to just see if any of your eligibility has changed. If you're opt-in eligible and after you've updated the eligibility in November and you want to submit data as individual or as a group, you will need to decide if you want to opt-in to MIPS and receive a payment adjustment. Remember, that payment adjustment can be positive, negative or neutral. You must meet those three points to avoid the negative. Then as Joe also said, once you make the opt-in decision, you cannot back out of it. It is there for the year, for 2019 reporting. You can also report voluntarily and receive performance feedback with no payment adjustment. I do like that option. A lot of people say, "Oh, I don't have to. I'm not eligible, I don't have to report." The advantage to doing it voluntarily is just to get an idea of what the performance feedback looks like and what I like is they kind of encourage you in areas that you need improvement.

Roxanne Fletcher: After you've made your decision, you need to communicate your decision to the person that's going to be submitting your data. So if you're in opting in or voluntary decision, the person who's going to be submitting for you, this could be your staff or could be a third part intermediary such as a qualified registry, your vendor. Those are things to keep in mind.

Shanen Wright: Thank you, Rox. One more question before our next polling question from you. This one asks, "If a 2015 EHR is certified, should it not be capable of performing the tasks that are required to meet MIPS?"

Joe Pinto: Shanen, this is Joe. I can take that one. That's a really good question. Let me dig up the actual rule and the language that CMS has for that. The rule for the certified EHR technology states the following : "CMS and the Office of the National Coordinator for Health Information Technology, that's ONC, have established standards and criteria for structured data that electronic health records, that's the EHRs, must meet in order to qualify for MIPS promoting interoperability. The ONC certifies vendor products each year to qualify for the MIPS Promoting Interoperability and the Certified Electronic

Health Records Technology requirements and criteria. Sometimes a vendor fails to meet the requirements in a given year and is required to take corrective action or may be decertified."

Joe Pinto: So to help find which EHR system meets the certified EHR technology requirements, you can take a look at the certified health IT product list, that's also called the CHPL List, on the ONC website. I'm not sure if, Shirley, if you have a link to the CHPL list. If you can put that up in the chat box, that would be great. Basically, if you believe that your certified EHR technology is functioning incorrectly, you may be able to file for an official complaint and additional information on that is available on that website as well. So I hope that helps answer the question.

Shanen Wright: It does. Thank you, Joe, and make sure you have your chat box open because Shirley has got direct links to this website and many other resources that you can click on.

Shanen Wright: Well, while we were answering that question, we were keeping you on your toes. Decided to go ahead and just launch that polling right away. The question asked, "How long did the very first Thanksgiving celebration last? Was it six hours long? One day? Three days? Or a fortnight?" So let's see if you got this bit of trivia correct, and it looks like no. You didn't. 50% of people said a fortnight, which personally I don't even really know how long a fortnight is. If you do, let us know. Then 33% of people actually did get the correct answer, which was three days. Thanksgiving was celebrated actually much earlier than our current celebration in late November, possibly even in late September. There were about 50 European settlers and around 90 Native Americans who attended the three day feast. So you can wow your family with your knowledge of Thanksgiving trivia and there's more of it coming up.

Shanen Wright: First, more questions coming in through the Q&A box. Make sure and keep them coming. We've only got a limited amount of the third Thursday of every month during QPP Live so make sure you get your questions in. This next one asks, "In reference to closing the referral loop, we have many non-compliant patients that do not follow through with the referral. Our electronic medical record only allows us to close the referral if return communication is received. Are we allowed to delete the order?"

Roxanne Fletcher: So, this is Rox. You said are you allowed to delete the order? Well, it really depends. It depends sometimes on the electronic medical record system you're using. Once you check off that it's a referral, you may not be able to go back and undo it. Now you do have, usually with direct, and this is a question I need to get into more with practice direct ... direct mailing. It's such a challenge and I'm trying to review. It's not letting me go back. I wanted to go back to my question here. Just hold on one second.

Roxanne Fletcher: Okay. In reference to closing referral loop, we have many non-compliant patients that do not follow through. Okay, so you're saying patients that do not follow through with referral. With closing the referral loop, really has to do with other practices, the practices who you're sending the referral to or you're receiving it from. It's not the patient that is ... so you're saying the patient does not follow through with the referral. So closing the referral loop as far as the MIPS go, that means that you're sending it from your office to the specialists, the doctor specialist. The specialist or the doctor

you're referring to would need to open that in some cases. I know of a few of the electronic medical records systems that the doctor on the other side must open that referral that you're sending them in order for it to count.

Roxanne Fletcher: Removing the order probably would not be feasible because once you send it out, it's already been transmitted through. I don't know if anybody else can add to that, but that's just my knowledge on working with electronic medical records system, but just clarifying that the closing the loop has to do with the other doctor receiving it and opening.

Joe Pinto: Rox, this is Joe. You're absolutely correct on that. I just wanted ... I have the actual rule in front of me. I'm taking a look at it. There is the exclusion available for the support electronic referral loops by sending health information measure and that's for any MIPS eligible clinician or group that transfers a patient to another setting or refers a patient fewer than one hundred times during the performance period. If you don't meet that particular requirement based on the numerator and denominator numbers, then you can take the exclusion for that measure.

Roxanne Fletcher: And basically then, those points, those 20 points for that, would go to the patient access like we mentioned earlier. They would be reweighted to the patient access.

Shanen Wright: All right. Thank you, Joe and Rox. Are you on the phone? Do you have a question or comment? Here in just a moment, we're going to unmute the phone lines, but I'm going to give you a heads up first. In case you don't have a question or comment for our panelists, please make sure to mute your phone on your end before we open up the phone lines. Let's go out to the box for another great question. This one asks, "What is meant by Direct Address?

Roxanne Fletcher: Oh boy. This is Rox. So I do ... it's funny. I get that question a lot and also when I'm asking practices if they're doing the referral in or out, make sure they are using their direct address that's not done through general email because that's a HIPAA violation. So anyway, direct address. Your electronic medical records system has that built into your system. If you don't know what it is or where to find it, a lot of times it's in your administrative section of your clinical, will give you your direct address. So that, I just want to clarify that. Basically, that's a way for you to communicate privately and securely with the referring physician or a physician sending something back to you. This is one way to align resources for the HIE objective, is by providing your direct address to local health systems and providers. Now some of the EMRs at this point do have a directory so if you typed in somebody's name, you can search it.

Roxanne Fletcher: Also, use our resources. I know that for Delaware, we do have a resource out in our resource library that lists providers that have given us permission and direct addresses. Or call them. You can call another person. Make sure you're probably talking to the person, the office manager, or the one that's helping manage the MIPS program for that practice because they would most likely understand what direct address is. I'm sure ... it's one that I try to work with my practices to try to at least let's start with the referral going out, trying to use that direct address. Then you can always do a follow up call with the practice to say, "Hey, I sent you a referral. Can you check

your inbox and make sure it came through?" You know, you have the correct direct address for them.

Amy: Rox, that's great information. Thanks for sharing that. I just wanted to also add that a direct address is a secure, encrypted email, like you said, and a lot of times the email address itself will have the word direct in it, so that's kind of one way to know that it's a secure and encrypted email that you can send personal health information through. Thank you.

Shanen Wright: Thank you, Rox and Amy. For those of you on the phones right now, get ready because we are going to unmute the phone lines and if you have a question or comment, just jump right in. At this point, I believe all lines are unmuted, so share your thoughts.

Shanen Wright: All right. Everybody's being bashful today just wanting to type questions in to the Q&A box, but hey, that's fine. That's how we roll here on QPP Live. Speaking of the Q&A box, let's go back out there for another great question from our audience. This one says, "If we are a small group and do not qualify for the EHR incentive, do I still need to file a PI hardship exemption application to make sure it is reweighted to zero? We are physical therapy, reporting individually. Thanks."

Joe Pinto: Yeah, Shanen, this is Joe. I can take that. Yeah, you absolutely can. Being a small practice of 15 or fewer clinicians is one of the five stipulations that CMS has listed for the Promoting Interoperability hardship exception reweighing. Just make sure you submit your application before the 31st of December and you should have no problems getting that approved as long as you are a small practice of 15 or fewer clinicians. It's one of the stipulations that you absolutely can submit the hardship for.

Shanen Wright: Thank you, Joe. What do you say we throw out another polling question right now? This one's related to the payment adjustment for the 2019 performance year and asks, "What is the percentage for the payment adjustment? Is it 5%, 6%, 7% of 9%?" Let's see how much you know already. We'll have that coming up. The results of the polling question, along with the correct answer, so in the meantime, we had another question that this person was asking about exclusions for 2019 and thought we could address that verbally as well as in the Q&A box for folks who might just be listening on the phone. The question asks, "So no exclusion for 2019. Correct?"

Marvin Nichols: Hi, Shanen, this is Marvin. I'm actually communicating with Barbara as we speak, so I'll answer that.

Shanen Wright: Okay. Sounds good. Thank you, Marvin. Let's take a look at those polling results and see if you ... most of you got the question right as to what is the percentage for the payment adjustment for the 2019 year. Indeed, we haven't stumped you yet again. Seven ... plus or minus seven percent. 80% of you said that and that is the correct answer. You guys are good. We're going to have to make these polling questions a little harder, I think, in the future if we're going to be stumping anyone with them. More polling questions coming up. First, let's go out to another question in our inbox.

Shanen Wright: This one says, "Under the Promoting Interoperability category, do you have to have at least one in the numerator in each category? Sending, receiving, patient portal and e-prescribing? What if you don't have one? What if you have a zero in the numerator and a zero in the denominator? We know about the exclusion, but we have been told that you must have a one in the numerator for those measures to even get a score for PI." Wow. Complicated one involving math. Who would like to answer that question?

Joe Pinto: I can take that one again, Shanen. This is Joe. The simple answer is yes to that. When you are reporting on required measures for the PI category that have a numerator and a denominator, you do have to submit at least a one in the numerator field if you do not have the availability or do not claim the exclusion for the measure. You can only claim an exclusion if the measure allows for an exclusion. Each measure, of course, is scored based on the MIPS eligible clinician's performance for that measure and then failure to submit a numerator of the one as required for that measure or claim and exclusion if it's available will result in the Promoting Interoperability performance category score of a zero when all is said and done.

Joe Pinto: I just want to make a quick note, too, for those practices that do struggle with trying to meet and finding enough measures in order to submit their data for and trying to get the score to get to the minimum threshold of 30 points for 2019. If you're one of those practices, Quality Insights did develop a quick user's guide that we entitled How to Avoid the Seven Percent MIPS Penalty in 2019, and it is available on our resource folder on our website. If you'd like to take a look at that and see how you can do the absolute bare minimum and still meet the requirements to avoid a penalty if you are struggling to find measures in order to report on. It is available to help.

Shanen Wright: Thank you, Joe. Let's have another question before our next polling question. This one asks, "If my physicians apply and are accepted for the hardship exemption, do they need to document reason for hardship?"

Roxanne Fletcher: Hey, Shanen. It's Rox. I'll take that one, and the answer is yes. When you go in to file that hardship, you'll get a list of options that you can do, and what are they basically ... they're going to submit the hardship. You're going to put one of the following reasons, and they're listed when you go into that application. One is you're an eligible clinician in a small practice. You're a clinician using decertified EHR technology. Insufficient internet connectivity. Extreme and uncontrollable circumstances, and lack of control over the availability of CERT. So remember, you must have a 2015 CERT addition in order to submit Promoting Interoperability. If you don't have that, make sure and your vendor is not sure it's going to be finalized by that December 30 ... well, actually Promoting Interoperability is from that 90 days. At the beginning of the 90 days, you have to have that certified EHR addition. If you don't not, you need to go ahead and file PI hardship now so that those 25 points will be reweighted to you quality measures. That way you're not losing any points for that, which is helpful. So the weight will be on your quality measures.

Shanen Wright: Thanks, Rox. Let's get some polling questions, because one week from right now, you're are going to be preparing your Thanksgiving meal and you want to know everything you can about Thanksgiving and just to add on to our previous question, I

did a little research during this, a fortnight is 14 days. So most of you thought Thanksgiving was 14 days long. Wow. One heck of a Thanksgiving. Nope, as we found out, it was actually three days.

Shanen Wright: This question asks, though, "What are turkey chicks called? Are they hatchlings, turkeylings, poultrings, or my favorite, yuengling?" Let get that answer in and we'll find out whether you got it correct as to what turkey chicks are actually called.

Shanen Wright: In the meantime, here's another great question coming in the Q&A box. This one asks, "Is it in the best interest of a solo practitioner who does not have an EHR to submit a hardship exemption?"

Joe Pinto: Uh, I can take that one Shanen. Basically, this question is just going to probably expand up on what Rox answered in her previous question and also one that I discussed and answered earlier. Basically when it comes to the EHR hardship exception, whether or not you should submit the hardship exception for the Promoting Interoperability category really depends on the specific situation of the practice. If you don't have an EHR system in place, applying for the hardship exception is an option that you may want to seriously consider, although keep in mind that it does not guarantee that the hardship exception is going to be granted by CMS. It's always done on a case by case basis, and it's up to CMS to approve or deny any of the hardship exception applications that are submitted.

Joe Pinto: Clinicians, or groups, that may submit a Promoting Interoperability hardship exception application need to cite one of the five reasons that I kind of discussed earlier. One would be, right off the bat, if you're a MIPS eligible clinician in a small practice, that would be 15 or fewer clinicians. If you have MIPS eligible clinician using a decertified EHR technology, keeping in mind that you must have 2015 certified EHR technology in place for the duration of your reporting period for 2019 so if it's not certified or if it's been decertified that would be a definite reason. Insufficient internet connectivity in your area would be a reason. Extreme and uncontrollable circumstances. That would be if there was flooding, if there was a natural disaster, something of that nature. Then the fifth would be just total lack of control over the availability of your certified EHR technology. Any one of those five reasons would be acceptable, but then again, it's up to CMS to whether they will approve or deny the application.

Shanen Wright: Thanks, Joe. Let's take a look at those results and see if you got our Thanksgiving trivia right, and you did not. We managed to stump everyone in those polling. A hundred percent of people said that they were hatchlings, but I'm sorry. You're incorrect. The correct answer is yuenglings. No, just kidding. Turkeylings is the correct answer for what baby turkeys are called. As an aside, female turkeys are called hens and males are called toms in the United States. Most of us have heard Tom Turkey, but in Europe, they call them stags. So interesting bit of trivia for you. Take that one to the table and you can wow your family.

Shanen Wright: Let's go back to the Q&A box now for another question about the Quality Payment Program. This one says, "It has been suggested that we encourage patients to see their

primary care physician for a wellness check. As a specialist, will this help our cost category?"

Roxanne Fletcher: So, I can take that one, Shanen. It's Rox. If you are a specialist, we do encourage that you make your patients see a primary care for the primary care services, including the annual wellness visit. The total per capita cost, TPCC measure, there is a two-step attribution process. So the beneficiary received any primary care services from a primary care physician, nurse practitioner, PA, or a clinical nurse specialist then the beneficiary is attributed to that TIN that provided the care services. But if the beneficiary did not receive any primary care services but did receive the primary care service from the specialist, then the beneficiary is attributed to the TIN of the specialist physician that provided more allowed charges for primary care services than the other TIN.

Roxanne Fletcher: Basically, when they say patients are attributed to you, it's more beneficial they're not attributed to you regarding cost, especially emergency room visits. All those types of visits would be attributed to you if you were designated as their primary beneficiary.

Shanen Wright: Thanks, Rox. Here's another great question. This one asks, "Are MIPS Value Pathways required for 2020?"

Joe Pinto: I can jump on that one, Shanen, because this is a pretty easy one to answer because it's hot button question at the moment because a lot of the information is now coming out about the MIPS Value Pathways and when they're going to be available and how they're going to be implemented and the simple answer to the question is no. They are not going to be for 2020. To quick summarize, CMS, they'll begin implementing the MIPS Value Pathways, which are called the MVPs. That's not most valuable player, that's the MIPS Value Pathways. That framework is going to gradually begin [inaudible 00:46:36] that rule over the coming months and it's for the 2021 performance year. So just keep that in mind and more information comes out about it over the coming months, we will be sharing that with you.

Shanen Wright: Thanks, Joe. Another great question here. This one says, "Being a non-patient facing practice, the PI category has always been reweighted to zero automatically and we only report on quality measures and improvement activities. Has that remained the same as in the past in the Final Rule?"

Roxanne Fletcher: Okay, I'm just rereading the question here. All right. So you're speaking of 2020? So it's my understanding that has not changed. It would be the same as it has been. Your PI will be reweighted to zero automatically if you are a non-patient facing practice and quality measures and improvement activities would be what you would need to report on.

Shanen Wright: Thank you, Rox. Another polling question coming up, but first, let's go out to the Q&A box where someone's asking, "What are the certified Electronic Health Record technology, or CERT, requirements for the 2020 performance year?"

Roxanne Fletcher: So great news. The great news is there not will be any changes. CMS has not made any proposed changes to the CERT requirements for 2020. You would still need to have a 2015 addition of CERT to report your data for Promoting Interoperability and to report your electronic clinical quality measures for the quality performance category. At least that gives us some breathing space for the EHR vendors. So it will be the same as this year.

Shanen Wright: Thanks, Rox. Quiz time. Let's see if you know how many MIPS points you need in 2020. This one asks, "An eligible clinician needs blank MIPS points in 2020 to avoid a negative payment adjustment? Is it 30 points, 20 points, 60 points, or 45 points?" Let's see if you can keep your streak alive. You're doing better with the MIPS questions than the Thanksgiving trivia, which usually it's the other way around so you guys are really on the ball this morning.

Shanen Wright: Here's another great question from you all. This one asks, "How do I know if I'm eligible for MIPS in 2020?"

Joe Pinto: That's a good question, Shanen, and basically for the 2020 performance year, CMS did not propose any changes to the eligibility or to the definition of what a MIPS eligible clinician will be for the 2020 performance period. It's basically going to stay the same. You must be an eligible clinician type, exceed the low volume threshold, and also not be otherwise excluded because of your Medicare enrollment date or participating with a qualifying APM, being a participant with that or as a partial QP that elected not to participate. The determination period for the 2020 performance year is going to have the two lookback periods again. They will be, I believe and correct me if I'm wrong staff, but it was going to be October 1st of 2018 through September 30th of 2019 and then the second lookback period would be October 1st of 2019 through 9/30 of 2020. So there won't be any changes to the rules, just the date changes for the lookback period for that year.

Shanen Wright: Thank you, Joe. Let's see if you got our MIPS quiz correct. Let's take a look at those results and once again, you guys are great. 71% of you got it correct. It's 45 points that you need to avoid a negative payment adjustment. Congratulations to everyone who got that answer correct.

Shanen Wright: We've got less than 10 minutes left. Wow, time flies when you're having fun here on today's episode of QPP Live. So if you have a question for our panel of experts, make sure you use the Q&A box and get it in before we run out of time.

Shanen Wright: Our next question asks, "What changes were made for the hospital-based designation for groups in the 2020 performance period?"

Roxanne Fletcher: Okay. So CMS did finalize some changes in that threshold that determines whether a group is considered hospital-based. If more than 75% of the clinicians in the group are hospital-based eligible clinicians, I'm a little tongue tied here right now, a group is considered hospital-based if 75% of the clinicians in the group are hospital-based MIPS eligible clinicians. This year, it's 100%. They're required to be 100%, but they backed that down to 75% for 2020.

Shanen Wright: Thank you, Rox. Here's another good question. "When will measure specification supporting documentation, and activity description for finalized measures and activities?"

Joe Pinto: That's a pretty simple one to answer, Shanen. Basically, the measure specs and supporting documentation will be available and posted on the QPP resource library sometime before the performance period, which the start date for that is January 1st of 2020. So just check the resource library over the next month to six weeks and it should be listed there.

Shanen Wright: Great. Thank you, Joe. Another question. "Are there any final policies to address data issues outside of a clinician's control?"

Roxanne Fletcher: Well, the good news is yes, there are. CMS is finalizing a proposal beginning with the 2018 performance period and the 2020 payment year to reweight performance categories for a MIPS eligible clinician. Data for a performance category that is inaccurate, unstable ... I'm sorry, unusable or otherwise compromised due to circumstances outside the control of the clinician or its agent and if they learn the relevant information prior to the beginning of the associated MIPS payment year.

Roxanne Fletcher: So MIPS eligible clinicians and third party intermediaries should inform CMS of events, this is important to inform them of events that they believe have resulted in compromised data. As some of you may recall, we had some issues last year so it is really important that you notify them as soon as possible if you question data. We also may also independently learn of such circumstances if we determine that reweighing is appropriate, basically CMS finds that reweighing is appropriate, they will follow existing policies for redistribution performance categories weight. So they will certainly look at that.

Roxanne Fletcher: They're super alert to this now because of some issues we've had in the 2018 reporting, so yes, if you question anything, you can always reach out to us and say, "Okay, we think we're having an issue here." If you need some guidance, we can help you there.

Shanen Wright: Thanks, Rox. All right. Our final bit of Thanksgiving trivia quiz for you today. We want to know what state raises the most turkeys. Is it Nebraska? Is it Hawaii? They're some lucky turkeys if so? South Carolina, or Minnesota? We're going to test your knowledge of turkey raising now, but in the meantime, let's go back out to the Q&A box for another great question that asks, "Did you finalize the policy as proposed for groups attesting to improvement activity?"

Joe Pinto: That's another really good question, Shanen. I guess the simplest way to respond to that is it's probably a two part answer to that. There is a proposed policy and there's also a finalized policy. Under the proposed policy, for a group or a virtual group, they would have to have been able to attest to an improvement activity when at least 50, that's five zero, percent of clinicians in the group or the virtual group would have needed to perform the improvement activity for the same 90 day period during the performance year. Just keep that in mind. They all have to be in the same 90 day

period, if you're just using a 90 day minimum period. Of course, you can use up to 365 days if you choose.

Joe Pinto: Then also there's a finalized policy which CMS is maintaining the 50% threshold that clinicians can perform the activity during any continuous 90 day period during the performance year and then everyone does not need to perform the activity at the same time. So there is the proposed policy and there is the finalized policy. Go by the finalized policy in this regard.

Shanen Wright: Thanks, Joe. Let's see if you got our trivia question right, and it looks like indeed you did. We're ending on a high note. 41% of you got it correct. Minnesota is the state that raises the most turkeys. They raised 41 million turkeys in 2015. Next, second place was North Carolina with 31 million turkeys, and then Arkansas third with 27.5 million turkeys raised, and that was in 2015. Lots of turkey.

Shanen Wright: Time for one last question today before we wrap up QPP Live. This one asks, "What is the maximum negative payment adjustment for the 2020 performance period and 2022 payment year?"

Roxanne Fletcher: I'll take that one. It's Rox. As specified by the Medicare Access and CHIP Reauthorization Act of 2015 that we lovingly call MACRA, the maximum negative payment adjustment for the 2022 payment year and beyond is going to 9%. So the actual payment adjustment you receive in 2022 payment will be based on your final score from the 2020 performance period. I'd also like to remind people that we are ... what we are doing this year, 2019, impacts our 2021 and then what we do next year, 2020, impacts 2022. So it's always a two year difference from when you report to when you receive the penalty or the incentive on your Medicare reimbursable claims.

Shanen Wright: Thank you, Rox, and thank you everyone for joining us today for QPP Live, the November 2019 edition. If you have a question for us, please reach out to us at our Quality Payment Program Support Center. You see the email address, qpp-surs@qualityinsights.org, the website, or you can give us a call at 1-877-497-5065. Make sure and mark your calendars now. We're taking December off because of the holidays. People are very busy, they may not have time for this, so our next edition of QPP Live will be on January 16, 2020. Make sure to put that on your calendar now. We'll get information out to you through our e-bulletins.

Shanen Wright: We'd like to thank everybody for participating today. Great questions from Denise, Barbara, Melissa, Kristen, Christy, Veronica. You guys really, really brought your A game today, as did the trivia results related to MIPS and Thanksgiving.

Shanen Wright: So on behalf of everyone at Quality Insights Quality Payment Program Support Center, I'd like to thank you again for joining us, wish you a Happy Thanksgiving and a very happy holiday season. See you in 2020.

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