

Shanen Wright:

Good morning, and welcome to the February 2020 edition of QPP Live!, a presentation of Quality Insights Quality Payment Program Support Center. We're pleased to see so many of you have joined us today for our session. If you're a returning audience member of QPP Live!, you know how it works, you can start submitting your questions or comments for our panelists at any time, using the Q&A feature on your Webex player. If this is your first time joining us for QPP Live!, welcome, we'll go over how everything works in the Webex player here shortly. But, first, it's my great pleasure to turn things over to Andrea Phillips for today's Breaking News and Announcements.

Andrea Phillips:

Thanks, Shanen. Good morning and welcome to QPP Live! Breaking News & Announcements. There are 40 more days to submit 2019 data. The QPP portal is open for 2019 data submission until 8:00 P.M. Eastern Standard Time on March 31st, 2020. Changes can be made up to the submission deadline. There is no "Save" or "Submit" button, data is automatically saved as it is entered. You will see a preliminary MIPS score based on data entered and it will change as your information is updated, including special status, claims measures, etc.

Andrea Phillips:

The QPP Portal. Some special statuses, such as PI Hardship Exemptions, reweighting and claims measures may not be visible in the QPP portal yet, but will be available at some time during the submission period, you can see question 10 in the 2019 Data Submission FAQs, we've provided a link. Now the QPP portal, if it does not appear accurate, we would suggest that you do a few things. You can recheck the portal weekly until your information is updated, or you can contact the CMS QPP help desk, take a screenshot of the MIPS score, and save all documentation in case it is needed for a future targeted review. And we would also suggest that you save a hard and/or electronic copy of the email you received from CMC that confirmed your approval of a Hardship Exemption, if applicable.

Andrea Phillips:

Now, New Data Submission Videos. There are a few videos available for you to view, and we provided links for those videos for you to view at your leisure, starting with the Introduction and Overview of the 2019 Data Submission, ending with the 2019 Web Interface Demonstration Videos.

Andrea Phillips:

2019 Reporting Webinar is happening today. The 2019 MIPS Data Submission: Advice for Solo and Small Practices, a panel of experts familiar with data submission and record keeping requirements will share their data submission tips and provide a step-by-step process on how to submit your data for each performance category. We've provided a link below for you to use to register for this session later on today.

Andrea Phillips:

Now, Maintaining your 2019 Documents. CMS is required to conduct data validation and audits of MIPS-eligible clinicians annually for up to six years after the submission period. Now to prepare by using our Quality Insights, we provided a link to our 2019 QPP Data Validation and Audit Toolkit Documents.

Andrea Phillips:

The January National QPP Newsletter. To review the latest national QPP newsletter, we provided a link, and there are a few articles that we would like you to notice. We have something for Submitting your 2019 MIPS Data by March 31st, 2020, Best Practices for 2020, and How to Connect to Public Health Registries and Clinical Data Exchanges.

Andrea Phillips:

The QPP website "Explore Measures" Tool has been updated. The Explore Measures Tool on the QPP website now includes 2020 MIPS measures and activities based on the four performance categories: quality, cost, improvement activities, and promoting interoperability.

Andrea Phillips:

The 2020 MIPS report category weights are the same as in 2019, so quality is still 45%, cost and improvement activities are both worth 15%, and promoting operability, 25%, giving you a total of 100%.

Andrea Phillips:

Increased Performance Threshold. The MIPS final score is compared to the MIPS performance threshold to determine if you receive a positive, negative, or neutral payment adjustment. In 2020, the MIPS final score has increased to 45 points, and it was 30 points in 2019.

Andrea Phillips:

Now you see we've included a sheet that shows you the grid of increased payment adjustments from '19 to 2020. As you can see, the exceptional performance has rose 75 to 85, and you see the neutral payment adjustment from 30 to 45 points.

Andrea Phillips:

Quality Category Basics. 45% of the MIPS final score, which is the highest category weight, it is for the full calendar year reporting period of 365 days. There are a total of 218 quality measures, and many can be reported using more than one submission method. Now there are 55 claims measures, which are only available to clinicians in small practices; 47 electronic clinical quality measures; 196 MIPS clinical quality measures, which is formerly called the registry measures.

Andrea Phillips:

Quality Category Requirements. You must report six quality measures; if less than six measures are applicable to your patient population, you should report each applicable measure or a specialty-specific measure set, and you report at least one outcome or high-priority measure, and at least 70% of eligible

cases must be reported for each measure; now, if fewer than 70% of those cases reported, 3 points will be awarded to clinicians in small practice and there will be no points appointed for the large practices.

Andrea Phillips:

Now here we provided a few of the quality category resources, starting with the 2020 Quality Quick Start Guide, ending with the 2020 QCDR Measure Specification. We provided the links for you to review at your leisure.

Andrea Phillips:

And, also, we provided some for the claims reporting resources, starting with the 2020 Step by Step Guide to Report Quality Measures Using Medicare Claims, and ending with the 2020 Part B Claim Reporting Quick Start Guide. The links are also attached for you to review.

Andrea Phillips:

Cost Category Basics. That category is worth 15% of the MIPS final score. No clinical reporting requirements, CMS collects the data from the administrative claims, and it's for the full calendar year reporting period of 366 days. Now the cost measures in 2020 consist of Medicare Spending Per Beneficiary measure, Total Per Capita Cost measure, and 18 episode-based measures.

Andrea Phillips:

And here we provided some cost category resources, starting with the 2020 MIPS Summary of Cost Measures, and ending with the 2020 Cost Measure Code List. We've attached the links as well for you to view.

Andrea Phillips:

Improvement Activity Basics. This category is worth 15% of the MIPS final score. There are a total of 105 activities available in 2020. The reporting period is 90 day minimum, up to the full calendar year, and you can earn 40 IA points to receive the full credit for this category. Now each activity is assigned a weight: the medium weight is 10 points, the high weight is 20 points. But for clinicians in small practices, non-patient facing clinicians, and/or clinicians in rural or health professional shortage areas, those points are doubled, meaning that the medium weighted activities are now worth 20 points and the high weighted activities are now worth 40 points each.

Andrea Phillips:

Now the important changes in 2020: group reports no longer receive credit for activity if only one clinician in the practice completes it. In 2020, at least 50% of the clinicians in the group or virtual group must complete the same activity to receive the credit, and clinicians can complete activities during different 90-day reporting periods, so you want to track start and end dates for each clinician's reporting period.

Andrea Phillips:

IA Resources. Now Quality Insights has created a list of the 2020 improvement activities, displayed in the order of activities that award the most points first, including activity requirements, documentation to save for a possible audit, and examples of substitute activities, if applicable. We've provided a link for the Improvement Activities for the MIPS Reporting in 2020, and also the links for the CMS resources, starting with the 2020 Improvement Activities Quick Start Guide, and ending with the MIPS APMs Improvement Activities.

Andrea Phillips:

Promoting Interoperability Basics. This category is worth 25% of the MIPS final score, you must use 2015 Edition Certified EHR Technology. The reporting period is a 90-day minimum, up to the full calendar year, and scoring is performance-based at the individual measure level. Now every measure must be reported or claimed as an exclusion. Now if an exclusion is claimed, the points will be reallocated to a different, assigned measure, and the Security Risk Analysis is required and must be completed during the current calendar year, even though it's no longer a measure.

Andrea Phillips:

And here are a few of the PI resources, starting with the 2020 Promoting Interoperability Measure Specifications, and ending with the 2020 Promoting Interoperability Quick Start Guide.

Andrea Phillips:

Now, the MIPS policies that are unchanged for 2020, starting with MIPS Eligibility: the low-volume threshold, eligible clinician types, the opt-in policy, MIPS determination period; and the Data Collection and Submission: the collection types, submitter types, submission types, and MIPS performance period has not changed.

Andrea Phillips:

And then also things that are unchanged for 2020: the Quality Measures, which include the topped-out measures; Facility-Based Clinicians definition and scoring methodologies; and MIPS Scoring, measuring, activity, improvement scoring, bonus scoring, and patient bonus points.

Andrea Phillips:

Now just in case you missed it, we provided a link for our 2020 Quality Payment Program Requirements webinar. In this slide, you'll see a link for our recording, the PowerPoint, the transcript, and also the Q&A Summary.

Andrea Phillips:

Now turning it back over to you, Shanen.

Shanen Wright:

Thank you so much, Andrea, great information, and thank you again for joining us today. As I mentioned, we have a panel of QPP experts who are here and available to answer your questions about

CMS' Quality Payment Program. Our team includes Kathy Wild, who is our Project Director; Amy Weiser, who is our Lead Project Coordinator; me, I'm Shanen Wright, coming to you from West Virginia today. Our QPP experts include Rox Fletcher; Andrea, who just gave us the Breaking News and Announcements; Shirley Sullivan, Marvin Nichols, Julie Williams, Joe Pinto, Rebecca Dase, and Lisa Sagwitz.

Shanen Wright:

In addition to our experts today, you can ask questions using the Q&A feature here in your Webex player. If you're not seeing it, just simply click on the three little dots, the gray button in the bottom, it'll bring up the Q&A window, and you can ask your questions that way, just by typing them in. We'll also be sending links to our resources, using the chat feature as well; if you're not seeing Chat, just click on the little bubble, it's right there, you have to kind of scroll over the bottom of your screen to make it pop up in Webex, but when it does, you click on that and you'll be able to see links to resources that we are talking about here in our Q&A portion of QPP Live!

Shanen Wright:

You'll also have the opportunity to ask questions verbally today. We will unmute the phone lines, I do see that several of you have called in; if you have questions or comments for our panelists and would like to talk with us, we will unmute the lines. We do ask that if you don't have a question or comment for our panelists, to please keep your phone muted on your end so we don't hear what's going on in your office or wherever you may be joining us from today.

Shanen Wright:

We'd also like to remind you that we are here to help you anytime, not just on the third Thursday of the month at 9:30 A.M. for QPP Live! If you don't have a specific contact here at Quality Insights, you can always use our general QPP inbox for inquiries, and we'll have that up on the screen a little later as well, or you can always reach out to any of us, we'll make sure you get to the right person.

Shanen Wright:

We'll do the best we can to answer all of the questions today, but know that sometimes your questions require a little bit of followup, you have some really good ones, so we want to make sure we get you the right answer and, therefore, we'll do a little research. Please also keep in mind that rules and interpretations do change over time, so if you're viewing this, especially if you're viewing this as a recording, not on February 20th, 2020, that the information presented could have changed over time.

Shanen Wright:

Most of all, we here at Quality Insights just want to establish a relationship with you so that you can succeed in CMS' Quality Payment Program. In addition to our questions, we're going to want to hear from you as well, we've got some great polling questions, which some are about QPP, and some are a little more fun and interesting, you're going to learn some great trivia today that you'll be able to wow your family with tonight, so get ready for those, and you can start submitting your questions at any time. Let's go ahead and get a question in, first, and then we'll go to hear from you with one of our polling questions.

Shanen Wright:

This first question we've received says, "I do not understand how to meet data completeness when doing quality measures."

Shirley Sullivan:

This is Shirley, I can take this question. To get the most points for a quality measure, you need to meet those case minimum and data completeness requirements. You need 20 patient minimum in your denominator for each measure reported to meet case minimum. And to meet data completeness for each measure that you report, you want to submit data on at least 70% of the denominator eligible patients who were seen during the entire calendar year, so for this year it would be 2020.

Shirley Sullivan:

To find the denominator eligible patients, you need to look at the Measure Specification Sheet, that's very important, you want to pull each Measure Specification Sheet for each measure you're reporting, and pay close attention to what criteria pulls a patient into the denominator. Now, for example, if you were reporting diabetes, hemoglobin, A1C poor control, you would look at what pulls a patient into the denominator, and for that measure it would be a patient with a diagnosis of diabetes, between the ages of 18 and 75, and who have a visit during the performance period. And, now, remember, as a small practice also, if you don't meet these requirements, you will get a base of three points per measure on any quality measure that you report.

Shanen Wright:

Thank you, Shirley. We've got more questions coming in, but, first, we've got a question for you, this is a little quiz to see how much you know. This question for you asks: what is not correct for 2019 QPP data submission? Is it A, keep in mind what is not correct, a submission number is now available when you attest, the submission number stays the same even if you update information on another day? Or is it B, practices may submit quality measures by several methods? C, EHR certification ID numbers are necessary again when attesting for PI? Or, D, you can attest after 8:00 P.M. Eastern Standard Time on March 31st, 2020, for the year 2019? Which of those is not correct? We'll have the right answer for you coming up here.

Shanen Wright:

But, first, we've got another great question that has come in from our audience. This individual says, "I am just submitting this year for the first time. I am a small practice and have been attaching codes to the HCFA claims; however, I have not found one claim that meets the guidelines, as we only started submitting. What are the other ways to submit?" And this person adds, "I am also a non-patient face-to-face physician."

Roxanne Fletcher:

It's Roxanne. So she said she's submitting for the first time this year and she hasn't found a claim that meets the guidelines, I'm wondering if she's a specialty practice. The other way to submit is to sign up with a registry, they can help you pull the data that you need. She doesn't say whether she has an

electronic record system or not, but, registries, you can either enter information manually or they can pull it sometimes from your EHR, so that would be another way that she can submit.

Shanen Wright:

Thank you, Rox. All right, let's see, we have our little quiz here: Which is not correct for 2019? And let's see. Wow, everybody got that right, the incorrect answer was "You can attest after 8:00 P.M. Eastern Standard Time on March 31st, 2020 for the year 2010." Hey, we didn't stump you one single bit, everybody in the audience got that right, that is fantastic.

Shanen Wright:

We've got a fun, really interesting polling question coming up, but, first, let's throw out another question for our panelist. This person says, "I applied for the PI Hardship Exception for 2019. When I go into the QPP portal, it is not showing that I applied for it, and the quality category hasn't been reweighted to 70 points."

Roxanne Fletcher:

It's Rox again, I'll take that question, but I wanted to just circle back to the previous question as well. What we'll do is, to Kimberly, we'll reach out to her and just give her assistance that she needs to get on track with reporting her quality measure.

Roxanne Fletcher:

Now for the question, "I applied for PI Hardship Exception," well, CMS is aware that the PI Hardship Exception is not showing at the portal at this time, they said it is to be fixed by the end of February. We strongly recommend that you do save a copy of your PI Hardship approval that you received. I always tell practices too, I always like them to keep a hard copy, as well as an electronic copy, just as a safety measure.

Roxanne Fletcher:

And then what we also suggest is that you go back to the website [QPP.CMS.gov](http://QPP.CMS.gov) at the beginning of March and just check to see if anything's been updated. I think Andrea had stated in her review she did earlier that it doesn't hurt even to check once a week, and if things are still not the way they should be, put a call out to the CMS help desk, and that number is 866-288-8292, and that's also on that website when you go out to the [QPP.CMS.gov](http://QPP.CMS.gov) website, that phone number is there also.

Shanen Wright:

Thank you, Rox. Fun bit of trivia coming up, but, first, another question. This individual says, "I know we have to submit data for promoting interoperability and improvement activities for a 90-day period. Do they have to be the same 90-day period?"

Shirley Sullivan:

This is Shirley, I can take this. No, they don't have to be the same 90-day period, you can report both to promote interoperability and improvement activities. They both have to be reported for 90 consecutive

days, and you can report them up to a year, but you can report promote interoperability through January through March of the year, and promote interoperability September through November, they do not need to be the same 90 days, but they do need to be reported during this performance year.

Shanen Wright:

Thank you, Shirley. All right, this is one I did not know, so I don't think you're going to know this one either, but let's see if you do, this is an interesting bit of trivia about the month of February: what is the meaning of the word "Februa"? Is it, A, winter? B, purification? C, freezing? Or, D, daylight? Interesting. We'll find out coming up, let's see what you think it is right now. But in the meantime, we've got another question for our panelists. This one says, "What if all the providers in my group don't have data for all the measures the group chooses to report on?"

Roxanne Fletcher:

Hi, it's Rox again, let me take that one. First, the data reported for a group is aggregated across all the providers. So what does that mean for you? Not every NPI in the tin must equally participate in all the measures and categories selected. The data selected to report must meet the same data completeness standards required with individual reporting, Shirley had reviewed that earlier in the session. Basically the goal is to have, this year, for 2019, 60% completeness, and then for 2020, 70% completeness. And if you're a small practice and don't meet the completeness measure, you still will get three points for that quality measure.

Shanen Wright:

Thank you, Rox. All right, it's time for Latin class, let's see if you've got it right. What is the meaning of the word, "Februa"? And it looks like 50% of folks said, B, purification, 25% said freezing, and 25% said daylight, which I can actually tell, the evenings are getting a little longer, it's not dark so early anymore.

Shanen Wright:

Well, the correct answer is purification, so 50% of the audience got that one right, you must have studied harder in Latin than I did in school, but February is actually named after the festival, Februa, it was a Roman ritual of spring washing and cleansing. The month was devoted to honoring the dead and performing purification rights. The Latin word, "Februa," means purification. Interesting bit of trivia. You can Cliff Clavin all of your friends with that and when you're at happy hour tonight at 5:00.

Shanen Wright:

All right, back to the questions, we've got some more quizzes for you, but this next question for our panelists asks, "Is it worth submitting any MIPS data to CMS for 2019 if we don't think we will get 30 points? Will we still get the full 7% penalty, or will the penalty be reduced?"

Shirley Sullivan:

I'll take this, this is Shirley. The answer is: yes, submit any and all data that you can, even if you don't think you're going to meet the full 30 points, to avoid the full 7% penalty. For 2019, if you score between 7.51 and 29.99, you will have a reduced payment reduction.

Shirley Sullivan:

And a way that you can get [inaudible 00:25:51] even if they haven't been doing MIPS for the entire 2019, they just realized that they have to do it, often they can find an improvement activity that they can do. If you can find a high-weighted improvement activity as a small office, or two medium-weighted, you can get 15 total MIPS points toward your total score, which would at least reduce the penalty that you would get for 2019.

Shirley Sullivan:

Now, for 2020, you have to get 45 points to avoid the penalty, so you would have to score a little higher, between 11.26 and 44.99, to get that reduced payment reduction. But, yes, submit any and all data that you can, even if you don't believe you're going to get the full points that you need.

Shanen Wright:

Thank you, Shirley. We got a true/false quiz coming up, but, first, let's get another question in for our panelists. This one asks, "How does the cost category change in 2020?"

Roxanne Fletcher:

Hey, it's Rox again. This is one of the four categories that has changes the most, and what they've done is they've looked at the patient attribution logic of the two population-based measures, total per capita cost and the Medicare spending per beneficiary, and it's been completely overhauled. To remedy a common issue with these two measures, whereby certain clinicians such as a particular specialty or attributed patients over whom they have insufficient control and influence the impact of the cost outcome.

Roxanne Fletcher:

So this is something that we've heard now for a couple years, like, "Why is that patient attributed to me? I don't see them on a regular basis. I can't work with that patient to reduce maybe their emergency care visits," that type of thing, so they don't feel that they can control or provide guidance to the patient. So CMS has listened to clinicians and they have overhauled this category. Consequently, the changes in the attribution methodologies could have a dramatic impact on the cost measure values for some clinicians, as compared to past years.

Roxanne Fletcher:

And just a note, in addition to final rule and introduce this 10 new episode-based cost measure, so that increases the total of the measures to 18, and Andrea had briefly went over that, and there will be some cost webinars coming up, so make sure you check our newsletters for postings of those upcoming webinars.

Shanen Wright:

Thank you so much, Rox. All right, this is a true/false question, you got a 50/50 shot at it, let's see if you can get it right or not. This one asks: For 2020, I must have an electronic health record to avoid the negative payment adjustment. Is that true or false? We'll see if you know the correct answer coming up,

but, right now, another great question coming in. This one asks, "Are MIPS value pathways required for 2020?"

Shirley Sullivan:

This is Shirley, I'll take this. No, the MIPS value pathways will not start until the year 2021. So CMS, right now, is working on their approach and collaborating with clinicians to figure out the best way to roll this out in 2021, and their final rule will come out sometime this summer about how exactly they're going to do that.

Shanen Wright:

Thank you, Shirley. Let's see if you got it right about electronic health records. It looks like, wow, you guys are on the ball, you are correct, 100% of our audience indicating that that is false, you do not have to have an EHR for 2020 to avoid the negative payment adjustment. Wow, you guys are impressive. You have great questions too, just like this one, "What are the certified electronic health record technology requirements for the 2020 performance year?"

Roxanne Fletcher:

So this is Rox, and we have good news, that there will be no changes for the cert requirements for 2020. You still need to continue having the 2015 Edition of Cert to report promoting interoperability performance category and the electronic clinical quality measures. So if you're not sure if you have that, if you've been delaying upgrading because you didn't report this year, or whatever your reason, make sure that it's 2015 cert for 2020.

Shanen Wright:

Thank you, Rox. More interesting February trivia, this is really interesting to me, you're going to enjoy this, so make sure and stay tuned. But, first, let's get one more question in. This one asks, "Are clinical social workers eligible for MIPS? Why is there a clinical social worker specialty measure set?"

Shirley Sullivan:

This is Shirley, the answer is no, that the clinical social workers are excluded from MIPS for 2020, they're still not an eligible professional type. CMS did create the clinical social worker measure set, and they're using this basically to help guide the social workers in case they, in future years, have to participate, that they can have an idea of what [inaudible 00:31:32] they can report. But at this time, no, they're not required to report for MIPS.

Shanen Wright:

Excellent. All right, trivia time again about February, I had no idea all these were actual real things. But which of these celebrations does not happen in Feb? National Bird-Feeding Month? National Catfish Month? National Children's Dental Health Month? Or Canned Food Month? Which one of those does not happen in February.

Shanen Wright:

While we wait for you to enter that answer, we'll go to another question, we're also going to unmute the phone lines here in a moment to see if you have any questions or comments that you would like to share verbally for our panelists. But, in the meantime, this question asks, "What changes were made to for the hospital-based designation for groups in the 2020 performance period?"

Roxanne Fletcher:

Okay, this is Rox. So there has been some questions, the CMS finalized changes to the threshold that determines whether a group is considered hospital-based. Going forward, a group is considered hospital-based if they have more than 75% of the clinicians in the group are hospital-based MIPS eligible. So, in 2019, the requirement was 100% of the clinicians, so they have reduced that amount of the percentage amount to make that final change, and so that is effective for 2020, you only need 75% of the clinicians in the group are hospital-based for the MIPS eligible clinician.

Shanen Wright:

Thank you, Rox. All right, let's see if you got this right, which of those celebrations does not happen? We're all over the board on this. We're tied for first place between Canned Food Month and National Catfish Month, at 38%, and then second was 13% saying National Bird-Feeding Month and National Children's Dental Health Month. Well, the correct answer is National Catfish Month, that actually takes place in August, not February; everything else you see on your screen are actual observances in the month of February, so make sure and go out and buy all the decorations for your house for National Canned Food Month, that would be really fun.

Shanen Wright:

All right, let's go ahead and unmute those phone lines right now and see if anybody who has called in has a question or comment for our panelists. If you do not, please make sure and mute your phone on your end. Any questions?

Speaker 5:

Yeah.

Shanen Wright:

Okay, if you have a question, go right ahead. Okay, no questions? I thought I heard someone say, "Yeah," but maybe I imagined that.

Speaker 5:

Yeah, that's what I'm listening to right now.

Shanen Wright:

Okay, we'll just go ahead and mute the lines again, I think that's someone who may not have a question, but did not mute on their end, no big deal, it's all good. Tell you what, let's do another polling question right now, this one's related to the Quality Payment Program, let's see if you know this one: MVP in the

Quality Payment Program, what does it stand for? Is it "Most valuable provider"? "MIPS value pathways"? Or "MIPS valued progress"? With the quiz questions, you're A+, 100% today, so let's see if you can keep that trend up. In the meantime, here's another great question coming in, this asks, "How do I find the recorded MIPS webinars presented from CMS and Quality Insights that I have missed?"

Shirley Sullivan:

I can take this one. To find your past webinars from CMS, you can go to the Quality Payment Program main website, which is [QPP.CMS.gov](http://QPP.CMS.gov), and you will see there's an About tab in the upper right corner, and if you click on that, you will also see it opens up and you can click on the Webinar Library, and this will have all of the CMS' past webinars. And then for our site, for Quality Insights, you can go to our main site of [QPPSupport.org](http://QPPSupport.org), and you hold your mouse, hover it over our Events tab, and you'll see a drop-down of Archived Events, and you can click on that and you can see all of our past webinars and also all of our past QPP Live! events.

Shanen Wright:

Thank you, Shirley. All right, let's see, did you get it right? What does MVP stand for? Wow, there you are, 100% of our audience getting the correct answer that MVP stands for "MIPS value pathways," very interesting. If you have a question, make sure and get it in there, we're running out of time on the February edition of QPP Live!, so we need that question now before time runs too short. Here's another good one, this question says, "We are scheduled to transition to a new EHR system this year. What does this mean for our quality measure reporting and meeting the data completeness threshold?"

Roxanne Fletcher:

Hey, it's Roxanne and I'll take this question. I've actually gotten this a couple of times this past year. The one main thing that people need to do, if their old system is the 2015 Edition of Certified, what they need to do is pull a report down on that system before they lose access to it, and they should request the electronic file that they could upload or at least print out the information because it is essential that they have that in that format. If their old system is not the certified version, then it doesn't matter because it has to be that in order to submit it to Medicare.

Roxanne Fletcher:

So when you're undergoing, I'm just going to review something, this will impact your ability to do the full 12 months, if you can download a report and have that because what you would have to do is aggregate the data for the two reports to get to a full 12 months. If, by chance, that's not the way it's going to be and you're only going to report on what you can get out of your new system, just note that CMS has clarified that the data completeness threshold would not be able to be calculated, so your threshold for your data completeness would fall below the required 60% or 70%, depending on what year you're reporting on now.

Roxanne Fletcher:

So just be mindful of that; if you're closing down the system, it doesn't even hurt to just print out some reports, save those reports or keep them electronic, and then we can move forward with our assistance, you can always reach out to us to help you through that process, that's what we're here for. Thank you.

Shanen Wright:

Thank you, Rox. All right, some great questions coming in. This one asks, "What specific codes to use with quality measures when sending in with Medicare claims?" And there's a second part, I think a little more specific, "How to add 1P and 8P when sending in 32-88F?"

Shirley Sullivan:

This is Shirley. Let me be sure what she's asking. You're trying to clarify codes that you're sending with your quality measures. I think what I would recommend is that you reach out to one of us individually, and we can look at the Measure Specification Sheet for that measure for you and walk through what codes you should be using. We do have examples of the 1500 form of where you put the codes, that might also be helpful for you. So what I would recommend is reach out and one of us can help you guide you through that.

Shanen Wright:

All right, sounds great. We also have a followup from one of the earlier questions, the individual who asked about submitting this year for the first time, she added on, Kimberly said, "I do not have an EHR, we are a radiologist and the facilities we read for have the records," so I didn't know if that followup information was anything that anybody on the panel wanted to respond to.

Roxanne Fletcher:

This is Rox, and, Kimberly, if you want to send me a private message with your best contact information, I will reach out to you and we can review this together.

Shanen Wright:

That's more of that one-on-one assistance that we are happy to provide anytime to help you succeed in the Quality Payment Program. All right, let's take a look at our final polling question of the day, this one is a followup to good ole Groundhog Day that just took place a few weeks ago: Which is the favorite hobby of groundhogs? Is it sleeping? Sledding? Chewing wood? Or predicting the weather?

Shanen Wright:

I don't know if it's predicting the weather, Punxsutawney Phil never really looks real happy when they pull him out and wake him up on there, but, hey, I'm not trying to skew the answer. Let's see if you know which of those are one of their favorite hobbies. Sledding, I got to admit, is pretty funny, too. But, anyway. All right, in the meantime, here's another question, "Is there a list somewhere of registries that I can use to report my MIPS data to CMS?"

Shirley Sullivan:

This is Shirley. Yes, there is a resource on CMS' Quality Payment Program website, again the QPP.CMS.gov website, in the Resource Library, and you will find an Excel document called 2020 Qualified Registries Qualified Posting. This is good because it lists each of the registries, it tells you what categories they can report for you in the MIPS program, and then their contact information and also their prices. Another good resource, if you're looking to report through a registry, is the Contact your

Specialty organizations, they often have ones that you can use to report or can get recommendations also.

Shanen Wright:

Thank you, Shirley. All right, let's see if you know what the favorite hobby of groundhogs is. It looks like 80% of you got it right, it is sleeping. Few animals are as dedicated to hibernating as groundhogs. Known as true hibernators, they hibernate from late fall to late winter or early spring, which can add up to as many as six months of deep sleep, depending on their climate. During this time, their body temperatures can drop below 20 degrees Celsius and their heart rates slow from 80 beats per minute to just 5. Sounds like a nice, deep sleep, I'm a little jealous of them.

Shanen Wright:

All right, I think we have time before we wrap-up today for one final question here on the February 2020 Edition of QPP Live! And this final question that we have asks, "Can I apply for the PI Hardship Exception as a small practice in 2020?"

Roxanne Fletcher:

Hey, it's Rox, and I'm just delivering all kinds of good news today, and the answer is: yes, you can. I strongly recommend that practices, even if you have an EHR, maybe you're not using your patient portal the way you should, it's always good to apply for the Hardship, just to make sure you're covered. Also, if you do not have an electronic medical record system, definitely apply for the Hardship for small practices. Now, note that that does not become available until the end of the summer, usually early fall, and you must submit that Hardship by December 31st.

Roxanne Fletcher:

What that does is the Hardship, in case is on the phone listening to the webinar doesn't know what that does, it reweights those 25 points to the quality measures, so your value of your quality measures is a little higher, which is a great thing to have happen. So just look out for the Hardship notice, they should be posting it; of course, we'll be posting it and announcing it on our QPP Live! and through our newsletters, so just be aware that it will be coming, but it will be in the late summer/early fall.

Shanen Wright:

Thank you, and thank you all for joining us for today's edition of QPP Live! If you have any questions or comments, reach out to us anytime, either individually or at the information you see there on your screen. Mark your calendars, we'll do this again on March 19th, at 9:30 A.M. On behalf of everybody at Quality Insights, I'd like to wish you a happy Thursday, and we'll see you next month. Good-bye.