

Shanen Wright: Hello, and welcome to the February 2021 edition of QPPLive!, a production of Quality Insights, Quality Payment Program Support Center. I see a lot of friendly faces in the audience. And for those of you returning this month, welcome back. You know how these sessions work. You can start submitting your questions using the Q&A feature in WebEx at any time. We'll get to as many questions as time will allow for today. If this is your first time joining us on QPPLive!, welcome. We're so glad that you've decided to spend a portion of your Thursday morning with us. We all have instructions on how you can submit your question coming up. But first, let's kick things off with some breaking news and announcements with Lisa Sagwitz.

Lisa Sagwitz: **Slide 3:** So, as you know Quality Insights has multiple projects that we work on. Not just the Quality Payment Program and MIPS that you typically join us for on Thursdays. So, we wanted to let you know if you are in Pennsylvania or Delaware there is another program available called Live Healthy: Prevention and Control of Hypertension, Diabetes and Stroke. So, if you have an interest, there is no cost to work with us on that project. It's open to eligible healthcare systems and independent private practices. And it's to improve patient care, and overall population health for chronic diseases like hypertension, pre-diabetes, diabetes, and high cholesterol.

Slide 4: If you might be interested, the services would include workflow analysis, process and outcome measure analysis, using your EHR to capture the data, integration of the data and quality outcomes, education and resources for you, and quality improvement guidance. So, how does it work? Assistance is provided right now via phone, email and virtual meetings. And when COVID-19 is over, then onsite assistance is available. So, to get started you would just sign an agreement, let us know that you're interested. So, if you'd like a little bit more information or to sign up, Robina Montague, is the person at Quality Insights. And you will see her email below to contact her. And if you don't remember, have a pen to mark that down. You can contact any of us with the Quality Payment Program, and she can refer you to Robina.

Slide 5: Some exciting news, Quality Insights is again for 2020, going to offer Performers of Excellence Awards to practices that work with Quality Insights that show accomplishment, dedication, commitment to learning, excellence and quality, and have good MIPS performance scores. You may be one of the contacts or practices on the phone who's already received one. We have gold level, silver level, and bronze level, depending on how you score and also your attendance at educational events. If you'd like to look at the awards flyer and what's involved, when you get the slides you'll see a link to look at that. You can also talk with your practice transformation specialist that you work with. And we can also help nominate you for that. Back to, Shanen.

- Shanen Wright: **Slide 6:** Thanks, Lisa. Today's polling questions are going to be what we call a self-study. You will not be held accountable for your answers, but we ask that you please try to answer them yourselves. Our first question asked, true or false, the cost category weight increased to 30% in 2021? Is it true or is it false? I know we rarely stomp our audience here, so all of you right now are saying, false. The cost category weight for 2021 is indeed 20%. We've got more polling questions coming up, including some fun trivia, and more QPP related ones, so make sure you can stick around for that. But now, let's toss things to Gary Rezek for more breaking news and announcements.
- Gary Rezek: **Slide 7:** Thanks, Shanen. And good morning everybody. First, we'll talk about Medicare Care Compare, which is a new site that provides a single user friendly interface for consumers and caregivers that can be used to make informed decisions about healthcare based on cost, quality of care, volume of services and other data. The Medicare Care Compare includes the following quality comparison tools for physicians and clinical professionals, hospitals, nursing homes, home health services, hospice care, inpatient rehab facilities, long-term hospitals, and dialysis facilities. CMS held a webinar on December 17th, to provide an overview of the website. We provided links to the recording and slides from that webinar. You can also review the Care Compare: Doctors and Clinicians Initiative page with the provided link, and submit any questions about public reporting to the email address seen here.
- Slide 8:** The 2019 preview period is now open, so you can preview your 2019 QPP performance information now through March 25. And this is data that will appear later this year on the Medicare Care Compare site and Provider Data Catalog. You can access this preview information by logging into your QPP portal. More information about this is available through the provided links to the Doctors and Clinicians Preview Period User Guide, and also to a recorded presentation discussing the preview period.
- Slide 9:** More information regarding 2019 publicly reported data can be found in these CMS documents. The Clinicians Performance information on Medicare Care Compare: 2019 Doctors and Clinicians Public Reporting, which is for individual reporting. Or the companion document for group reporting, and those can be found at the provided links. ACO members may preview performance information via the 2019 MIPS Performance Feedback Reports. Also linked is a CMS document describing what ACO information is being targeted for public reporting. And 2019 performance data will not be added to the Care Compare or provider data catalog until all targeted reviews are completed.
- Slide 10:** Four quality measures have been suppressed for 2020. Measures are suppressed in MIPS reporting when they are significantly impacted by clinical

guideline changes, or other changes that CMS believes may result in patient harm, or misleading results. In 2020, the four measures seen here are excluded from a MIPS eligible clinician's total measure achievement points. And total available measure achievement points. And just to be clear, you're not penalized if you reported these measures. They are subtracted from your denominator, essentially, re-weighting the measures that you do report.

Slide 11: The next slide, please. The call for MIPS, Promoting Interoperability Measures and Improvement Activities. CMS's annual process to accept suggestions for PI measures and improvement activities for consideration for future years of MIPS is now open. If you feel like your practice is making use of your EHR, or has defined activities to improve the quality of care which are not reflected in the currently available measures, you can get involved by attending the MIPS: Call for PI Measures and Improvement Activities webinar. That's Tuesday, February 23rd at 2:00 PM. And for more information you can also download the 2021 Call for Measures and Activities Toolkit.

Slide 12: So, for COVID-19 vaccine resources, CMS has compiled resources to help share important and relevant information on the COVID-19 vaccine with your patients and those that you serve. Available on the COVID-19 Partner Resource Page and the HHS COVID Education Campaign page. Both the CDC and CMS have useful resources for your practice. Look to the CDC for the latest science, vaccine administration information and patient focused resources. And lots of links, additional resources are posted on the CDC Resources for Health Care Providers Page.

Slide 13: CMS also released a COVID-19 Provider Toolkit to ensure healthcare providers have the necessary tools to respond to the COVID-19 Public health emergency. This includes information on: how healthcare providers can enroll in Medicare to bill for administering vaccines, the COVID-19 vaccine coding structure, Medicare payment strategies for vaccine administration, how healthcare providers can bill correctly for administering vaccines, treatments for COVID-19, and a new COVID-19 treatment add-on payment. You can also review a set of COVID-19 facts which has information specific to healthcare providers who bill Medicare for administering these vaccines. And for more detailed information, please see our February 8th newsletter. Thanks.

Shanen Wright:

Slide 14: Thanks so much for that information, Gary. Now, it's time for a fun question. Let's see if you know the answer to this one. This past Sunday, February 14, as you know was Valentine's Day. According to womansday.com, which state chose Dove chocolate as their favorite Valentine's Day candy? I'll give you a hint, some of you are probably in that state right now. The answer is Delaware. West Virginia, New Jersey, and Pennsylvania, we always choose chocolate strawberries, as did eight other states. M&Ms and Chocolate Roses

were close behind receiving the love of eight states each. Chocolate truffles, Hershey's Kisses and Dove chocolate were the preference of five states each. So, a shout out to Delaware for choosing Dove chocolate as their favorite Valentine's Day candy. Coming up, we've got a true-false question about the MIPS Program. So make sure you get your thinking caps on for that. Also, I like to remind you that if you take up your Chat window in WebEx you will see links to all the great information that's being covered in today's breaking news and announcements. Marvin Nichols, is kind enough to put a direct link you. So all you have to do is click once and you can get directly to that information. Just a reminder too, to use that Q&A box and start submitting your questions for our panel of experts. We'll have the Q&A portion of today's program coming up. But first, more news with Lisa Sagwitz.

Lisa Sagwitz:

Slide 15: Thanks, Shanen. Now, we'll talk a little bit about 2021, and the Quality Payment Program, some changes and resources that are available. So, one of the big items for MIPS for this year is you need to score at least 60 points to avoid a negative payment adjustment. Last year it was 45. And changes within the MIPS categories, quality has decreased down to 40% of your score, but cost has increased to 20%. And then, when you look at your quality measures and improvement activities, now would be a good time to planning. You want to make sure that quality measures you may have used in the past are still available, are they scoring well? And we'll get you to the goal that you need to meet. Definitely, Quality Insights can help you with that, if you would like to have a planning meeting. And then one other new thing, if you are in an Alternative Payment Model, an APM or an ACO, there is a new reporting option called the APM Performance Pathway. And if you are in a Medicare Shared Savings Program, the MSSPACO, you are required to report via the APP this year. And Marvin just posted a link with more information on that, if it's applicable to you.

Slide 16: Now, for resources. We are fortunate to have a lot of good resources early this year. So, the links that you'll receive on the slides are all active. You can get to the information that you need, or want. And you're probably familiar with Quality Insights resources. We take thousands and hundreds of pages of CMS information, which is great, but put it into a Reader's Digest condensed version. Just the facts, just what you need to know, step-by-step on how to do things. Of course, the CMS resources are great, if you want to dig into things a little more. So, the first two links on the Final Rule, those are thousands of pages long, if those are of interest to you. But CMS has the Quick Start Guide, and the Decision Tree, those are all good. And then, the last link is a nice Quality Insights two page document. It's just a comparison chart, what changed from last year to this year. So, that might be a good one to look at.

Slide 17: Then, on the next page, you'll see a lot of resources. And again, the Quality Insights ones in parentheses at the end in of the line say, Quality Insights to help direct you to those Reader's Digest condensed versions. So, I want to call attention to the third one done, Topped-Out Quality Measures With a 7-point Cap. That would be of interest to everyone. You know some of the measures have had just a maximum of seven possible points. Which means even if you're scoring 99 or 100% on that measure, you can only get seven points. Documentation of current meds, and the medical record is one of them. So that would be a great resource. I know everybody's busy. So if you only can look at a few, the sixth one down, and that's called the Quality Measures by Submission Method is wonderful. That's very inclusive of a lot of information. It's only nine pages, easy to read. But it has all the submission methods, the maximum points, it indicates if the quality measure is an outcome or high priority to get some extra points, and if it's available via telehealth. And then at the end, if you're in an ACO, or a large practice of 25 or more, that use the CMS web interface, those 10 measures are listed. So the sixth one done is a great resource.

And again, you can see, we again have the key QDC Worksheet, that I call the Cheat Sheet. For those of you who don't have an EHR or want to supplement your data with claims reporting, and that would be on Medicare Part B claims, putting G codes onto those. It's a cheat sheet with the 17 most popular quality measures, and the G codes that correlate with them. The Tracking Sheet was new last year, some practices like that to track the N620 codes when they come back on the EOB's. So that's available to you. The eQMs, just as a reminder, that's the term for the EHR measures. There's a resource just on telehealth, which will be popular again this year and ones for registries and QCDRs. So lots of resources for you.

Slide 18: Now, you know there are four categories for MIPS. So for promoting interoperability and improvement activities, CMS has Quick Start Guides to both of those. So if you're new to the program, or not sure, they're wonderful resources. I'd also like to point out under PI, the Measure Specification sheets. That is a wonderful link to really get into the details with the parameters of performance for promoting interoperability. If you're not sure how to score bonus points, or what needs done, that spells things out and gives a lot of detail. And then again, for your improvement activities as you're planning for this year, be sure the ones that you like or may want to report are still listed for 2021.

Slide 19: On this slide, cost is one of the other categories for MIPS. And I know I'm often asked how do I do well with cost when there's very little I can do? So we always say, use your HCC coding. Your Hierarchal Condition Coding does show the complexity of your patients. And since that's worth up to 20 possible points this year, you may want to take a look at the Quick Start Guide, and some of the other information there. The last link, the Cost Measures Summary,

breaks down what is in that category. Primarily, it's Medicare Spending Per Beneficiary (MSPB) and Total Per Capita Cost (TPCC) . But there are also 18 procedural codes. Some are inpatient, some are outpatient. So you may want to look at those 18. Does your practice have patients that are hospitalized with pneumonia, or do your providers do colonoscopies or hernia repairs or mastectomies? Know what those 18 codes are, and that you might be scored on those.

Slide 20: And then on the next slide, those of you who are an ACO, or an APM. There's some links there to help you with what's going to be involved. So the first is the list of all the APMs, and then a Quick Start guide, a Fact Sheet, an Infographic, and then the CMS Web Interface Benchmarks. Your TIN will need to know what quality measures will be reported by your ACO. They could be things like a hemoglobin A1C, controlling high blood pressure, depression, tobacco screening, screening for colorectal and breast cancer, things like that.

Slide 21: And then on the next slide, in case you missed it, we have links to webinars that have been held in the past. So the first two are Quality Insights webinars. There's a part one and a part two, for the Physician Fee Schedule. So you see, we have the power point, the recording and the transcript. And many of the practices I work with, what they like to do is look over the power point, see if it's something that they want to spend an hour listening to, print those slides. And then when they listen to the recording, make notes on the slides to help them. And our webinars are always free. And they are on our website, www.qppsupport.org. You'll see an Events tab, then Archived Events, and you'll always search by date and title. The third webinar was a CMS webinar talking about the Final Rule. And again, the recording, slides, transcript are available in those links. And then the fourth one was from Impact. And again, that's an organization that helps us and also CMS. And they talk about the Year 5 Final rule, specifically for Solo and Small Group practices. And back to you Shanen.

Shanen Wright:

Slide 22: Thanks so much, Lisa. Time for another polling question. I'm sure you'll probably know the answer to this. But let's rack our brains and see if this is a true or false question. That says for the quality category if you choose to submit a specialty measure set, you must submit data on at least six measures within that set. If the set contains fewer than six measures, you should submit each measure in the set. Is that true, or is it false? I'm sure you're saying to yourself right now, true. Because it is true. For the quality category, if you choose to submit a specialty measure set, you must submit data on at least six measures within that set. The second thing is if there is less than in six measures, you must submit each measure in the set. Great information to know for you with the MIPS Program. We've got one more quiz coming up. It's going to be a fun one talking about what's coming up on Saturday, February 20th. So stay tuned for that. But first more news with, Gary.

Gary Rezek:

Slide 23: Thank you, Shanen. There are some important dates and deadlines coming up. So the 2020 MIPS submission period opened on January 4th. March 1st, is the deadline for CMS to receive your 2020 claims for the Quality category. You may want to check with your Medicare Assistance Contractor, MAC, to see when they need to receive those claims in order for them to be submitted to CMS on time. Your MAC for your respective state is listed here on this slide. And of course, March 31st is the deadline to submit 2020 MIPS data.

Slide 24: The 2020 and 2021 MIPS eligibility files are available now. You can go to the QPP Participation Tool, enter your NPI and see if you're still 2020 MIPS eligible based on the second determination period. If your volume of Medicare patients decreased during that period due to COVID or other reasons, your status may have changed for 2020. And you may no longer be required to report. So be sure to check that. And if you're not required to report you may be eligible to opt in to MIPS reporting. And if that's the case, that status will also be shown on the lookup tool. And you can also check your 2021 eligibility status the same time. You can toggle to the 2021 tab on the same page.

Slide 25: So the update for APM qualifying participant thresholds, those thresholds for 2021 and 2022 will be frozen at 50% for the payment amount threshold and 35% for the patient count threshold, which is the same as 2020. The partial QPP thresholds have also been frozen from 2020. We've provided a link to the QP Quick Start Guide and a link to some learning resources for QP Status and APM Incentive Payments. And if you're interested in either learning more about what an APM is, or participating in one, you can check these resources or you can always contact us and that would allow you to be eligible for a 5% bonus, as well as being exempt from the MIPS reporting. So if that's something you would be interested in, please check these resources or contact us.

Shanen Wright:

Slide 26: Thanks, Gary. Here's our final question for the day, a little bit of trivia that you can share with your friends, coworkers and acquaintances. Coming up this Saturday, February 20th, what is it known as? Is it Best Friends Day, Love Your Pet Day, National Muffin Day, or Bubble Gum Day? Well, we've got the answer for you. February 20th, is Love Your Pet Day. It's a day to pamper your pet. Whether it's a dog, a cat, a fish, a pet snake, or just a pet rock, give them lots of love and attention today. If you don't have a pet, maybe Saturday is the day that you want to adopt one. Take a trip to your local Humane Society and bring home an animal or a rock, I guess, that needs you. It will make them both feel good. Now more news before the Q&A, make sure and get your questions in now. Here's, Lisa.

Lisa Sagwitz:

Slide 27: Thanks, Shanen. So one thing to keep your ears open for is CEHRT requirement changes. Right now everyone who's on an Electronic Health Record

is on the 2015 CEHRT Edition. And that may not make complete sense to you because it is 2021. So how could 2015 CEHRT be the most up to date? It is. So what you may be offered this year or next year through your EHR vendor is something called the 2015 Edition Cures update certification. So there's good news with that, you have until December 31st, 2022 to get that upgrade. If you decide to upgrade this year or next year, you can use a combination of 2015 CEHRT and the Cures Update for your reporting. So it is win-win situation. But we wanted to let you know, again, keep your ears open from your EHR vendor when they offer that and something you definitely want to do.

Slide 28: Last month on QPPLive!, there were some questions about BAA agreements, Business Associate Agreements and did they need to be done yearly or what was involved. So we did some research. And CMS said that the Registries and QCDRs, the Qualified Clinical Data Registries are the only ones that need a yearly BAA signed. So that's the correct answer. And the BAA acts as receipt of patient-specific data from providers and for the disclosure of quality measure results between the registry and the clinician.

Slide 29: Our next slide talks about information blocking and that the deadline has been moved from November until April 5th, 2021. So the 21st Century Cures Act Final Rule was designed to give patients and healthcare providers secure electronic access to health information. One regulation addresses information blocking to prevent health care providers, EHR developers and health information exchanges from preventing or discouraging access with electronic health information. So there are violations if things are not up to the speed that they should be, and EHR developers and HIEs can face penalties up to \$1 million. Disincentives for health care providers have not yet been finalized. So while a lot of this is dependent on your EHR or your HIE, one thing that you can do as a practice, is if you're on an EHR, and you have your direct emails for your providers, is make sure that they are listed on the NPPES website. And I know many of us have been helping practices throughout last year to do that. So if you have questions, let us know and we'll help you.

Slide 30: And then if you want more detail on things that we've talked about today, we pulled this information from some recent newsletters. And on our website, all of the newsletters are now archived. And again, that's the website, www.qppsupport.org. You'll go to the tab, QPP Resources, and then choose the drop down for the e-newsletter Archive. And they are definitely worth reviewing. We get those newsletters usually a few times a month, and they are just full of lots of good information. So definitely worth a few minutes of your reading. And now back to, Shanen.

Shanen Wright:

Slide 32: Thank you so much, Lisa. Let's take a moment and meet Quality Insights QPP Support Center team, joining us today on QPPLive!. We've got,

Kathy Wild, who's our Project Manager. Amy Weiser, our Lead Project Coordinator. Me, I'm Shanen Wright, Associate Project Director and host of QPPLive! that third Thursday of each month here at Quality Insights.

Slide 33: We also have a panel of experts joining us including Roxanne Fletcher, Andrea Phillips, Shirley Sullivan, Marvin Nichols, who's providing those great links to resources right there in the Chat window for you right now. Lisa Sagwitz, who delivered the breaking news. And my man, Gary Rezek, as well, who also delivered today's news.

Slide 34: Now I know you're sitting there and you've got a question probably. And we have a little bit of time for Q&A today on QPPLive!. So all you have to do is bring up the Q&A icon on your WebEx player. You might not see it initially, just go down to that lower right hand corner, click on the three dots. And then that is going to bring up Q&A from the drop-down menu. You can bring that up, type your question in the Q&A feature at the bottom right of your screen, and then hit send. We will address questions in the order in which they were submitted. The Chat icon is used for those links that we have been providing throughout the breaking news and announcements that are helpful to be able to go directly to resources and not have to copy and paste. Just one click and you are there. Please remember as well that we are here to help you anytime, not just on the third Thursday of the month during QPPLive!. If you don't realize who your contact is at Quality Insights, you can use the general QPP inbox for any inquiries. We'll do the best we can to answer all of your questions today. But know that we may need to follow up at a later time. Your questions are really good. And we want to make sure we get the answer correct. Please keep in mind that rules and interpretations do change over time, especially if you're not viewing this live, but rather as a recording. And not on February 18th, 2021 at 10:03 AM. So if that's the case, and you're listening to the recording, rules and interpretations may have changed. Most of all we here at Quality Insights want to establish a relationship with you so you can succeed in CMS's Quality Payment Program.

Slide 35: With that, let's get to some questions.

Live Q&A

First one here says, cost score increases for 2021. How does a practice improve their score?

Lisa Sagwitz:

Hi, it's Lisa. I noticed that Marvin did provide a written answer. So definitely that's good information. And again, I go back to using the HCC coding, the Hierarchal Condition Coding, to show the complexity of your patients. Another suggestion that I make to practices, look at past year's cost scoring on your portal, the QPP portal to see what has been attributed to you. You can look and see the Medicare Spending Per Beneficiary and the Total Per Capita Cost and

any of those 18 procedural codes have been attributed to your practice and providers. And then you can drill down a little more and actually get some patient information. It's often good to look at maybe the top 25 patients, see what specialists they're seeing, know where those dollars are going to, and why they were attributed to your practice. So that would be something that I would definitely advise. I know that the start of each year you want to code for the medical conditions that a patient has. Sometimes I've heard on the webinars, January 1st, everybody's healthy and has no conditions. So be sure to include them the beginning of each year or the first patient visit. Cost category, again it's up to 20% this year and next year will be a little higher. So you definitely want to pay attention to that. Look over the resources we provided, look at the QPP portal under your particular account. And then absolutely contact us if you'd like us to work with you, and help drill down into some of those reports available.

Shanen Wright: Thank you, Lisa. Here's another great question. This one asks, have more telemedicine quality managers been added for 2021?

Lisa Sagwitz: Good question. So with our resources, we do have a list of the telemedicine that are available. I have not gone through and compared last year to this year. I don't know if anybody else, any of my colleagues on the call, have done that. So I cannot definitively answer that. But I would say, print out or download the telehealth measures available. And then go through and see what you will be reporting this year or would like to report on, and incorporate that. One other tip I can give you is that every quality measure via submission type has something called a measure specification sheet. And these are on the QPP Resource section. And we can help get you to those if you need help. They outline exactly what needs to be done to get credit for that particular measure, if you're using telehealth, or however the workflows in your office. And did any of my colleagues know the answer if there are more telehealth measures available this year? I think someone's saying they don't think so. But good question.

Shanen Wright: All right. Thank you so much, Lisa, and everyone else as well. Here's another good question. This one says our ACO customers have received conflicting information regarding submitting quality. They were told that summary scores can be aggregated. That is not our understanding for MIPS. Is an exception being made for APMs when submitting using the QPP portal?

Lisa Sagwitz: Great question. And I would say for the person asking that, definitely let us know what state you're in, Deborah. And we can reach out to you individually. Each ACO is a little bit different. And each contract is different with CMS. So typically, the ACO does the Quality Reporting for the group, for the organization. They sometimes go to the individual providers or TINs to help accumulate that

information for the CMS web interface. And if there are different EHRs used among the TINs in the ACO, they do need to be officially aggregated. But you can get into detail if the providers are qualified participants, or partially qualified, or they're not and maybe have to attest to MIPS on their own. So I think probably an individual answer with a little bit of research for you might be the best solution, rather than try to generically answer things. And I see there are some responses in here, but I'm not reading them quick enough to comment on them. So, definitely let us know what state you're in. And the best way to get a hold of you. And we'll do some research along with you.

Shanen Wright: Thanks, Lisa. Here's another great question. This one asks, what is the likelihood that the complex patient bonus will be extended in 2021 in your experience?

Amy Weiser: Hi, this is Amy. I believe the complex patient bonus ... well, I have to do some research. There's part of me that says that it was eliminated in 2021. But I want to look that up for you. So we'll need to reach out to you afterwards, if that's okay.

Lisa Sagwitz: And there are some bonus points that are available for 2021. I think many of us are working so hard to help people with attesting right now. So yes, we will. Oh, wait, someone's typing in. Let's see what one of our colleagues said.

Amy Weiser: That it was reduced from 10 to five points. That's what I was initially going to say. But I wasn't 100% sure, but you could be right, Kathy. I'll try to look for it while we're still meeting.

Shanen Wright: Thank you, Amy, and Lisa. Our next question has multi-parts. It's going to be a pretty long one. So we're going to go through this one in Q&A and make sure if anyone else has questions to keep those coming in the Q&A, before we run out of time today. Here's the question. This is a 2022 MSSP ACO related question. We will be submitting for them as a QR. We have been helping them understand the reporting requirements, but they are getting information from their ACO subject matter experts which contradict our QR guidance to date. This has to do with the type of data we need to gather in order to report as a QR, we are saying that we need patient level data, a CCD, QRDA Cat I, et cetera. They are being told that we can aggregate QRDA Cat III files. In the past, we have been told that this is not a valid methodology, patients who go to multiple practices would be in the denominator multiple times and numerator data which in aggregate could put the patient in the numerator, which would be missed. In addition, we would not be able to fulfill our QR validation, because we would not have the patient level data needed to confirm the calculations. Is aggregated Cat III data a valid reporting methodology? And if so, how do I rationalize the issues I identified?

- Lisa Sagwitz: Wow. 2022, I do not know about that because the data is not out. Another question I have, what does QR mean? Chuck, if you could type that into the Q&A box to clarify that. I saw Kathy typed something in it popped up. But I can't look at all of this on my screen if somebody would maybe verbally say what she just typed in.
- Kathy Wild: Hi. It's, Kathy, Lisa. I just confirmed that the complex patient bonus for 2021 is worth five points. And so what CMS did in 2020, when COVID was running rampant is they increased it temporarily to 10 points. So it is available this year, and it'll be worth five points.
- Lisa Sagwitz: Thanks.
- Laurie Fink: Hi. And this is, Laurie. I can unmute Chuck's line if it might be easier to address his question. I'll go ahead and do that.
- Lisa Sagwitz: Thank you.
- Chuck: Hi, this is Chuck. Can you hear me okay?
- Laurie Fink: Are you there? Yep.
- Chuck: Okay. Sure. So this also applies to 2021, even though I was asking about 2022. But we have people in 2021 that this will apply to also. And, we've talked about aggregating QRDA Cat IIIs in the past as a qualified registry. But we're told that because we couldn't come up with accurate scores and couldn't do the right type of validation, when you're trying to aggregate across all of these organizations, it was not valid. Now, having said that, I understand there are a lot of challenges for the ACOs to provide patient level data. So, if we're okay with the scores being off a little it would make life a lot easier. I just don't know if that's going to be an acceptable methodology. And I still don't know how we would do validation, given that we wouldn't have access to the patient level data.
- Lisa Sagwitz: Chuck, do you represent an ACO itself? Or are you a private practice that's a TIN within an ACO?
- Chuck: Neither. We're a qualified registry, we're an organization's qualified registry. We do reporting on behalf of about seven or eight ACOs. We've been doing web interface reporting for them in the past and now we're going to be doing it as a qualified registry.
- Lisa Sagwitz: My gut feeling is a conversation directly with CMS is going to be best to give you guidance. I know that there are specific things that need to be done to get your

certification and be qualified. So there is the list of the 2021 qualified registries and QCDRs. First confirm that your registry is on there. And then my thought, unless my colleagues have another thought, is I would deal directly with CMS. Because they are the ones you will need to answer to, to be sure that that data is in a format that is acceptable.

Chuck: Okay.

Lisa Sagwitz: Anyone else on the call is thinking ... Go ahead.

Amy Weiser: No, I was just going to say, yeah, I definitely agree. Chuck, the best course of action is to have a conversation with CMS about the requirements for reporting for the ACOs.

Chuck: Okay. I kind of did that going to their last qualified registry support call, and they didn't have an answer on that call, either. So I had sent a message into the support site to try to open a ticket. And I haven't received anything back on that yet, either. So if there's anyone that I can contact directly, or that can contact me directly, that would be great. I can put my contact information. I'd be happy to talk to anybody about it. But so far, I've not found anybody that can help.

Kathy Wild: This is Kathy. And I agree with Amy and Lisa, that, you need to have a conversation with CMS. In the final rule they actually have a large section that addresses the requirements for QCDRs and registries. You've got more requirements to meet and challenges and the barriers to address. So it would have to be with CMS. We do not have someone, unfortunately, that you would be able to speak with. But in our experience, if you contact the QPP Help Desk, that venue that might be one other opportunity to get the question to the right person. And then just have patience that it does take some time for CMS to come up with an answer.

Chuck: Okay.

Lisa Sagwitz: And check Chuck that email is qpp@cms.hhs.gov. And once you send your question in, you'll get a reply within a few minutes with a case number, a CS number. Hang on to that. If you don't get an answer within a week, you can respond back and say, "It's been a week I haven't gotten any answer." It will likely need to get pushed up to a higher level. And tell them you need assistance from the people who deal with registries and you haven't received an answer. Then you will stay on their radar.

Chuck: Okay. Thank you very much. Appreciate it.

Lisa Sagwitz: We did have one question that was sent in, in advance for us to ask or talk about to. It was from Lauren in New Jersey. And her question was, does it help to submit more than eight quality measures? So one quick correction, you only need to submit six quality measures. That's the requirement, with one being an outcome or high priority. Now if you submit additional measures, and they are outcome or high priority, you do get extra points for those. So there is definitely benefit to submitting more than six. And you would want them to be good scoring. If you didn't score well, you may not want to submit the information because it will be made public later on. So I hope that answered your question, Lauren. And again, we can help you and talk in more detail if you'd like us to.

Shanen Wright: Thank you, Lisa. And that's a great reminder. You can submit your questions in advance for QPPLive!. We love to have those advanced questions, helps break the ice and get things going with the session. Seeing no other live questions come in through Chat or Q&A. We'll go ahead and wrap up today's edition of QPPLive!.

Slide 36: Thanks for joining us. Mark your calendar, March 18th, is the next episode. And please make sure to fill out the evaluation on your way out. Have a great day. And thanks again for joining us. Goodbye.