

- Shanen Wright: Good morning and welcome to the January 2020 edition of QPP Live, a presentation of Quality Insights, Quality Payment Program Support Center. Happy new year to all of you. For those of you who are returning to QPP Live and have been part of our audience before, you know how it works. You can start submitting your questions or comments for our panel of experts at any time using the Q&A feature in your WebEx Player. If this is the first time you've joined QPP Live, welcome. We'll go over details of how you can interact with our panelists coming up here in a little bit. But before we get to that, it's my great pleasure today to turn over today's presentation to Rox Fletcher for today's breaking news and announcements. Rox.
- Roxanne Fletcher: All right, great. Thanks, Shanen, and happy new year everyone. Next slide, April. I want to say happy new year. I know that you're all sitting in your seats with great anticipation of what we have to announce today. And we're excited that you were able to join us to learn more about MIPS for 2020 and to wrap up MIPS for 2019. Next.
- Roxanne Fletcher: So, one of the important things we wanted to let you know first is to recheck their 2019 MIPS eligibility status. There was a little glitch in the system and they had to re-run the eligibility status for the third time. So, below we have put a little chart just to give you an example, and also, the link to the participation status tool. So if you see, for example, in the chart if you are eligible period one, two, and three, you are required to report. If you were are eligible in the second and third period, they did the review, yes, you have to report. And then below is the combination. If you are only eligible in one of the first or second time period, then you are not required to report. And of course again, just go to that link and double check your status. Next.
- Roxanne Fletcher: So 2019 data submission period is open. It opened January 2nd. And the QPP portal data submission is available for you to input until 8:00PM Eastern Standard Time on March 31st, 2020. I'm still having a hard time believing it's 2020. There is no save or submit button. Data is automatically saved as it is entered. Now there is one new feature that I want to share with you today. This year you will get a submission ID number. And if you report as an individual and as a group, you will get then two ID numbers. So if you do have any issues or have any questions about what's submitted and what you're seeing, when you call the quality payment service desk, make sure you give them your ID number. We'll cover this maybe a little bit more detail later in our programming here.
- Roxanne Fletcher: Real-time scoring, yes, they are going to be doing real-time scoring and feedback is available whether the data is entered manually or submitted through a file upload or submitted by third party intermediary. Now, sometimes when someone else is submitting the data for you, it's a little bit longer than

when you're actually inputting it yourself. And remember same as last year, you can make changes up to the submission deadline on March 31st, 2020 at 8:00 PM. Next. Opt-in reporting in 2019. Okay. So, what is opt-in? Clinicians or groups you can enroll to opt-in to participate in MIPS if you meet or exceed at least one of the eligibility criteria. I know some of you've worked really, really hard, and you're really proud of the work that you've done, and you're saying, "Why can't I have a chance to get some of the incentive since I've worked so hard?" Well this is your opportunity.

Roxanne Fletcher: The NPI look-up tool designates opt-in eligibility. So if you go to that... When you go into your QPP and you're looking up your status, it will tell you if you are available to opt-in. And if you can, you can do that, but very, very important. If you decide to opt-in to report, the decision is final and payment adjustments will be applied. So I encourage anybody who's thinking that to triple check your scores for your measures to make sure that you're confident that you will not get penalized for reporting. There's two links we've added on. So when you get your slides today, you can just click on these links to follow them to get more information. Next.

Roxanne Fletcher: Okay. I know practices I work with, they get so sick of me saying, "Maintain your documents." And there's good reasons for that. CMS is required to conduct annual data validation and audit of MIPS-eligible clinicians, and this can take place for up to six years after the submission period. And you're saying, "Really?" Yes. I've had practices that two, three years down the road, they've been audited. And it's like, "Okay, where did I put this stuff?" Because even if you have someone else doing the reporting for you, you should request records from them as it is the doctor, the practice that is ultimately responsible for responding to the auditors. And then we, of course, have our little guide to help you figure out which documents are important to keep. You can see a little picture of it there on the side. So, this is a good thing to print out and kind of use as a guide for what you should keep in a file. I do recommend if you keep electronic file, you also keep a printed out copy. So anything you report for 2019, you must keep until 2025. Next.

Roxanne Fletcher: 2018, we got the feedback. The QPP final feedback was released just a week ago. 98% eligible clinicians participated in MIPS in 2018. And 98% received a positive payment adjustment with a MIPS score of greater than 15 points. 356,353 clinicians participate in an alternative payment model, APM. Just a reminder, if you're part of an ACO, you are part of APM. For a complete breakdown of the 2018 performance data, please see our blog and the 2018 Quality Payment Program performance year. Rebecca, one of my co-associates is busy putting information in the chat screen, so you can see those links and grab them. Next. Stakeholder feedback requested. I know I've talked to

practices and they say, "Well I want them to know my opinion." And so here is your opportunity. We are requesting stakeholder feedback for new specialty measure sets for 2021, including the Addiction Medicine, Critical Care, Hospice and Palliative Care Medicine, Medical Genetics and Genomics, Pain Management and Interventional Pain Management, and Sleep Medicine.

Roxanne Fletcher: So I know that meaningful use in MIPS, it's been a little trying toward the specialty practices to find measures to meet six quality measures or just participate in promoting an operability. So this is your opportunity to at least give your views on the measures. So, this is part of the reason we're going to ask for suggestions, revisions to 2020 measure sets, as well as potential new MIPS measures for 2021. We're accepting them now as well. We've provided a link so you can review the measures under consideration and the 2020 specialty measure sets that are under consideration. And below that, where your recommendations could be sent to the PIMMS quality measures support mailbox. And we've provided that link to the email. And this must be done by February 7th, 2020. Next.

Roxanne Fletcher: Okay. Diabetic eye exam billing code change. CMS has replaced the CPT category II codes with three new HCPCS codes for quality measure diabetes eye exam. And the ID, that ID is 117. CPT category II 8P modifier code can now be used to report Performance Not Met. So, when you get your slides, you'll see this little chart of different codes that can be used when you're submitting the quality measure for the diabetic eye exam. Next. All right. Here's something new and exciting that we're doing just to recognize all of you for the work that you do do. So we have an awards program. Quality Insights is offering a new awards program called 2019 Performance of Excellence, and we know a lot of you have worked hard and fit into this category [inaudible 00:10:17]. So we're trying to say, "You've done a great job and we want to recognize that you've done a great job." All physician practices with 15 or fewer clinicians who will be submitting 2019 MIPS or APM data to CMS are eligible to apply for an award.

Roxanne Fletcher: Next. Award program details. We have gold, silver, and bronze awards. And they'll be presented based on achievement. The application deadline is March 31st, 2020. Here is a link to the flyer where you can learn more about the program and the qualifications. And participating on a QPP Live is one of those events that count towards your accomplishment. So please contact us if you are unsure of how many QPP Live events you attended in 2019. Next. And then I know a lot of you have started to ask, "What do I have to do for 2020?" So here is the final rule highlights. The performance threshold increased from 30 to 45 points. So, this year, 2020, we have to earn 45 points to avoid a penalty. The exceptional performance threshold increased from 75 to 85 points. The four

category weights remain the same. So quality is still 45, cost 15, promoting interoperability 25, and improvement activities 15%. Next.

Roxanne Fletcher: The quality category in 2020. Okay. So again, 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 measure. They modified benchmarks for two measures to avoid potentially incentivizing inappropriate treatment. So, diabetes hemoglobin A1C poor control and controlling high blood pressure are the two that have been modified. Specialty sets for speech language pathology, audiology, clinical social work, chiropractor medicine, pulmonology, nutrition, dietician, and endocrinology were added. So, these are in place now. We'll be adding more specialty sets, but these ones are in place now to make it a little bit easier, I think, in 2020 for reporting. Next.

Roxanne Fletcher: Cost category. In this category CMS added 10 new episode-based measures, revised the existing Medicare Spending Per Beneficiary and the Total Per Capita Cost measures. Next. Improvement activity category in 2020. So here is something that is new. Increased threshold for group reporting from a single clinician to 50% of the clinicians in the practice needing to perform the same improvement activity. And that activity, that can be during different 90-day time periods. So basically, if you're in a group, say, of four physicians or four providers, at least two of them must participate in the same improvement activity some 90-day period. They do not have to do it in the same 90-day period to qualify. The improvement activity inventory has been modified by adding two new activities, removing 15 activities, and modifying seven activities. Modified patient-center that are medical home, PCMH, designation by removing specific examples of accreditation organizations or comparable programs. And then they removed the CMS study on factors associated with reporting quality measures. Next.

Roxanne Fletcher: Promoting interoperability category in 2020. One thing that was removed was the optional measure Verify Opioid Treatment Agreement. They did keep, though, the optional measure Query of Prescription Drug Monitoring Program, PDMP. They reduced the threshold for a group to be considered hospital-based from 100% to 75% of the clinicians in a group being hospital-based. So what this does is allows the group to be excluded from reporting PI measures and reweight the PI category to zero, so that it lessens the burden a little bit there. And an exclusion for the Support Electronic Referral Loops by Sending Health Information measure. Hold on one second here. Hold on. [inaudible 00:00:15:33]. The potential point redistribution provides patients electronic access to their health information network.

- Roxanne Fletcher: Okay. My screen just went crazy on me. Okay. Let's go to the next one. Upcoming events, MIPS question and answer town hall. There is going to be a town hall meeting to join a panel... You can join a panel of MIPS experts as they briefly identify key 2020 changes and answer frequently asked questions by small group practices. And there'll be two opportunities to participate in the webinar. And below is the link that you can click on the one that's best for you and your schedule to participate in. Next. QPP final rule resources. We've listed different resources here. When you have your slides, you can click on these different resources and take a look at them. Next.
- Roxanne Fletcher: And of course this continues, which I think is great. This year here it's only the middle of January. Yes, it's the middle of January already, but I think CMS has come out with information a lot sooner this year than in the past. So this is a good way to kind of review the requirements, so you can start fresh right now in January to add up those points. Next. Resources continued. This is specific to promoting interoperability and an improvement activity category. Next. And now I turn it back to Shanen. Thanks everybody for listening.
- Shanen Wright: Thank you so much, Rox, and thank you everybody for joining us today for QPP Live. We've got a lot of folks here from the Quality Insights Quality Payment Program support center who will be joining us to answer your questions and provide information. And those people include Kathy Wild who is our project manager. Myself, Shanen Wright. I'm the associate project director. And Amy Weiser who is our lead project coordinator for Quality Insights Quality Payment Program support center. Our experts who will also be joining us in addition to Kathy, and Amy, and myself include Rox who just delivered the breaking news and announcements for you. Andrea Phillips, Shirley Sullivan, Marvin Nichols, Julie Williams, Joe Pinto, Rebecca Dase who Rebecca, as Rox indicated, will be sending chat links to you in the chat window so you can go directly to resources that we're referencing. So if you don't have your chat window open, we'll show you how to do that just here in a second, but great to have Rebecca back and sending our chat links as well. And we have Lisa Sagwitz. So, if this is your first time joining us, here is how you ask questions.
- Shanen Wright: If you look at the Q&A icon on your screen, it looks like three little dots. You see them right there on your screen. You can press that, it'll open the window. You type your question, you hit send. Easy as that. As I mentioned, if you don't have your chat window open, just go to that little bubble-looking thing on your WebEx Player and you can open that up. But we do ask that you use the Q&A for your questions, not chat because that's where all of our web links are going to be, is in the chat window. I noticed a lot of you called in on your telephones today as opposed to listening through your computer speakers. I know some folks still are. So for those of you who are on the telephone who would like to

provide feedback or ask a question verbally, we will unmute the lines at least one time during today's episode of QPP Live. And that way you can interact directly with our panel of experts.

Shanen Wright: If for some reason you do not have a question or comment, we ask that you do please keep the phone line muted on your end so we don't hear a lot of other information or noise going on in your practice or wherever you may be joining us from today. We'd like to also remind you that we're here to help anytime, not just during QPP Live on the third Thursday of each month at 9:30AM. If you don't realize who your contact is at Quality Insights for the Quality Payment Program, you can always use a general QPP inbox we have or reach out to any member of the Quality Insights team. We'll make sure you get to the right person to get you the assistance that you need. Keep in mind that we'll do the best we can to answer all of the questions that we can today, but sometimes we need to follow up at a later time. If that's the case, we'll just get your contact information and do that.

Shanen Wright: Make sure to remember that the rules and interpretations do change over time, especially if you're viewing a recording of the January 2020 edition of QPP Live that some of the information presented could change, so make sure and double check that. But most of all here at Quality Insights, we want to establish a relationship with you and help you succeed in CMS' Quality Payment Program. With that, we're going to start with the questions. We've also got some polling questions for you, some fun ones, and some work ones as well. So that'll be coming up here in just a moment, but first let's get started with some of the questions. You can submit yours using the Q&A box now. And we will address general question about access. This one asks, "When can I submit my data for the 2019 MIPS performance period?"

Andrea Phillips: I'll take that. This is Andrea. So basically, as Rox stated, the data submission period is opened at 10:00AM on January 2nd. And the last day that you'll be able to submit quality data will be on March 31st at 8:00PM, now including quality measures reported through the CMS web interface. Now, you also want to keep in mind that quality measures that are reported through part B claims are submitted throughout the performance period and into the submission period for dates of service January 1st, December 31st, 2019. Now these claims must be processed within the 60 days after the 2019 performance period to count for quality of recording. So you may want to contact your MIPS for the specific date by which they must receive your claims in order to meet the processing timelines.

Shanen Wright: Thank you Andrea. Polling question coming up for you, so get ready to click on that. But first we're going to go out for another access-related question that

we've received. This one asks, "How do I sign in to qpp.cms.gov to submit my data?" Okay. I think we may have you on mute, Lisa, potentially. At least I'm not hearing you.

Andrea Phillips: Hello? This is Andrea, I'll take that. So [crosstalk 00:23:31]-

Lisa Sagwitz: Can you hear me now?

Andrea Phillips: Okay.

Lisa Sagwitz: Can you hear me now?

Andrea Phillips: We can hear you, Lisa.

Lisa Sagwitz: Okay. Thank you. Sorry for that. Good morning everyone, it's Lisa. So the second question about submitting data, you would use the website qpp.cms.gov. That's your starting point. And then in the upper right corner, choose Sign In. So once you click Sign In, you'll use your HARP username and password to get started. And you'll see a special box about 2019 reporting. And just a couple little things about that website, qpp.cms.gov. It has a lot of information. So if your HARP account, the password needs reset, you can reset it there. If you're new to this and need to get a password and a username, that would be a way to register as well. And if you're having any trouble at all, please contact the QPP help desk. And that phone number is (866) 288-8292. Let them know that you're having trouble logging in and ask for help.

Shanen Wright: Thank you, Lisa. Tell you what, April, let's unleash a polling question. This one's about MIPS. So, we want to know from you. Answer this question. Will the HARP account I set up last year work for 2019 testing? Your choices are yes, but your password may need to be reset, yes, everything will be fine, what the heck's a HARP account, and is this the old EIDM account? Those are your choices. You've got a little more time to go ahead and get your answer in. We'll see what everyone has to say about that. But in the meantime, let's go back out and get another access-related question. This one asks, "Do I need to sign in to qpp.cms.gov during the 2019 submission period?"

Lisa Sagwitz: Hi, it's Lisa. Yes. As I talked about, the website, qpp.cms.gov is your starting point and that's where you will use the Sign In button to begin the process of submitting data.

Shanen Wright: Thank you, Lisa. April, let's take a look at those polling results and see what folks had to say. It looks like, wow, 92% of you got the correct answer. That is impressive. This must be your new year's resolution to be on top of such things.

The correct answer is yes, but your password may need to be reset. Your username will remain the same. But if you have not logged into the website, qpp.cms.gov and used the Sign In feature in the last 60 days, you will be required to change your password. And that's simply for the sake of security. So, great to see all of you are on the ball with that. Let's go back out now for some questions. We've got a few questions here. These are about clinician and practice information. We'll run through those. And those of you on the telephone who are eager to talk, hold on a little bit because we will be unmuting those phone lines before you know it. But our next question asks, "How did you determine which clinicians are displayed on qpp.cms.gov for our practice?"

Lisa Sagwitz: Hi, it's Lisa. I can take that question. So, when you log in to the website, and you sign in, and you're ready to attest, I often recommend to take a look at the providers who are listed for your practice. Make sure that they look accurate. Is everybody still working there or did work for you for 2019? And if there is a provider or doctor listed who left years ago or someone who's not on the list, your first starting point is to check PECOS. Are they registered with PECOS for your practice? And oftentimes even if you set them up, there's a lag of between two and six months before it shows up. Then the second recommendation if someone is or isn't on your list is to contact the QPP help desk and let them know as well just as a backup. And again, the phone number for the QPP help desk is (866) 288-8292 or you could email them and let them know about the provider that should or should not be on your list. And the email address is qpp@cms.hhs.gov.

Shanen Wright: Thank you, Lisa. We have another great question coming in from one of our participants today. This one asks, "If a clinician has facility-based clinician level, how can an estimate of the facility performance for 2019 be found on the QPP website?"

Lisa Sagwitz: So for facility-based, that would be listed as a special status. So when you go to the website, qpp.cms.gov, either under the MIPS tab or the APM tab. When you scroll down, you'll see Check Participation Status. Enter the provider's NPI number, and that will give you an assortment of detail. So you would look for the special status of facility-based. And if that appears, that means that that provider is not responsible for reporting, promoting interoperability. They would still want to report cost and also improvement activities.

Shanen Wright: Thank you, Lisa. All right, we got a fun polling question coming up. Let's get one more question for our panelists first, and then we will have some wintertime trivia that you might learn something with and be able to impress your friends and family with all this great trivia. But first, here's a question for our panelists.

This is also related to clinician and practice information. This one asks, "Why are we being asked to make an opt-in election when we're trying to report data?"

Lisa Sagwitz:

So an opt-in election is voluntary. That would mean that you did not meet all three of the parameters to be MIPS reporting. And that's seeing over 200 Medicare Part B patients, greater than \$90,000 in Medicare Part B claims, and performing greater than 200 Medicare Part B services. So to opt-in, you would need to have one or two of those. And that would've need to have been declared that you definitely want to opt-in and get part of the positive incentive money, but you would have the same requirements as someone who is. So you're only going to opt-in if you're performing well and you know for sure that your scores are going to be adequate. When you opt-in, there's also the risk of getting a negative payment adjustment if you don't perform well. So, definitely contact Quality Insights. We're happy to work with you, look at your numbers, and make a recommendation if that's something you might want to do in the future.

Shanen Wright:

Then here, Lisa. All right, let's get another fun polling question. We are now into the winter months and we want to know if you know how many sides do snowflakes typically have? Is it four, six, eight, or 10? Put your best guess in, and you will find out the answer coming up here shortly. While we're compiling your answers, let's go back out to the Q&A box. And we've got another great question coming in. This one asks, "Do we need to do anything to report cost on either 2019 or 2020?"

Lisa Sagwitz:

So for the cost category, no, there's nothing in particular that you need to do. That data is gathered throughout the year by CMS based on your claims. And then there is a score assigned to that. So there's nothing on your end that you're actually attesting to. Now, if you want to get a feel for what you might get for your 2019 cost score, you can go back to your 2018 Final Feedback Report. And that's on the website, qpp.cms.gov. And after you sign in, you can see your 2018 final score. And see what was assigned to you for the Medicare spending per beneficiary and the total per capita cost. And that will give you a ballpark of what you might get for this year or 2019.

Lisa Sagwitz:

One other thing on cost. It's important to look at that because the 15% will continue to rise. So that's based on your HCC score or your HCC coding, telling the complexity of your patients. And we did contract with a billing agency and we have some recordings if that would be of interest to you, to teach you about how to bill to the highest specificity for those HCC codes, which could potentially help you.

- Shanen Wright: Thank you, Lisa. All right, let's find out now if you had got it right. How many sides are typically in a snowflake? All right. We stumped you a little this time. 54% of you said, "Eight." Wrong answer. 23% of you said, "10." Wrong answer. The correct answer is actually what 23% of you said, "Six sides." They can come in different sizes depending on how many ice crystals stick together to form a snowflake. So, isn't that interesting? I did not know that. Special thank you to our producer, April for finding that information for us today. All right. We're going to unmute the lines here in a moment. So if you have a question, get ready for that and if you don't, make sure you're on mute. But meantime, let's go back for another question about clinician and practice information. This one asks, "Can we report some MIPS performance categories as individuals and others as a group?"
- Lisa Sagwitz: So it is possible to do that. When you have multiple providers in your practice, I generally recommend group reporting because that scores the best, it protects everyone, and it's the easiest to do. But say your group score comes up to be 75 MIPS points, and you have one or two providers who are excellent at documenting quality and all the other parameters. You can actually look and if their score would be higher, in addition to the group reporting, you could individually report for one, two, or all the providers that that score would be higher. And they would get a little bit more of a payment adjustment than the group would get. And again, you can contact us at Quality Insights. We're happy to help you with that and do some comparisons.
- Shanen Wright: Thank you, Lisa. Let's get one more question related to this that we have in the hopper and then we're going to unmute the phone lines. This one asks, "How do we know if our data was reported at the individual or at the group level?"
- Andrea Phillips: So basically... Can you repeat the question again?
- Shanen Wright: Sure.
- Andrea Phillips: [crosstalk 00:35:47] [inaudible 00:35:47] question for it though.
- Shanen Wright: Yeah. It asks, "How do we know if our data was reported at the individual or group level?"
- Andrea Phillips: So, if I understand the question correctly, if you're having a third party report your data for you? Or are they asking if the practice is whoever is reporting their data for them on their behalf or if they're reporting their data?
- Lisa Sagwitz: Maybe I can help a little bit with that. So when you go to a test and report your data for 2019, you have a choice if you're in a group to either group report or

individual report. So you'll make that selection at the beginning of your attestation. And then when the score's available, your preliminary score and your final score, you'll see on that report that it's listed as group, or it's listed under the individual doctor's name or the individual provider's name

Andrea Phillips: Right, so you should report all of your data at the individual level even if you see the action to report as a group. And there are 2019 updates for solo practitioners that participate in the shared savings program, the ACO. And they're subject to the MIPS under the APM scoring standard. And they can report as an individual to attest their performance and upload a QRDA III file.

Shanen Wright: Thank you, Lisa and Andrea. All right, let's unmute those phone lines. Now we've got a few more questions that are piling up in our queue that we'll get to in a minute. But first, I know some of you may be hanging around wanting to provide feedback or ask a question. We do ask if you're not wanting to do that, make sure you're muted on your end. So this time I believe all lines are unmuted. If you have a question or comment, just jump right in. Going once. Going twice. And we'll re-mute now and get back to the Q&A box. Another polling question is on deck too, but first we have a followup question here to one already asked.

Shanen Wright: Initially what was asked, "If a clinician has facility-based clinician level, how can an estimate of the facility performance for 2019 be found on the QPP website?" And Lisa, I believe you had answered that. And here is the followup to that question. This individual says, "I did look up participation status. We are facility-based. Does being facility-based help with quality measures like the score defaults to the facility score? If that's true, I'd like to get an idea of how the facility score looks and I'm asking how to look up my facilities estimated performance." And if you need me to repeat that, Lisa, I'm happy to do so. I know there was actually about three questions embedded in there.

Lisa Sagwitz: So that's an excellent question. So being facility-based, there is the possibility that if the facility on their reporting does better than the provider does from the practice, there could be a higher score. Now, you could talk with the organization that's facility-based and ask them if they would share the data with you. You would not have access to it. Now when the final report comes out, which will be in the summer, you would be able to tell then which is better, your own practice versus the facility. And at that point, I think you would be able to see some data. But my recommendation would be talk with your organization and see how they score and what information they might share with you. And if I missed anything, please let me know.

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- Shanen Wright: Thank you, Lisa. Great followup there. Let's go ahead and have another polling question. We want to hear from you. Let's see if you get this one right. Little quiz for you. I need to score a minimum of blank points in 2020 to avoid a negative payment adjustment. Is the answer 30 points, 60 points, 45 points, or 60 points... Or 15, 30, 45, or 60 points. Go ahead and enter your answer now, and you will find out the correct answer coming up after we have another great question here coming in from our audience. This one says, "I am very new to MIPS and have come into my current position through an unexpected change in personnel. Can you please point me to where I can learn the most about the reporting requirements?"
- Lisa Sagwitz: Good question and something we hear often throughout the year. So I would say maybe in the Q&A box type in your name, and your practice, and whether you want us to contact you via phone or via email. And we can get resources and direct you right to what you need to know. The other thing is the website I've mentioned, qpp.cms.gov. If someone takes you through that to navigate what you need to know for the basic information, I think that would be helpful. Once you get into that, you can go into the weeds or the forest and there's so much information. You need to know what you're looking for. But if we get you started with the basics, these are the things you need to know now, and what actions you need to take like getting a HARP username and a password, and pulling reports that you can attest before March 31st. Someone at Quality Insights will keep you on track with exactly what you need to do and how. And don't feel you're alone. This happens every year with different practices as personnel change.
- Shanen Wright: Thank you, Lisa. Let's take a look at those polling questions, this was more of a quiz than a poll, and see if you got it right. Wow, you guys are on the ball again. 71% of you getting the correct answer that you need to score a minimum of 45 points in 2020 in order to avoid a negative payment adjustment. So, nice work on that. You guys have done your homework. I am impressed. Let's go back out and get some more questions out there. We've got a few more polling questions, some fun ones, some quizzes as well, so make sure you stay hot on your mouse clicker to be able to respond to those. Our next question. We got another question here. This is related to clinician and practice information. This one says, "I am a solo practitioner. Does it matter if I report as a group or an individual?"
- Andrea Phillips: Well, basically you should report all of your data at the individual level even if you see the option to report as a group. Now, there were 2019 updates. The solo practitioners that participated in the shared savings program, which is the ACO and are subject to the MIPS under the APM scoring standard, they can report as an individual to attest to their performance or upload a file. Now also

the 2019 policy allows for the MIPS APM participants to report promoting operability data at under the individual or at the group level.

Shanen Wright: All right. Thank you so much, Andrea. We got more questions along these lines with clinician and practice information. This next one says, "We have MIPS-eligible clinicians who left our practice during the performance period. What does this mean for our 2019 performance period reporting and 2021 MIPS payment adjustment?"

Andrea Phillips: So basically, if your practice is participating at the individual level, that means submitting data on behalf of each MIPS-eligible clinician. We would encourage you to submit all your individual data on behalf of a MIPS-eligible clinician who left your practice during the 2019 performance period, if the data is available. Now, if the clinician returns to your practice during the 2021 payment year, he or she will receive a MIPS payment adjustment at your practice based on the data you submitted or do not submit. But if your practice is participating at the group level, you should be submitting aggregated data on behalf of all the clinicians in the group.

Andrea Phillips: So basically, you will include data from all the clinicians who were a part of the practice during the 2019 performance period as appropriate to the measures and activities you are submitting. Now, all the MIPS-eligible clinicians in the group including those who have left your practice will receive a final score and payment adjustment based on the group submission. Now, if a MIPS-eligible clinician was part of your practice during the 2019 performance period, but leave before the 2021 payment year, any payment adjustment that's associated with that clinician's NPI will follow the clinician. And the payment adjustment will not impact your practice's payment in 2021 unless the clinician returns to your practice during the 2021 payment year.

Shanen Wright: Thank you so much, Andrea. Another great polling question is coming up here shortly on QPP Live. In fact, I'll tell you what. Let's go ahead and unleash that one right now. And we are going to find out if you know another bit of a trivia. What is a Chinook? I thought it was a helicopter myself, but the choices you have are a sled, a blizzard, a warm winter wind, or a mitten for your chin. Which one is it? As we celebrate, well, some of us, winter and the colder temperatures. We'll find out more about what the right answer is coming up here on QPP Live. All right, let's go back out to some of our questions that we have here. Let's jump over to submitting data and quality performance category for a great question. This one says, "What are our quality measure data submission options at this point?"

- Lisa Sagwitz: Hi, it's Lisa. I can address this question. So in the past you had one way to submit your quality data, but that changed for 2019. There are multiple ways that you can select submission for quality measures. So the two most common are via your EHR. And with your EHR, you could look at what the best quality measures were, have those converted into a QRDA III file and upload them. And the second most popular is the claims method. So if a practice doesn't have an EHR, often they're using the claims method and putting G-codes and CPT II codes on their claims. There's also registries and qualified clinical data registries. So say a practice has multiple ways that they can submit. That is possible. And if you're submitting the same quality measure via multiple ways, Medicare will take the best score and apply that to you. So you have options this year. That's the best way to put it.
- Shanen Wright: Thank you so much, Lisa. All right, let's see if you know what a Chinook is. It looks like, oh no, we stumped you on this one. 43% said, "A sled." A sled it is not. 21% said, "Blizzard." Wrong answer. The one I liked was the mitten for your chin. I think that sounds pretty cool. 7%, that was wrong too. The correct answer is a warm winter wind, which 29% of you did get correct. Chinooks are warm, relatively speaking, and dry winds that blow down the Eastern side of the Rocky Mountain. So, more great wintertime trivia for you courtesy of QPP Live. We've got about 10 more minutes in today's episode. So if you have a question, make sure and get it in the Q&A box now before we run out of time. Here's a great question. This is also about submitting data and the quality performance category. This one asks, "What happens if we submit the same quality measure through multiple collection types?"
- Andrea Phillips: I'll take that. So to further expand on what Lisa stated, they're only going to include the achievement points from one collection type for a single measure in your quality performance category. So, for example, if you're a small practice reporting the breast cancer screening, which is measure ID 112. And you make an electronic submission and also submit by Part B claims, you earn 8.43 achievement points for the electronic version of the measure. But then you earn 6.94 achievement points for the Part B claim version of the measure. Now, they went to the higher achievement points of the 8.43 points from the electronic submission of your quality performance category score. And this version will count as one of your six required measures. And the Part B claim version of the measure will not contribute to your quality performance category score or count as one of your six required measures.
- Shanen Wright: Thank you, Andrea. All right, two more polling questions and about 10 more minutes, so get those questions in. Let's go ahead and ask another QPP MIPS related polling question just to keep you on your toes. Let's see if you get this one right. The last day to submit MIPS data in the QPP portal for 2019 is... Is it

January 31st? Is it February 29th? Is it March 31st? Or is it April Fool's Day? Let's see if you get that one right as well. While we wait for you to enter your answers there, let's go back out for another question. This one's about promoting interoperability performance. So, this one asks, "What is the certification ID required for the promoting interoperability performance category?"

Lisa Sagwitz: Hi, it's Lisa. So you may remember if you attested to meaningful use prior to the QPP program starting, you needed that 15 digit number for your EHR. It was a combination of numbers and letters. That's back again for 2019. So if you're wondering how to get your certification ID, there are two ways you could get it. One would be to contact your EHR company, let them know what version you're on, and ask for it. The other way is there is a website called CHPL. It's the initials C-H-P-L. And by entering your EHR company and the version you're on, you can abstract that 15 digit number. If you have any questions, you're not sure about this, definitely contact us at Quality Insights and we're happy to help you with it. It's simple to do. You just have to know where to go on the CHPL website if your EHR vendor cannot help you.

Shanen Wright: Thank you, Lisa. All right, let's go out. We got another great question here. This is also related to promoting interoperability. This one asks, "When can we report yes for the PDMP measure?"

Andrea Phillips: I'll take that one. So, in the [inaudible 00:52:53] 2020 final rule, it was finalized that beginning with the 2019 performance period, the optional query of the prescription drug monitoring program, which is the PDMP measure would require a yes or no response instead of a numerator or a denominator. Now, a yes response would indicate that for at least one schedule to opioid electronically prescribed using CERT during the performance period that the MIPS-eligible clinician used data from the CERT to conduct a query of a PDMP for prescription drug history. And you want to note that the query of the PDMP is not required to be performed by the same eligible clinician who prescribes the schedule II opioids.

Shanen Wright: Thank you, Andrea. All right, here's another great question that came in from our audience today. This question asks, "If I submit a measure via claims and registry, which would give me more points?"

Andrea Phillips: I'll take that one. Generally, anything submitted electronically, the registry would give you a higher point for your submission. Generally, the submissions through the Medicare Part B claims, you generally receive a lower score. And anything submitted electronically, you receive a higher score or there are higher benchmarks available.

- Lisa Sagwitz: And just to add to what Andrea said, if you have both of those scores, we can do a comparison for you. We have a MIPS calculator to input that information. And there's also a very detailed Excel spreadsheet on the qpp.cms.gov website that you could look by submission method and see how things score. And there are variations with EHR reporting versus claims versus registry. So you might select where you'll get the most decile points. 10 deciles is the highest possible.
- Shanen Wright: Thank you both. Let's have one final bit of wintertime trivia as we wind down QPP Live today. This was a great one, April. I've really got to give it to you. I'd never heard of this before, but see if you know it and can answer it. Chionophobia is an abnormal fear of what? Is it snow, winter, storms, or having a double chin? Let's see if you know, and we'll come back to that here in a moment. But in our remaining minutes, we have a few questions that have come in about submitted data, for our experts. This one asks, "What happens if I have multiple submissions over the course of the submission period?"
- Andrea Phillips: So I'll take that one. So the policy for the 2019 performance period was updated to allow quality measures to be submitted through multiple collection types for a single quality measure, performance score. So, for quality, if the same quality measures reported multiple times to the same collection type, the system will save the most recently reported data for that specific measure. Now, it will not ever get measured level data when the same measure is reported multiple times. So the system will also allow for multiple submission types across all performance categories. Now for improvement activities, it will aggregate activities submitted through at a station, file upload, and/or direct submission for a single performance category score, not to exceed 100%. And for the promoting operability category, we would recommend using a single submission type; a file upload, a API, or at a station for reporting. Now, any conflicting data or a single measure will require at a station submitted through multiple submission types, will result in a score of zero for the promoting operability performance category.
- Shanen Wright: Thank you, Andrea. All right, let's find out now what is Chionophobia? I did not know this one prior. Let's see if you got it right, and you did. You guys are a lot smarter than me. 38% of you answered correctly that it is snow. Not winter, not storms, and not having a double chin. But if you suffer from Chionophobia, you have an abnormal fear of snow. Suffers of this disorder may fear being stranded in the snow or becoming housebound in a snow storm, which from the looks of the weather across the country, not just in the Quality Insights region, there might be some folks freaking out who have that right now. Okay, we got a couple more minutes to go, and another question here about submitted data that we'll squeeze in. This one asks, "What if I notice errors in data submitted by our third party intermediary?"

- Lisa Sagwitz: Hi, it's Lisa. Sometimes that does happen. And the important thing to know is you cannot correct that on your own. You need to go back to whoever that third party is, your EHR company, your registry, some type of contractor that you're working with. Tell them that you've identified an error and you want to correct it. Then when that party tells you it's been corrected, go back into the website, qpp.cms.gov, look at your 2019 data and make sure that's been corrected by March 31st. It's not common, but definitely if someone's submitting on your behalf, you want to verify it's correct and what you want to attest to.
- Shanen Wright: Thank you, Lisa. And for our final question today before we wrap up, also related to submitted data, this one asks, "Can I delete submitted data?"
- Andrea Phillips: So, you can delete data submitted by your organization through the manage data feature at the top of each performance category page. And you cannot delete data submitted on your behalf, as Lisa stated, by a different organization such as a QCDR or qualified registry. So, please remember if you qualify for re-weighting of the promoting operability performance category to 0% and submit promoting operability data, your re-weighting is canceled even if you decide to delete the data. So don't touch it if you don't want to be scored in the promoting operability category.
- Shanen Wright: Excellent information.
- Lisa Sagwitz: And that's very important. That's very important what Andrea just said. So if you've been excluded from promoting interoperability, don't even say that you did your security risk assessment. Just completely ignore the PI category and let it sit. Otherwise, it could cancel out your re-weighting.
- Shanen Wright: Excellent. Thank you both for the information and thank you everyone for joining us for the January 2020 edition of QPP Live. If you have remaining questions, you can always reach out to our shared inbox at the quality insights QPP support center. And that is at qpp-surs@qualityinsights.org. You can also give us a call at 1-877-497-5065 or visit us online at qppsupport.org. Make sure and mark your calendars. Our next session will be on the third Thursday of February. That's the 20th at 9:30AM. On behalf of all of our experts here at the QPP support center, I'd like to thank you again for joining us and I hope you have an excellent day. Goodbye.