

## Tips to Prepare for 2020 MIPS Reporting

### Transcript from Live Session

Tuesday, October 20, 2020



April Faulkner:

The Quality Insights QPP Support Center team welcomes you to today's webinar, Tips to Prepare for 2020 MIPS Reporting. We will review just a few items before we begin the presentation. All participants entered today's webinar in a listen-only mode. Should you have any questions during today's presentation, please type them into the Q&A box at the bottom right of your screen. We will answer as many questions as time allows. Today's webinar is being recorded. The recording, along with the slide deck and a transcript of the webinar, will be posted on the Quality Insights QPP Support Center website within the next few days. These resources can be found on the Archived Events page, and a link to that webpage is posted in the chat box. At this time, I would like to introduce our presenters. Joining us today are three members of the Quality Insights QPP Support Center team: Kathy Wild, Shirley Sullivan, and Roxanne Fletcher. I will turn the presentation over to them to get us started.

Kathy Wild:

Thank you, April. Hi, everyone. Good afternoon and thank you for joining us. This is Kathy Wild, and I am tasked to be today's moderator. I will be asking questions to our two QPP expert panelists: Shirley Sullivan and Roxanne Fletcher. I can assure you that my job as moderator today will be very easy compared to the moderator for the last presidential debate. And I look forward to asking them questions.

First, let's go over the learning objectives for today. We are going to describe the 2020 submission methods and their impact on your MIPS score. We're going to explain how to update NPPES, which is the National Plan and Provider Enumeration System. That's where you get an NPI number assigned to you as you become a clinician and start billing Medicare. And also, how to update your PECOS, which is the Provider, Enrollment, Chain and Ownership System. And both of those systems are very important for Quality Payment Program reporting. We will also identify the location where you can enter your direct and secure email addresses, and we're going to review what documents you should save for a possible audit. So now we're going to get started with our first question. And I will ask be asking this one to Shirley. Shirley, what are the MIPS data reporting options in 2020?

Shirley Sullivan:

Thanks, Kathy. There are a few reporting options for submitting data. For solo practitioners, you must submit MIPS data as an individual. And then if you are in a group of two or more, you can submit your MIPS data as an individual or as a group. It really is up to you, just keep in mind that if you choose to report as a group, all the providers have to be included in the group reporting. And then for virtual groups who completed the virtual group election process at the end of last year, you must submit MIPS data as a group.

Kathy Wild:

Great, thank you, Shirley. And now we'll go to our next question, and, Roxanne, I will ask you this one. How should I submit my data?

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Roxanne Fletcher:

Good afternoon, everyone. Both individuals and groups have options to submit data within each performance category. More than one submission method can be used to submit data for the Quality and Improvement Activity categories, but only one submission method can be used for the Promoting Interoperability category.

Roxanne Fletcher:

This slide has a chart that breaks down how it happens. The middle chart, who submits data, is the same for all three categories. So you can be an individual or it can be done through a third-party intermediary, such as an EHR vendor, registry, or the QCDR registry.

So for Promoting Interoperability and Improvement Activities, those can both be done the same way: 1) Directly from your EHR or registry, 2) you can log in to the QPP portal and upload your QRDA 3 file, or 3) you can log in to the portal and manually enter the data. Now, for Quality, you can do directly from your EHR, your registry, or the QCDR. Or you can, again, log in to the portal and upload a QRDA 3 file. The other method is via claims, so you can attach the QDC to Medicare Part B claims, and this is only available for small practices.

Kathy Wild:

Now we'll go on to our next question, and this one is for Shirley. Shirley, could you tell me what a third-party intermediary is?

Shirley Sullivan:

Sure. Third party intermediaries are organizations that submit MIPS data on behalf of a clinician or group. Also, they must be approved by CMS on an annual basis, so year after year they're approved. Examples include qualified registries, qualified clinical data registries, also known as QCDRs, and health IT vendors. Here we have two links to CMS documents that list the 2020 qualified registries and the 2020 qualified clinical data registries. So if you're thinking of using a registry and you haven't chosen one yet, these are great resources that list the registries. They list them by name, specialty, contact info, cost, and the last day they are taking new clients.

Kathy Wild:

Thanks, Shirley. That's great information. Okay, I'm going to turn this one over to Roxanne. Rox, is it too late in the year to think about using a registry for 2020?

Roxanne Fletcher:

No, it's not too late to ask a registry to submit your 2020 MIPS data. You want to first check with your EHR vendor to see if they are affiliated with a registry or review the list of approved registries that Shirley just shared the links to. And note also, I know there are some practices that belong to their medical organizations, and they may also have an approved registry, and you can check this out. And some registries are able to extract data directly from your EHR, but others require you to manually enter the data.

Kathy Wild:

Great, thank you. Okay, let's dive into one of the MIPS categories. Let's deal with the Quality category first. Shirley, can you tell us what exactly we need to do for the Quality category?

Shirley Sullivan:

Yes. The Quality category is worth 45% of your final MIPS score, 70% if you reweight your PI category. So this category carries the highest weight of all the categories in MIPS. The reporting period is for a full calendar year. You want to report six measures or a specialty measure set. Report at least one outcome or high priority measure. And keep in mind that clinicians and small practices automatically receive six points in their Quality category numerator if at least one Quality measure is reported, and this is called the small practice bonus.

Shirley Sullivan:

Now, here are the quality measure reporting options. And we already went over some of these. Although CMS approved 219 quality measures for 2020, the number available to report is based on the submission method selected. And you can see on this chart below, down the left-hand side it lists the submission methods available, which are: claims, and again, that's only available for small offices with 15 providers or less; EHR; registry; the CMS web interface, and that's available for groups of 25 providers or more if you're in an ACO; and then there's also the QCDR. Down the right side of the chart, you can see that the number of quality measures available can vary by submission method. And we have provided the link for a resource that we developed at Quality Insights. It's titled 2020 Quality Measures by Submission Method. It has each submission method and lists out the quality measures available for each method underneath.

Kathy Wild:

Great, thanks, Shirley. I was wondering if you could tell us, I think this is true. Can you submit a quality measure more than once by using a different submission method?

Shirley Sullivan:

Yes, you can. Clinicians and groups can submit quality measures multiple times using more than one submission method. The one exception is the CMS web interface measures, they must be submitted via the CMS web interface. And a reminder, Roxanne mentioned that you cannot log in and manually enter quality measure data.

Shirley Sullivan:

Now this slide shows how you can submit one measure using different methods. If the same quality measure is submitted using more than one method, the method that has the highest points will be used to calculate the Quality category score. Now, in this example of diabetes hemoglobin A1c, it shows the measure being submitted three ways: through the EHR, through claims, and through the registry. They each have different benchmarks and CMS would calculate the measure being submitted all three ways and then give you the submission method that would give you the highest score, and in this case, it's the EHR submission.

Kathy Wild:

I've heard something about benchmarks, could you tell me what quality measure benchmarks are?

Shirley Sullivan:

Yes. So benchmarking is the process of marrying the performance with an external standard so you can see how you compare to others. CMS uses benchmarks to determine how many points each quality measure will receive. Most measures have historical benchmarks based on performance of those who reported that measure in the two years prior. We have a link here for the 2020 quality benchmarks. It has the 2020 Benchmark Fact Sheet, which is good to review, and also it lists out the historical benchmarks for each quality measure by submission method.

Shirley Sullivan:

Now, we're going to look at the quality measure for influenza immunization. It can be reported three ways: EHR, claims, and registry. You can see that the benchmarks vary by submission method, but it does have a potential to earn 10 points. If the performance rate is 82%, it would be most beneficial to submit the measure via EHR because you would get nine points versus six points if it's submitted via claims, or seven points if you were using the registry.

Kathy Wild:

So Shirley, can you tell me, is there any way to actually increase my quality score?

Shirley Sullivan:

Yes. First, those tips definitely increase your quality score. You can report more than six quality measures. CMS will add the scores of your six highest measures together to calculate your Quality score, regardless of your submission method. And then each measure must have a benchmark, meet data completeness requirements, and meet case minimum requirements to be eligible for a maximum score of 10 points. Now, for data completeness, you must report at least 70% of the total patients who meet the denominator criteria for that measure. And then for case minimum, it means that you would need to have a minimum of 20 patients reported for that measure. So if it has a benchmark, if it meets data completeness, and it also meets case minimum requirements, you can get up to 10 points for that measure.

One bonus point is awarded for additional high priority measures. Two bonus points are awarded for each additional outcome measure. And you can also get one bonus point for each measure submitted using electronic end-to-end reporting. Now, that would be directly from your EHR to CMS.

Shirley Sullivan:

If it is financially feasible, consider reporting each quality measure using the submission method that will earn the highest number of measure achievement points. Keep in mind, billing systems can often be used to collect numerators and denominators for registry recording.

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Kathy Wild:

Thank you, Shirley, for that great overview of the Quality category. It sounds pretty complex, but you gave us some great tips. Let's move on now. Roxanne, can you tell us how we should submit information for the Improvement Activities category?

Roxanne Fletcher:

Very happy to, Kathy. The IA category is worth 15% of your total MIPS score. Clinicians and groups in small practices need to submit one high weight or two medium weight activities to earn full credit for this category. The reporting period is 90 days up to a full year. Note that if there is more than one clinician in your practice that is reporting Improvement Activities, they do not all have to be in the same 90-day period. Each activity can be submitted using a different submission method. For example, you can do it directly from your EHR or registry, you can log in to the QPP portal and upload that QRDA 3 file from your EHR, or you can log in and manually enter it.

Kathy Wild:

Thanks, Roxanne. Let's move on to the Promoting Interoperability category now. What can you tell me, how we submit data for that category?

Roxanne Fletcher:

Just a reminder, the category weight is 25% unless reweighted to zero, which Shirley explained. Once it's reweighted, those points would go from the Promoting Interoperability category to the quality category. Clinicians and groups need to report data for all of the PI measures or claim an exclusion for a measure if available. And the reporting period is 90 days up to a full year. All data for the PI category must be submitted using the same method, again, directly from your EHR registry, the QPP portal to upload the QRDA 3 file or to manually enter the data.

Kathy Wild:

Thanks, Roxanne. I keep hearing you mention the QPP portal. So what can I do now to make sure that our information in the QPP portal is correct?

Roxanne Fletcher:

This is a great question because a lot of practices that I've spoken to are not aware that this is something that they should do. It's like maintenance on your car, you need to do it at least once a year. CMS draws information from the Medicare Provider Enrollment, Chain, and Ownership System or PECOS, and the National Plan and Provider Enumeration System or NPES to supply participants' information to the Quality Payment Program. Make sure your information is accurate in both of these systems. You want to verify the information annually, and you want to update it no later than October of each year to ensure changes will appear in the QPP portal. In November, Medicare uploads information from these systems, and migrates it to the QPP portal.

Roxanne Fletcher:

You must update PECOS within 30 days when you have a reportable event. What do you need to report? Practice location, if that has changed, ownership, general supervision, banking arrangement, or a final adverse action. Any other changes that you need to make can be submitted within 90 days. So this is really important, I know many people aren't aware of this. You may want to place sticky notes somewhere to remind yourself that if any of these events happen, you need to update your account within 30 days.

Roxanne Fletcher:

So how do you update your PECOS account? Sign in to the PECOS website using your CMS Identity and Access login credentials. You want to select "Account Management," and then select "My Associates," and update the applicable information.

Roxanne Fletcher:

So for NPPES, CMS assigns NPIs to clinicians through this NPPES website. Information in each clinician's NPPES record is used for billing, Medicare quality reporting, assignment of a QPP technical assistance contractor, such as Quality Insights, and documenting a direct email address to send secure messages for referrals and transitions of care.

Roxanne Fletcher:

So how do you go about updating it? Go to the NPPES website using your CMS Identity and Access login credentials. Then scroll down to "Manage Provider Information," click on that little pencil icon under the action column to edit provider information, and make changes as needed. Click "Error Check" after all changes are made to ensure that the information provided is complete. And click "Save and Return to Main Page" in the lower right corner. This will activate a dialog window, and you're going to select "Complete the NPI Application" to make sure your changes are submitted.

Roxanne Fletcher:

So what do you need to update? Again, you want to make sure the physical address and mailing address of the practice are updated. Now, when it says physical address of practice, some of you have more than one location. Enter your primary site/headquarter office here. And then you're going to add your phone number and make sure your Health Information Exchange Endpoint is updated. If you have questions or get stuck somewhere in the process, be sure to call the NPPES customer service at 1-800-465-3203, option 8, or you can email them with your questions at [customerservice@npienumerator.com](mailto:customerservice@npienumerator.com).

Kathy Wild:

Thank you, Roxanne. I heard you just mentioned a Health Information Exchange Endpoint, could you tell us what that is?

Roxanne Fletcher:

Sure, Kathy. I'll be happy to. So the Health Information Exchange Endpoint or HIE Endpoint field was added to NPPES in 2019. At some point this year, you should have gotten a letter stating that it was

mandatory to enter this endpoint information into NPPES. The endpoint indicates how a clinician can receive and send summary of care records for referrals and transitions of care. This should help everyone improve their Promoting Interoperability health information exchange measures. That is for referrals going out and referrals coming in. Examples of endpoints are direct email address, a Fast Healthcare Interoperability Resource, also called FHIR, or Connect URL. And as you have always heard from us at Quality Insights, do not use your personal email address or email address assigned to you by your practice because they cannot be used to send personal health information. That is a HIPAA violation. So you can only use the direct email addresses to share personal health information, or the other connections.

Roxanne Fletcher:

Here's a screenshot of the input field in NPPES. So when you're in there updating information, you will see "Endpoint Type," and you hit the drop-down box. The arrow will give you these options to select from.

Kathy Wild:

Thanks, Roxanne. That's great that providers are now going to be putting that information in one common place across the nation, so everyone will have that data available. So Shirley, how do we actually go in and check to see if a clinician we want to refer a patient to has a Health Information Exchange Endpoint?

Shirley Sullivan:

You can check to see who has a secure email address or URL by going to the NPI registry and entering the provider's name. We included a link here for opening the NPI registry if you want to use this direct link. And then open the provider's record and scroll down to "Health Information Exchange" on the left side to see if there's anything entered. Hopefully as time progresses, more clinicians will enter their information, so more people can send referrals electronically using endpoints from there.

Kathy Wild:

So basically, the NPI registry will be the place where everyone can check to see who has endpoints such as a direct email address or URL. That's great. So Shirley, is there anything clinicians should do right now in their QPP portal?

Shirley Sullivan:

Yes. First, you want to check your QPP portal access. Even if you've had access in the past, you still want to check and make sure you have access now. The QPP system will be updated this fall to increase their network security. You can test your web browser now and we have provided a link for you to ensure continued access. Now, if you receive a message, "This page can't be displayed," you will need to update your web browser to one of the following: either Google Chrome version 69 or newer, Mozilla Firefox version 47 or newer, Internet Explorer or Windows 10 and Microsoft Edge. And you can refer to the QPP 2020 Network Security Update Fact Sheet for more details and instructions on that.

Shirley Sullivan:

When logging in to the QPP portal, you want to use your HARP account user ID and password to log in to the portal. Multi-factor authentication is required for the first time you log in. We've included a link on this slide to the HARP Quick Start Guide. It has step-by-step instructions on how to create a new account if you don't have an account, and also, instructions on how to update your password.

Shirley Sullivan:

And here's a screenshot of the QPP portal account. You can access the QPP website at [qpp.cms.gov/login](http://qpp.cms.gov/login). You'll see in the upper right corner where to sign in, manage account, and register. So you can either manage your account, or if you're a newly registering person, you can register here also.

Shirley Sullivan:

Now, you want to reset your password every 60 days. And you'll change your password by accessing the [qpp.cms.gov](http://qpp.cms.gov) website. Go to "My Profile," "Edit," and "Change Password." I have found that sometimes when offices are updating their passwords, they run into trouble. If you run into problems, or if you're starting a new account and you're running into problems, sometimes there's something behind the scenes and you may have to call the CMS helpdesk. The number is 1-866-288-8292. Passwords must have at least 12 characters and include an uppercase letter, a lowercase letter, a number, zero through nine, and one of these eight symbols, and passwords cannot contain your user ID, first name, last name, or one of the following four symbols. And a challenge question will be used if you need to reset your password. The challenge answer is not case sensitive, and must be between 4 and 100 alphanumeric characters.

Shirley Sullivan:

Next we'll discuss an overview of the portal. If you've not been in the portal, you'll see that it's very easy to use. It includes prompts to assist you with either manual data entry, which we also call attestation or file uploads. The data is automatically saved without a save button. So you don't have to worry if you entered data in there and didn't click a save button. CMS automatically saves and real-time scoring appears as data is entered. And then data can be changed any time until the submission period closes on March 31, 2021, at 8:00 p.m. So remember, whatever data you have in the portal on March 31 is what CMS is going to accept as your submission. But up until that date, you can add and change data any time you want.

Kathy Wild:

Thank you Shirley and Roxanne for those great tips and details about how to submit data for all the different MIPS categories. Now, one thing we've all endured is this horrible COVID-19 pandemic this year. And we're hearing from a lot of practices that they've had to close their offices and some still aren't open. It's affected the number of patients they've seen and they've been doing telehealth. They're just not sure if they'll be able to participate in the Quality Payment Program this year. So could you tell us, Roxanne, are there any hardship applications available this year for 2020?

Roxanne Fletcher:

There are, Kathy. And there's something different this year too that I wanted to remind everybody about. So last year, you could just go onto the QPP CMS website to apply for a hardship exception. This year, you must sign in to your Quality Payment Program portal account, using your HARP account credentials. And then you'll click on the "Exceptions Application" link on the left side of the welcome page. Then you're going to click the plus sign next to "Add New QPP Exception". There are two exceptions that you can select from. One is the PI (promoting hardship) exception. This is strictly for the Promoting Interoperability category. If approved, it will reweight the 25 points to your quality category. And we do recommend, even if you're going to do an EUC exception, that you also go ahead and do the PI one as well. And then of course extreme and uncontrollable circumstance exception, which is abbreviated to EUC exception.

Roxanne Fletcher:

So the PI hardship exception is available to everyone in a small practice, and that's 15 or fewer clinicians. They can request that the PI category be reweighted to zero. Other reasons to apply are that you have a decertified electronic health record, you have insufficient internet connectivity, you face extreme and uncontrollable circumstances such as a disaster, practice closure, severe financial distress, or vendor issues. So we do know that some practices, because of COVID-19, have closed completely. And some have a lack of control over the availability of certified EHR technology. So what does that mean? That means, for example, a doctor that maybe does nursing home visits, they have an EHR, but he does not have access to that outside of when he's there. He may not be able to get the reports that he needs to report to CMS.

Roxanne Fletcher:

So for the extreme and uncontrollable circumstance exception, you can request that one, two, three, or all four categories be reweighted to zero. Now, if you get approval for all four category results, you'll get a neutral payment adjustment. And one reason to submit the EUC application in 2020 is the COVID-19 public health emergency. Now, keep in mind, you must explain how COVID negatively impacted your ability to collect and report MIPS data for an extended period of time. For example, you can say that you've been impacted by the COVID-19 public health emergency, and that your office has been closed for two or three months, and that you're now just slowly reopening to in-office visits, following the CDC guidelines. So that's an example of how to make your statement.

Now, you also need to have proof. So you can always use your calendar. Your calendar would show that you had no in-office visits, or you had reduced office visits. It would show that you were having telehealth visits. So that would be something that you would want to print out and include with your MIPS file for 2020. I recommend that if you are submitting either the PI or the EUC exception, once it's approved, you download the approval. If it's approved immediately on your screen, you're going to get a pop up. We strongly recommend you download that document and file it in your MIPS 2020 folder, because you have to remember that they can go back six years and check on you, if they do an audit.

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Kathy Wild:

Thank you, Roxanne, for going over those hardship exceptions. And we do want to remind everybody that CMS is encouraging you, if at all possible, to go ahead and collect and submit data for 2020. There are a couple of reasons for this. Number one is, the program's not going away. Next year, you will have a higher performance threshold. So if you are able to report data, please do so. Remember, if you have greater than 45 points, then you are eligible for a potential positive payment adjustment. The other thing to note is that, if you do submit these two hardships, and they are approved, you can still review your data at the end of the year, and then during that submission period from January through March, if you have over 45 points, then you can go ahead and submit data. And if CMS has data in the portal for two or more categories, it will be scored. So what that actually does is pretty much negates the approval for the hardship exception applications. So if you do want to put them in, know that you can still report data, and then possibly earn a payment adjustment. Okay, Roxanne. So can you tell us a little bit about how can we help clinicians get organized so they can easily submit their data when the period opens in January?

Roxanne Fletcher:

Quality Insights does have a guide to help get you organized. We created this guide to assist you with collecting and saving your MIPS documentation. And this is especially important in case you're audited in the future because CMS can request information for up to six years, as I mentioned before, after the submission period ends. So you want to at least keep everything for 2020 MIPS through 2026. The link on this slide takes you to the guide or checklist, and it can serve as your audit guide. And it's important to note that even if you're submitting through another registry, you want to make sure you have that information printed out and in a file. Kathy, thank you for mentioning those extra points. Because we do strongly encourage you, if you have 45 or more points, to submit, so that was great input.

Roxanne Fletcher:

This slide includes a link to audit documentation required by CMS, the 2020 MIPS Data Validation Criteria. It's posted on the CMS QPP resource page. It includes specific documentation that CMS will look for if they conduct an audit or data validation. There are separate documents for each category.

Kathy Wild:

Thank you, Roxanne. Okay, this is my final question to ask today. I want to thank you both for not interrupting each other. What should clinicians and practices be doing right now, toward the end of October here?

Shirley Sullivan:

Thanks, Kathy. I'll take this. You want to run monthly reports from your EHR to make sure data is being captured correctly. This is very important. I find with many offices, there could be upgrades to your systems and your EHR could make changes. You think you're capturing the measures as you always have. And if you're not running frequent reports, there may be an error that you don't catch. So you want to at least run reports on a monthly basis. Make sure the reports look accurate to what you're doing, and then if you do find an error, it gives you a chance to fix that before the year is up. You

certainly want to always be consistently looking at your reporting. You want to contact your EHR vendor or registry if you want them to submit data for you, and ask them what categories they can submit. This is important because sometimes your EHR vendor may only submit your quality measures for you, and they might want you to go in and attest to the Improvement Activity or the PI category, for example. So make sure you understand what things that they can upload for you and what things you will upload for yourself. And then also, you want to see if there's anything that you need to be doing now. So if you haven't contacted a registry already, you want to get that process started. If you haven't let your EHR vendor know that you're reporting, and want to send the report view, contact them and make sure everything is in place.

Shirley Sullivan:

You also want to review and update, as we discussed, your clinicians' NPPES accounts, and include in that HIE endpoint that direct email or secure URL. And then you want to review and update your practice's PECOS account. And then if you're interested in reporting as a virtual group in 2021, the application period is open now, and you can submit an application up until December 31 of 2020. And then also, we discussed that the two hardship exceptions are both open now. You can apply now and they are available until December 31, 2020. So make sure, if you plan on applying for a hardship exception, you do it now or do it up until December 31, but have in mind what your plan is.

Roxanne Fletcher:

Thanks, Shirley, I appreciate that input. So we're going to talk about the budget neutral payment adjustments. We've mentioned budget neutral payment adjustments, what does that mean? So basically, CMS pays incentives by receiving the negative payment adjustments they collect from practices. So if you're at 45 points, there's no payment adjustment, it would be a zero adjustment and you would not get penalized. And as you can see from this chart, if you're above 45 points, the range of adjustments that you can get. If you're in the score range of 85 or greater, that is considered exceptional performance and in addition to a positive adjustment (between 0% and 9%), you can also get an extra 0.5% or greater adjustment.

So I know a lot of you are saying, "Well, I had a positive adjustment in 2019, and it was a neutral. That was an unusual year and a lot of people were excused from reporting due to COVID-19. That left really no negative payments made to CMS for them to pay back to clinicians that got the positive scores. So they had to pull the money out of a reserve to make sure that people at 75 points or greater did get some type of incentive. But again, this is no reason not to report if you're at 45 points or above. As we mentioned, this program is not going away, so it's always good to keep your pace going. We are here to help you, to review your scores with you and give you guidance on how you can improve a score. Also, we can help you work with your vendor. You want to make sure that you know what you need to click in your system. So those are all things that you can work on right now, and we are here to help you do whatever we can to improve your score.

April Faulkner:

At this time, we'll begin the Q&A portion of today's program. If you have any questions for our presenters, feel free to enter those in the Q&A box at the bottom right of your screen. A few people have asked questions and our team has answered those already. So we'll pause for a moment in case

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anyone has any additional questions to ask. Also, I'm going to just mention that the next edition, and the last one for the year, of QPPLive!, will be held on Thursday, November 19 at 9:30 in the morning. There's a registration link in the chat box and if you click on that link it'll take you right to the registration page. And a question did just come in. What exactly does it mean to be reweighted?

Shirley Sullivan:

I can take this, this is Shirley. So in regards to having your Promoting Interoperability category reweighted, it's saying that the weight of that category, which is 25%, gets moved and reweighted into your Quality category. So your Quality score is normally 45 points. If you do the Promoting Interoperability hardship exception, then CMS says you don't have to do that category, so we're going to move the points to Quality and now Quality is worth 70% of your total MIPS score. So that's what reweighted means.

April Faulkner:

Thank you. If you do come up with any questions after the session is over, you can always reach out to our team and they will give you that one-on-one support. I don't see any other questions. So thank you everyone for attending today. Thank you, Kathy, Roxanne, and Shirley, for sharing this presentation. And thank you everyone for joining us. Please note that when you close out of today's session, you will automatically be directed to a very brief evaluation, please take just a moment to complete it. We greatly appreciate your feedback and comments. Thanks again for joining us today and have a great rest of the day. The session has now concluded.

