Using Telehealth to Support MIPS and Medicaid PI Incentive Programs 2020

August 11, 2020

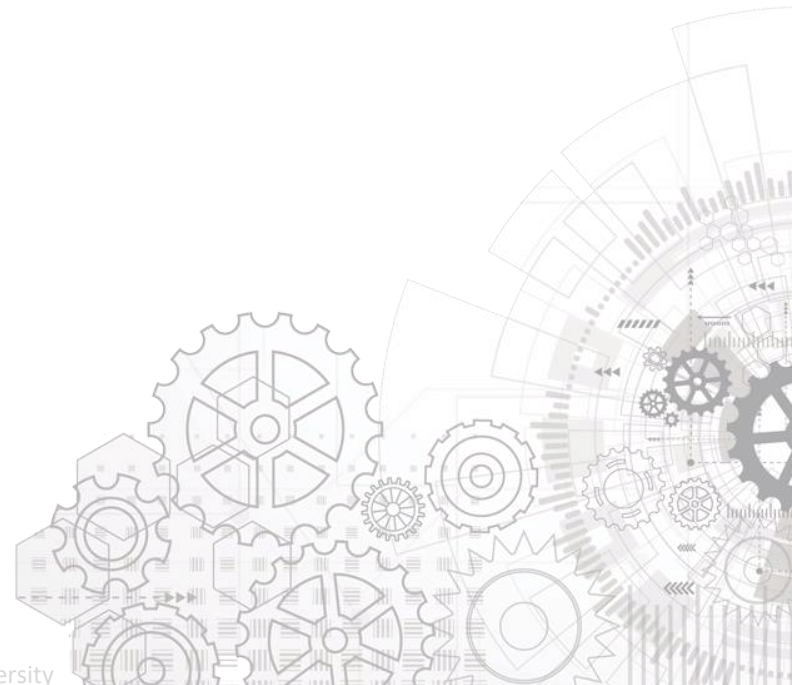**PURDUE UNIVERSITY**® | Purdue Healthcare Advisors

Presenter

Patty Rose

Senior Quality Advisor
Purdue Healthcare Advisors

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Agenda

1) Overview of MIPS/MUPI 2020

2) Overview of Telehealth

3) How can Telehealth/Telemedicine improve performance in MIPS/MUPI?

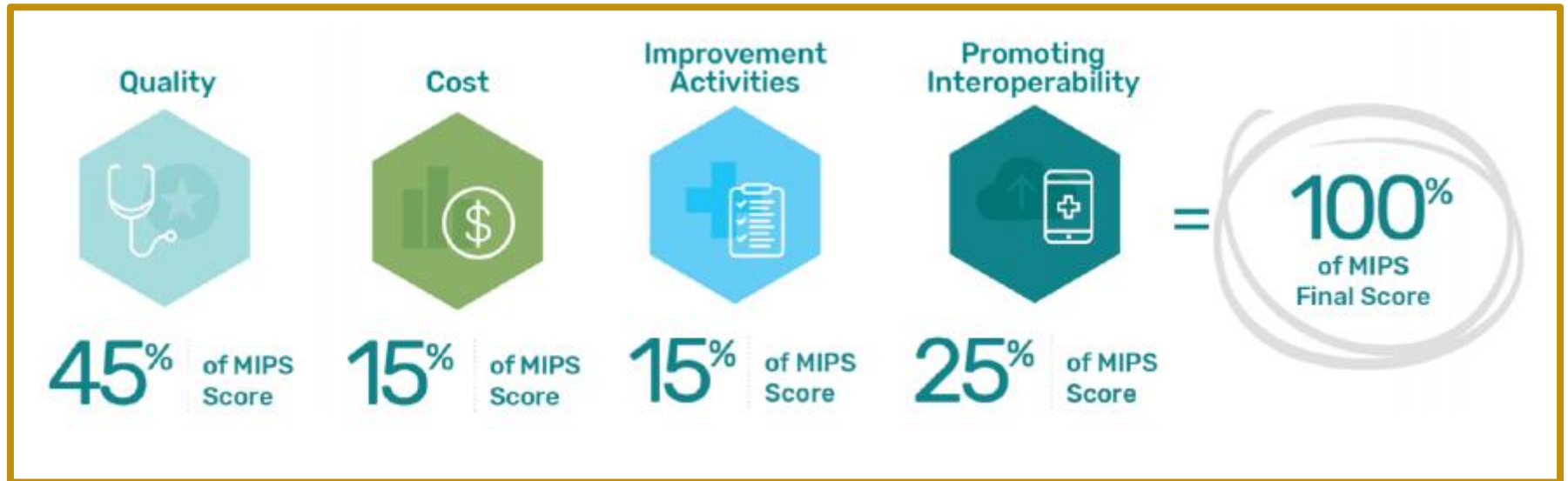4) Tips for Success

5) Post COVID and Telehealth

6) Resources

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Overview Merit Based Incentive Program- MIPS 2020

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Performance Categories

| Quality	Cost	Improvement Activities	Promoting Interoperability	
45% of MIPS Score	15% of MIPS Score	15% of MIPS Score	25% of MIPS Score	= 100% of MIPS Final Score

- Points earned in each performance category are added together to create the MIPS Final Score.
- Quality and Cost = Full Year, 1/1/20 thru 12/31/20.
- PI and IA = minimum continuous 90 days in 2020.
- Must be on 2015 CEHRT.
- Deadline to submit CY 2020 Data- **March 31, 2021.**

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Payment Adjustment Based on Performance Year
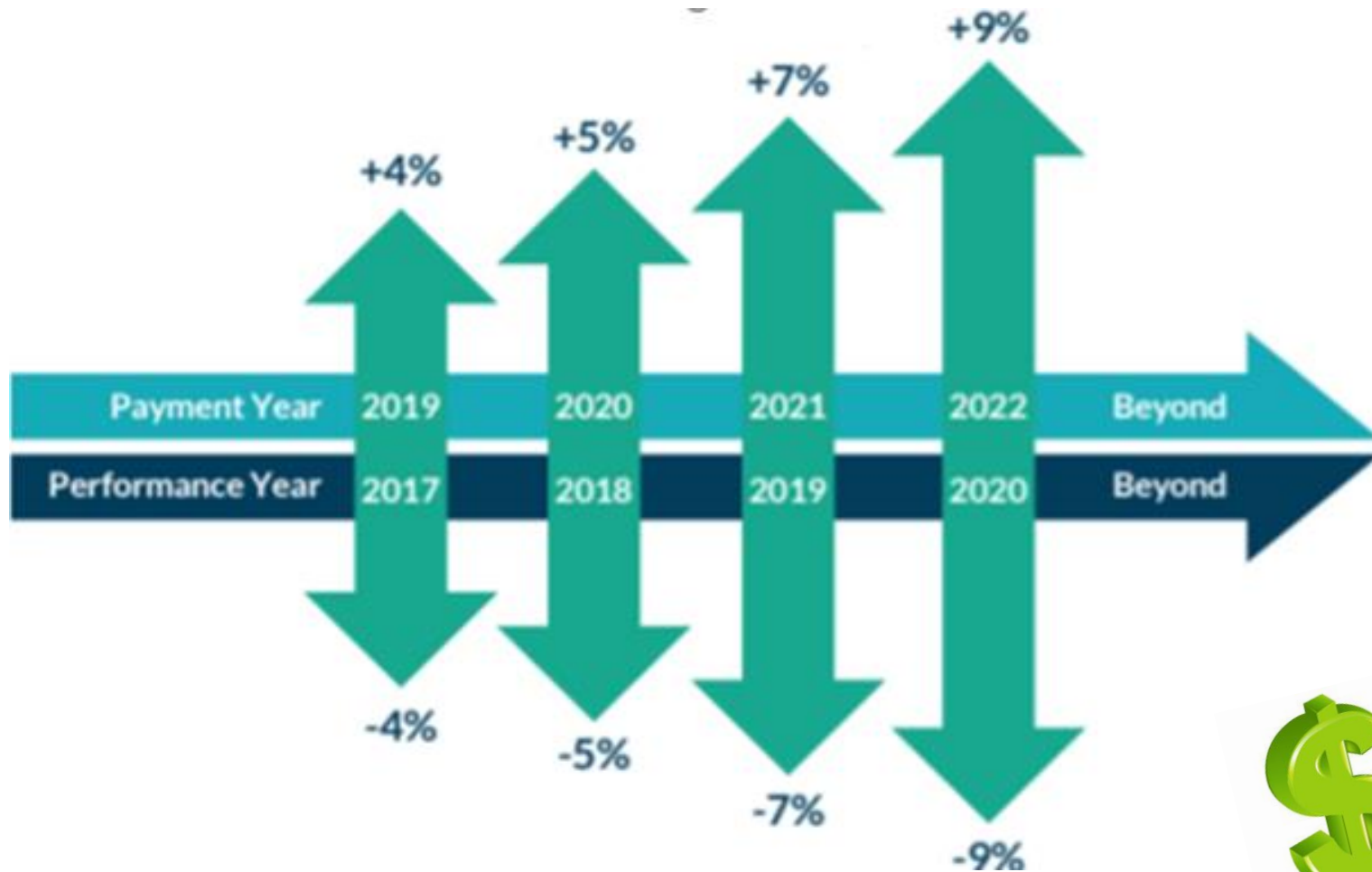
Payment Adjustments

MIPS Final Score Impact on Payment Adjustments in 2022

0-44 Points	45-84 Points	85+ Points
-9% Payment Adjustment	Avoid penalty and slight incentive	Eligible for +9% incentive and exceptional bonus of up to 10%

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MIPS 2020

What's New?

- Performance threshold raised from 30 to 45 points.
- Exceptional performance threshold raised from 75 to 85 points.
- 43 Quality measures removed, 4 measures added, 82 updated.
- Cost category has Ten additional episode based measures. (bringing total number to 20)
- Improvement Activities: 2 New, 15 removed, and 7 updated; and group participation requirements increased from 1 provider to 50% of group.
- PI removed the Verify Opioid Treatment measure, kept query of Prescription Drug Monitoring Program.

Medicare PI

e-Prescribing	e-Prescribing
	Bonus: Query of Prescription Drug Monitoring Program (PDMP)
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information
	Support Electronic Referral Loops by Receiving and Incorporating Health Information
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information
Public Health and Clinical Data Exchange	Report to two different public health agencies or clinical data registries for any of the following: 1. Immunization Registry Reporting 2. Electronic Case Reporting 3. Public Health Registry Reporting 4. Clinical Data Registry Reporting 5. Syndromic Surveillance Reporting

Promoting Interoperability

25% of MIPS Score

- Exclusions for eRx and HIE <100 in denominator during reporting period.

- **SRA** must be done at any time in CY 2020.

2020 PI Measures Specifications

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Medicaid Promoting Interoperability

MUPI 2020

	Objectives
1	Protect Patient Health Information (SRA)
2	Electronic Prescribing
3	Clinical Decision Support
4	Computerized Provider Order Entry
5	Patient Electronic Access to Health Information
6	Coordination of Care through Patient Engagement
7	Health Information Exchange
8	Public Health and Clinical Data Registry Reporting

Medicaid Promoting Interoperability Program Eligible Professionals Objectives and Measures for 2020

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Medicaid Promoting Interoperability

MUPI 2020

- Reporting period min. of any continuous 90 days in CY (1/1/20 thru 12/31/20) for all Medicaid EP's.
- Electronic Clinical Quality Measures (eCQMs):
  - All Medicaid EP's must report 6 eCQMs within scope of practice and at least 1 outcome measures (min. 90 days)
- Must have 2015 CEHRT for full 90 day period.
- SRA must be done at any time within CY 2020.
- 2021 is the last year for MUPI.
- Attestations MUST be submitted by Sept/Oct. 2021.

Telehealth and Telemedicine

Telehealth vs. Telemedicine

What is TH/TM?

Use of electronic information and telecommunications technologies to support long distance clinical health care for patients.

Why it Matters?

- Cost effective
- Follow up visits
- CCM/TCM
- Medication management
- Improved patient satisfaction
- Underserved and rural areas
- Convenience
- Prevent spread of disease
- Revenue opportunities
- Improve clinical quality and patient outcomes
- Patient/Provider safety-COVID-19

Types of Telehealth

Live Video Conferencing (Synchronous)

- Patient and provider use 2-way audio-visual for real time consultations.
- Often used to treat common illnesses, assist with triage decision, and with behavioral health visits.

Store and Forward (Asynchronous)

- Patients record or data is transmitted to a provider electronically for treatment of patient outside of real-time.
- Commonly used in rural areas for primary care providers to send data to specialists at another location for consultation and analysis.

Remote Patient Monitoring (RPM)

- Patient's health and medical data is sent in real-time for monitoring.
- Effective in caring for senior patients, long-term care facilities, and chronic conditions.

Mobile Health (mHealth)

- Use of any mobile based solutions to deliver health services.
- i.e. smartphone app's allowing users to assess their risk for cardiovascular disease and then identifies nearby screening locations to schedule an appt; BP, pulse, glucose, and other physiologic parameters.

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14

HIPAA Compliance for Telehealth

Office of Civil Rights (OCR): COVID-19 Pandemic

- As of 3/17/20 OCR announced it *will exercise its enforcement discretion and waive penalties for HIPAA violations against health care providers that in **good faith** provide telehealth using non-public facing audio or video communication products.*
- Applies regardless if the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19.
- OCR guidance provided via FAQs in support of the *good faith* rendering of telehealth services.

[OCR Telehealth HIPAA FAQs](#)

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HIPAA Compliance for Telehealth

OCR Flexibilities- COVID-19 Pandemic

- Permitted **non-public communication** technology includes:
  - ✓ Apple Facetime
  - ✓ Facebook messenger video chat
  - ✓ Google hangouts
  - ✓ Skype
  - ✓ Certain texting applications-Signal, Jabber, WhatsApp' or iMessage.
- Indiana Law requires all videoconferencing uses for telemedicine to be "secure".
- Prohibited technology: *Facebook LIVE, TikTok, Twitch, and similar video communication applications.*

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Telehealth/Telemedicine

COVID-19: Medicare greatly expands access to Telehealth

- Patients in all settings including their home, and across the country- not just rural areas can receive TH services.
- Consent for TH services may be obtained by staff or practitioner at any time, required only 1X annually.
- Patients in rural settings, without access to internet or a smart phone, can now receive **audio only** telephone E/M visits for New & Established patients.
- RHC/FQHC's can now provide telehealth with greater flexibilities.

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FQHC's and RHC Telehealth Guidelines

New and Expanded Flexibilities for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) During the COVID-19 Public Health Emergency (PHE)

MLN Matters Number: SE20016 Revised

Related Change Request (CR) Number: N/A

Article Release Date: July 6, 2020

Effective Date: N/A

Related CR Transmittal Number: N/A

Implementation Date: N/A

Note: We revised this article to provide:

- Additional guidance on telehealth services that have cost-sharing waived and additional claim examples
- An additional section on the RHC Productivity Standard

All other information remains the same.

[MLN SE20016REV New and Expanded Flexibilities for RHC/FQHCs](#)

Telehealth Coding

Medicare- COVID-19

Telehealth Audio & Visual

- New or Established.
- Option to waive co-pays
- E/M codes 99201-99215, G0425-G0427, G0406-G0408

Virtual Check-In's Phone Calls

- Store and Forward
- No location restrictions
- G2012 Virtual check-in (5-10min)
- 99441 -99443

E-Visits Online Only

- 99421 5-10 min
- 99422 11-20 min
- 99423 21+ min
- G2061-G2063

[Indiana State Medical Association ISMA-COVID-19](#)

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Telehealth Coding

Medicare- COVID-19

Telephone Only

- New or Established.
- Option to waive co-pays
- E/M codes 99201-99215, G0425-G0427, G0406-G0408

Mobile Health Device

- Store and Forward
- No location restrictions
- G2012 Virtual check-in (5-10min)
- 99441 -99443

Indiana State Medical Association ISMA-COVID-19

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Telehealth Coding

Additional Codes Approved for Telehealth Services

Code	Description	Note
99211	Office/outpatient visit est	
99212	Office/outpatient visit est	
99213	Office/outpatient visit est	
99214	Office/outpatient visit est	
99215	Office/outpatient visit est	
99217	Observation care discharge	Temporary Addition for the PHE for the COVID-19 Pandemic
99218	Initial observation care	Temporary Addition for the PHE for the COVID-19 Pandemic
99219	Initial observation care	Temporary Addition for the PHE for the COVID-19 Pandemic
99220	Initial observation care	Temporary Addition for the PHE for the COVID-19 Pandemic
99221	Initial hospital care	Temporary Addition for the PHE for the COVID-19 Pandemic
99222	Initial hospital care	Temporary Addition for the PHE for the COVID-19 Pandemic
99223	Initial hospital care	Temporary Addition for the PHE for the COVID-19 Pandemic
99224	Subsequent observation care	Temporary Addition for the PHE for the COVID-19 Pandemic
99225	Subsequent observation care	Temporary Addition for the PHE for the COVID-19 Pandemic
99226	Subsequent observation care	Temporary Addition for the PHE for the COVID-19 Pandemic
99231	Subsequent hospital care	
99232	Subsequent hospital care	
99233	Subsequent hospital care	
99234	Observ/hosp same date	Temporary Addition for the PHE for the COVID-19 Pandemic
99235	Observ/hosp same date	Temporary Addition for the PHE for the COVID-19 Pandemic

CMS Telehealth Services

Which MIPS/MUPI Measures will benefit from Telehealth?

MIPS/MUPI and Telehealth

Which measures will benefit from TH?

MIPS Categories

Quality	Cost	Improvement Activities	Promoting Interoperability
45% of MIPS Score	15% of MIPS Score	15% of MIPS Score	25% of MIPS Score
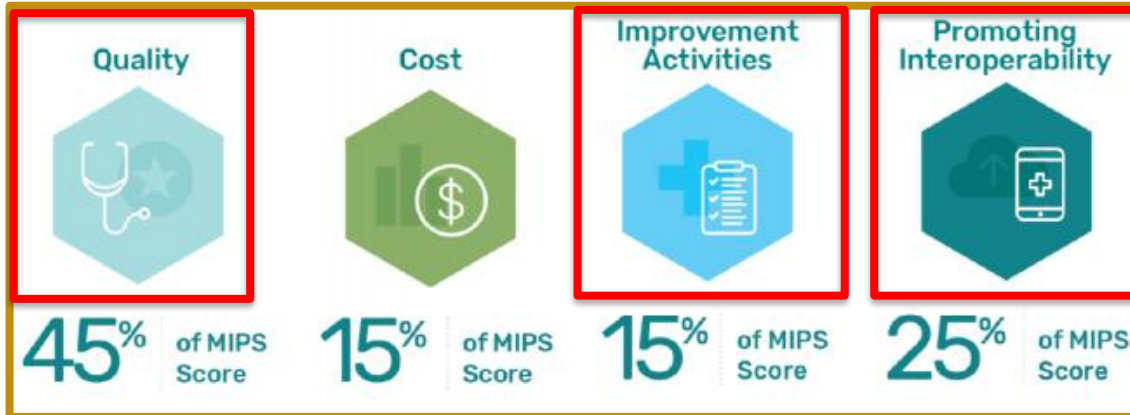
Medicaid Promoting Interoperability

	Objectives
1	Protect Patient Health Information (SRA)
2	Electronic Prescribing
3	Clinical Decision Support
4	Computerized Provider Order Entry
5	Patient Electronic Access to Health Information
6	Coordination of Care through Patient Engagement
7	Health Information Exchange
8	Public Health and Clinical Data Registry Reporting

Objective 5: Patient Electronic Access to Health Info.

Timely access to patients health information and patient specific education.

Both measures must be met thru combo of thresholds/exclusions:

1. **80%** of all unique patients see by EP:
   - Provided timely access to VDT their health info
   - Ensure pt's health info available for pt. to access via any application of their choice via an API (application programming interface) in CEHRT.
2. **35%** of all unique patients are provided electronic access to clinically relevant patient education resources during reporting period.

Exclusions: No ofc. Visits during reporting period and/or broadband.

Medicaid PI Objective 5 Measure specifications

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Objective 6: Coordination of Care thru Pt. Engagement

Use CEHRT to actively engage with patients about their care. Must attest to all three, and meet threshold for two:

1) > 5% unique patients actively engage EHR via:
    1) VDT
    2) Access health info via API chosen by patient.
    3) Combo of 1 and 2.
2) >5% unique patients secure message sent or received.
3) >5% patient generated health data or data from **non-clinical setting** is incorporated into CEHRT.
    - **Examples:** *social service data, advance directives, medical device data, home health monitoring data, fitness monito*r, *long term care coordination of care data.*

Medicaid PI Objective 6 Measure specifications

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MIPS PI-Telehealth

Provider to Patient Exchange (PI_PEA_1)

Provide Patients Electronic Access to their Health Information

1) Timely access to View, Download, and Transmit (VDT)
2) Ensure patients health information is available for patient to access via any application of their choice configured to meet spec's of API within CEHRT.

How does telehealth improve scores?

- Gives patients a reason to log into the portal.
- Encourages patient to utilize portal to complete patient forms, sign a consent, and access patient education materials.

MIPS 2020 PI: Provider to Patient Exchange

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Telehealth and MIPS

Quality Category Measures

- 219 Quality Measures.
- Minimum 6 measures with 1 outcome or high priority.
- Full year reporting period.
- Data Completeness* increased from 60% to 70% for 2020.
    which means that you need to report performance or exclusion/exception data for at least 70% of patients that are eligible for the measure's denominator.

Quality

45% of MIPS Score
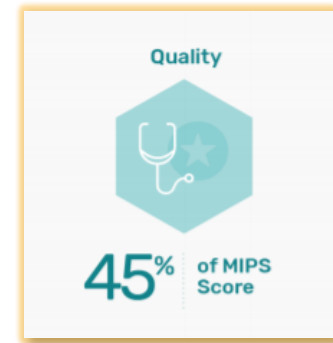
Collection Type	Quality Measures Available For 2020	What Do You Need to Know about This Collection Type?	Individual	Group	Virtual Group
Electronic Clinical Quality Measures (eCQMs)	2020 eCQM specifications	• You can report eCQMs if you have 2015 Edition CEHRT. • If reporting via Electronic Health Record, check to confirm your chosen eCQM measures are supported by your Certified Electronic Health Record Technology. • If you collect data using multiple EHR systems, you will need to aggregate your data before it's submitted. • eCQMs can be reported in combination with Medicare Part B Claims measures, MIPS CQMs, QCDR measures, and the CAHPS for MIPS survey measure.	✓	✓	✓
MIPS Clinical Quality Measures (MIPS CQMs) (formerly referred to as "Registry measures")	2020 Clinical Quality Measure Specifications and Supporting Documents	• MIPS CQMs are collected by third-party intermediaries and submitted on behalf of MIPS eligible clinicians. • If you chose this collection type, you will need to work with a Qualified Registry, Qualified Clinical Data Registry (QCDR), or Health IT vendor. To see the lists of CMS-approved Qualified Registries and QCDRs, visit the QPP Resource Library. • MIPS CQMs can be reported in combination with Medicare Part B Claims measures, eCQMs, QCDR measures, and the CAHPS for MIPS survey measure.	✓	✓	✓

[2020 Quality Quick Start Guide](#)

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Applicable CQMs for Telehealth Codes

Visit Type	Coding
Telehealth Visits	99201 - 99215
	G0425 - G0427
	G0406 - G0408
Virtual Check-In	G2012, G2010
E-Visits	99421
	99422, 99423
	G2016 - G2063
Telephone Only	99441- 99443
	98966 - 98968
Mobile Health Device	99453, 99454
	99457, 99458

130 CQMs

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Telehealth and MIPS

Quality or CQM's *Excluding* Telehealth

Quality Measures that specifically *exclude* telehealth services

5	127	265	333
6	128	268	337
7	137	277	386
8	138	279	387
12	141	282	400
14	143	283	408*
19	144	286	410
52	176	288	412
67	177	290	414
69	178	291	419
70	180	293	431
93	181	317	435
110	187	328	438
118	226	331	464
126	243	332	

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MIPS 2020-Telehealth

QPP.CMS.GOV

MIPS 2020-Telehealth

QPP.CMS.GOV

QPP.CMS.GOV

QPP.CMS.GOV

Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

Process

Percentage of patients aged 18 years and older seen during the submitting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.

+ ADD TO LIST

Collection Type and Documentation

Medicare Part B claims measures   Specifications (PDF) ☑

Electronic clinical quality measures (eCQMs)   Specifications ☑

MIPS clinical quality measures (MIPS CQMs)   Specifications (PDF) ☑

+ View details

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Quality Measure Exclusion

Quality ID #317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
– National Quality Strategy Domain: Community/Population Health
– Meaningful Measure Area: Preventive Care

2020 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients aged 18 years and older seen during the submitti
pressure AND a recommended follow-up plan is documented based on t
indicated

INSTRUCTIONS:
This measure is to be submitted a minimum of **once per measurement**
measurement period. Merit-based Incentive Payment System (MIPS) elig
perform the blood pressure screening at the time of a qualifying visit by a
obtain measurements from external sources.

AND
Patient encounter during the performance period (CPT or HCPCS): 90791, 90792, 92002, 92004, 92012, 92014, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99281, 99282, 99283, 99284, 99285, 99215, 99236, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99340, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, G0101, G0402, G0438, G0439
WITHOUT
Telehealth Modifier: GQ, GT, 95, POS 02
AND NOT
DENOMINATOR EXCLUSION:
Patient not eligible due to active diagnosis of hypertension: G9744

This measure may be submitted by MIPS eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding. The intent of this measure is to screen patients for high blood pressure and provide recommended follow-up as indicated. Both the systolic and diastolic blood pressure measurements are required for inclusion. If there are multiple blood pressures on the same date of service, use the most recent (last reading documented) as the representative blood pressure. The documented follow-up plan must be related to the current BP reading as indicated, example: "Patient referred to primary care provider for BP management".

Quality Measure Inclusion

Quality ID #370 (NQF 0710): Depression Remission at Twelve Months
– National Quality Strategy Domain: Effective Clinical Care
– Meaningful Measure Area: Prevention, Treatment, and Management of Mental Health

2020 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Outcome – High Priority

DESCRIPTION:
The percentage of adolescent patients 1
depression or dysthymia who reached re

INSTRUCTIONS:
This measure is to be submitted **once p**
identification period with a diagnosis of d
9) or Patient Health Questionnaire – 9 M
This measure may be submitted by Meri
quality actions described in the measure

Denominator Criteria (Eligible Cases) 1:

Patients aged ≥ 12 years and ≤ 17 years on date of index

AND

Diagnosis for Major Depression or Dysthymia (ICD-10-CM): F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.9, F34.1

AND
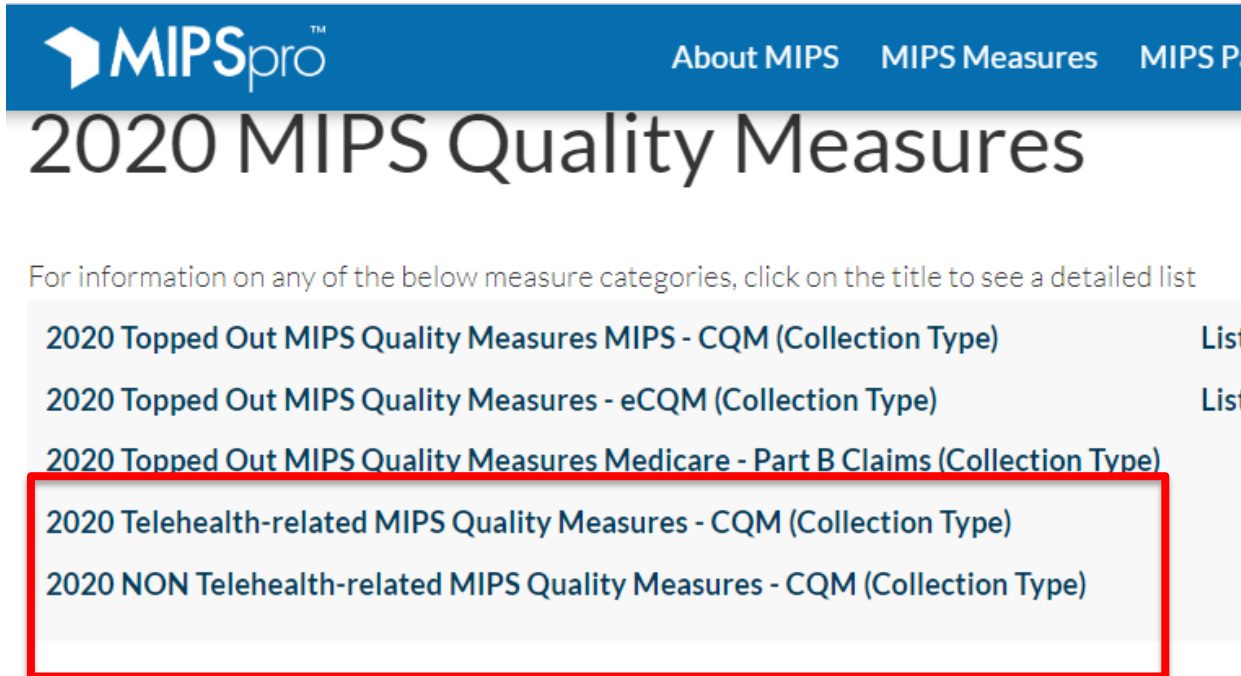
Patient encounter during the denominator identification period (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G0402, G0438, G0439 99421, 99441, 99442, 99443, 99444**

AND

Index Event Date PHQ-9 or PHQ-9M Score greater than 9 documented during the twelve month denominator identification period: G9511

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MIPS 2020-Telehealth

Quality Measures Inclusion/Exclusion

MIPSpro™   About MIPS   MIPS Measures   MIPS Pa

2020 MIPS Quality Measures

For information on any of the below measure categories, click on the title to see a detailed list

2020 Topped Out MIPS Quality Measures MIPS - CQM (Collection Type)   List

2020 Topped Out MIPS Quality Measures - eCQM (Collection Type)   List

2020 Topped Out MIPS Quality Measures Medicare - Part B Claims (Collection Type)

2020 Telehealth-related MIPS Quality Measures - CQM (Collection Type)

2020 NON Telehealth-related MIPS Quality Measures - CQM (Collection Type)

[MIPS Pro/Healthmonix Registry](#)

Purdue Healthcare Advisors does not have any preferred partnerships or financial relationships with technology vendors.

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Telehealth and IA's

IA_EPA_2- Use of telehealth services that expand practice access (medium)
Use of telehealth services an analysis of data for quality improvement, such as participation in remote specialty care consults or tele-audiology pilots that assess ability to still deliver quality care to patients.

- Remember IA's are a 90 day reporting period.
- 40 points possible.
- Large practices (15+): Medium =10 High= 20
- Small practices, non-patient facing, and clinicians in HPSA's: Medium= 20 High= 40

2020 Improvement Activities List

MIPS 2020-Improvement Activities

Telehealth and IA's

IA_PM_2- Anticoagulant Management Improvements (MED)
Eligible clinicians Rx anticoagulation meds must attest 75% of their ambulatory patients receiving these meds are managed with support from one or more of the following IA's:

- Participate in systematic anticoagulation program
- Patients are managed by anticoagulant management service
- Patients are managed according to CDS tool.
- Rural/remote patients are managed using remote monitoring or **telehealth** options
- Patients that demonstrate motivation, competency, and adherence

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MIPS 2020-Improvement Activities

New COVID-19 Clinical Trials IA

IA_ERP_3

 MIPS eligible clinicians must attest to participation in a COVID-19 clinical trial utilizing a drug or biological product to treat a patient with a COVID-19 infection and report their findings through a clinical data repository or clinical data registry. (High weighted)

We intend for this improvement activity to be applicable to MIPS eligible clinicians that are reporting their COVID-19 related patient data to a clinical data repository, such as **Oracle's COVID-19 Therapeutic Learning System** and clinicians participating in clinical trials such as the COVID-19 clinical trials being conducted by the **National Institutes of Health (NIH).**

Could be paired with existing **IA_ERP_2:**
Participation in a 60- day or greater effort to support domestic or international humanitarian needs

IA_ERP_3 COVID-19 Clinical Trials Specifications

New COVID-19 Clinical Trials IA

IA_ERP_3: COVID-19 Clinical Trials

Improvement Activity	
Activity ID	IA_ERP_3
Subcategory:	Emergency Response and Preparedness
Activity Title:	COVID-19 Clinical Trials
Activity Description:	In order to receive credit for this activity, a MIPS eligible clinician must participate in a COVID-19 clinical trial utilizing a drug or biological product to treat a patient with a COVID-19 infection and report their findings through a clinical data repository or clinical data registry for the duration of their study. For more information on the COVID-19 clinical trials, we refer readers to the U.S. National Library of Medicine website.
Weighting:	High
Validation:	Proof of participation in the COVID-19 clinical trial may include a screenshot capture of the MIPS eligible clinician or group's submission to the participating clinical data repository/registry.
Suggested Documentation (inclusive of dates during the selected continuous 90-day or year-long reporting period):	Evidence of submission of clinical data to the clinical data repository or registry supporting the COVID-19 clinical trial (i.e. screenshot from the participating clinical data repository or clinical data registry).
Examples of Additional Activities that Qualify for Attestation:	The type of clinical trial could include designs ranging from the traditional double-blinded placebo-controlled trial to an adaptive design or pragmatic design that flexes to workflow and clinical practice context. It may be conducted in large organized clinical trials led by academic medical centers or healthcare systems. In addition, we intend for this activity to be applicable to MIPS-eligible clinicians that are reporting their COVID-19 related patient data to a clinical data repository, such as Oracle's COVID-19 Therapeutic Learning System.

Tips for Success

Tips for Success

MIPS Scores Benefiting from Telehealth

- Review patient list reports of "hi-risk" patients.
- Online support groups.
  i.e. DM, smoking cessation, 12 Steps
- CCM/TCM-these 2 programs can be billed during the same period, as they fill 2 distinct different needs.
- Review Quality measures.
- Educate patients on use of patient portal/telemedicine.

Future of Telehealth?

HHS Awards $165 million to combat COVID-19 in rural communities:…telehealth is increasingly instrumental and effective as a tool to provide healthcare for patients across the country, especially the most vulnerable~

"I think the genie's out of the bottle on this one," **Seema Verma, the CMS administrator,** said. *"I think it's fair to say that the advent of telehealth has been just completely accelerated, that it's taken this crisis to push us to a new frontier, but there's absolutely no going back."*
Article in Beckers Hospital Review
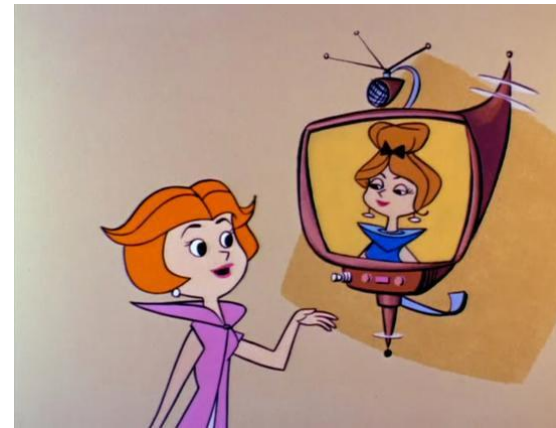
Ever feel like you are chasing your tail?

Resources

- [2020 Quality Payment Program Final Rule FAQs](#)
- [2020 MIPS Quick Start Guide](#)
- [2020 Improvement Activities-Addendum COVID-19](#)
- [2020 IA-Dear Clinician Letter-COVID-19 Clinical Trials](#)

- [2020](#) [IA Data Validation Criteria](#)

- [CMS List of Telehealth Services as of 4/30/20](#)
- [CCHP Billing for Telehealth Encounters: An Introductory Guide of FFS Jan. 2020](#)
- [Medicare Coverage and Payment of Virtual Services](#) 23 min. *YouTube video 5/8/20*
- [AMA Telehealth Implementation Playbook](#)
- [CMS Press Release April 20, 2020 COVID-10 IA COVID-19 Clinical Trials](#)
- [Telehealth Guidance for Medicare Part B Claims and MIPS Clinical Quality Measure (CQMs) for 2020 Quality Reporting](#)
- [eCQI Resource Center](#)

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Resources-UMTRC

Upper Midwest Telehealth Resource Center

QPP Resource Page

www.qpp.cms.gov

Need Help?

Contact the PHA Help Desks

Medicaid EPs & Medicare Hospitals

Promoting Interoperability Programs

HELP DESK

844-PHA-INMU
(844-742-4668)

INMedicaidMUHelp@pha.purdue.edu

MIPS ECs

QPP Indiana **HELP DESK**

844-PHA-QPP1
(844-742-7771)

IndianaQPPHelp@purdue.edu

Hours: M-F, 8:30am-5pm EST
Closed on University-specified Holidays and Recesses

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Questions?

PURDUE UNIVERSITY® | Purdue Healthcare Advisors

Presenter

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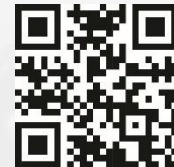
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