January 2021 CMS Quality Programs Bi-Monthly Forum
January 26, 2021

Hello, everybody, and thank you for joining us today. My name is Darrick Hunter from CMS's Division of Value-Based and Quality Reporting, and I will be moderating today's forum. This bi-monthly forum aims to provide national stakeholder organizations, specialty societies, health IT organizations, and EHR vendors with information relevant to CMS's Quality Measurement and Value-Based Incentives Group. Next slide, please.

Our program today will include Medicare Promoting Interoperability Program updates, 2021 QRDA I and III Implementation Guide updates, a live demonstration of improvements to the eCQI Resource Center, Quality Payment Program updates, and Care Compare updates. We will have a question-and-answer portion once all presentations have concluded. Please note, to ask a question, you can either submit your question using the chat feature or raise your hand and CMS will unmute your line. For those dialed in via phone, you must have your audio PIN entered. If you are listening through your computer speakers and want to ask a question, you must have a working microphone. Andrew Morgan, I will now turn it over to you for your presentation.

Thanks, Darrick. Yes, my name is Drew Morgan. I work in DVIQR overseeing the hardships and reconsiderations for the PI Program. But today I want to talk about, right now, we are in the submission period for Promoting Interoperability data submission, which is also formerly known as EHR Incentive Program. So, the deadline for hospitals and critical access hospitals are to submit their 2020 Medicare Promoting Interoperability data by March 1st of this year. Medicare-eligible hospitals and critical access hospitals must attest through the QualityNet Secure Portal. If you are new to the QualityNet system, you must enroll, and if you -- if you qualify for both Medicare and Medicaid Promoting Interoperability Programs, you must demonstrate meaningful use to CMS and not to your state Medicaid agency. And we will need to complete -- And you will need to complete your registration and attestation with CMS. For more information, you can visit our page, the Registration & Attestation page, on the Promoting Interoperability Program website on -- on this -- through CMS website. Next slide, please. I turn it over to Shanna.

Thank you. And today, Yan and I will be presenting on QRDA I and QRDA III Implementation Guide updates, and Yan is going to begin.

Thank you, Shanna. So, good afternoon, everyone. CMS has updated QRDA I Conformance Statement Resource to support calendar year 2020 HQR. It is available on the eCQI Resource Center. QRDA error messages are identified with conformance statements or system-requirement specifications. And a corresponding conformance number. These conformance errors provide a high-level explanation of why a test or a production QRDA I file was rejected and unable to be processed by the HQR system. The conformance statement resource assists data submitters by providing detailed information on how to troubleshoot the most common conformance errors and how to resolve the errors causing rejection of the file. Next, please.

The HQR system has been accepting QRDA I files since November 2020. For more information, a link to the news story released in last November about CMS Introduces New Report Tool with Real-Time Feedback is provided on this

slide. And for testing, Cypress provides implementers with the ability to validate the conformance of QRDA I and III documents. Next, please.

CMS released an update to the 2021 QRDA I Schematron for HQR. The change to the 2021 CMS QRDA I Schematron was for the Encounter Performed template. A new assertion tab has been added to enforce there can be only one principal diagnosis for an encounter. This enforcement aligns with the guidance provided in the HL7 QRDA I STU 5.2 Implementation Guide with errata. In the QRDA I STU 5.2, principal diagnosis is now represented using the Encounter Diagnosis QDM template with a rank attribute equal to one. What this means, an encounter performed can only have one Encounter Diagnosis QDM template with a rank attribute equal to one. I will now turn it over to Shanna to provide other QRDA updates. Thank you. Thanks. And next slide, please.

I will be presenting on the updated 2021 CMS QRDA III Implementation Guide for the Physician Fee Schedule Final Rule. So, CMS released an update to the 2021 CMS QRDA III Implementation Guide for eligible clinicians and eligible professionals based on the Calendar Year 2021 Physician Fee Schedule Final Rule which was published in December 2020. Changes to the 2021 CMS QRDA III IG include updates to Table 14, the Universally Unique Identifiers, or UUID list, for the MIPS Calendar Year 2021 Performance Period eCQM Specifications. Table 15, Improvement Activities Identifiers for the MIPS Calendar Year 2021 Performance Period. Table 16, 2021 Promoting Interoperability Objectives and Measures Identifiers. And Table 17, Promoting Interoperability Attestation Statement Identifiers. Next slide, please.

The QRDA pages are located under the eCQI Standards section of the eCQI Resource Center. From the main page, you would navigate to the menu to select Resources, eCQI Standards, and QRDA. The QRDA page includes an overview of the QRDA standard, the Implementation Guides, Schematrons, Testing Files, Conformance Statements, and QRDA Tools and Education. Next slide, please.

CMS has also created a new QRDA Known Issues project for both QRDA I and QRDA III on the Office of the National Coordinator for Health Information Technology Project Tracking System (Jira). QRDA Known Issues provide supplemental information for QRDA Implementation Guides or supporting documents with known technical issues with solutions or the solution is under development and may not yet be available. You must have a Jira account to track existing issues. No account, however, is required to view the issues. Next slide, please.

For questions related to the QRDA Implementation Guides or Schematrons, please visit the ONC Project Tracking System (Jira) QRDA Project. Next slide, please.

And additional eCQM resources are located on the eCQI Resource Center website. It's a one-stop shop for the most current resources to support electronic clinical quality improvement. Key resources on this site include eCQM specifications and implementation materials for eligible professionals, eligible clinicians, eligible hospitals, and critical access hospitals. ECQI news, events, and standards information, as well as tools, resources, including educational recordings and materials, and opportunities for stakeholder engagement. Next slide, please.

We do encourage you to visit and provide feedback on the eCQI Resource Center by emailing us at eCQI-resource-center@hhs.gov. Next slide, please.

And along with that, we will be presenting today on the eCQI Resource Center improvements. We would like to highlight recent improvements to the eCQI Resource Center. The website is located at eCQI.healthit.gov, and serves as the one-stop shop for the most current resources to support electronic clinical quality improvement. The new organization of the eCQM Individual Measure pages and breadcrumbs within the Measure Collaboration workspace are a result of end-user feedback provided during focus groups held last year. CMS encourages your input in order to make the site as useful as possible. Again, please send any news, events, suggestions, or questions you have about the eCQI Resource Center to our email address, eCQI-resourcecenter -- Sorry. eCQI-resource-center@hhs.gov. I'm now going to turn the presentation over to Edna Boone to provide a live demonstration of these recent improvements to our website.

Thank you, Shanna. All right. We will now kick off the live demonstration, and hopefully folks are able to see my screen. I want to start us off with noting that there are some easy access menu options across the top of the site that showcase the various major topic areas within the site. Today we're highlighting the new organization of the eCQM Individual Measure pages and the breadcrumbs within the Measure Collaboration workspace. There are links to the Eligible Professional and Eligible Clinician eCQMs as well as the Eligible Hospital-Critical Access Hospital eCQMs under the eCQM menu and also on the large boxes on the home page. These pages are set up in a tab format. The default is the current reporting performance year. And you have the ability to view past years and future years if they are available. The Resource tab is the first tab listed and provides a list of key implementation resources used in conjunction with the eCQMs for a given reporting performance year. The eCQMs tab provides a dynamic table with the number of eCQMs available for a given reporting performance year and information highlighted on all of the measures. To view an individual measure, click on the measure name, and you will note that you now see the detail pages are now also in a tab format. The first tab is the Measure tab, and this displays much of the information that is included in the measure specification XML HTML files. And if applicable, provides a telehealth eligible indicator. The second tab, the Specifications and Data Elements, contains the downloadable specifications for a given measure. It also provides a link to the Data Element repository which shows all of the data elements used by the selected measure. And if applicable, there will be notes regarding eCQM-known issues tracker, should one be in existence for this measure. The Release Notes tab displays information regarding changes to the measure in the latest publication as well as an Excel downloadable file of that same information. So, next we will navigate to the Measure Collaboration workspace and take a look at the new breadcrumbs available in the Data Element Repository. The eCQM Data Element Repository provides additional clarification for all of the data elements associated with eCQMs used in CMS quality reporting programs as well as the definitions and clinical focus for each data element. The richness of this data within the repository allows end users to digitally explore aspects of data elements. The breadcrumbs provide the use-ender -- use -- the end user with a navigational aide and provide context to the data the pages you are viewing. For instance, I can take a look at the Quality Data Model attributes for the year 2020. Looking at that, I see a list of all of the data quality model attributes. I will select author, date, and time. And as you can imagine, this is a very popular attribute because it does log the time at which the

data element was first entered in clinical software. Most likely in EHR. I can then -- And you see here, I've selected author, date, time. Beginning with the breadcrumbs, I can look at maybe they documented allergy intolerance. And, again, you see that additional breadcrumb. And going deeper, I can say, geez, what was, perhaps, the data element that was logged? We have an egg substance allergy, and again, you see this breadcrumb trail. At any time, you can go back and reselect if you did not mean to look at egg, and look at more data elements and attributes. Additionally, by next week, we will also be logging the year that's available here. So, we hope that you find these various enhancements beneficial to you. As Shanna noted earlier, the Resource Center is constantly updating and changing, and we do try to better meet the needs of our users, so we count on your input. And, again, there is always, here on the Contact Us page, ways to get in touch with us. Email us any news, events, feedback, or questions that you have. So, I'll thank you, and turn it over to Darrick to continue the program.

Thank you, Edna. Kati Moore will present next.

All right. Great. Thanks, Darrick. I'm just going to hang out until we get to the right slide. There we go. Good afternoon, everybody. Thank you so much for joining us today. I am going to go through pretty quickly several Quality Payment Program related updates, but I'll reference, and I know we have some links in these slides as well, that will send you to our website for more detailed information on these different topics. Next slide, please.

First, we're going to talk about 2020 data submission period. So, if you've been participating in the Quality Payment Program on -- on the MIPS side of the program for a while now, you'll know that -- you've probably already realized that our 2020 data submission period opened on January 4th. And it will be open until 8:00 p.m. on March 31st. And then on our QPP website, we have several resources available that I'll walk you through data submission step by step, starting with our QPP Access Guide that will instruct you how to create a HARP account which will give you your login that will allow you to log into what we call the Authenticated Experience, so where you'll actually do your data submission. Or -- Or where you'll be able to view data that's been submitted on your behalf by a third-party intermediary. So, I encourage everybody to go to our QPP website, check out that Access Guide if you need help creating a login. And then we also have a number of data submission videos that are really helpful. They're just short snippets that give you some guidance on -- on the specific parts of the data submission process that you may have different questions about. And always, I'll say this probably a couple of times, but always a good reminder to let folks know that we do have our QPP Service Center agents available to answer questions, and we probably have that contact info on -- on a later slide, but if -- if we don't, you can just go to QPP.cms.gov, and at the bottom of, I believe, every page is the contact information for our Service Center. Next slide, please.

Okay, so still talking about the 2020 performance year. This slide gives you a bunch of information about our Extreme and Uncontrollable Circumstances policy that we're using for application policy for individuals that have -- and groups -- that have -- virtual groups, APM Entities this year is new -- they're allowed to submit an application. So, if you are experiencing an extreme and uncontrollable circumstance related to the COVID-19 pandemic, we have extended the application period until February 1st, so until Monday. And these are for COVID-19 specific applications. The application is now also open to APM Entities, so if you fall into that group, you can submit an

application as well. And up here on the screen, you'll see a very important note, and I know we have this in several of our materials, but -- and it's more important to note now that we're in the data submission period. So, if you haven't submitted data yet and -- and won't be able to because of your -- your practice has been impacted by COVID significantly that you won't be able to submit your data to us, you can go ahead and submit an application. So, groups, individuals, groups, virtual groups, and APM Entities can submit an application. However, the act of submitting data to CMS will override that application. So, if you've already submitted data, we will score it. And, however, it's important to note one caveat there is that if you are an APM Entity, the reverse will happen. The act of submitting a application will override data submission. It's important to distinguish those -- those two specific points. So, again, that deadline has been extended until Monday, February 1st. So, I know we have some links in this slide that you'll be able to click on as well, but if you go to our QPP Resource Library, we have a zip file that has all information, step-by-step guide on how to submit this application. It's very simple. Very straightforward. You don't need a lot of documentation or details or anything like that. Only takes a few minutes. But, again, as I said, with data submission, you have to have that access account first to be able to get to the application. So, encourage you, if you haven't already set up an account and -- and will need to do that, it does take a little bit of time. So, I do encourage folks to get their account set up then get that application in as soon as you can. The deadline is this Monday. And we also have, along with the written how-to guide, we have a video that will walk you through actually what the application looks like. Next slide, please.

Great. Okay, so, shifting gears a little bit, now we are talking about the 2021 performance year, so that is where we currently are. The 2020 MIPS performance year did start on January 1st, so this is where you'll be working throughout the rest of this year and collecting data throughout the year to submit to us in 2020. And so, if you're -- if you're sitting here thinking, well, am I in this year? Do I -- Do I have to submit data next year? We have a really simple and useful QPP Participation Status tool that you can enter your information and it will tell you exactly how you need to participate in this program if you are eligible. And we have recently uploaded to our QPP Resource Library a number of quick start guides that will really help you get started in the program. They're just short -- shorter guides that will -- that will get you started right off since we are in January and the program year has started. Next slide, please.

Okay. This slide, we just wanted to highlight -- and this is our 2021 MIPS Annual Call for Measures and Activities. This is specific to Promoting Interoperability measures that we're talking about here. The qual-- We will have some information available probably next month related to the Call for Quality Measures. But this slide, I just wanted to note, is specific to Promoting Interoperability performance categories as well as activities for the improvement activities performance category. So this call does begin on Monday as well, so February 1st, and will close on July 1st. This is an opportunity to propose any new measures or activity improvements that would be used in next year or future years of the program. And we do have a fact sheet and other guides available. I -- I'm sorry. I should have checked this. I don't think we have them up just yet, but they will be available when the call opens on Monday. Next slide, please.

Okay. This gives you some information about our -- our Merit-Based Incentive Payment System Value Pathways, so MIPS Value Pathways, or what we refer to

as our MVPs. So, if you have participated in the program for a few years, you may have remembered when we first introduced MVPs and we had originally intended for implementation to begin this year with the 2021 performance year, but given everything across the country everybody is dealing with addressing the COVID-19 pandemic, we have pushed implementation back a little bit so that we -- that clinicians are able to focus on -- on their patients at this time, and then we'll -- we -- we've done a few things in the meantime until implementation begins. We've -- In our 2021 final rule, we did get some more details on our guiding principles and detailed criteria to give people more information on what we're looking for. We have included in our guiding principles, really looking for the patient voice, subgroup reporting. And we're continuing to take in different stakeholder comments on these different areas. So, right now we have available -- we do have a brand-new webpage open for our MVPs on our QPP website that details a lot of the criteria and the specific process for submitting an MVP candidate to us for consideration. So, encourage folks to go there, check out all of that detailed information. And we do have on our QPP Webinar Library more of a deep-dive webinar that we did earlier this year -- actually not earlier this year, end of last year, that gives all the -- more details on -- on MIPS Value Pathways. So encourage folks to check all of that information out as well. Next slide.

One more thing for MVPs before I talk about what you're seeing right now. We did also, at the beginning of this year, we did have a MVPs Town Hall event that was talking about future-year potential policies and proposals for -- for MVPs. So, encourage everyone to check that out as well. We have just posted the recording and transcript and slides for that event as well. So everything MVP you could possibly be looking for is on our -- on our QPP website.

And then just real quick, last slide here, just wanted to make sure folks have seen this. It's a save-the-date. We do have specific dates for our 2021 CMS Quality Conference. This is a really great event every year that has a ton of different information is shared, and some great dialogue happens here. And, of course, just like everything else, this year is going to be different than it has been in years past. So, this conference is fully virtual. It's March 2nd through 3rd, so it's only two days this year. Typically in the past it's been three days. But it will be fully virtual. If you go to the website, you'll see here, www.cmsqualityconference.com, it'll give you all of the information you're looking for about the conference. But I encourage everybody if -- if you are able to, to register. It is a free event. And there's a lot of good information. It will be organized by different participation -- or different tracks of -- of the conference so you can get to the information that is most applicable to you or that you're most interested in. And they are going to have a really neat virtual exhibit booth and gallery walk, a poster session, as well as the typical discussion sessions that -- that we have. So, I recommend everybody check that out as well. And I believe I am going to hand it off to Julie to give us a quick update about Care Compare. Thanks.

Yes. Thanks, Kati. Yes, this is the last slide before we get to the question-and-answer section. And I just wanted to give an update that the preview period for Medicare Care Compare doctors and clinicians, this is formally known as Physician Compare, is officially open again as of yesterday, January 25th. Doctors and clinicians can now preview 2019 Quality Payment Program performance information for it will appear on clinician and group profile pages on Medicare Care Compare and in the Provider Data

Catalogue which replaces the downloadable database. Doctors and clinicians can access the secured preview through the QPP website. To learn more about the 2019 QPP Performance information that is available, as well as the 2018 Clinical Utilization data which will be added to the Provider Data Catalogue, you can visit the Care Compare Doctors' and Clinicians' Initiative page on the cms.gov website. There are also resources such as a user guide and video for doctors and clinicians to help them accessing the preview period and navigating data on the website. Accountable Care Organizations can preview their performance information via their 2019 MIPS Performance Feedback report, and a list of ACO performance information that is being targeted for public reporting is available as well on the Care Compare Doctors' and Clinicians' Initiative page on the cms.gov website. The preview period will close on March 25th at 8:00 p.m. Eastern time, and this would be 5:00 p.m. Pacific time. So, that will give doctors and clinicians 60 days to review their data before we make it public. I would like to note that the 2019 QPP Performance information is targeted for public reporting in 2021, and it will be added to Care Compare and/or the PDC after all targeted reviews are completed. If you have open -- have an open targeted review request, you will still be able to preview your 2019 QPP Performance information during the Doctors' and Clinicians' Preview Period. If you have any questions about public reporting, or the preview period, please contact the team at qpp@cms.hhs.gov. And that's all I have.

Thank you, Julie. Thank you to all of today's presenters. We will now move on to the question-and-answer portion of the webinar.

As a reminder, to ask a question, you can either submit your question using the chat feature or raise your hand and CMS will unmute your line. For those dialed in via phone, you must have your audio PIN entered. If you are listening through your computer speakers and want to ask a question, you must have a working microphone.

Okay. Thanks, everyone. Before we move into the Q&A, a couple questions did come up in the chat box. So, while we are gathering those, I did want to flag that the slides for today's presentation will both be -- or will be available on both the Promoting Interoperability Program Events webpage and the QPP Webinar Library as well. They should be available in the next couple of days. So just wanted to -- I know we got a lot of questions about that. While we wait for phone questions, we do have a couple questions. The first, Edna, I believe this one is for you, it came up during your live demo. Can you -- What exactly does the Telehealth Indicator mean if it says yes?

Okay, yes, sure. That -- There is telehealth guidance, so the first thing I would say is make sure, as an end user, you take a look at that telehealth guidance. That just indicates that that particular measure is eligible for telehealth. So, not all of the eCQMs, obviously nothing on the hospital side, is eligible for telehealth. But on the eligible professional, eligible clinician side, many of the measures are eligible for telehealth, and this allows one to know if that eCQM is specifically in that category.

Thanks, Edna. Joy, do we have any questions on the phone?

We do. Cynthia Arnold, your line is unmuted and you can ask your question. And, Cynthia, it does look like you may be self-muted, so please make sure that your audio PIN is entered and that you are unmuted, and then you may ask your questions. We can move on to someone else, so Tammy Alvarado, your line is unmuted and you can ask a question. Tammy Alvarado, your line is

unmuted and you can ask your question. Okay, it looks like we may have lost her. Anna Marie Bonilla, your line is unmuted and you can ask your question. Looks like we're having a couple audio issues, so we can go back to the chat questions and then work through these phone line issues.

Okay, that sounds good. Kati, our next ques-- couple of questions for you for QPP. For the 2020 reporting year, do points for the improvement activities category under MIPS also include those for MSSP ACOs?

Sorry. Can you repeat that?

Sure. For the 2020 performance year for QPP for MIPS, do MSSP ACOs, do those count -- do they -- do they receive points for the IA category? Are they allowed to attest, basically, or submit data?

I believe so. And I think -- I can check -- We can follow up on that as well if you can get the name of the person. But I believe participating in an ACO gets them certain points for IA. But I have to have to double-check with our SSP team on that.

Okay. Perfect. I will get that information for you.

Awesome. Thanks.

Sure. Our next question for QPP, and, again, this may be a question that we need -- we need to follow up on. It came in while you were talking about 2020 data, but it's a 2021 question. If you are a QP in 2021 in the Shared Savings Program, do you also have to submit MIPS -- for MIPS, or just APP?

And this is for 2021?

Yeah.

Yes. And I'll -- Can you say it one more time, and then I'm going to follow up with this person as well. I believe I know the answer, but I definitely want to check with our CMMI team to make sure I'm getting you the right information.

Sure, no problem. It says, if you are a QP in 2021 in a Shared Savings Program, do you have to submit MIPS -- for MIPS -- or for MIPS data or only APP?

Okay. I believe it's just -- just the APP. Yeah. So, if you're -- if you're a QP, you're exempt from MIPS. If you achieve QP status.

Okay. Perfect. And we'll get you their information as well.

Okay, great.

Joy, do we have anyone on the --

Thanks.

Do we have anyone on the phone, Joy?

There is currently no one on the phone line.

Okay. Our next question is for the QRDA III -- or I and III updates. Regarding the changes for the QRDA, if we file updates, is there a test website to validate the submission?

So, there is a QPP development preview website that you can test QRDA III submissions to QPP. I can provide that link to Ketchum to send out.

Great. That would be great. Thanks, Shanna. We can follow up with that person as well.

Okay. We have a Care Compare question. With regard to Care Compare, similar to the star rating for certain measures reported during 2018, how does CMS determine which of the reported measures are to be public facing?

Hi, yes. To meet -- To be publicly reported, measures must meet very stringent public reporting standards. And, generally, that tends to mean that the measures must be statistically reliable, valid, and also, they must be easily understandable by beneficiaries who are looking at the measure data. So, yes. And we will continue to do that with the 2019 data and going forward. And this is in statute, so... Does that answer your question?

We will make sure that that answers our question for them. Thanks, Julie. Okay. Anyone on the phone yet?

There is currently no one on the phone line. And just as a reminder, to ask a question, you can either submit your question using the chat feature or raise your hand and we will unmute your line. And if you are dialed in via phone, you must have your audio PIN entered. And if you're listening through your computer speakers and want to ask a question, you must have a working microphone.

Okay. Thanks, Joy. Another Care Compare question that just came in. Regarding the Care Compare preview data, were there eCQM performance benchmarks that determined quality star ratings?

Can you repeat the last part of that question again?

Yes. It just said, regarding the Care Compare preview data, were there eCQM performance benchmarks that determined quality star ratings?

I believe so. There is a methodology on the five-star rating system that you can find on the Care Compare website for doctors and clinicians on the cms.gov website. Sorry. And it -- it goes into great detail on how the five-star rating is calculated. And how physicians perform is definitely used in that methodology.

Okay. Thanks, Julie. Our next question is for Kati and maybe Drew, also, as well. But can you just go back over, and we can go to the slide if you would prefer that we do, can you go over the Extreme and Uncontrollable Exception application and who it's applicable for for MIPS and how it's different from being available for CAHs and hospitals?

Sure. Thanks, Alle. This is Kati. So, I can speak to the -- to the MIPS exception application. So it's available for individuals, groups, virtual groups, and APM Entities. So, it's not -- it's not -- it's not the facility level, so Drew might be able to speak to that -- that part of the question better than I can. But any -- any group, so if there's a group that

practices at -- together at the -- whatever the facility is -- at the CAH -- they can apply at the group level. But it's not based on your facility, if that helps. And, Drew, I don't know if there's anything different on your side we need to say.

Yeah. For Promoting Interoperability, PI Programs, we don't have ECEs. What we have is a hardship exception application that is normally -- It's a little bit different -- so it's -- it's normally filled out after a submission period has closed. And correct me if I'm wrong, I think ECEs are -- are done prior to submitting.

Typically. Yeah.

Typically so.

Um-hmm.

And, so, yeah. And so my -- my hardships are the facility level is for the eligible hospitals and the critical access hospitals.

Okay, thanks. I hope whoever asked that question in the chat, if you want to call in if you had any -- any more specifics to that. I think may have been putting two of the -- two of our policies together there. But if -- if you're able to call in and we can speak to that a little more if that's helpful.

Okay. Thanks, Kati. And, Joy, do we have any callers on the line yet?

We do not at the moment.

Okay. Another question that came in. Kati, can you just briefly -- We got a question about QPP 2019 performance results. Can you just maybe quickly explain where they are -- where they can be found?

Sure, for the -- I'm assuming this is asking about our -- so for 2019 performance feedback information, is that what the question is?

Yes. Correct.

Oh, okay. So, for -- Okay, great. So, for 2019 information, you would have to log in through QPP website, through the login. So, it's the same -- When we say login, that means the same -- you go to the same place for data submission that you go to see your feedback. It's all in the same system, all in one place. So all of your 2019 feedback and information should be available in there as well -- as well as the corresponding payment adjustment for that year.

Okay. Thanks, Kati. A couple more QPP questions coming in.

And, Alle, sorry.

Yeah.

Sorry. Really quick -- to that one, if they were asking about like 2019 experience report, we don't have that available just yet. Or, maybe that was the question. Were they asking about the experience report? Sorry. Is this in the chat?

No, I believe it was feedback, yes. I'll double-check.

Okay. Yep, and that's great. Yep, you just log in, and all your feedback should show up with your account.

Okay. Perfect. And then a couple more QPP questions coming in. Can you confirm if high-priority measure bonus points will be available for ACOs reporting the CMS Web Interface in 2020 -- or for 2020?

Oh, I'm sorry, Alle. I'm going to take that one back to the AC -- the SSP team.

Okay. Okay. We'll get you their information. I believe we have a caller on the phone. Joy, is there someone on the line?

We did, and then she unraised her hand.

Okay. One last QPP question, and, Kati, I don't know if this is -- if there is a solid answer to this, but after submitting an Extreme and Uncontrollable Circumstance application, is there an average time on -- on how long it takes to receive a response from CMS?

These -- So, especially since now that all of them -- all of the ones we are receiving now are COVID-related, we're able to turn them around really quickly. Usually the same day.

Okay. One last check. Are there any questions that anyone would like to ask over the phone? Okay.

There is no one on the phone line.

We do not have any new questions. Okay, thanks, Joy. Well, that is it for questions on the chat. Darrick, I think we can pass it back to you to close out the call.

Thank you. Thank you all for joining us today. CMS will share the slides from today's forum in the coming days. In the meantime, if you have any specific questions, please email cmsqualityteam@ketchum.com. The next CMS Quality Program's Bi-Monthly Forum is tentatively scheduled for March, but CMS will share more information on the next forum when it becomes available. Have a great afternoon. Thank you.