

Quality Payment Program – COVID-19 Response

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The Centers for Medicare & Medicaid Services (CMS) is implementing multiple flexibilities across multiple performance years for the Quality Payment Program (QPP) in response to the 2019 Coronavirus (COVID-19) pandemic public health emergency (PHE).

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Updated: 2020 Performance Year Flexibilities

Due to the continuing COVID-19 pandemic PHE, we are implementing additional flexibilities to provide relief to clinicians.

- We are applying the Merit-based Incentive Payment System (MIPS) automatic extreme and uncontrollable circumstances (EUC) policy to all MIPS eligible clinicians for the 2020 performance period.
- We are also reopening the MIPS EUC application for individuals, groups, virtual groups, and Alternative Payment Model (APM) entities through March 31, 2021. Please note that applications received between now and March 31, 2021 won't override previously submitted data for individuals, groups and virtual groups. Unlike applications for individuals, groups and virtual groups, an APM Entity's approved application for performance category weighting **will** override previously submitted data.

IMPORTANT

Even though we are extending the deadline for COVID-19 related EUC applications into the performance year (PY) 2020 data submission period, individuals, groups and virtual groups can't submit an application to override PY 2020 data that has been submitted. Any data submitted for an individual, group or virtual group (before or after an application has been approved) will be scored. Data submission for an APM Entity won't override performance category reweighting from an approved application.

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Updated: COVID-19 Response At-a-Glance

2020 Performance Period		
Relief Effort	How Does It Work?	Who Is it Available to?
Automatic Extreme and Uncontrollable Circumstances Policy	<p>Clinicians who don't submit PY 2020 data automatically receive a neutral payment adjustment in 2022.</p> <p>MIPS performance categories will be weighted at 0% for the 2020 performance year for individual clinicians.</p> <p>Data submitted by individual clinicians will void reweighting for that performance category and the data will be scored.</p> <p>Appendix A outlines performance category weights and payment adjustment implications based on data submission by individual clinicians.</p>	<p>Individual MIPS eligible clinicians</p> <p><u>The automatic policy does not apply to groups, virtual groups, or APM entities</u></p>
Extreme and Uncontrollable Circumstances Application – Deadline Extension	<p>Individuals, groups and virtual groups (or a third party) can complete an application for 1 or more performance categories, citing that they have been impacted by COVID-19 pandemic.</p> <p>APM Entities can complete an application to request reweighting of all performance categories.</p> <p>We re-opened the EUC application for COVID-19 related applications and extended the deadline; you (or a third party) can submit an application until March 31, 2021 at 8 p.m. ET.</p> <p>Approved applications will reweight the affected performance categories to 0% but won't void submitted data. Unless you are an APM entity, then an approved application would override submitted data.</p>	<p>Individuals, Groups, Virtual Groups and APM Entities</p>
COVID-19 Clinical Data Reporting With or Without Clinical Trial	<p>To receive credit for the new <i>COVID-19 Clinical Data Reporting with or without Clinical Trial</i> improvement activity in 2020, clinicians must attest that they have participated: 1) in a COVID-19 clinical trial utilizing a drug or biological</p>	<p>Individuals, Groups and Virtual Groups</p>

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<u>Improvement Activity</u>	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; or 2) in the care of a patient diagnosed with COVID-19 and simultaneously submit relevant clinical data to a clinical data registry for ongoing or future COVID-19 research.	
<u>Doubled Complex Patient Bonus</u>	You can earn up to 10 bonus points for the Complex Patient Bonus for the 2020 performance period (to be added to your 2020 MIPS Final Score).	Individuals, Groups, Virtual Groups, and APM Entities
<u>Expanded Use of Telehealth Codes in Medicare Patient Assignment for CMS Web Interface and CAHPS for MIPS Survey</u>	Communication technology-based service (CTBS) and telephone evaluation and management service (E/M) codes will be included in the MIPS assignment methodology.	Registered Groups and Virtual Groups

2020 Performance Year

New: MIPS Automatic Extreme and Uncontrollable Circumstance Policy

CMS is applying the automatic EUC policy to all individual MIPS eligible clinicians for the 2020 performance period.

MIPS eligible clinicians participating as individuals will only be scored on performance categories for which data was submitted. All other performance categories will be reweighted to 0% of their final score. (See [Appendix A](#))

- MIPS eligible clinicians who don't submit 2020 MIPS data by the March 31, 2021 deadline will automatically receive a neutral payment adjustment.
- MIPS eligible clinicians participating as individuals who submit 2020 MIPS data for one performance category by the March 31, 2021 deadline will automatically receive a neutral payment adjustment.
- MIPS eligible clinicians participating as individuals who submit 2020 MIPS data for two or three performance categories by the March 31, 2021 deadline will receive a final score

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based on the performance categories for which data is submitted and may earn a negative, neutral or positive payment adjustment. (See [Appendix A](#))

- MIPS eligible clinicians can't submit an EUC application to void previously submitted data. (This is different than our policy for Performance Year 2019.)

Under the automatic EUC policy,
the cost performance category will always be weighted at 0%, even if you submit data for the other performance categories.

See [Appendix A](#) for more information about individual data submission and performance category weights.

Updated: Extreme and Uncontrollable Circumstances Exception Application – Deadline Extended to March 31, 2021

We re-opened the [2020 EUC application](#) to allow groups, virtual groups and APM Entities to request reweighting of MIPS performance categories to 0%.

EUC applications citing COVID-19 can be submitted until March 31, 2021

Individuals, Groups and Virtual Groups

Individual clinicians don't need to submit an EUC application because we are applying our automatic EUC policy to reweight all of their performance categories to 0%.

Groups, and virtual groups can submit an extreme and uncontrollable circumstances application, citing COVID-19 in their request to reweight one or more MIPS performance categories to 0%. If approved by CMS, the performance categories selected in your application will be weighted at 0% and will not contribute to your final score unless data is submitted for those performance categories.

Individuals, groups and virtual groups can't submit an application to override PY 2020 data that has been submitted. Any data submitted for an individual, group or virtual group (before or after an application has been approved) will be scored.

APM Entities

MIPS APM Entities can submit an EUC application on behalf of the entire entity for the 2020 performance period with some differences from our existing MIPS EUC policy for individuals, groups and virtual groups.

- APM Entities are required to request reweighting for all performance categories (they wouldn't be able to select some, but not all, performance categories)
- At least 75% of the MIPS eligible clinicians in the Entity need to qualify for reweighting in the Promoting Interoperability performance category

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- Data submission by an APM Entity wouldn't override performance category reweighting. (APM Entities with an approved application will receive a final score equal to the performance threshold and a neutral payment adjustment even if data are submitted.)

New: Frequently Asked Questions (Extreme and Uncontrollable Circumstances Policies)

What do these flexibilities mean for individual clinicians, groups, and virtual groups that haven't submitted data?

- **Individual MIPS eligible clinicians:** You don't need to take any additional action to be eligible for the automatic EUC policy. You will be automatically identified and have your performance categories reweighted to 0% to receive a neutral payment adjustment for the 2022 MIPS payment year unless 1) you submit data as an individual in 2 or more performance categories, or 2) your practice reports as a group, by submitting data for one or more performance category.
- **Groups:** You won't need to take any further action if you're not able to submit data for the 2020 performance period. Group participation is optional, and your individual MIPS eligible clinicians are eligible for the automatic EUC policy. They will have all 4 performance categories reweighted to 0% and receive a neutral payment adjustment for the 2022 MIPS payment year unless 1) they submit data in 2 or more performance categories as individuals, or 2) your practice reports as a group, by submitting data for one or more performance category.
- **Virtual Groups:** If you're unable to submit data for the 2020 performance period, you will need to submit an EUC application for all 4 performance categories by the deadline.

What do these flexibilities mean for individual clinicians, groups, and virtual groups that have submitted data?

- **Individual MIPS eligible clinicians who have submitted data for a single performance category (such as Medicare Part B Claims measures submitted throughout the 2020 performance period):**
 - You won't need to take any additional action to be eligible for the automatic EUC policy.
 - You will be automatically identified and have all 4 performance categories reweighted to 0% and will receive a neutral payment adjustment for the 2022 MIPS payment year unless 1) you submit data for another performance category, or 2) your practice reports as a group, by submitting data for one or more performance

category.

- **Individual MIPS eligible clinicians who have submitted data as an individual for 2 or 3 performance categories:**
 - You will receive a MIPS final score and MIPS payment adjustment for the 2022 MIPS payment year based on the data you've submitted.
 - You will only be scored in the performance categories for which data are submitted.
 - You **can't** submit an application to override previously submitted data.
- **Groups and virtual groups that have submitted data for a single performance category:**
 - If you're not able to complete data submission for other performance categories, you can submit an application to request reweighting in all 4 performance categories. If your application is approved and data isn't submitted for another performance category, your MIPS eligible clinicians will receive a neutral payment adjustment for the 2022 MIPS payment year.
 - **This includes small practices that were automatically scored as a group on Medicare Part B Claims measures submitted throughout the 2020 performance period.**
 - If you don't submit an application, your group or virtual group will be scored in all performance categories unless you qualify for reweighting in one or more performance categories.
- **Groups and virtual groups that have submitted data for 2 or 3 performance categories:**
 - Your MIPS eligible clinicians will receive a MIPS final score and MIPS payment adjustment for the 2022 MIPS payment year.
 - Your group will be scored in all performance categories unless you qualify for reweighting in one or more performance categories.
 - You **can't** submit an application to override previously submitted data, but you can submit an EUC application to reweight your remaining performance categories.

How do we submit an exception application?

You must have a HCQIS Access Roles and Profile (HARP) account to complete and submit an exception application. For more information on HARP accounts, refer to the **Register for a HARP Account** document in the [QPP Access User Guide](#).

To submit an application, you need to sign in to qpp.cms.gov and click Exception Applications from the left-hand navigation. For step-by-step instructions with screenshots for completing this application, please refer to the [2020 MIPS Extreme and Uncontrollable Circumstances Application Resources](#).

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Doubled Complex Patient Bonus

We recognize the difficulty of managing patients during a pandemic and want to mitigate the increase in patient complexity that COVID-19 brings to patient populations already at risk.

In recognition of this additional difficulty and the effect it may have on a provider's MIPS score, we are doubling the maximum points available for the complex patient bonus from 5 to 10 points (for the 2020 performance period only) to be added to your MIPS 2020 final score. For more information about this policy, please refer to the [CY 2021 Quality Payment Program Final Rule](#).

New COVID-19 Improvement Activity

In the [March IFC for COVID-19](#), we added a new high-weighted improvement activity, "COVID-19 Clinical Trials," for the 2020 performance period to provide an opportunity for clinicians to receive credit in MIPS for the important work they are doing across the country. In the [August IFC for COVID-19](#), we provided additional clarity about this new improvement activity that applies to CY 2020 and CY 2021, as follows:

- Renamed the improvement activity to *COVID-19 Clinical Data Reporting with or without Clinical Trial*.
- Modified the descriptions of the two ways MIPS eligible clinicians or groups can receive credit for this new improvement activity:
 - A 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; or
 - A clinician must participate in the care of COVID-19 patients and simultaneously submit relevant clinical data to a clinical data registry for ongoing or future COVID-19 research.

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 registry, such as a registry found on the [National Institutes of Health \(NIH\) website](#), 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 (NIH). Oracle has developed and donated a system to the U.S. government that allows clinicians and patients at no cost to record the effectiveness of promising COVID-19 drug therapies. (You can also refer to the [2020 MIPS Data Validation Criteria](#) for additional examples of clinical data repositories and clinical trials.)

The new improvement activity provides flexibility in the type of clinical trial, which 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. The goal is to support innovation and improve the collection of COVID-19 related data that clinicians have available to them and develop best practices that can drive improvements in patient care as clinicians monitor and manage the spread of COVID-19 in their practices. Encouraging clinicians to use an open source data collection tool will bring the results of their research to the forefront of healthcare much faster, leading to improvements in care delivery and most importantly the health of COVID-19 patients.

Clinicians could pair the new *COVID-19 Clinical Data Reporting with or without Clinical Trial* activity with the existing *Participation in a 60- day or greater effort to support domestic or international humanitarian needs (IA_ERP_2)* activity for full credit for the MIPS Improvement Activities performance category.

General Frequently Asked Questions (PY 2020)

The COVID-19 pandemic has affected my ability to perform some patient-facing encounters. Has CMS issued any guidance about quality measure reporting due to the expanded use of technology during the 2020 performance period?

Yes. In response to stakeholder feedback, we have provided the following telehealth guidance for quality measure reporting during the 2020 performance period.

- Medicare Part B Claims and MIPS clinical quality measures (CQMs)
 - For a list of 2020 quality measures that currently include telehealth for the 2020 performance period, review the [2020 Quality Measures List with Telehealth Guidance](#).
 - Only quality measures where the entire denominator can be captured via telehealth are included within the resource list. We encourage MIPS eligible clinicians, groups, virtual groups and APM Entities to review other aspects of the quality action within the measure specification, including quality actions that cannot be completed by telehealth.
- Electronic clinical quality measures (eCQMs)
 - Refer to the Telehealth Guidance for eCQMs for Eligible Professional/Eligible Clinician 2020 Quality Reporting document posted on the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center](#).
- CMS Web Interface measures and CAHPS for MIPS Survey
 - To ensure that the process for assigning Medicare patients to a group or virtual group reflects the expanded use of technology during the COVID-19 pandemic PHE, we finalized in the [IFC-3](#) to include the following codes for communications technology-based services (CTBS) and telephone evaluation and management (E/M) services in the MIPS assignment methodology for the 2020 performance period.

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- CPT codes: 99421, 99422, and 99423 (codes for online digital E/M service (e-visit)), and 99441, 99442, and 99443 (codes for telephone E/M services); and
- HCPCS codes: G2010 (code for remote evaluation of patient video/images) and G2012 (code for virtual check-in).
- Refer to the [CMS Web Interface measure specifications and supporting documentation](#) to determine if telehealth encounters are accepted for a specific measure.
- Refer to the 2020 CMS Web Interface & CAHPS for MIPS Survey Assignment Methodology resource that will be published Fall 2020 for additional details about the CTBS and E/M service codes.

If you have any questions on the ability to include encounters to report for quality measures, contact the QPP Service Center.

What about Shared Savings Program ACOs?

For performance year 2020, all ACOs are considered to be affected by the COVID-19 pandemic PHE, and the Shared Savings Program extreme and uncontrollable circumstances policy applies. For more information on the Shared Savings Program extreme and uncontrollable circumstances policy and its implications beyond the Quality Payment Program, please go to the Shared Savings Program [web page](#) on CMS.gov. In addition, for performance year 2020, we have finalized our proposal to waive the requirement for ACOs to field a Consumer Assessment of Healthcare Providers and Systems (CAHPS) for ACOs survey. Consequently, ACOs will receive automatic full credit for the patient experience of care measures.

Where Can I Learn More?

- [Quality Payment Program](#)
- [2019 PFS Final Rule](#)
- [CMS's Current Emergencies](#)
- [Medicare IFC: Revisions in Response to the COVID-19 Public Health Emergency \(CMS-1744-IFC\)](#)
- [Medicare and Medicaid IFC: Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency \(CMS-5531 IFC\)](#)
- [Medicare and Medicaid IFC: Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency \(CMS-3401-IFC\)](#)
- [2021 Quality Payment Program Final Rule](#)

You can subscribe to the [QPP listserv](#) and you can also contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8:00 a.m. - 8:00 p.m. Eastern Time or by email at: QPP@cms.hhs.gov. Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

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Version History

Date	Change Description
2/25/2021	<ul style="list-style-type: none"> • Updated to reflect that we're applying the automatic extreme and uncontrollable policy to all MIPS eligible clinicians for PY 2020. • Updated to reflect that we're extending the deadline for the extreme and uncontrollable exception application to March 31, 2021 to all MIPS eligible clinicians for 2020. • Streamlined document to remove duplicative content for PY 2020. • Removed policies for PY 2019 and future years; this information can be found in our COVID-19 Response web content. • Updated Appendix A to reflect performance category weights under the automatic policy for PY 2020. • Added Appendix B to outline or general reweighting policies in PY 2020.
12/18/2020	<ul style="list-style-type: none"> • Updated to note that only COVID-19 related extreme and uncontrollable circumstances will be considered for approval after December 31, 2020 and to reinforce that approved applications for individuals, groups and virtual groups won't override data submission.
12/2/2020	<ul style="list-style-type: none"> • Added PY 2020 application deadline extension. • Added policies finalized in CY 2021 Quality Payment Program Final Rule for PY 2020: <ul style="list-style-type: none"> ○ Open the Extreme and Uncontrollable Circumstances Exception Application for APM Entities. ○ Double the Complex Patient Bonus. ○ Waive CAHPS for ACOs Survey for Shared Savings Program ACOs. • Noted that the Extreme and Uncontrollable Circumstances Exception Application will be available for PY 2021.
9/8/2020	<ul style="list-style-type: none"> • Added 2020 policy finalized in the IFC-3. <ul style="list-style-type: none"> ○ Clarified the new COVID-19 improvement activity by modifying the activity name and descriptions. ○ Expanded Medicare patient assignment for the CMS Web Interface and CAHPS for MIPS survey. • Added 2021 policy finalized in the IFC-3 about the new COVID-19 improvement activity.
8/17/2020	<ul style="list-style-type: none"> • Added 2020 policy proposals from the CY2021 PFS NPRM: <ul style="list-style-type: none"> ○ Open the Extreme and Uncontrollable Circumstances Exception Application for APM Entities. ○ Double the Complex Patient Bonus. • Added 2020 performance year FAQs.
6/24/2020	<ul style="list-style-type: none"> • Added 2020 policy information about the Extreme and Uncontrollable circumstances application.

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Date	Change Description
6/11/2020	<ul style="list-style-type: none"> • Clarified language on p. 2 about the new COVID-19 clinical trials • Removed language on p. 5 about the new COVID-19 clinical trials improvement activity based on stakeholder feedback. (The language implied that participation in a QCDR was required for this activity, which is not the case.)
5/29/2020	<ul style="list-style-type: none"> • Added clarifying information about the new <i>COVID-19 clinical trials</i> (IA_ERP_3) improvement activity. • Added information about the extension for the submission of the DVER report. • Added information about the extension of the 2020 Annual Call for Quality Measures. • Added information about 2019 MIPS performance category reweighting in preliminary performance feedback due to the automatic extreme and uncontrollable circumstances policy or an approved extreme and uncontrollable circumstances exception application. • Added Appendix B as an archive of FAQs related to the multiple flexibilities implemented for the Quality Payment Program.
4/29/2020	Added information about QCDR measure testing and data collection delay.
4/20/2020	Added information about the new <i>COVID-19 clinical trials</i> (IA_ERP_3) improvement activity.
4/14/2020	<p>We made a number of revisions based on customer feedback to help clarify our policies, including:</p> <ul style="list-style-type: none"> • Added a new “at-a-glance” section • Added information about the extreme and uncontrollable indicator on the QPP Participation Status lookup tool • Consolidated and reorganized information to remove duplicative questions • Removed targeted review question (will be addressed in a future resource).
4/3/2020	<ul style="list-style-type: none"> • Added information about extreme and uncontrollable circumstances application reopening as an option • Added information about implications for facility-based clinicians • Revised the question about Part B claims reporting to indicate that groups should submit an application • Revised language to clarify that the automatic extreme and uncontrollable policy does not apply to group participation
3/27/2020	Original posting

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Appendix A: Automatic Policy

Performance Category Weights and Payment Adjustment based on Individual Data Submission

The table below illustrates the 2020 performance category reweighting policies that CMS will apply to individual clinicians under the MIPS automatic extreme and uncontrollable circumstances policy.¹ The automatic policy (and the reweighting below) does not apply to clinicians who participate in MIPS as a group, virtual group or APM Entity.

Data Submitted	Quality Category Weight	Promoting Interoperability Category Weight	Improvement Activities Category Weight	Cost Category Weight	Payment Adjustment
No data	0%	0%	0%	0%	Neutral
Submit Data for 1 Performance Category					
Quality Only	100%	0%	0%	0%	Neutral
Promoting Interoperability Only	0%	100%	0%	0%	Neutral
Improvement Activities Only	0%	0%	100%	0%	Neutral
Submit Data for 2 Performance Categories					
Quality and Promoting Interoperability	70%	30%	0%	0%	Positive, Negative, or Neutral
Quality and Improvement Activities	85%	0%	15%	0%	Positive, Negative, or Neutral
Improvement Activities and Promoting Interoperability	0%	85%	15%	0%	Positive, Negative, or Neutral
Submit Data for 3 Performance Categories					
Quality and Improvement Activities and Promoting Interoperability	55%	30%	15%	0%	Positive, Negative, or Neutral

¹ See 42 C.F.R. §414.1380

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Appendix B: Automatic Policy

General Performance Category Reweighting Policies

The table below identifies our general performance category reweighting policies for the 2020 performance year and applies to group and virtual group participation.

Reweighting Scenario	Quality Category Weight	Cost Category Weight	Improvement Activities Category Weight	Promoting Interoperability Category Weight	Payment Adjustment
No Reweighting (all 4 categories scored)	45%	15%	15%	25%	Positive, Negative, or Neutral
Reweight 1 Performance Category					
No Cost	55%	0%	15%	30%	Positive, Negative, or Neutral
No Promoting Interoperability	70%	15%	15%	0%	Positive, Negative, or Neutral
No Quality	0%	15%	15%	70%	Positive, Negative, or Neutral
No Improvement Activities	60%	15%	0%	25%	Positive, Negative, or Neutral
Reweight 2 Performance Categories					
No Cost and No Promoting Interoperability	85%	0%	15%	0%	Positive, Negative, or Neutral
No Cost and No Quality	0%	0%	15%	85%	Positive, Negative, or Neutral
No Cost and No Improvement Activities	70%	0%	0%	30%	Positive, Negative, or Neutral
No Promoting Interoperability and No Quality	0%	50%	50%	0%	Positive, Negative, or Neutral

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Reweighting Scenario	Quality Category Weight	Cost Category Weight	Improvement Activities Category Weight	Promoting Interoperability Category Weight	Payment Adjustment
No Promoting Interoperability and No Improvement Activities	85%	15%	0%	0%	Positive, Negative, or Neutral
No Quality and No Improvement Activities	0%	15%	0%	85%	Positive, Negative, or Neutral
Reweight 3 Performance Categories					
No Quality, No Cost, No Improvement Activities	0%	0%	0%	100%	Neutral
No Quality, No Cost, No Promoting Interoperability	0%	0%	100%	0%	Neutral
No Quality, No Improvement Activities, No Promoting Interoperability	0%	100%	0%	0%	Neutral
No Cost, No Improvement Activities, No Promoting Interoperability	100%	0%	0%	0%	Neutral
Reweight 4 Performance Categories					
All performance categories reweighted to 0%	0%	0%	0%	0%	Neutral

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