[Classical music plays]

 Hello, everyone. Thank you for joining today's CMS Merit-based Incentive Payment System: Annual Call for Advancing Care Information Measures and Improvement Activities Webinar. CMS will provide an overview of the Annual Call for Measures and Activities Process for the Advancing Care Information and Improvement Activities performance categories. After the presentation, CMS will take your questions. Please note, a separate webinar will be scheduled at a later date to provide information on the Annual Call for Quality Measures. And now it's my pleasure to turn the floor over to Kati Moore, Health Insurance Specialist from CMS. Please go ahead.

 Good afternoon, everybody, and thank you for joining us this afternoon. As you all know, we will be talking about Merit-based Incentive Payments: Annual Call for Advancing Care Information Measures and Improvement Activities. Next slide, please. And just to clarify for everyone, since many people might be wondering, we will be having -- Later this month, we'll be providing more information on the Annual Call for Quality Measures towards the end of the month. And I'm not sure -- Is anybody else seeing the slides move?

 No. Sorry. I'm having -- I have to refresh. One moment.

 Okay, sure. We'll just hold.

 Jaime, just for a moment, I'll pass the control to you. Could you move forward while I refresh?

 Yes.

 Okay. Great. Thanks. And just to go over what we're going to be talking about today, we're going to do a very brief overview of the Quality Payment Program, MIPS, the Merit-based Incentive Payment System, and then we'll touch on a little bit about the two performance categories that we're talking about today -- Advancing Care Information and Improvement Activities, and then we'll go into a little bit more detail on the specifics about the Call for Measures for Advancing Care Information, and then more about submission for Improvement Activities.

Next slide, please. And, also, too, one more note as we get started today. We'll go over -- Towards the end, we'll go with -- if you have more general questions about the Quality Payment Program or MIPS or APM, we'll go over that towards the end, but we're going to, specifically, on this webinar stick to any questions at the end about the Advancing Care Information measures, the mission, and Improvement Activities.

So really quick here. This is all probably not new information to everybody on this call, but we'll just go over the Quality Payment Program -- very high level. The Medicare Access and CHIP Reauthorization Act of 2015, MACRA, ended the sustainable growth rate formula, which would have made major cuts to payment rates for clinicians participating in Medicare. The MACRA law requires us to implement the Quality Payment Program, and as you'll see on this slide, it gives you two pathways to participate -- two tracks to participate in the Quality Payment Program, either through MIPS, the Merit-based Incentive Payment System, or through Advanced Alternative Payment Models.

Next slide. Thanks. And as you'll see here, MIPS is broken out into four performance categories that moves Medicare Part B clinicians to a performance-based payment system, where, previously, it had been really volume-based, quantity-based payment system, and the four performance categories are Quality, Cost, Improvement Activities, and Advancing Care Information, and as you'll see on the slide, each performance category has a different percentage amount that equates to your final score for MIPS. Quality is worth 50%, Cost for 2018 will be 10%, which is a change from 2017, where it was at 0%. Improvement Activities will be 15%, and Advancing Care Information is 25%, and as we note in the slide, it provides clinicians the flexibility to choose the different activities and measures, that that's how you practice. So there's a lot of different options in this program. We try to make it as flexible as possible for everyone so that you can do the best that you can, and where we can, we align our reporting standards with Advanced Alternative Payment Models where possible. Next slide. And I'm going to hand it over to Kathleen Johnson, who's going to talk more about Advancing Care Information.

Thank you very much. The Annual Call for Measures allows our stakeholders, which would include our healthcare providers, professional associations, as well as healthcare organizations to submit recommendations for future measures, which would, in turn, help shape the QPP Performance Categories. As mentioned earlier on today's call, we'll be focusing on the Advancing Care Information performance category, as well as the Improvement Activities performance category, and, again, the Quality performance category will be on a separate webinar.

Can we have the next slide, please? The annual list of Advancing Care Information measures and Improvement Activities will be published in the Federal Register no later than November 1st of the year prior to the first day of a performance period. The MIPS Advancing Care Information measures and Improvement Activities for 2019 will be posted by November 1, 2018, and the final measures and activities will be available on qpp.cms.gov.

Can we have the next slide, please? The Advancing Care Information performance category focuses on use of certified EHR technology, as well as measures that promote interoperability for exchange of health information and coordination of care. Therefore, we are interested in adding measures that measure patient outcomes or patient-focused, promote interoperability and health information exchange, emphasize patient safety, support improvement activities and quality performance categories of MIPS, as well as build on the advanced use of certified EHR technology using the 2015 Edition Standards and Certification Criteria. The submission period opens February 1st and will commence on June 29th for Advancing Care Information.

Can we have the next slide, please? On this slide, you would use the e-mail address listed here in order to submit your application, and that would also require use of a designated submission form. The submission form must be completed entirely in order to be considered for inclusion, and that would include measure description and program relevance, the measure type. Examples would include if it's an outcome measure, process measure, or a patient-safety measure, as well as the reporting requirement -- Are you looking to add a numerator and denominator or Yes/No statement, and would there be exclusion criteria? And finally, if there would be any CEHRT functionalities that need to be utilized in order to move these measures into the implementation process. CMS will review the measures and evaluate them for applicability and feasibility. The Measure Specifications that are

currently in place are available on the Resource Library Web page under 2018 Resources, and that is on the cms.gov website.

Can we have the next slide, please? This is a screen shot of the first page for the submission form. We do want to mention to you that the application remains, basically, the same as it did for 2017. It's approximately five pages, and we want to clarify that submissions for 2017 will not carry over into 2018. Therefore, if you would like to have the measure that you submit in 2017 looked at again for 2018, you would need to resubmit that using an application of 2018. Again, the fact sheet and the submission form can be found on the QPP Library Resource Web page of the cms.gov website, and that would be under the 2018 Resources link under General Information. You'll find a link to all of the applications, as well as the fact sheet. Can we have the next slide, please? At this time, I'd like to turn over the microphone to Angela Foster.

Thank you, Kathleen, and thank you, everyone, for joining. My name is Angela Foster. I am the Improvement Activities Lead here at CMS, and I'm going to go over for you what we will be looking for with the Improvement Activities Category: Call for Improvement Activities Submissions this year. Taking a look at this slide here, we've come up with a robust list of criteria. We're really interested in improvement activities that are relevant to an existing Improvement Activities subcategory -- Improvement Activities that improve beneficiary health outcomes, reduce healthcare disparities. We would also like some submissions that would align with patient-care medical homes. We are looking for activities that put focus on meaningful actions from the person and family's point of view, also, activities that will support a patient's family or a personal caregiver, activities that could be considered for an Advancing Care Information bonus, represents activities from multiple individual - I'm sorry -- represents activities that multiple individual MIPS-eligible clinicians or groups could perform. So, for instance, we would be interested in receiving activities that primary-care clinicians could perform or specialty-care clinicians could also perform. We're also looking for activities that have a feasibility with an emphasis on reducing burden and activities that will improve beneficiary healthcare outcomes.

Next slide, please. I need to emphasize for everyone here on this call that we really would like to accept activities that do not duplicate existing ones. So, please, before you sit down to write out your submission, consult the list of the current Improvement Activities, which are referenced here. On this slide, you'll see the link to the complete listing for 2018, and then 2017 should be included there, as well. The 2018 list updates some of the existing activities that we currently have, but we're really trying to focus on receiving new submissions. So duplicate activities may not be accepted. Another additional thing to note is that we're looking for activities, proposed activities that are feasible to implement by others, and we also will be looking for activities that produce evidence that we here at CMS can use to validate that a MIPS-eligible clinician or group has completed the activity. The IA template submission form that you'll see in just a moment will provide more detail on what to provide to us here at CMS, and I also would like to note that the submission period is now open. So we will begin accepting your submissions.

Next slide, please. One other thing to note is when you're filling out your form, please be sure to fill out all fields on the form. This is also important to make sure that your submission will be considered, and you can

send those forms to the e-mail address here. It's
CMSCallforActivities@abtassoc.com, and all communication regarding your
submissions, including a follow-up question that we may have for submitters
and determinations will come from this e-mail address. Next slide, please.
Proposals submitted by March 1st of 2018 will be considered for inclusion in
the Quality Payment Program Year 3, which will begin January 1, 2019.
Proposals submitted after March 1, 2018 will be considered for inclusion in
future years, and just to piggyback on what Kathleen mentioned earlier about
the Advancing Care Information category. We did our call a little bit
different last year in that we accepted submissions beyond the call that we
initially held, which ended at the end of February 2017. We accepted
submissions through June of last year. If you've submitted something beyond
the February 28th date, we will be considering that for inclusion in the
next year's inventory. So I just want to note that you do not need to
resubmit your proposal, but if you have questions, you want to make sure
that we did, in fact, receive that or we have it. You can feel free to e-
mail those questions to the e-mail address referenced on the last slide, but
rest assured that we will still consider those. Next slide, please. Here is
an example of what the submission form looks like. There have been a couple
of additions added to this, but it pretty much follows the same format as
last year. Again, can't stress enough. Please fill in all fields so that
your submission can be considered, and, again, you can find this form at the
Web address linked below, and it also includes the e-mail address where you
would submit and send any questions that you may have.

Next slide, please. Now I'm going to pass it back to Ketchum. They're going
to give you a little information on where you can go to learn more about the
Call for Improvement Activities and Advancing Care Information.

 Okay. If you have general questions, you can e-mail or call the QPP Service
Center, and if you have specific questions about Improvement Activities
submissions and Advancing Care Information measure submission, you can e-
mail these e-mail addresses below.

We are now going to start the Q&A portion of the webinar. Please note that
we will not be answering questions about 2017 or 2018 participation in the
MIPS Program. We will only be able to answer questions related to the Calls
for Measures and Activities. You can ask questions via chat or phone. To ask
a question via phone, dial 1-866-452-7887, and if prompted, please provide
the conference I.D. number, 7889282. And, Stephanie, do we have any
questions on the phone?

 Not at this time.

 All right. So our first question, "Is there a possibility to have the
Improvement Activities for specific specialties?"

 Yes, that is definitely a possibility, and we would be happy to accept
submissions that are specialty-focused. So please feel free to send in your
submission.

 Okay. Next question, "If we had an activity accepted for Year 2, do I
understand correctly that we do not need to resubmit for consideration of
inclusion in the inventory for Year 3?"

 If I'm understanding this question correctly, when you're stating if it was
accepted for Year 2, to me, that means accepted into the inventory and

finalized for Year 2. So if that's what you're referring to, then, no, you would need to resubmit your activity again. It is now part of the inventory and will be going forward. If your question is regarding what I mentioned earlier, that you send in a submission after the Call for Activities officially closed, and you received a notification stating that we received your submission, then, no, you do not need to resubmit that again because we will be reviewing that as part of our review for the 2018 Call for Improvement Activities for inclusion for the 2019 performance period.

All right. Thank you. Next question, "Do you have to do any development of the measures for Improvement Activities?"

Improvement Activities don't function the same as measures, so the answer to that would be no.

Okay, great. Thank you. And please note, if you are trying to ask a question via phone, please press Star 1 to join the question queue. So that's Star 1.

All right. Next question, "For IA, if we would like to request a measure be reweighted from medium to high, is this the correct avenue?"

Unfortunately, this would not be the correct avenue. If you're referring to requesting to have an existing activity reweighted, what you would need to do is when we put out our next notice of proposed rulemaking, that is where you would submit your comment requesting this, and then we would review that.

Great. Thank you. "Are IAs carried over from year to year, or do you introduce totally new IAs each year?"

What we're doing now is we're trying to build -- because this was a totally new category. There were no Improvement Activities when the program started. We had to come up with a list, and from here, we are going to continue to build on that list. There will probably be a point where we might consider removing some activities once we receive more data on them, but the list that we have, the intention is for it to carry forward, and we would also be incorporating new Improvement Activities into that list and build a more robust list for eligible clinicians to select from.

Okay. Next question, "Are there criteria for removing an IA activity?"

We have not developed that yet. So, as of right now, we are not removing activities.

All right. And, Stephanie, do we have any questions on the phone line?

We do have a question from Belinda Morrison.

Yes, coming from a specialty office, where would we find the guidelines of what you're wanting in these measures before we try to fill out the submission form?

Kathleen --

Go ahead. I'm sorry. I wasn't sure if that was an Activities question or for you.

Oh, that's okay. You can find additional information in the fact sheet, which is in the same link as the Improvement Activity and ACI performance category submission forms. There's also information on the ACI submission form that gives you an outline of what we're looking for.

Thank you.

All right. Our next question, "IA measures can be picked based on the inventory and don't need to be preapproved before submission. Correct?"

I just want to emphasize one thing for folks just because I also see questions that come in from the Service Center, and people often refer to the Improvement Activities as measures, and they are not measures. I just want to try to clear that confusion up for everyone. They're a lot simpler, and you don't have a numerator and a denominator, so -- Sorry. Now I've forgotten what the question was. Can you repeat it again?

Yes. So, "IA measures can be picked based on the inventory and don't need to be preapproved --"

Oh, yes. Now I remember. Yeah. No, they do not need to be preapproved. What you would just need to do is just make sure that you refer to the validation criteria to make sure that you have the suggested documentation for each Improvement Activity that you're submitting in the event of CMS having questions in the future.

Okay. Thank you. Next question, "For ACI, can we propose new performance measures and/or bonus activities?"

Yes, you can.

Okay. Great. Next question, "Where will the final measures list be posted?"

Just to clarify -- This is Kathleen. So, assuming we mean the ACI performance category, and if they're looking at the final measures, the ones that have gone through rulemaking, it would be in rulemaking itself. Otherwise, if we could get some clarification on where they mean the final posting would be. Do they mean that will go into rulemaking or the ones that will be implemented into the program?

Okay. Thank you. Next question, "Is this optional to send this information or mandatory? We are claims reporting with MIPS. They say they add MIPS code to each claim if that applies."

Angela, I think there's just confusion about whether or not proposing --

Sorry. I was talking on "Mute," of course. What I was trying to say is that I'm not -- I was going to say I wasn't quite sure what they meant by the question, but hearing your interpretation, the call for Improvement Activities is completely voluntary. This isn't anything that we're using to track your particular performance. We're just putting this call out to get submissions from you, the stakeholders, for consideration for inclusion in the Improvement Activities inventory, but this isn't mandatory. This isn't something you have to submit to us. We would like for you to submit it. We hope that folks will, but it's definitely not required of you.

And, Angela, on that same note, could you also clarify that when you use the words "submit measures for consideration," that's not the same thing as submitting your data through EIDM or through the portal, that this is --

No.

This is not data submission.

No, no, no.

But just to clarify the difference.

Yeah, that's correct. This is not data submission. This is not being scored or weighted or evaluated in that regard. This is just a submission -- a proposal. We'll call it a proposal. You're sending in your proposal for an Improvement Activity that you think should be added to the Improvement Activities inventory for inclusion in the MIPS Program. That's what the purpose of this call is. I hope that helps.

Thanks. Go ahead, Mikala.

Stephanie, do we have anyone on the line?

Not at this time. If you would like to ask a question, press Star 1.

Thank you, Stephanie. Let's see. "If we participate through --" Well, actually, I am going to go to another question. Sorry about that. It looks like there was a question about EIDM. People were confused on that.

This is Kati. I just want to jump in on any EIDM questions. If people are experiencing any kind of issues related to their data submission for the 2017 performance period, you should use the number in the previous slide to contact the Quality Payment Program Service Center.

Okay. Great. Thank you. Also, it looks like there has been some confusion about how you can submit specialty-specific Improvement Activities, that the measure needs to be feasible for others.

So what we've done with the Improvement Activities is we really try to create a broad list of activities that we felt most eligible clinicians, if not all, could perform. So, basically, there should be something on the list for everyone, but we have been getting some requests for some specialty-specific Improvement Activities, and so we are more than happy to review those proposals, but in terms of them being feasible for others to use, that's just one of the criteria that we're looking at. It's not -- The list isn't you have to meet all of those things. Those are just things that we're calling out that we're looking for, but if you have some specialty-specific Improvement Activities that you want to send in, we will definitely take a look at them. I'm not guaranteeing that they'll be included, but we will consider them was what I was trying to explain. I apologize for the confusion.

Okay. Thank you. Stephanie, is there a question on the phone?

We have a question from Claire Gomez.

Hi. Thank you. So I have a question regarding the measures. It's very difficult to find any measures for hospitalist doctors who are in the specialty of critical care. These measures are more in tune to, like, maybe office patients or patients that you can follow through on maybe a weekly or monthly basis, but they're not geared towards hospitalist doctors that are just seeing a patient in maybe an ICU floor or a critical-care status. Is there any information you can guide me to find some of this?

Are we speaking of the ACI performance category?

Any of the categories. I haven't been able to find any of the activity categories or the measure you can look into that can help maybe a hospitalist doctor that's in a critical-care scenario.

So, for that question, I would think we would need to refer you to the Service Center because you're asking about how to select Activities for your performance period, and this webinar is focusing on questions about the Call for Improvement Activities and Advancing Care Information Measures.

Advancing Care. That's for the -- Okay.

Yeah. But if you submit a question through the Service Center, they will be happy to help you find some -- Speaking for the Improvement Activities category, they will go through the inventory and find some for you that you can submit. I've seen some questions similar to yours come in to me already, and they've already populated a list. I'm sorry that I can't think of one off the top of my head right now, but I know that we could get you an answer.

And the e-mail will be provided at the end?

Yeah. Yeah. That will be provided at the end.

Okay. Thanks so much.

Oh, you're welcome. Oh, it looks like they just put it up again. The phone number is 866-288-8292, or you can submit an e-mail to qpp@cms.gov. Thank you for putting that back up.

All right. Next question, "Are we prohibited from using the same IA as used in the prior year?"

You are not prohibited, but we encourage you to -- Unless it states that within the IA. There are some IAs that do state that, so I would encourage you to read the Improvement Activity carefully and also the validation criteria to ensure that you are, in fact, able to submit an Improvement Activity again. But the goal really is to have folks take a look at the list and try to find some different things to perform and submit because we would like to see a range of improvements, but we're not prohibiting you from submitting ones that you did before unless otherwise specified.

Great. Thank you. Next question, "So we can choose from the current inventory of IA for 2018?"

Yes, you can choose from -- So the current inventory that you would be choosing from, if you're submitting for 2017, you would be submitting the

2017 inventory, but, again, that's a question about the performance period and submission. That's not a Call for Improvement Activities question.

Thank you. Stephanie, do we have anyone on the phone?

No questions at this time.

All right. Thank you. Next question, "Would you be able to provide an example of each topic for Improvement Activity?"

Are you referring to the performance category? If so, we will be doing that in just a moment when we get to -- we just briefly go over the appendix, and then I will highlight those Improvement Activities for you, but if you're looking at the slides, if you have a copy of the slides, it's on Slide 21. But I will go over it, yes.

All right. Thank you. Next question, "Will new ACI measures be accepted for group reporting?"

Yes.

All right. Thank you. Next question, "Are we able to use the same IA from year to year?"

We just answered that question.

All right. Next question, "What are some examples of ACI measures that have been proposed in past years, but were not selected?"

I don't have that information readily in front of me. We can take a look to see if we can give that information out shortly. Do you have the information for the person that we could contact?

Yes. I can send that to you, Kathleen.

Thank you.

All right. Next question, "When did you say there would be a webinar held for the Call for Quality Measures?"

We haven't set a specific date for that, but we're anticipating towards the end of this month or early March.

Okay. Thank you, Katie.

But we'll put that information out on the Quality Payment Program website.

And just a reminder to those asking questions, that we are only addressing questions about the Call for Measures and not about 2017 or 2018 participation. And, Stephanie, do we have anyone on the phone line?

There are no questions at this time.

All right. Thank you. Next question, "Is there a certain general applicability needed for an Improvement Activity in order for one to be proposed? For example, if I proposed an Improvement Activity that was nephrology-specific, would it have a chance for inclusion?"

If you take a look at the list of criteria that we're looking for, and you adhere to that list, then we would review it and consider it. I can't speak to whether or not it would have a chance to be included or could be included, but we would definitely consider it for inclusion.

All right. Thank you. Stephanie, are there any questions on the phone?

No questions at this time.

All right. Thank you. "Can you do the same Improvement Activity in 2018 that you did in 2017 and get credit for it?"

We answered that already. You need to verify -- Check the description of the activity and the validation criteria to ensure that it does not specify that it isn't one that you can perform again.

All right. Thank you. Next question -- Let's see.

And I know Mikala's looking through the questions specifically about Call for Measures, and we'll just double-check that there aren't any other Call for Measures questions left in the queue and on the phone, and if not, we can probably end early here. Stephanie, still no questions on the phone?

No questions on the phone.

We're just taking a minute here to go through the chat. Sorry.

Jaime, while you guys take one last look at that, I think if Angela and Kathleen want to just touch on what's in the appendix real quick, I think that would be good.

I see one question that might be worth answering. Someone's asking if we're going to limit the number of new Improvement Activities that will be introduced each year, or is it possibly limitless?

We -- Definitely there is a possibility that it could be limitless, but we are working on growing the list gradually so that it's not an overwhelming undertaking for folks. Because this is a new category, we're trying to keep it broad and try to make it as simple as possible and keep the list at a manageable number for people to be able to review and select, and as people get more comfortable with the program, we anticipate that the list will only continue to grow. But that is a good question.

Okay, it looks like we're going to move on to the appendix now, and I just want to highlight for you that attached in these slides, we've included a brief overview of the Advancing Care Information and Improvement Activities performance category. So I'm going to turn it back over to Kathleen to go over the Advancing Care Information performance category. Kathleen?

Thank you, Angela. As we mentioned back on Slide 4, there are four performance categories under the Quality Payment Program, and the Advancing Care Information is worth 25% for 2018. It promotes patient engagement and the electronic exchange of information using certified EHR technology. It also replaced the Medicare EHR Incentive Program for eligible professionals, which was also known as Meaningful Use. There is greater flexibility in choosing measures under the Advancing Care Information. It is no longer the

all or none, where you have to report to every measure and objective. In 2018, there are two measure set options for reporting, and it's based on your certified EHR technology edition. So the transition objectives and measures would be reported on using the 2014 edition, and the Advancing Care Information Objectives and Measures would be utilized with the 2015 edition. Can we have the next slide, please? Now I'll turn it back over to Angela.

Thank you, Kathleen. As I've mentioned earlier in the presentation, the Improvement Activities performance category is a new category, and it's worth 15% of the clinician's final score. It assesses how much a clinician participates in activities that improves clinical practice. Examples of these activities include how well a clinician shares in decision-making with the patient, improves patient safety, coordinated care, and increases access for patients. The Improvement Activities category also includes incentives that help drive participation in certified patient-centered medical homes, as well as alternative payment models. Clinicians have the flexibility to choose from just over 90 activities for the 2017 performance period under nine subcategories, and, as I mentioned before, they're here on the slide for you. For the person who was asking about those, we've got Expanded Practice Access, we've got Population Management, Care Coordination, Beneficiary Engagement, Patient Safety and Practice Assessment, Achieving Health Equity, Integrating Behavioral Mental Health, and Emergency Preparedness and Response.

Next slide, please. So I will turn the presentation back over to Ketchum, and I want to thank everyone again for joining, and I hope everyone has a good afternoon.

All right. Thank you. And, Stephanie, just want to check in and see if anyone is on the phone line.

No questions at this time.

All right. And I think we do have just one question left. "Can a non-CMS physician participate? Are the submissions solely clinical or can non-clinical measures like staffing be submitted?"

Hi, there. This is Kathleen. I'm assuming we're talking about ACI. We have opened this to anyone who would like to submit measures, and if you'd like to submit something that is non-clinical in nature, please do so, and we will take a look at it and evaluate it.

Thank you, Kathleen, and that wraps up the Q&A portion of the webinar, and thank you all for joining.

Thank you. This concludes today's conference. You may now disconnect. Speakers, please hold the line.