

Hello, everyone. Thank you for joining today's Medicare Access and CHIP Reauthorization Act of 2015 Funding Opportunity, Measure Development for the Quality Payment Program pre-application call. The purpose of this notice Funding Opportunity is to provide technical and funding assistance in the form of cooperative agreements to entities to develop, improve, update, or expand quality measures for use in the Quality Payment Program. Now we'll turn the call over to Reena Duseja, the Director of the Division of Quality Measurement and the Quality Measurement and Value-Based Incentives group within the Center for Clinical Standards and Quality at CMS.

Thank you. First, I just want to welcome everyone to this call. We're really excited to announce this Funding Opportunity to external entities. We believe, through the cooperative agreements that get awarded, we'll be able to partner with specialty societies, patient-advocacy groups, providers, and other stakeholders to develop quality measures in the Quality Payment program. And the intent is to expand the number of measurements in this program's portfolio. We view the FOA as an opportunity to focus on both the clinician and patient perspective for what is meaningful to them in driving improvement for patient outcomes, as well as minimizing burden. In addition, the "meaningful measure" framework that CMS launched in 2017 will help guide and identify the key quality priorities and means, as well as providing a framework for focusing on the areas of development with the future Quality Measure development. I will end with a key for attending today's pre-application call and really appreciate your interest in applying for the MACRA Funding Opportunity announcements, and I'll turn it over now to my colleague Kim Rawlings.

Thank you, Reena. So, again, thank you all for your continued interest in this Funding Opportunity through cooperative agreements to support MACRA measure-development work for the QPP. The forecast for this Funding Opportunity was first published in May of 2017, so not quite but almost a year ago. So, again, we just want to thank you for joining and for your continued interest throughout this entire year for this effort and your patience, as we've taken time to publish this. Next slide.

This is just a quick disclaimer. What to take from this is that the Funding Opportunity Announcement that was published on March 2, 2018 is the official guidance above and beyond anything that's said in these calls or any FAQs. That truly is the official word and official requirement for the program. Next slide.

Just to give a quick overview of what we will be discussing today. First, we're going to give an introduction of the cooperative agreement by going through the purpose and the background and touching very briefly on the regulatory authority for this. Next, we'll move into discussions around the program eligibility, requirements, priority domain, specialties, et cetera, before we get into some of the more logistics around funding, budgets, awards, and duration. Then, we'll take about application and the selection of award recipients and, finally, technical guidance. Then, I will be turning it over to Chris Clark, who will be going over some of the logistics on how to apply and some of the definitions, et cetera, around grants and give you an overview of grants and the application process. Next slide.

Outside of MACRA and MIPS and APMS, I will try my best not to use acronyms, but here we have a few listed for your reference. Next slide. Next slide.

So, again, thank you for your continued support. Over the course of the last several years, you've really recognized the value of measure developments by stakeholders, especially those that have specific knowledge of clinician and patient perspectives, and you all have the unique perspective that we feel can really enhance the current QPP measure portfolio. And so the purpose of this Funding Opportunity is to provide technical and funding assistance in the form of cooperative agreements to entities to develop, improve, update, or expand quality measures for use in the Quality Payment Program. And, again, this Funding Opportunity Announcement was published on March 2nd. Next slide.

Hopefully, all of you are familiar with MACRA, but to give a very quick, high-level, simple overview, as it pertains to us here and as it pertains to measure development, MACRA has two sections -- Section 101 and Section 102. Section 101 mandates APMs and MIPS, which joined together to make the Quality Payment Program, whereas Section 102 mandates the Measure Development Plan -- or sometimes referred to as the MDP -- as well as annual reports and updates. And the purpose there is to guide the development of measures and guide the clinical measures that make up the Quality Payment Program or make up aspects of the Quality Payment Program. We will not discuss the statute in depth here, but it is worth noting that there is a statutory mandate that the cooperative agreements and that this Funding Opportunity align specifically with the Measure Development Plan. And in addition with aligning with the Measure Development Plan, while not statutorily mandated, across CMS, our Measure Development work is aligning with the Meaningful Measures initiative, which -- next slide -

I will do a brief overview for you here, in case you're not familiar. So, the Meaningful Measures initiative is a part of the administrator's Patients Over Paperwork initiative, and the goal of this is to help decrease clinician burden through focusing measure priorities and putting the patient at the center of our work. So, as you can see in this diagram, the patient is at the center, where he or she should be. Then there is an inner ring that includes the four CMS strategic goals, which are as follows -- one, improve the CMS customer experience, two, state flexibility and local leadership, three, support innovative approaches, and, four, empower patients and doctors. And so these are the goals that serve as the foundational principles of everything that we do here at CMS and therefore are at the center of this Meaningful Measures initiative. The CMS strategic goals connect to the six crosscutting criteria that you see in words kind of in the white spaces. So just to list those -- eliminate disparities, track measurable outcomes, safeguard public health, achieve cost savings, improve access to rural communities, and, finally but very importantly, reduce burden. And so these crosscutting criteria serve as desired outcomes at CMS and our partners, but we are critical for improving the health system of our nation. There are also what you'll see depicted in the six small circles with the little pictures in them, as well as to the right-hand side in bold. There are also six quality-priority domains. And then, in the smaller bullet points to the right-hand side, there are 19 Meaningful Measure areas which also track to the crosscutting criteria by working to support this desired outcome. So it might make more sense to walk through an example here. So, for example, we have a crosscutting criteria of achieving cost savings. So how are we going to do that? We can look to the quality-priority domain on the outside of the circle, which is making care affordable. This quality-priority domain has three Meaningful Measure areas, and we hope that by focusing on these Meaningful Measure areas, such as appropriate use of health care, that we can work towards the crosscutting goal of achieving

cost savings and ultimately meet our four strategic goals there in the center. Each quality-priority domain and their respective Meaningful Measures areas will guide the reduction of reporting burden on providers while focusing on quality-improvement efforts on the most critical areas through the adoption of the most meaningful quality measures to drive better patient outcomes at lower cost. Clinicians, specialty societies, patients, patient advocates, and many others in the health care industry all have had substantial engagement and involvement with CMS to inform the identification of these 19 Meaningful Measure areas, and these collaborative efforts and feedback have helped us provide clarity and transparency around the priorities for quality measurements and reducing reporting burden. And in the Funding Opportunity, hopefully you saw we do link to a new website that describes in more detail the Meaningful Measure initiative. And so, as I stated before, it is statutorily mandated that we align with the Measure Development Plan, which I'm sure most of you are familiar with, but we also wanted to make sure to highlight the new Meaningful Measures initiative, as that is guiding measure development and quality measures across all of CMS. And if you have any questions or feedback specifically on that, on the website, you'll also find an e-mail. We'd be happy to take questions, suggestions, feedback on that track. Next slide.

So, we're not going to go over every single aspect of the Funding Opportunity Announcement here, but we do want to give a quick overview of eligibility requirements and then some of our priorities. Next slide.

All types of organizations, which we refer to as "entities," can apply for this Funding Opportunity Announcement. You have several outlined here, such as patient-advocacy organizations, clinical-specialty societies, educational institutions, et cetera, however, I really want to stress it is not limited to these organizations. Any organization that meets the eligibility criteria that are engaged in measure development are open to applying for this. That can include hospitals, ACOs, state health systems, et cetera. There is no limit to the type of organization that can apply. And we aren't putting limits on the number of types of organizations that can apply either. Next slide.

So, although there are no limits on the types of organizations that can apply, or types of entities, we do have a few characteristics, or eligibility criteria, that any and all entities must have in order to apply and have a successful application. The first is they must demonstrate quality-measure-development technical expertise for the entire measure-development life cycle. So that's from conceptualization through implementation and maintenance. And we realize that all organizations may not have the level of expertise necessary to take a measure through all of these steps. And so, as bullet-point number two states, we do encourage entities without quality-measure-development technical expertise for the entire development life cycle to partner with one or more organizations -- which here, for this Funding Opportunity, are referred to as subrecipients -- that have such expertise to meet the requirements of the Funding Opportunity. So, just to restate, summarize, the primary applicant, or the entity, must have measure-development technical expertise for the entire measure-development life cycle. However, if they do not, they must partner with one or more organizations to achieve that eligibility requirement. And, just to note, people or entities that have the expertise throughout the entire life cycle are also free and will not be penalized if they want to partner and have a subrecipient, as well. There might be cases where multiple specialty societies, as an example, or multiple health systems want

to work together, and that's completely fine, as well. There are a few characteristics that will make an entity ineligible as a primary applicant, the first one being entities that have active grants, cooperative agreements, and/or contracts from CMS for quality measure development, implementation, maintenance, alignment, and/or public reporting activities where CMS is the measure steward are ineligible as primary applicants under this Funding Opportunity. Just to note, this does exclude entities only receiving funds and/or support from CMS for their measures where CMS is not the steward. So if you have a grant or a cooperative agreement or a contract or a purchase order, et cetera, where you're supporting measures at CMS but CMS is not the measure steward, then you would be eligible under these criteria. The second ineligibility criteria is the entities that are involved in accreditation of health care providers are, under this Funding Opportunity, ineligible. We have received many questions on this topic, and you can feel free to write them in to the chat box here, as well. We are definitely taking note and capturing all of those questions and recognize that clarification around this point is very much needed. And we also recognize that we are almost halfway through our 60-day application period. And so, as soon as we are able, we will be providing additional clarification and guidance on this ineligibility criteria. So, again, I encourage you to submit your questions. However, we will not be able to answer any at this time, as we are working to clarify this, as we realize that they -- pain point and there is something to do around this, and we are working to clarify that. However, we aren't ready to say anything about that publicly just yet. So, those are two ineligibility criteria. Please recognize that, although these two criteria make an entity ineligible as the primary applicant, they are eligible as subrecipients. So if you have a current contract or grant, et cetera, with CMS around measure development, you cannot be a primary applicant. However, you can be a subrecipient on someone else's application. So, with that, we'll move to talking about priority-domain specialties. Next slide, please.

So, as stated before, we are statutorily mandated to align with the CMS Measure Development Plan, and, as such, the following domains and specialties are high priority, and we very closely align and match with the Measure Development Plan. So, with the priority domains, we have clinical care, safety, care coordination, patient and caregiver experience, along with population health and prevention. And then, for our specialty gap areas, we have orthopedic surgery, pathology, radiology, mental health, oncology, and emergency medicine. We recognize that there are definitely gaps in other priority domains and other specialty societies. And if there are other gap areas, we encourage people and will expect applications that do not match these criteria. However, we ask that you show that it is a high-impact measure and that the measure fills an existing gap. And all of those instructions and criteria and directions, et cetera, are laid out in more detail in the Funding Opportunity. Next slide.

So, it is the expectation that recipients of this grant that have successfully been awarded a cooperative agreement will produce one or more fully developed, specified, and tested quality measures using CMS' standards, as illustrated in the blueprint for potential use in the Quality Payment Program. And what this means is that we do not have the expectation that the recipients of these awards will follow the blueprint word for word. That is not our expectation. We definitely encourage innovation and process improvement, et cetera, that may in some ways pull away from the blueprint. However, what we feel what the blueprint does is it outlines generally expected measure-development principles that embody CMS' general and

technical principles and kind of lays that standard for what we're looking for in quality measures. So that's what we are really encouraging our potential applicants to look at the blueprint for, is to really use it more of a guide to see what we're looking for, to see how we interpret testing, what we do for testing, how we feel -- the steps that CMS takes to make sure our measures are most successful and to use that kind of as a guide and just kind of outline, at a high level, the process. However, you do not have to turn in the specific deliverables, et cetera, outlining the blueprint. And the link to the blueprint can be found below. Again, if you have any questions regarding that -- and we have received several -- please feel free to follow up. Next slide.

I'm not going to go over these explicitly word by word. Over the next several slides, we lay out some of the measure requirements that are outlined in the Funding Opportunity. Here we say that the measure should address a performance gap where there's known variation in performance -- not simply a gap, but there has to be that variation in performance. That's very critical. And it's also important to get stakeholder feedback and to make sure that a rigorous business case has been developed -- make sure the measure is evidence-based. And that's a critical first step, as well -- process, along with the fact that measures should be developed in a rapid-cycle fashion. Next slide.

Again, measures should be meaningful to patients and providers, and the FOA focuses on outcome measures specifically. Meaningful measures are increasingly transitioning away from setting-specific and taking narrow snapshots and really be more of a crosscutting measure. It's important to allow for monitoring and tracking of disparities and any unintended consequences. Generally, that's a part of the conceptualization. And then it's important to reorient and align measures patients-centered outcomes -- and, again, going to that point about spanning across settings and being crosscutting as we try and decrease the number of measures that we have in our programs and increase their meaningfulness and usefulness. Next slide.

Then we also have several outlined here. Again, it's important that the measures are, as I stated several times before, crosscutting, they're developed with engagement from stakeholders -- as previously stated -- making sure that clinician engagement and input is equal to that of the patient, and that we're prioritizing electronic data sources when possible, minimizing burden, and basing our measures on empirical evidence. Next slide.

I think, when we're looking at requirements and criteria, we want to talk at a high level. These are really the six that we come down to. The first five, hopefully, everyone should be very familiar with, as those are the five main evaluation criteria when looking at endorsement and just are generally recognized as the five evaluation criteria for quality measures. That's impact, opportunity, evidence, importance to measure and report -- second, reliability, third, feasibility, fourth, usability and use, and, fifth, harmonization. And because of the importance of putting stakeholders at the center of our work and making sure that we are reducing the burden for our clinicians and empowering them, et cetera, for this Funding Opportunity, as the sixth, which is stakeholder engagement. And I'll also add that one of the purposes of writing and developing and offering the cooperative agreements through this Funding Opportunity is because we believe, as I stated earlier, that you have a unique perspective to give during measure

development, regarding clinician and patient perspective and engagement. So we're very much looking forward to that. Next slide.

Just to go over a couple high-level points about the dollars, duration, et cetera -- next slide.

So, the anticipated period of performance for this will start approximately August 6, 2018, and, depending on the award, will vary one year to three years. And I'll go over in a few minutes what might adjust that time frame... what might factor into an awardee asking for one year versus three years. Over the course of those -- up to three years -- we anticipate awarding up to \$30 million. With that, we estimate that \$30 million funding approximately up to 20 cooperative agreements. And that really varies. That number will really vary based on the amounts that awardees and applicants ask for. So, per entity, the estimated award is up to \$2 million per year, up to three years. So a recipient of the award could, in theory, receive up to \$6 million for measure development across those three years. And so, again, we estimate that, at a minimum, we will have at least five awards if the top applicants all ask for \$6 million. However, we have heard that entities are at various stages, looking to develop one measures, others looking to develop multiple measures, and so we anticipate that some applicants may ask for less. And so that's where we come up with the "up to 20 cooperative agreements will be awarded." But, again, the real focus there is that we will award cooperative agreements to successful applicants, up to that \$30 million. So it really can vary. So, next, we just want to break down the timeline a little bit more and then, again, get into the variation of award amount and duration. The next slide.

So, again, you can ask for an award and outline an award and outline an award for one year, two years, or three years. The estimated period of performance would start August 8, 2018. And so if you asked for a one-year award, your period of performance would run August 6, 2018 to August 5, 2019 and total up to \$2 million. However, if you asked for a three-year award, the project period as a whole would be August 6, 2018 to August 5, 2021, and that could total up to \$6 million, and that would be made up of three separate budget periods. So you have three budget periods that make up one project period, and those dates are outlined below. And the same would go for, as you can see on the slide, if you had a two-year award, you would have one two-year project period made up of two one-year budget periods. Next slide. And one more.

So, as I stated, in preparation for putting out this Funding Opportunity Announcement, as well as what led us to offering these, was really talking to many stakeholders about their interest in measure development. So we wanted to make sure to provide the maximum amount of flexibility, and so, as I stated before, there is one- to three-year, as well as up to \$6 million. And so there are several things that might play into or might determine the variation in the award amount and in that duration, so the first being the starting point. Again, as we went and asked the folks, some were starting from a concept, while others wanted to update a measure, and others yet were finished with the conceptualization process and the specification for their measure and really just needed funding and technical support for their testing. So, at a minimum, all applicants should have an existing measure of concepts based on evidence of a demonstrated quality gap, variation in performance, and opportunity for improvement, but there are multiple starting points that they can take along the measure-development life cycle. And so that will, of course -- The further along an entity is, the shorter

time that they might need to finish their measure. Second is the number of measures. Again, we are supportive of organizations and entities that want to develop one measure, and then we're supportive of organizations that may want to try and develop a measure set of four or five or six measures. Obviously, more measures perhaps taking more time, as well as needing more financial support. Third, the complexity of measures. Some measure types are more complex than others. As an example, outcome measures tend to be more complex than process measures and therefore may take longer to develop or take more resources to test, et cetera. And then, lastly, we have endorsement, which is done through the National Quality Forum. Endorsement is not mandatory. It's not a requirement for the Funding Opportunity. However, it is highly encouraged. And whether or not you seek endorsement through the Funding Opportunity, it must be "endorsement ready," which means that they must meet all of the criteria for endorsement, even if you don't seek endorsement. But, again, when thinking about the award amount and duration, going through that endorsement process is going to increase the award amount and perhaps increase the duration needed to take it through that process, as well. Next slide.

I won't read through these line by line, but here is the high-level overview of the application process, the various components, maximum page numbers and points, et cetera. Next slide.

And then this is an outline of the criteria and points per the main components of the application -- the project narrative, the implementation plan, and the budget narrative. Next slide.

Perhaps the three most important dates for you to remember are the application due date, which is May 2, 2018, so a little over a month from now. We anticipate the award date being August 3, 2018, with a projected start date of August 6, 2018. Next slide.

So, there are multiple ways for you to receive technical assistance pre- and post-application. This is our second and final pre-application conference call. We will be posting a recording of the first one along with transcripts shortly, and obviously the transcript and slide, et cetera, and recording from this call will be posted in the next week or two, as well. If you haven't seen them already, we are updating the "Frequently Asked Questions" on our website. That link is below, as well as from the Funding Opportunity. And then we have our e-mail address that you can always e-mail questions to, as well. Because of the way that the pre-application and application process works, we need to make sure that everyone is given all of the information provided and we aren't favoring one organization by answering their question over another and therefore they have information that others do not. And so we are not able to answer questions directly. However, we take those questions that we receive through our e-mail and put them on our FAQs. And we are updating those regularly. It went live, I think, a week or so ago, and then we'll posting an update within the next 24 to 36 hours, based on a lot of questions that we received during the first call, as well as questions that we received via e-mail. So please make sure to check out that website, again, in the next day or so. Then, because this is a cooperative agreement and it is not just a grant -- which Chris will outline for you in a few moments -- we do have some technical assistance for awardees post-application, and those entail ongoing technical support, as well as monthly calls with CMS and our technical assistance, both to answer questions, provide any sort of assistance and guidance as needed -- just really trying to support the awardees to make sure they are as successful as possible in

the development, testing, et cetera of the measures, that they are most successful during that review for the Quality Payment Program. Next slide.

So, with that, I just want to say thank you and pass it over to Chris Clark, who is the Grant Management Officer for this Funding Opportunity, so that he can go over some more of the logistics and overview. I think it's two or three more slides. Next slide. Next slide.

And these are just a couple of slides for your reference that you'll see when they're posted online. And I think one more. I hand it over to you, Chris. Thank you.

Hi. Okay, thank you. A lot of my information that's in my slides, the program office has covered some of it. I will touch on a couple other things, but I will try and keep mine short because they will be published. I know everyone has questions they'd like to ask. So I'll say, "Next slide, please."

So, my first slide is just a very general overview of the grant's management process, from the planning to the closeout. As you can see right now, we are kind of in the announcement stage. From there, we will do the evaluation and the budget negotiations, then awards, and then the post-award mentoring, which, as Kim had mentioned, is our technical-assistance portion of that. So, next slide. Next slide, please.

Okay, so, application requirements. Next.

So, all of the standard forms that must be submitted with your application you will find in Section D, and further details are also in Appendix II. Next slide.

So, what is a cooperative agreement? Simply, a grant or a cooperative agreement is used when the principle purpose of the award is to provide assistance for the benefit of the public. Cooperative agreements are a little bit different from grants because there is just that substantial involvement, as Kim's group mentioned. This program is a cooperative agreement, so you will have more technical assistance post-award than most other programs usually conduct. Next slide.

Okay. I'm not going to go through all these bullet points because, as I said before, this information will be posted and made available to you, but this essentially bullet-points what substantial involvement with a cooperative agreement can mean. Next slide.

So, this is just basic roles and responsibilities. You'll have your Grants Management Officer. You'll have a Grants Management Specialist, which will be me. You will have your Program Official and your Project Officer. And then, on the non-federal side, you'll have your AOR and PIPD, which is essentially your Project Director. Next slide.

So, here you can find what the cost principles are for costs that are allowable and unallowable under this grant program. There's also a bullet point here for SAM.gov. Please, everybody, register at SAM before you apply. That is very important, or else you will be deemed ineligible if you are not. Next slide, please.



So, I'm actually going to skip through the eligibility part, so I'm going to say, "Next slide, please."

Okay. Application. Thank you. Next slide.

So, part of the submission procedure -- all applicants have to have an EIN number or a TIN number. Every organization calls them something different. Applicants must have a DUNS number. They also have to be registered in SAM. As I said before, please do this immediately. And then the Authorized Organizational Representative, or the AOR, is the person from your organization who will submit your application on behalf of the organization, so they have to be registered in grants.gov. So please make sure, whoever that person that maybe you have applied with grants previously is also the person who will either be working on this program or you change those roles in grants.gov for that. Next slide.

So, formatting requirements. I just took a slide. Essentially, all this information is posted in the Funding Opportunity Announcement. It's just word for word, so I'm not going to go through it. Next slide.

Here, again, are the standard mandatory forms that you will need to complete in grants.gov. I will be looking over the budgets -- mainly is what I concern myself with, so I just like to make sure that everybody is aware of what the page limit is for that. You can also see an example of a sample budget narrative in Appendix I, inside of the FOA itself. Next slide.

Here are a couple bullet points for what direct costs are, indirect costs. This cooperative agreement is not allowing reimbursement of pre-award costs, so I wanted to make sure that is a clear bullet for everybody. Next slide.

Here is a slide of funding restrictions. This also is pulled directly from the Funding Opportunity Announcement, so if you'd like further detail about that, you can find that there. I just make sure that it's available for people as a quick reference. So, next slide.

Here is a little slide about the process review and award. You will apply in grants.gov. once again. The applications are due no later than 3:00 p.m. May 2nd. The application package can be downloaded from grants.gov, and then we transfer everything into GrantSolutions, which is our grant-making program. Here, the next couple slides, pretty much show you the process of the application and review process. As Kim said before, the notice of awards, they're projected to go out August 3rd right now, and the period of performance will start on the 6th of August. Next slide.

Okay, here's just a slide that shows you where you can find some more important information. On grants.gov, you can search for grants by the CFDA number, which is right there. Once again, all applications must be electronic, submitted through grants.gov by May 2nd, application deadline. Any application that is not received electronically will not be reviewed. And all specific instructions for applications can be found on grants.gov. Next slide.

This just refers to GrantSolutions. This is our Grants Center. Our official file is electronic, so there will be no paper form of communication between CMS, potential applicants, and awardees. GrantSolutions is accessible to not only OAGM, CCSQ, but the applicant at any time, so you can view all of your NoA's, any grant notes, correspondences, post-award actions, your federal

financial reports, and your closeout documentation will also be housed in that section for auditing purposes for not only CMS but the grantees themselves. Next slide.

Here's content information for both administrative and programmatic questions, general e-mail boxes that are also listed in the Funding Opportunity. Next slide.

And then, for any assistance that you need when you're applying, you will please contact grants.gov. Don't e-mail CMS, either of the boxes, because we cannot assist you with that. Grants.gov has a help desk, and you can work on a ticket. Please keep that for documentation just in case there are any types of issues you may have. Last slide. Okay.

Thank you so much, Kim and Chris. So we are now going to start the Q&A portion of the webinar. You can ask questions via chat or phone. To ask a question via phone, please dial 1-877-388-2064. And that phone number is listed on your screen here. And, if prompted, provide conference I.D. number 929-8456. We will stand by for our first question.

Your first question comes from the line of Joe Kunisch.

Hello. I just had a couple of quick questions. So, as an organization, if we submit, say, for five measures and CMS is only interested in three of those five measures, what happens at that point?

Hi. Thank you for your question. So, we will be evaluating the application as a whole, and we are reading the applications as if that applicant will move forward with all the measures that they propose.

Okay.

We're evaluating the entire thing as one.

Okay. And so, for the project narrative, would you write up one for each measure?

So the answer to that is no. So, you have one project narrative that describes all of the work that you plan to do with the funding that would be given under the Funding Opportunity. However, especially depending on how interrelated or how different the measures you're proposing are, you want to make sure to provide enough information that details each of the gaps that each measure fills individually. So that beginning part, you're probably going to, again, have to outline -- or you will have to outline each measure individually. However, if you are applying for funding for testing, for example, your testing process might be very similar for all five of those measures, and so there might be some more overlap there. Does that make sense?

Yes. Thank you.

You're welcome.

Great. We will move to some of the questions that we've received through the chat. Our first question -- "When will the FAQ document from the last call be released?"

We should have an updated document on the program website in the next 24 to 36 hours. And that will answer a majority of the questions asked during our last call, as well as a vast majority of the questions asked through our e-mail box, as well. There was significant overlap, so you'll have those answers shortly.

Great. Our next question -- "Does an entity with active cooperative agreement with CMS Practice Transformation Network within Transforming Clinical Practices Initiative qualify?"

Great question. So I really would just point back to the ineligibility criteria. Primary applicants can have contracts and grants and cooperative agreements, et cetera -- different various funding kind of streams with CMS and still be a primary applicant if it does not cover what is outlined in the ineligibility criteria. So if the entity has an active grant, cooperative agreement, and/or any type of contract with CMS for measure development, implementation, maintenance, alignment, or public reporting activities where CMS is the steward, they are not allowed to apply as a primary applicant. However, if they hold a contract, agreement, grant, et cetera, that falls outside of these parameters, then they may apply as a primary applicant.

Our next question -- "Who will be the reviewers of the applications?"

Great question, and I believe that there's more detailed information about the grant-selection process on grants.gov, as it is standard across all grants, I believe. Please correct me if I'm wrong, Chris. But there are objective review panels, or objective review committees, that will take the application and compare it to the evaluation criteria and the scoring rubric that we laid out in the FOA and score the applications accordingly. And those panels can be made up of both volunteers, as well as federal employees where their work does not have anything to do with MACRA QPP measure development, et cetera. Did you have something to add, Chris?

The only thing I was going to add was it can be from the private sector, and there can also be government employees that review any program at any time -- just no one involved immediately with the program. But the question can't really be answered, what she's looking for.

Great. Thank you. Our next question -- "We are developing a measure for a CMMI model, but the measure does not yet exist, so there is no steward. Are we eligible to be a lead applicant?"

So again I would point you back to the ineligibility criteria. While the measure -- And, again, this is speaking very hypothetically and at a high level. If an entity or an organization has a contract with CMS to develop a measure where CMS would be that measure's steward if the measure was successful, then that would meet the ineligibility criteria. Even if that measure isn't yet formed for their to be an official steward, that's the entire purpose of that contract and they would be ineligible.

Our next question -- "Can there be partner organizations on the application -- for example, endorsing organization, data vendor, strategic partner, with whom an MoU is not needed?"

Yes. So, a primary applicant may have partners that, while they assist them with a small aspect of their process, aren't necessarily working to achieve

that eligibility criteria for having the technical expertise throughout the entire measure-development life cycle. So that would be an example of a partnership where an MoU would not be needed. Again, as a very, very simple example, if you wanted to partner with an organization to take notes or make travel arrangements -- those kind of logistical things for your technical experts, panel meetings, and things like that -- that organization would not need an MoU, because they're not working to help you achieve that eligibility criteria. I hope that makes sense. If not, please continue to resubmit your question.

Thanks. Our next question -- "Is it necessary to incorporate testing of the measures using both synthetic and real data into the application in order to receive the grant?"

Applicants should look to the NQF evaluation criteria regarding testing and the use of synthetic data. If an application proposes using synthetic data -- which is great -- we definitely support that -- they must use it in conjunction with real data. They cannot only use synthetic data. And, again, I think that that's further outlined in some of NQF's materials around endorsement.

Okay, our next question -- "Is there an opportunity to receive funding, either through this grant or afterwards, for not just the implementation of the measures into QPP, but the adoption of the measures into clinical practice? Can the costs for this type of implementation be incorporated into the application?"

So, please feel free to resubmit if I'm misunderstanding this, but this Funding Opportunity Announcement is only for measure development for the intention of implementing into the Quality Payment Program. After the consideration of the Quality Payment Program, if they wanted to, on their own time and effort, resources, et cetera, submit it to a different program, then that's their choice. But all funding, resources, technical support, et cetera, will only be to get measures into the Quality Payment Program.

Okay. Great. Do we have any questions on the phone?

There are no phone questions at this time.

Okay. We will go back to the Q&A questions. Our next question is, "We have developed some measures but need to test them. Could this funding be used for testing?"

Yes, of course. As I stated, the starting point for an application can start a little after the measure is conceptualized, and definitely, if you've already conceptualized it and specified it, you can start at the testing period, as outlined in the Funding Announcement. You will need to describe the steps you've already taken to conceptualize and specify your measure. You'll have to summarize that process, but you can definitely use this for not only testing, but also some of the implementation steps, like taking the measure through the pre-rulemaking process, NQF endorsement, et cetera.

Okay, our next question -- "What do you mean by rapid cycle?"

So, rapid-cycle improvement is a quality-improvement method that identifies, implements, and measures changes made to improve a process or a system. So,

for example, a rapid-cycle improvement may imply that testing takes six months instead of two years.

Okay. Our next question -- "Does it matter if the measure cannot be clearly attributed to an individual doc? For example, if you are measuring MRI for low back pain, it can be difficult to know if the PCP or orthopedist is driving the decision."

So, for this program, the measure must determine which provider is accountable to which patient. Again, when thinking about attribution and measure in the quality measure that you're conceptualizing, I would definitely look to the various policy aspects and policy requirements of the MIPS and the APMs to make sure that the level of your measure, the attribution of your measure, et cetera, is in line with the MIPS and APMs, the two components that make up the Quality Payment Program. Make sure that your measure is in line with those two programs before submitting.

Thank you. Our next question is, "Looking at the priorities, would a project that improves care coordination in a substance-abusing population that improves the successful transfer from ER to rehabilitation or a population-health project that provides patient or caregiver support and care coordination in order to reduce preventable hospitalizations in patients with delirium or dementia be more responsive?"

Great question. Unfortunately, I can't endorse a specific measure or priority, et cetera, over the phone -- or pre-application. That will be evaluated with your application. But, more generally, I suggest that applicants make their business cases based on priorities and criteria outlined in this notice, and I think that there are significant portions of the project narrative where you can really highlight how the concept of your measure closely aligns with the priorities we've outlined.

Our next question is -- "Can an entity receive more than one award? Say there are multiple quality measures, like prongs for different procedures, such as total knee surgery and you need \$6 million for each three-year quality-development proposal. Can an organization receive \$12 million to fund both?"

Hi. Great question. I'm forgetting exactly which section it is in the FOA, but an entity or an organization is only allowed to submit one application as the primary applicant. However, they can be a subrecipient on multiple organizations. So, in brief, no, an organization cannot be a primary on two. They cannot receive \$12 million in funding. They can only receive up to the \$6 million if awarded. However, if they wanted to partner with another organization as a subrecipient to submit a second application for the other set of measures, then they are allowed.

Our next question -- "Would you award a one-year award of \$250,000, or is that too low?"

No, we realize that different organizations are at different points in the measure-development life cycle and may have different financial and technical needs. So no application amount is too small.

Next question is, "Does a partner organization have to be categorized as a subrecipient, or does the term 'subrecipient' just represent the partner organization, which could be either a subrecipient or a contractor?"

So, in terms for this, especially when we talk about a subrecipient needing an MoU, whether it's a partner or you classify him as a contractor, is that second party on your application that's helping the primary applicant meet that eligibility criteria. Chris, is there anything that would add to that? And, of course, the person that submitted that, feel free to resubmit if that doesn't quite answer your question.

Can you state the question one more time?

Sure. "Does a partner organization have to be categorized as a subrecipient, or does the term 'subrecipient' just represent the partner organization, which could be either a subrecipient or a contractor?"

Oh, okay, no, Kim answered that very well. I don't have anything else to add.

Okay. We'll move on to our next question. "Can you please clarify -- are organizations barred from being a primary applicant if they have any contract with CMS for measurement-related work?"

I'm sorry. I couldn't quite hear you. Could you just repeat that?

Sure. "Can you please clarify -- are organizations barred from being a primary applicant if they have any contract with CMS for measurement-related work?"

Yes. If an organization has a measure-development contract with CMS, where CMS is or is intended to be the steward of that measure that's proposed to be in development, then, yes, that organization cannot be a primary applicant. However, they are able to be a subrecipient on another application.

Okay. Our next question is someone who missed a previous answer, to whether or not an entity can receive more than one award based on evaluating multiple procedures. Hip, knee, spine, workman's comp -- they noted that they have multiple quality-measure developments.

Hi. So, in short, no. As state in the Funding Opportunity, an entity can only submit one application as the primary applicant. However, they can be a subrecipient on another application. And, also, just to add quickly, again, we're evaluating the application as a whole, so we're not necessarily saying, "We like this measure, but don't include that measure." We can't split the application up like that. However, there's nothing stating in the FOA that your measures have to be "related."

Okay. Great. I do not believe that we have any phone questions at this time, so I will turn it back over to CMS.

Okay, just want to thank everyone for taking the time to be with us on this call today. I know there are still several more questions in queue, and we will definitely be getting to those through our FAQs that we will be updating shortly. Again, the answers to many of our questions from the first webinar will be on the website in the next day or so, so please check our website for any updates there. Again, thank you so much, and we look forward to your continued questions and applications. Thank you.