

Centers for Medicare and Medicaid Services
Rural Health
Open Door Forum
Moderator: Jill Darling
January 11, 2018
2:00 p.m. ET

Operator: Good afternoon. My name is (Tiffany) and I will be your conference facilitator today. At this time, I would like to welcome everyone to the Centers for Medicare and Medicaid Services Rural Health Open Door Forum.

All lines had been placed on mute to prevent any background noise. After the speakers' remarks, there will be a question-and-answer session. If you would like to ask a question during this time, simply press “star” then the number “one” on your telephone keypad. If you would like to withdraw your question, press the “pound” key. Thank you.

Jill Darling, you may begin your conference.

Jill Darling: Thank you, (Tiffany). Good morning and good afternoon everyone. I'm Jill Darling in the CMS Office of Communication. Happy New Year. This is the first Rural Health Open Door Forum of 2018.

So, before we get into today's agenda, I just have one brief announcement. This Open Door Forum is not intended for the press and the remarks are not considered on the record. If you are a member of the press, you may listen in, but please refrain from asking questions during the Q&A portion of the call. If you do have any inquiries, please contact us at press@cms.hhs.gov.

And now, I'll hand the call up to our co-chair, Carol Blackford.

Carol Blackford: Thank you, Jill. And thank you everyone for joining our first call of Rural – our first Rural Health Open Door Forum call of 2018. We appreciate your participation in this call. And if you are new to joining our Rural Health Open Door Forum call, I would like to say these calls are for you. The intent is to

provide as much information about the Medicare programs that impact the provision of home care in rural America as possible, and if you have thoughts or agenda items that you would like share with us, we would like to get that feedback and we'll provide some more information on how to do that at the end of the call.

For those who are regulars for our Rural Health Open Door Forum call, you will remember – I believe our last call of 2017 was in November, and since that time, the comment period for our Innovations Center Request for information – Request for Information – excuse me – on has ended. We talked a little bit that at our last call and the comment period has since closed.

We received quite a number of comments. We got really great feedback and response to that request for information and we are working through all of those comments now. So, hopefully we'll be able to provide you an update at some point in time in the future. We have a couple of pretty meaty and important agenda items today, so let's go ahead and dive right in.

Jill Darling: All right. Thanks, Carol. Up first, we have Dr. Gene Freund who is the new Provider Ombudsman.

Eugene Freund: And most specifically – this is Gene Freund – I usually work on physician regulatory issues, but I am the Provider Ombudsman for the New Medicare Card. So, if your concern is having something to do with the implementation of the New Medicare card and the new Medicare beneficiary identifiers and you're a provider, and in this case, not just a clinician but any provider, which is someone who bills Medicare, you're my customer and I'm available for help.

I mainly look at my role as someone who can listen and help translate the sort of clinical world to the operational world and that's kind of where I think I fit best. If you're a savvy biller and you're trying to figure out how to program your computer to accept the new card, you might want to be talking with the operations people that have given talks here before, and I'm not going to be repeating that, but I'll have some what I consider more sort of personal level information in this and I won't quite get in the weeds.

But if you have problem that is related to the new Medicare card, especially if it looks like it might be a systemic problem, either call me, send to the ombudsman e-mail box, which is on the announcement here, so I'm not going to repeat that, and I can try to help troubleshoot that.

So far it's been relatively straightforward, and my smart colleagues in the information tech world have bought of a lot of good solutions and I've been able to point people toward them, but we never know. So, that's – and that's basically my job is for the; we never know kinds of things.

Right now, I want to give you another heads up that April 1, 2018 is when new Medicare cards are going to be out. So, that is when you'll first start seeing patients who either have been issued a new Medicare card or new to Medicare and are getting or been given their first Medicare card which has the new identifier. So, hopefully all your systems are ready for you to be able to accept that new identifier starting April 1 because you'll have people presenting with that identifier.

For your existing patients, you have this 21-month transition period where you can use their old HICN insurance.

Jill Darling: ... (claim number.)

Eugene Freund: Yes, claim number and that will work too. They're all 11-digit items so – but they do have different structures. So, work with your vendors or whoever does that for you so that your systems don't choke on something that has characters in places that you wouldn't expect with the old HICN.

Once we're in the transition period, there are going to be three ways for you to get a new Medicare Beneficiary Identifier for your patients. One is they will have the card. Another is – and this is where I want some feedback about if you have a chance to think about it because I think it's useful, but I don't – it's not really my world and I want to make sure that it's useful advice – but when you submit a claim for someone using their HICN, when you get the

remittance advice, there's a field in the remittance advice that is for a new HICN, a new identifier, and that field will tell you what their new MBI is.

So, once you get a claim process that will be – their new number will be sent to you. And I think that's a potentially useful way to get that number. You'll also, with the remittance advices, be given a message when it's appropriate that a new Medicare card has been mailed to beneficiary upon whom you've submitted a claim, and that's useful information too because that could give you an opportunity to remind them.

And especially after the transition period, there will be the ability to access the secure web portal with your MAC and look up patient's MBI. You'll need some personally identifiable information that you'll have to get from the patients to do that, but that is another way you can get that. For the patients that are existing, that you already have, we will be processing claims through December 31, 2019, so there's a good, long for that process.

Right now, I think – really appreciate your reminding your patients that you have that. Maybe if you're front office staff, you can ask questions from people. Everybody should know that Medicare does not call people and ask them for their information. So, in this time when new things are happening, you still don't answer somebody who calls you on the phone and says that, "hey, this is Medicare and I need to verify some of your information" or whatever other kind of things.

And the website, if you just Google or otherwise web search the Medicare – new Medicare card, there is information. There even materials that you can download or order to put in your office to remind patients and that would be something we would really appreciate it. We're ramping up our messaging now that we're test open enrollment and that's something that your patients are going to hear about, and it's worth being kind of familiar with it.

And – but again, there is that long transition period when we will be accepting both. And this is going to be – it could be up to a year that the cards will be being issued. So, throughout – between April and April, there will still be patients who don't have a new card because they haven't gotten it yet. And

more on that is going to be coming up. Stay tuned to that website, these calls for news about how things are going.

And if you have any concerns or issues, feel free to – easiest way is to drop me an e-mail at that new – that nmcproviderquestions@cms.gov e-mail that's on your invitation and I'll be happy to help you for that.

I really would be interested in hearing feedback about how useful the remittance advice is. I think that could make it pretty seamless assuming that that information does get from the bowels of whatever computer submits the bill to your office systems. I just don't know those like you do. And that's basically it.

Carol Blackford: Thank you very much. This is Carol Blackford. I just wanted to take a moment to thank you, Dr. Freund, for participating on the call today. It's a really an important role that you're taking on and this is a great forum for providing information to rural providers, so consider you have an open invitation to come and participate on any and all future calls that we've sent that you need to. So, thank you for participating today.

Eugene Freund: OK. Thanks. And especially if there are like a recurring issue that somebody is sent either to the ODF box or to mine that might be worth putting it on the agenda. We've been saying here is what we know.

Carol Blackford: Right. Excellent. Thank you.

Jill Darling: All right. Thank you. So, up next, we have Adam Richards the introduction to CMS Data Submission System for the Quality Payment Program, QPP.

(Adam Richards): Great. And thank you all for the invitation to be here today to discuss the opening of the Data Submission System for the Quality Payment Program. This is a very exciting moment in time for the program and certainly all of us who have been working on this program.

So, for those clinicians who were included in the Quality Payment Program for the first performance year, what we have often referred to as the 2017

transition year, the opportunity to submit your merit-based incentive payment system or what we referred to as MIPS, performance data began a few short days ago on January 2nd.

So to complement the opening of the submission period, we launched a brand-new Data Submission System on qpp.cms.gov, and if you have been in the Quality Payment Program included and certainly looking through our materials, I know many of you have probably used that website before. Again, it's qpp.cms.gov. We have a lot of our educational resources out there, certainly our measure selector. So now, we also have our Data Submission System available.

So, I will say that we have heard many of your concerns as it relates to data submission and that's why we've looked at the ways that you and the clinician community submit data. And we've used your feedback and feedback especially from forums like this where we have very small and rural practices to create a system that is intuitive to help streamline the submission process to, one, really reduce your burden – your submission burden, and two, provide a platform that incorporates your feedback and preferences.

But please know that – and this is very important – that this really was an initial release of the system version 1.0, if you will. We are going to continue adding new features and functionality as we continue through the submission period in order to enhance the experience of you and other clinicians. So, please just bear that in mind that we are going to keep working through this process.

One of the important features right off the bat, so for clinicians who are included in the program, they will have one place to submit all of their data instead of having to visit multiple websites as was required under the former legacy program. So again, all you'll have to do is go to qpp.cms.gov and navigate to our top – our top ribbon on the sites and find the sign-in icon to get into the system.

I do want to make sure that everyone knows that to log in and get started you will need to look for – like I said the new login button at the top of the page,

and clinicians will use an enterprise identity management or an EIDM account to sign into the system and submit their data. The EIDM account provides CMS customers with a single user ID that they can use across many of our CMS systems.

So many of the clinicians who have been submitting data under the previously legacy – under the previous legacy programs, so for example the Physician Quality Reporting System, should know that their user account is the same in the Quality Payment Program. So to login to the data submission tool and submit data, you will need to use these EIDM credentials and you'll also have to have an appropriate user role associated with their – with the organization to which you belong.

So, if you need to set up any IDM accounts, gets any additional or new EIDM account information or reset a password of a previous account that you had, you can certainly visit the CMS enterprise portal or more directly just call the Quality Payment Program service center at 1-866-288-8292, and they will certainly be available to help get you started.

We also have an EIDM QuickStart guide that I highly recommend. It's currently available [cms.gov](https://www.cms.gov) under the Quality Payment Program Resources section. So, you can get to that site just through [cms.gov](https://www.cms.gov) or you can go to qpp.cms.gov and go to the resource library and it will connect you to out to those resources and you can find the EIDM guide.

I also want to note that if you're working with a third-party vendor that third-party vendors are able to log into the system on your behalf as long as they have the appropriate access and roles. So once you are in the system, there are some exciting features that I want to make sure that everyone on this call is aware of. And certainly, this is not an exhaustive list. There are a lot of really – lot of really interesting functionality and features that are built in that I won't cover today, but that you'll get to experience once you get into the system.

So, first and foremost really around individual and group data submission, you can submit data for your practice as a group or for each individual or

individual eligible clinician within your practice. Even if you choose one method to start, so either group or individual reporting, you can always switch back to the other, and we'll retain all submitted data in our system and then calculate each eligible clinician score and ultimately their MIPS payment adjustment using the data that results in the higher score.

And I think this is a good segue because another really important feature is our continuous submission. So, there – once you're in the system, you'll note that there is no submit or save button in the system. So when you enter your data, the system automatically updates your record. So, you can update your data any time during the submission window, so just so you know that is January 2, 2018 as I mentioned earlier, and that runs through March 31, 2018 for individual and group reporters. So, that timeframe is a little different for CMS web interface users, so I do just want to call that out.

Once the submission period closes on March 31, 2018, again, we'll calculate your payment adjustment based on your last submission or submission update. Now, we have received a few questions on this feature. Notably, this – not having a submit or save button in the system, and really the question is focused on how does the clinician know that their submission was successful. And I think that's a very good question.

So, in short, a user can submit data and they get a score in each separate performance category, MIPS performance category, right when they submit, which is an indication that they have successfully submitted and that we here at CMS have received the data. If you think that there is a problem with the file or the attestation, you can resubmit. You'll get a score again and that is an indication that you have successfully submitted. If the file doesn't upload, you will also get a message noting that.

This is a bit of a paradigm shift from how we've done submission in the past when users after hitting a submit button in one of our submission systems didn't really know if they were successful. So, in some instances, they got an e-mail confirmation and others they didn't. So, we have made it much easier for you to get immediate feedback and know that we have received either your file or attestation.

I think that raises a good point. When you're in the system, you have different options of uploading files in specific formats and that information can certainly be found, and I'll talk just a little bit about how you can find some of that information, but you can also attest to certain measures and activities under the Improvement Activities Performance category and in Advance and Aare Information performance category. So, both of those options, the manual file upload and attestation, are available.

One more feature that I think is worth noting, again, I talked a little bit about this in just a few minutes ago, but it's the automatic feedback and scoring. So as you enter data it into the system, you will see an initial MIPS performance category scoring based on your submissions.

In fact, you will see the score change in real time within the system as you add new files or as you manually attest to improvement activities or measures. You'll see the score changes. It's usually – it's listed at the top of the screen so you'll see that. It's very prominent. We also have some indicators and icons in there to let you know that you have reached – that you've been successful in the performance category.

Now, I will note that the scoring may change if you participate in an Alternative Payment Model, an APM. You report new data or use quality measures in the quality performance category that have not yet been benchmarked. Please also note that this – that; your initial score is not necessarily your MIPS final score.

Additionally, we are working to include some additional functionality for dynamic scoring that will account for aspects that may affect the clinician's performance category score. So, we'll certainly keep everyone updated as we continue to enhance the system to provide you with the best submission experience, but we certainly encourage each of you to provide us with feedback on your experience to date in the submission system because that will continue to help us improve over time.

Just a few final items. I do want to kind of restate that you -- clinicians have until March 31, 2018 to submit data for the 2017 transition year, the performance year. So, we do encourage everyone to login early and often to familiarize yourself with the system and to help you prepare your data for submission.

One of the great features is that you can also submit your data as often as you'd like, so which is another benefit to logging in early. The system is designed to help you identify underperforming measures or highlight any issues with your data, and this will help to ensure that your data is complete and accurate in order to receive the best final score and payment adjustment in the 2019 payment year.

So if you need help, like I said earlier, please call the Quality Payment Program service center. We have agents standing by right now that are able to answer your questions and get you connected to additional forms of support. We also have free support on the ground through our technical assistance initiative that can also guide you through the submission process, and these organizations are out within your local community. They're experienced. They've worked with CMS before. They have a very good understanding of our former submission systems, but they also have been well trained on this brand-new system. So, they're out there and they're able to help you at absolutely no cost.

I also encourage each of you to take a few minutes to review some of our self-paced training videos that are available on the submission system. We have created different scenarios -- scenario training videos to walk users through the process and we think that you will find them extremely valuable. We do have one that's very straight forward. It's reporting MIPS data for both individual and group clinicians.

All of these training materials, these training videos, as well as a very concise fact sheet on data submission is available on our Quality Payment Program Resources Library on [cms.gov](https://www.cms.gov). And we can certainly send out the links to that information to anyone who may be interested.

So to wrap things up today, I do want to remind everyone that the data submission tool was built with input from clinicians across the country. We here at CMS view this tool as a work in progress and we'll continually add new and different features. Again, we certainly welcome and encourage your input on how we can make the submission experience better. So, please do not hesitate to reach out to us through any of the aforementioned forms of support. We're here. We're still listening. We want to make this user experience the best for you. We want to remove any burden that may be in your way as it comes to submission. So, please let us know how we can help.

And with that, I think I'm going to turn it back over.

Jill Darling: All right. Thanks so much, Adam. And last we have Ronke Fabayo, who has an announcement about the Low-Volume Settlement opportunity.

Ronke Fabayo: Thank you, Jill. Good afternoon. My name is Ronke Fabayo and I am the deputy director for the Division of Medicare Death Resolution and Office of Financial Management. And part of the department's broader efforts to improve the appeals process, beginning February 6, 2018, CMS will make available an administrative settlement option for providers and suppliers or appellants with appeals pending at the Office of Medicare Hearings and Appeals and the Medicare Appeals Council and the Departmental Appeals Board.

The Low-Volume Appeal Settlement option is what we're calling it the settlement option or LVA will be limited to appellant with the low-volume of appeal pending it on OMHA the counsel. Specifically, appellants with fewer than 500 Medicare Part A or Part B claim appeals pending at OMHA in the council combined as of November 3, 2017 with the total billed amount of \$9,000 or less per appeal could potentially be eligible if certain other conditions are met. CMS will settle eligible appeals at 62 percent of the net approved amount.

CMS hosted a Medicare Learning Network provider call on January 9th to discuss the process in detail. The transcripts for this call as well as a YouTube link to the full presentation will be available within the next two weeks on our

LVA website. That website address is go.cms.gov. Again, it's G-O-.-C-M-S-.-G-O-V/L-V-A.

Until then, there is a wealth of information regarding the settlement option on the LVA website including the settlement process, documents and frequently asked questions. Please note, CMS will host additional Medicare Learning Network call on February 13th as well as March 13th after the settlement process begins. We encourage those who are interested to visit our LVA website for information on this new opportunity and attend our future Medicare Learning Network call.

As a reminder, the website again is go.cms.gov/lva. If you have any questions related to this process, please contact us at medicaresettlementfaqs. Again, it's medicaresettlement F-A-Q-S – all one word – @cms.hhs.gov. Thank you.

Jill Darling: Thank you, Ronke and to (Adam) and to Gene. All right, (Tiffany) we will go into our Q&A please.

Operator: As a reminder, ladies and gentlemen, if you would like to ask a question, please press “star” then “one” on your telephone keypad. If you would like to withdraw your question, please press the “pound” key. Please limit your question to one question and one follow-up to allow other participants time for questions. If you require any further follow-up you may press “star,” “one” again to rejoin the queue.

Your first question comes from the line of (Michelle Lewis) with Evident . Your line is open.

(Michelle Lewis): Good afternoon and thank you for taking my call. I have a couple of questions for you regarding the new MBI. First of all, new beneficiaries after April 1, 2018 will only be issued an MBI. And according to previous documentation from CMS, providers must continue to submit the HICN for all quality reporting data. How are we going to submit quality data for beneficiaries after April 1 who do not have an HICN? That is the first question. And then secondly, when will the CMS reporting systems be changed to be able to accept the new MBI?

Eugene Freund: So, I think that's an area where we need to get clearer with our web-based or webpages, and we're kind of working on that. I checked with the quality reporting people and the advice they gave me was that is kind of best practice is it's probably a good idea to use for any follow-up reporting the same number that you used for the baseline, the original reporting, if it's something that is two points in time, but that we will be able to connect the dots and connect a new MBI to the HICN.

But it will also be possible to use the HICN kind of after the end of that coordination period – not coordination – transition period when it comes up. So that's – I think our messaging on that could be clearer. Thank you for pointing out that it still a little bit confusing and I'll try to push that a little bit harder.

(Michelle Lewis): OK. And just a follow up – thank you for that response by the way. But just to follow-up, what happens, let's say, in June when we have recipients or beneficiaries who only have an MBI. They don't have an HICN, how will we report that quality data?

Eugene Freund: Just use their MBI.

(Michelle Lewis): OK. Thank you.

Operator: Thank you. That is “star,” “one” on your telephone keypad to ask your question. There are no further questions in queue at this time.

Carol Blackford: All right. Well, thank you everyone for joining the call today. We appreciate it. Again, if you have any suggestions for future agenda topics or if you have any questions that you weren't able to ask on the call, you should feel free to contact us and you can do so two different ways.

You can, of course, send me an e-mail. My e-mail address is Carol -- C-A-R-O-L -- .blackford -- B-L-A-C-K-F -- as in Frank -- O-R-D -- @cms.hhs.gov or you can also send your e-mail to our Rural Health Open Door Forum e-mail

address, and that is ruralhealthodf@cms.hhs.gov. So, thank you again for participating and looking forward to our next call.

Jill Darling: Thanks, Carol. And, thanks everyone for joining us today. On the agenda, I don't have the next date, but I can tell you it is February 22nd. But as always, the date is subject to change. So, thanks again and have a great day.

Operator: Thank you for participating in today's Rural Health Open Door Forum Conference Call. This call will be available for replay beginning at 5:00 p.m. Eastern Time today, Thursday, January 11, 2018 through midnight on January 15, 2018. The conference ID number for the replay is 310064714. The number to dial for the replay is 855-859-2056.

This concludes today's conference call. You may now disconnect.

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