

Centers for Medicare and Medicaid Services
Physicians, Nurses & Allied Health Professionals
Open Door Forum
Moderator: Jill Darling
February 1, 2017
2:00 p.m. ET

Operator: Good afternoon. My name is (Heidi) 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, Physician Nurses and Allied Health Open Door Forum.

All lines have 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 and 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: Thanks, (Heidi). Good morning and good afternoon, everyone. Happy New Year. Welcome to the first Physician's Open Door Forum of 2017. I know that we're already into February, can't believe January has already flew by.

So before we get into the agenda today, two brief announcements. I may have mentioned the last Physicians Open Door Forum about how now the – we'll have transcript and audio available for all Open Door Forums. The link is on the agenda so please give us about a week or so to get it posted.

And also 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 have any inquiries, please contact CMS at press@cms.hhs.gov.

And now I'll hand the call over to our Co-Chair, Marge Watchorn.

Marge Watchorn: Thank you, Jill. And good morning and good afternoon, everybody.

My name is Marge Watchorn I'm the Deputy Director of the Division of Practitioner Services here at CMS. Want to just extend our thanks on behalf of all of our speakers today. We know that you all are very busy in your professions and we just want to thank you for taking time out of your day to listen in and hear some of the important information that we want to share with you and that we believe is relevant to you in your work.

We continue to believe that the Open Door Forums are an important way for us to give you access to the experts here at CMS, so thank you again for your time. And now I'll turn it over to Dr. Rogers, our other Co-Chair.

Dr. William Rogers: Thanks (inaudible) unfortunately today I'm in the middle of a clinical shift, not waiting to start my 3011 so I'll be walking around the emergency room with a phone up to my ear. But I want to thank all of you all for calling in and hopefully this will be productive and it's a great opportunity for us to be sure that we know what's going on out there and how our programs are impacting your practices so looking forward to your comments.

And with that I'll turn it over to (Alesia Hovatter).

(Alesia Hovatter): Thank you so much Dr. Rogers, again this is (Alesia Hovatter). I have two announcements. For my first announcement "It's a new year and new look for the Physician Compare Web Site." CMS, along with the Physician Compare

support team, are hosting two one hour webinars to show you the newly redesigned Physician Compare Web Site and the 2015 performance scores which were recently released in December of 2016.

Those webinars will present the same information and during each webinar the Physician Compare support team will address your questions in a Q and A session. So there's going to be two separate times that we're offering for our WebEx. They're going to be Tuesday, February the 21st– at 11 a.m. and also, Thursday February 23rd at 3 p.m.

We've included both links to register for either session in the agenda for today. Registration ends on Monday, February the 20th. We really look forward to seeing you all there and for any questions please direct those to the Physician Compare support team. And that's PhysicianCompare@westat.com. Again that's PhysicianCompare@westat.com.

So that's it for my first announcement. For my second announcement, this is for PQRS. CMS recently distributed a message about ICD-10, for PQRS, there's ICD-10 code updates that went into effect on October 1 of 2016. CMS has examined the impact to quality measures and has determined that ICD-10 code updates will impact CMS's ability to process data reported on certain quality measures for the fourth quarter of calendar year 2016.

Therefore, CMS will not apply the 2017 or 2018 PQRS downward payment adjustments, as applicable, to any individual eligible professional, or group practice, that fails to satisfactorily report for calendar year 2016 solely as a result of the impact of ICD-10 code updates on quality data reported for the fourth quarter of calendar year 2016.

Please refer, to our list-serve message that's dated 12/15/2016. So please refer to that message for full information. Or you can view our PQRS ICD-10 Section Webpage for our frequently asked questions that we have related to

those code updates. And both of those links were provided in the agenda for today.

For any additional assistance please contact the QualityNet help desk at 1-(866)288-8912 again that's, 1(866)288-8912. They are available 7 a.m. to 7 p.m., that's central time, Monday through Friday. Or you can contact them via e-mail at QNETsupport@hcqis.org, again that's QNETsupport@hcqis.org

And that's all I have. Back to you Jill.

Jill Darling: Thanks (Alesia). Up next we have Terri Postma who will go over the Medicare Shared Savings Program Accountable Care Organization update.

Terri Postma: Hey, thanks. This is Terri Postma, Medical Officer of – for the Centers for Medicare and for the Shared Savings Program. And thanks for joining us today, I just wanted to give you a couple of updates on this program.

Just by way of background and as a reminder, the Shared Savings Program, ACOs, were created to change incentives for how medical care is delivered and paid for -- for fee for service patients. Moving away from a system that rewards the quantity of services delivered to one that rewards the quality of health outcomes.

ACOs are groups of doctors, hospitals and other Medicare enrolled healthcare providers who voluntarily come together to form an ACO and share information to develop and execute a plan for the patients care, putting the patient at the center of the healthcare delivery system.

The Shared Savings Program is a permanent part of Medicare, as mentioned it's a voluntary program, we have an annual application cycle. In January of this year, we announced the seventh cohort of organizations that we welcomed to participation in the program since 2012. And we had 99 new ACOs and 79

ACOs that renewed their participation under the Shared Savings Program for the next three years.

The addition, these new ACOs bring the total number of Shared Savings Program ACOs to 480. These organizations serve over 9 million assigned Medicare fee for service beneficiaries and that represents an increase of 1.3 million beneficiaries compared to this time last year.

The program really continues to draw support from all regions of the country as well as the U.S. Territories. Currently ACOs serve beneficiaries in all 50 states, plus the District of Columbia and Puerto Rico. We're also pleased that rural areas continue to show strong interest in the program and, in fact, we had seven new ACOs join us that serve Medicare beneficiaries in rural areas.

We've also been continuing to encourage ACOs to progress along the performance-based risk continuum and we recently made program improvements to incentivize participation in two sided performance-based risk arrangements. That is they're not just participating in an arrangement where the ACO can share in savings, but also arrangements where the ACO agrees to take on risk for shared losses.

Beginning in January 2017, 42 out of our 480 Shared Savings Program ACOs will be participating in one of the two-sided performance based risk tracks that are offered. That is, track two or track three. And an additional six ACOs that are currently participating in track one, shared savings only, are committed to moving to a two-sided risk track in 2018.

We anticipate that the number of ACOs selecting two-sided performance based risk arrangements will continue to increase next year for two reasons. First, the newly announced Medicare ACO track one plus model is going to be run through the innovation center and then, also, the potential for incentive payments that were established under the Quality Payment Program, that provide added incentives to ACOs that participate in what are called advanced

alternative payment models, such as tracks two and three of the Shared Savings Program.

Next, I just wanted to note that beginning January 1, 2017 ACOs that elected to participate in track three and that applied for use of the skilled nursing facility three day rule waiver under the shared saving program have started to use that. We approved 26 track three ACOs and 425 skilled nursing facility affiliates to use that waiver under the Shared Savings Program. By way of reminder that's the three day rule waiver under the Shared Savings Program that waives the requirement for a three day inpatient hospital stay prior to Medicare covered extended care services for eligible beneficiaries in a CMS approved SNF affiliate.

OK. And then finally the last thing I just wanted to mention was that, as usual, as part of this permanent program, we're gearing up for our annual application cycle. It'll be this spring and just – I don't have dates right now but those will be posted on our program Web Site as they come available, so watch for that. Thanks.

Jill Darling: Thanks Terri. And last we have Robin Usi who has an update on Open Payments.

Robin Usi: Hi, good afternoon everyone. This is Robin Usi. I'm the Division Director for the Division of Data and Informatics in our Center for Program Integrity. I'm just take a moment or two to just give you a quick background on the program as refresher, and for those of you who may not be familiar with Open Payments to date, it is a national disclosure program that promotes transparency and accountability in the healthcare industry.

It does this by making information about the financial relationships between drug, medical supply, biological and device manufacturers and teaching and – teaching hospitals and physicians available to the public. The Open Payments data includes payments and other transfers of value by the applicable manufacturers and group purchasing organization to physicians in teaching

hospitals, as well as ownership or investment interest held by physician in those reporting organizations.

The reported payments can include such things as consulting fees, research grants, travel reimbursements and other gifts that – excuse me – that drug or device companies provide to physicians in teaching hospitals.

The Open Payments data is published by June 30th of each year and CMS also updates the Open Payments data at least once annually after – at least once after its annual publication. We did just have our refresh of the data in January. On January 17, we released a data set that reflected updates that had been made to the Open Payments data through December 31st of 2016.

This updated data showed that for program year 2015, that healthcare industry manufacturers reported \$7.33 billion in payments and ownership and investment interests to physicians in teaching hospitals. This amount is comprised of 11.91 million total records, which have been attributed to 618,000 physicians and over 1,100 teaching hospitals.

The other thing that I would like to mention is that, along with the refresh of the data on January 17th, we did enhance our open payments data Web Site and that link has been provided as part of the agenda. I won't go into the details of the enhancements but please feel free to go into our Web Site and take a look around. There has been an overall site redesign as well as some new social media icons that enable users to share pages through a variety of social media including Facebook, Twitter and e-mail. As well as some reorganization of how we present the payment information, and some new graphics.

So, aside from that, today marks an important day in the program as well. February 1st began the submission of data by industry for the 2016 program year. Industry does have until March 31st to submit their payment, and then beginning on April 1st, physicians in teaching hospitals have the opportunity

to come into the system in order to review and, if necessary, dispute those transactions.

So the one thing to keep in mind is if physicians or teaching hospitals would like to review their payments prior to publication this June 30th, they must first register in the system in order to do so. If you have registered in the past, you do not need to register again. However if it has been over 180 days since you've logged into our enterprise identity management system, your accounts been deactivated for security purposes and can be reactivated by contacting the Open Payments help desk.

Their hours are currently extended, at this period of time, they are now open from 8:30 a.m. to 7:30 p.m., Monday through Friday. So again, the review and dispute period is targeted to start on April 1st, following the close of data submission and ends on March 31st. There was another link provided in the agenda today and you can use that link to find additional information about the Open Payment programs as well as resources on how to register.

So thank you for joining the call today and we look forward to you registering and taking the opportunity to review it – review your data, prior to this year publication. Thank you, Jill.

Jill Darling: Thanks Robin, and thank you to all of our other speakers today. (Heidi) will go into our Q and A please.

Operator: Certainly.

Jill Darling: All right well thanks everyone. Dr. Rogers, any closing remarks?

Dr. William Rogers: No I am pleased that there wasn't any questions. (You guys) are doing a really good job...

Jill Darling: OK. Well we're kind of losing you but we appreciate you coming on the call today. Well thank you everyone and this was quick open door forum but as always we appreciate you listening in.

And our next scheduled Open Door Forum is at March 15th. But please note that the dates are always subject to change so – thank you all and have a great day,

Operator: Thank you for participating in today's Physician Nurses and Allied Health Open Door Forum conference call. This call will be available for replay beginning at 5 p.m. eastern time, today, February 1, 2017 through midnight on February 3rd. The conference ID number for the replay is 56384402. 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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