

Centers for Medicare and Medicaid Services
First Friday Call
Clinician Outreach Meeting
Moderator: Eugene Freund
February 2nd, 2018
1:30 p.m. ET

OPERATOR: Good afternoon. My name is (Scott) and I will be your conference operator today. At this time, I would like to welcome everyone to the First Friday Call – Clinician Outreach Meeting.

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, then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you.

Dr. Eugene Freund, you may begin your conference.

Eugene Freund: Thank you, (Scott).

And thank you all for calling in to the February version of our monthly meeting. I do have a quick reminder that this is an informational call and not for the press. There is an e-mail for press if you do have press-related questions. And that's my only reminder.

Up first, we have I think (Rachel Winer) up for the QPP update and a reminder of the March 31 data submission window. So, go ahead, (Rachel) or (Kelly).

(Rachel Winer): OK. (Rachel) here. Thank you.

Eugene Freund: Thank you.

(Rachel Winer): So, I just wanted to mention that the deadlines are fast approaching if you plan to submit data for 2017 Merit-Based Incentive Payment System performance period. The two – the two key dates are March 16 at 8:00 p.m. Eastern Time for group reporting via the CMS Web interface, or March 31 for all other MIPS reporting, including individuals.

Now is the time to act and visit qpp.cms.gov and use the data submission feature. You can just look for the Sign In tab to begin submitting your data. If you are not sure if you should report for MIPS, enter your national provider identifier in the MIPS Lookup Tool on qpp.cms.gov to find out whether you need to report. Additionally, there is an APM Lookup Tool that's available for clinicians to know that they are in the MIPS APM or an Advanced APM.

To prepare for data submission, you can check that your data are ready to submit. You can submit data for the Quality, Improvement Activities and Advancing Care Information performance categories. For data submission, you will want to have your CMS Enterprise Identity Management, EIDM, credentials ready or get an EIDM account if you don't already have one.

An EIDM account gives you a single ID to use across multiple CMS systems. If you reported for legacy programs, like the Physician Quality Reporting System, PQRS, you already have an EIDM account. You can also use our EIDM guide that's available on the QPP Resource Library at qpp.cms.gov to get started.

You can update your data in the system up to the March 31st deadline. The system doesn't have a Save or Submit button. Instead, it automatically updates as data is entered. You will see your initial scores by performance category as you enter data, which is an indication that you have successfully submitted and that CMS has received your submission. If your file doesn't upload, you will get a message noting that issue.

You can submit data as often as you like. The system will help you identify any underperforming measures and any issues with your data. Starting the data entry early gives time to resolve performance and data issues before the March 31 deadline.

In addition, the qualifying APM Participant QP Status Lookup Tool is being updates and expanded to include participation data for Advanced APMs and MIPS APMs. Yesterday, we announced the results of the third qualifying APM participant determination based on eligible clinician participation in 2017 Advanced Alternative Payment Models, APMs. In addition, the tool has been expanded to include 2017 participation data for Advanced APMs and MIPS APMs for the first time. The tool is accessible at data.cms.gov/qplookup.

Under the Quality Payment Program, eligible clinicians who meet certain criteria are considered qualifying APM participants in Advanced Alternative Payment Models and are, therefore, excluded from the MIPS Quality Reporting Program. QPs identified based on the 2017 performance year will receive a 5-percent Medicare incentive payment in 2019. A major agency priority for the Quality Payment Program has been to provide eligible clinicians their QP status as soon as possible to minimize clinician confusion and provide clarity on what they need to do to meet requirements.

And, finally, yesterday we published the 2018 call for Advancing Care Information measures and Improvement Activities. The annual call for measures and activities process allows clinicians and organizations, including but not limited to those representing eligible clinicians such as professional associations and medical societies and other stakeholders such as researchers and consumer groups, to identify and submit electronic health record measures for the Advancing Care Information category – Advancing Care Information performance category and activities for the Improvement Activities performance category for consideration.

And that's it from me.

Eugene Freund: So, if people could raise their digital hands with questions if they have them, we can entertain questions. I do have one question for you, (Rachel). You gave the data that cms.gov/qplookup as an address to look up your status regarding APMs. You can also link to that from the qpp.cms.gov sites, too, can't you?

(Rachel Winer): No, actually. They are – they are separated.

Eugene Freund: OK.

(Rachel Winer): So, you go to the – you go to the qpp.cms.gov to see if you need to report for MIPS using your NPI for MIPS there. And, then, you can go to cms.data.gov/qplookup to see if you are – if you are a participant in the APM Lookup Tool.

Eugene Freund: OK. Thank you very much for clarifying that with me. I'll make sure I send that address out after the meeting too.

Mr. (Finerfrock) in the room has a question.

(Bill Finerfrock): (Rachel), you were rather detailed in what you gave. I don't know whether you have it well memorized or you had a document you were working from. If it was a document, is there any chance that that could be shared? I know I like to do articles. And given the level of detail, it would make it a lot easier to write an article if I had what you were just working from.

(Rachel Winer): I was working from some internal Q&As. So, those are for – those are for internal purposes only. Sorry about that.

(Bill Finerfrock): All right.

Eugene Freund: OK.

(Bill Finerfrock): Thank you.

Eugene Freund: All right. Thanks.

Other questions on the line?

Operator: At this time, I would like to remind everyone in order to ask a question, press star, then the number one on your telephone keypad.

You have a question from the line of Richard Wild with CMS.

Your line is open.

Richard Wild: Hi, Rachel and Gene.

Eugene Freund: Hi.

Richard Wild: (Rachel), my understanding is that – I’m the regional chief medical officer for the southeast in Atlanta. We had several states that had been affected by the hurricanes. And some physicians in some states – the entire state – will receive a neutral adjustment if they receive no – if they did not submit data. Now, that’s now reflected in the lookup tool for the NPI as if they would have to go to our policy and look up what counties they are in if they are in certain states that exclude by counties or ...

(Rachel Winer): That is correct.

Richard Wild: OK. So, the NPI would not reflect that severe extenuating circumstances policy ...

(Rachel Winer): Yes. That is correct.

Richard Wild: ... on the lookup. You may want to, at some point, let people know in the southeast and Texas – of course, the California wildfires – that there are some of these nuances that they will get a neutral adjustment even if they did not submit data. And then, of course, there’s a whole question about groups where they may – they can still get a positive adjustment as can individuals if they submit.

(Rachel Weiner): Thank you. That’s an excellent point, so I’ll make a note of that.

Eugene Freund: All right. Thank you. And as we ramp up towards March 31, we’re going to make QPP a regular first Friday item.

We have another question in the room.

Jennifer McLaughlin: Hi, (Rachel). This is Jennifer McLaughlin with the Medical Group Management Association. You spent a good deal of time talking about the NPI lookup for eligible clinicians based on 2017 data. What I'm getting a lot of questions from our medical administrators throughout the country is when will they know whether they are eligible for 2018, especially because quality is full-year reporting this year?

(Rachel Winer): My understanding is that that will be available in the coming months. I'm not exactly sure yet of the exact date. But, as soon as we know, we will – we will let others know.

Jennifer McLaughlin: OK. Thank you.

Eugene Freund: And, as always, you know, one can look at the right criterion and figure out where they fit. But, yes, it would be nice to be able to look those – look those up.

Any other questions in the line or in the room?

Operator: Again, to ask a question over the phone, please press star, then the number one on your telephone keypad.

There are no questions over the phone at this time.

Eugene Freund: Great. (Rachel), thank you very much for giving a presentation and putting up with our questions. And we look forward to talking to you again in a month.

(Rachel Winer): Thank you.

Eugene Freund: Thanks a lot.

Next up, we have (Amy Hammonds) from our Center for Program Integrity talking – giving us a little reminder about the open payments.

(Amy Hammonds): Thanks, Gene.

Hi, everyone. This afternoon, the Open Payments team just wanted to give a quick update on some items that we just completed and some reminders. With the items that we just completed, we just did our January data refresh. So, with that, each year, we are required to update or refresh the Open Payments data after the initial publication. That initial publication refers to the June 30 date that we use every year. So, this is done on Wednesday, January 17. We updated everything and these changes reflect any corrections that were made to the data and were submitted after that initial data publication of June 30, 2017.

And, then, our reminders. We just wanted to let everybody know that the Open Payments system is now available for registration. So, physicians and teaching hospitals can register in the Open Payments system in order to review and affirm records that are attributed to them or, if need be, they can dispute the records as well. We have the review and dispute period that should start in April. But, we do encourage early registration and preparation for this so that you're all set out once that review and dispute period opens.

Also, if you have previously registered in the Open Payments system but haven't accessed your account in 180 or more days, you will actually need to reactivate your account which – this is done by calling our Open Payments help desk. So, I'll give you guys the number for that in case you need it. It's 1-855-326-8366. And the hours right now are 8:30 a.m. to 7:30 p.m. And, as always, we'd like to remind you guys that we do have resources on cms.gov/openpayments. We have lots of different quick reference guides and tutorials that will help you for this.

So, that's what we have today. Thanks, guys.

Eugene Freund: Any questions? While we're waiting for questions – so, the number was 855-326-8366, (Amy)?

(Amy Hammonds): Yes. That is correct.

Eugene Freund: And it's open from 07:30 to 19:30 Eastern Time?

(Amy Hanons): 8:30.

Eugene Freund: 8:30.

(Amy Hanons): Yes.

Eugene Freund: OK. 8:30 Eastern Time. OK. Thank you.

Any other questions in the room? Jennifer McLaughlin?

Jennifer McLaughlin: Hi, (Amy). This is Jennifer, as Dr. Freund said, with the Medical Group Management Association. My question is about the registration system. My understanding is it's the EIDM system. So, say, a practice administration who has the role to go in and look at the EIDM portal for the purposes of uploading QPP documents, would they also still have to re-register or do anything (that's related) for Open Payments or do those sort of cross reference each other?

(Amy Hammonds): You know, to be honest, I am not entirely sure on that. But, I can definitely follow up and send you guys a note if you wanted to send out information about that. I'm not sure how like the crossover works as far as being connected with other programs.

Jennifer McLaughlin: OK. Yes. That would be great. Thank you so much, (Amy).

(Amy Hammonds): Sure.

Eugene Freund: Any other questions on the line or in the room?

Operator: Again, to ask a question over the phone, please press star, then the number one on your telephone keypad.

There are no questions on the phone.

Eugene Freund: OK. Thank you very much.

Next up, we have Allison Newsom for our Center for Clinical Standards and Quality. And she will be talking about webinars and I think a couple of other things related to Physician Compare.

Allison Newsom: Thanks. The Physician Compare support team has two upcoming 90-minute webinars that will talk about the recent Physician Quality Reporting System or PQRS and non-PQRS performance year 2016 information that was added to Physician Compare this past December. And during these webinars, we'll be talking a bit more about star ratings and the Quality Payment Program information that's in the pipeline for potential inclusion on Physician Compare later this year. So, again, we'll be talking about performance information added in December 2017, Physician Compare star ratings and upcoming additions to Physician Compare. We'll be offering two different times for these webinars since we know a lot of people have busy schedules.

Each webinar will present the same information and, at the end of them, for both webinars, you will be able to ask us questions. These webinars will be on Wednesday, February 21 at 11:00 a.m. or Thursday, February 22 at 3:30 p.m. We'll be posting registration information on the Physician Compare Initiative page early next week. And I will make sure that you guys have a link to that page so that you can find that registration information. And, then, you can also reach out to the Physician Compare help desk if you want to the registration information or have any questions. And that e-mail address is physiciancompare@westat.com. That's physiciancompare@westat.com.

And that's all from me.

Eugene Freund: Thank you.

Any – we have a question from Mr. (Finerfrock) in the room.

(Bill Finerfrock): Yes. Will those be recorded and available for folks to listen to at a later time or is it only available for live listening?

Allison Newsom: We will not be recording the webinars, but we will be publicly posting the slides as well as some supplemental resources that go over some of what's discussed during the webinars.

(Finerfrock): Is there a reason you wouldn't record it (and those stuff) so folks can listen later?

Allison Newsom: So, historically, we haven't recorded the webinars and posted them online. I can follow up with our team to look into that future webinars. But, what – so, what we have done in the past is we have made available, like I said, the slides and then some in-depth resources that support the slides – so, fact sheets, Q&A documents if there's anything that's frequently asked during the presentation. So, I think you will find there is like a lot of information that will still be available.

(Finerfrock): OK.

Allison Newsom: Thank you.

Eugene Freund: Thank you.

Additional questions?

Operator: Again, to ask a question on the phone, please press star, then the number one on your telephone keypad.

There are no questions over the phone at this time.

Eugene Freund: OK. Thank you very much, Allison.

And next on our agenda – and for the next part of the agenda, feel free to hit star, one and have (Scott) interrupt me as we go on with any comments or question you have. I don't have additional things to present other than the April 1 deadline to have your systems ready to accept the new Medicare cards is coming upon us in just two months now. And, so, it's kind of – I have not heard of people's billing systems not being ready to receive this. But, that would be interesting news if that were the case.

And there's time for many Medicare beneficiaries since, especially this is going to be rolled – the new cards are going to be rolled out, you know, over a one-year period, to make sure that they get their addresses correct with Social

Security. So, another thing that the practitioner community can do is if you know – as you see remittance advice and things like that, if you see that somebody's address with Medicare is different, from the one you have for them, to remind them. They have to do that through Social Security. But, that would help people actually get their cards if we have the right address for them.

And that's all I really have to say. But, I want to open it up for any questions or comments. I just wanted to add a period of time on these first Fridays when people can pepper the provider ombudsman for the new Medicare card with any questions they have or concerns they have or especially – and hopefully not – glitches that they are encountering.

Operator: Again, to ask a question on the phone, please press star, then the number one on your telephone keypad.

There are no questions over the phone at this time.

Eugene Freund: OK. Well, that's – I hope – I do hope that no news is good news. And the e-mail address is there. My e-mail address also works. But, there is one dedicated to the new Medicare card. And, you know, always happy to help with any questions as they come up. And thank you for your attention for this.

You know, the last final item and you will see on your agenda that there is a link to it – there is an upcoming MLN Medicare Learning Network webinar on the low-volume appeals settlement option. It's a call and actually I neglected to write down the time for that. But, if you follow the link, it will give you the information to follow that. It will be from 1:30 to 3:00 p.m. Eastern Time on the 13th of February. So, if you are particularly interested in that settlement, there are some FAQs on that link that I sent you to to help decide whether it's of any interest to you. And that's the information I did want to relay on that one.

Male: So – agenda – so, when it says February (10), that's when the MLN is released but the webinar is on the 13th?

Eugene Freund: That's a good question because I thought it was on the 5th. Hang on a second. National Provider Calls and Events – I think I just had transcribed the date incorrectly. The option calls that I have – there was one on January 9. There is one of February 13. So, let's keep that corrected. February 13, 2018 from 1:30 to 3:00 p.m. Go with that Web link and I will send out a correction to – thank you.

Any questions? Last-minute comments?

Operator: There are no questions at this time.

Eugene Freund: OK. Thank you, all, very much. And I look forward to talking to you and with you again on the 2nd of March, exactly 28 days from now, 2018. OK. Thank you.

Female: Thank you.

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

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