

Centers for Medicare & Medicaid Services
Rural Health Open Door Forum
Moderator: Jill Darling
March 9, 2017
2:00 p.m. ET

Operator: Good afternoon. My name is (Rachael) and I will be your conference facilitator today. At this time, I would like to welcome everyone to the Centers for Medicare & Medicaid Services Rural 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 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: Thanks, Rachael. Good morning, good afternoon, everyone. I am Jill Darling in the CMS Office of Communications. Thanks for joining us today for the Rural Health Open Door Forum. Before we dive into the agenda, just two quick announcements from me. 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 today's call. If you do have any inquiries, please contact CMS at press@cms.hhs.gov.

Also if – I had not mentioned on the previous Rural Health Open Door Forum, the Rural Health Open Door Forum as well as the other open door forums are now available through podcasts. And the link is on the agenda today, and so you'll be able to take a look at the transcript and the audio as well. So just give us about a week or so to get it posted after we, you know, make some

proper edits to the transcripts. So just let you know, let you all know that that is available now.

So now I'll hand the call off to our Chair, John Hammarlund.

John Hammarlund: Thanks so much, Jill. Hello, everyone. Welcome to today's call and thank you so much for joining. We have a large crowd today, I am told, and so I hope that's reflective of a good agenda that you feel has important information that you need to hear about as well as an interest in dialoging with us because at the end of today's presentations we'll have a lot of time for Q&A and some dialogue.

So we're delighted to have the engagement with you. And I think today's agenda is really rich and good. And you can always help us build the agendas for the future. So I just want to remind you on behalf of the co-chair of this call, Carol Blackford, that if you have agenda ideas that you would like to hear from CMS on a future Rural Health Open Door Forum call, feel free to submit them to us. You may submit your agenda item, ideas to Carol Blackford, and her e-mail is carol.blackford@cms.hhs.gov. We'll take your suggestions and weave them into a future agenda.

I am delighted to be joined with so many of the CMS staff from the regional offices today. Always glad to have them on. And remember that those Rural Health coordinators, who reside in each of the 10 regional offices, are often your first point of contact for assistance. So, with that, again, I thank you all for joining and hand it back to Jill.

Jill Darling: Thanks, John. So, first off, we have Joel Kaiser, who has an announcement regarding DMEPOS Fee Schedule Adjustments.

Joel Kaiser: Thank you, Jill. This is Joel Kaiser. I am the Director of the Division of DMEPOS Policy in the Center for Medicare at the CMS. Just wanted to briefly mention stakeholder call that we're having later this month on March 23rd, and stakeholders that we're referring to would be suppliers of durable medical equipment, enteral nutrition throughout the United States. This stakeholder call is being held in response to a mandate under the 21st Century Cures Act. Section 16008 of the 21st Century Cures Act mandates that we

solicit and consider stakeholder input regarding the adjustments of Medicare fee schedule amount for durable medical equipment and enteral nutrition using information from Competitive Bidding Programs.

So just to give a real quick background, way back in 2003, the Medicare Modernization Act mandated the establishment of Competitive Bidding Program throughout the United States. In phasing in those programs, they specifically mandated that they be phased in initially in the largest metropolitan statistical areas throughout the country. So, currently, we have Competitive Bidding Programs for Durable Medical Equipment and Enteral Nutrition in 130 competitive bidding areas, which are in metropolitan statistical areas, and they are the largest metropolitan statistical areas.

What the statute also mandated is that for those areas where we don't have competitive bidding programs that we use information from the competitive bidding programs to adjust prices in other areas of the country or to adjust the fee schedule amount paid in other areas of the country. What the 21st Century Cures Act does is it mandates that in making these fee schedule adjustments beginning January 1, 2019 that we take certain facts and information into consideration, essentially a comparison of certain information and data related to cost of furnishing items and areas where we did, the large urban areas, and information for the cost of furnishing items in the areas where we don't have competitive bidding; so to sort of give us more of the fine tuning of the adjustments to take into consideration cost of furnishing items in areas that are not the largest urban areas in the country.

So we particularly are mindful of items being furnished and accessed to items being furnished in rural areas for the country. We do have one competitive bidding area in Honolulu, Hawaii. So we do have competitive bidding in non-contiguous parts of the country. But this is an urban area as well.

So we are just trying to get the word out to try to get as many folks to call in on the 23rd, so that we can have a good turn out and get some good input on unique issues related to furnishing items in rural areas of the country. So hopefully everyone can spread the words, and those who want to provide input can come on the call on the 23rd. And the information regarding the

call, like the registration website and the details page is on the agenda for today's call.

Jill Darling: All right. Thanks, Joel. Next we have Ashley Spence, who has an announcement on the 2017 MIPS participation.

Ashley Spence: Yes, thank you. So, hi, this is Ashley Spence and I work on the communication team currently working on MIPS or the Quality Payment Program. So, a few announcements; you've heard many of these before. But one is that 2017 is the first performance year. So we are a few months in. We do have a few resources now available on the QPP website for assistance.

But I also for this call want to plug that we also have technical assistance. And so, many of you also know if you attended the smaller rural webinar few weeks ago that we have a \$100 million designated to MACRA to help with technical assistance. And so, we now have – we have those teams in place somewhere already in place and now we the rest of them aboard and so we are ready. And we hope that when you are ready to begin reporting that you will then utilize on both services.

The other announcement that I wanted to make was we are getting a lot of questions around what voluntary reporting looks like. When can you get started? What do you need to do, et cetera? So as you know we're currently beginning policy or rulemaking for the second year of the program. And I think a lot of these areas we are seeking your comment and your feedback on in these forms and others.

So if you have feedback that you would like to share with us on how you think that we should utilize some of the mechanisms already in place for FQHCs or RHCs, we are definitely open to that because we know obviously that we don't have a lot published for the first year of the program.

On the other note is that for year one, the facilities are not considered eligible for the program, but that doesn't mean that clinicians that practice outside of those FQHCs and outside of the RHCs are exempt. And so, we just want to make sure that we put that on your radar. It was also the same for like PQRS in the legacy program is that if you do bill a Medicare Part B outside of those

facilities, pay close attention to those and really look at the materials that we publish around eligibility who is eligible and able to participate to see if you meet the threshold, if you are considered ineligible clinician, et cetera, because those charges, those allowed charges are considered eligible outside of FQHCs and RHCs.

Just one last thing that we wanted to note is that, again, we're working on ways to improve and really kind of iron out what voluntary reporting looks like. And so, CMS is working closely with HRSA to come up with a plan. And so, we don't have anything concrete as of yet, but just know that there have been full of meetings and other meetings on the book to really iron out those details so that we can get something a little more concrete for future calls.

The last thing, very last thing, is that the link provided for you is for the MIPS overview slide deck in case. I don't know if you have or haven't seen it. But there is also one that I actually forgot to mention or to send it to Jill to send out, and that is that we have a slide deck that from the smaller rural webinar. And so if you weren't able to attend that webinar, the recording and the slides are also available via the QPP education page. So hopefully those resources will at least get you started. And we also have the service center that is open, a lot – many more hours than we got here in the government headquarters office to help assist with any questions that you may have. Thank you.

Jill Darling: All right. Thanks, Ashley. Next we have Michelle Oswald, who will go – give us an update on the Chronic Care Management Campaign.

Michelle Oswald: Great. Good afternoon everyone. My name is Michelle Oswald and I am at the CMS Office of Minority Health. So a few weeks ago my colleague in the Center for Medicare talked about new Chronic Care Management Services on this Rural Health Open Door Forum. So I wanted to talk to you today about a new initiative that we're launching next week called Connected Care to support Chronic Care Management Services.

So the team at the CMS Office of Minority Health, along with HRSA's Federal Office of Rural Health Policy, are partnering to design and implement

a Chronic Care Management Campaign. This campaign has two interconnected audiences; one being healthcare professionals and the other being patients - Medicare beneficiaries. The healthcare professional audience will focus on practitioners and suppliers who are eligible to bill for Chronic Care Management Services including RHCs and FQHCs. And then the patient audience will include Medicare beneficiaries as well as dual eligible Medicare and Medicaid beneficiaries particularly with two or more chronic conditions. And we are focusing efforts particularly on racial and ethnic minorities and individuals in rural populations.

This is a national campaign. We are striving to reach every state, but we will be doing targeted outreach in four particular states -- Georgia, New Mexico, Pennsylvania, and Washington State, and then with even further efforts in one rural county and one city within each of those states. We will be offering some new chronic care management products with the initiative to include a healthcare professional toolkit. The toolkit will include some guides and links to our existing factsheets and resources along with some new information to help healthcare professionals including RHCs and FQHCs to better understand and implement chronic care management in their practices. We'll also provide some educational materials to share with patients that can be tailored to your practice, which will include a patient flyer as well as a poster.

For those of you who are interested in partnering on the initiative, we will also have a partnership toolkit available to download as well, which will have some information for you to share in your location. All of these materials will be available next week to download from our website, which is go.cms.gov/ccm. And there was a link to that within your announcement.

So with next week's launch, we will be holding a partner webinar that will be on Wednesday, March the 15th from 3:00 p.m. to 4:00 pm. A link to register for the webinar is also on our website. And if you have any follow-up questions about chronic care management, our new chronic care management materials, next week's webinar, or if you are interested in partnering with us on the initiative, we encourage you to please e-mail us at our chronic care management mailbox, which is ccm@cms.hhs.gov. And I'll get that to you one more time, ccm@cms.hhs.gov. Thank you.

Jill Darling: Thanks, Michelle. Up next, we have Steven Johnson who has some data submission deadline for the Medicare EHR Incentive Program.

Steven Johnson: Thanks, Jill. So I want to provide everybody an update that we are extending the attestation deadline From February 28, 2017, for the Medicare EHR Incentive Program. The deadline will be extended to March 13, 2017. If you have any questions regarding the Medicare EHR Incentive Program, please feel free to e-mail to our mailbox at ehrinquiries@cms.hhs.gov , that is ehrinquiries@cms.hhs.gov. Thanks, Jill.

Jill Darling: All right. Thanks, Steven. And last, we have (Nekeshia McInnis), who has some submission deadlines for the upcoming Hospital IQR program.

(Nekeshia McInnis): Oh, thank you, Jill. Good morning and good afternoon everyone. This is (Nekeshia McInnis) team member and subject matter expert for the Hospital Inpatient Quality Reporting Program at CMS. And I wanted to provide some brief reminders to you all in the provider community related to data submission deadlines and extensions. Further, as a friendly reminder from concerning eCQMs, specifically for hospitals participating in the Hospital Inpatient Quality Reporting IQR Program, the eCQM data submission deadline that should submit at least four eCQMs from either Quarter 3 2016 or Quarter 4 2016 is this upcoming Monday, March 13, 2017, at 11:59 p.m. Pacific. More information on the IQR program requirement can be found on the QualityNet website that was linked through the agenda for this call.

Hospitals participating in the Hospital IQR Program, who aren't able to submit eCQM data can review the Extraordinary Circumstances Extension/ (Extension) ECE request information also located on the QualityNet website. The eCQM ECE policy clarification questions and answers document is available to assist hospitals if an ECE is applicable.

Please note that the eCQM ECE requests for the IQR program are due by April 1, 2017. If you have any questions regarding the IQR program, please don't hesitate to reach out to the Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education support team at 844-472-4477.

Second, this is a friendly reminder concerning the HAI measures. CMS has also extended the deadlines for the Healthcare Associated Infection, HAI, data submitted via the CDC's NHSN, National Healthcare Safety Network, for the IQR program allow providers to submit their data until Wednesday, March 15, 2017, no later than 11:59 Pacific. Specifically, the deadline has extended for the following HAI measure for quarter three 2016 -- the CAUTI, CLABSI, SSI, MRSA, and CDI measures.

Please note that qualifying hospitals may file exceptions for CAUTI, CLABSI, and/or SSI reporting using the IPPS Measure Exception Form. The deadline to submit an IPPS Measure Exception Form for these measures has been extended to March 15, 2017 by 11:59 p.m. Pacific for Quarter 3 2016 data. Again for further assistance regarding this information, please contact the Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education support team at 844-472-4477.

Thank you all for your continued support and contribution to the success of the IQR program. Thank you.

Jill Darling: Thanks, (Nekeshia) and to all of our speakers for today. (Rachael), we'll 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 the number one on your telephone keypad. If you would like to withdraw your question, please press the pound key. Please limit your questions 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. Again, star one to ask a question.

Your first question comes from the line of Susan Sumrell with NACHC. Your line is open.

Susan Sumrell: Hi, this is Susan Sumrell with the National Association of Community Health Centers, and I wanted to thank you for your comments on voluntary reporting under MIPS as it applies to federally qualified health centers. It sounds as if there maybe opportunities to share more detailed comments on that coming

up, and I would like to hear which opportunities or which opportunities those might be.

And then also just put a plug in, I think, that for the health centers we oftentimes do things as an entity. I think reporting voluntary reporting as an entity would be very helpful for the health centers moving forward. So, first of all, we're interested in hearing sort of what opportunities might be coming up to comment on that or provide some feedback there. And then second of all, I am interested to know what you all – what advice you're giving folks that are interested in getting go ahead and getting started in that voluntary reporting now as we wait for more information.

Ashley Spence: So, hi, this is Ashley. So specifically what we do is we set up stakeholder calls and/or webinars. So, for instance, we've had like the public webinars around virtual groups. And we talked about doing something similar around voluntary reporting so that it's open to the public. But what we do often are individual listening sessions by organizations. So if that is something that you are interested in, we have like a speaking request form that's posted on the QPP – you can get to it from the QPP site.

Susan Sumrell: Thank you.

Ashley Spence: And by requesting that, you know, we'll – we can set up a call with a few in your team and, you know, and really kind of hear concerns that you have individually.

Susan Sumrell: Great.

(Crosstalk)

Ashley Spence: ... in fact (do) something public, a larger webinar, it will also be posted on the QPP portal on the webinar page.

Susan Sumrell: OK. Thank you so much.

Ashley Spence: Thank you.

Operator: Again, star one to ask a question. Your next question comes from the line of (Kate Goodson) with (Strive Community). Your line is open.

(Kate Goodson): Yes, a couple of forums ago, I heard that we were supposed to be getting a letter if we were not eligible for the MIPS program. We didn't get a letter. I was just wondering what the progress was with that?

Ashley Spence: Hi, so this is Ashley, again. So we are still planning to issue those letters. We just had a little delay, and we will just kind of go in the record and say that with the transition of administration and all, things have kind of slowed down just a little bit. And so, we are planning to get those onboard. The process just took a little longer as our new team came on board and was able to approve those materials to go out. So it's still coming. They haven't gone out yet, so you haven't missed anything yet. But we are still planning to issue those. So we do apologize for the delay.

(Kate Goodson): Thank you.

Operator: We have no further questions at this time. I turn the call back over to Jill Darling.

Jill Darling: All right, thanks, (Rachael). Thank you for those questions and thank you to our speakers. We hope today was very useful and helpful. To you to let you know the next Rural Health Open Door Forum is scheduled for April 20th, but note that it is – the date is always subject to change as well as the agenda items. So, John, if you have nothing else to add we'll close out the call.

John Hammarlund: I don't today. I just appreciate everybody participating. Thanks.

Jill Darling: All right. Thanks, everyone. Have a great day.

Ashley Spence: Thank you.

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 Standard Time, today, March 9, 2017 through midnight on March 13th. The conference ID number for the replay is 56388799. 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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