

Centers for Medicare & Medicaid Services
Physician Nurses & Allied Health
Open Door Forum
Moderator: Jill Darling
March 15, 2017
11:14 a .m. ET

Operator: Good afternoon, my name is (Christina) and I will be your conference facilitator today. At this time I would like to welcome everyone to the Centers for Medicare & Medicaid Services, Physician Nurses & Allied Health, Open Door Forum. All lines have been placed on mute to prevent any back round 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 start then the number one on your telephone keypad. If you would like to with drawl your question press the pound key. Thank you and Jill Darling you may begin your conference.

Jill Darling: Thank you (Christina), and good morning and good afternoon everyone. Thank you for joining us today for the Physicians Open Door Forum. Before we get into the agenda, I have one 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 but please refrain from asking questions during the Q&A portion of today's call, if you have any inquiries please contact CMS at press@cms.hhs.gov.

We do have a new face with us after (Dr. Roger's) left for New Orleans; we now have Dr. Eugene Freund so I will kick it off for him for a little intro.

Dr. Eugene Freund: I just want to thank you for the welcome and say hello to everybody. It's kind of weird; I guess I'm only the second physician coach here for this thing,

since (Dr. Roger's) started with the – or the – the open door forum – when it began a good while back.

Trying to help fill issues in the best way I can. I have just a teeny, teeny bit about me. I've been in the United States public health service for almost 29 years now. Worked at CDC, it was just before the meeting, (taughting) up my CMS years. I've actually had 13 years in CMS and the quality of care for Medicare Arena, as well as (SIA) most recently.

Feel free to reach out to me about any non press questions; I'm at Eugene E-U-G-E-N-E dot Freund, F-R-E-U-N-D one at cms.hhs.gov, if you want to reach me and that's all I have, I'm here to listen.

Jill Darling: All right, thank you. So first on the agenda we have (Ann Marshall) with a highlight on the Care Management webpage.

(Ann Marshall): Thanks Jill, this is (Ann Marshall) in the division of practitioner services. We just wanted to let people know that we recently reorganized the physician fee schedule webpage on the CMS website to consolidate all of the guidance we have in related to various care management services in one place.

So it's kind of too long to read but if you go to the physicians fee webpage you'll see on the left side under the list of hyperlink, a hyperlink for care management and when you click on that it will take you to a page that has all of the chronic care management guidance that's been updated for 2017, as well as FAQ's and facts sheets on advanced care planning, transitional care management, and behavioral health integrational services.

So check it out, those are – it's also good to have it in one place, because folks that are interested in one set of services are often interested in others. So we just want to let folks know that we have reorganized that page and they can check their regularly for updates for those new coding initiatives. Thank you.

Jill Darling: OK. And if I'm not mistaken that website is also on today's agenda as well. So thank you (Ann) and next we have Alesia Hovatter who has an

announcement regarding the CMS deadline for 2016, physician quality reporting system and EHR.

(Alesia Hovatter): Great, thanks so much Jill, this is (Alesia). The CMS extended the submission deadline for 2016 Quality Reporting Document Architecture also known as QRDA, data submission for the EHR reporting mechanism of the PQRS program. Individual EP's, PQRS group practices and qualified clinical data registries also known as QCDR's and qualified EHR data submission vendors now have until Friday, March 31st, of 2017, to submit the 2016 EHR data via QRDA.

The deadline was extended to March 31st, of 2017, for EP's to electronically report electronic clinical quality measures also known as eCQMs for the Medicare EHR incentive program.

A complete list of the 2016 data submission timelines is below which I'm going to read to you all.

March 31, 2017 deadlines:

- EHR Direct or Data Submission Vendor (QRDA I or III) – 1/3/17 - 3/31/17
- Qualified Clinical Data Registries (QRDA III) – 1/3/17 - 3/31/17
- Qualified Registries (Registry XML) – 1/3/17 - 3/31/17
- QCDRs (QCDR XML) – 1/3/17 - 3/31/17
- eCQM reporting for EPs – 1/3/17 - 3/31/17

So the submission for all those ends at 8:00 PM Eastern Time on the date that I just provided to you all.

Enterprise identity management, also known as EIDM, account with the ("submitter role") is required for these PQRS data submission methods. We do have an EIDM system toolkit available on our CMS.gov website for those of you that need additional information.

And EP's who do not satisfactorily report 2016 quality measure data to meet the PQRS requirements will be subject to a downward PQRS payment

adjustment on all Medicare Part B physician fee schedule services rendered in 2018.

So please make sure that you submit your data by the deadlines that I just provided. For questions you can always contact our QualityNet help desk at 1-866-288-8912, you can also contact them by email, that's qnetsupport@hcqis.org, their hours of operation are 7:00 AM to 7:00 PM Central Time. That's all I have, thanks so much, Jill.

Jill Darling: Thanks (Alesia), and last we have (Felicia Lane) who will go over the open payments, review, and dispute.

(Felicia Lane): Thank you. Hi, this is (Felicia Lane) from the Center for Program Integrity we want to just start you out with a brief back ground information about the Open Payments Program, which is a national program that provides transparency by publishing data on financial relationships between the healthcare industry (applicable manufacturers and the group purchasing organizations known as GPO and the healthcare providers physicians and teaching hospitals.

The open payment data includes payments, and other transfers of value made to physicians in teaching hospitals along with the ownership or investment interest held by the physicians or their immediate family members in the reporting organization.

Information reported by the industry to CMS, about physicians include items such as, and just to name a few; speaking engagements, consulting fees, travel expenses, meals, entertainment, gifts, research grants. In 2016, CMS published 11.90 million payment records, transfers of value or instances of ownership and investment interests that occurred in 2015.

These financial transactions total nearly \$7.52 billion dollars. The data collected by the Open Payments Programs is self-reported by the applicable manufacturers and the GPOs and the CMS, publish the financial data for each program year by June the 30th, on the public CMS Open Payments website, which is located at <https://openpaymentsdata.cms.gov/>.

The public website is designed to increase access to and knowledge about these relationships and to provide the public with information to enable them to make informed decisions. The public can search, download, and evaluate the data.

Physicians and teaching hospitals may now register in Open Payments system, so you can be prepared to review any data that may be submitted about you. Currently and until the 31st of this month, applicable manufacturers and GPOs are submitting data to CMS for payments, transfers of value, and ownership investment interest that occurred in calendar year 2016, as well as any corrections to 2013, 2014, and 2015, right now

The review and dispute period starts on April the 1st thru May the 15th, and this is where all the resolution activities take place outside the Open Payments system. The resolutions are directly between the physician & teaching hospitals and the reporting entities. CMS does not mediate between the reporting entities, the physicians, and the teaching hospitals. Directly following the review and dispute period from May the 16th thru the 30th, is the correction period for the reporting entities and finally the data is published on the CMS public website on Friday, June the 30th, of this year.

Now there are several steps that we would like the physicians to be aware of and you can take these steps today. If you are new to the Open Payments system, we ask that you first register in our CMS Enterprise Identity Management (EIDM) system which was mentioned earlier and then secondly register in the Open Payments system accessible via the EIDM system.

During this process we ask that you have handy your National Provider Identifier number, your Drug Enforcement Agency number, and your State License number. The entire process takes about 30 minutes to complete and it must be done in a single session, you can't save and go back and finish the process later.

If you are familiar with our Open Payments system, we ask that you confirm that your EIDM account has not been deactivated. If you have not used it within 180 days, then it more than likely will be deactivated for security

purposes. If it is deactivated we ask that you call our helpdesk by calling 1-855-326-8366, is open Monday thru Friday from 8:30 to 7:30 Eastern Time, or you can email us at openpayments@cms.hhs.gov .

On the appointment you will find links to our Enterprise Identify Management System guide and our Physician Registration Quick Reference guide.

Now's the time to start gathering any documentation which you can use to track the payments and transfers of value received from industry in 2016, so that you can be prepared to review, affirm, or dispute any data when the review and dispute module period begins in April.

Also on April the 13th our CMS Open Payments Program will host a National Provider call where we will provide an overview of the Open Payments Program. We will discuss the program timeline and we will talk about critical deadlines for physicians and teaching hospitals to review and dispute the data.

We encourage you to attend and please feel free to share this information with others. For more information about the Open Payments Program in general, and the review and dispute period you can visit our website at www.cms.gov/OpenPayments. I think that's all we have to cover. Thank you so much for allowing the opportunity to share this information with you, I'll return it back to Jill.

Operator: Thank you for participating in today's Physician Nurses & Allied Health open door form conference calls. This call will be available for replay beginning at 5:00 PM Eastern Standard Time today March 15th, 2017, through midnight on March 17th. The conference ID for the replay is 57558625. The number to dial for the replay is 855-859-2056. This concludes today conference call you may now disconnect.

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