

Centers for Medicare and Medicaid Services
Physician Nurses & Allied Health
Open Door Forum
Moderator: Jill Darling
June 14, 2017
2:00 p.m. ET

Operator: Good afternoon, my name is (Megan) 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 & Allied Health Open Door Forum.

All lines have been placed on mute to prevent any background noise. After the speaker's 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 "1" on your telephone keypad. If you would like to withdraw your question please press the "pound" key. Thank you, Jill Darling, you may begin your conference.

Jill Darling: Thank you, Megan. Good morning and good afternoon everyone. I'm Jill Darling in the CMS Office of Communications and welcome to the first Physician ODF of the summer.

Before we get into today's agenda topics, one brief announcement 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 the call. If you have any inquiries please contact CMS at press@cms.hhs.gov. First up, we have Marge Watchorn, our co-chair who has an update on the global surgery claims based data collection requirements.

Marge Watchorn: Thank you, Jill. Good morning, good afternoon everybody. I wanted to draw your attention to some important information that we posted on the global surgery page on our website.

You'll find the link on your agenda. Specifically, what we've added to the page in the last two weeks are two documents. The first is the list of frequently asked questions. Its four pages of information about these new requirements related to global surgeries, specifically the claims based data collection requirements that go into effect July 1, 2017.

So, I'm not going to go through all of the questions but wanted to let you know that this is a highly anticipated resource that is now available on our webpage and as these requirements go into effect this summer. We're planning to continue to monitor the questions that we received in our resource e-mail box and we will update this document periodically as needed to address new concerns that come in.

Excuse me, the second document I wanted to highlight for you is a provider education piece. It's entitled "New Claims Based Supporting Requirement for Post Office -- Post Operative Visits." It's intended to be a guide for practitioners who are required to report information on post operative visits.

It's eight pages and, again, just provides more information for you, for the practitioners, for your practice managers regarding these new requirements. So, I encourage you all to check these requirements out.

Jill Darling: All right, thanks Marge. Next, we have Terri Postma who has some guidance to share regarding the Quality Payment Program, QPP to the Shared Savings Program participants.

Terri Postma: Thanks, Jill. Hi, everyone, thanks for joining us today. I'm Terri Postma, Medical Officer Lead for the Shared Savings Program Accountable Care Organizations. You'll probably be familiar with this program.

It's a permanent part of Medicare. It's a voluntary program in which groups of Medicare enrolled providers and suppliers can join together to form Accountable Care Organizations or ACOs.

We currently have nearly 500 organizations participating in the program and we've been getting a lot of questions from eligible clinicians that are participating in Shared Savings Program ACOs about their reporting requirements under the Quality Payment Program.

So, we've developed some guidance to help explain how these two programs intersect. The document is now posted on the QPP website and is also included in the agenda for today.

We hope that the guidance document helps clarify some of the questions we've been getting and that perhaps you've been hearing from eligible clinicians that are participating in Shared Savings Program ACOs and today I'm just going to walk through a couple of the main points that I want highlight at a very high level.

The Shared Savings Program you recall offers three different tracks. There is Track 1, Track 2, and Track 3. Each of those is considered an alternative payment model (APM) under the quality payment program.

Track 1 is an upside-only risk model, which means that the clinicians that are participating in ACOs in Track 1 are eligible to share in savings that they generate but not held accountable for any losses. So, we call that a one-sided risk model. Track 1 is called a MIPS APM by the Quality Payment Program.

Track 2 and 3 are what we call two-sided risk tracks, meaning that clinicians participating in them are eligible to shared savings, but have also agreed to be held accountable for losses that the ACO generates.

Tracks 2 and 3 QPP considers them to be MIPS APM because they meet criteria but they also qualify as what are called Advanced APMs under the quality payment program.

This means that if CMS determines that the eligible clinicians participating in the Track 2 or 3 ACOs are Qualifying Participants or QPs then they can get a 5 percent APM bonus payment instead of the MIPS payment adjustment.

That's all explained in more detail in the guidance document. What I want to emphasize to you today and what I hope you can educate clinicians about is that there are special reporting requirements and scoring for those participating in Shared Savings Program ACOs under the Quality Payment Program.

So, the first point is that as a participant in an ACO, the clinicians' reporting requirements under the quality payment program are greatly reduced.

Second, the reporting requirements are the same for all eligible clinicians and ACOs in all Shared Savings Program tracks.

The reporting requirements are as follows: For the quality category, the ACO reports quality measures with the help of its participating clinicians through the CMS Web Interface. This is all the reporting that any clinician needs to do for the quality category.

For the Improvement Activities category there is no reporting necessary by the clinician because CMS will give the ACOs and their eligible clinicians' full credit automatically for this category.

For Advancing Care Information category each group practice (which is also called an ACO participant TIN) must report this category in the manner required by MIPS. It's reporting outside of the ACO. So, the ACO is not doing any reporting for the Advancing Care Information category. Each group practice (or ACO participant TIN) is responsible for doing that reporting, and that applies to all ACO participants in all tracks of the Shared Savings Program.

The third major point I want to emphasize is that although the reporting requirements are the same for all ACO participants in all tracks of the Shared Savings Program, only those that are subject to MIPS will be scored under the Quality Payment Program, and CMS has developed a special APM scoring method for them.

Each category carries a little bit different weight than what you will see or what they'll see under the standard MIPS scoring. So, for example, under the

standard MIPS scoring the quality category accounts for 60 percent of a MIPS eligible clinicians score. Under the special APMs scoring methodology, the quality category accounts for only 50 percent of the MIPS eligible clinicians score.

Also, I want to emphasize that CMS will determine an ACO, what we call an “ACO level” score for each category under the Quality Payment Program and will determine a final score, which is then applied to each eligible clinician that’s participating in the ACO, regardless of that clinician’s relative contribution to the reporting.

So, that’s all I want to emphasize for now but if you’re getting these questions from clinicians that are participating in Shared Savings Program ACOs please point them to this document on the QPP website to help clarify and please help share the message that as a participant in the Shared Savings Program ACO they’re reporting requirements are a little different.

Their scoring requirements are a little different than standard MIPS and also that their reporting requirements are drastically reduced under the Quality Payment Program because of their participation in a Shared Savings Program ACO. So, thanks very much. I’m happy take any questions.

Operator: As a reminder ladies and gentlemen, if you’d like to ask a question please press “star” then “1” 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 1” again to rejoin the queue.

Your first question comes from (Ryan Howe) -- I’m sorry, Speaker, we have no questions at this time. Again, if you would like to ask a question it’s “star 1” on your telephone keypad. And we have no one queued up at this time. I turn the call back to the presenters.

Marge Watchorn: OK, thank you very much (Megan). This is Marge Watchorn again. I just wanted to highlight for you all we’re hoping that at the next open door forum

we'll have very robust agenda and information to share with you all about any of the payment rules that may have been published by that time. So, I just wanted to put that plug out there and I hope you all can join us for that call as well.

Jill Darling: All right, thank you, Marge. Thank you everyone for joining today's call. The next Physicians Open Door Forum is scheduled for July 26th and always know that the date is subject to change as well as the agenda items. So, thanks everyone. We'll give you some of your time back. Thank you.

Operator: Thank you for participating in today's Physicians, Nurses and Allied Health Open Door Forum conference call.

This call will be available for replay beginning at 5 pm eastern today through June 16th at midnight. The conference ID number for the replay is 59014969. The number to dial for the replay is 855-859-2056. This concludes today's conference call. You may now disconnect.

END