

CENTERS FOR MEDICARE & MEDICAID SERVICES
Quality Payment Program National Stakeholder Conference Call.

Moderator: Jill Darling
October 20, 2016
2:00 p.m. ET

OPERATOR: This is Conference #: 95328361.

Good afternoon, my name is Tracy. And I will be your conference operator today. At this time, I would like to welcome everyone to the Quality Payment Program National Stakeholder Conference Call.

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

Ms. Susie Butler, you may begin your conference.

Susie Butler: Thanks so much, Tracy. Hi, everyone. This is Susie Butler. I'm the Director of the Partner Relations Group in the Office of Communications here at CMS.

Thank you for joining us. It's been a week full of a lot of good comments from you and good questions. We've had questions coming into our e-mail box as well as good statements from the press. So really appreciate that.

In spirit of what we started two or three months ago, we wanted to keep these regular conversations going with you. So part of that today is just to stay up in currents on what we're hearing and some of the common questions that we're hearing and share some of those answers with you.

So I would like to turn it over to one of the leaders of the program, Jean Moody-Williams. Jean?

Jean Moody-Williams: Hello, everyone. Thanks again for joining. And as said, you know, it has been quite a week since the program launched. So as we think about it, we wanted to just note – give you some information on what we're hearing and get your perspective on what you're hearing out in the field and talk a little bit about what we can do to be supportive of your efforts and vice versa.

So one, if you may have noticed it in the executive summary of the rule, we talked about the goals that we have established early on in the program and that we're really stuck to those goals as we will work through development.

One of the very last ones was operational excellence. And so, we've set some high bars for ourselves and the kinds of things we want to have happen even in the way that we've provide customer service, the tools that we provide, et cetera.

So those of you that follow our acting administrator Slavitt's tweets, you've seen him tweet out some metrics and from our dashboard of how we're following, how we're meeting excellent – well, one of the things we were pleased to do was launch the new Quality Payment Program's website or portal. And overall we've received a number of responses that were very positive about the portal.

We had someone who had the phone number available because they just knew they weren't going to find what they were looking for on the portal. And so, they were planning to give us a call. But they called us anyway just to let us know. They were surprised they did find what they were looking for. So we were always – we're always happy to take those kinds of calls.

We had over 40,000 visitors. In four days, we're nearly 150,000 pages, different pages viewed. And so, we're trying to be very iterative in our approach to this site and we are able to make changes very rapidly on this site. So we would really be interested in just your initial input. I'm sure all of you probably been on what you like about the site, what you may find to be unclear, and what you would like to see added as you think about the next iteration of the quality payment site.

So when we opened up for comments, we'd really like to get your thoughts on that. We're also receiving some calls through our service center. The majority have been questions related to training opportunity, program eligibility, things specific such as "I'm a hospital-based clinician, how does this program apply to me?", some of the reporting requirements for the advanced APM and ACOs wanting to know, well, how exactly is it that I report for advanced material information. So those would be questions that you might expect to get as people begin to really digest what's in the rule.

Regarding the rule itself, I'll just make a few observations on some of the Frequently Asked Questions that seem to – we get everyday. But I will say that rather than get on a lot of policy questions or discussions on this call. We'd prefer to wait until we have our national stakeholders call next week and we'll talk about that in just a bit.

And at that time, we'll have all of our policy experts in the various areas available. And we'll be able to really dig deep to some of those more technical questions.

We've also received some questions from you through the partner mailbox and other areas. So if you have specific questions, still, you can feel free to send them to the partner mailbox or to qpp@cms.hhs.gov.

But I will note that the notice – the public inspection notice was posted in Federal Register on yesterday and with the PDF of the rule that was posted. And with that posting, the official publication date would be November 4th. And what the effective date of the rule is January 1st of 2017.

And the important thing about posting it in the Federal Register is that when comment period clock starts. And so, the comment period will close on December 19th, 2016. So please note that date. That's December 19th, 2016. And we emphasize that it is a final rule with the comment because we are interested in your thoughts and hopefully by that time you have digested much of it.

And we will be using what we learn from your comments as well as other sessions that we have so that we can improve the website. We can create

additional educational materials and I guess most importantly, we'll use the comments to help us get a jumpstart as we develop our next cycle of rule-making which will be here before you know it. It seems the way our days seem to run.

We did get 4000 comments up – 4000 comments on the notice of proposal we're making. And we adjust those in the final rule which then of course led to the length of the rule. So we've gotten comments about how lengthy the rule is but if you look at it, you'll see that a large percentage of those pages are dedicated to the comments that were very important.

As you know, we have a final – gradual ramp up of the full program with a transition year of Pick Your Own Pace. And that has been generally received very positively. And we believe it will help clinicians to be successful. We are encouraging those that can submit a full year's worth of data to do so. But we have received a number of questions. I think this is probably the most popular question that we have is, so what's the difference if I submit 90 days' worth of data or one year's worth of data.

And so, we've been adjusting that. There really isn't a set difference in the bonus amount which we 90 days and full year, but because many of the quality measures that you're using particularly the outcome measures, it's difficult to meet that measure with only 90 days. And so, this is also true for some of the high value measures.

So we anticipate that clinicians who report for full year have a higher likelihood of higher scores just due to the more reliable data and the ability to get bonus points because of the outcome measures and the high value measures. But if you report on 90 days and you're a high performer, you could still get a high positive incentive. And that just depends on how – where the threshold – where you fall on the threshold.

So there's really nothing built in to say that you're going to get more if you choose one of those reporting periods or not. It's just likely to happen that way for some clinicians. Some of the registry measures for example require that full reporting time.

And then, another interesting question that we've received is from the small or the solo practitioners who want to know what – can I be successful in this program within out an EHR, I don't have one, I don't plan to buy one. And can I still be successful? So with Pick Your Own Pace, we have offered the flexibility of choosing how you want to participate during the first year of the program.

And it is very possible to avoid payment adjustment even without the use of a certified electronic health record for the first year. It would simply require submitting either the attestation for the improvement activities or quality measure or more quality measures. But as the program progresses in the future years it will become increasingly more difficult while it could be possible to avoid an adjustment without the EHR. It will be dependent on a number of factors such as performance and quality measures, the performance of your peers, and et cetera. And to be in advanced payment mode by statute, you would have to have an EHR.

So we are advising that clinicians will probably want to try the program for the first year, during that time, perhaps, they would evaluate no cost or low cost EHR, this would even give time for technology to work its way out. But I am curious, and I'd be interested, I'm sure you might be getting those questions from your members and people that you are working with. How would you answer that question, what do you say to the clinicians that you're working with that's honest and helpful as they're trying to make their decision?

And we have also heard from some consumers and advocates who are concerned that the program may not be as rigorous as it – as they were anticipating and that wondering if it has enough teeth in it to actually stimulate reform. And we do note that it is a program in evolution. It will continue to evolve over the course of the next couple of years on this glide path. And in fact, the patient-centeredness and patient outcomes is the thing that drives us.

And we are looking at how to make sure that we are involving clinicians, that we don't have undue burden that they continue to participate in the Medicare program so that our beneficiaries can get the best care possible.

But what are your thoughts on the rigor of the program and what's your messaging. There is still some confusion sometimes around budget neutrality issues. There is a component of budget neutrality and you have to factor that in too, but you also have to consider that there was an additional \$500 million available per year for five years. And then, there's also the 5 percent for the APMs.

So as much as \$1 billion in additional Medicare payment could be awarded to clinicians for providing high quality care in the first year of the program. And that – if you could at least meet the threshold of three points, you can avoid a negative payment adjustment. So when we hear people say, well, I'm just going to take the hit or I'm not going to – there's – you see now, there's winners and losers no matter what I do, I think it's incumbent upon us to help think help get that information out so that they could really make informed decisions before they decide if they're going to participate or not.

So those are just – that's just a teaser of some of the top questions that we have received. Again, we'll dig more into that on October 26 at – from 2:00 to 3:00 p.m. Eastern time. Please join us as we give training on the Quality Payment Program through our webinar. You can – if you haven't already registered and we have many, many that have registered, please connect on our QPP website.

And I would suggest that you want to call in a few minutes ahead of time so that we're able to get the call started on time. We do like to wait, you know, for as many people to join as possible but it would be helpful to call in a few minutes ahead of time for that because of the number of folks that will be calling in.

And the last thing I want to talk about is some of the requests you made of us. You may – you've requested that we consider a Train the Trainer Program so that you could get more in-depth – a deeper dive than what we get to the

general public and so that you can train your members or your organizational affiliates as you go about doing your work.

And so, we are going to do that. And we anticipate – we don't have the date yet, we will come out with that shortly. We anticipate that that kind of training that you're requesting is going to take at least about three hours and so, you would have to set aside that amount of time.

And we want it to be interactive, and for you to be able to ask your questions. So, we'll probably say that, you know, limited to maybe or two or three people from your organization that would take that kind of training.

And as we did that – do that, we're going to want to know if probably information on how many people have you trade and what's the feedback that you're getting because we really are tracking our reach.

And as we stated on the provider call, we can't reach everybody and we're very dependent on you and we like to have some statistics about how many people you're reaching and who you – what you're hearing and how we can supportive of you

So, I'll stop there, and take any questions that you have – general questions that you have on any of that – on any of the things that we mentioned.

Susie Butler: OK, (Tracy), you can open up the lines for questions. We'd appreciate it.

Operator: As a reminder ladies and gentleman, if you would like to ask a question, please press star then one on your telephone keypad. If you would like to withdraw your question, please press the pound key.

Your first question comes from the line of (Lynne Schwass) from (SRS). Your line is open.

(Lynne Schwass): Hi. I've been reading and reading and reading on your website under the rule and I can't find any reference for the submit something option just to avoid the penalties related to the minimum reporting period for that option. Is it 90 days? Is it shorter than 90 days?

Jean Moody-Williams: It would be 90 days, is the submit something option. And you would have up until that October 2nd date. So from October through December would be your 90 days. You have until March 18th to get that information into us. But that would be the 90-day reporting period. So that's would we're encouraging you to do.

I would say submit whatever you have, whenever you have before the end of the year. And anything will be taken into consideration. But you have to meet the threshold of at least three points to avoid a penalty or a payment adjustment and then to have an opportunity to get a slight increase, so even a nice increase. The more data you submit, the better.

(Lynne Schwass): OK, I just – I would make a suggestion and because, I'm familiar with all of that, but on your website where you talk about the different options, the two where you can get a smaller or a modest incentive both say 90 days or up to a year, the one for submit something says nothings about what the minimum reporting period is. That's the only reason I asked the question.

Jean Moody-Williams: OK, that's a good call out, thank you.

Operator: Your next question comes from the line of (Susan Postal) with Indian Health Services. Your line is open.

(Susan Postal): Hi, can you hear me?

Jean Moody-Williams: Yes, go ahead.

(Susan Postal): So, the question that we have is with the Medicare charges and we understand its Part B for the Medicare charges. Do they include facility charges, lab charges, or is it just provider charges?

Jean Moody-Williams: It is professional service charges. So, yes that would be the clinician service charges.

(Susan Postal): Thank you.

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.

There are no further questions at this time. And I turn the call back over to the presenters.

Susie Butler: Thanks. Jean, if you have something else?

Jean Moody-Williams: OK. Then I'd like to introduce Kelly DiNicolo, who's going to talk a little bit about the portal and some of the materials that we have available for you. Kelly?

Kelly DiNocolo: Hi, everyone. Thanks for having me on today. Just want to just remind everybody that on the portal which as Jean mentioned at the top of the call is qpp.cms.gov, there is a section at the top that's titled and it gets a little lost, education and tools, and there's also something called explore measures.

The explore measure section is where you can go in and put or clinicians can go in and pick measures specific to their practice and play around, with it to see how the program might work for them. And so when you hear us publicly talking about a great new tool in the website, that's where you can find it under the explore measure section.

The other thing I wanted to point out is on the very right hand side of the web page, there is something called education and tools. If you go there, and you want to read the full final rule, have fun. A lot of people did over the weekend or I would encourage you to instead read to read the executive summary of the rule, which is just to the right about that has all the important information on everything that's relevant to the rule. It's sort of taking out all the various comments that Jean referenced earlier. And as she said, it was a really big number about 80 percent of what is in the final rule, is us answering or replying to the comments.

More importantly if you go down towards the bottom of the page, you'll see a section of additional resources. So, we are updating this pretty regularly. In fact folks sit at their desk updating this now, but we have a Quality Payment

Program FAQ sheet. Another FAQ sheet on where to find help, we are working and there are already in place for lot of places for clinicians and others to get in person, local assistance. So you'll find links to that information there, comprehensive list of APMs, or advanced APMs that will be participating in this program.

And then our video library which is where you can see – I would call this little more consumer-focused, but it's a basic information video on delivery system reform, so you can find that there.

And then just to the right, my favorite place, because I'm personally little more involved in this is our webinars and educational programs. So if you click on that, you will be taken to a place where you can sign up.

In some cases the webinars are live and then in some cases they will be recorded webinars. So the webinar I think Jean referenced is taking place next week, on Wednesday, you can go there to sign up for information. And I'm excited late breaking news I added four this morning and they're already there. These are little bit more specific to Medicaid and APM, so if that's your area of interests. It is on there. We have a call with – we have a national provider call that we have fairly regulate that is taking place on November 15th, we'll go to the final rule there, so really excited.

But I'll also add that as we speak, there's a pretty in depth training that we're training our trainers in the field. So folks place like QINs, QIOs are getting very in depth three-hour training today on MIPS, I believe, tomorrow is on APM. But what we're doing is recording that and closed captioning that and then we should be able to post that, I hope at the end of this week and early next week for any of you that are interested having a more detailed overview to kind of watch at your leisure, you'll be able to do that.

So, lots of ongoing training and like Jean said, I would love to hear your feedback on what we have out there right now that's working, what you think we need to do a little more of, so we can tailor the materials to your needs.

Susie Butler: Thanks, Kelly. (Tracy) will open up questions for Kelly. Open up the lines for questions.

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.

And a question from the line of (Susan Postal) with Indian Health Services.
Your line is now open.

(Susan Postal): Hi, can you hear me?

Susie Butler: Yes, go ahead.

(Susan Postal): So, with the webinars and the educational materials, we've been ask to go present to other areas. Do you have any PowerPoints that have been updated?

Kelly DiNocolo: We are actually working on creating a public PowerPoint if you will that can be shared with our partners and stuff, literally some of the areas that we want to highlight that Jean highlighted for you at the beginning of this call is areas of our slide deck that we're going back in emphasizing, because we are getting the same questions over and over.

So I anticipate having that available in the very near future, but that's probably one of our most popular requests. So very soon.

(Susan Postal): Thank you.

Kelly DiNocolo: Sure.

Operator: At this time, there are no further questions in queue.

Susie Butler: OK, thank you. And thank you everybody for joining us today. We'll be getting information out you very soon as – as soon as we establish the date for the Train the Trainer call for or meeting for folks. We'll get that out to you; we anticipate that happening in the next couple of weeks, because we know you're eager to participate in that.

In addition, on the schedule as Kelly mentioned, you can go online to see trainings that you can sign up for or educational events or other pieces that we are putting out there for the public. And then finally our next call is the National Stakeholder Round Table which is more of a question and answer session and that call is schedule for Thursday, November 3rd at 2:00 p.m. Eastern time.

So, mark your calendar for that, we'll be circulating questions to you prior to that call, so that you can participate in a thoughtful way and we thank you for participating today. Take care, have a good rest of the week and we'll be talking to you soon.

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

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