

CENTERS FOR MEDICARE & MEDICAID SERVICES

Moderator: Stefanie Costello  
November 17, 2016  
2:00 p.m. ET

Operator: This is conference # 87432839

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 Quality Payment Program national stakeholder conference call.

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.

Stefanie Costello, you may begin your conference.

Stefanie Costello: Great, thank you, Scott. And thank you everyone who's joining us today. This is part of our regular Quality Payment Program partner national stakeholder calls. We appreciate you all being on today to just get some updates about where CMS is and with the Quality Payment Programs.

And then also, to get some feedback from you all, which we always appreciate your opinions and your counsel with how the program's rolling out. So the first thing we wanted to discuss with you all today is a new partnership opportunity around co-branding with CMS.

We've heard from a number of you all as well as are anticipating that either you or your memberships will be interested in hosting webinars or inviting CMS to participate in webinars as you all begin to train your members. We

know that your members consider you a trusted source and are used to hearing from you with different types of information.

And so, we'd like for you to consider to co-brand some of the training decks with our Quality Payment Program. And this is an assurance to your membership that it's an official information from the Quality Payment Program from CMS. If you're interested in this opportunity, we ask that you e-mail: [partnership@cms.hhs.gov](mailto:partnership@cms.hhs.gov).

That's [partnership@cms.hhs.gov](mailto:partnership@cms.hhs.gov). And in the subject line, put "QPP Education." And that will let us know that you're interested in this opportunity. We also are requesting that you provide some information about how often you plan to offer your webinars, the size of your audience when you do the webinars and trainings.

And then, as a reminder, the trainings that this – that we offer this co-branding for would be a no-cost effort. Any use of CMS materials would be solely for no-cost trainings for your membership. Once we receive your request, we will send out a co-sponsoring agreement to your organization.

And that should be ready, hopefully, sometime next week. And if not, by early the following week. If you haven't heard from us the 28th, you can send us another e-mail, but we should be able to send that out. And then we'll work with you to get the co-sponsorship agreement in place.

And then, you all will be able to work with us to co-brand your training materials. Even if you're not interested in co-branding, there are other materials for you to use. If you have not already, we do encourage you to go to [qpp.cms.gov](http://qpp.cms.gov) and look at all the materials that we have online and that we're adding on a regular basis.

With that, I'm going to turn it over to Adam to talk about the next piece on our agenda. And Adam's going to talk a little bit about the two trainings that have happened. The one on November 9th, hopefully you all were able to attend the partner training from November 9th.

And then, we also had a training earlier this week with the MLN network on the 15th. Adam?

Adam: Thank you. Pleasure to be here today just to talk through some of these trainings. As Stefanie mentioned, we had two great trainings. On November 9th, we – I think overall we've had a couple thousand between both of these trainings – between the partners and the national providers on the 15th.

We've had some great feedback come in. A lot of great questions. The overall structure went very well I think for the amount of time we had allotted, between an hour and half to two hours. We had a lot to cover and I think we did get through that. I was really pleased and excited to see the number of questions that came in through the phone.

And I'm glad that we were able to get into a good discussion about the Quality Payment Program. From that perspective, I wish we would have had more time because I think we could have really gotten into robust discussion. But we certainly appreciate all the questions and the comments that we have.

And as always, we have the [qpp.cms.gov](http://qpp.cms.gov) site for additional questions if you may have some and they may be out there. Overall, I think right now what we're really looking for is the feedback from both of these trainings. We've had a few of these before and we've gotten some feedback.

But I think from the November 9th and November 15th trainings, we're really looking for comments on how the training went from a flow perspective, from the items that were included on the slides, from the overall presentation of the speakers – did they hit all the main points, did they address the questions that they could in the time that we had together?

And I think that kind of flows into the second point of what worked and what didn't work. And I think this is very important for us to hear because we want to continue – the Quality Payment Program, we kind of preach this idea of continuous improvement to continue to make things better so we're getting the best information out there.

For us, this feedback loop's extremely important to hear the good things – of course we always love to hear the good things – but we also want to hear what we can do better next time because that's the most important part. And that's what we want to integrate into our future trainings and our future calls to really get the best information out there.

And get the information out there in a way and in a style that makes sense and that is comprehensive. And then, I think there's a few other things that we certainly were looking for and hoping that we could get some feedback on is – I'll rephrase this as – were there any surprises?

Anything that we covered that you probably didn't expect that we were going to cover? Something interesting that was learned during the time that we had that you didn't think we were going to get over? And then, of course, on the other side of the coin, there are things such as what were your expectations coming in of things that you would have liked to learn, that we may not have been able to touch on?

Because again, for future development, these are things that we can integrate into our training processes so that we make sure we touching on all of this information. And then, I think that also goes hand in hand with other topics. If we – for example, I think we covered the merit-based incentive payment system.

But that's certainly a deep topic. So are there aspects of that track that there should be some more information or some more webinars or trainings on? These are all different key pieces that we would like to hear some feedback on, some comments so that we can continue to improve.

Katie Dziak: If we could, Stefanie – if we could open up the lines for some comments and questions now that would be really helpful.

Stefanie Costello: Scott, can you please remind people how to ask a question.

Operator: At this time, I'd like to remind everyone in order to ask a question press "star" then the number "one" on your telephone keypad. We'll pause for just a moment to compile the Q&A roster. Again, if you would like to ask a

question, press “star” then “one” on your telephone keypad. Your first question comes from the line of Alan Bass. Your line is open.

Adam: Hi, Alan.

Alan Bass: Hi, good afternoon. In reviewing the QPP website, my members of the APMA are a little unsure of one thing. According to the information on the ACI page – Advancing Care Information page – of the five measures that are required only three of them have a score.

The information is really not good that states that – because of the five required measures, only two of them – two of those measures don’t have any base score, to add to the base of 50. You can only get to a maximum score of 80.

There’s really nothing on the QPP page that says that you need a minimum of two additional measures in order to actually get to a score of 100 for Advancing Care Information. Now, I was wondering we could – if somebody could just comment on that.

Adam: I’ll comment on that. That’s a great piece of information for us to have. I certainly think that that’s information that we can take back to our communications team and certainly our portal team because I know that’s – we are in the continuous process of making updates to the portal and pushing those updates out there.

This is an issue that I have noted. And we can – and like I said I will take this back to our team. And we want to make sure we’re getting the most accurate information out there so we want the complete picture to your point. We want the complete picture out there on the ACI performance category.

Let me take that one back and we’ll see what we can do about getting that updated and getting the best information out there.

Alan Bass: Thank you.

Operator: And our next question comes from the line of Armando DelToro. Your line is open.

Armando DelToro: Hi, thank you. It's Armando DelToro from AHIP. Regarding the beginning of your presentation where you talked about partnerships, in terms of holding webinars or education series, we've met with our membership on a number of different occasions obviously and gone through the rule proposal and then the most recent final.

I think what would be valuable for our membership is to have – if we were able to do a partnership with someone at CMS to have the opportunity for the membership to ask questions probably specific around the Advanced APMs and what CMS is thinking or considering in terms of those options in the future.

Not necessarily what's in the final rule so much; I think that's, at least for the time being, fairly clear. Is that an opportunity or is really more so just for us to be able to utilize some of the material that's on the QPP website?

Susie Butler: Hey, Armando, this is Susie Butler. I direct the partner relations group here at CMS and all – I like to look at all opportunities as a possibility for partnerships. What I would like to say instead is this might be a way to direct some of our future education and so would definitely like to set up some sort of conversation with some of our folks here.

I will be honest to say that folks are pretty busy right now, but we will try to get something on the books very quickly for that conversation. And then, figure out whether that's applicable to a broader webinar for more people – or some sort of learning situation. Or whether it's more just for your membership. It's sort of an exploration conversation.

Armando DelToro: OK, thank you. I would – I greatly appreciate that because, again, I think that's where our membership being able to ask questions that are maybe pertinent to their business model in terms of the Advanced APMs would probably be very helpful. Thank you.

Susie Butler: Sure thing.

Operator: Again, if you would like to ask a question, please press “star” then “one” on your telephone keypad. There are no further questions at this time.

Adam: OK, great. And if there’s anything else as far as feedback just about the trainings, how you felt about the trainings, what worked, what didn’t work, anything that you expected to hear, please take this opportunity now to let us now so that we can begin to work these into future trainings and future iterations of the different education materials that we have available.

Stefanie Costello: Great, thank you Adam. And, as Adam said if you have information that -- feedback that you would like to share or perhaps one of your coworkers were on the training and not you, they might have feedback, they can email us at the partnership mailbox. Again, that's [partnership@cms.hhs.gov](mailto:partnership@cms.hhs.gov), and we'll take that feedback back to Adam. That can definitely be an open line of communication for you all.

I do want to check is Aisling on? All right, I do want to make an announcement today, we have released this morning an update for our website. And, hopefully you all have received that email from us. If you haven't then again you can email the partnership mailbox and we'll get that out to you.

But, we've launched a new online tool to make the quality payment program easier for clinicians. And, this is a tool to share automatically electronic data for the Medicare quality payment program, and this is the first in a series that will be part of CMS’ ongoing efforts to spur the creation of innovation, customizable tools to reduce burden for clinicians while also supporting high quality care for the patients.

So, in October we released our website, which we've already talked about today the quality payment program website and that is an interactive site to help clinicians understand the program and successfully participate in it.

Today's release is commonly referred to as an application program interface or an API, and this builds on that site by making it easier for your organization to

retrieve and maintain the quality payment program measures and enable them to build applications for the clinicians and their practices.

This API is available, if you go to the [qpp.cms.gov](http://qpp.cms.gov) site education, and it will allow developers to write software using this information described in the explore measures section of [qpp.cms.gov](http://qpp.cms.gov). Based off of interviews with clinicians, CMS created these explorer measure tools which enable clinicians and practice managers to select measure that they see fit their practice, assemble them into a group and print or save them for reference.

So far already tens of thousands of people are using this tool, so we are very excited about that, we encourage you to take a look at that, again we had a press release this morning about it, if you would like that press release again you can email the partnership box and we'll send it out to you.

And, now I'm going to turn it over to Katie Dziak who is going to talk a little bit about the 2017 and 2018 Advanced APM models, Katie?

Katie Dziak: Hi, this is Katie Dziak with the Center for Medicare and Medicaid Innovation. And I'll just quickly walk through the 2017 and 2018 Advanced Alternative Payment Models. Again the quality payments program rewards clinicians an Advanced APMs that align incentives for high quality patient centered care.

So, in 2017 Clinicians may earn a 5 percent incentive payment through sufficient participation in the following Advanced APMs:

The comprehensive end stage renal disease, care model, the two sided risk arrangement. The comprehensive primary care plus or the CPC plus model. The shared savings program tracks two and three and then also the next generation ACO model, as well as the oncology care model, the two sided risk arrangement.

Now the initial list is expected to grow over the up coming years and we anticipate that, in addition the comprehensive care for join replacement payment model, the certs model will also qualify as well as the new voluntary bundled payments for care improvement model, the advancing care



coordination through episode payment model, the certs track in and then the Vermont Medicare ACO initiative and the ACO track one plus model.

So, we're going to continue to update those lists on [qpp.cms.gov](http://qpp.cms.gov) as new models are announced in the future. And, we've also announced another step towards expanding the Advanced APM participation; we expect to reopen applications for new practices in pairs and the CPC plus model and also for new participants and the next generation ACO model.

So, keep an eye out for more information on those, in terms of application timelines to apply for participation in those models.

Are there any questions?

Operator We have a question from the line of Sarah Freeman, your line is open.

It looks like she's withdrawn her question.

Katie Dziak: OK. So, earlier we had a partner from AHIP ask about opportunities to ask questions around advanced APMs and so we would love to get feedback as far as what sort of information would be helpful. We definitely want a partner in that.

Stefanie Costello: Are there any additional questions for Katie.

Operator Again, if you would like to ask a question, press "star" then "one" on your telephone keypad.

There are no questions at this time.

Stefanie Costello: OK, Great. Well I do want to take this time, thank you Katie and remind you all that there is still a comment period open for the MACRA Final Rule, while this a final rule, we did open up a comment period for you all to comment on this and that comment period ends December 19th. So, please enter your comments by December 19th.

For those of you who are not already on our listserv, we encourage you to sign up for the listserv. We will send announcements such as the press release or

any upcoming webinars, anything else you can get on that listserv at [qpp.cms.gov](http://qpp.cms.gov).

We also have a new email box for questions if you have questions, specific to QPP, you could email [qpp@cms.hhs.gov](mailto:qpp@cms.hhs.gov). And I'll take a minute to clarify, if you have general questions about the quality payment program, about measures or scoring or payment, those types can go directly to the [qpp@cms.hhs.gov](mailto:qpp@cms.hhs.gov) website and then for pieces of information or questions around partnering or resources or content, anything like that, you can email the partnership box at [partnership@cms.hhs.gov](mailto:partnership@cms.hhs.gov).

So, I want to open it up now for just general questions that you all might have. And, I want to pose a question to you all as well, and we have heard recently that there were, that there was an example of a person who, had not actually heard about the QPP program practitioner, who knew nothing about it and found out about it through a discussion with someone at CMS.

So, my question to you is, how do we make sure that we're engaging practitioners and making sure that doctor's know about the program, what can CMS do to help increase awareness.

Scott can you let people know again about how to queue up?

Operator            Again if you would like to queue up for a question or a comment please press "star" then "one" on your telephone key pad.

We have a question from the line of Stephanie Stingecombe, your line is open.

Stephanie Stingecombe:        I am glad you asked that question, because I'm with the AUA and we have a problem getting our own members to read different things. Is there any way you can send a notice with electronically when you send claims back or something?

Stefanie Costello: OK.

Stephanie Stingecombe: You know, I mean the doctor's pay attention to those. Emails maybe not so much, but when it effects their -- something they have to look at their pocket book, that might be a way to get them to pay attention.

Stefanie Costello: Great, thank you for that idea.

Stephanie Stingecombe: We've heard the same thing, we've heard as many times as we've sent out notices and email's and articles and webinars, we still have people go what is that?

Stefanie Costello: OK.

Stephanie Stingecombe: That's all, that's my comment

Stefanie Costello: Thank you for that idea

Operator Your next question comes from the line of Marla Haller, your line is open

Marla Haller: So, I am a physician and I can tell you this, dealing with the health system that the physicians don't get the information, we have office managers, or we have somebody who are in different offices and a lot of times we never get the appropriate information and when it transcended down to us, it is very watered down so, my recommendation would be to send them to the physicians.

I'm in post acute care, so that's how that I'm involved in some of these -- in more these CMS calls because I am the post acute medical director. But, I can tell you that unless you have physicians who are actually engaged, the physicians are focused on patient care and for quality care, so there's got to be a better communication piece, I think, within each organization, but also with CMS directly contacting the physicians. And, whether it's by mail, or by email, I would put an alert on it.

Stefanie Costello: Great, thank you.

Operator There are no further questions in the queue at this time.

Stefanie Costello: OK. Well great, Thank you all for those two pieces of information. Are there any additional questions about anything we covered today, or perhaps any additional feedback you all have for us, or general QPP questions?

Operator Again to queue up that's "star" "one" on your telephone key pad.

We have a question from the line of Ann Hubbard, your line is open.

Ann Hubbard: Hi, again my name is Ann Hubbard and I'm with ASTRO the American Society for Radiation Oncology. I continue to have physicians asking me for clarification about practicing as part of a group practice and their desire and interest in participating in MIPS as an individual.

Can you confirm that a physician who practices as part of a group can participate in MIPS as an individual clinician?

Stefanie Costello: Adam do you know?

Adam: That one, I want to be -- I am actually going to take that question back, because I want to be 100 percent clear on it. And, I want to make sure that we are giving you the absolute best answer. So, I want to take that question back and we'll follow up on that question.

Ann Hubbard: Yeah, that would great, it's just it's one that keeps coming back to me and I feel like it does need some clarification. The other issue, if I can spend a little more time on this, is some of the exemptions associated with place of service. And I know, for example, with Advancing Care Information that physicians who operate in a POS 22 may not have to participate in ACI because they don't have influence over the EHR utilization of the facility that they're working in.

Are there other place of service exemptions that we should be aware of? The thing that we're trying to get at is figuring out, based on where our clinicians practice, how we can best educate them to participate successfully in the MIPS program.

Adam: Yes, and I definitely appreciate that concern. And this is actually something that – and I’m happy to hear this. Because I think this is something as, from the communications standpoint that we can begin to work into – or we should really consider working into some of our training materials as well as the resources that we have available. To make sure that we are identifying these different place of services...

Ann Hubbard: Yes.

Adam: Yes, place of service. So these are, I mean, both great questions and both questions that I will certainly take back to have answered. But I think that this is, especially this second piece, is something that we really need to get out there as far as getting them into our training materials. So I’ll definitely work those in in future iterations.

Ann Hubbard: Great, thank you. And just a suggestion, it may be an idea that – for future education materials...

Adam: Yes.

Ann Hubbard: That you put together kind of an ‘if-then’ type scenario. If you are an individual physician practicing in a group this; if you are a physician practicing in a faculty versus a freestanding clinic. A variety of different scenarios. And that’s kind of the approach we’re thinking about taking, but it would be great if there was an opportunity for us to collaborate with you all as you kind of walk through that process. Because I’m sure radiation oncologists are not alone in trying to figure all of this out.

Adam: Yes, absolutely. And that’s a great recommendation. I think this is something that we are starting to definitely look at – considering getting in these scenarios. Starting to look at very specific clinicians as well as specialties where you’re practicing, just really getting you the information that’s pertinent to you and where you’re at right now.

Ann Hubbard: That sounds great. Again, really appreciate your time and appreciate all the outreach that you all have been doing. It’s been very informative and very helpful.

Adam: Thank you.

Operator: Your next question comes from the line of Alex Bardakh. Your line is open.

Alex Bardakh: Hi. So it's actually Alex Bardack with the AMDA Society for Post-Acute and Long-Term Care Medicine. The answer to the previous question is actually, the only automatic exemption are those that are in the hospital and non-patient facing specialties. So there does not exist an exemption, automatic one, for those that are in post-acute facilities. Although we asked for it and CMS decided not to do it.

And you will have to apply if you have over 50 percent in places that you can't control whether or not you have an EHR. Having said that, I think that information is very difficult to find on the ACI page. So I think those exemptions would be – when I looked at the ACI page on QPP website it only lists the measures and all those things, but it does not go in detail about the different hardship exemptions.

So that's one. And what would be very helpful is vignettes. You see this – physicians are very used to – when they're coding they have vignettes that very sort of simply say, this is a typical kind of scenario of what you can figure out where you code. So if you have scenarios and vignettes for people as examples that they can follow I think that can be very helpful. And particularly those in different specialties and different places of service and so on and so forth.

Adam: Excellent. Thank you. So let me just – I'm just going to follow up on that. How, what are your thoughts on something in a format of kind of a how-do-I? So how do I – and I'm just going to use generalities here. But how do I report under this measure or how do I do something else related to MIPS does that type of how-do-I format work or should it be a little more – or is there something else that's desirable?

Alex Bardakh: Well, I think anything that's more specific in terms of how to do it is very helpful.

Adam: OK.

Alex Bardack: On as clear as it can be to their specific situation. I know that's very, very difficult to do. But the – that's the really the most helpful. You mentioned partnerships with CMS, I think specialties societies would be – at least I know from my perspective, would be happy to sort of talk to you and talk about vignettes that are helpful to their specific membership and how to come up with those. So it might be a series of them.

I don't know that you can generalize this in a way that's attributable to these very specific situations and questions that people have. I mean, there's a lot of people out there that don't even know what PQRS is. I mean, you mentioned that you still have people that don't even know what QPP is. There's people who don't know what PQRS is or what PQRI was. And that's been around close to a decade. So I think this will take some time, regardless of how you communicate it.

Adam: Well great, thank you so much.

Operator: There are no further questions in the queue at this time.

Stefanie Costello: Great. Well thank you all very much. I won't keep you all for the full hour if we don't need to. Beyond...

Operator: Excuse me, we have...

Stefanie Costello: We get one more?

Operator: Excuse me, we have received a question from the line of Michael Cook. Your line is open.

Michael Cook: Good afternoon. I am a health director for Saint Regis Mohawk Tribe; we are a Title 5 program with the Indian Health Service. And I'm trying to figure out the impact on our operation, if any. I'd like to hear, "Don't worry about it." But with – you're talking about measures, and I don't know a whole lot about this, so I apologize for my ignorance here, that are listed in the program 200

plus. Some coincide with the GPRA measures and how does this all work?  
That's kind of what I'm asking.

Adam: Sure. So thank you for that question. And this is something – and these are definitely topics that we are, as a team here at CMS, starting to develop – or at least trying to develop, materials and training sessions on to really – to get into the different focus areas. So you mentioned Indian Health Services.

So this is definitely a focus for us moving forward is trying to get the appropriate information – the information that, again, is pertinent to you out there so that you have this information and you're ready – have you ready to go for 2017, the transition year. So I will say that this is kind of, this is being developed right now.

We're in the process of getting some of this – these materials put together with the specific focus of really; what do I need to do now, how does this impact me as a certain clinician in a certain practice. So these materials are coming out. Of course, I always encourage you to take a look at [QPP.CMS.gov](http://QPP.CMS.gov). In addition to the API announcement we had today, we also had a number of resources that were rolled out, additional education resources that are available.

And we also – we have the listserv, they're for our training sessions. So this is going to be especially important because these are the types of trainings that we are developing and that we will be rolling out over the coming weeks and months to really prepare everyone and have – put this information into your hands.

Stefanie Costello: Great. And just to piggyback off of Adam, the Quality Payment Program website; if you go to that website and at the top right hand side, “education and tools.” If you click on that, that's where all of our tools live. Yesterday we posted a number of new materials. We gave one on how to design an APM.

We have measures, specifications – download a measures specification fact sheet and a measures specification implementation guide. All mouthfuls, but very helpful. And that's under the “learn about the Merit Based Incentive



Program” section. And then we have resources for registries and Qualified Clinical Data Registries. We have a fact sheet for quality registry, self-nomination fact sheet and a QCDR self-nomination fact sheet.

So we encourage you to take a look at those. The API is there as well and we have a link to a video library and then a webinar and education program. So the webinars that we have produced we have some of the past presentations online, including the slides or recordings. So we have some APMs, quality program and review up there now. And also the slide deck that was used for the MLN call on the 15th.

And then for trainings like you just mentioned, where there’s not maybe a specific training or the trainings didn’t go into enough detail about specific pieces of the QPP program please e-mail us, again, at the partnership mailbox or QPP and let us know about those specifics that you want to hear. Hearing that on today’s call is very helpful, that’s why we’re holding it. So we appreciate you taking the time to give us that information now, because it will definitely help us structure our future training and resources.

So were there any additional questions or comments from anybody?

Operator: And we have a question from the line of Sarah Freeman, your line is open.

Sarah Freeman: Hi, yes, this is Sarah Freeman from the National Indian Health Board. I just wanted to make a request that there really, truly needs to be a webinar specifically for rural providers, small providers, underserved areas. Because they seem to be kind of lost, at least from what we’ve heard from the tribe in this whole process and kind of what applies and doesn’t apply.

Because we have older systems within the Indian Health Services. So I definitely suggest that a webinar particularly for underserved areas is definitely needed. Especially with the population base and because most will be going into MIPS and not APMs.

And just a comment on the last gentleman’s question or comment regarding IHS and GPRA, we are working on that, so if you could please contact the

National Indian Health Board, we're working on aligning those measures and getting more of a response from CMS. Thank you.

Adam: OK. Thank you so much for that recommendation. And that's certainly an area that we are focusing on over the coming weeks because we too, here at CMS, believe that that is very important to get this information out to small, rural, underserved practices and HIPSA's.

This is something that we are developing, pulling information together. We really want to break this down and make this as simple as possible and as easy as possible to understand. So, again, and I hate to keep reiterating, but certainly please sign up for these training webinars because they will be coming out.

Operator: There are no further questions in the queue at this time.

Stefanie Costello: OK. Well again, thank you very much. We look forward to hearing from you through our mailboxes and then we will be e-mailing you after the week of Thanksgiving to update you on our next call which will be in December. So thank you for taking the time to be on today's call and I hope that everyone has a great holiday next week.

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

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