

CENTERS FOR MEDICARE & MEDICAID SERVICES

Moderator: Jill Darling
December 1, 2016
2:00 p.m. ET

Operator: Good afternoon. My name is Candy, I will be your conference operator today. At that time, I would like to welcome everyone to the Quality Payment Program National Roundtable Conference Call.

All lines have been placed on mute to prevent any background noise. After the speakers' remarks, there will be 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: Thank you. Welcome everybody to today's National Stakeholder Roundtable Call on the Quality Payment Program. We appreciate you all taking the time to be with us today and we hope that today will be a good discussion. Every month, we enjoy hearing what you all have to say and it really is helping us form our outreach and education and get a better idea of what's going on out in the provider community.

So, welcome to today's call. I am going to turn it over to Jean Moody-Williams, who will take our first part, and she is going to talk to you a little bit about the comment period for both MIPS and APM in the final rule. So, Jean?

Jean Moody-Williams: Thanks very much, Stefanie, and good afternoon, everyone. Thank you much for joining our calls. As was mentioned, we do find this to be very valuable and really appreciate the opportunity to connect with you.

As you are aware, when we published the final rule, we published it as a final rule with comment and there was a 60-day comment period that will be coming to a close December 19th.

And as a result, we really wanted to take this opportunity to get more information and comments from you on some particular areas. We had stated from the beginning that we will – we are looking forward to and accepting your comments on the entire rule at any time and we're continuously listening.

But there are certain areas of the rule that your comments – your formal comments will help us as we design new products and informational materials as we think about the future of the program and as we think about the next rulemaking cycle, which in our world will be here before you know it. And so, the more information that we can get upfront, even before we start a proposed rule the more likely we are to put something out in a proposal that makes sense that considers your thoughts and something that you can really take in and work with as we finalize.

So, in that final rule, there were a number of areas that we did request comments and we received several requests to just take a moment and highlight the specific areas that we were looking for comments on. And so, I wanted to take a few minutes to do that and just point out those areas that we're soliciting formal comments on.

One area would be virtual groups. And as you're aware that the statute did allow for us to establish virtual group and this would be for groups not more than 10 MIPS eligible clinicians. They could elect to form a group, and as such, would be able to take advantage of the group opportunities in MIPS that may help them avoid some of the things that come about with low volume thresholds or some of the baselines and not having enough cases for measures, et cetera.

So, we are really looking to implement the virtual groups in 2018 calendar year performance period. And the reason that we did not implement it in the current rule because there are just a number of considerations about the

infrastructure and the data systems and how these groups would function, and we did know that in some areas there are some assemblance of these kinds of groups throughout the country that people had input that they could share with us.

And so, I'm not going to go through all of the things that we put into the rule. I'll refer you back to the rule as to point that we're looking for input on. But if you could please take a look at that virtual group section, I know there's a lot of interest for – particularly for small and rural practices and submit your comments that would be extremely appreciated.

The other area is more terminology, but terminology is important. We find that out more and more as we work with the rule, and that is with the term non-patient facing. And we use that term throughout the rule and really because it's used in other areas of CMS programs. But we did get some comments back from those who would be considered non-patient facing that that's not a term that they find to really describe their circumstance. So, if you have input on that and you would like to suggest another term for non-patient facing, we would welcome that.

We also are soliciting comments on the low volume threshold. As you know, we did establish thresholds for participation in the Quality Payment Program and those thresholds then do exclude certain clinicians from participating in the program. And in some cases, that's a welcome exclusion. But in other cases, there are clinicians that are excluded – that would really like to participate in the program. And we were – we are soliciting your input on how we might be able to establish a process by which clinicians can opt in to the program even in view of the low volume threshold.

We have other areas that we are requesting your input on as it relates to the quality performance category, and specifically, the cost-cutting measure requirement. As you are aware, we did propose that. We used a cross-cutting measure or measures. However, when we finalized the MIPS portion of the QPP, we did not implement the cross-cutting measure for the first year. However, we do want to because of the importance of – and the purpose of the program really to look at coordination and coordination of care. We want to

have these cross-cutting measures because that's really very patient centric. A patient just doesn't live in a silo and get care in one setting. They go across multiple settings and we'd like to be able to measure that in some way. So, we would appreciate any comment in that area.

In the area of advancing care information, we got a lot of comments back during the proposed rule that suggested, and it was very consistent with the way that we're looking at the Quality Payment Program as not being, you know, a series of programs that were put together, the EHR incentive program, PQRS, and value modifier, and just take those and add them together. But instead, what we wanted to do was develop one quality payment program in which we will use an evidence-based measure and – that supports quality and improvement activities in the practice and that is all of that is supported by technology. And so, it's really a seamless quality payment program instead of four different categories.

For the first year, because it is an evolving program, we do have some of those separations, but it was suggested that there was – there's a way to really look at the technology portion and the improvement activities and combine those so that if you're using your electronic health record to carry out a function that results in a quality improvement that you would get credit for both. And so, we are looking for information in that particular area.

And then the next area would be the MIPS scoring. The first thing to consider is that we are implementing year one and we do have to pick-your-own-pace approach and we are anticipating success for that program with your help that clinicians will be very successful. But we must quickly turn our attention to year two and think about how we're going to transition some of the requirements as we approach year two and still have a successful program.

So, we'd like to get your opinions and your thoughts and comments on that. And I used the word opinion, but I really – we stressed that we want evidence, if you have it, data to support whatever comments that you send in. It's always very useful because then we are starting from a basis that we can look at your data and look at our data and make good policy decisions.

And another area under MIPS scoring is stratifying quality measure benchmarks based on specialty and/or practice size. We did get comments on that and we're looking and doing modeling on that as well, but we were not able to get that done for the current year, but we would like to continue to consider that and solicit your comments to that as well.

Under the advanced Alternate Payment Models, there were a couple of areas that are related to financial risk and approaches on whether and how nominal amount standards should differ for Medicaid arrangements and are those private payers compared to the nominal amount standards for the advanced APMs. And so, we'd like to get comment on that. There's a question of financial risk related to medical homes and for 2019 performance period and later.

So, those – that's just a high level again that would at least point you in the right direction of where in the rule we are looking for comments. Please take that in cross-referencing, go back to the rules to get the specifics of that, and again, we look forward to whatever you send in, which we'll be taking very seriously as we begin to think about future rulemaking.

So, I will stop there as it relates to that, except to remind you that also in the rule it gives you instructions about how you can submit those comments. They must be submitted no later than 5:00 p.m. on December 19th and you can do it electronically but regular mail, my express or overnight mail, by hand, or courier, and there are instructions in there about how you can do any of those things.

I will stop and take any questions that you have. And also, we are going to plan – and about this comment period, we also know that you may still have policy questions that you are seeking answers to and we have a number of ways for you to be able to submit those questions. We hope that you've been tuning in to our webinars in which we had our policy experts readily available to answer those questions. They are not on this call, so we're not going to take a lot of technical policy questions. But what we are working to do with this group is perhaps to have an office hours of sorts so that our next gathering

we will bring those policy experts on the line for this particular meeting so you can have the opportunity to ask the more detailed questions.

With that, I'll open it up.

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. We'll pause for just a moment to compile the Q&A roster. Again, if you would like to ask a question, please press star then the number one on your telephone keypad.

There are no phone questions at this time.

Jean Moody-Williams: Great. That means everybody got their comments ready to submit and we are ready to read them. Thank you.

Stefanie Costello: Thanks, Jean. And if folks think of anything, I think Jean will be on for a little bit longer so you can ask a question if one pops up.

Right now, we're going to turn it over to Aisling McDonough, who is going to talk about a partner opportunity. Aisling?

Aisling McDonough: Hi. This is Aisling McDonough from the Office of Communications and I'm here to speak on a quick opportunity announcement. We have recently published many drop-in articles to different specialty societies as well as others who are interested in MACRA and the Quality Payment Program providing kind of specialized information for that specialty. For example, we have recently – are working with an orthopedic journal as well as a urologist newsletter.

So, if you all have a specific newsletter, a section of your Web site, or a journal that we could partner with you to provide information from CMS about the Quality Payment Program that's specific to your needs, we want to do it and that can be in the form of we'll submit a quick outline of our own design and you guys can let us know how that fits your needs. We can do a question and answer with one of our senior officials and provide that to you. We're flexible and open to partnership.

So, if you are interested in working with us to provide your members and your audience this important information, then please reply to our partnership e-mail box, Stefanie Costello, or you can e-mail me directly. My name is Aisling – A-I-S-L-I-N-G – McDonough – M-C-D-O-N-O-U-G-H and I'm at cms.hhs.gov.

Thank you for the opportunity and look forward to working with you all. And I'm happy to take any questions that you have right now.

Operator: As a reminder, 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 questions at this time.

Stefanie Costello: Great. Thank you. So, I wanted to touch base verbally about the co-branding opportunity y'all should have received e-mail notification about over the last several weeks. So, we have a partnership opportunity focused around training. CMS has developed lots of good training, resources, and slide decks around both MIPS and APM.

And so, we want y'all to be able to use those and access those for your partners. And in doing so, we'll be able to co-brand those training materials and we're offering y'all the opportunity to do that. And this is – the co-branding can be with for profit entities, nonprofit entities, government entities, you know, hospital groups, whatever y'all might be.

You are able to participate in this co-branding. However, the co-branding materials cannot be themselves for profit. So, you will not be able to charge folks for those trainings with the co-branded materials. That's where the line is there. I know some of y'all have had questions about that. We sent out an agreement – co-sponsorship agreement that your organization will have to fill out with – that outlines your responsibilities and then we have these for CMS what we will provide to y'all and then we will just require some signatures.

Full disclosure, it does take a few weeks to get this through the government through all of our layers here. So, if this is something you're interested in, we know a lot of y'all are eager to start training in December, ahead of the January 1st date or in the beginning of January. So, please go ahead and get those in as soon as possible or e-mail us your questions and we will get back to you as soon as possible because we'd like to get the ball rolling on these so that we are able to meet your members and educate folks.

So, if y'all have any specific questions about the co-branding opportunity, about the (drop-in) articles, again, for Aisling or Jean or any additional questions at this time, we can take those.

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.

Your first question comes from the line of Susie Postal from Indian Health Services. Your line is open.

(Susie Postal): Hi. Can you hear me?

(Off-Mic)

(Susie Postal): You know, we're on a conference line. I'm so sorry. The question is how you can get the agreements

(Off-Mic)

(Susie Postal): I'm sorry. We have the whole group on our phone and I'm trying to use creative ideas.

(Off-Mic)

(Susie Postal): I apologize. The question I have is how we get the agreement for training and education?

Stefanie Costello: OK. Great. Thank you. So, for those who do not have the agreement, if you have not received that yet, we can e-mail it out to you. We just need you to

send us an e-mail and let us know your organization, who your membership is, who are you planning to do the trainings for, what type of trainings you're going to be doing, and then we will send you the agreement and you can e-mail us at partnership – so partnership, one word -- @cms.hhs.gov. Again, that's partnership@cms.hhs.gov. And in the subject line, if you can take the subject as QPP education, I will flag that and be able to get the agreement template form out to you.

(Susie Postal): OK. Thank you.

Stefanie Costello: You're welcome.

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

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

Stefanie Costello: OK. Great. Well, thank y'all very much again for being on the call. If you have any questions that come up again, you can e-mail the Partnership Office. Hopefully, some of these partnership opportunities y'all be able to work with us on and then we'll – you'll have some time over the next few weeks to get your final comments in before the December 19th deadline. And again, as Jean said, we will be sending out more information about our office hours for policy-specific questions for our December 15th call.

So, I'll just check one more time just in case there are any more questions before ending the call?

Operator: Again, 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, press the pound key.

There are no further questions at this time.

Stefanie Costello: OK. Well, great. Thank y'all very much for joining us today and I hope you all have a great rest of the day.

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

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