Center for Medicare & Medicaid Innovation
FQHC APCP Demonstration
Participant Conference Call

November 17, 2011
2:00 - 4:30pm ET

Coordinator: Welcome and thank you for standing by.

At this time all participants are in a listen-only mode. At the end of the presentation, we will conduct a question-and-answer session. To ask a question, please press star 1.

Today's conference is being recorded. If you have any objections you may disconnect at this time.

Now I will turn the meeting over to Lynn Riley. You may begin.

Lynn Riley: Thank you. Hello everyone and greetings. I'm Lynn Riley Director of the Division of Health Promotion here in the Centers for Medicare and Medicaid Services, Center for Medicare and Medicaid Innovation.

On behalf of our Center Director, Dr. Richard Gilfillan and our group Director, Ms. Linda Magno and members of the FQHC team here with me today, I'd like to welcome you to the Federally Qualified Health Center Advanced Primary Care Practice Demonstration Participant Conference Call.

I'm joined today by Suma Nair, Director of the Office of Quality and Data and the Health Resources Services Administration Bureau of Primary Health Care. HRSA is our federal partner in this demonstration.

We are here today to talk about several aspects of the demonstration. As you can see on Slide 2, goals of the demonstration are to transform primary care practice and have 90% of participating FQHC participants achieve Level 3 PCMH Recognition through NCQA by the end of the demonstration.

We have a robust agenda and you'll receive a lot of really good information today.

We believe that the transformation of primary care practice aligns with CMSs three part aim of better health of population, improved care, and reduced costs. We believe that the achievement of Level 3 PCMH Recognition through NCQA is one way to demonstrate that transformation and the goals of our demonstration.

The purpose of the demonstration is two-fold, as stated on Slide 3.

First of all, we want to determine whether providing financial assistance, in this case care management fees, and technical assistance to the FQHCs actually produces care transformation.

The second purpose of the demonstration relates to the fact that this is a research project with a defined evaluation, which you'll hear about later on in the presentation, to examine the causes of the effective practice transformation.

On Slide 4 we begin to talk about the expectations of the demonstration.

First and foremost, we want to relay to you that we want change to occur, and that change is practice transformation. We want to ensure that each FQHC

remains in the demonstration for the duration, and we expect that FQHCs agree to our terms and conditions as part of the application process.

On Slide 4, you'll see that we expect FQHCs to cooperate with the evaluation contractor and again we'll talk about that later on in the presentation. But part of that is you may be asked to provide some additional information or data to the evaluation contractor as the demonstration progresses.

In addition, I want to emphasize the importance of completing, every six months, the Readiness Assessments which is part of the expectations on Slide 5.

And let you know that CMS will be tracking each FQHCs compliance with the every six month Readiness Assessments.

We will be discussing our monitoring strategy in further detail today later on in the presentation.

So, although it seems like our expectations are great, we are hopeful and really feel confident that you all will work with us to achieve the goals of the demonstration and to adhere to our expectations.

At this time I'm going to turn it over to Suma Nair and she's going to talk about HRSAs role in the demonstration. Suma?

Suma Nair: Great. Thank you, Lynn. We're pleased to be here today and partner with our colleagues at CMS on a project. Advancing quality of care and health centers is the priority for the health center program and we believe by supporting health centers in the transformation to patient-centered medical homes, we

can realize further progress on our goals toward improving access, quality, and cost of health center services.

This is a great opportunity for the health centers that have been selected to participate in the demo to get additional support and reimbursement to go through the transformation process and get to the patient centered medical home model. Not only that, it's also a great opportunity for the health center program at large to learn from the lessons and best practices of being recognized medical homes in the evaluation and metrics associated with it.

So, we look forward to learning from you all through your robust participation and strength from those lessons learned and great ideas throughout the larger health center family.

In partnering with CMS, we've been working closely with our colleagues here on the demonstration, the evaluation compliance, and the technical assistance compliance to ensure that our efforts that are underway at HRSA are in line with the CMS efforts around this demonstration project.

We're continuing the conversations and we look forward to supporting all of our health centers and working very closely with CMS and moving forward.

And I think that's it. Lynn?

Lynn Riley: Thank you, Suma. We are going to start talking about payment. That's a very important topic for both the FQHCs and CMS. But before Claudia Lamm, a member of our FQHC team here, presents specific information to you about the care management fees, I'd like to talk to you about a few things.

First the November care management fee payment has been delayed. We anticipate making the payment in late December. And unfortunately, our fiscal year 2012 budget was not approved in early October as we had wanted. And second, we had a little trouble getting all of the FQHCs to get their EFT information to us in a timely manner.

So, the combination of these events really has delayed us from getting the payment out.

However, there's a good news story here and that is the fact that when the payments do come out, and we anticipate that late in December, you will be paid for all three months of the quarter. So for the first payment even if it's in December you will get the entire quarter for the beneficiaries attributed to your FQHC.

So stay tuned. Claudia Lamm will talk to you about specifics of the payment and the care management fees, and then if there are any questions, we can come back to them at the end of the presentation. Claudia.

Claudia Lamm: Thanks Lynn. Before we go on to Slide 7, I just wanted to briefly go over what many of you may be familiar with, which are the eligibility criteria for the beneficiaries and a little bit about the attribution.

To qualify as a beneficiary that's counted toward your attribution, the beneficiary must have both Medicare Part A and Part B, must be fee for service and not Medicare Advantage, and must not be currently in hospice or under ESRD treatments.

As you know, the payments are prospective, so again as Lynn mentioned in December your payment will be for November, December, and January. It

will be based on an annual rolling look back of Part A claims. A Medicare beneficiary will be, attributed to your FQHC if you, in that year look back, saw that beneficiary more times than any other FQHC. And if there are 2 FQHCs that have seen the beneficiaries the same number of times, the tie breaker would be the FQHC that had seen the beneficiary more recently.

So on Slide number 7, again you're being paid quarterly prospective $18 per quarter per attributed beneficiary. And this is over and above your all inclusive payment.

Again, the payment would be automatically distributed through EFT payments to you based on the EFT information you provided to us and the payment will come through NGS (National Government Service), one of the Medicare payment contractors.

We want to emphasize that this is not meant to be, as in managed care, a true per member per month payment, but it is rather an approximation of your Medicare fee for service patient load for your practice.

So in that vein, we will not be providing beneficiary level data. Of course with your EFT payment will be aggregate information, including the number of beneficiaries for whom you were paid that quarter, and the number that have been dropped from your roster in the past quarter for such reasons as death, change of status, or going from FFS to managed care.

So that roster is not really a true roster, but rather an accounting of your quarterly payments, and it should come on or about the same time as the payment.

So again, we do the year look back. We give a three month window for completion of claims, so that it's not the previous three months a year including the most recent three months, but there is a three month lag incorporated to assure that the claims we are looking at are most complete. We will not be making retroactive adjustments for changes in your patient panel in the previous quarter. For example, if in the previous quarter one of your patients died in the second month, we will not be recouping money for which you were paid for services that you did not render. So that's a good thing, and it's certainly a work saver for us.

Again, the quarterly report that you receive will show the number of beneficiaries attributed to you that quarter for which you were paid, as well as the ones that you have lost from past quarterly payments.

On Slide 9 - There are 12 payments over the three years, paid quarterly. And this little grid reflects the dates of service for each payment period. So you'll see that the dates of service are a year, a rolling year, dropping the oldest of the claims and adding more recent claims throughout the three year period.

So, monitoring activities next, Rachel Henke.

Rachel Henke: Thank you, Claudia. So for all of you on the phone we are now on Slide 10, monitoring activities.

CMS will monitor the progress of participating practices toward Level 3 PCMH Recognition.

These monitoring activities include the Readiness Assessment Survey updates, the random audits of Readiness Assessment Survey responses, a provision of feedback to practices related to progress toward advanced

primary care practice transformation, and finally, we'll also be making sure FQHC practice and contact information is current.

So, the last activity is to update FQHC information. I will go through each of these activities in turn in the next series of slides.

On to the next slide, Slide 1, The NCQA 2011 PCMH Readiness Assessment Survey will be used and monitor FQHC progress toward the adoption of the Advanced Primary Care Practice Model. Everyone on the call should be familiar with the Survey, since it was a requirement of the demonstration application.

FQHCs will be required to update their Surveys every six months, and the first deadline will be May 1, 2012. It would be great if you could enter this date into your calendar, but approximately six weeks prior to the first deadline, we will start to remind practices that the Survey updates are due so you won't forget. FQHCs will be required to review and update responses to all of the survey items.

Just a note that the responses to the Readiness Assessment Survey FQHCs provided during the application will be pre-populated so that you will not have to enter your responses again. That is, you will just have to review each of your responses and change any that are no longer current.

All participating practices should also already be familiar with the requirements to complete the comment needed fields associated with elements 3C, 3D, and 4A. Practices will have to go through this step to provide percentages for these fields again for each subsequent Readiness Assessment update.

You can use instructions provided by NCQA. We do realize that there's a lot of concern and some difficulty completing these fields, so we will be making initial trainings available and information available so that FQHCs have an easier time completing these fields.

It is required that percentage be entered in each of these fields not text.

Next slide, Slide 12, here it provides a few more important details about the Readiness Assessment update. Just so everyone's aware, we'll be using the same NCQA 2011 PCMH Surveys that you used to complete the demonstration application. So, you will have the same user name and password.

For practices that have more than one Survey license because they are working with the HRSA initiative, or maybe purchased it on their own, NCQA will work with you to confirm the specific Survey license that will be used for this demonstration. And that license number is the one we'll track when we review the Readiness Assessment update.

NCQA will also be working with practices that are a part of multisite FQHCs; many of you are part of multisite FQHCs. The transition to the NCQA Corporate Survey Tool will facilitate your Readiness Assessment updates, if appropriate. NCQA will be identifying and reaching out to these sites in the next month.

Next slide, Slide 13. On this slide we're providing the due dates for the upcoming Readiness Assessment Survey updates. The first one is due May 1, 2012. The second one is due November 1, 2012. The other dates are to be decided, but you can expect that they will be sequenced approximately six months apart. As a reminder, failure to complete the Readiness Assessment

update by the deadline does jeopardize your continued participation in this demonstration.

Going on to the next slide, Slide 14, Random Audits. As you all are probably aware, 10% of FQHCs will be randomly selected for audit after each Readiness Assessment Survey update. So the first audit will occur the month of May 2012, right after the first deadline.

In the time period leading up to each deadline, we will be providing all FQHCs with notification of the specific Survey elements that will be subject to audit, so there's a heads up on what might be audited. We will also provide information on what types of documentation will be necessary to substantiate results if the practice is selected for audit.

While working on your Survey updates, we're encouraging all practices to gather the documentation for the elements which will be subject to audit. That way practices can be ready if they are the ones that are selected. Also, further gathering documentation will help you prepare for the process of submitting your application for formal PCMH Recognition. When you do apply for recognition, NCQA does require you to submit all supporting documentation

Going on to Slide 15. In case that your practice is selected for an audit, this is what you should expect. First, you will receive an email outlining next steps and everything you'll need to do. One of those next steps will be to gather the documentation to substantiate your Survey responses to the specific elements identified for audit. Then, there will be a process where you upload that documentation to NCQA via secure portal specific for this audit process within the specified timeframe. NCQA will take that documentation, review it using a standard process, and see what Survey responses they would have made with the documentation you provided. Next, NCQA will compare this to

the Survey responses you put in your Readiness Assessment and will check how well it matches.

After the review is complete, results of the audit will be provided to the FQHC. This will be a detailed report, which shows whether there are any areas where documentation did not substantiate the Survey responses. In some cases, practices will be required to update their Readiness Assessment Survey responses to reflect the results of the audit.

Moving on to the next slide, Slide 16, this slide describes the feedback report you will receive from CMS.

The feedback reports will provide changes in Readiness Assessment Survey scores over time, Survey scores compared to other participants, and also practices will receive claim-based cost and utilization data on the Medicare beneficiaries attributed to their practice. These data will be provided on a quarterly basis, whereas the Readiness Assessment scores and comparisons will be provided on a biannual basis.

The feedback reports will be available via a secure online portal. Practices will receive more information about this when the first feedback report is ready.

Moving on to the next slide, Slide 17, we want to reiterate the importance of updating your contact and practice information. It's very important that we have the most current information so that we can communicate with you throughout the demonstration. Further, the payment, evaluation, and technical assistance contractors will need current contact and practice information to ensure payments can be made, feedback reports can be compiled and

provided, and that available technical assistance opportunities can be communicated to you.

You can update contact name, email, practice site address, mailing address, etc. We actually have several sites with a mailing address that is separate from their physical address. You can also update your listed primary care physicians by logging on to the NCQA application portal. The URL for that portal is provided and that is the same URL that we sent to you via email.

We will be reminding you to update your information at regular intervals but feel free to update information whenever it is changed. Most importantly, please, please, please let us know if your contact name or email has changed because we are relying on email to communicate important information and updates throughout the three year demonstration and it is quite difficult when we get email bounce backs.

Please contact Thomson Reuters at the email address provided on Slide 17 if your FQHC closes, merges, consolidates, or does not want to continue participation, as these major transitions may affect your practices continued eligibility for the demonstration.

Now I'm handing the mike over to William Tulloch, Director of Government Recognition Initiatives at NCQA. Bill?

William Tulloch: Thanks Rachel. Over the next series of slides starting on Slide 18, I'm going to talk a bit about the technical assistance available through NCQA and also the process for applying for formal PCMH Recognition at the time that your organization decides to come forward.

Before I go into the description of the technical assistance I want to make it clear that the technical assistance I'm referring to is specifically provided by NCQA and is related to our standard guidelines for our medical home product and also the process for going through Survey. There's also other technical assistance on practice transformation that will be available and we'll be talking about that right after my slides.

I'm going to talk about the technical assistance, also the process for applying for PCMH Recognition and the process that we go through for scoring your Survey tool and actually conducting the review when you go through that formal process.

So, moving on to Slide 19, there's actually two types of technical assistance that are available. One is discussed here, but I want before I go into the mock Surveys, I want to describe our series of Webinars that we also have available.

We had some Webinars during the application process that many of you participated in that were about the actual interactive Survey system that houses the software tool we used for the application period to fill out your Readiness Assessments.

We'll be continuing those on a monthly basis, so there'll be an ISS sort of users Webinar that is an hour in length every month.

We'll also be having a two part, 90-minutes a piece, standard interpretation and documentation Webinars that will be available as well each month so that we'll be doing standards one through three during the first part and standards four through six during the second. There will be an updated quarterly calendar on our Website. Our Website address, later on in our presentation, will have the dates of each training program. We will also be reaching out to

you via email to invite you to those programs, but you do have to preregister for them.

The other form of technical assistance that we have is here on Slide 19 which is a mock survey process. And mock surveys really are an option for practices to get some feedback on your documentation, without actually going through the formal Survey process. There is no recognition decision made on a mock survey. So it's actually from the beginning we've treated it as a practice survey

We do, however, review your responses you submit on the Survey tools as you would for a formal recognition Survey. That is, we review your responses and give you extensive feedback on your documentation and where it's sufficient and where it's not. And we also have typically about a 2 hour conference call with the organization after they receive that feedback so we can go through the mock survey in more extensive detail as to exactly what should be improved or what was missing.

This does provide an opportunity, if you're in the middle of preparing for a formal Survey, to have your documentation reviewed.

Sites can request a mock survey from NCQA. We're also currently in the process or working with some of the Primary Care Associations, to train their staff to provide this service as well. That may actually be offered onsite, whereas the mock survey through NCQA will be through the ISS and telephonically. We'll have more information for you as it becomes available and will update you on when those services maybe offered.

Moving to Slide 20, talking now a bit about the actual recognition. As was already mentioned, one of the goals of the demonstration is to have 90% of

the FQHCs achieve Level 3 PCMH Recognition before the end of the demonstration project in 2014. Within that three year period however, your organization determines the timing during which you're going to come forward for formal recognition. You basically submit your Survey when you're ready.

You will still have to do the six month Readiness Assessment Survey updates no matter what your recognition status or your process in the Survey at the time than an update is due. So you will still have to continue to do that, even if you achieve Level 3 Recognition before the end of the demonstration project.

Slide 21 goes into how you actually initiate the recognition process. The application as Rachel Henke just mentioned, is available through the application portal. The only step you have to make, other than updating your information, to be able to be ready to submit for an actual Survey is to sign an agreement with NCQA to go through the formal recognition. That's one agreement you did not sign during the application. Your BAA, which you did sign during the application period, will still be in force, however.

So you'll sign your agreement and then actually submit that application, or resubmit it if you already submitted it once. You'll make sure your supporting documentation is attached in the survey tool. You'll be able to upload that documentation or a copy of that documentation to a secure server at NCQA for our review purposes. And then you'll actually submit the survey tools to NCQA, which means you'll actually send us the data that you had in the survey system, including your responses, your explanations and the comments needed.

On Slide 22 we talked about the actual recognition process. We have reviewers, many of whom are contract staff who will access the responses and

the documentation for each site. If you have multiple sites, we'll try to have the same person review each of your surveys for consistency. And in any review, we provide extensive notes about our assessment for each element, including how you scored yourself, whether we agree or not, and if we disagree, for what reasons we disagree. And that disagreement could be that we don't believe you've met certain criteria. We may also override your assessment and say that yes you do meet the criteria and so scores can change during that process.

Because scores can change, we then do an executive review by NCQA staff. Typically, someone in my position will look at all the changes made as well as all of the must pass elements to make sure that the documentation does meet those criteria and that we agree with all the changes that the reviewer made. The final review and final decision are made by our recognition oversight committee or ROC. That's a physician peer review panel of experts, all certified with NCQA. These experts have health plan and/or medical group experience. They review all of our medical home surveys to make sure that they are comfortable actually granting recognition to the organization. So that allows us to have that physician peer review protection at the end of the process.

The whole process takes about 30 to 60 days. Our current average actually is about 39 days. We just reran our report last month so we're getting a little bit better. Although, I will warn you that the end of the year, this period that we're in right now, is always our busy period. So, just take that into account when you're preparing for your own recognition process. First quarter's often better than fourth quarter.

Now I'm turning the presentation over to Bruce Finke who's with the Center for Medicare Medicaid Innovation, who will be talking about the other technical assistance available.

Bruce Finke: Hello thank you all and I'm going to pick up the ball now and talk to you a little bit about the other aspects of technical assistance for practice transformation and we're on Slide 23 at this point.

And just, you know, just state straight out for ourselves for clarity what the aim of this is of the technical assistance piece of this work and the learning system that we hope we intend to set up. To support your work is to support you all in primary care transformation to a patient centered medical home and of course, NCQA Level 3 Recognition is the primary metric.

On the next slide, Slide 24, are some basics about the design of the technical assistance. Like, we'll sort of cue you in to the direction we want to go.

First is that we recognize that there's a lot of activity going on around PCMH right now. Many of you are involved already in state programs or with your local PCAs or health center networks around transformation. So, we understand that this is a very busy environment and our aim is to align with and support your work and the work you're engaged in already to achieve primary care transformation.

To accomplish that, we really want to work with the folks that you're working with so you all have some improvement supports and transformation support; the folks you look to already often again it's your PCAs or your - or a network that you may belong to. There may be others that you've worked with, other organizations that you've worked with. We want to know who they are and

we want to be able to work with them to support you and have you continue to work with them through this process.

We intend to use - we'd like to use a measurement to guide the work of transformation. And I think this won't be unfamiliar to you all. You know that we use measures, measures of quality, measures of process, to give us a view of the system and when we want to change the system, we use those measures to see what the system looks like and see whether the changes we are making are resulting in improvement. And that's going to be a core kind of component to the work we do.

The measurement is for you. It's for you to be able to see your system of care and see how it's changing over time. We intend to be guided by the experts in the health center world and in the world of primary care transformation. There's been a lot of work over the last decade and many of you have been involved in that and we want to build on that work. We want to learn from each other and from experts in the health center world as we do this work.

The next Slide 25, I'm going to talk a little bit about where we are and who the team is basically involved in development of the learning system technical assistance effort. Certainly, the leadership for this work comes from the demonstration program at the Innovation Center - the folks who you've heard from already. The aim of the technical assistance is, if you get results for the work you're doing, to achieve the aim of the demonstration.

At the Innovation Center, we have a team made up of the program leads but also the evaluation folks are involved in feeding back information to you all that will help you see what your system of care looks like. Within the Innovation Center, there's the Learning and Diffusion Group, which I'm part of which assists the programs in developing learning systems and technical

assistance. We also have a real key ally here in the American Institutes of Research or AIR, who is a contractor for the learning diffusion group at the Innovation Center. AIR is really going to be our point group for leading and developing and leading the technical assistance effort. I want to take a minute to introduce some folks from AIR who are on the phone Laurie Hooks is actually with the Texas QIO and is the point person for this work and she's supported by Deb Mill and Larry Thomas from AIR and Deb, Laurie, Larry if you wanted just to say hello this would be a great time. You may be actually not able to say hello if you're not on open line. So you'll be hearing their voices in particular Laurie's voice who's really going to be our point person for this work.

But of course, you've already heard from Suma Nair and HRSA who's a key partner in this work as we move forward.

So what can you expect? Well, you can expect is in the next month or so to hear about our first kick off call at which we'll introduce and the learning system plan that is in development now. You can expect a couple of things. One is you can expect some communication from AIR to find out who you're using for improvement support for transformation support. Who are your resources? What activities you're involved in now?

Again, the idea here is that this is not reporting for reporting sake but so that we can build into your existing network and support the work and align with the work you're already doing.

You'll also hear about an initial kickoff call that will we hope to have in the next month. So, expect to hear more as you can assemble your resources for this important work and we're really excited to be part of it with you.

And I'll pass this on now I think to the Rapid Evaluation Group.

Curt Mueller: Hi I'm Curt Mueller I'm with the Rapid Cycle Evaluation Group at the Innovation Center. As you probably know, CMS will be conducting an evaluation of the FQHC demonstration. One of the purposes of the demonstration is to assess the effects of the advanced primary care model on access quality and the cost of care provided to Medicare and Medicaid beneficiaries served by FQHCs. Another important purpose is to study the process and challenges involved in transforming FQHCs into advanced primary care practices.

Several data collection activities will occur over the course of the demonstration on Slide 27. FQHCs will be expected to participate in data collection activities for a variety of purposes. These activities include completion of NCQA's Readiness Assessment Survey update every six months.

There will be clinician and staff surveys as well as site visits conducted to five FQHCs during the third year of the demonstration. And in years 1 and 3 we will be overseeing interviews of practice leaders at about 30 FQHCs. Finally, Medicare and Medicaid beneficiaries who are attributed to the FQHC will be asked to participate in several data collection activities again for evaluation purposes. In years 1 and 3 we'll be conducting a patient experience survey. And in year 3, focus groups for Medicare and Medicaid patients and their caregivers.

I'll now turn the microphone to Lynn Riley.

Lynn Riley: Thanks, Curt, I appreciate it.

We are just about to the end of our formal presentation.

On Slides 29 and 30 we provide key contacts and links for information.

I'd just like to take a moment to say thank you and let you know all of the CMS and HRSA folks that have worked to make this happen on my staff it's Jim Coan, Bruce Finke, Suzanne Goodwin, Claudia Lamm, Armen Thoumaian , Burt Williams and from HRSA Suma Nair, Matt Burke, and Emily Jones.

From Thomson Reuters, our contractors, Rachel Henke and others at NCQA including Bill Tulloch.

So we really appreciate everyone's participation.

As you can see in the key contacts, we have a dedicated FQHC mailbox. I know you all have been using it because we've gotten questions from many FQHCs and I believe we responded in a timely manner. Also, Thomson Reuters has a mailbox as well as NCQA and all of us have worked very hard to provide timely responses to any questions that come in. So that is a great place for you to submit questions after today on a going forward basis.

As a reminder, this presentation was taped and the presentation in MP3 format will be posted on our website so that you can go back and listen to portions of it again.

At this time I'd like to ask the Operator to open up the lines for questions so that we can hear what you have to say. Operator?

Coordinator: Thank you. We will now begin the question-and-answer session.

If you would like to ask a question, please press star 1. You will be prompted to record your name. To withdraw your question you may press star 2.

Once again, if you would like to ask a question, please press star 1.

And our first question is from (Peter Bancroft). Your line is now open.

Lynn Riley: Hello. Operator we're not hearing anything.

Coordinator: (Peter Bancroft) please check your mute button. Would you like me to move on to the next question?

((Crosstalk))

Coordinator: All right. Our next question is from (Marty Lynch). Your line is now open.

(Marty Lynch): Thank you. (Marty Lynch) from LifeLong Medical Care out in California. First of all I want to thank you guys for putting this demonstration together. It's a (unintelligible) and I'm active in the elderly subcommittee and we've been anxious to see this come about for some time. So thank you.

I wanted to ask a question then comment basically. As you I'm sure all know, six dollars per member per month is not going to be a financial incentive that creates transformation in our practices really. The transformation is going to come because we want to do this. And want to see it and want to see better care and in our communities and such. But it also leads to ask whether you will continue to consider something like a share of savings that would go to health centers that achieve such savings in their Medicare patient's experience as a more of a real incentive to bring about practice change.

Lynn Riley: Well thank you very much for your question. And, you know, we've gotten a wide range of feedback on this six dollars per beneficiary per month. And some FQHCs actually do agree that that will help support practice transformation. And some believe as you do. Having said that, that's where we are with this demonstration and as we're not going to change that amount during the course of the demonstration.

As far as the shared savings, at this time since there are other initiatives within the Innovation Center that are looking to shared savings, so we will not be doing that at any time during this demonstration. However, that doesn't mean to say that somewhere down the road after this three year demonstration is over that we may consider some kind of shared savings program with the FQHC community.

Suma did you want to add something?

Suma Nair: Yes I would just add that, you know, I think that your comments may resonate with other health centers. But I think the beauty of this demonstration project is that opportunity to really go through this and, you know, take a research perspective and really examine what are those drivers of transformation. What are the real costs associated? What are the costs associated with the benefits that might be realized at the end of this? And then that gives a lot more power information data to then make informed decisions in the future around shared savings and other things. So I think that's something that should be monitored closely and looked at as we're going through the demo and maybe things for the future.

(Marty Lynch): Thank you.

Coordinator: Our next question is from (Emily). Your line is now open.

Man: Hi can you hear us?

(Emily): Barely.

Man: Just barely. Sorry about that. I'll try to speak louder. We have two questions. One is on the Webinars that are monthly or the 90-minute Webinars - will those be taped so that they're available if you can't make that particular meeting and, you know, you can watch it at your own leisure in the evening or something? That's question number one.

William Tulloch: This is Bill Tulloch from NCQA thanks. We had not thought about doing that but it's certainly something that we'll take under consideration because as we've used some recorded Webinars like with the application process with the application itself. And that seemed to work really well. So it's certainly something that we will consider going forward, yes.

(Emily): Thank you I encourage you just because, you know, I look at my day and I know I'm not unusual in that regard. And, you know, you have meetings all day long and you might not be able to make or prioritize every Webinar. And they'll have some access to those (sensitive) to electronic and, you know, over the Internet it would be really useful. So I encourage that.

The second question is on page or Slide 15 we talked about audits. And it says, results of the audits will be provided to the FQHC. And so that's really good. I want to ask if the audit and those results might drive some individual consulting. In other words here's your audit, good luck, go for it. Or will it be here's your audit, here's an area that we might need to work on, and here's some help doing that.

Lynn Riley: This is Lynn Riley. I would venture to say that the information that those audits yield will help us provide some additional technical assistance or target technical assistance. So yes, I would say that we would use that information to tailor and/or revise technical assistance to meet the FQHC's needs.

Bruce Finke: And this is Bruce. I'd just throw in that we will expect you as well to help us do that. In other words, the audits are really, you know, the learning system that it will be set up to support this is to support the work that you're doing. So as we identify collectively the needs and you identify your own needs that will help inform what comes through in the way of technical assistance. We also again I'll just reinforce that we expect to deliver a lot of this work through some of the existing networks some of the programs you're already involved with. And we'll be working to communicate what we learn through the audits through partnerships with the support structure that you're working with already.

(Emily): Thank you.

Coordinator: Our next question is from (Edward Michael). Your line is now open.

(Edward Michael): Hi, hello. I'm (Ed Michael) from (RoHS) Corporation. I have a question regarding information for collecting data for the elements 3C, 3D, and 4A. They give us two methods one to collect through to the electronic medical record which we're just getting on right now. So we're going to have to do method number two where it says review sample of 48 patient charts. Do they have to be Medicare charts or could they be 48 of any one of our charts?

Lynn Riley: Yes, they would have to be Medicare charts.

(Edward Michael): Okay. Thank you.

Lynn Riley: Certainly.

Coordinator: Our next question is from (Louise Reece). Your line is now open.

(Louise Reece): Thank you. Just re-clarification please. This demonstration project does have some similarities to the ACO demonstration and that was the revised guidelines. Does this initiative prevent a health center from also participating in an ACO demonstration project?

Lynn Riley: CMS is in the process of evaluating whether FQHCs can participate in multiple demonstrations. And that is an answer that we will have to get back to you on. So we're making a note of that and we'll provide the information on our Thomson Reuters Website in a FAQ.

(Louise Reece): Thank you.

Coordinator: Our next question is from (Deborah Bard). Your line is now open.

(Deborah Bard): Hi this is (Deborah) from Monterey County in Salinas, California. And I have a couple of questions. We're actually an FQHC look-alike and our Medicare payments are from Palmetto. However, we were asked to go through NGS to receive payments to participate. Is that still something that's going to work through the automatic payments through NGS?

Lynn Riley: Yes, it will. NGS will ultimately, upon receiving information about attribution, have that banking information that EFT 588 form information and they will be making payments to every FQHC that is participating in the demonstration.

(Deborah Bard): Okay. I have one more question. When you on Slide 10 we're speaking of Readiness Assessment and survey updates. I did an application and I believe part of that application included in initial assessment. Am I correct?

Lynn Riley: Yes. Well it included the baseline Readiness Assessment survey.

(Deborah Bard): Okay.

Lynn Riley: Yes.

(Deborah Bard): Okay. So out of those particular surveys or assessments rather that you're going to chose ten random samples and ask for additional information?

Lynn Riley: No it's actually after the first six months so May 1, 2012...

(Deborah Bard): Okay.

Lynn Riley: ...and by that deadline you'll be expected to update your responses to that...

(Deborah Bard): Oh okay.

((Crosstalk))

Lynn Riley: ...and from there we'll pick ten percent.

(Deborah Bard): Okay. Thank you.

Coordinator: Our next question is from (Jay Brook). Your line is now open.

(Jay Brook): Hi (Jay Brook) High Plains Community Health Center, Colorado.

The slides reference Medicaid and Medicare recipients. Does that mean that dual eligible are going to be in the project?

Lynn Riley: Yes. Dual eligibles are part of the demonstration.

(Jay Brook): Okay. Thank you.

Coordinator: Our next question is from (Marilyn Kesmar). Your line is now open.

(Marilyn Kesmar): Oh thank you. Good morning. First of all I want to thank you for allowing primary care associations to participate in the call because as I said journey moves forward we all can learn together. So I am with the Alaska Primary Care Association. We had seven organization that were eligible to apply and three or four did apply, we did not have any successful applicants though and don't have any projects in the state. And my question has to do with it sounds like you expect some falling out or that you may have some organizations that are participating decline their participation. If that happens, or when that happens, will you be reopening the project to additional applications or looking back, or does this cohort that's going forward kind of it for this particular project?

Lynn Riley: At this particular time, the 500 FQHCs that were selected for participation in the demonstration are the only participants in the demonstration.

(Marilyn Kesmar): Okay. So you don't expect to be out in any if you have additional room open up?

Lynn Riley: Not at this time. If that policy changes, we would certainly notify the FQHC community.

(Marilyn Kesmar): Okay.

((Crosstalk))

Lynn Riley: ...PCAs through HRSA.

(Marilyn Kesmar): All right. Well thanks very much. Excellent call.

Coordinator: Our next question is from (Sue Verval). Your line is now open.

(Sue Verval): Hi this is (Sue Verval) at Family Health Center in Battle Creek, Michigan.

When we completed the Readiness Assessment survey, when do you expect that we will get some feedback on that? I mean, or is that just the baseline that we'll be comparing our results to?

Rachel Henke: Oh yes. The first one you completed at the application's baseline. So the first feedback you'll receive will be showing your scores that the six month update, May 1, 2012. And we'll show how you changed from baseline so from early, September when our application period close. So I think you'll be seeing your reports, you know, within a month of May 1, 2012.

(Sue Verval): So the report won't be online until that time?

Rachel Henke: Yes. It will not be online at that time and we'll have to be providing you the exact timing when we get closer to that.

(Sue Verval): Okay. Thank you.

Coordinator: Our next question is from (Lawrence Johnson). Your line is now open.

(Lawrence Johnson): Thank you. This is (Larry Johnson) from Park West Health Systems in Baltimore. I have two questions that are kind of related. One is what are the plans to enhance communications among the participating health centers give us an opportunity to share experiences or learn from the experiences of others? And I have a particular interest in any health centers that have heavy involvement in residence training programs.

Lynn Riley: So that's a really good question and I, at this point, as part of our practice transformation technical assistance, we're looking at opportunities for FQHCs in the demonstration to collaborate, to share best practices. So, we'll get back to you all about that when we have that plan put together. And we're taking note of the second part of your question. So we appreciate you thinking ahead for us.

(Lawrence Johnson): Thank you.

Coordinator: Our next question is from (Ida Edwards). Your line is now open.

(Ida Edwards): Good afternoon. We appreciate the opportunity to participate. This is (Ida Edwards) from (David Ray) Community Health Centers. My question is in reference to page 16. And part of the question was asked and answered earlier. But it indicated that changes in the survey scores will be given back to us over a period of time. Is that timeframe the same as every six months within the one year of that evaluation period or exactly what timeframe are you referencing?

Lynn Riley: Thank you for your question. For referencing, I think as a previous question clarified that we have your baseline data from when you submitted a Readiness Assessment as part of the application. And then we'll have your six month scores by May 1, 2012. And so in the feedback we provide it will show the change from the baseline to the first six months. And then each subsequent Readiness Assessment update period we'll be adding additional six months of scores. So we'll have each of the time points there.

In terms of the timeframe, these are the feedback reports related to the Readiness Assessment scores will be provided after the readiness assessment update deadline. This will be twice a year.

(Ida Edward): Thank you.

Coordinator: Our next question is from (Monet Hudson). Your line is now open.

(Monet Hudson): Hi this is (Monet Hudson) from High Plains Community Health. I know this is a three year span, but say 18 months into it we become level three certified. Do we still continue to submit the survey and chart audits every six months?

William Tulloch: Yes. You would still continue to do the updates every six months in part because it's very likely that even if you receive level three there'll still be some things that you may not have at completely and then you'll still be working on. And so we'd still like to see if those change over time as well. So yes, we would still expect that update now after you get recognized.

(Monet Hudson): Thank you.

Coordinator: Our next question is from (Christa Collins). Your line is now open.

(Christa Collins): Hi my name is (Christa). I work at the Old Town Clinic in Portland, Oregon. And I know that this is a three year process in order for us to hopefully achieve NCQA certification but I'm curious what exactly will happen after that three years a clinic would not be able to achieve that status.

Lynn Riley: Well that's a really good question. If you remember at the beginning of the presentation I talked about the fact that FQHC agreed to the terms and conditions of the part of the demonstration. And if indeed an FQHC was not working toward recognition, there is a likelihood that that FQHC would be terminated from the demonstration. I would not want to see that happen, but really appreciate your question and hopefully you all can appreciate our position and what we're trying to accomplish.

CMS is really very serious about this and so is HRSA. And so, you know, again that's why we are paying care management fees as well as providing the technical assistance to the community.

((Crosstalk))

Jim Coan: Hi Lynn this is Jim Coan. Excuse me for jumping in, but I also wanted to clarify. There are lots of reasons why an FQHC might not be able to qualify. So if it's not an absolute there is an expectation that FQHCs will certainly achieve Level Three Recognition. What we're interested in here as much as anything is the process and the length of time and effort that it takes in order to become recognized at a high level.

So we're looking for the effort primarily and we'll take care - we'll think more about the outcome as we go up the line, but there still is an expectation that you will achieve level three recognition. If you don't, we're going to look at the reasons why not and see if that provides us with any information.

I hope that's helpful.

(Christa Collins): It is thank you. And I do have a quick second question. In terms of our contact, can we have a multiple people that these emails are sent to or do we have just one primary FQHC contact with this project?

Rachel Henke: Thank you for that question. This is Rachel from Thomson Reuters. We do understand that for some practices having multiple contacts maybe really important. So we're asking if that is the case, if you could email the Thomson Reuters Medical Home address which I believe would have been on one of the last slides. Let us know. Give us your secondary contact information and we'll keep that and we'll supplement the information in your applicant - in your application portal. And when we do send an email out we will go ahead and send it to both because we do know that, you know, in some cases it just really makes sense to have two email addresses and that's - that policy pertains to any FQHCs.

So if there's others out there that it's really important that you have two email contacts. Please do email the Thomson Reuters email address and we will maintain that secondary contact.

(Christa Collins): Okay thank you very much.

Coordinator: Our next question is from (Gail Speedi). Your line is now open.

(Gail Speedi): Hi there. Thank you for the opportunity to participate in the demonstration. I actually have three questions, but they're all pretty operational. The first question is would it be possible to sort of get your rosters? When you're working on the patient workbooks or what do we call them? The name

escapes me. It's - to go through electronic health records sometimes can be a little time consuming. It would be great to just go off a roster reference if we could. And I understand we're not paying on a roster reference but it would be nice to have the roster reference. That's question one.

Lynn Riley: Okay. At this point we will be providing you aggregate information which is the number of beneficiaries that you will be paid for and the amount. CMS for operational reasons is not going to be able to give you all beneficiary level data. The other thing that I would suggest is you all know who your Medicare beneficiaries are. And so I would make sure that you develop systems as part of this demonstration systems or electronic records or whatever that has that information in one place so that you can compare your information to the aggregate data that you get from us.

(Gail Speedi): Okay. Question two is truly it's a simple operational thing. Sometimes, especially when you're working on your application, it's very nice to be able to pick up the telephone and call somebody versus sending an email. Are we going to have that kind of help desk functionality? It's more instantaneous you don't have to send the email, wait for a response, end up getting out of that starting to work on something else. And then, oh you got the response now you can go back to work on what you were working on. Is that going to be an option for us?

Rachel Henke: Thanks for that question. This is Rachel Henke again. We do appreciate the need for a phone communication possibility. When you are working on your application usually those questions are more technical in nature and NCQA does have a dedicated phone line for government recognition initiative. And that phone line is posted on the NCQA GRI Website. So I think it's down there on the bottom. There's also a certain hours associated with it. So yes,

please free to contact that phone line when you're working on the application. I believe it's posted in other places as well.

Bill, want to add something?

(Gail Speedi): So the last question I just had...

((Crosstalk))

(Gail Speedi): ...and it's very simple is another caller brought up the idea of collaboration. I think this is going to be essential. We're an isolated FQHC we're 60 miles from the next closest and no one in my area of the state of New York in the severe Western corner is actually working on the demonstration project near me. I find the health care disparities network that HRSA operates very helpful on other matters. Would there be a way to either link it into that or some way that we can email communication with each other? We don't know each other now as the designees of this demonstration project but again it's just so much you learn so much and you get so much more valuable practical information from each other. Is that going to be possible?

Lynn Riley: Bruce, I don't know whether you want to take this, but I would say that we would work towards that; very much so.

Bruce Finke: Absolutely. That's just what I was going to say Lynn. And that's really the key design feature for the technical assistance. And that is to the degree that you are already working in the network we want to support that work within the network. So some of the sites may be involved in some state-based or PCA-based or other PCMH work already we want to support that work and not kind of get in the way of that but enhance it. Which, for those of you who may not be in it, it sounds like you're in that situation. We want to build a

network that you can learn from. And it may not be all 500 sites at once but it will be - but we know that and we learn from the health disparity collaborative and from other transformation work that you'll learn from each other, I mean, what you all are doing is learning how to transform practice. And so we - it is really a key design feature to make sure that you're in touch with others and to kind of share with each other and learn from each other.

Jim Coan: One more comment. This is Jim Coan at CMS. Would the caller please send your email address to the CMS or the FQHC demonstration mailbox?

(Gail Speedi): Sure.

Lynn Riley: We have it Jim.

Jim Coan: We have it?

Lynn Riley: We had it as of yesterday and other communication...

Jim Coan: Okay.

Lynn Riley: ...with...

Jim Coan: All right. Thank you.

Bruce Finke: And I just also say this is Bruce again that, you know, that's the function AIR will be reaching out to you all just to sort of say, who are you connected with now? What are you natural, what's your natural sort of avenues for support? And that's the purpose of that - that will be the purpose of the communication so that we can figure out how to make sure you're linked in a meaningful way to each other if you're not already.

(Gail Speedi): Thank you.

Coordinator: Our next question is from (Harold Carlson). Your line is now open.

(Harold Colleague Dean Dramano): Hi actually this is (Harold Colleague Dean Dramano) from Shasta, California. Question has to do with sort of the methodology by which you selected the site. And I talked to many of my colleagues out here in California. Many of the sites with smallest of our corporations were selected, and that is true in my case here. And looking at the NCQA qualification that the Level 3 goal really we worked as corporations and not as individual sites. I know CMS has difficulty with that but HRSA should know that but when we're going for level three certification, is it - are we looking at just having those smaller rural sites certified and just recognizing and appreciating how really for this to be done right it really is a corporate process?

And my second question is the fees associated with Level 3, is that something we're going to have to absorbed in terms of paying or is that something that's going to come out of this process?

Thank you.

Suma Nair: Great, this is Suma. So I'll address your first question from HRSA. And I think the sites were selected for the demonstration given the framework that CMS had. But, more globally, to your point of one site versus a whole organization. While you're getting resource and support as part of the demo for the one particular site that was selected to participate, just as you noted usually when you change your practice it's not for one of the - one of your sites it's for the organization as a whole especially if you make the systemic transformational changes.

And that was our hope. While we're only, you know, able to get to a certain segment of our over 8,100 sites, we're hoping that that all of the health centers are involved and then we'll be able to create that transformation of all the practices and sites in the organizations.

So the demo it's the one particular site that's involved, but with some of the additional resources and the initiative we have with NCQA and the Joint Commission at HRSA, we're hoping that you will be able to access resources to transform the entire practice and go through recognition with all of your sites.

And there's not an additional fee associated with Level 3. Once you go through the recognition process if you particularly for the HRSA initiative if you don't achieve Level 3 on your first survey you do have the opportunity to continue to work, improve, and transform you practice such that you can come in again and get the add on survey or resurvey.

William Tulloch: And I just wanted to add, this is Bill Tulloch from NCQA, we are aware of several organizations that have some sites in the CMS demonstration that have been identified as being part of the HRSA initiative as well. So, we're already working to contact those sites to coordinate those activities, so that for instance, if you've got three sites in CMS with seven overall we can work with you to do a corporate survey so that will cover all seven sites. And we can figure out who goes into what slot after that's all over.

But if you have sites that are not part of either demonstration or initiative and for some other reason want to bring those through under a different sponsor or under your own costs, we will also work with you on that as well.

So please feel free to email us and we can start working with you sooner rather than later probably if you're in that situation where you have other resources or other means to bring other sites through so that we can streamline that for you because certainly yes many of these processes will be corporate.

And we understand that it's part of the review process.

(Harold Colleague Dean Dramano): Thank you.

Coordinator: Our next question is from (Vince Surrey). Your line is now open.

(Sue Quaznia): Hi my name is (Sue Quaznia). I'm the health center manager in Cambria Community Health Center. My - I have a couple of questions. There was a mention of mock surveys and I wondered if we could schedule one of those to go through what we're going to be expecting for some of these assessments?

William Tulloch: Certainly if you're interested in that please email the NCQA email address which is in the second to the last slide. PCMH hyphen GRIP at NCQA dot org.

(Sue Quaznia): Okay. And then also in our specific clinic in Cambria we have many Medicare patients with secondary insurances. So those patients would also be surveyed?

William Tulloch: Oh yes.

Lynn Riley: It would be any beneficiary where there is Medicare reimbursement.

(Sue Quaznia): Okay. And then are we going to receive some type of criteria or workbook or tools that we can, I mean, even now if we could start looking at what we're going to be reviewing with our patient?

Lynn Riley: I think, well in terms of workbooks and other documents one of the things that we expect as part of our practice transformation technical assistance is the development of those resources and tools. And Bruce if you want to jump in and say something feel free.

The other part of that is I know NCQA has resources and information about the 2011 PCMH Standards and frankly that would be a good place to start. You know, print off, look at those standards, look at, you know, what it is that you need to accomplish within the three year time period. And then it will give you an idea of what kinds of processes and what kind of procedures you want to put into place working towards transformation.

Bruce, did you want to add anything?

Bruce Finke: Yes. I think you summarized it well. And I would just add that in general this sort of approach I mean a lot of materials change ideas about practice transformation that are available. And part of what we'll be doing and AIRs already started this work as assembling it in a way that it's accessible and handy to you. There's been a lot of work done through the health centers through a variety to do that. So the resources you need, the ideas about how to make changes to achieve patient center medical homes, those will be available to you. To the - we'll need to work with you to find out how much work you all need in terms of actually help with learning how to make changes, testing doing rapid cycle PDSAs and (custom) changes.

And that'll be part of the work as well. I think that the assessment will be the baseline assessment will be critical for you to look at where your needs are.

And a lot of this the leadership in this work obviously will come from you all in sort of looking at your practice, the organization of your clinics, the places and making priorities about where you want to start testing changes first.

(Vince): Hi this is (Vince). I do have one more question real quick. It has to do with several clinics have already asked about something like this but as of today there hasn't been a definitive decision and maybe there has now because of participating in the grant. But there hasn't been any definitive decision that we were going to even definitely move towards NCQA's patient center medical home certification. We were also considering the Joint Commission's certification. So, I'm curious since we're not part of this grant, I guess does that mean we've made our decision that we're moving towards NCQA instead of the other way around? Or how does that - or is that going to also be in open for consideration in the two to three years before this grant ends?

Suma Nair: With the CMS demonstration project one of the expectation or requirements of participation was to use the NCQA framework and to achieve Level 3 Recognition by the end or to report of the demonstration project. Now if you're talking about HRSA's initiatives we've had an opportunity because we are not a demonstration project but just more broadly providing resources. We do have can actually the Joint Commission and NCQA and are supporting recognition through both of those accrediting bodies. But for the CMS demonstration, it is NCQA and by participation this demo you are agreeing to go through NCQA for the Level 3.

(Vince): Okay. Thank you.

Coordinator: Our next question is from (Michael Temperal). Your line is now open.

(Michael Temperal): Yes, Hi. Thank you. I'm calling from Southern (LA) Health Care Foundation. I had two questions. The first related to Slide 14 on random audits. What I understand that the elements that are going to be subject to audit will change each six-month period and then would they be an additive thing where the previous ones in addition to new ones would be included and eligible for audit? Or will it be the same elements or only the elements at each six-month period?

William Tulloch: This is Bill Tulloch at NCQA. The way we have discussed handling these audits there will be a set of elements that you will be told could be audited. Those will not change. We may pick three elements each go around and three elements next but it will be probably from a universe of six elements total. So there may be some mix of audit to audit as to which ones we look at, but there would not be any additive ones. And you would know which six were in the universe of audit from the very beginning. So we won't change that. And then so (unintelligible) will be handling the actual (selection) of the elements.

(Michael Temperal): Okay thank you. My second question related again to the Slide 20 on the recognition. And I understand that each health center will determine when they're going to submit. But I guess what I'm understanding is that really we wouldn't be submitting for recognition until we - until you guys gave us feedback that we met level three recognition requirements because of the cost of doing a survey plus an add on survey and all that.

William Tulloch: Well I think it's certainly it's up to each organization but I think it would probably not be a bad idea to wait. And so you get some feedback from at least the first or second updates to see if you're close to or able to achieve Level 3 already. That would be a good sign that you're ready to go forward but there's no sort of separate requirement for that.

(Michael Temperal): Okay thank you.

Coordinator: Our next question is from (John Ruiz). Your line is now open.

(John Ruiz): Thank you very much for the opportunity to participate in the demonstration. I'm actually working with several FQHCs on NCQA recognition. This has been a really valuable and informative call. And we'd like to be able to share it with the other team members. Can you tell me, you mentioned that this call will be available on MP3. Can you talk - can you clarify what website it will be and when it might be happen?

Lynn Riley: The recording will be available for 30 days one hour after the call is completed. And there will be a link and we will send out the link again because I want everybody to have it firsthand. But the one thing to remember is you can only access the link and download it one time. And we'll make sure we put those instructions in the email to everybody today.

(John Ruiz): Thank you very much.

Coordinator: Our next question is from (Kim Arisbi). Your line is now open.

(Kim Arisbi): Hello can you hear me?

Lynn Riley: Yes.

(Kim Arisbi): Okay, hi. I'm from (Tendercare) Clinic here in Georgia and I have a question related to those activities outlined on Slides 27 and 28. Specifically more the ones that were in the years one and three and they were pretty far out. That I was wondering when we would get more information about those types of

activities. I'm more interested in like the ones that are year one like the patience experience survey and the clinical in staff survey.

Curt Mueller: We're working with the evaluation contractor and the design of these activities and you'll be receiving more information as it's available.

(Kim Arisbi): Okay. Thank you.

Coordinator: Our next question is from (David Pump). Your line is now open.

(David Pump): Hello everybody this is (David Pump) from Colorado Spring, Colorado. I (unintelligible) the Community Health Centers. My question - I have two of them. One is around the methodology that we were just talking about before the feedback from patients. But also what is the question is specific to what is the methodology for the random audits that will be employed?

William Tulloch: Methodology in terms of selection or in terms of how the audit will be - will actually occur?

(David Pump): Selection.

William Tulloch: Selection. We're going to be randomly selecting from the available pool of 500 FQHCs and then we sort of randomly select each six month as to who gets selected. And then we will notify you about the selection. Give you the time window to actually uploaded your documents that we'll be looking for and then give you feedback probably about a month after that.

(David Pump): Right. So when you're saying completely random when everyone's turning in their six month evaluation we're not - you're not going to then tier those responses for the random sampling?

William Tulloch: No. No it will be a completely random - we'll probably be using a random number generator actually, a very basic Excel functionality to do this. It won't be very complicated methodology at all.

(David Pump): (Next one). So there's another question that we're having around changes in practices. So this next three years we anticipate growth within our organization that may relocate section or some of the providers who are currently working at our one location. Would those then stay within the pilot or this process or will they then be dropped out?

Lynn Riley: You know what. That is a good question and what I would like you to do is send that to our CMS mailbox because that's an individual FQHC situation that we need time to research. So I would appreciate if you would send it to the CMS mailbox please.

(David Pump): Absolutely, we can do that. And then just one last thought would be around the question from Baltimore, Maryland about encouraging conversation between the 500 participants. And then specifically around the residency program. Those that heavily utilize residency. I was curious if you'd be interested in using social media like Facebook to set up a just a form an informal form for communication between all of us participants.

Lynn Riley: Well I mean as we talked about we are in the process of developing our practice transformation technical assistance and that's an idea that I suspect that Dr. Finke and our contractor AIR are thinking about right now.

(David Pump): Excellent. Thank you.

Bruce Finke: It is Lynn and thanks. And the idea of some of using some of the new social networking methods that's really a creative and interesting - we're not sure yet whether that will be a part of this or not. So stay tuned.

(David Pump): We will - you know I'll look for updates on Facebook.

((Crosstalk))

Bruce Finke: Forces at work actually, you know, we want to hear from you all about what is and what isn't working around the technical assistance piece too. This is, you know, this is part of the learning process for us as well.

(David Pump): Excellent. Thank you.

Coordinator: Our next question is from (Teresa Knowles). Your line is now open.

(Teresa Knowles): I have a couple questions. The first question was wondering if payment was awarded to Medicare patients based on their affiliation with the actual sites that was awarded the grant or if it's based on the providers that we've signed up for that particular site?

Lynn Riley: The attribution is based on the brick and mortar site that was selected for participation in the demonstration.

(Teresa Knowles): Okay. I have a second question and it's based on we have multiple sites but only one of our sites was chosen for this. If we have patients who are receiving specialty services at this particular site but receive primary care from one of our other sites are they still eligible for the award?

Lynn Riley: The attribution is based on what we have termed as E&M visits to the brick and mortar site. Anything that's seen as a medical visit would be counted toward the attribution.

(Teresa Knowles): Okay thank you very much.

Lynn Riley: Sure.

Coordinator: Our next question is from (Joseph Tep). Your line is now open. Once again, (Joseph), your line is now open. Would you like me to go onto the next question?

Lynn Riley: Yes. Please.

Coordinator: All right. Our next question is from (Bridget McDonald). Your line is now open.

(Bridget McDonald): Hi yes this is (Bridgette McDonald) with Coronary Health Care. And we I understand that NCQA is working to because we're also in the HRSA initiative as well as the demonstration and they're combining our survey license. And but my question is, is the timeframe for both the HRSA initiative and the demonstration project the same?

Lynn Riley: With what respect?

(Bridget McDonald): The three-year period?

Lynn Riley: Well the demonstration is a three-year demonstration. And so if you, you know, you were selected to participate in the demonstration. So at the end of

three years by 10/31/2014, we would look for you to achieve NCQA recognition. So that's a CMS requirement. And Suma Nair for HRSA.

Suma Nair: On the HRSA side, we're encouraging all health centers that are interested to come into the HRSA initiative and to come in and it may be conceivable that you achieve level one, two, or three. And we don't have a timeframe for which we're pushing folks to attain level three although we think that would be great. Our timeframe is once you submit a notice of interest and you get your access to the Readiness Assessment survey, we're really asking that within the next nine months or so that you're at the outset there sooner would be better that you submit your final survey to NCQA so that we can make sure we're getting all of our sites through the process. So about a year from beginning to end where from when you submit the Notice of Intent NOI to when you finally submit your final survey and hopefully get your results.

(Bridget McDonald): Okay. That's what I thought but I wanted clarification to be sure.

Suma Nair: And we'll work with those who are in both projects to make sure, you know, that there's not undue burden at the end that we're so there's some room there for those that are in both...

Bridget McDonald: Okay.

Suma Nair: ...so we can work with you if we need to delay the timeline.

(Bridget McDonald): Thank you.

Coordinator: Our next question is from Dr. (Jacobs). Your line is now open.

(Jacobs): Yes this is Dr. (Jacobs) in Atlanta, Georgia at Western Medical Center. Just a point of clarification. The 200 patients are they preselected and then we're going to get a list of their names or exactly I didn't quite understand that.

Lynn Riley: The 200 beneficiary qualified beneficiaries is what determined an FQHC's ability to participate in the demo. We wanted FQHCs to have sufficient Medicare fee for service beneficiaries in order to advance their medical home services. Attribution going forward does not look at 200 beneficiaries but just attributes a beneficiary to you if you saw that beneficiary most often in the look back period or if there is a time you saw that beneficiary most recently in the look back period. Does that help?

(Jacobs): Yes, so they're not preselected. It's just that we needed a minimum of 200 to...

Lynn Riley: Correct.

(Jacobs): ...to be...

Lynn Riley: Even invited to participate in the demonstration.

((Crosstalk))

(Jacobs): So is this our population of Medicare patients that we will be following along for the next three years. That you guys will get the data from.

Lynn Riley: Yes. We'll pay you for qualified beneficiaries that are attributed to your practice and that is reexamined every quarter.

(Jacobs): Okay. I got you.

Bruce Finke: But and this Bruce. I would just say that, you know, even though you'll be paid for the qualified Medicare beneficiaries and you'll get the really excellent feedback reports based on those beneficiaries. The work of the NCQA Level 3 recognition and the primary patients in a medical home transformation that you're engaged with, of course, is facility wide, it's for all your patients that you won't work to try to do that - the intent is not just that you confirm care for those Medicare beneficiaries. It doesn't - as you know that doesn't work. These are system wide changes that are recognized by NCQA.

(Jacobs): Absolutely. Thank you.

Coordinator: Our next question is from (Pam Ferrari). Your line is now open.

(Pam Ferrari): Hi I'm from Open Door Family Medical Center in West Chester County, New York. And my question is the timing is perfect because it's exactly what I was concerned with. Our percentage of Medicare is very small to our overall population although we do have the 200 per each of the two sites that were selected to participate in the project. So I realize that we are looking when we're answering our questions and we're doing our percentages on Comment Needed fields 3C, 3D, and 4A, we're looking at our entire practice rather than just our Medicare patients. Is that correct?

William Tulloch: For the purpose of the recognition, yes. It's all across all of your patients as Bruce was just mentioning. This is not something that we look at for just one pair or another pair. So yes, for the purposes of recognition and in fact we got a lot of questions during the applications. And so why we were having pediatrician's names added to the application because it is for the whole clinic for the whole site and for all your patients that you're serving.

(Pam Ferrari): Okay. And then the other question I have is that we are already NCQA certified as PCMH Level 3. And our survey recertification will be due in December 2012, right? So I guess I mean I assume we just have to hurry up and get ready, right?

William Tulloch: Yes. If you want to maintain your current recognition which under the 2008 standards you'd have to still meet that requirement to be recertified or your new recognition by the end of next year in order to maintain that on a continuous basis.

(Pam Ferrari): Okay. And then the final question is just that when we do the chart on (unintelligible) is required for recertification or through our through the demonstration project not through our regular certification but through the demonstration project. Do we only chart audit patients who are Medicare recent patients or do we chart audit anybody?

Lynn Riley: The focus through the CMS demonstration the focus is your Medicare beneficiary. And as an FYI, just to make sure we're all clear, the PCMH, NCQA standards are 2011 for this demonstration.

William Tulloch: Right.

(Pam Ferrari): Right.

Lynn Riley: Okay.

(Pam Ferrari): Okay thank you.

Coordinator: Our next question is from (Brian Olinger). Your line is now open.

(Brian Olinger): Hi. I'm not sure perhaps my question was answered. It feels like that maybe might have been answered two different ways. So probably I was not understanding correctly and it's with regard to what was just asked with the universe of patients that we are to survey and take a sample of charts from. Again the patient center medical home recognition is intended to be a transformative process for the entire clinic but I'll just ask once again because I felt like that wasn't quite sure when I heard that answer.

You said, I heard that the focus you said that the focus of the CMS demonstration is the Medicare patient, but that doesn't quite answer my question as to whether the universe of patients from which we're to draw our survey data and do the chart review whether that was to be only from our Medicare fee for service patients or which is less than five percent of our clinic or whether that was to be from all eligible patients meeting a certain criteria and not restricted by pair.

Lynn Riley: I'll tell you what we'll do. There seems to be some confusion about this. So we will provide an answer for you in the form of a frequently asked question on our Thomson Reuters Website.

(Brian Olinger): Okay. And the second question I had is that in the process of completing the initial survey, we felt like despite there being quite a bunch of material that quite a number of the standards were vaguely defined and that we in fact needed to be able to submit data, define those for ourselves in a way that made sense. So and those are some which actually may end up being audited. So I assume that unless there's further definition and clarification required that they'll be some self definition of some of those standards that's necessary that will be site specific and not comparable to other sites. Or there will need to be further clarification and definition for many of the standards which maybe is forthcoming in some of the upcoming workshops and Webinars or something?

You understand my question which essentially summarize - I'm not sure if we are needing to - it's sufficient to self define some of the standard that seemed to be us to be vague or if there is going to be more clarification forthcoming. And maybe I didn't give you the specific example to ask that question but I'm not sure I can do that right now.

William Tulloch: This is Bill Tulloch of NCQA. I think to answer your question there's a couple areas where we say for instance you have to have timely response to patient inquiries. But you certainly do define what timely is and you tell us what that standard is and you monitor against it. So in those cases yes there is some self-definition of those kinds of standards. We are also always clarifying our expectations in other areas based on questions we get and feedback that we get and in fact for instance this weekend the system is going down for updates and we will be updating some of the information that's in the survey tool. We do that three times a year. So we also have the FAQs that are posted on our Website that provides some further definition as we get questions in.

So I think those are also a great resource to look at. And certainly during the Webinars feel free to ask questions about areas that you maybe concerned about. And that's also what our email box is for to send questions about standards and interpretation. And we can answer those and also if we see a pattern we can then add more FAQs and things like that. So I would urge you to approach us early with those kinds of areas as well.

(Brian Olinger): Thank you and it may be since it's going to be six months until we actually receive feedback on the data we've already received and it's relative adequacy it seems like it might be helpful if there was the possibility of receiving feedback on the data that we've already submitted in our initial survey rather than wait six months.

Lynn Riley: Thank you for that suggestion. We will certainly take that under consideration.

Coordinator: Our next question is from (Alicia Thompson). Your line is now open.

(Alicia Thompson): Hi we're from the Community Health Care Center in Great Falls, Montana. And I too have two questions. The first was somewhat addressed by another caller. But I would like to know if you have any greater sense on the clinician and staff survey that's to be administered in year three. Are you - do you have any sense of whether that's going to be measuring the knowledge of clinicians and the staff as far as the patient center medical home goals, their satisfaction in providing quality care, their knowledge of the NCQA standards? Do you have any sense of what it is that you're gong to be trying to measure in year three that we might be able to do a similar measurement now if we were to chose to do that on our own?

Curt Mueller: The survey's under development but I could say it will be asking questions that will be used to assess the dual purposes of the demonstration whether the demonstration affects quality, costs, and so forth as well as to learn about the processes of implementation of the demonstration. So yes it will get at features related to implementation of achieving a medical home status.

(Alicia Thompson): Okay. Thank you.

Curt Mueller: You're welcome.

(Alicia Thompson): Next question has to do with the payment. Just want to confirm that the payment that was expected on November 15th will not be received until the end of December. But the next quarterly payment will be back on track and received in the middle of February. Is that correct?

Claudia Lamm: We expect that after this first payment we will make the payments on time on a quarterly basis as we had designed the demonstration.

(Alicia Thompson): Okay. Thank you very much.

Claudia Lamm: You're welcome.

Coordinator: Our next question is from (Maxine Henderson). Your line is now open.

(Trisha): Hi and we're from - this is (Trisha) from Family Healthcare Center in Fargo, North Dakota. And we are confused on how the Medicare attributions are determined on Part A claims since FQHCs do not submit for Part A and outpatient. Can you clarify that for us?

Claudia Lamm: We determined eligibility that so we chose and we will determine ongoing attributions based on Part A claims data for your all inclusive payment for the purposes of this demonstration then viewed as a visit. And so they would be counted toward the attribution. Is that helpful?

(Trisha): What was - it's our understanding and maybe we're interpreting it wrong, but Part A is hospital and for our FQHC we don't bill hospital claims.

Claudia Lamm: Well that it's true that it's an institutional claim site, however, it is our understanding that FQHC's bill of Part A claim for all inclusive visits and it appears to me that you must have done so or you would not have qualified for participation.

Jim Coan: This is Jim Coan at CMS. That's correct. FQHCs are paid an all inclusive rate and they're paid under as a Part A claim. You can't differentiate that they're

Part A hospital only and Part B physician services. Normally that would be the case. So you would normally be correct in that but since this is an FQHC they're paid as though they are Part A provider.

(Trisha): Okay. That makes sense. I guess just that kind of leads into our next question was you've been talking a lot about fee for service. And our FQHC we don't get paid fee for service. We get paid a (PPS) rate. So is that kind of tied to what you just said?

Lynn Riley: When we say fee for service we mean not managed care, not Medicare Advantage.

(Trisha): Okay. That helps. Thank you.

Lynn Riley: You're welcome.

Coordinator: Our next question is from (Dram Myers). Your line is now open.

(Dram Myers): Hi this is (Dram Myers) calling from Virginia (unintelligible) in (unintelligible), Oregon. And my question had to do with element 6B on measuring patient experience. Will that be a (unintelligible) or to help to center decide whether to do the CAHPS versus developing our own tool to make a patient family experience? And also, I'm also looking at the having to use vendors and to collect the data.

William Tulloch: This is Bill Tulloch at NCQA. Let me verify that. For 6B you do get a point if you use the CAHPS survey but there is no requirement to use the survey as a vendor in that methodology. There's an added distinction as part of the program if you do use that methodology but you don't have to. You can also use any other survey that meets the requirements of 6B. You won't get the

factor if you don't use CAHPS but you can get all the other factors this can get you three out of four points.

So for those purposes, I think I hope that clarifies it. And I think any other decision making regarding whether you use CAHPS but I think that's part of what we were talking about with the communication among FQHCs and that sort of learning that will go on during the demonstration.

(Dram Myers): So if we're not using CAHPS will we be able to achieve Level 3?

William Tulloch: Even if you're not using CAHPS you should be able to achieve level three because it's only one point and it would not limit you to any kind of level of recognition if you don't use CAHPS.

(Dram Myers): And if we have to submit our data for benchmarking so it would behoove us to make sure that our instrument is benchmark able.

Woman: Is that what?

William Tulloch: That - yes it would.

(Dram Myers): Okay so then that would be to our advantage to make sure that our instrument is aligned so it can be benchmarked, correct?

Woman: I imagine that would be an area or one of the domains that might be further fleshed out or an opportunity around the training and technical assistance component as you look at the different areas where there might be, you know, kind of what's the purpose for (even) behind the patient feedback and then what are some of the different methodologies or surveys that you could use. So I'm sure that would be part of the training and technical assistance.

(Dram Myers): There's more to come quick. Thank you.

Coordinator: Our next question is from (Renee Cooch). Your line is now open.

(Renee Cooch): Hi I have just a few questions and comments. One, people wanted to know as far as having a listserv if you will of that everybody can connect with each other and collaborate, see where they're at, lessons learned, etcetera. I will say that Delta Exchange is a listserv that it does cost. It's only $30 a month but they have quite, you know, it's designed for practices going through this type transformation. And I found them to be very beneficial.

Second question. Thomson Reuters. I have checked their Website and there's a section on the Website for CMS? Because I haven't seen it.

Rachel Henke: This is Rachel Henke from Thomson Reuters. I wonder if you went to our Thomson Reuters Website, the company website. We're actually referring to the on the last slide, the public demonstration website.

(Renee Cooch): Okay. I'll check that.

Rachel Henke: That was what was referred to at the Thomson Reuter's website.

(Renee Cooch): Okay, and just one final question. You know, we there's going to be a difference, you know, we're dong the three year demo. We applied for our survey through NCQA last July which means logistically speaking we're just going to get the first, you know, information back on our Readiness Assessment. Have you heard anything him terms of that date because NCQA says you haven't, you know, they want you to submit within a year but survey tool. Do you have any information on that changing?

William Tulloch: And this is Bill Tulloch. Are you referring are you also in the HRSA initiative the region medical health home initiative?

(Renee Cooch): Through NCQA, yes.

William Tulloch: Yes. So I think - Suma would you want to?

Suma Nair: Yes. So you submitted - have you submitted your final survey?

(Renee Cooch): Oh no, no, no. We just purchased it in this past July. But we're also, you know, participating through CMS. Well if our first Readiness Assessment is not due until May 1st according to NCQA they want you to submit your final for PCMH recognition, you know, within a year of purchasing your survey.

Suma Nair: Right. So for the HRSA initiative we were strongly encouraging sites. I mean, usually when a site applies with the notice of intent to go through the recognition process, it's with the assumption that they've done some assessment and work and they think that they're ready to achieve some level of recognition when they go through. So with that in mind, we are asking for people who came in to commit to within a year going through the process. Now going through the process does not mean that we expect that you will achieve level three right off the bat. So I don't think that there's a conflict. If you're ready and you've made some of the transformation changes in elements, you can, you know, within a year go ahead and submit your final survey as part of that first initiative. But under the CMS demonstration, you're not required to do that. You're required to achieve Level 3 by the 3 year period.

(Renee Cooch): Okay. All right thank you very much. I appreciate it.

Coordinator: Our next question is from (Nancy Damateo). Your line is now open.

(Nancy Damateo): Yes. Hi. Thank you for taking my call. You know, and I apologize if you've already answered this question with someone else I had to step out for a moment. Here at (Holyoke) Health Center we have (unintelligible) patients with senior care option patients. And so my question would be are they considered participants in this demonstration project and, therefore, would they be part of any audit in patient experience surveys and reimbursement?

Lynn Riley: With respect to their inclusion and being counted toward the attribution, I'm not familiar with that name but I assume there are Medicare Advantage health plan?

(Nancy Damateo): No. I don't think so. It's - no I think it's really their dual eligible patients who are very high risk. Who basically sign up for comprehensive wrap around services. And they're part of our FQHC here. I mean they're patients here and they receive care here through our primary care providers but they also receive this - these wrap around services through the senior care option.

((Crosstalk))

Lynn Riley: The distinction is that we differentiate fee for service Medicare versus Medicare Advantage. The program that you're referring to is one we're really unfamiliar with. So we would ask you that you would address your question with maybe perhaps some more information to the first email address on Slide 29 and perhaps we can do some investigation and respond to the specifics of your question.

(Nancy Damateo): I'll be glad to do that. Thank you.

Jim Coan: This is Jim Coan. I'm going to add a little point to that. If they're getting special services through a wrap around program the real qualifier for attribution has to do with Part A claims that can be attributed to Medicare beneficiaries that have received services from a particular FQHC during a look back period. Whether or not they're getting additional services because they're high risk, wouldn't affect their all inclusive rate. They would be paid, the FQHC would be paid the all inclusive rate for the services provided to that beneficiary. So you might want to consider that. You - we'll also be happy to answer your question, of course.

(Nancy Damateo): Yes. You know, I appreciate your answer because certainly the transformation toward a medical home and all of the other things that that entails would apply to that those patients as well. So I will send in the question but I was I see it that same way. Thank you.

Lynn Riley: And just to add to Jim's comment. Of course, what we were talking about was would be whether that particular beneficiary would be counted toward attribution. We expect and encourage FQHCs to provide medical home services to all the Medicare recipients that they see in the clinics.

(Nancy Damateo): Exactly. That's right. Thank you.

Coordinator: Our next question is from (Mary Jane Neelin). Your line is now open.

(Mary Jane Neelin): Hi. I just wanted to make a pitch in terms of the information sharing that we possibly not look at social networking sites because all social networking is blocked at our health center and I know that that's true of at least one other. So it's just a request.

Bruce Finke: Yes. Thank you. This is Bruce Finke again. You know, that's why we're being a little non-committal about it. There's a lot of complications to that whole process.

(Mary Jane Neelin): Yes. Thank you.

Bruce Finke: I think the key piece is that we know that people want to be in touch with each other and to share with each other and learn from each other. How we get there we - is always a little more complicated than it looks. So, but thank you for the comment.

(Mary Jane Neelin): Thanks.

Coordinator: We have no further questions at this time.

Lynn Riley: Then we will close the call and we thank everyone for your participation. And we look forward to talking to you all again at another call. And we look forward also to any questions that come up in your minds after this call to certainly use one of the email addresses that appear on Slides 29 and 30 and we will address those questions and to a certain extent we'll consider adding them to FAQs as necessary.

Thank you, Operator. Thank you everyone.

Bruce Finke: Operator, should we stay on the line to get a count?

Coordinator: Sure if you would like. And this now concludes today's conference. All participants may disconnect at this time.

END