

[Classical music plays]

Moderator: Hello, and thank you for joining today's webinar on MACRA Merit-based Incentive Payment System: An Annual Call for Measures and Activities. Today's representatives from CMS include Kati Moore, Sophia Autrey, Michelle Geppi, Erin O'Rourke, Kathleen Johnson, and Angela Foster. We'll provide a brief introduction on the Quality Payment Program and its Merit-based Incentive Payment System track, followed by our information on three of the four MIPS performance categories in CMS Annual Call for Measures and Activities. You can listen to the presentation through your computer speakers and provide feedback from the chat box. Following the presentation, we will provide a phone number and open up the phone lines to answer questions and discuss feedback. At that time, you will press star, then the number 1 on your telephone keypad to ask a question. The speakers will answer as many questions as time allows. Any questions not answered on the phone should be directed to QPP Service Center. The slides, recording, and transcript from the webinar will be posted on the Quality Payment Program website. CMS will announce when they are available. I would now like to introduce Kati Moore. Kati, you may begin.

Kati Moore: Thank you. Good morning, everyone. This is Kati Moore, and I am a health-insurance specialist at CMS. And, as we said, this morning, we are going to be talking about the Merit-based Incentive Payment System's Annual Call for Measures and Activities. And I just want to note that we're going to be talking about the Annual Call for Measures and Activities, and, if you need more information on the overall program, more in-depth information on each of the different performance categories, there are past webinars available at qpp.cms.gov that will provide more of that information. And just to set the agenda for today, we are going to give a very brief overview of the Quality Payment Program and an overview of MIPS. And then there is an appendix that will be attached to this presentation that gets a little bit more detail into the performance categories. But, as I mentioned, we're not going to go in depth into each of those, but there are webinar recordings available for those if you need that information. And then we're really going to really jump right into the Call for Measures and Activities, since I'm sure that's what most of you want to hear today. And then we will be having a Q&A session available at the end, and we'll talk about some resources that are available for everyone. Next slide. [Papers rustling]

Thank you. So, the Medicare Access and CHIP Reauthorization Act of 2015, MACRA, replaced three Quality Programs -- the Medicare Electronic Health Record Incentive Program, the EHR Incentive Program, and then the Physician Quality Reporting System, PRQS, and the Value Based Payment Modifier, VM. And they replaced all of these programs with the Quality Payment Program. And this one program will give Medicare physicians and clinicians a chance to be paid more for giving better care. And as you'll see in this slide, there are two tracks to choose from -- the first track, the Merit-based Incentive Payment System, MIPS. And if you decide to participate in the traditional Medicare, you may earn a performance-based payment adjustment through MIPS. Or if you choose the Advanced Alternative Payment Models, you can earn Medicare incentive payment for participating in an innovative payment model through this program. Next slide.

So, what are MIPS? There are four connected pillars that affect how you'll be paid for Medicare. So, as you'll see in the slide, the four pillars are Quality, Cost, Improvement Activities, and Advancing Care Information. And this is a move from Medicare Part B clinicians to a performance-based

payment system versus volume based, which they have had in the past. And there will be assigned a weight for each performance category. And for 2017, the weights for the performance categories will be 60% for Quality. For 2017, the Cost performance category will be weighted at 0%. Improvement Activities will be weighted at 15%, and Advancing Care Information will be weighted at 25%. And this program provides clinicians with flexibility to choose the activities and measures that best fit how they provide care and what measures and activities fit their practice best. And wherever possible, we've tried to align reporting standards with Advanced APMs, and just to note that the weights for each of these categories are assigned based on a 1-to-100 point scale. And in other in-depth presentations specifically about the performance categories, they go into more detail about adjustments that can be made in certain circumstances for those weights. And with that, I want to turn it over to Sophia. We're going to jump right into Call for Measures and Activities.

Sophia Autrey: Thank you, Kati. Good morning, everyone. My name is Sophia Autrey. I am a research analyst at CMS, and I work with the measures and the Quality performance category for MIPS. So if we can go into the next slide - - Great. Thank you.

So, I'm going to speak to you briefly about what the Call for Measures process is and who are the targeted stakeholders for the Call for Measures. If you are a measure developer, you're a steward for measures, or you have a collaborative agreement with those who develop measures, you can submit measures or Improvement Activities for consideration in the Quality Payment Program. In 2017, we will accept measures for consideration in the Quality performance category, measures for consideration for the Advanced Care Information performance category, and activities for consideration for the Improvement Activities performance category. Next slide.

So, on slide 7 -- each year, CMS publishes an annual list of measures and activities in the "Federal Register." We are legislatively mandated to publish this list no later than November 1st of the year prior to the performance period. So, for 2018, performance-period QPP measures and activities will be published by November 1st of 2017. The final list of measures and activities for each performance category will also be available on the QPP website, at qpp.cms.gov. Next slide.

So, for the Quality performance category, measure owners must submit measures for consideration during the Call for Measures period, which is January 30, 2017 to June 30, 2017. Submitted measures must be fully developed, and that includes validity and feasibility testing. Also, testing data must accompany your submission. Measure concepts will not be accepted for any consideration within the Quality performance category. Measures must fulfill a clinical performance gap, and it must be accompanied by scientific rationale and research. For the Quality performance category, measures must be reportable via Registry or EHR data-submission methods. Claims-based measures will only be accepted in conjunction with another data-submission method. All information and supplemental documentation must be submitted by June 30, 2017. And then, finally, measures must be ready for implementation at the time they are submitted in JIRA. Next slide, please. Although we review all measures submitted for consideration in the Quality performance category, we do give priority to those measures that are considered high priority, and those are outcome measures, appropriate-use measures, measures that are patient safety or care coordination, patient-engagement and caregiver-experience measures, and that also includes patient-reported-

outcome measures and, finally, efficiency measures. Each measure submission must be accompanied by a completed Peer Review Journal Article Form, and this form is accessible on the Call for Measures website at cms.gov. And you must attach the form to your measures submission in JIRA. Next slide.

Measures for the Quality Performance Category must be submitted through the JIRA tool. If you do not have access to JIRA, you must request a log-in and access to the 2017 MUC Project. All date fields must be completed in order for CMS to consider the measure, and you must include contact information in case we have questions about the measure at a later time. A SME, or Subject Matter Expert, must attend the Measures Application Partnership, or MAP, meeting, which is usually scheduled in December to address any questions from the work group and to answer any questions about the measure. You can access JIRA at the below link. And now I'm going to turn the presentation over to my colleague Michelle Geppi, who will discuss the pre-rulemaking process for the Quality category. Michelle?

Michelle Geppi: Thank you, Sophia. Good morning, everyone. Again, my name is Michelle Geppi, and I am a health-insurance specialist, leading the agency's pre-rulemaking work. As Sophia explained, Quality MIPS measures are one of those programs that adopt measures through pre-rulemaking. There are other Medicare programs that also apply the pre-rulemaking process of adopting measures. With that, many of you are more than likely familiar with the statute that got pre-rulemaking underway, which is Section 3014 of the Patient Protection and Affordable Care Act of 2010. The law provides the statutory authority for the work that's associated with pre-rulemaking and drives CMS's deadline to publish the Measures under Consideration List annually by December 1st. The second step involves the Measures Application Partnership, or MAP, a convening body of multi-stakeholder groups. The MAP is currently operated and overseen by the National Quality Forum, or NQF. The MAP convenes each December and January to deliberate and vote on each Measure under Consideration List measure. Now, for the third step, NQF facilitates these meetings and furnishes a report of their findings each February and March. And Erin O'Rourke from NQF is going to talk more about this process up next. So if we could move to the next slide...

All right. So, here you'll see the caveats. So, by program, a measure only has to go on the list once to be considered for rulemaking. If a measure has been on the list before but is now being considered for a different program, it should be added back to the list, as well as if the measure has a substantive change, you should add it back to the list. All right. Next slide.

So, after measure development and testing concludes, CMS's pre-rulemaking process starts with a submission and internal review of measures using JIRA, which Sophia had mentioned previously. JIRA is a Web-based, issue-tracking system that enables users with the proper credentials to submit measure specifications along with some other pertinent data to CMS, beginning each January. So, for the second year now, CMS has opened JIRA in January to begin the collection process for candidate measure submissions sooner. Earlier, Measures under Consideration season didn't start the process until early May, so now developers have an extra three months to make their JIRA measure submissions. So, what happens between January 31st and April? CMS is planning and preparing for the "Education & Outreach" webinar series that occurs in each April. The primary goal of these sessions is to advise or refresh folks regarding the statutes, review JIRA features and functionality, as well as remind stakeholders of important JIRA and meeting

dates. If you'd like to be invited to any of these meetings, please send me an e-mail. My e-mail address is Michelle.Geppi@cms.hhs.gov. To note, CMS will close JIRA on Friday, June 30th, prohibiting anyone from submitting new measures after this date. The closing of JIRA in late June signals the start of the federal clearance process. The first step in the clearance process involves the measure and program leads, beginning with tasks of reviewing, accepting, or rejecting each and every submitted measure by program. The measures that make the cut essentially are the accepted measures, and these become the annual draft Measures Under Consideration List, also known as the clearance document. The clearance document is created in late July, but, before the list officially goes into formal clearance on August 21st, it is previewed by all involved federal-agency representatives at the August 3rd stakeholder meeting, with the purpose of gaining consensus before we go into clearance. And for those of you not familiar with the federal clearance process as it relates to the Measures Under Consideration List, basically, the document is shepherded across CMS, HHS, OMB components and agencies, involving a lot of collaboration, communication, and cooperation at varying degrees and levels in really a relatively short amount of time to enable the publishing of the list by December 1st. And with that, I'm going to turn it over to Erin O'Rourke, with the National Quality Forum. She's going to talk more about the MAP work as it relates to pre-rulemaking. Take it away, Erin.

Erin O'Rourke: Great. Thank you, Michelle. As Michelle noted, my name is Erin O'Rourke, and I'm a Senior Director at the National Quality Forum, supporting the work of the Measure Application Partnership pre-rulemaking process. As Sophia and Michelle noted, the Measure Application Partnership, or MAP, is tasked with reviewing the Measures under Consideration and providing input to CMS about their use. MAP is a group of committees and work groups that give recommendations to CMS about which measures to use in selected Medicare public reporting and performance-based payment program. MAP is comprised of representatives from both the government and the private sector. MAP is a unique collaboration that balances the interest of consumers, businesses and purchasers, labor, health plans, clinicians, and providers, communities, and states and suppliers. So, on this slide, it shows you a high-level timeline of the pre-rulemaking process MAP uses to provide input about the Measures under Consideration. In September, the coordinating committee meets to review the pre-rulemaking approach. In the fall, the work groups meet to review the measures currently in the program. The MUC List is released on or before December 1st of each year. The release of the MUC List triggers the start of the first public commenting period, where stakeholders can provide input to MAP on the Measures under Consideration. In December, the work groups meet to provide initial recommendations on each measure under consideration. After that, there is a second public commenting period from December until mid-January. In late January, the coordinating committee meets to finalize the MAP recommendations and provide cross-cutting guidance. On February 1st, MAP releases its recommendations on the Measures under Consideration. On February 15th, MAP issues its guidance for hospital and post-acute-care and long-term-care programs. On March 15th, MAP issues its guidance for clinician programs. And I did just want to highlight for this group that the clinician work group is charged with providing the initial recommendations on the Measures Under Consideration for MIPS. Next slide.

The Measure Selection Criteria are a tool that MAP uses to assess the measures used in a Quality Initiative program. They're intended to assist MAPs to identify what an ideal set of measures would be for a public-reporting or value-based payment program. They evaluate the program measure

set as a whole, which is a key thing to remember as we go through these. The criteria are not absolute rules. Rather, they're meant to provide general guidance on Measure Selection decisions and to complement program-specific statutory and regulatory requirements. Central focus should be on the selection of high-quality measures that optimally address the National Quality Strategy's three aims, fill critical measurement gaps, and increase alignment. Although competing priorities often need to be weighed against one another, the Measure Selection Criteria can be used as a reference when evaluating the relative strengths and weaknesses of a program-measure set and how the addition of an individual measure would contribute to the set. The criteria have evolved over time to reflect the input of a wide variety of stakeholders. To determine whether a measure should be supported for rulemaking for a specified program, MAP evaluates the Measures under Consideration against the Measure Selection Criteria. Next slide.

After reviewing the Measure Selection Criteria for the program-measure set as a whole, MAP reviews the Measures under Consideration for the current pre-rulemaking cycle. MAP reaches a decision about every measure under consideration. This means that every single measure on the MUC List will receive a recommendation from MAP. Decisions are standardized for consistency across the work groups. Each decision is accompanied by one or more statements of rationale that explain why each decision was reached. I did want to highlight that the decision categories were updated for the 2016-2017 pre-rulemaking process, for those of you that have followed the process in previous years. MAP no longer evaluates measures under development using different decision categories. The four decision categories are Support for Rulemaking, Conditional Support for Rulemaking, Refine and Resubmit Prior to Rulemaking, and Do Not Support for Rulemaking. MAP may support a measure for rulemaking for a number of reasons. It may address a previously identified gap in a program or help to promote alignment. MAP may conditionally support a measure if the group thinks it's ready for use in a program but needs to meet a specified condition, such as NQF endorsement. The Refine and Resubmit category was new for the 2015-2016 pre-rulemaking cycle. MAP implemented this category to allow a way to express its support for the concept of a measure but to stipulate that it needs modifications, such as the completion of testing, before it should be implemented. And MAP may not support a measure for rulemaking if it overlaps with existing measures in the program or if a better measure better addresses the needs of the program. The results of MAP's reviews of measures for MIPS can be found in the report released on February 1st. Additional guidance on the measures for the MIPS program can be found in the report on clinicians' programs, published March 15th. And with that, I'd like to turn it over to Kathleen.

Kathleen Johnson: Good morning, everyone. Thank you. My name is Kathleen Johnson. I'm a health-insurance specialist for Medicare and Medicaid bonuses. I'd like to start by giving you a quick background on the Call for Measures for the Advancing Care Information performance category. In the proposed rule, we solicited comments on methods to increase stringency of this performance category, as well as comments on the concept of a holistic approach to health I.T., just linking health-I.T. adoption and use to patient outcomes, advancing beyond processed measurements and into a more patient-focused program. We found that stakeholder feedback was positive. We also solicited comment on what this type of measurement would look like under MIPS, what functionalities with CEHRT would be needed, and how we could implement this. In the final rule, we stated we will consider new measures for future years of the program and invited comment on what types

of EHR measures and measurements should be considered for inclusion in the program, including development of measures and objectives for specialists and other clinicians who do not work in office settings. We are providing an opportunity for stakeholders to submit measures for consideration for the Advancing Care Information performance category. We request that stakeholders consider the following -- submitting outcome-based measures, patient-safety measures, and measures which support improvement activities, also submission of measures which could be applicable for providers such as nurse practitioners, physician assistants, certified registered-nurse anesthetists, and clinical nurse specialists, and, finally, measures that build on the advanced use of certified EHR technology using 2015 Edition Standards and Certification Criteria. The submission period is currently open, and the deadline is June 30, 2017. Next slide, please.

Measures must be submitted using the designated submission form and mailbox address presented on this slide. A hyperlink to the mailbox is also available on the submission form. Submissions that are incomplete or do not include required information will not be evaluated for consideration. When preparing proposals for submission, we ask that you also consider whether the new measure could highlight and prove beneficiary health outcomes, patient engagement and safety, could improve program efficiency, effectiveness, and flexibility, would contribute to improvement in patient-care practices, reduce reporting burden, or includes an emerging, certified health-I.T. functionality or capability, does not duplicate existing objectives and measures, whether it should be considered for a base-performance or bonus score, is feasible to implement, and is able to be validated by CMS. Proposals submitted by the deadline of June 30, 2017, that are complete, will be considered for inclusion in rulemaking in 2018. Stakeholders will have an opportunity to comment on the measure proposals. The finalized EHR measures for the Advancing Care Information performance category will be published on the QPP website, as mentioned in the previous slide, and the measures will be effective for the 2019 performance period. Can we have the next slide, please?

The submission form can be found at cms.gov website, on the Medicare Web page, under the "Quality Initiatives, Patient Assessment, and Instruments" heading. Click on the Measures Management System hyperlink. Then click on the left navigation bar, Call for Measures hyperlink. And at the bottom of the screen, you'll find the submission form, as well as the facts sheet. That concludes our presentation for the ACI measures. I'd now like to pass this along to Angela Foster.

Angela Foster: Thank you, Kathleen. I'm Angela Foster. I'm a health-insurance specialist here at CMS, and I will be talking to you about how you will submit Improvement Activities for consideration on the future inventory.

Submitting the Improvement Activities, they should meet the criteria as listed below. We are looking for activities that demonstrate robust clinical performance, that supports patient-centered care, also activities that will further clinical achievement in the other categories of MIPS, enable clinicians and groups to join or become Advanced Alternative Payment Models, and advance broader national health goals and initiatives. Next slide, please.

We will be evaluating proposed Improvement Activities based on the following criteria. They will need to represent an area that could highlight improved

beneficiary health outcomes, patient engagement, and safety based on evidence, could reduce healthcare disparities, would contribute to improvement not only in patient-care practices, but improvement in performance on Quality measures and Cost performance categories, would include an emerging certified health-I.T. capability, does not duplicate existing improvement activities, may be considered for an Advancing Care Information bonus, is feasible to implement, and if the activity is able to be validated by CMS. Next slide, please.

Submitting your proposed activity is fairly simple. There is a form available that you would fill out, and then you would submit that form to the e-mail address shown here -- CMSCallforActivitiesIA@ketchum.com. All communication regarding Improvement Activity proposals, including follow-up questions for submitters and determinations, will be coming from this e-mail address. Next slide, please.

CMS priorities for proposals on improvement activities include those that are appropriate for small, rural Health Professional Shortage Areas and non-patient facing MIPS-eligible clinicians, emphasize patient safety and practice assessment, such as through the use of clinical or surgical checklists and practice assessments related to maintaining certification, and also address gaps in the Improvement Activities inventory for specialty practices. Proposals submitted by February 28th of this year will be considered for inclusion in 2018. Anything that is submitted beyond February 28th will be considered for inclusion in future years. Next slide, please.

Here you will see a snapshot of the Improvement Activities submission form. This is just actually the first page of it, but you can see here that there is clearly defined information that we're looking for, and it should be fairly simple to spell out. The URL is available at the bottom here, where you would find this form, and, as mentioned before, you will just simply submit that to the Ketchum e-mail address that I mentioned before. Next slide, please. I will now turn it over to Kati Moore.

Kati Moore: All right. Thank you, Angela. And thank you, everybody, for presenting that information. And the last little bit we're going to leave you all with is where to go for more information. So, the main place to go for anything about the Quality Payment Program is the Quality Payment Program website at QPP.CMS.gov. So that is your best place to find all information you could want about this program. And on this slide, there are several links that we've included that will be available once the presentation is posted to our website. But in the meantime, if you want to go to the CMS Call for Measures Web page, that will have the ACI and IA submission forms, and then the facts sheet that gives you more detailed instructions about how to submit your measure and activity recommendations. You can go to cms.gov, and then, in the search bar at the top, type in "Call for Measures." And then the first hyperlink that'll come up is the Call for Measures Web page. And then, next slide.

So, now we're going to move into our Q&A session. If you would like to dial in, please use (866) 452-7887 to ask a question. And I see lots of you have realized that there is a chat-box function, also, that you can type in your question. And when you dial in, if you're prompted, please use the passcode listed there -- 60619677. And our speakers will answer as many questions as possible during the time that we have left. And I just want to remind everybody that today we're going to be answering calls that are specific to the Annual Call for Measures and Activities. And if you do have questions

that are outside of this focus for today or we don't get to your question by the end of this webinar, please contact our Quality Payment Service Center. Our e-mail is qpp@cms.hhs.gov -- or by phone at 866-288-8292.

Ketchum: Hi, Kati. And while we wait for people to dial in, I will just pass along a couple questions that we've received throughout the webinar on the chat and let the appropriate person answer. So, the first question -- "For Improvement Activities, can you please clarify who would not be acceptable as activity sponsor/sponsor type?"

Angela Foster Anyone is able to submit an Improvement Activity to be considered for the inventory.

Ketchum: Okay, thank you. I think this is just sort of a clarifying question -- "So JIRA is a tool that CMS created for the purposes of new measures? We do not have to go in and do anything with JIRA?" I think maybe just a little clarification or reiteration on what JIRA is and its purpose?

Sophia Autrey: Yes, this is Sophia Autrey. And that is correct. And I did notice a couple of questions on JIRA. So, yes, JIRA is a tool that's used only in the event that a measure developer wants to submit a new measure for consideration. It is not a tool that any eligible clinicians need to go in to register for in order to report measures for QPP. So it is only a tool that, if you are a measure developer and there is a measure that you've developed that you want to be considered for QPP, you can go into JIRA and submit that measure for consideration. Thank you for the question.

Ketchum: Great. Do we have any questions on the phone line yet?

Moderator: Our first question is from Julie Lundberg.

Julie Lundberg: Hello. Can you hear me?

Sophia Autrey: Yes, we can.

Julie Lundberg: Oh, well, first of all, let me thank you so much for the QPP website. We just love it. It's just a huge help to those of out there in the world trying to help small providers be successful with the Quality Program. My question is really with respect to your existing Quality measures and what effort is made to actually not change the specs. Very specifically, I'm referring to NQF 0028, the smoking-status and tobacco-cessation counseling. As you might imagine, this is a measure that most providers have gotten really good at, right? That's one we're targeting as one of the six for MIPS that we're going to be all over because we've been able to pound that one into our providers for years. "Let's be good about capturing the smoking status, and, if they're smokers, let's document that smoking-cessation counseling. Yay. We're good." And then, all of a sudden, now our numerators have gone from great numbers to zero because now there's a LOINC code that's required in order to indicate the patient's smoking status. Those kinds of changes to the specs just make our lives so difficult. So my question is very general -- what effort is made to not do that to us?

Sophia Autrey: [Laughs] That's a great question. So we don't want to do that to you intentionally. This measure, 0028, was revised slightly by the measure owner last year, and we did recognize some issues once that change occurred. So what we're trying to do for this year is update the measure, but we want to do it according to a couple of things. Number one, we do have

the Million Hearts initiative, so we want to make sure that that initiative also will get valid data from the measure, but, additionally, information from the provider community on the difficulty of submitting the measure and especially difficulty in the new performance of the measure based on what was previously the standard for the measure. So that's helpful for us, as well. But we actually send that information to the measure developer and the measure owners to make sure that they have that information when they make updates to the measure. But we try not to make those drastic changes to the measure, but your information is very helpful for us as we moved forward.

Julie Lundberg: And just as a follow-up, what's really interesting is, when you compare the deciles for the Quality performance category and you look at, "Okay, how good do I have to be to get in the 10th decile?" I have to be at 100%. [Laughs] And this one, no way are we at 100% anymore -- back before you make a change that sends the numerators crashing. So it's odd to me that we're being measured on what I would consider previous success prior to this new change. So that's just my appeal. I know you guys are working really hard and you got a lot of people giving you input, but if you could just keep that in mind -- keeping the change to a minimum for us is real helpful. We lose the providers really fast when things like this happen. They're so fed up, and then we do this to them, and it's hard to keep them engaged in the participation, which is what we really all want out of this. So that's my little soapbox. Thanks for listening.

Sophia Autrey: Thank you. Thank you so much.

Ketchum: I'll go ahead and read another chat question, and then we can go back to the phone lines. So the question is, "The current Improvement Activities list contains broad concepts for activities. This call seems to ask for specific programs. What will qualify, and how is 'validation' going to happen?"

Michelle Geppi: We are going to be issuing guidance on validation for the current inventory list, and we hope to have that out within the next 30 days or so. So we will have that information available for you to review by activity.

Ketchum: Okay, one more quick question. "If we fail to submit report by June, will we be penalized?"

Angela Foster: Sorry. What report by June?

Ketchum: I assume they mean to submit these ideas.

Angela Foster: Well, for the Call for Improvement Activities, the deadline is February 28th. So if you don't get them in by February 28th, they'll just go on the consideration list for future years. We will still keep them and consider them.

Sophia Autrey: And there's no attachment to penalty or payment adjustment for submitting an Improvement Activity or a measure.

Ketchum: Great. Sorry. One more. "I understand that testing data are required for measure submission. The slide referred to validity and feasibility. Is reliability testing required, as well?"

Sophia Autrey: Yeah, so, if you have reliability testing that has been completed, please include that in your submission. Usually, during the

process, we come back and ask for that information, so it would be great to have it up front, as well. Thank you for the question.

Ketchum: Okay, we can go back to the phone lines if there are more questions there.

Moderator: Our next question comes from Mari Savickis.

Mari Savickis: Hi. This is Mari Savickis, with the College for Healthcare Information Management Executives. And I have a question about the CPIA. On the slides that talk about the priorities and the criteria for submitting one, I was a little surprised to see that there isn't any mention of security or protecting patient information, and I was wondering why CMS had elected to construct the category so narrowly, especially given that risk assessment is a critical piece of the ACI and that the move to share information more widely electronically is such a key component. Would CMS consider modifying the list that they put up on the screen to at least include security?

Angela Foster: I appreciate the suggestion, and we can definitely take that into consideration when we do a future call. Thank you.

Mari Savickis: Okay, thanks.

Moderator: Our next question is from Donna Cohen.

Donna Cohen: Hi. Thank you so much. Donna Cohen, Alliant Quality -- the QIO. So, for 2017, there are many clinical Improvement Activities that are included that require working with a QIO. I just want to make sure that QIOs do not have to submit anything additional to be counted for those Improvement Activities moving forward.

Angela Foster: For the requirements of your QIO, I would have to defer you to your contact. I'm not able to speak to any additional requirements that program might need from you. But for Improvement Activities, it's just a simple attestation. Thank you.

Donna Cohen: Thank you.

Moderator: Again, if you would like to ask a question, please press star, then the number 1 on your telephone keypad. Again, that's star, then the number 1 on your telephone keypad. Please hold for the next question. Our next question is from Emily Graham.

Emily Graham: Hi. Thank you so much for taking my question and for hosting this webinar today. My question is also about the Improvement Activities. So, I guess what I'm trying to find out is -- The list for Improvement Activities is very, very long, and I noticed, also, as "Mari" pointed out, that one of the -- Oh, sorry. Hold on just a second. Okay, sorry. Can you guys still hear me? I was having an issue with my phone.

Moderator: Yes, we can hear you.

Emily Graham: Okay. So sorry about that. So, one of the priorities is Emphasize Patient Safety and Practice assessment. And I noticed that one of the existing categories is also related to the same thing. It's use of patient-safety tools that assist specialty practices in tracking specific

measures that are meaningful to their practice, such as the use of a surgical-risk calculator. And we've actually been trying to help a number of the organizations that we work with, a lot of different specialty medical societies, that are using a variety of different tools, such as the FRAX tool and the RAPID 3, 4, and 5, and BPH scorecards and all different types of tools that these specialty practices are using already. And we've been bringing them to the QPP Help Desk to get clarification as to whether or not these tools fall into existing Improvement Activities, rather than bringing them to CMS to ask for a new Improvement Activity category. And so I was surprised when I saw that CMS is saying that, as a priority, it's looking for these new practice assessments and checklists, because the QPP Help Desk is telling us that, oftentimes, these things fall into, for example, the use of patient safety tools or the use of evidence-based tools that help with shared decision-making. And then, on a previous slide, CMS also said that it did not want duplicate Improvement Activities. So I guess my question is are some of the things that our practices are using or our societies are advocating as Improvement Activities -- are they duplicates? Do they fall into existing Improvement Activities as sometimes the Help Desk is telling us? Should we be bringing them forward to you as new proposals and providing new language? We're not trying to increase any burden on CMS, but we want to make sure that these specialties that are using all of these different tools are getting credit for it as Improvement Activities when they're using them.

Angela Foster: I first want to thank you for your comments and suggestions, and we are definitely interested in new Improvement Activities, and I would encourage you to submit your ideas using the form and submission mechanism. Thank you.

Ketchum: I can take another couple questions from the chat, and then we can go back to the phone line. So, one question -- "If a clinical Improvement Activity is already included in the program, does it need to be resubmitted during this call?"

Angela Foster: No, we are not accepting duplicates. Thank you.

Ketchum: So, another question -- "Curious if any new ACI measures will also be added to the Medicaid and hospital EHR Incentive Programs." We may not be able to answer.

Kathleen Johnson: Thank you for the question. There's a possibility that they could correspond to the EHR Incentive Program, but we need to look and see the specifics of what we get as a submission.

Ketchum: Okay, thank you, Kathleen. One question -- "One of the criteria you mentioned is CMS's validation of measures. Please speak more about CMS's process to validate new ACI measures."

Kathleen Johnson: We are currently working on the process for after the submission deadline. We should have some more guidance in place in the future, so we will provide that as we resolve that. Thank you.

Ketchum: Okay, another question. "Improvement Activities -- what is CMS requesting for required permissible evidence needed to be successful in the IA category?"

Angela Foster: I'm sorry. Can you repeat that again, please?

Ketchum: Sure. "What is CMS requesting for required permissible evidence needed to be successful in the IA category for 2017?"

Angela Foster: Okay. I just wanted to make sure I understood what was being asked. So, during the presentation, I mentioned that we will be issuing guidance on the documentation needed by Improvement Activities on the current inventory. That should be issued hopefully over the next month or so. So stay tuned for that, and it will outline what we are looking for, as far as documentation. Thank you.

Ketchum: Okay, thank you. Can we go back to the phone line?

Moderator: Our next question is from George Flinn.

George Flinn: Yes, I appreciate the webinar. And as a provider, we are being asked to submit data by the end of February, which is less than two weeks now. And if we have questions, especially since I don't have enough... I don't seem to fit in -- as a radiology practice, we don't seem to fit in to any category for Quality improvement. What do we do? Because I don't have 11 CMS patients for CAT scans, as a matter of fact. We do a lot of commercial insurance. So how do we participate in the program? We're trying our best to participate, but there are roadblocks every time we try to submit something. Help.

Sophia Autrey: [Laughs] Okay. Okay. So, let's just clarify. So the Call for Measures and Activities deadline is only for new measures and activities for consideration. It is not the reporting deadline for the performance period. So that extends for the full year, so just want to clarify that note. Regarding information on what you can report for your specialty, we're going to ask that you actually reach out to the service desk. And I don't have that information.

Kati Moore: Sure. Yes, and thank for calling in. If you contact the Service Center at 866-288-8292, they'll be able to help you walk through, with tools that are available on the website and information they have, what measures would be specific to your specialty.

George Flinn: Well, that's exactly what I needed, a contact, because we're running into things where we just don't know how to answer them, and we're trying to learn the alphabet soup, of course, that you probably understand totally. And we're attempting our best attempt to still practice, also, and get qualified.

Kati Moore: Yep, and here at CMS, we're trying to do all that we can to help clinicians have all the support that's available. So if you contact that e-mail address -- so I'll say it again, qpp@cms.hhs.gov. Or by phone at 1-866-288-8292. They'll be able to connect you with the right information that you need and if technical assistance is available for your individual practice or for your group. They'll be able to refer you to the correct contact people.

George Flinn: I really appreciate it. That's very reassuring. Thank you.

Kati Moore: Great. Have a good day.

Moderator: Our next question is from Deborah.

Deborah: Hi, there. Thank you for taking my question. Medicaid measures were very limiting last time with PQRS, and it actually was a factor for us. We have a huge patient base of self-pays who do not qualify for Medicaid. I'm wondering if that is something that will be factored in this round.

Sophia Autrey: Can you repeat the question? I think we lost a couple of the sentences for the question. Sorry.

Deborah: Okay. Medicaid measures in the past were very limiting during PQRS, when we were trying to participate with Meaningful Use, PQRS, et cetera. We have a huge patient base that is documented low-income, but they're self-pay because they have no way to qualify for Medicaid. So I'm wondering if that will also be factored in here with the new process.

Kathleen Johnson: Are you speaking for the ACI performance category?

Deborah: Yes, specifically, but any of them. Basically, will low-income, self-pay patients ever be factored in to this?

Sophia Autrey: So, for the Quality performance category, it is all-payer, including self-pay. So you can report on any of your patients. They don't have to be Medicare beneficiaries. However, for the claims data-submission method, that is only for Medicare beneficiaries because it's submitted via the claim. But the other data-submission mechanisms, you can report all payer data. And I think the same goes for any of the other performance categories. You can submit them for any of your patients because QPP is all-payer.

Okay. Thank you.

You're welcome.

Ketchum: I can go back to the chat for a couple more questions. One question is, "Just to clarify, what is the February 28th deadline?"

Angela Foster: I'm sorry. Can you repeat the question?

Ketchum: I think, Angela, just a general kind of background about what the February 28th deadline is.

Angela Foster: We are in rulemaking, and the deadline is based on our rule calendar.

Kati Moore: So, just to add on to that -- This is Kati. So, by February 28th, all Improvement Activity submissions that are received by that date will be considered for 2018, and submissions that are received after that date will be considered for future-year rulemaking.

Ketchum: Great. One more question. "Will new and approved ACI measures be implemented for 2018 next program year or 2019?"

Kathleen Johnson: Hi. It's for the 2019 performance period.

Ketchum: Okay. Can we go back to the phone lines?

Moderator: Again, to ask a question, please press star, then the number 1. Our next question is from Minera Seskua.

Minera Seskua: Hello?

Moderator: Hi. We can hear you.

Minera Seskua: Hey. Yes. I have the same question as what the other provider because our practice is basically based on psychiatry. And in the past, our measurement is not really mentioning anything with regards to psychiatry, and we're having hard time basically meeting the Quality measures when it comes to the measures that's being submitted. So what is the best for -- Because this is basically the roadblock for our specialty, as well, of meeting the measures.

Sophia Autrey: Right. And we do understand that. And I want to say to everyone else that's on the line, regarding their difficulty in meeting the submission requirements for QPP, please go to the website and phone number that Kati provided before. And that is qpp@cms.hhs.gov or 1-866-288-8292. Because they can specifically talk to you about your specialty and how you can report based on how you practice. For this call today, we want to focus on the Call for Measures, but we want to make sure that you have the information you need to actually get your questions answered. So thank you again for your question.

Minera Seskua: Thanks for answering.

Moderator: Again, to ask a question or make a comment, please press star, then the number 1.

Ketchum: Hi. Okay, we can go back to the chat. Someone asked, "Will Cost measures be included in the Call for Measures in future years?"

Sophia Autrey: That's a very good question. So you picked that up, did you, that Cost measures was not included today?

[Laughs]

Sophia Autrey: So we expect that, in future years, we will have a Call for Measures for Cost, Quality performance category. We don't know what year that will be, but we do expect to put that out for upcoming years. Thank you for your question.

Ketchum: Great. Next question. This is sort of a broad question. "How does an organization become an official submitter for new measures?"

Sophia Autrey: So, if an organization is a measure developer, a steward for a measure -- meaning they actually maintain a measure that was developed by someone else -- or they own a measure -- meaning they own the licensing for a measure -- then they can submit that measure for consideration. We also accept measures that are part of collaboration efforts with specialty societies or professional medical societies. So you can submit a measure if you are one of those entities.

Ketchum: Great. Thank you, Sophia. A question for the Improvement Activities category -- "How can we confirm that an activity is duplicative to an existing measure? For example, if we have a practice assessment activity that seems to be close to an existing activity in the list, can we contact

CMS to see if a new measure should be submitted or to confirm that the existing one applies?"

Angela Foster: You can certainly feel free to reach out to the Help Desk and submit your question there, and they would be able to help you.

Ketchum: Great. And I know we've sort of covered this, but maybe just to repeat -- "Is there a deadline for submitting Improvement Activities?" Can you just reiterate, Angela, how that works with the 28th deadline?

Angela Foster: Sure. So, February 28th is the deadline for submission of new Improvement Activity proposals. We will only accept the proposals that come in using the form, which I showed a little snapshot in the presentation of what that form looks like, and it is on the Call for Measures and Improvement Activities portion of the CMS website, so you can find that form there. And then it has to be submitted to the Ketchum e-mail address, which is also included in the presentation and on the website. Anything that comes in after the 28th will go onto a "consideration for future years" list. Anything--the 28th and before, we will evaluate for inclusion on the 2018 inventory. Thank you.

Ketchum: Okay, another sort of broad question -- "Who needs to do these submissions? All eligible providers?"

Angela Foster: Is that for Improvement Activities or is that for...

Ketchum: It doesn't specify a category. I think it might just be for everything.

Angela Foster: For Improvement Activities, anyone can submit.

Sophia Autrey: And I think I answered for Quality, and I think Quality and ACI are the same, where they need to be measure developers, because it does require access to the licensing for the measure specification.

Ketchum: Okay, thank you. I think we can go back to the phone line, Stephanie.

Moderator: Again, star then the number 1 to ask a question. Our next question is from Kathleen Durusoy.

Kathleen Durusoy: Hello. This is Kathleen Durusoy. And I just wanted to clarify -- So, I got that the February 28th is the Improvement Activity proposal deadline. What was the June 30th deadline? Is that for measures or something else?

Sophia Autrey: So, the June 30th deadline is for all measures and activities to be considered for future years. So for 2019 performance period for ACI, that's the June 30th date. For Quality performance category for 2019, that's the June 30th date. And for Improvement Activities -- June 30th for 2019. Only the February 28th date is for consideration for 2018.

Kathleen Durusoy: Okay. Very good. So the 2019 is Quality activities, Quality improvement, and ACI. All right. Thank you.

Sophia Autrey: Thank you.

Moderator: Please hold for the next question. Our next question is from Dave Westover.

Dave Westover: Hi. This is Dave Westover. I was wondering, when we're calculating our score for the Quality section, are we supposed to figure in a fractional piece, depending on where we place within a decile?

Sophia Autrey: Hi, David. We would love to answer your question, but we don't have the Subject Matter Expert on the call today to answer that. But we want you to reach out to the Help Desk for the specific question, and, again, that's qpp@cms.hhs.gov. And they can answer your question for you. Sorry about that.

Dave Westover: No, that's fine. Thank you.

Moderator: There are no additional questions in queue at this time.

Sophia Autrey: Okay. So if we don't have additional questions -- I'm sorry. Go ahead.

Ketchum: I think I have another potential question for you all through the chat. "ACI and Quality call for submissions -- if the health system is an owner and builds EHR through their IS system, would it be acceptable to submit from the health system, or would it need to be sent in from the vendor?"

Sophia Autrey: So, if we're talking about a new measure and it's owned by the health system -- the health system is the owner -- if they give permission to the vendor to submit that measure and the vendor has the access to the licensing information for the specifications, they can submit the information. However, if it's an electronic measure, we require that that electronic measure have a MAT number, and that means that they actually have to go through the requirements for the CMS blueprint in order for them to be acceptable as an ECQM, or an Electronic Clinical Quality Measure. But they can give rights to the vendor to submit that measure for them.

Ketchum: Okay, thank you, Sophia.

Sophia Autrey: You're welcome.

Ketchum: A general question -- "Have the measures for 2018 already been set, or will they be the same as 2017?"

Sophia Autrey: So, for that question, we are in rulemaking currently, so we can't address any rulemaking decisions.

Ketchum: Okay, thank you. I know we've covered this a couple times, but I think maybe it's worth reiterating one more time. "The 2/28 deadline is only if I have measures to consider, correct? It's not a requirement?"

Kati Moore: Okay. This is Kati. I'm going to try to and lay it out clear for one more time. So, for all Improvement Activities, Quality measures, and ACI measures to be considered for 2019, the deadline is June 30, 2017 to submit your recommendations. If you'd like your Improvement Activity recommendations to be considered for 2018, you need to submit the form by February 28th. I hope that was clear.

Ketchum: Thank you, Kati.

Kati Moore: Thanks.

Moderator: We do have an audio question from Mari Savickis.

Mari Savickis: This is Mari again, with CHIME. Just a quick question about the forms. I see that they're in PDF format. Is there any chance that CMS would consider posting them to Word format so we could actually type in them?

Kati Moore: They should be a fillable PDF.

Yes.

Mari Savickis: Hmm. Doesn't appear that way, but I'll go back and look.

Kati Moore: Okay.

Mari Savickis: Thanks.

Ketchum: And I do just want to clarify that they may not be fillable within the facts sheets, but they live separately, as well, as their own PDF, and those should be fillable.

Mari Savickis: Thanks for clarifying. Yep.

Ketchum: Okay, one more question in the chat -- "Will Improvement Activities go through a MAP-like process like Quality measures do?"

Angela Foster: No, they will not. If there are no more phone questions, I think we can conclude the webinar.

Kati Moore: Okay, thank you, everyone, for joining this morning. Have a good day.

Moderator: Thank you. This concludes today's conference. You may now disconnect. Speakers, if you'll please, hold the line.