



Qualified Entity Collaborative Call

August 6, 2014

Call Notes

Participants

NRHI Members: Mylia Christensen (Q-Corp), Cindi McElhane (Q-Corp), Kenneth Moore (PRHI), Jo Musser (WHIO), Galina Prilouts kaya (HealthInsight), Rebecca Dugas (MHMC), Peter Flotten (MHMC), Laurie Arora (GDAHC), Edie Sonn (CIVHC), Ana English (CIVHC), Mark Pregler (WHA), Gunnar Nelson (MNCM), Dolores Yanagihara (IHA), Stephen Howell (LHCQF); NRHI Staff: Elizabeth Mitchell, Ellen Gagnon, Harriett Wall; Others: Ladd Wiley (Akin Gump), Aliza Norcross (AF4Q NPO)

Agenda Item Comments	Action Items/Next Steps
<p>1) Issues & Solutions – CMS Update</p> <p>The following issues were presented to CMS on 5/22/2014 based on a meeting Mylia and Elizabeth hosted with most of the QE CEOs. Issues and proposed solutions were discussed and during that meeting, documented and circulated beforehand to the QEC members. Subsequent discussions between NRHI and CMS have resulted in next steps for CMS, NRHI, and QEs to take in order to accelerate Medicare FFS reporting through the QEs.</p> <p>The most recent update is following a conversation with CMS on July 29th, 2014. Updates and action item from this conversation are reflected in the far right column of the <i>QEC Issues and Proposed Solutions</i> document. Allison and Kari have been fantastic in working with NRHI and AF4Q to address QE needs.</p> <p>Issue #1: 18 month lag for Part D.</p> <p>CMS has made process improvements and is working to implement the new rule that was released in May 2014. CMS expects to be able to provide pharmacy data on the same schedule as Parts A and B by the end of year. No action needed from NRHI.</p> <p>There has been a lot of discussion around why the insurers are opposing the release of Part D data – speculating that Part D is in the commercial environment and thus probably more closely held. CIVHC already receives Part D through the state agency – confusing as to why insurers are fighting this. According to Akin Gump, it is a broader issue being championed by AHIP, although they have not explicitly indicated their agenda.</p>	<p>NRHI will follow up with CMS to find out whether AHIP’s efforts to put restrictions on release of data to regional entities are impacting CMS’ progress in getting Part D data on a timelier refresh cycle.</p> <p>NRHI will follow up with CMS re: DUA signatory issue.</p> <p>Additional detail on the DUA signatory issue can be found on the NRHI member webpage.</p>

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<p>NRHI is also aware from CMS and ONC that AHIP is accelerating their efforts to put limits on any regional data sharing – this could be connected to that growing effort to promote national entities like HCCL.</p> <p>Note that the QEC is able to share somewhat sensitive information on these calls – ask that everyone keep that in mind as we move through the agenda in an effort to prevent negative information moving through informal channels. We want to maintain our direct lines of communication with CMS and others.</p> <p>Issue #2: Non-disclosure agreements. There has been miscommunication and confusion, but CMS has put process improvements in place to address this and is working closely with IMPAQ to ensure that everyone is following the same internal process.</p> <p>Issue #3: Inconsistency in review of security applications. There was an assumption that a vendor submitted the same information for three entities who each received different feedback on their applications. CMS dug in and pushed hard on the vendor and were able to provide NRHI with counts of files, which were inconsistent across the three entities. CMS has put process improvements in place to streamline efforts.</p> <p>Issue #4: Review and reconsideration process. QEs are actively participating and providing input and feedback on legislation.</p> <p>Issue #5: Comparison grid. Covered below.</p> <p>Issue #6: Alternative measure approval process. The committee is working towards a recommended set of core measures and will continue to share updates with the QEC. Ken at PRHI commented that the information collected by the sub-committee has been useful to modify their alternative measures slightly based on the choices and rationale of other QEs.</p> <p>Issue #7: Displaying Medicare only categories. Cindi will speak to this during Oregon update.</p> <p>Issue #8: Best Practices Capture. NRHI is always looking for opportunities to keep the dialogue moving with CMS and will continue to inquire about additional opportunities and funding.</p>	

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<p>Additional Issues to Discuss with CMS Peter Flotten: Maine recently discovered that the people actually receiving the data feeds - the frontline production people – need to be named on the DUA in order to get the security access required to obtain the data electronically. Whether QEs choose to receive the data physically or electronically, data can only be received by the people specifically named on the DUA. The request must originate with an email from the contractor – QEs should not send DUAs directly to CMS. Resdac and IMPAQ did not understand this until Maine went through it.</p>	
<p>2) CMS Program Comparison There has been great progress here thanks to collaboration between CMS, NRHI, and AF4Q. The group has pulled together meaningful information in a format that may be helpful to the QEC. NRHI shared with CMS that part of the purpose was to provide additional information to the QEs but also so that CMS can look across their programs at where there may potential to better align programs. Niall encouraged QEs to use this grid with local constituencies in case it’s helpful to distinguish the QE program from others.</p> <p>Overall response from QEC is positive and it seems that the comparison grid will be a valuable resource. One suggestion is to add State Agency Designation for Medicare Data as another program to populate on the grid.</p>	<p>Send any suggestions on the CMS Comparison Grid to Ellen Gagnon.</p> <p>NRHI will continue to work with CMS to refine it, including adding State Agency Designation.</p>
<p>3) The Oregon Experience Oregon received Phase 3 final approval on July 15th and is currently gearing up to release public report with consumer portal in mid-August. Statewide “state of the state” report is set to release in early September.</p> <p>For some measures, the Medicare data changed Oregon’s rates dramatically from last year and it is difficult to explain the impact of adding Medicare data without being able to show the Medicare-only rates. Oregon is currently doing work to identify all of the measure with rates that exhibit statistically significant changes from last year.</p> <p>There has been a lot of back and forth with IMPAQ around this issue. One surprising thing is the focus on reporting as opposed to the technical side of the measures, which is the emphasis conveyed in the program requirements. IMPAQ has been very focused on the language used to describe the measures, notation for Medicare FFS data, and has been very interested in what is included in the statewide report. Even once Oregon received approval on the report, there was still back and forth. Because Oregon is the first QE to publically report, CMS plans to come out with a press release, necessitating additional information requests.</p> <p>Another issue is that the Medicare FFS rates in isolation are different from other rates. Overall, Oregon is trying to get a handle on the impact of the data and figure out how to best present the data.</p>	<p>Q-Corp will give a presentation during the September QEC call following their mid-August public report release.</p>

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<p>They are also grappling to find appropriate benchmarks. The NCQA Medicare benchmarks are for Medicare Advantage only and the populations are different enough to warrant another benchmarking approach.</p> <p>A new hoop to jump through has been the conflict between Q-Corp’s normal reporting procedures and the program expectations. Q-Corp publishes data twice a year, and in the fall they do a private round of reporting to providers. IMPAQ has told them that the fall round of reporting does not fall under requirements of QEs and so requested that the Medicare data be excluded. Q-Corp is concerned because that would substantially increase the difficulty of the process and increase the burden on providers using data for improvement. IMPAQ suggested filing a Research DUA under state program rules, which is an option Q-Corp is looking into.</p> <p>The big overarching concern here is the number of requirements that do not fit well with Q-Corp’s style of reporting. Q-Corp is learning that part of their job as the 1st QE to get to Phase 3 is educating IMPAQ on the best practices around public reporting – IMPAQ is seemingly unaware of the amount of work that goes into preparing the data for the public eye (cleaning data, running measures etc).</p> <p>The role for all QEs is to help others understand the multi-stakeholder process and share the burden of education. Note that on a recent call with IMPAQ, when informed one of the QEs needed to push publish date to late April – IMPAQ was shocked.</p> <p>Q-Corp submitted a fact sheet including how the addition of this data changed their data base, what difference it made in the results and how it impacted the number of practices that meet the minimum threshold for reporting. Niall plans to write a blog post and connect with the Regional 10 (out of Seattle) – expect a press release on August 19th or 20th.</p> <p>Q-Corp is willing to give a short presentation of specific results of work at the next QEC meeting in September following the mid-August public website release.</p>	
<p>4) New QE Announcement – HCCI</p> <p>HCCI is now a QE, but does not intend to report at the physician level. Rather, they plan on doing regional reporting but are still trying to figure out how to do provider reviews. CMS advised NRHI that HCCI will go through the same application and approval process as other applicants, but they are not reporting at the physician level, so they may not have to implement the reconsideration process – CMS may waive this requirement.</p> <p>It is also clear that HCCI is heavily lobbying to get Highmark commercial data and other regional commercial data.</p>	<p>NRHI requested that QEs bring forward suggestions, requests, and ideas to help move the work forward.</p>

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<p>5) Legislative Update</p> <p>There is a call on 8/12/14 on the Ryan-Kind Bill and Wyden-Grassley response – all QEs are invited. The purpose is to review in detail the current proposed legislation. This is the first of potentially monthly calls. Ladd and Kelly Cleary circulated a draft response to Wyden-Grassley requiring signatures – looking for final signatures and comments by August 8th. Current comments are focused narrowly on the need to expand the QE provision – if there is a broader agenda, sign this one and draft another one in addition.</p> <p>Expectation was that Congress would be focused on re-elections this fall and that language would move into the SGR vehicle that needs to move by March of 2015. However, champions in the House – Paul Ryan and Ron Kind – are hoping to move the bill through a suspension vote during the 2nd or 3rd week of September. They are currently in conversations with House Ways and Means staff about this.</p> <p>Note that a suspension vote requires 2/3 of members present to vote in favor versus a simple majority.</p> <p>There are supporters on left and right for this bill. If it passes, then looking at lame duck senate to move the bill. QEs should meet with their delegations to support the Ryan-Kind bill – it is not perfect, but we will discuss a compromise on August 12th. This bill is likely as good as we’re going to get.</p> <p>The time is now – AHIP’s efforts are increasing against us and this is important for a lot of reasons.</p>	<p>Signatures and comments on response are due August 8th, 2014.</p> <p>Call on August 12th, 2014 focused on QE-related legislation. Email Ladd Wiley or Elizabeth Mitchell if interested in attending.</p>
<p>6) Measurement Sub-Committee Update</p> <p>The measurement sub-committee is continuing to work to develop a recommended common measure set. There is an opportunity to demo a customizable measure selection tool developed by Buying Value. Buying Value is interested in feedback from the measurement sub-committee since they’ve done similar work on a smaller scale. The demo is open to all interested NRHI members.</p>	<p>Contact Ellen if interested in participating in the Buying Value demo.</p>

Respectfully submitted: Aliza Norcross (NPO) and Ellen Gagnon (NRHI)