CENTERS FOR MEDICARE & MEDICAID SERVICES

Special Open Door Forum:
Convening of the Special Needs Plan Chronic Condition Panel

Moderator: Natalie Highsmith
September 10, 2008
2:00 pm ET

Operator: Good afternoon, my name is (Mindy) and I will be your conference facilitator today.

At this time, I would like to welcome everyone to the Centers for Medicare and Medicaid Services Special Open Door Forum on Convening the Special Needs Plan Chronic Condition Panel.

All lines have been placed on mute to prevent any background noise. After the speakers' remarks, there will be a question and answer session. If you would like to ask a question during this time, simply press star then the number 1 on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you.

Ms. Natalie Highsmith you may begin your conference.

Natalie Highsmith: Thank you (Mindy) and good day to everyone and thank you for joining us for this Special Open Door Forum to announce the convening of the Special Needs Plan Chronic Condition Panel. This panel will determine the

conditions that meet the definition of severe or disabling chronic conditions in accordance with the Public Law 110-275 Medicare Improvements for Patients and Providers Act also known as the MIPPA Act of 2008.

Today, staff will announce the names of the panel members as well as solicit written comments regarding the determination of the conditions that meet the definition of severe and disabling chronic conditions.

An audio recording of this call will be posted on the Special Open Door Web site beginning September 17 and it will be posted there for 30 days. Also, we sent out the announcement on the listserv with the agenda and that will also be posted on the open door Web site as well.

I will now turn the call over to Mike Adelberg who is the Acting Director in the Division of Special Programs. Mike.

Mike Adelberg: Thank you Natalie and good afternoon everyone. I appreciate people taking time out of their busy schedules to come and listen to this important discussion today. Again, I'm Mike Adelberg and I'm the Acting Director at the Division of Special Programs. I have responsibility for the SNP and PACE Programs.

Also, presenting today will be Teresa DeCaro who is the Acting Director of the Medicare Drug & Health Plan Contract Administration Group. Teresa has responsibility for all MA (costs), (HDPP), and PACE contracting. And also presenting today is Dr. Jeffrey Kelman, the Chief Medical Officer for the Center for Drug & Health Plan Choice.

And I'll turn the - I'll (turn it over) to Teresa to get us started. Teresa.

Teresa DeCaro: Thanks very much, Mike. And I also want to personally thank all of you for participating in this call and also in this effort as we go forward.

As Natalie had mentioned, the purpose of this call is to inform you all about what our plans are for the panel, which is intended to be used for selecting what chronic conditions that are substantially disabling and life threatening should be used for our Medicare health plans to specifically target those conditions.

And a really critical part of this process is going to be the public comment process, which I can't over emphasize, and so I'm going to say this more than once. We are interested in your comments and that they be submitted to our mailbox, which is SNP Panel or S-N-P P-A-N-E-L, @cms.hhs.gov.

This activity is an important activity because what we're doing here is collecting public information that will be considered by this panel in selecting what conditions, you know, these programs can target. What I want to make a point about is that what this panel won't be doing is making decisions about how a special needs plan would actually operate or provide services to this population. And so the specific charge to the panel is critically important, but narrow just the same and that is in identifying what those conditions could be.

With that in mind, we have quite a few operational activities to implement. Because for those of you on the line who have had the fun of applying to CMS for Medicare Advantage contracts and health plans, you know that there are many steps that begin as early as the beginning of the calendar year preceding the year in which you actually get your plan or your contract.

And so we actually have a whole bunch of systems work to do before we get to January 1, 2009 so that you can apply in 2009 for 2010. This activity

specifically relates to chronic SNPs in 2010. That's a longwinded way of saying that our work has to be completed in the next couple of months in order for us to be able to be prepared for plans to apply and then for them to be operational January 1, 2010.

We seriously considered when we put together the panel having what's referred to as a FACA panel, or a Federal, you know, Advisory Committee, a panel under the Federal Advisory Committee Act, and were not able to fulfill the requirements of FACA given the short timeline. And so we've worked around that in a way that we think is satisfactory and you'll hear more about that, you know, in my next couple of comments.

I'm going to ask Jeff Kelman in a few minutes to introduce the panel. The panel is made up entirely of Federal physicians and the purpose of that is because we - well there's a number of reasons for it, but one of the important purposes is so that we wouldn't have to qualify this panel under again the Federal Advisory Committee Act.

With that in mind, what we've done is we've structured a process so that public comments come in and they are an integral part of what the panel considers. And so again, I can't put a fine enough point on how important the public comment process will be and that folks submit that information to us in a way that it is readily available to us through the mailbox, again snppanel@cms.hhs.gov.

In particular, when you all do comment, we're interested in any of your comments, but in particular, sort of in three areas. We're interested in your thoughts and your work associated with chronic conditions having significant medical, psychosocial, mental, and functional effects that require specialized care.

We're interested in which among those conditions you think lend themselves to care management and service delivery in a capitated health plan management environment because that's what we're talking about here.

And finally, we think it's very important, you know, to also be thinking about, you know, what has face validity because that's important to the beneficiary community as well as what is administratively feasible.

And you know CMS of course will be making decisions about what is administratively feasible. There's all kinds of behind the scenes systems implications for the way we operate anything. And there are easier and much more complicated ways to think about the problems that, you know, Congress has presented to the panel, and so it will be important to think about that as well. So they would be the three guiding principles that we would offer to you as you are structuring your public comments to the panel.

I've mentioned that this work needs to be completed in the next several months as the whole kit 'n kaboodle has to be operational January 1 of 2009. And with that, I'd like to thank you again for your attention and I'd like introduce Jeff Kelman who is going to introduce the panel members.

Jeffrey Kelman: Thank you Teresa and thank you everyone for your interest. And I want to also reemphasize the very high level of importance we at CMS attach to this process and the need for external input.

The process specifically as you know is to convene a panel (of advisors) to determine what are medically complex, chronic conditions that are substantially disabling or life threatening, have a high risk of hospitalization or other significant adverse health outcomes, and require specialized delivery

systems across domains of care. To do this, we've convened a panel and you'll note that these are general generalists for purposes that we can discuss, but at first, I'd like to give you their names.

The first is Dr. Carolyn Clancy, the Director of AHRQ, and Carolyn has been very gracious to agree to actually serve on the panel herself. We also are very fortunate to have Dr. George Mensah, the Chief Medical Officer at the National Center for Chronic Disease Prevention & Health Promotion at the CDC, who is a recognized authority on chronic disease.

We have a Dr. Randy Farris who is the Consortium Administrator for Quality Improvement and Survey & Certifications Operations at CMS, and Dr. Paul McGann who is a Deputy Chief Medical Officer and one of the leads at the Office of Clinical Standards & Quality. We have Craig Miner who is one of the leading pharmacists in the department and myself.

And the purpose of the panel as generalists are to be an overview of the chronic diseases and help interpret information from all sources, and the all source information really does mean the people on this call because there are a lot of defining questions. We haven't yet approached any of them.

This is the first time this has been done by the Federal government defining medically complex conditions, disabling, life threatening, adverse health events, specialized delivery systems, processes to define severe and disabling conditions within diagnostic categories or their subcategories, and the kinds of conditions that (fill these criteria) all in the overriding context of special needs plans.

And I'm going to reemphasize what Teresa just said, this is in the setting of a program that has to be administered.

Let me turn this back over to Teresa and perhaps we can open questions.

Teresa DeCaro: Sure. I - thanks so much Jeff.

I just want to make one more comment and that is for folks on the line. If you have, you know, questions when this meeting, you know, is over, you might want to take down Carlene Randolph's phone number. It's in the August 25 HPMS that went out. Her number is 410-786-4008.

And you know just to be clear that she's not a person to be sending comments to or to be discussing your comments. But if you've got any questions about what it is that you would need to do to participate in this process, she can answer those questions for you.

And with that Jeff, I'm ready to open the phones.

Jeffrey Kelman: Okay, Natalie.

Natalie Highsmith: Okay, (Mindy) if you can just remind everyone on how to enter into the queue to ask their questions. And everyone please remember when it is your turn to restate your name, what state you are calling from, and what provider or organization you are representing today.

Operator: As a reminder ladies and gentlemen, if you would like to ask a question, press star and the number 1 on your telephone keypad. If you would like to withdraw your question, press the pound key.

Your first question comes from Lori Reaves. Your line is open.

Teresa DeCaro: Hi, Lori.

Lori Reaves: Hi. I'm sorry; I couldn't find my unmute button. Hello, my name is Dr. Lori Reaves and I am with Visiting Physician Associates of South Jersey. We are a geriatric practice that just does house calls and we care for many patients who qualify, and are duly approved, and would be - fall under the category of needing assistance under SNP.

I've been following what's been going on with the - asking for information and the public forums and I submitted some information.

One of the things that I do think that - I will probably have to be calling (Miss Carlene) and seeing if there is any way you guys might want to have some input from my organization, which is the American Academy of Home Care Physicians I belong to -- it's our academy -- or someone like myself who has over 2500 patients that we care for in the home as an alternative setting to caring for them in the higher priced venues of care.

And you know what our typical patient is - I mean our typical patient is about 85 years old. They have anywhere from eight to ten chronic diseases on eight to ten medications. And our younger ones are sometimes even more complex because they are suffering from things like MS, motor vehicle accidents, people who have Trisomy 21 who have outlived their parents, MS, ALS.

You know so this is something my practice and I deal with every day. And I've been in contact with some of the insurance companies that are trying to have some of these SNP contracts, and you they are willing to contract with the physician yet they are not willing to contract with an x-ray company that will go into the home and take an x-ray.

And so I'm finding that I'm having some issues in getting home care as a viable option that brings a lot of patient satisfaction, is low cost both to Medicare and to Medicaid, and does keep the patients out of the hospitals.

Teresa DeCaro: Hey Dr. Reaves, this is Teresa DeCaro. And first of all, I you know appreciate, you know, very much the information that you're providing, which suggests that you all are out there really devoted to the care of a population that indeed is a specialized, you know, population needing special services.

We need to focus on, you know, what are the specific conditions of interest to formulating special needs plans. I mean I had, you know, commented about one of the things that this panel is not charged to do is to make determinations about what specifically service delivery will look like.

Lori Reaves: Right.

Teresa DeCaro: And you know in fact, you know your information is of interest to CMS, but not exactly, you know, germane to this particular question about conditions to which we would target these plans.

Lori Reaves: Well, I...

Teresa DeCaro: Do you have a specific question about that?

Jeffrey Kelman: But we would by the way appreciate - we would appreciate your comments in writing. And by the way, just to make sure everybody knows, we - I may not have stressed it. This specifically refers to chronic condition SNPs, not duly eligible SNPs, and I believe you mentioned that most of your patients are in the duly eligible group. Is that true?

Lori Reaves: Many of my patients. And the chronic conditions I - maybe I glossed over them, and spoke too much, and didn't keep my responses as concise as possible.

For our younger patients, there's chronic conditions of ALS, you know which involve dysphasia, functional decline, as well as problems with the ADLs and the IADLs, and the need - and the desire to stay in their homes but not having that. That is a chronic condition.

Jeffrey Kelman: If you - we'll be very happy to take that into account, but it's important to put it in writing specifically around the groups of chronic diseases that you see are appropriate for SNPs.

Lori Reaves: Yes, sir.

Jeffrey Kelman: Thank you.

Operator: Your next question comes from (Mary Hartzler). Your line is open.

(Mary Hartzler): My name is (Mary Hartzler). I am an RN and I am also a patient myself with intractable temporal lobe epilepsy with multiple problems associated with that.

When considering group process that should go with this, persons in this condition and other epileptics do need a comprehensive plan of services across the psychological and the social areas also because this epilepsy is a problem in all of those areas. So this is a condition I would like for you to consider writing a plan for.

Jeffrey Kelman: Thank you and we certainly will. And again, I would appreciate specific notes about what kind of epilepsy, what subgroups you're speaking about in writing, and we will pay attention to it.

(Mary Hartzler): Thank you very much.

Operator: Your next question comes from (Fred Howell). Your line is open.

(Fred Howell): Thank you and thanks to CMS and the panel for holding this important meeting. I'm a healthy policy analyst and I'm here with my colleague, (Alicia Fergo), who is also in the health policy shop here at PVA.

PVA is a national veteran's organization that represents approximately 21,000 veterans who have spinal cord injury or spinal cord disease. We will be filing written comments asking the panel's consideration to include spinal cord injury and spinal cord diseases such as MS into these categories for inclusion in the MA plans.

And I had a couple of questions. I was wondering if the comments - if you're asking them to be in a desired or preferred format. And I was wondering will we get feedback on the panel's ultimate decisions about which groups or which conditions are included in your determination?

Teresa DeCaro: Yeah, these are - that's a really - those are excellent questions. Thank you for asking them.

We will be issuing a report so that the public is aware of what the conditions are. And as far as the format, there is not a specific format. It's more important, you know, that you use the mailbox, but I had mentioned and I'd be happy to go back over the nature of the questions in responding to us. If you

could put them in this context, I think it would help us and help your frankly frame what your information is in a way that I think would be maybe most useful to us. And so I'll go back over that, all right?

(Fred Howell): Before you go on, I just wanted to mention that one of the things that we do here at PVA is we have a large financial investment in clinical practice guidelines for the treatment of some of the secondary conditions associated with spinal cord injury and disease. I thought it might be worth mentioning those in our comments for reference to anybody who might develop a health plan to serve these conditions and these people with these conditions.

And also was wondering do you want us to do background about our history in spinal cord injury with any information that we have that might be helpful to...?

Jeffrey Kelman: The guidelines would be very useful. We're always interested in guidelines in a general event, and history about your program will be of interest.

(Fred Howell): Okay, thank you.

Mike Adelberg: I would also just respond to the last part of Mr. (Howell)'s question, which is that because we anticipate the likelihood of receiving potentially - literally hundreds of comments, we're not in a position to respond to each comment received individually. But as Teresa noted, there will be a report. In the report, we will summarize the types of comments we did receive and what are - how we were able to be responsive to those comments collectively.

(Fred Howell): And one other question. Will there be something in the Federal Register about this comment period or is this the only avenue for dissemination about this initiative?

Teresa DeCaro: This is the avenue.

(Fred Howell): Okay.

Operator: Your next question comes from Richard Bringewatt. Your line is open.

Richard Bringewatt: Hi, this is Rich Bringewatt with the SNP Alliance. A couple of questions of clarification. One, Teresa I assume from your comment that you just made that today is the beginning of the 60-day comment period. I'm sorry, what's the date - 90 days?

Woman: Thirty days.

Richard Bringewatt: Thirty days. I'm sorry, the 30-day comment period.

And then secondly, it's my understanding that Congress in developing the specific definition for chronic SNPs was not assumed to be indicating any - a specific list of diseases, that diseases don't necessarily equal chronic conditions. And given the kind of conditions - combinations of conditions that have been identified here on the call, that particular concept seems particularly important.

Jeffrey Kelman: Based on the original wording of the Act, part of the work of the panel is in fact to define what a medically complex chronic condition is, but we appreciate your input as well.

Richard Bringewatt: So you're not necessarily assuming it equals diseases.

Jeffrey Kelman: We are - that's what one of the charges of the panel is going to be.

Richard Bringewatt: Okay.

Teresa DeCaro: Right and Rich, this is Teresa. Hello.

Richard Bringewatt: Yeah, hi.

Teresa DeCaro: And you're right about the 30-day comment period and it closes October 8.

Richard Bringewatt: Okay, great.

Operator: Your next question comes from (Joseph Gasko). Your line is open.

(Joseph Gasko): Hi, this is (Joseph Gasko) and I am calling with Health Net. And I'm a special needs plan product manager. And I want to know whether or not special needs or chronic special needs plans are going to continue to be offered for hypercholesterolemia or individuals who have cholesterol higher than 200.

Jeffrey Kelman: If that - if we could answer that, we wouldn't need to convene a panel. That's exactly the kind of question we're going to charge the panel with answering. If you have a feeling about that, then we look forward to your comments.

(Joseph Gasko): Thank you.

Operator: Your next question comes from (Jay Harrington). Your line is open. Mr. (Harrington), your line is open.

(Jay Harrington): Yes, I was wondering if anybody one the panel has a background in mental health.

Jeffrey Kelman: The panel as we talked about is a panel of generalists that we can then process information in the field and the literature. The alternate would be to get specialists in every specialty and sub-specialty in medicine, which is somewhat unwieldy in the timeframe. So we are more than happy -- and we discussed this with the mental health groups -- to the extent that's possible to get input from the outside that we will try to process and structure.

Remember, this isn't a competition. There is no specific limited number of chronic conditions. It's to define the chronic conditions that are in line with the Act, but we look forward to your comments about the appropriate mental health chronic conditions that might fit.

Operator: Your next question comes from (David Martin). Your line is open.

(David Martin): (David Martin), United Health Group. It has occurred to me that many patients that would benefit from a plan like this are those that are frail as defined by impaired homeostasis in the setting of multimorbidity. And my question to the panel is are you constrained to dealing with just single either disease states or conditions, or can it be expanded to account for multimorbidity and other factors?

Jeffrey Kelman: In fact, the law mentions who have one or more comorbidities and medically (connects) chronic conditions. Thank you for asking. Good question.

Operator: Your next question comes from Constance Row. Your line is open.

Constance Row: Yes, I'm the Executive Director of the American Academy of Home Care Physicians. The outcomes that are listed in the Act - substantially disabling or life threatening and then separately risks of hospitalization and significant -

and separately significant health - adverse health outcomes. Each one of these might lead to a decision about a different list of categories or conditions.

Are you looking for comments about things that really affect costs or are you simply looking for things that relate to the outcomes that are listed in the Act?

Jeffrey Kelman: Well, we'll take comments on anything, but the predominant is comments on disease processes, complex conditions (that you feel) meet the meaning of the Act.

Constance Row: Thank you.

Teresa DeCaro: Just to add to that, you know as I had mentioned in the beginning of the call, clearly that is, you know, the prevailing charge of the panel, but we'll be - I'll be supporting the panel in the panel's decision about what this list is.

And you know some overriding factors here are in fact - I mean what is the point here. And what we're trying to do is develop a list of these conditions that, you know, we believe can be served well through a care management service delivery kind of system under a capitated health care plan, and we do think that face validity and administrative feasibility of whatever we come up with is really important. I mean they are critical elements to something that we can actually implement.

Operator: Your next question comes from (Isha Pittman). Your line is open.

(Isha Pittman): Hi, this is (Isha Pittman) from (NCJoy). And I just had a question about if there's a target number of conditions that you want to identify. And in terms of conditions, how specific are you trying to define them?

Jeffrey Kelman: Hello, (Isha). Good question. There's no specific number and part of the charge of the panel is to define the specificity of the chronic condition definition.

Operator: Your next question comes from (Donald Dawkins). Your line is open.

(Donald Dawkins): Yeah, my name is (Don Dawkins). I'm with the Florida Independent Council. I'd like to as a question about spinal cord injury rehabilitation.

As you may know, managed care over the last year has dramatically reduced lengths of stay in rehabilitation. Subsequently, we are seeing huge amounts of people who could be living in a community setting being referred to nursing facilities because they do not receive the type of rehabilitation necessary for them to be independent, get an education, and return to mainstream culture. I'm wondering if anyone is going to do anything about that from a Medicare/Medicaid perspective.

Jeffrey Kelman: Well, it's a good question, but unrelated to the topic of this call I'm sorry to say, but we'd be glad to have your comments and refer them to the appropriate place. One of the advantages of special needs plans is that (incentives) can be aligned to address specifically the issues you brought up. Thank you for asking.

Operator: Your next question comes from Becky Lerner. Your line is open.

Becky Lerner: Hi Teresa, it's Becky Lerner from SCAN Health Plan in California. Could you please review again the areas on comments that you would like directly. I understand there's other areas well, but if you could re-review those three, I'd appreciate it. Thank you.

Teresa DeCaro: Sure. And just for people's reference, it's stated in the August 25 HPMS notice that went out for those of you who got that particular notice.

We're interested in your comments related to identifying the set of chronic conditions having specific medical, psychosocial, mental, and functional efforts -- or effects, excuse me -- that require specialized care as described by the law. And Jeff read the definition and the definition is actually also in the same memo.

To consider conditions that lend themselves to effective care management and service delivery under a capitated health plan arrangement because that's an operational, you know, factor here because these are capitated plans. And to consider the need to have some - a list that has face validity. We think that that's important to the public and that is administratively feasible.

Operator: Your next question comes from Leslie Fried. Your line is open.

Leslie Fried: Hi, this is Leslie Fried for the Alzheimer's Association and actually, I wanted to ask the three items as well, but you just mentioned they were listed in an August memo. Can you give the date of that memo?

Teresa DeCaro: August 25, 2008.

Leslie Fried: So it's not the August 28 memo, it's August 25. Okay and that's on the Web site.

Teresa DeCaro: Yes.

Leslie Fried: Okay, thank you.

Operator: Your next question comes from (Peter Clendeman). Your line is open.

(Peter Clendeman): Hi. Good afternoon, this is (Peter Clendeman) with the National Association for the Support of Long-Term Care. We represent companies that provide post-acute care primarily in SNPs but other post-acute settings. And my question is earlier in the discussion, Jeff you had mentioned that you are not going to consider duly diagnosed or dual eligible patients.

Jeffrey Kelman: No, not specifically. What I said was that if you're talking about a dual eligible SNP - remember there are three kinds, chronic disease, dual eligible, and institutional. Obviously, institutional SNPs have predominant dual eligibility, but this discussion for chronic conditions, doesn't refer to conditions or participation in a dual eligible SNP. We certainly would consider dual eligible individuals in a chronic disease SNP.

(Peter Clendeman): So if patients that are Medicare/Medicaid present chronic conditions and have co-morbidities that, you know, we know an awful lot about...

Jeffrey Kelman: Yes, they can. They can be (unintelligible) condition SNPs.

((Crosstalk))

(Peter Clendeman): (Unintelligible) that population.

Jeffrey Kelman: Yes, but good question.

(Peter Clendeman): Okay.

Operator: If you would like to ask a question, press star and the number 1 on your telephone keypad. Your next question comes from (Mary Hartzler). Your line is open.

(Mary Hartzler): At the end of the conference call, could you please again list the addresses for submitting comments? It doesn't have to be now.

Teresa DeCaro: Sure. The address is snp, as in S-N-P, panel - so one word. S-N-P panel, P-A-N-E-L, @cms@ - I'm sorry, @cms.hhs.gov. So it's snppanel@cms.hhs.gov. Did you get that?

Operator: All right, let's pull her back up here. Ms. (Hartzler), are you still there?

(Mary Hartzler): Yes, I am. Thank you.

Operator: Okay, if you would like to ask a question, press star and the number 1 on your telephone keypad. At this time, there are no more questions. Oh, we just had one more from (Theresa German). Your line is open.

(Theresa German): Yes, I was going to ask a question about diffuse external injuries, a type of head injury. Would that be something that we could include in this type of information?

Jeffrey Kelman: Yes, please send it in specifically in writing comments. It's a very good suggestion.

(Theresa German): Thank you.

Operator: Your next question comes from (Alexandra Andrews). Your line is open.

(Alexandra Andrews): Yes, I have two concerns and we'll put them in writing also that whatever the charge of this particular panel and its narrowing to the focus of the paragraph in the law, whatever the results are, they will not stay with just this panel.

And I think that the categorization and inclusions - exclusions criteria in here - the scheme created will probably be used by other agencies and for other purposes since there are so few existing definitions for severity in this type of thing. And I think the panel needs to be acutely aware of that, which I'm sure you probably are throughout your work that this will extend beyond the immediate purpose and goal of this panel.

And my second concern is more specific. I'm wondering how the panel is looking at addressing the contextual importance of environment and support systems. Because very often, two people with exactly the same medical condition might have a different array of support systems in place leading to very different need (supports) in their special needs plans.

Jeffrey Kelman: We are very mindful of the possibilities that this will become used by other entities. There's only so much we can do, but we will be very cautious because of that.

And the context is always the case in a chronic condition. And part of the definition of a chronic condition has to take into account differing affects on different patient contexts. It involves things like caregivers and we are mindful of that as well. So thank you and we'd appreciate comments to that point.

Mike Adelberg: Jeff, this is Mike. Would it also be fair to say that in our final report, we will - the panel will also address the context in which these conditions and definitions (have been offered).

Jeffrey Kelman: Absolutely.

Operator: Your next question comes from (Karen Stanbower). Your line is open.

(Tom Kaye): Hi, this is (Tom Kaye) with Passport Health Plan in Louisville, Kentucky. We're a dual eligible special needs plan. And my question relates to although we're in the process now of defining these chronic diseases and conditions, the ultimate end for the committee here is to define the definitions, but is this going to result in a new category of special needs plans or programs?

Jeffrey Kelman: No, this specifically - remember, you're a dual eligible special needs plan, correct.

(Tom Kaye): Correct.

Jeffrey Kelman: That won't be affected by this process. This is for the category of special needs plans called chronic conditions special needs plans, and the charge to this panel is to define what are those chronic medically complex conditions.

(Tom Kaye): Okay, thank you.

Operator: Your next question comes from (Charlene Bunts). Your line is open.

(Charlene Bunts): Yes, my question is similar to one that was answered recently, but I was wondering if you will include specifically the ICS classifications for disability

that the World Health Organization uses in looking at these as a way to define those factors that impact the chronic diseases?

Jeffrey Kelman: That's a good suggestion. Can you put it specifically to us in writing?

(Charlene Bunts): Yes, I will.

Jeffrey Kelman: Thank you.

(Charlene Bunts): Thank you.

Operator: If you would like to ask a question, press star and the number 1 on your telephone keypad. Your next question comes from (Fred Cowell). Your line is open.

Teresa DeCaro: Hi, (Fred).

Natalie Highsmith: Okay, let's move to the next comment please.

(Fred Cowell): Hello.

Natalie Highsmith: Oh, I'm sorry (Fred).

(Fred Cowell): Yes, as I listen to the discussion by the panel, it raises some concerns that I have that may not be the direct charge of the committee but are the panel's, but maybe you can give me some feedback.

One of the concerns that I have is what level of expertise will these chronic plans have in specific conditions that you identify? How can they be expected to meet the needs of the patients that will be referred to these plans?

Jeffrey Kelman: Mr. (Cowell) that's a little different. That has to do with the application of a plan to be a chronic condition special needs plan based on the panel's decision. There is an entire process for accepting and vetting applications involving models of care for the special needs. It's a good question however.

(Fred Cowell): Thank you for that.

Operator: Again, that is star 1 if you would like to ask a question. At this time, there are no - oh, we do have one question from (Peter Sauers). Your line is open.

(Peter Sauers): Thank you. My question is - and it was asked a little bit earlier in a different way, but I want to ask specifically do you envision this as being a process of inclusion or exclusion.

Jeffrey Kelman: We view this as a dynamic process where there are nothing currently excluded whatsoever, and we're looking to further define to the extent that we can within the context of the Act what a chronically complex medical condition means.

(Peter Sauers): Thank you.

Operator: Again, that was star 1 if you would like to ask a question. Your next question comes from (Margaret Mahoney). Your line is open.

(Margaret Mahoney): Thank you. Can you hear me?

Teresa DeCaro: Yes, we can.

(Margaret Mahoney): Great. Listen, I have a couple of questions. One is can you give me the Web site where the August 25 memo is sitting?

Natalie Highsmith: This is Natalie. That Web link will be posted on the Special Open Door Forum Web page.

(Margaret Mahoney): Okay.

Natalie Highsmith: So you can look for that within the next - what's today, Wednesday - by Friday, no later than Monday.

(Margaret Mahoney): Great and then the next question I have is once we define the population, then is the next step then to define programs? Is that how this is going to be progressing?

Jeffrey Kelman: Well first, this panel is specifically limited to defining the chronic condition.

(Margaret Mahoney): Right, I understand that.

Jeffrey Kelman: And at that point, the special needs plan process for models of care and applications and submissions will follow that.

(Margaret Mahoney): Okay.

Jeffrey Kelman: Okay.

(Margaret Mahoney): Yep.

Jeffrey Kelman: Thanks.

(Margaret Mahoney): Thank you.

Operator: Your next question comes from (Maureen Mitchell). Your line is open.

(Maureen Mitchell): Hi and thank you. First, I want to thank the panel for the difficult task that you have in front of you especially with the short timeframe given. It seems monumental to me.

But anyway, my question is - really is a follow up to the last caller regarding the August 25 memo. You mentioned it would not be up, but Leslie had asked if it was on the Web site. I'm assuming it was the CMS Web site. I'm a little confused. I thought that was already up and available for viewing.

Teresa DeCaro: This is Teresa and that's an error on my part. We sent this out through our health plan management system and it did not get posted on our Web site.

(Maureen Mitchell): Oh, I see. Okay.

Teresa DeCaro: And so we are posting it on our Web site, so it will be available to you Friday or Monday.

(Maureen Mitchell): Okay, thank you for that clarification. So let me just me just run through - I want to be very clear on this because I want to get this information out to others who want to comment.

That is to first of all read the public law that's out there, the MIPPA legislation in this section. Then on Friday or Monday, look at the health plan management system section of the CMS Web site and again, get a handle on exactly what you all trying to accomplish. Then create their comments based on that, email them to the snppanel@cms.hhs.gov, and then look for your report that will come out with your findings. I guess the question is approximately when that report would be available.

Hello. Am I still there? Hello.

Jeffrey Kelman: Yes, we can hear you.

Operator: It looks like we just lost Ms. Highsmith.

(Maureen Mitchell): Oh, okay. So am I kind of - did I outline it correctly the process people would go through to get comments to you?

Jeffrey Kelman: Yes, you did.

(Maureen Mitchell): Thank you. And the report will be available approximately by when?

Jeffrey Kelman: We don't have a hard date we're setting. We would like to get it out before December 1.

(Maureen Mitchell): Okay, thanks Jeff.

Operator: Your next question comes from (Jay Harrington). Your line is open.

(Jay Harrington): Yes, are there any plans to follow up in future years with looking at which conditions are identified and adding or subtracting some?

Jeffrey Kelman: Very good question. This is - we see this as a dynamic process and the Act doesn't refer to a one-time event. And so we - as appropriate, this process can continue.

Operator: Again, if you would like to ask a question, press star and the number 1 on your telephone keypad. Again, that was star and the number 1 if you would like to ask a question.

Teresa DeCaro: This is Teresa DeCaro and we've got some new information about where to locate the notices. So I do apologize for the confusion around this and we intend to have these posted by tomorrow - Thursday. So if folks want to jot down the following address. It's www.cms.hhs.gov/healthplansgen -- that's G-E-N -- info, I-N-F-O. So one word - healthplansgeninfo/02_whatsnew -- one word -- .asp.

Natalie Highsmith: (Mindy), do we have any further questions?

Operator: Not at this time.

Natalie Highsmith: Okay, I'll turn the call over to Mike Adelberg for closing remarks.

Mike Adelberg: Well again, we want to thank so many people for their participating in today's call and for their excellent questions. On behalf of Teresa, we'd also like to thank Dr. Kelman and the other panelists for their upcoming service and very important work. We certainly concur with the sentiments of one of the commenters and questioners that they have a lot of important work to do in relatively little time.

Similarly, I want to remind the interested members of this call again to submit comments to CMS at the snppanel@cms.hhs.gov mailbox and remind you that we have - we can accept comments through October 8. We may not be able to accept any comments submitted after that point, so please be aware that is our timeframe for conducting business and accepting your comments.

Teresa, is there anything additional you'd want to ask? Okay operator, thank you very much. Natalie, thank you very much.

Natalie Highsmith: (Mindy), can you tell us how many people joined us on the phones?

Operator: We had 415.

Natalie Highsmith: Four fifteen. Thank you everyone.

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

END