This National Provider Call is brought to you by the Medicare Learning Network® (MLN), the source of official CMS information for Medicare Fee-For-Service Providers.
Agenda

• Introduction to the Hospital Value-Based Purchasing (VBP) Program
• Fiscal Year (FY) 2015 Hospital VBP Program
• How Will Hospitals Be Evaluated?
  – Total Performance Score (based on the four domain scores)
    • Clinical Process of Care Domain
    • Patient Experience of Care Domain
    • Outcome Domain
    • Efficiency Domain
• Example
• FY 2015 Baseline Measures Report
• Questions & Answers
Introduction: Hospital VBP Program

- Initially required in the Affordable Care Act and further defined in Section 1886(o) of the Social Security Act
- Quality incentive program built on the Hospital Inpatient Quality Reporting (IQR) measure reporting infrastructure
- Next step in promoting higher quality care for Medicare beneficiaries
- Pays for care that rewards better value, patient outcomes, and innovations, instead of just volume of services
- Funded by a 1.50% reduction from participating hospitals’ Diagnosis-Related Group (DRG) payments in FY 2015
  - Hospitals have the potential to earn more than the 1.50% based on their total performance
Who is Eligible for the FY15 Hospital VBP Program?

How is “hospital” defined for this program?

• Hospital VBP program applies to subsection (d) hospitals:
  – Statutory definition of subsection (d) hospital found in Section 1886(d)(1)(B)
  – Applies to acute care hospitals in the 50 states and the District of Columbia
Who is Excluded from the FY15 Hospital VBP Program?

• **Exclusions under Section 1886(o)(1)(C)(ii):**
  
  – Hospitals subject to payment reductions under Hospital IQR
  
  – Hospitals and hospital units excluded from the Inpatient Prospective Payment System (IPPS)
  
  – Hospitals cited for deficiencies during the performance period that pose immediate jeopardy to the health or safety of patients
  
  – Hospitals without the minimum number of cases, measures, or surveys
  
  – Hospitals that are paid under Section 1814 (b)(3) and have received an exemption from the Secretary of HHS

• **Hospitals excluded from Hospital VBP will not have their base operating DRG payments reduced**
FY 2015 Finalized Domains and Measures/Dimensions

12 Clinical Process of Care Measures

1. AMI-7a Fibrinolytic Therapy Received within 30 Minutes of Hospital Arrival
2. AMI-8 Primary PCI Received within 90 Minutes of Hospital Arrival
3. HF-1 Discharge Instructions
4. PN-3b Blood Cultures Performed in the ED Prior to Initial Antibiotic Received in Hospital
5. PN-6 Initial Antibiotic Selection for CAP in Immunocompetent Patient
6. SCIP-Inf-1 Prophylactic Antibiotic Received within One Hour Prior to Surgical Incision
7. SCIP-Inf-2 Prophylactic Antibiotic Selection for Surgical Patients
8. SCIP-Inf-3 Prophylactic Antibiotics Discontinued within 24 Hours After Surgery
9. SCIP-Inf-4 Cardiac Surgery Patients with Controlled 6 a.m. Postoperative Serum Glucose
10. SCIP-Inf-9 Postoperative Urinary Catheter Removal on Postoperative Day 1 or 2
11. SCIP-Card-2 Surgery Patients on a Beta Blocker Prior to Arrival That Received a Beta Blocker During the Perioperative Period
12. SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis within 24 Hours

Domain Weights

- Efficiency 20%
- Clinical Process of Care 20%
- Patient Experience of Care 30%
- Outcome 30%

8 Patient Experience of Care Dimensions

1. Nurse Communication
2. Doctor Communication
3. Hospital Staff Responsiveness
4. Pain Management
5. Medicine Communication
6. Hospital Cleanliness & Quietness
7. Discharge Information
8. Overall Hospital Rating

5 Outcome Measures

1. MORT-30-AMI – Acute Myocardial Infarction (AMI) 30-day mortality rate
2. MORT-30-HF – Heart Failure (HF) 30-day mortality rate
3. MORT-30-PN – Pneumonia (PN) 30-day mortality rate
4. PSI-90 – Patient safety for selected indicators (composite)
5. CLABSI – Central Line-Associated Bloodstream Infection

1 Efficiency Measure

1. MSPB-1 Medicare Spending per Beneficiary measure

Represents a new measure for the FY 2015 program that was not in the FY 2014 program.
Clinical Process of Care Measures for FY 2015

1. AMI-7a Fibrinolytic Therapy Received within 30 Minutes of Hospital Arrival
2. AMI-8a Primary PCI Received within 90 Minutes of Hospital Arrival
3. HF-1 Discharge Instructions
4. PN-3b Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital
5. PN-6 Initial Antibiotic Selection for CAP in Immunocompetent Patient
6. SCIP-Inf-1 Prophylactic Antibiotic Received within One Hour Prior to Surgical Incision
7. SCIP-Inf-2 Prophylactic Antibiotic Selection for Surgical Patients
8. SCIP-Inf-3 Prophylactic Antibiotic Discontinued within 24 Hours After Surgery End Time
9. SCIP-Inf-4 Cardiac Surgery Patients with Controlled 6 a.m. Postoperative Serum Glucose
10. SCIP-Inf-9 Urinary Catheter Removed on Postoperative Day 1 or Postoperative Day 2
11. SCIP-Card-2 Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received Beta-Blocker During the Perioperative Period
12. SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxes within 24 Hours Prior to Surgery to 24 Hours After Surgery

SCIP-VTE-1 – Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered, a FY14 measure, was removed from the FY 2015 program.
FY 2015 Patient Experience of Care Dimensions

Patient Experience of Care Dimensions for FY 2015

1. Communication with Nurses
2. Communication with Doctors
3. Responsiveness of Hospital Staff
4. Pain Management
5. Communication about Medicines
6. Cleanliness and Quietness of Hospital Environment
7. Discharge Information
8. Overall Rating of Hospital
FY 2015 Outcome Measures

Outcome Measures for FY 2015

1. AHRQ (PSI-90) Patient Safety for Selected Indicators (composite)

2. CLABSI Central Line-Associated Bloodstream Infection

3. MORT-30-AMI Acute Myocardial Infarction (AMI) 30-day mortality rate

4. MORT-30-HF Heart Failure (HF) 30-day mortality rate

5. MORT-30-PN Pneumonia (PN) 30-day mortality rate

Represents a new measure that was not in the FY 2013 and FY 2014 programs.
Outcome Measures for FY 2015:
AHRQ PSI-90 (1 of 3)

- **AHRQ PSI-90 is:**
  - One of two new measures for the Outcome Domain
  - A composite of eight underlying component indicators related to patient safety

- **Patient Safety Indicators (PSIs) are sets of indicators providing information on potential in-hospital complications and adverse events during surgeries and procedures**
Outcome Measures for FY 2015:
AHRQ PSI-90 (2 of 3)

• Interpretation of a hospital’s PSI Composite ratio by itself is complex
  – Lower ratios indicate better quality
  – A ratio of “1” does not indicate that a hospital is performing as expected

• The best interpretation of a PSI Composite ratio is in a comparison
  – For example, a hospital with a PSI composite ratio of 0.5 represents higher quality than the national median (i.e., threshold) of 0.622879
### Outcome Measures for FY 2015: AHRQ PSI-90 (3 of 3)

<table>
<thead>
<tr>
<th>Patient Safety for Selected Indicators (Composite)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSI 03 – Pressure Ulcer Rate</td>
</tr>
<tr>
<td>PSI 06 – Iatrogenic Pneumothorax Rate</td>
</tr>
<tr>
<td>PSI 07 – Central Venous Catheter-Related Bloodstream Infection Rate</td>
</tr>
<tr>
<td>PSI 08 – Postoperative Hip Fracture Rate</td>
</tr>
<tr>
<td>PSI 12 – Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate</td>
</tr>
<tr>
<td>PSI 13 – Postoperative Sepsis Rate</td>
</tr>
<tr>
<td>PSI 14 – Postoperative Wound Dehiscence Rate</td>
</tr>
<tr>
<td>PSI 15 – Accidental Puncture or Laceration Rate</td>
</tr>
</tbody>
</table>
Outcome Measures for FY 2015: CLABSI

- CLABSI is:
  - One of two new measures for the Outcome Domain
  - A Healthcare-Associated Infection (HAI) measure that assesses the rate of laboratory-confirmed cases of bloodstream infection among ICU patients

- Adoption of CLABSI is consistent with the intention noted in the Hospital VBP program’s statutory requirements to consider measures of HAI for the program’s measure set
Efficiency Measure for FY 2015: Medicare Spending Per Beneficiary

1. MSPB-1 Medicare spending per beneficiary

- Efficiency 20%
  - Clinical Process of Care 20%
  - Patient Experience of Care 30%
  - Outcome 30%

Represents a new measure that was not in the FY 2013 and FY 2014 programs.
Medicare Spending Per Beneficiary (MSPB) Measure

**Efficiency Measure for FY 2015**

1. MSPB-1 Medicare spending per beneficiary

**MSPB is:**

- A measure in the new Efficiency Domain
- A claims-based measure that include risk-adjusted and price-standardized payments for all Part A and Part B services provided from 3 days prior to a hospital admission (index admission) through 30 days after the hospital discharge
How Will Hospitals Be Evaluated?
Achievement vs. Improvement

• **Achievement Points**
  
  Awarded by comparing an individual hospital’s rates during the performance period with all hospitals’ rates from the baseline period.*
  
  – Rate equal to or better than the benchmark: 10 points
  – Rate worse than the achievement threshold: 0 points
  – Rate equal to or better than the achievement threshold and worse than the benchmark: 1–10 points

• **Improvement Points**
  
  Awarded by comparing an individual hospital’s rates during the performance period to that same individual hospital’s rates from the baseline period.
  
  – Rate equal to or better the benchmark: 9 points
  – Rate equal to or worse than the baseline period rate: 0 points
  – Rate between the baseline period rate and the benchmark: 0–9 points

* Please note that unlike the other measures, the MSPB measure compares a hospital’s rates during the performance period with all hospitals’ rates from the performance period.
How Will Hospitals Be Evaluated?

Baseline Period Data

<table>
<thead>
<tr>
<th>Measure/Dimension</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Process of Care Measures</td>
<td>Higher is better</td>
</tr>
<tr>
<td>Patient Experience of Care</td>
<td>Higher is better</td>
</tr>
<tr>
<td>Dimensions</td>
<td></td>
</tr>
<tr>
<td>Mortality Measures (Survivability)</td>
<td>Higher is better</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHRQ PSI-90 Measure</td>
<td>Lower is better</td>
</tr>
<tr>
<td>CLABSI Measure</td>
<td>Lower is better</td>
</tr>
<tr>
<td>MSPB Measure*</td>
<td>Lower is better</td>
</tr>
</tbody>
</table>

* Please note that unlike the other measures, the MSPB measure’s benchmark and threshold are based on hospital data from the performance period.
How Will Hospitals Be Evaluated?
Clinical Process of Care Domain

- The **Clinical Process of Care Domain score** requires at least 10 cases for at least 4 applicable measures during the performance period
How Will Hospitals Be Evaluated?

Patient Experience of Care Domain

- The **Patient Experience of Care Domain score** requires at least 100 completed Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys during the performance period.
How Will Hospitals Be Evaluated?

Efficiency Domain

• The **Efficiency Domain Score** requires a minimum of 25 cases for the MSPB measure during the performance period
  
  – 1 case is equivalent to an MSPB episode

Medicare Spending Per Beneficiary (MSPB) Measure
How Will Hospitals Be Evaluated?
Outcome: Mortality Measures Case Minimums

- The minimum case requirement for the Mortality measures in the Outcome Domain is at least 25 cases.
How Will Hospitals Be Evaluated?
Outcome: PSI-90 Measure Case Minimums

• The minimum case requirement for the AHRQ PSI-90 measure in the Outcome Domain is at least 3 cases on any one underlying indicator
How Will Hospitals Be Evaluated?
Outcome: CLABSI Measure Case Minimums

- The minimum case requirement for the **CLABSI measure** in the **Outcome Domain** is 1 predicted infection
• The **Outcome Domain score** requires the applicable case minimum for at least 2 of the 5 Outcome measures during the performance period
How Will Hospitals Be Evaluated?

Total Performance Score

For hospitals with at least two domain scores, the excluded domain weights will be proportionately distributed to the remaining domains to calculate the Total Performance Score.
**Example: FY 2015 Domain Weighting**

**Scenario:** A hospital meets the minimum case and measure requirements for the Clinical Process, Patient Experience, and Outcome Domains, but it does not meet minimum requirements for the Efficiency Domain.

![Diagram showing domain weightings and calculations](chart)

20/80 = 0.25 × 100% = 25%

30/80 = 0.375 × 100% = 37.5%
Example: Calculating the Domain Score

Clinical Process + Patient Experience + Outcome + Efficiency = Total Performance Score
Outcome Domain – Performance Standards Based on National Measure Rates

Note: Mortality measures indicate survivability.
Outcome Domain
AHRQ PSI-90 Baseline Performance Data

Threshold
0.622879

Outcome Domain:

Benchmark
0.451792
Achievement Points are awarded to hospitals by comparing an individual hospital's rates during the performance period against the benchmark and threshold.

- **Threshold (50th percentile)**
- **Benchmark (mean of the best decile)**
Calculating the Outcome Domain
Example: AHRQ PSI-90

(Slide 2 of 12)

Performance Rate: 0.504370

Achievement Range

Threshold

Benchmark (mean of the best decile)

Threshold (50th percentile)
Calculating the Outcome Domain

Example: AHRQ PSI-90

(Slide 3 of 12)

Performance Rate 0.504370

Hospital’s Performance Period Rate – Achievement Threshold

Benchmark – Achievement Threshold

9 ×

+ 0.5

= Threshold (50th percentile)

= Benchmark

(mean of the best decile)
Calculating the Outcome Domain

Example: AHRQ PSI-90

(Slide 4 of 12)

Performance Rate: 0.504370

Benchmark: 0.451792

Threshold: 0.622879

Achievement Range:

9 × \left( \frac{0.504370 - 0.622879}{0.451792 - 0.622879} \right) + 0.5 = 6.73 = 7

= Threshold (50th percentile)

= Benchmark (mean of the best decile)
Calculating the Outcome Domain

Example: AHRQ PSI-90

(Slide 5 of 12)

Performance Rate

\[ 0.504370 \]

Achievement Range

\[ 9 \times \left( \frac{0.504370 - 0.622879}{0.451792 - 0.622879} \right) + 0.5 = 6.73 = 7 \]

- **Threshold** (50th percentile)
- **Benchmark** (mean of the best decile)
Calculating the Outcome Domain

Example: AHRQ PSI-90

(Slide 6 of 12)

\[
9 \times \left( \frac{0.504370 - 0.622879}{0.451792 - 0.622879} \right) + 0.5 = 6.73 = 7
\]

- **Threshold** (50th percentile)
- **Benchmark** (mean of the best decile)
Calculating the Outcome Domain

Example: AHRQ PSI-90

(Slide 7 of 12)

**Improvement Points**

are awarded to hospitals by comparing a hospital’s rates during the performance period to that same hospital’s rates from the baseline period.

**Performance Rate**

- **Baseline Rate**
- **Threshold**

**Achievement Range**

- **Improvement Range**

**Symbols:**
- 🔴 = Threshold (50th percentile)
- 🔴 = Benchmark (mean of the best decile)
- 🔴 = Baseline Rate
Calculating the Outcome Domain

Example: AHRQ PSI-90

(Slide 8 of 12)

\[
10 \times \left( \frac{\text{Hospital’s Performance Period Rate} - \text{Hospital Baseline Period Rate}}{\text{Benchmark} - \text{Hospital Baseline Period Rate}} \right) - 0.5
\]
Calculating the Outcome Domain

Example: AHRQ PSI-90

(Slide 9 of 12)

\[
10 \times \left( \frac{0.504370 - 0.550000}{0.451792 - 0.550000} \right) - 0.5 = 4.15 = 4
\]

Hospital’s Performance Period Rate – Hospital Baseline Period Rate

Benchmark – Hospital Baseline Period Rate
Calculating the Outcome Domain

Example: AHRQ PSI-90

(Slide 10 of 12)

\[
10 \times \frac{0.504370 - 0.550000}{0.451792 - 0.550000} - 0.5 = 4.15 = 4
\]
Calculating the Outcome Domain

Example: AHRQ PSI-90

\[
10 \times \left( \frac{0.504370 - 0.550000}{0.451792 - 0.550000} - 0.5 \right) = 4.15 = 4
\]

(10 × (Hospital’s Performance Period Rate – Hospital Baseline Period Rate) / (Benchmark – Hospital Baseline Period Rate) – 0.5)
Calculating the Outcome Domain

Example: AHRQ PSI-90

The higher of achievement or improvement points is awarded: in this case, 7.
Calculating the Outcome Domain

Example: CLABSI

The higher of achievement or improvement points is awarded: in this case, 7.
Outcome Domain
Measure Scores

Sum of the higher of each measure’s achievement and improvement scores

\[ 7 + 7 + 8 + 2 + [N/A] \]

These scores were presented in the FY14 National Provider Call

Note: “N/A” indicates this hospital did not meet the minimum case requirements.
CMS will normalize the Outcome Domain score by converting a hospital’s points earned (24) to a percentage of total points possible (40) for at least two of the five measures—i.e., 10 points × 4 measures meeting minimum case requirements.

\[
\frac{24}{40} \times 100 = 60
\]
How Will Hospitals Be Evaluated?

Total Performance Score

These domain scores were presented in the FY13 and FY14 National Provider Calls.
Efficiency Domain
Example: MSPB

For this example, no points were awarded for either achievement or improvement based on not meeting the minimum cases for MSPB.

Total Performance Score Example (1 of 3)

Hospitals need scores for at least two of four domains to receive a Total Performance Score.
Total Performance Score Example (2 of 3)

Clinical Process + Patient Experience + Outcome = Total Performance Score

25% + 37.5% + 37.5% = 100%

43.6 × 25% = 10.9

43.6

38

60

Total Performance Score
This score is translated into a value-based incentive payment by the linear exchange function.
• Law requires that the total amount of value-based incentive payments that CMS may distribute across all hospitals must be equal to the amount of the base operating DRG payment reduction (1.50% for FY 2015)

• Law also requires that the value-based incentive payments be based on hospitals’ performance scores

• CMS will use a linear exchange function to distribute the available amount of value-based incentive payments to hospitals, based on hospitals’ total performance scores on the Hospital VBP measures
• Each hospital’s value-based incentive payment amount for a fiscal year will depend on:
  – Range and distribution of hospital total performance scores
  – Amount of hospitals’ base operating DRG payment amounts

• The value-based incentive payment amount for each hospital will be applied as an adjustment to the base operating DRG payment amount for each discharge

• Details on how a Total Performance Score is converted into a value-based incentive payment are available at:
The FY 2015 Baseline Measures Report will show hospitals’ performance during the baseline periods listed below:

<table>
<thead>
<tr>
<th>FY 2015 Domain</th>
<th>FY 2015 Baseline Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome</td>
<td></td>
</tr>
<tr>
<td>• Mortality measures</td>
<td>• October 1, 2010 – June 30, 2011</td>
</tr>
<tr>
<td>• AHRQ PSI-90 Composite</td>
<td>• October 15, 2010 – June 30, 2011</td>
</tr>
<tr>
<td>• CLABSI</td>
<td>• January 1, 2011 – December 31, 2011</td>
</tr>
<tr>
<td>Efficiency</td>
<td></td>
</tr>
<tr>
<td>• Medicare Spending per Beneficiary</td>
<td>• May 1, 2011 – December 31, 2011</td>
</tr>
</tbody>
</table>
What To Expect In Your Report (1 of 3)

• Clinical Process of Care Measures
  – 12 Clinical Process of Care measure details, including benchmarks, thresholds, numerators, denominators, and a hospital’s baseline rates

• Patient Experience of Care Dimensions
  – 8 Patient Experience of Care dimension details, including the floor values, benchmarks, thresholds, a hospital’s baseline rate, and number of completed surveys during the baseline period
What To Expect In Your Report  (2 of 3)

• Outcome Measures
  – Mortality measure details, including the number of eligible discharges (denominator), benchmarks, thresholds, and a hospital’s baseline rate
  – AHRQ PSI-90 composite measure details, including index value, achievement threshold, and benchmark
  – CLABSI measure details, including number of observed infections (numerator), number of predicted infections (denominator), standard infection ratio (SIR), achievement threshold, and benchmark
What To Expect In Your Report (3 of 3)

• Efficiency Measure
  – MSPB measure details, including the MSPB amount (numerator), median MSPB amount (denominator), MSPB measure, and number of episodes

<table>
<thead>
<tr>
<th>Efficiency Measure</th>
<th>MSPB Amount (Numerator)²</th>
<th>Median MSPB Amount (Denominator)³</th>
<th>MSPB Measure⁴,⁵</th>
<th># of Episodes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Spending per Beneficiary (MSPB)</td>
<td>$2,059.84</td>
<td>$1,922.11</td>
<td>1.071656</td>
<td>8</td>
</tr>
</tbody>
</table>

**NOTE:** A double asterisk (***) indicates that the hospital did not meet the minimum number of cases or surveys in the Baseline Period. Therefore, Improvement Points will not be calculated for this measure in the Hospital Value-Based Purchasing program.
When to Expect Your Report

• CMS intends to have the FY 2015 Baseline Measures Report available in April 2013

• Communications will be sent to hospitals and Quality Improvement Organizations (QIOs) when the FY 2015 Baseline Measures Report is available for viewing on My QualityNet
Where to Go for Questions

• **Technical questions or issues related to accessing the report**
  – Contact the QualityNet Help Desk at the following email address: qnetsupport@sdps.org or call (866) 288-8912

• **More information on your FY 2015 Baseline Measures Report**
  – See the “How to Read Your FY 2015 Baseline Measures Report” guide located on the Hospital VBP section of the QualityNet website: [http://www.qualitynet.org](http://www.qualitynet.org) by selecting the “Hospital – Inpatient” box at the top of the page and choosing the Hospital Value-Based Purchasing (VBP) link

• **Frequently Asked Questions (FAQs) related to Hospital VBP**
  – Find FAQs using the Hospital-Inpatient Questions and Answers tool at the following link: [https://cms-ip.custhelp.com/](https://cms-ip.custhelp.com/)

• **Ask Questions related to Hospital VBP**
  – Submit questions using the Hospital-Inpatient Questions and Answers tool at the following link: [https://cms-ip.custhelp.com/](https://cms-ip.custhelp.com/)
Questions about FY 2015?
For More Information

- www.cms.gov/Hospital-Value-Based-Purchasing

The post-call materials for this call will be posted at http://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events.html.

The post-call materials will be accessible for downloading within three weeks of the call.
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• To ensure that the National Provider Call (NPC) program continues to be responsive to your needs, we are providing an opportunity for you to evaluate your experience with today’s NPC. Evaluations are anonymous and strictly voluntary.

• To complete the evaluation, visit http://npc.blhtech.com/ and select the title for today’s call from the menu.

• All registrants will also receive a reminder email within two business days of the call. Please disregard this email if you have already completed the evaluation.

• We appreciate your feedback!
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Thank You


• For more information about the National Provider Call Program, please visit [http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html](http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html)