



# 2016 PQRS Group Practice and ACO Web Interface Reporting Mechanism



## Web Interface Q&A Session Support Call

*Program Year 2016*

March 9, 2017

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# Announcements

1. During this support call, Pioneer Model Accountable Care Organizations (ACOs), Next Generation ACOs, Shared Savings Program ACOs, and PQRS group practices will be collectively referred to as organizations.
2. Review the Web Interface measure specifications and supporting documents on the [GPRO Web Interface](#) page of the CMS website.

# Announcements

3. The attestation deadline for providers participating in the Medicare EHR Incentive Program is **Monday, March 13, 2017, at 11:59PM ET**
  - Providers participating in the Medicare EHR Incentive Program must attest to the 2016 program requirements by March 13, 2017 to avoid a 2018 payment adjustment
  - If you are participating in the Medicaid EHR Incentive Program, please refer to your state's website for attestation information and deadlines

# Reminders

## 1. Important Dates for 2016 Web Interface Data Submission

Date	Topic
1/16/2017 through 3/17/2017	Web Interface submission period
3/20/2017 through 4/21/2017	Access submission reports

**Note:** The Web Interface will close at **8:00PM ET on 3/17/2017**. CMS encourages organizations to submit data well *before* 8:00PM ET to ensure it is fully submitted before the Web Interface closes.

# Reminders (cont.)

## 2. Upcoming 2016 Web Interface Data Submission Support Calls

Date	Time (ET)	Topic
3/14/2017	12:00-1:00 PM	Web Interface Q&A Session
4/6/2017	1:00-2:00 PM	Web Interface Lessons Learned

**Note:** Support calls will offer a question and answer session if the title indicates “Q&A Session”

# Reminders (cont.)

- 3. 2017 Upcoming Outages/Maintenance Weekend Schedule:** The [Physician and Other Health Care Professionals Quality Reporting Portal](#) (Portal) will be unavailable for scheduled maintenance; therefore, the Web Interface will not be accessible during the following periods:
- Every Tuesday starting at 8:00PM ET–Wednesday at 6:00AM ET
  - Every Thursday starting at 8:00PM ET–Friday at 6:00AM ET

# Reminders (cont.)

4. **Reporting Requirements:** Organizations must completely report the required number of beneficiaries in order to satisfactorily report:
  - Minimum of 248 consecutively confirmed and completed beneficiaries in each module; OR
  - 100 percent of beneficiaries if they have fewer than 248 beneficiaries available in the sample
  
5. **Avoiding future payment adjustments:** Satisfactorily reporting all 18 Web Interface quality measures will allow PQRS group practices and eligible professionals (EPs) participating in an ACO to avoid the 2018 PQRS payment adjustment



# Reminders (cont.)

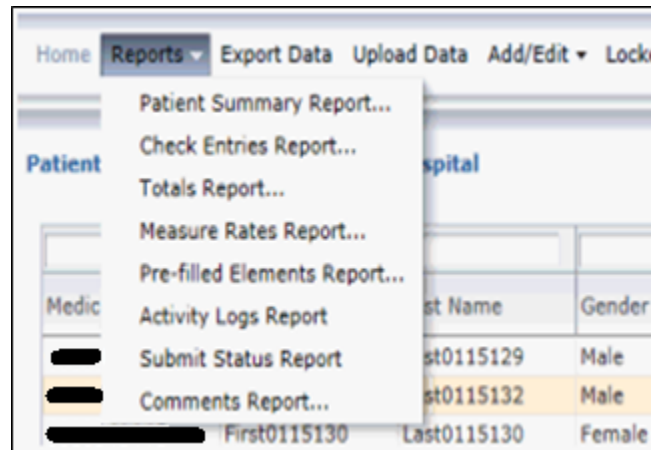
- 6. Alignment with the Medicare EHR Incentive Program:** EPs participating in an ACO or PQRS group practice who meet 2016 Web Interface submission requirements will satisfy their CQM reporting for the Medicare EHR Incentive Program
  - PQRS group practices are required to use EHR technology certified to the 2014 Edition to populate the Web Interface
  - EPs participating in an ACO must use certified EHR technology to abstract data to report to the ACO, in the form and manner specified by the ACO. ACOs must then satisfactorily report the Web Interface measures.
  - All EPs must individually attest separately to the EHR Incentive Program for other program requirements
  
- 7. Shared Savings Program:** ACOs who fail to satisfactorily report Web Interface measures will not meet the quality performance standard and will be ineligible to share in savings, if earned

**Presenter: Sue Hanlon, CMS Contractor**

# **WEB INTERFACE**

# Web Interface Reports Review

- Reports menu item on Global Navigation Bar:



- The [Web Interface User Guide](#) contains detailed information

# Totals Report

- Provides a status of your patient abstraction, as of the date and time the report was generated
- Contains a Summary level, as well as a Detail level, which displays a drill-down of a selected row from the Summary level
- Totals are reported by Measure

# Totals Report Summary

Totals Summary		Details	
<b>CARE-2: Falls</b>			
Report Title	Total	Details	Comments
All Ranked Patients	616	Details >>	
----All Confirmed and Complete	1	Details >>	
----All Skipped	1	Details >>	
----All Incomplete	614	Details >>	
Consecutively Completed or Skipped	0	Details >>	
----Medical Record Not Found	0	Details >>	
----Not Confirmed	0	Details >>	
-----Not Confirmed - Diagnosis	0	Details >>	
-----Not Confirmed - Gender	0	Details >>	
-----Not Confirmed - Age	0	Details >>	
-----Not Confirmed - Additional Denomi...	0	Details >>	
-----Not Confirmed - No Qualifying Visits	0	Details >>	
----Denominator Exclusion	0	Details >>	
----Not Qualified For Sample	0	Details >>	
-----In Hospice	0	Details >>	
-----Moved Out of Country	0	Details >>	
-----Deceased	0	Details >>	
-----HMO Enrollment	0	Details >>	
----No - Other CMS Approved Reason	0	Details >>	
----For Analysis	0	Details >>	There are no consecutively confirmed and completed patients. The count starts with the first ranked patient in the module.

# Totals Report Helpful Hint

- How to determine your first Incomplete patient:
  - Select the Details link for **All Incomplete**
  - System will return with all Incomplete patients in order by rank

Totals Report - 03/02/2017 02:43PM -- (V102) Steward Integrated Care Network, Inc. [View Printable Report](#)

Totals Summary Details

Details for CARE-2: ----All Incomplete

Medicare ID	Name	Birth Date	Rank	Status	CARE-2 Confirmed	Provider Name 1	Provider Name 2	Provider Name 3
██████████	Amelinier, Carmelina		1	Incomplete		Alarcon, Irma A.	Miller, Gary L.	
██████████	Slauder, Rahma		2	Incomplete		Cocozzella, Joseph	Malur, Chitra	Corderi, Rosemary
██████████	Leefs, Haley		3	Incomplete		Quraini, Dima		
██████████	Marcos Aurelio da Si, Cirio		4	Incomplete		Kirichian, Jack M.	Najjar, Nawar	

# Check Entries Report

- Contains errors, warnings, and informational messages for all patients in your organization
- Provides the same information as the Check Entries button or the Save button on Patient Status, except it displays all patients in your organization
- Report is filterable in order to limit volume of data displayed

# Check Entries Report

Check Entries Report - 09/09/2014 06:58PM -- <Your Organization Name Here> [View Printable Report](#)

Medicare ID	Type	Measure	Element	Message	Provider Name 1	Provider Name 2	Provider Name 3
[REDACTED]	ERROR	PREV-5	PREV-5 Confirma...	The value is missing.	PLNAME040455, FFNAME040455	PLNAME060950, FFNAME060950	
[REDACTED]	ERROR	PREV-11	PREV-11 Confirma...	The value is missing.	PLNAME020974, FFNAME020974	PLNAME013728, FFNAME013728	
[REDACTED]	ERROR	IVD Confirma...	IVD Confirmed	The value is missing.	PLNAME017336, FFNAME017336	PLNAME047799, FFNAME047799	PLNAME018694, FFNAME018694
[REDACTED]	ERROR	CAD Confirma...	CAD Confirmed	The value is missing.	PLNAME026975, FFNAME026975	PLNAME079489, FFNAME079489	PLNAME038434, FFNAME038434
[REDACTED]	ERROR	DM-13	Most Recent BP	The value is missing.	PLNAME026975, FFNAME026975	PLNAME079489, FFNAME079489	PLNAME038434, FFNAME038434
[REDACTED]	ERROR	DM-14	LDL-C Test	The value is missing.	PLNAME026975, FFNAME026975	PLNAME079489, FFNAME079489	PLNAME038434, FFNAME038434
[REDACTED]	ERROR	DM-16	Has IVD	The value is missing.	PLNAME026975, FFNAME026975	PLNAME079489, FFNAME079489	PLNAME038434, FFNAME038434
[REDACTED]	ERROR	DM-17	Tobacco Non-Use	The value is missing.	PLNAME026975, FFNAME026975	PLNAME079489, FFNAME079489	PLNAME038434, FFNAME038434
[REDACTED]	ERROR	HTN Confirma...	HTN Confirmed	The value is missing.	PLNAME026975, FFNAME026975	PLNAME079489, FFNAME079489	PLNAME038434, FFNAME038434
[REDACTED]	ERROR	IVD Confirma...	IVD Confirmed	The value is missing.	PLNAME026975, FFNAME026975	PLNAME079489, FFNAME079489	PLNAME038434, FFNAME038434
[REDACTED]	ERROR	PREV-10	PREV-10 Confirma...	The value is missing.	PLNAME026975, FFNAME026975	PLNAME079489, FFNAME079489	PLNAME038434, FFNAME038434
[REDACTED]	ERROR	PREV-12	PREV-12 Confirma...	The value is missing.	PLNAME026975, FFNAME026975	PLNAME079489, FFNAME079489	PLNAME038434, FFNAME038434
[REDACTED]	ERROR	DM-13	Most Recent BP	The value is missing.	PLNAME058790, FFNAME058790	PLNAME077908, FFNAME077908	PLNAME008361, FFNAME008361
[REDACTED]	ERROR	DM-14	LDL-C Test	The value is missing.	PLNAME058790, FFNAME058790	PLNAME077908, FFNAME077908	PLNAME008361, FFNAME008361
[REDACTED]	ERROR	DM-16	Has IVD	The value is missing.	PLNAME058790, FFNAME058790	PLNAME077908, FFNAME077908	PLNAME008361, FFNAME008361
[REDACTED]	ERROR	DM-17	Tobacco Non-Use	The value is missing.	PLNAME058790, FFNAME058790	PLNAME077908, FFNAME077908	PLNAME008361, FFNAME008361
[REDACTED]	ERROR	HF Confirma...	HF Confirmed	The value is missing.	PLNAME058790, FFNAME058790	PLNAME077908, FFNAME077908	PLNAME008361, FFNAME008361
[REDACTED]	ERROR	IVD Confirma...	IVD Confirmed	The value is missing.	PLNAME032512, FFNAME032512		
[REDACTED]	ERROR	CARE-2	CARE-2 Confirma...	The value is missing.	PLNAME078751, FFNAME078751		



# Measures Rates Report

- Lists every measure, along with performance metrics for the measure
- Descriptions for the performance metrics are provided in the footnotes
- Contains a Summary level, as well as a Detail level, which displays patient information for the selected report cell

# Measures Rates Report

Summary		Details						
Measure	Total Eligible(1)	Denominator Exceptions(2)	Denominator(3)	Measure Not Met(4)	Measure Met(5)	Measure Rate (6)	Total Complete (7)	Total Incomplete(8)
CARE-2	3 >>	0 >>	3 >>	0 >>	3 >>	100.00	5 >>	611 >>
* CARE-3	1 >>	0 >>	1 >>	0 >>	1 >>	100.00	1 >>	615 >>
CAD-7	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	1 >>	615 >>
(9)DM-2	1 >>	0 >>	1 >>	1 >>	0 >>	0.00	4 >>	612 >>
DM-7	1 >>	0 >>	1 >>	0 >>	1 >>	100.00	4 >>	612 >>
DM-COMP	1 >>	0 >>	1 >>	1 >>	0 >>	0.00	4 >>	612 >>
HF-6	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	1 >>	615 >>
HTN-2	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	5 >>	611 >>
IVD-2	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	1 >>	615 >>
MH-1	1 >>	0 >>	1 >>	0 >>	1 >>	100.00	3 >>	613 >>
PREV-5	1 >>	0 >>	1 >>	0 >>	1 >>	100.00	3 >>	613 >>
PREV-6	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	2 >>	614 >>
PREV-7	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	5 >>	611 >>
PREV-8	2 >>	0 >>	2 >>	0 >>	2 >>	100.00	5 >>	611 >>
PREV-9	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	5 >>	611 >>
PREV-10	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	5 >>	611 >>
PREV-11	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	616 >>
PREV-12	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	4 >>	612 >>

# Other Web Interface Reports

- Patient Summary Report – current database data, listed for the patient(s) selected
- Comments Report – provides user comments for all the patients in selected measure modules
- Activity Log – comprehensive audit trail of all user activities performed for the organization during the submission period
- Pre-filled Elements Report – a display of the original data value and the current data value for the pre-filled elements
- Submission Report – the submission status from the last time you submitted your data to CMS

**Presenter: Deb Kaldenberg, CMS Contractor**

# **FREQUENT MEASURES QUESTIONS**

# Web Interface Measure Questions

Number	Question	Answer
1.	<b>HF-6:</b> Can you please confirm that documentation of a pacemaker is considered a Denominator Exception – Medical Reason for the heart failure measure?	<p>Per the measure developer of HF-6, a pacemaker alone is not a reason to not have prescribed a beta blocker. One of the denominator exceptions – medical reasons identified in the Data Guidance tab of the HF Supporting Document to exclude a patient from performance calculation is if a patient does not have a permanent pacemaker (along with an AV Block). If diagnosis of HF is confirmed, LVSD is confirmed, and the patient has a permanent pacemaker, look for prescription of a beta blocker or a documented medical, patient, or system reason the patient was not prescribed a beta blocker.</p> <p>As long as documentation can be found in the medical record for a Denominator Exception (medical, patient, or system) for not prescribing a beta blocker, it would be appropriate to select the applicable option. The measure does allow for physician judgment and specific patient cases in the ‘Medical Reason’ exception.</p> <p>Please review the coding (HF Evaluation Codes and HF Exclusion Exception Codes) tabs as well as the Data Guidance tab for the appropriate reporting of HF-6.</p> <p>If the patient has a permanent pacemaker, and there is not documentation to substantiate a Denominator Exception (medical, patient, or system), select no to prescribed beta blocker. This would be the same guidance provided for patients with and implantable cardioverter defibrillator (ICD).</p>

# Web Interface Measure Questions

Number	Question	Answer
2.	Is a CMS Approved Reason an appropriate option for a patient who is deceased during the measurement period? Is it an option for MH-1 if the patient was not seen during the index period?	<p>Neither of these cases would be appropriate reasons to request a CMS Approved Reason to skip.</p> <p>If a patient died during the measurement period, please follow the guidance provided in the Patient Confirmation tab of the Supporting Documents. For MH-1, if the patient was not seen during the index period and you cannot confirm diagnosis, select Not Confirmed – Diagnosis. If you can confirm diagnosis, but you do not have a PHQ-9 screening, select No: Select this option if the patient did not have a PHQ-9 administered during the denominator identification measurement period.</p>

**Presenter: Michael Kerachsky, CMS Contractor**

# **RESOURCES & WHERE TO GO FOR HELP**

# Educational Resources

- **Web Interface Webpage of the CMS PQRS Website:** [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO\\_Web\\_Interface.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html)
  - Web Interface support call presentations
  - Assignment Methodology and Sampling Document
  - GPRO Web Interface XML Specification
  - Supporting Documents
    - *Data Guidance is included as a separate tab in each of the supporting documents' workbooks*
  - Web Interface Quality Reporting Questions and Answers
  - Educational Demonstrations
  - Portal: <https://qnpapp.qualitynet.org/pqrs/home.html>
- **Shared Savings Program ACO:**
  - Website: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html>
  - Quality Measures, Reporting and Performance Standards: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Quality-Measures-Standards.html>
  - Portal: <https://portal.cms.gov/>
    - EIDM and Measure Quick Reference Guides, Quality Reporting News and Updates
  - Weekly ACO Spotlight Newsletter
- **Pioneer ACO Model:**
  - Website: <http://innovation.cms.gov/initiatives/Pioneer-ACO-Model/>
  - Portal: <https://portal.cms.gov/>
- **Next Generation ACO Model:**
  - Website: <https://innovation.cms.gov/initiatives/Next-Generation-ACO-Model/>
  - Portal: <https://app.innovation.cms.gov/NGACOConnect/>



# Help Desks

- **QualityNet Help Desk (PQRS and EIDM Web Interface)**
  - E-mail: [gnetssupport@hcqis.org](mailto:gnetssupport@hcqis.org)
  - Phone: (866) 288-8912 (TTY 1-877-715-6222)
  - Fax: (888) 329-7377
- **CAHPS for PQRS Survey Project Team**
  - E-mail: [pqrscahps@hcqis.org](mailto:pqrscahps@hcqis.org)
- **EHR Incentive Program Information Center**
  - Phone: (888) 734-6433 (TTY 888-734-6563)
- **Value-based Payment Modifier Help Desk**
  - Phone: (888) 734-6433 Option 3 or [pvhelpdesk@cms.hhs.gov](mailto:pvhelpdesk@cms.hhs.gov)
- **Physician Compare**
  - E-mail: [PhysicianCompare@westat.com](mailto:PhysicianCompare@westat.com)
- **Medicare Shared Savings Program ACO**
  - Email: [sharedsavingsprogram@cms.hhs.gov](mailto:sharedsavingsprogram@cms.hhs.gov)
- **Pioneer ACO**
  - E-mail: [PIONEERQUESTIONS@cms.hhs.gov](mailto:PIONEERQUESTIONS@cms.hhs.gov)
- **Next Generation ACO**
  - E-mail: [NextGenerationACOModel@cms.hhs.gov](mailto:NextGenerationACOModel@cms.hhs.gov)

# Acronyms

- **ACO** – Accountable Care Organization
- **CAHPS** – Consumer Assessment of Healthcare Providers and Systems summary surveys
- **CMS** – Centers for Medicare & Medicaid Services
- **CQMs** – Clinical Quality Measures [for attestation]
- **eCQMs** – Electronic Clinical Quality Measures [for electronic reporting]
- **EHR** – Electronic Health Record
- **EIDM** – Enterprise Identify Management System
- **EP** – Eligible Professional
- **FFS** – Fee-for-Service
- **GPRO** – Group Practice Reporting Option
- **MPFS** – Medicare Physician Fee Schedule
- **NPI** – National Provider Identifier
- **ONC** – Office of the National Coordinator for Health Information Technology
- **PQRS** – Physician Quality Reporting System
- **Value Modifier** – Value-based Payment Modifier

# QUESTIONS & ANSWERS