



2017 CMS Web Interface Reporting

Keys to Successful Reporting Part 2 – Measures Refresher

November 27, 2017

1:30 – 3:00 p.m. ET

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Medicare Shared Savings Program and Next Generation ACO Model

DISCLAIMER

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Accessing Slides

- Shared Savings Program ACOs:
 - Please login to the ACO Portal (<https://portal.cms.gov>) and click on today's event.
 - ACO contracts maintained in the Health Plan Management System (HPMS) have access to the SSP Portal and receive the ACO Spotlight newsletter.
 - If you do not have access to the Portal, please work with your ACO to obtain the quality webinar slides and the ACO Spotlight newsletter for quality updates and webinar announcements.

- Next Generation ACOs:
 - Connect site: <https://app.innovation.cms.gov/NGACOConnect>

Key Dates

The submission period for PY 2017 CMS Web Interface quality reporting will begin January 22, 2018 and end on March 16, 2018 at 8:00 p.m. Eastern Time (ET).

Subject	Date and Time
Next Generation 2017 EIDM Registration	Tuesday, November 28, 2017 3:00-4:00 p.m. ET
CMS Web Interface User Demonstration*	Wednesday, November 29, 2017 1:00-2:00 p.m. ET
CMS Web Interface Kick-Off Webinar*	Wednesday, December 13, 2017 1:00-2:30 p.m. ET
Next Generation ACO Model Audit Methodology	Thursday, December 14, 2017
Weekly CMS Web Interface Support Calls*	Wednesdays during the submission period 1:00-2:00 p.m. ET

*Registration information is available in the Web Interface Flyer

Agenda

- Performance Year (PY) 2017
 - CMS Web Interface Measures
 - PREV-5
 - PREV-6
 - PREV-7
 - PREV-8
 - PREV-9
 - PREV-10
 - PREV-12
 - PREV-13
- Quality Measures Validation Audit
- Resources
- Questions



PY 2017 CMS Web Interface Measures

- List of Measures
- Review of:
 - PREV-5
 - PREV-6
 - PREV-7
 - PREV-8
 - PREV-9
 - PREV-10
 - PREV-12
 - PREV-13



2017 CMS Web Interface Measures (1 of 2)

List of Measures

CARE-1 (ACO-12): Medication Reconciliation Post-Discharge

CARE-2 (ACO-13): Falls: Screening for Future Fall Risk

DM-2 (ACO-27): Diabetes: Hemoglobin A1c Poor Control (>9%)*

DM-7 (ACO-41): Diabetes: Eye Exam*

HTN-2 (ACO-28): Controlling High Blood Pressure

IVD-2 (ACO-30): Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

MH-1 (ACO-40): Depression Remission at Twelve Months

* DM composite (all or nothing scoring)

2017 Web Interface Measures (2 of 2)

List of Measures

PREV-5 (ACO-20): Breast Cancer Screening

PREV-6 (ACO-19): Colorectal Cancer Screening

PREV-7 (ACO-14): Preventive Care and Screening: Influenza Immunization

PREV-8 (ACO-15): Pneumococcal Vaccination Status for Older Adults

PREV-9 (ACO-16): Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

PREV-10 (ACO-17): Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

PREV-12 (ACO-18): Preventive Care and Screening: Screening for Depression and Follow-Up Plan

PREV-13 (ACO-42): Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Definitions of Time Periods (1 of 3)

Performance Year: Calendar Year 2017

Measurement Period: Calendar Year 2017

Look-back Periods:

- PREV-5: October 1, 2015 – December 31, 2017 (measurement period or 15 months prior to the measurement period)
- PREV-6: anyone of the following screenings, each with their own time period:
 - Fecal occult blood test (FOBT) during the measurement period
 - Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period

Definitions of Time Periods (2 of 3)

Look-back Periods:

- PREV-6 (cont): anyone of the following screenings, each with their own time period:
 - Colonoscopy during the measurement period or the nine years prior to the measurement period
 - Computed tomography (CT) colonography during the measurement period or the four years prior to the measurement period
 - Fecal Immunochemical DNA test (FIT-DNA) during the measurement period or the two years prior to the measurement period
- PREV-7: August 1, 2016 – March 31, 2017
- PREV-8: Anytime in the patient's history prior to the end of the measurement period

Definitions of Time Periods (3 of 3)

Look-back Periods:

- PREV-9: To retrieve correct BMI calculation use most recent encounter within measurement period OR if not calculated at this encounter use any calculation within 6 months prior to this encounter
- PREV-10: 24 month look-back is defined as 24 months back in time from the measurement period end date (January 1, 2016 – December 31, 2017)
- PREV-13: Risk Category #2 requires the LDL-C of greater than or equal to 190 mg/dL be anytime in the patient's history up through the measurement period end date

Risk Category #3 requires the LDL-C of 70-189 mg/dL be during the measurement period or 2 years prior to the beginning of the measurement period (January 1, 2015 – December 31, 2017)

PREV-5: Breast Cancer Screening (1 of 2)

Measure Description: Percentage of women 50 through 74 years of age who had a mammogram to screen for breast cancer.

Denominator Exclusions: A bilateral mastectomy or evidence of two unilateral mastectomies

Denominator Exceptions: None

Changes: The digital breast tomosynthesis (3D mammography) is now among the numerator compliant screenings allowed for the PREV-5: Breast Cancer Screening measure.

PREV-5 (2 of 2)

Changes (cont): The measure owner, NCQA, added an exclusion to this measure after the measure specification was posted. A revised measure specification was posted on the QPP website in September.

- The **exclusion is for patients age 65 and older in Institutional Special Needs Plans or residing in Long-Term Care** with a Place of Service Code 32, 33, 34, 54 or 56 any time during the measurement period
- The intent of the exclusion for individuals age 65 and older residing in long-term care facilities, including nursing homes, is to **exclude individuals who may have limited life expectancy and increased frailty** where the benefits of the process may not exceed the risks
- This exclusion is **not intended as a clinical recommendation** regarding whether the measures process is inappropriate for specific populations, instead the exclusions **allows clinicians to engage in shared decision making with patients** about the benefits and risks of screening when an individual has limited life expectancy

PREV-5 Documentation

- Date the mammogram was performed and results;
or
- Documentation of exclusion criteria.

NOTE: The measure steward has clarified that documentation of “abnormal” or “normal” results is considered sufficient documentation of mammography results.

PREV-5 Audit Example

Beneficiary Information	Denominator Confirmation	Mammogram Performed
Patient 1	Yes	Yes
Patient 2	Denominator Exclusion	-

PREV-5 Measure Logic

Confirm Patient Qualified Options

- **Yes** (patient included in the denominator – continue to Breast Cancer Screening)
- **Denominator Exclusion** [stop abstraction – patient removed from PREV-5 sample (skipped) and replaced with another patient]
- **No - Other CMS Approved Reason** [requested through help desk ticket – if CMS approval received, stop abstraction – patient removed from PREV-5 sample (skipped) and replaced with another patient]

Breast Cancer Screening Options

- **No** (patient does not meet numerator criteria)
- **Yes** (patient meets numerator criteria)

PREV-6: Colorectal Cancer Screening (1 of 2)

Measure Description: Percentage of adults 50 – 75 years of age who had appropriate screening for colorectal cancer.

Denominator Exclusions: A diagnosis or past history of total colectomy or colorectal cancer

Denominator Exceptions: None

PREV-6 (2 of 2)

Changes: The measure owner, NCQA, added an exclusion to this measure after the measure specification was posted. A revised measure specification was posted on the QPP website in September.

- The **exclusion is for patients age 65 and older in Institutional Special Needs Plans or residing in Long-Term Care** with a Place of Service Code 32, 33, 34, 54 or 56 any time during the measurement period
- The intent of the exclusion for individuals age 65 and older residing in long-term care facilities, including nursing homes, is to **exclude individuals who may have limited life expectancy and increased frailty** where the benefits of the process may not exceed the risks
- This **exclusion is not intended as a clinical recommendation** regarding whether the measures process is inappropriate for specific populations, instead the exclusions **allows clinicians to engage in shared decision making with patients** about the benefits and risks of screening when an individual has limited life expectancy

PREV-6 Documentation

- Indication of a current colorectal cancer screening as evidenced by the completion of one of the previously mentioned tests or procedures within its corresponding timeframe and must indicate the date the screening was performed and the result;
or
- Documentation of exclusion criteria.

NOTE: The measure steward has clarified that documentation of “abnormal” or “normal” results is considered sufficient documentation of colorectal cancer screening results.

PREV-6 Audit Example

Beneficiary Information	Denominator Confirmation	Colorectal Cancer Screening Performed
Patient 1	Yes	Yes
Patient 2	Denominator Exclusion	-

PREV-6 Measure Logic

Confirm Patient Qualified Options

- **Yes** (patient included in the denominator – continue to Colorectal Cancer Screening)
- **Denominator Exclusion** [stop abstraction – patient removed from PREV-6 sample (skipped) and replaced with another patient]
- **No - Other CMS Approved Reason** [requested through help desk ticket – if CMS approval received, stop abstraction – patient removed from PREV-6 sample (skipped) and replaced with another patient]

Colorectal Cancer Screening Options

- **No** (patient does not meet numerator criteria)
- **Yes** (patient meets numerator criteria)

PREV-7: Influenza Immunization

Measure Description: Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.

Denominator Exclusions: None

Denominator Exceptions: Medical reasons, patient reasons, or system reasons

Changes: None

PREV-7 Documentation

- Indication the patient received an influenza immunization between August 1, 2016 and March 31, 2017 (not required if prefilled with “Yes” in the CMS Web Interface);
or
- Documentation of the reason why the Quality Action is not performed due to a medical (allergy, other medical reasons), patient (declined, other patient reasons) or system (vaccine not available, other system reasons) reason exception.

PREV-7 Audit Example

Beneficiary Information	Influenza Immunization
Patient 1	Patient Reason
Patient 2	Yes

PREV-7 Measure Logic

Confirm Patient Qualified Options

- **Yes** (patient included in the denominator – continue to Influenza Immunization)
- **No - Other CMS Approved Reason** [requested through help desk ticket – if CMS approval received, stop abstraction – patient removed from PREV-7 sample (skipped) and replaced with another patient]

Influenza Immunization Options

- **No** (patient does not meet numerator criteria)
- **Yes** (patient meets numerator criteria)
- **No - Denominator Exception - Medical Reasons** (patient removed from denominator)
- **No - Denominator Exception - Patient Reasons** (patient removed from denominator)
- **No - Denominator Exception - System Reasons** (patient removed from denominator)

PREV-8: Pneumococcal Vaccination

Measure Description: Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.

Denominator Exclusions: None

Denominator Exceptions: None

Changes: None

PREV-8 Documentation

- Documentation of receipt of a pneumococcal vaccine
 - The medical record should state the year (up through the last day of the measurement period) and type of pneumococcal vaccine provided
 - If patient reported prior to 2015, documentation indicating receipt of a pneumococcal vaccine is sufficient
 - If patient reported between 2015 and 2017, documentation indicating the year of the vaccination and confirmation of the type as PPSV23 **or** PCV13 is required

PREV-8 Audit Example

Beneficiary Information	Pneumococcal Vaccination
Patient 1	Yes
Patient 2	Yes

PREV-8 Measure Logic

Confirm Patient Qualified Options

- **Yes** (patient included in the denominator – continue to Pneumococcal Vaccination)
- **No - Other CMS Approved Reason** [requested through help desk ticket – if CMS approval received, stop abstraction – patient removed from PREV-8 sample (skipped) and replaced with another patient]

Pneumococcal Vaccination Options

- **No** (patient does not meet numerator criteria)
- **Yes** (patient meets numerator criteria)

PREV-9: BMI Screening and Follow-Up (1 of 2)

Measure Description: Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter.

Denominator Exclusions: Pregnancy (overlapping the measurement period) or patient refusal of height and/or weight or follow-up (during the measurement period)

Denominator Exceptions: Medical reasons (during the most recent encounter or within six months of the most recent encounter)

PREV-9 (2 of 2)

Changes:

- Went from two BMI parameters based on age to a single parameter
- A medical reason exception for the follow-up component was also added

Example: an elderly patient for whom weight reduction/weight gain would complicate other health conditions or patients in an emergent or urgent situation

PREV-9 Documentation

- BMI screening date and results;
 - If a follow-up plan is required, documentation of discussion of the plan. The follow-up plan must be specified as an intervention that pertains to the BMI outside of normal parameters*;

or
- Documentation of the reason why the Quality Action is not performed due to a medical reason exception. The exceptions are for those in an urgent/emergent medical situation and elderly patients for whom weight reduction/weight gain would complicate other health conditions;

or

- Documentation of exclusion criteria.

* Normal Parameters: Age 18 years and older: BMI *greater than or equal to* 18.5 and *less than* 25 kg/m².

PREV-9 Audit Example

Beneficiary Information	Denominator Confirmation	BMI Performed	Normal BMI	Follow-up Plan
Patient 1	Denominator Exclusion	-	-	-
Patient 2	Yes	Yes	No	Yes
Patient 3	Yes	Yes	Yes	-
Patient 4	Yes	Yes	No	Medical Reason

PREV-9 Measure Logic (1 of 2)

Confirm Patient Qualified Options

- **Yes** (patient included in the denominator – continue to BMI Documented)
- **Denominator Exclusion** [stop abstraction – patient removed from PREV-9 sample (skipped) and replaced with another patient]
- **No - Other CMS Approved Reason** [requested through help desk ticket – if CMS approval received, stop abstraction – patient removed from PREV-9 sample (skipped) and replaced with another patient]

BMI Documented Options

- **No** (patient does not meet numerator criteria)
- **Yes** (continue to BMI Within Normal Parameters)

PREV-9 Measure Logic (2 of 2)

BMI Within Normal Parameters Options

- **No** (continue to Follow-Up Plan)
- **Yes** (patient meets numerator criteria)

Follow-Up Plan Options

- **No** (patient does not meet numerator criteria)
- **Yes** (patient meets numerator criteria)
- **No - Denominator Exception - Medical Reasons** (patient removed from denominator)

PREV-10: Tobacco Screening and Cessation Intervention

Measure Description: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.

Denominator Exclusions: None

Denominator Exceptions: Medical reasons

Changes: A medical reason exception for the cessation intervention element has been added.

PREV-10 Documentation

- The date and results of a query of the patient's use of tobacco;
 - If identified as a tobacco user, documentation of cessation intervention;

or
- Documentation of the reason why the Quality Action (screen and intervention) is not performed due to a medical reason exception (limited life expectancy or other medical reason);

NOTE: Screening for tobacco use and cessation do not have to occur on the same encounter, but must occur during the 24-month look-back period.

The USPSTF does not currently classify ENDS (electronic nicotine delivery systems) as tobacco use or as a cessation aid.

PREV-10 Audit Example

Beneficiary Information	Screened & Identified as Tobacco User	Cessation Intervention
Patient 1	Yes	Yes
Patient 2	Medical Reason	-
Patient 3	Yes	Medical Reason
Patient 4	No	-

PREV-10 Measure Logic

Confirm Patient Qualified Options

- **Yes** (patient included in the denominator – continue to Tobacco Use Screening)
- **No - Other CMS Approved Reason** [requested through help desk ticket – if CMS approval received, stop abstraction – patient removed from PREV-10 sample (skipped) and replaced with another patient]

Tobacco Use Screening Options

- **No** (patient meets numerator criteria)
- **Yes** (continue to Tobacco Cessation Intervention)
- **Not Screened/Unknown** (patient does not meet numerator criteria)
- **No - Denominator Exception - Medical Reasons** (patient removed from denominator)

Tobacco Cessation Intervention Options

- **No** (patient does not meet numerator criteria)
- **Yes** (patient meets numerator criteria)
- **No - Denominator Exception - Medical Reasons** (patient removed from denominator)

PREV-12: Screening for Depression and Follow-Up Plan

Measure Description: Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.

Denominator Exclusions: Active diagnosis of depression or bipolar disorder

Denominator Exceptions: Medical reasons or patient reasons

Changes: The requirement that the diagnosis of depression or bipolar disorder be present prior to the first day of the measurement period has been removed. The new requirement is that either of these (depression or bipolar disorder) need to be active during the measurement period, but not diagnosed with the screening that occurs during the measurement period.

PREV-12 Documentation

- The date and results of a named age appropriate standardized depression screening tool;
 - If a follow-up plan is required, documentation of discussion of the plan must be included. The follow-up plan must be specified as an intervention that pertains to depression;

or

- Documentation of the reason why the Quality Action is not performed due to a medical (urgent/emergent situation or patient's functional capacity to improve may impact the accuracy of the results) or patient (patient refuses to participate) reason exception;

or

- Documentation of exclusion criteria.

PREV-12 Audit Example

Beneficiary Information	Denominator Confirmation	Depression Screening Performed	Positive Screen	Follow-up Plan
Patient 1	Denominator Exclusion	-	-	-
Patient 2	Yes	Yes	Yes	Yes
Patient 3	Yes	Yes	No	-
Patient 4	Yes	Yes	Yes	Patient Reason

PREV-12 Measure Logic (1 of 2)

Confirm Patient Qualified Options

- **Yes** (patient included in the denominator – continue to Clinical Depression Screening)
- **Denominator Exclusion** [stop abstraction – patient removed from PREV-12 sample (skipped) and replaced with another patient]
- **No - Other CMS Approved Reason** [requested through help desk ticket – if CMS approval received, stop abstraction – patient removed from PREV-12 sample (skipped) and replaced with another patient]

Clinical Depression Screening Options

- **No** (patient does not meet numerator criteria)
- **Yes** (continue to Positive Depression Screen)
- **No - Denominator Exception - Medical Reasons** (patient removed from denominator)
- **No - Denominator Exception - Patient Reasons** (patient removed from denominator)

PREV-12 Measure Logic (2 of 2)

Positive Depression Screen Options

- **No** (patient meets numerator criteria)
- **Yes** (continue to Follow-Up Plan)

Follow-Up Plan Options

- **No** (patient does not meet numerator criteria)
- **Yes** (patient meets numerator criteria)

PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (1 of 2)

Measure Description: Percentage of the following patients—all considered at high risk of cardiovascular events—who were prescribed or were on statin therapy during the measurement period:

- Adults aged ≥ 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR
- Adults aged ≥ 21 years who ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia; OR
- Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL.

Denominator Exclusions: Pregnancy, breastfeeding or rhabdomyolysis

Denominator Exceptions: Medical reasons

PREV-13 (2 of 2)

Changes:

- RISK CAT. #2 – “active diagnosis of familial or pure hypercholesterolemia” was added.
- We now have Exclusions. Pregnancy and breast feeding were Exceptions in PY2016 and are now Exclusions. Rhabdomyolysis was added.

PREV-13 Documentation (1 of 2)

- An active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD);
or
- A fasting or direct low-density lipoprotein cholesterol (LDL-C) level *greater than or equal to* 190 mg/dL (any time in the patient's history – but prior to the end of the measurement period) or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia
or
- Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL (during the measurement period or two years prior to the beginning of the measurement period);
and
- An active prescription for statin therapy anytime during the measurement period;
or (continued on next slide)

PREV-13 Documentation (2 of 2)

- Documentation of the reason why the Quality Action is not performed due to a medical reason exception:
 - adverse effect, allergy or intolerance to Statins
 - active liver or hepatic disease or insufficiency
 - ESRD
 - patients with diabetes whose most recent fasting or direct LDL is less than 70 without being on a Statin (RISK CATEGORY #3 only)

or

- Documentation of exclusion criteria

PREV-13 Audit Example

Beneficiary Information	Denominator Confirmation RC #1	Denominator Confirmation RC #2	Denominator Confirmation RC #3	Statin Therapy
Patient 1	Denominator Exclusion	-	-	-
Patient 2	-	Yes	-	Yes
Patient 3	-	-	Yes	Medical Reason

PREV-13 Measure Logic (1 of 4)

Confirm Diagnosis of ASCVD Options (Risk Category 1)

- **Yes** (patient included in the denominator – continue to Statin Therapy)
- **No - Diagnosis** (continue to Risk Category 2)
- **Denominator Exclusion** [stop abstraction – patient removed from PREV-13 sample (skipped) and replaced with another patient]
- **No - Other CMS Approved Reason** [requested through help desk ticket – if CMS approval received, stop abstraction – patient removed from PREV-13 sample (skipped) and replaced with another patient]

PREV-13 Measure Logic (2 of 4)

LDL-C \geq 190 mg/dL or confirm familial or pure hypercholesterolemia
Options (Risk Category 2)

- **Yes** (patient included in the denominator – continue to Statin Therapy)
- **No - Diagnosis** (continue to Risk Category 3)
- **Denominator Exclusion** [stop abstraction – patient removed from PREV-13 sample (skipped) and replaced with another patient]
- **No - Other CMS Approved Reason** [requested through help desk ticket – if CMS approval received, stop abstraction – patient removed from PREV-13 sample (skipped) and replaced with another patient]

PREV-13 Measure Logic (3 of 4)

Confirm patient aged 40-75 with a Diagnosis of Type 1 or 2 Diabetes
Options (Risk Category 3)

- **Yes** (continue to LDL-C level)
- **No - Diagnosis** [stop abstraction – patient removed from PREV-13 sample (skipped) and replaced with another patient]

LDL-C \geq 70-89 mg/dL Options (Risk Category 3 continued)

- **Yes** (patient included in the denominator – continue to Statin Therapy)
- **No** [stop abstraction – patient removed from PREV-13 sample (skipped) and replaced with another patient]
- **Denominator Exclusion** [stop abstraction – patient removed from PREV-13 sample (skipped) and replaced with another patient]
- **No - Other CMS Approved Reason** [requested through help desk ticket – if CMS approval received, stop abstraction – patient removed from PREV-13 sample (skipped) and replaced with another patient]

PREV-13 Measure Logic (4 of 4)

Statin Therapy Options

- **No** (patient does not meet numerator criteria)
- **Yes** (patient meets numerator criteria)
- **No - Denominator Exception - Medical Reasons** (patient removed from denominator)

Quality Measures Validation Audit



Quality Measures Validation Audit (1 of 2)

- The following documentation requirements are generally applicable:

Documentation Requirements Applicable to All Measures	
Not Qualified for Sample	Specific reason a patient is not eligible for the sample (i.e., death, hospice, non-US resident, or HMO enrollment) in the medical record.
Other CMS Approved Reason	The Quality Payment Program Service Desk Inquiry Number with Response

Quality Measures Validation Audit (2 of 2)

For each measure audited:

- Documentation provided for the audit should be consistent with the documentation used to support the CMS Web Interface data submission
- Documentation should substantiate the following for each record, as applicable:
 - Denominator criteria, including confirmation of a diagnosis, if applicable (CMS does identify diagnoses with claims data, but ultimately the diagnosis must be confirmed with medical record documentation).
 - Exclusions
 - Numerator criteria (i.e., that the beneficiary met the measure)
 - Exceptions (i.e., medical, patient or system reasons for removing the beneficiary from the denominator)

Resources

- Newsletters
- Specifications
- Trainings
- Websites and Portals
- Mailboxes and Help Desks



Newsletters

- **Newsletters are:**
 - Published weekly
 - Include announcements for:
 - Important program information
 - Upcoming deadlines
 - Upcoming webinars

- **Spotlight Newsletter for Shared Savings Program ACOs**
 - Sent to contacts listed in HPMS

- **Next Generation ACO Newsletter**
 - Sent to ACO Executives, Primary Contacts, and any other ACO-designated Newsletter/Briefing contacts

Specifications

2017 Reporting Year Documentation

- [2017 Reporting Year Narrative Specifications \[PDF, 476KB\]](#) . This document contains the 2017 narrative specifications for the 31 quality measures.
- CMS Web Interface Measures
 - Visit the [Quality Payment Program Resource Library](#) for the CMS Web Interface measure documentation. The “[Web Interface Measures](#)” zip file is located in the Quality section, under “2017 Quality Measure Specifications”.

Trainings

- CMS Web Interface: An Excel Template Introduction (2017)
<https://www.youtube.com/watch?v=pLF3ZXkc5eY>
 - Smarter beneficiary sample reporting starts here. The new CMS Web Interface, and new Excel template—are designed to help you speed up the reporting process, and reduce the possibility of upload errors. In this video, we'll cover how to download your sample, general Excel template use—and how to upload your beneficiary sample to the CMS Web Interface.

Websites and Portals

- **Shared Savings Program website**
 - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Quality-Measures-Standards.html>

- **Shared Savings Program ACO Portal**
 - <https://portal.cms.gov>
 - 2017 ACO EIDM Registration Guide can be found under the “2017 Quality Measurement and Reporting Guides” Resource

- **Next Generation ACO Model Website**
 - <https://innovation.cms.gov/initiatives/Next-Generation-ACO-Model/>

- **Next Generation ACO Connect Site**
 - <https://app.innovation.cms.gov/NGACOConnect>

Mailboxes and Help Desks

- Medicare Shared Savings Program
 - E-mail: SharedSavingsProgram@cms.hhs.gov

- For questions related to the Quality Payment Program, CMS Web Interface, Measures, and EIDM
 - Email: qpp@cms.hhs.gov
 - Phone: (866) 288-8292
 - Monday – Friday, 8 a.m. – 8 p.m. ET

- Next Generation Model
 - Email: NextGenerationACOModel@cms.hhs.gov

QUESTIONS?

Thank you for your participation!

