

CMS Weekly Webinar Notes

January 31, 2018

CAVEAT

I'm not a medical professional and have not read all of the measure documentation. Please ask for clarification if you find the information below to be questionable.

Thanks.

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1/31/2018

ANNOUNCEMENTS

Now available in the QPP Resource Library: Data dictionary and Excel to XML Mapping.

Q&A SESSION

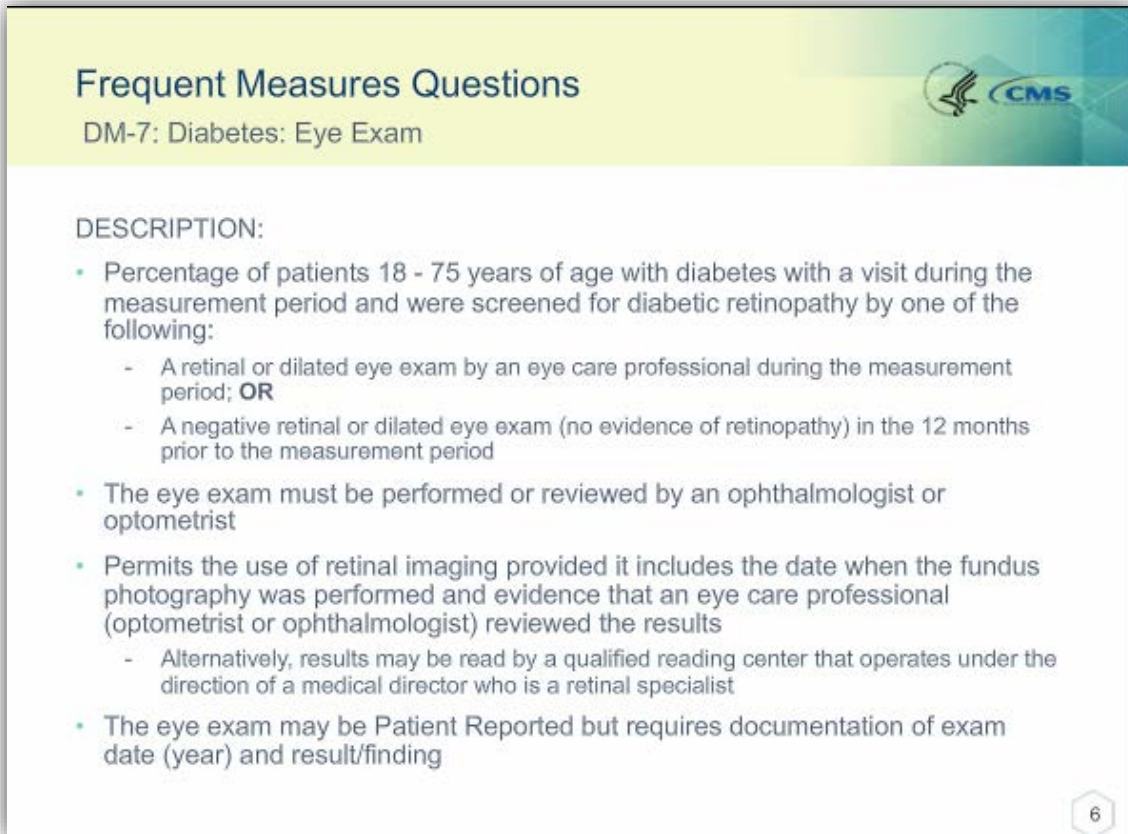
1. **PREV-12** If phq2 is positive, does a negative PHQ9 after the allotted time count? Follow up must be on the date of the positive screen. Refer to pg. 6 of measure specs.
2. **PREV12** Does the actual test name need to be visible on the document if it is to be accepted? The name of the tool must be documented in the med rec. If tool is built into the system, it counts but in an audit there must be written policy to confirm that it can be mapped back to the EMR.
3. What are the auditable measures for the 2017 PY? If an ACO is selected, any of the measures can be auditable.
4. How do you remove data from the WI? Use the excel upload and put N/A in the cell you want the data removed from. This will remove the data.
5. **PREV-9** The EMR calculates the BMI even if the ht/wt isn't taken on the same date. Is this OK? Yes, but the ht/wt need to be done within 6-month look-back period.
6. How do you print complete FAQ? It has no print feature.
7. **CARE 2** Does verbiage in the patient's note saying "gait/no gait" count as an assessment? Does not count.
8. **CARE 1 MED REC** Does the actual note have to say, "med was reconciled" to count? Review the reference document and the third option in it indicates that more language needed in record.
9. **PREV-8** OK if vaccination was outside of the clinic? OK if date and vaccine is recorded.

10. **PREV-13** [Warning: much of this was over my head, so be forewarned about the contents of this note.] We excluded a patient with the diagnosis only hyperlipidemia but not pure hypercholesterolemia. Is this OK? No you're reading it wrong. Move on to risk cat 3. If the risk cat 3 answers are all no, then they'll be skipped if it can't confirm that it's the pure hypercholesterolemia. Skip is you can't confirm for risk cat 2, risk cat 3.
11. **MH-1** Our organization is just starting to use PHQ9, so we skip those that haven't had it. But the Web Interface says that we have too many skips. However, the visit can be seen in the claims data. Is this a red flag? You are skipping but the skipped beneficiaries are not denominator eligible. CMS is aware that you have frequent skips due to not using PHQ9, and as long as your organization is pay for reporting you count.
12. **PREV-9** Is a non-ambulatory patient excluded? No. But if they refuse the examination then they are.
13. Should patients who are PPO and Secondary Part B, remain in the sample? No. Select "Non-qualified Because in HMO".
14. Do you get a bonus for reporting more than the minimum? No.
15. Can we upload the data in batches? Is it possible to edit uploaded data? Yes and yes.
16. **PREV-9** If the patient is a paraplegic and no waist can be found, can they be excluded? No. But if they refusal, then can be excluded.
17. **PREV-7** What is the measurement period for the two office visits or one preventative visit? During measurement year.
18. **PREV-7** If the vaccination record is in the EMR will this meet the measure? Yes, but it has to be at the point of care.
19. If the date of birth is wrong, do we have to fix in Excel? No, fix them in the WI.
20. When uploading a file, does the file have to have a specific name? No.
21. **PREV-13** [Warning: much of this was over my head, so be forewarned about the contents of this note.] The patient has a third risk cat LDL less than 70 but is on a statin, they don't qualify as a skip, right? Determine that the LDLC be between 70-189. If less than 70, can use denominator exclusion. Refer pg14 of the Statin document. If the diabetic is in the age range is lower but on a statin, it's Yes? Denominator exception.
22. **HTN-2** Multiple blood pressure measurements were done on same day; do we use the lowest score of both numbers? Yes.
23. **PREV-7 & 8** If the vaccination is recorded in a state-wide system, does it need to be in the EMR need to be recorded? As long as you have access to the state-wide system info at the point of care, no.
24. If the name is abbreviated in the WI (Jackie for Jacqueline), do we have to update it? Completely optional.

25. Can we Excel upload in batches of 100? Yes. Number in Excel doesn't matter.
26. **CARE 1** The hospital and outpatient are on same EMR, and on the EMR is where the lab drawn is posted but no doctor reviewed it, is "Medical Record Not Found" OK? Follow the flow in the documentation. If no outpatient visit is within 30 days, then mark No.
27. How do you earn bonus points? For ACOs, no bonus points.
28. **Care 1** We can't confirm discharge date. Do we select No? No, answer will be on the + - 2 days med rec date. Was the patient discharged from an inpatient facility on the discharge date listed +/- 2 calendar days? Answer no

FREQUENT MEASURE QUESTIONS

These were shared via slides and rather than transcribe them, they are pictured below.



Frequent Measures Questions
DM-7: Diabetes: Eye Exam

DESCRIPTION:

- Percentage of patients 18 - 75 years of age with diabetes with a visit during the measurement period and were screened for diabetic retinopathy by one of the following:
 - A retinal or dilated eye exam by an eye care professional during the measurement period; **OR**
 - A negative retinal or dilated eye exam (no evidence of retinopathy) in the 12 months prior to the measurement period
- The eye exam must be performed or reviewed by an ophthalmologist or optometrist
- Permits the use of retinal imaging provided it includes the date when the fundus photography was performed and evidence that an eye care professional (optometrist or ophthalmologist) reviewed the results
 - Alternatively, results may be read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist
- The eye exam may be Patient Reported but requires documentation of exam date (year) and result/finding

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Frequent Measure Questions



No.	Question	Answer
1)	If a diabetic patient had a dilated eye exam in 2017, but the documentation does not mention diabetic retinopathy, is this acceptable?	Yes, as long as the eye exam is documented as a retinal or dilated eye exam and it was completed in 2017 it would be acceptable. You would also need to show the eye exam was performed by an ophthalmologist or optometrist or results were reviewed by an optometrist or ophthalmologist.
2)	For the DM-7 measure, we understand we can accept a patient reported exam as long as the patient reports the year of the exam and the result/finding. In case of an audit, does the medical record documentation of the patient's report suffice or would an organization have to provide the actual report from the eye care professional?	When utilizing the patient reported requirement, you would need to have the date (year) and the result. When utilizing documentation in the patient record other than patient reported, you would need the date of the exam and the finding of a negative exam for exams performed in 2016, or the date of the exam if performed in 2017. The actual report from the eye care professional is not required. The medical record needs to support the exam was performed and reviewed by an eye care professional (ophthalmologist or optometrist), the exam was a dilated or retinal exam, and if performed in the year prior to the performance period, the exam was negative for diabetic retinopathy.

Frequent Measure Questions



No.	Question	Answer
3)	I'm writing regarding the diabetes composite Web Interface measure. Composite confirmation guidance in the template that CMS provides states, "Does the patient have a documented history or active diagnosis of diabetes between January 1, 2016 and December 31, 2017?" Does this mean that documentation of history of diabetes OR documentation of active diagnosis of diabetes must be found within the two-year timeframe for the patient to be confirmed for the measure? If the only evidence of diabetes is before January 1, 2016, would we still include the patient in the measure?	<p>A diagnosis of Type 1 or Type 2 diabetes would need to be documented on the patient's problem list, be a diagnosis code listed on the encounter, or documented in a progress note indicating that the patient is being treated or managed for the disease or condition during the measurement period or the year prior to the measurement period.</p> <p>If there is not medical record documentation of diabetes during 2016 or 2017 for the 2017 performance period you should not confirm the diagnosis. Please refer to the denominator guidance for the Composite Confirmation on page 9 of the measure document.</p>

Frequent Measure Questions



No.	Question	Answer
4)	We have a patient who qualifies for the diabetic measure. They are congenitally blind so a retinal eye exam would not be warranted. What should we do with this patient? Mark the patient at N/A?	<p>2017 DM-7 does not include denominator exclusions or denominator exceptions. According to the measure steward patients who are blind would often still require an eye exam.</p> <p>If you feel the patient should be disqualified from the denominator, you would need to request a CMS Approved Reason to skip the patient. "Other - CMS Approved Reason" should only be selected when approved by CMS.</p> <p>To request a CMS Approved Reason to Skip, submit a Quality Payment Program Service Desk Inquiry providing the patient rank, measure, and reason for request. A CMS decision will be provided in the resolution of the inquiry. Patients for whom a CMS Approved Reason is selected will be "skipped" and another patient must be reported in their place, if available.</p>

Resources



[QPP Help and Support](#) website:

- Provides support videos, webinars, online courses, learning network, in-person assistance, APM learning systems, and developer tools

QPP Resource Library contains the following CMS Web Interface materials:

- [2017 Web Interface Measures & supporting documents](#)
- [CMS Web Interface Support Webinars flyer](#)
- [CMS Web Interface Excel template user guide](#)
- [CMS Web Interface Excel template](#)
- [CMS Web Interface & CAHPS for MIPS survey assignment methodology](#)
- [CMS Web Interface sampling methodology](#)
- [CMS Web Interface fact sheet](#)
- CMS Web Interface instructional videos
 - [CMS Web Interface: Manually Entering Data by Measure](#)
 - [CMS Web Interface: Resolving Excel Errors](#)
 - [CMS Web Interface: Testing Your Data](#)
 - [CMS Web Interface: Submitting Without a Submit Button](#)
 - [CMS Web Interface: An Introduction to the CMS Web Interface](#)
 - [CMS Web Interface: Manually Entering Data by Beneficiary](#)
 - [CMS Web Interface: Viewing Your Reporting Progress](#)
 - [CMS Web Interface: Planning Your Work](#)



Resources for ACOs



- Medicare Shared Savings Program ACO:
 - Website: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html>
 - Program Guidance & Specifications: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/program-guidance-and-specifications.html>.
 - ACO Portal: <https://portal.cms.gov/>
 - Resource: 2017 Quality Measurement and Reporting Guides
 - Resource: 2017 Quality Reporting Resource Map
 - Resource: 2017 Quality Reporting Checklist
 - Weekly ACO Spotlight Newsletter
- Next Generation ACO Model:
 - Website: <https://innovation.cms.gov/initiatives/Next-Generation-ACO-Model/>
 - Connect Site: <https://app.innovation.cms.gov/NGACOConnect/>