



# 2016 Keys to Successful Reporting – Part 1



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**December 1, 2016  
1:30pm – 3pm ET**

## Accessing Slides

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- Today's presentation is available on the Shared Savings Program ACO Portal, Pioneer and Next Generation ACO Connect Sites.
  - Shared Savings Program ACOs: Please login to the ACO Portal (<https://portal.cms.gov>) and click on today's event.
- ACO contacts 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.
- If you need more help to access these slides, please call the ACO Information Center: 1-888-734-6433 (select Option 2) or TTY/TDD 1-888-734-6563. *They are available now to assist you.*
  - You may email the ACO Information Center at [APOSD@cms.hhs.gov](mailto:APOSD@cms.hhs.gov).
  - Hours are Monday through Friday, 8:30 a.m. – 7:30 p.m. ET.

## Purpose

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- Provide an overview of GPRO Web Interface reporting, program alignment, timeline and resources.
- This presentation is intended for ACOs. Content specific to certain types of ACOs will be called out.

## Agenda

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1. GPRO Web Interface Reporting requirements and alignment with other programs
2. EIDM accounts and roles
3. Assignment and Sampling
4. Measure highlights
5. Quality Measure Validation Audit overview
6. GPRO Web Interface dates and Q&A sessions
7. Reminders and Resources
8. Q&A

## 2016 GPRO Web Interface Quality Reporting

Dates	Event
January 1, 2016 – December 31, 2016	Reporting Period
January 3-6, 2017	Patient Ranking Files available in the Group Practice Reporting Option (GPRO) Web Interface (WI)
January 9-13, 2017	Training environment available in the GPRO WI
January 17 – March 17, 2017 (8pm ET, 7pm CT, 6pm MT, 5pm PT)	GPRO WI submission period
January 19 – March 14, 2017	Weekly Q&A sessions
March 20 – April 21, 2017	Continued access to GPRO Web Interface to generate, view, and print reports (all other functionality disabled)

## GPRO Web Interface Reporting Requirements

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- The 18 GPRO Web Interface measures are associated with 8 disease modules or patient care measures.
- The 18 disease module or patient care measures in the GPRO Web Interface are pre-filled with 17 beneficiary samples for each ACO.
- For each beneficiary sample, the ACO is required to consecutively confirm and complete 248 beneficiaries, or 100% of their sampled beneficiaries if < 248 are available.

## Alignment with PQRS – Shared Savings Program ACOs

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- If the ACO completely reports all GPRO Web Interface measures for 2016, then its ACO participant TINs with PQRS eligible professionals (EPs) will not be subject to the 2018 PQRS payment adjustment.
- As finalized in the 2017 Physician Fee Schedule Final Rule, EPs participating in a Shared Savings Program ACO can now report to PQRS outside of the ACO.
  - EPs may report as groups or individuals.
  - EPs may only report using EHR, registry, or QCDR reporting options.
  - The PQRS Special Reporting Q&A is available on the Shared Savings Program ACO Portal under the Program Announcement, “2016 Quality Measurement and Reporting Guides.”
- EPs billing under more than one TIN need to meet the PQRS reporting criteria for each TIN under which (s)he bills during the 2016 PQRS program year to avoid the 2018 PQRS payment adjustment for each TIN.

## Alignment with PQRS – Pioneer and Next Generation Model ACOs

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- PQRS Eligible Professionals (EPs) participating in an Pioneer or Next Generation Model ACO will satisfy 2016 PQRS reporting requirements if the ACO satisfactorily reports.
- Pioneer and Next Generation ACO participants are identified by the TIN/NPI combinations on their respective Participant Lists.
- Participants billing Medicare Part B during the 2016 PQRS Program year with TINs outside of the **final** 2016 Participant List, need to meet the PQRS reporting criteria for *each non-Pioneer TIN* to avoid the 2018 PQRS Payment Adjustment.
- **For more information, please see the materials for the 4/19/16 webinar entitled “Pioneer/Next Generation ACOs Webinar 2016 PQRS/VM Reporting Requirements”, posted on the Connect sites.**



## Alignment with Value Modifier – Shared Savings Program ACOs

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- In 2018, CMS is applying the Value-based Payment Modifier (VM) to physicians, nurse practitioners (NPs), physician assistants (PAs), clinical nurse specialists (CNSs), and certified registered nurse anesthetists (CRNAs) in groups with 2 or more EPs and to physicians, NPs, PAs, CNSs, and CRNAs who are solo practitioners. Groups and solo practitioners are identified by their Medicare TIN.
- TINs participating in a Shared Savings Program ACO in 2016 will be subject to the 2018 VM based on the ACO's performance year 2016 quality data.
  - The VM will be applied at the participant TIN level based on the size and composition of the TIN.
- If an ACO successfully reports on quality measures as required under the Shared Savings Program in 2016, then the VM for the participant TINs under the ACO will be calculated using the quality-tiering methodology.
  - The PQRS Second Reporting Period Q&A document available on the ACO Portal will be updated soon to include information on the VM.

## Alignment with Value Modifier – Shared Savings Program ACOs, cont'd

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- The VM is determined by calculating a cost composite and a quality composite. For TINs participating in a Shared Savings Program ACO in 2016, their VM in 2018 will be based on:
  - Cost composite = classified as “Average”
  - Quality composite = calculated using the data reported in 2016 by the ACO through the GPRO Web Interface, the CAHPS measures, and the ACO’s All-Cause Hospital Readmission measure
- CMS will make available Quality and Resource Use Reports (QRURs) to groups and solo practitioners in the Fall of 2017 (based on 2016 performance) that will show how they would fare under VM that will be applied in 2018.
- Beginning in 2018, the VM will also apply to the non-physician EPs in a TIN.
- For more information on the VM, please refer to: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>
- For more information on interactions between the Shared Savings Program and the VM, including the VM quality-tiering and adjustments, please review the Frequently Asked Questions guide available here: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/2017-VMM-SSP-FAQs.pdf>

## Alignment with Value Modifier – Pioneer and Next Generation Model ACOs

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- In 2018, the application of the VM is waived for groups and solo practitioners, as identified by their TIN, if at least one EP who billed for PFS items and services under the TIN during 2016 participated in the Pioneer ACO Model or Next Generation ACO Model.

## Alignment with EHR Incentive Program

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- Achieving Meaningful Use is not required for participation.
- EPs participating in an ACO can satisfy their CQM reporting for the EHR Incentive Program if EPs use Certified EHR Technology (CEHRT) and the ACO satisfactorily reports via the GPRO Web Interface.
- EPs must separately attest to the other requirements for the EHR Incentive Program to successfully demonstrate Meaningful Use.
- For additional information about the EHR Incentive Program: <http://www.cms.gov/EHRIncentivePrograms>.

## EIDM Accounts and Roles

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- In order to meet the reporting requirements of the Shared Savings Program, Pioneer Model, and Next Generation ACO Model, each ACO must have individuals with the ACO Security Official (ACO SO) and GPRO Web Interface Submitter roles within the EIDM Physician Quality and Value Programs Application.
- EIDM accounts are NOT the same as the CMS-issued User ID needed to access the Shared Savings Program ACO Portal. Users cannot use their CMS-issued User ID for quality reporting and must create EIDM accounts and roles.
- EIDM accounts will enable your ACO to:
  - Access your Patient Ranking file prior to the GPRO Web Interface data submission period;
  - Access the GPRO Web Interface training environment; and
  - Enter and submit quality data via the GPRO Web Interface during the submission period to fulfill program requirements for complete and accurate reporting.

## EIDM Accounts and Roles

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- For more information, including instructions on how to establish accounts and roles, please see the 2016 ACO Quality Reporting Guide: EIDM Account and Role Set-up, available for download on the ACO Portal (<https://portal.cms.gov>) under the Program Announcement, “2016 Quality Measurement and Reporting Guides.”
- Guidance on EIDM registration for Pioneer and Next Generation ACOs is available on the Pioneer (<https://app.innovation.cms.gov/PioneerConnect/sfc/>) and Next Generation ACO (<https://app.innovation.cms.gov/NGACOConnect/sfc/>) Connect sites.

## Assignment and Sampling Overview


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- The GPRO Web Interface allows PQRS group practices and ACOs to report data on a pre-determined population of beneficiaries.

Beneficiaries are assigned to the ACO



Assigned beneficiaries are assessed for their quality reporting eligibility, including measure-specific denominator eligibility



Eligible beneficiaries are sampled into applicable measures and loaded into the GPRO Web Interface for quality reporting

## Assignment: Overview

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- Assignment is the process of determining which beneficiaries are attributed to an ACO, and is based on a predetermined algorithm.
- A beneficiary assigned to an ACO in one reporting year may or may not be assigned to that same ACO in the following reporting years.
- For GPRO Web Interface purposes, CMS uses:
  - Shared Savings Program assigned beneficiaries from the 3<sup>rd</sup> quarter assignment file; and
  - Pioneer and Next Generation ACO Model aligned beneficiaries, updated for exclusions as of the 2<sup>nd</sup> quarter.



## Assignment: Resources

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- 2016 Shared Savings Program Savings and Losses Assignment Methodology: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/Shared-Savings-Losses-Assignment-Spec-V4.pdf>.
- Years 4 - 5 Pioneer ACO Alignment and Financial Reconciliation Methods: <https://innovation.cms.gov/Files/x/PioneerACOBmarkMeghodology4to5.pdf>.
- Years 1 - 3 Next Generation ACO Alignment and Financial Reconciliation Methods: <https://innovation.cms.gov/Files/x/nextgenaco-methodology.pdf>.

## GPRO Web Interface Sampling Overview


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- Assigned beneficiaries may be sampled into one or more GPRO Web Interface measures, using a three step sampling process:

Step 1: Determine if assigned beneficiaries are eligible for quality reporting



Step 2: Determine if beneficiaries eligible for quality reporting are denominator eligible



Step 3: Select a sample of denominator eligible beneficiaries for each module/measure.

## GPRO Web Interface Sampling: Selecting the Sample

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- Each measure will have its own beneficiary sample. In other words, each ACO will have 16 samples of 616 beneficiaries, and one sample of 750 beneficiaries (for the statin therapy measure).
- The beneficiary's place in the sample (e.g., 1, 2, 3, etc.) is referred to as the beneficiary's rank.
- Each ACO is required to confirm and complete data entry on 248 consecutive beneficiaries for each measure.

2016 GPRO Web Interface Sampling Methodology:

[https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/downloads/2016\\_WebInterface\\_Sampling-.pdf](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/downloads/2016_WebInterface_Sampling-.pdf)

## GPRO Web Interface Reporting

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- Prior to the opening of the GPRO Web Interface submission period, ACOs will be able to access their Patient Ranking file which includes:
  - The ACO's beneficiary samples for each module/measure,
  - Each beneficiary's rank order number in each module/measure,
  - The TIN or CCN at which the patient received the most care, and
  - 3 NPIs from whom the beneficiary received the most care.
  
- This file will be provided both as a download from the GPRO Web Interface, and as an Excel file.

## GPRO Web Interface Reporting, cont'd

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- Beginning in January 2017, ACOs will have approximately 8 weeks to complete quality reporting for their beneficiary sample for 2016 reporting.
- ACOs must completely report on a minimum of 248 beneficiaries in each module/measure or 100 percent of consecutively ranked beneficiaries if they have fewer than 248 beneficiaries available in the sample.
- ACOs may enter data manually or import data via an Extensible Mark-up Language (XML) interface.
- Use the supporting documents and other materials provided for 2016 to make the most of your valuable resources:
  - Measure specifications and supporting documentation are available at: [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).
- Following the 8-week submission period, ACOs may be selected for the 2016 Quality Measures Validation Audit.

## GPRO Web Interface Sampling: FAQs

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- **Q: Why are there so many beneficiaries in each sample (an oversample) if we only need to report on 248?**
  - A: CMS provides an oversample for each measure in case medical record data indicate some beneficiaries are not appropriate for the sample. An oversample allows those beneficiaries to be skipped and replaced with another sampled beneficiary, so the 248 beneficiary requirement can still be reached.
  
- **Q: What if my ACO doesn't have enough beneficiaries for a complete sample of 616, or 750?**
  - A: Some ACOs may not have 616 (or 750) eligible beneficiaries for some measures. In those cases CMS provides all the eligible beneficiaries that are available. Similarly, if you do not have 248 beneficiaries to report on, you must report on all the eligible beneficiaries that are available to your ACO.

## GPRO Web Interface Sampling: FAQs

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- **Q: Will my ACO really have 10,606 beneficiaries in its sample (616 beneficiaries for 16 measures, plus 750 beneficiaries for the statin therapy measure)?**
  - A: No. In order to minimize the resource burden on practices, CMS samples in a way that maximizes beneficiary overlap between each measure's sample. This means a single beneficiary may be sampled for multiple measures. To the extent possible, for a single beneficiary that is sampled into more than one measure, CMS assigns a similar rank to the beneficiary in each of those measures.

## GPRO Web Interface: Measure Changes from PY2015 to PY2016

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- ACO-16 (PREV-9) – BMI Screening and Follow-up Plan
  - Medical and patient reason exceptions are now denominator exclusions (i.e., these patients are now removed from the denominator up front)
- ACO-19 (PREV-6) – Colorectal Cancer Screening
  - Documentation of both the results of the colorectal cancer screening and the date of the screening are required.
  - FIT-DNA screening (e.g., ColoGuard) will be considered numerator compliant
  - CT Colonography (i.e., virtual colonoscopy) screening will also be considered numerator compliant.



## GPRO Web Interface: Measure Changes from PY2015 to PY2016

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- ACO-20 (PREV-5) – Breast Cancer Screening
  - 3D mammogram will not be considered numerator compliant. If the beneficiary receives a 3D mammography, submit a ticket for an “Other CMS approved reason.”
- ACO-21 (PREV-11) – Screening for High Blood Pressure and Follow-up Documented
  - Patient reason exception is now allowed with respect to the follow-up plan.
- ACO-31 & 33 (HF-6 and CAD-7) – Beta Blocker Therapy for LVSD and ACE Inhibitor or ARB Therapy: Diabetes and LVSD
  - List of synonyms for “moderate” and “severe” with respect to LVSD no longer applicable.
  - Measure only allows the words “moderate” or “severe” to describe LVSD.

## GPRO Web Interface: New Measure in PY2016

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

## GPRO Web Interface: Skip Reasons

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- A beneficiary is removed from all measures and performance calculations if these skip reasons are chosen:
  - Not Qualified for Sample
  - Medical Record Not Found

## GPRO Web Interface: Skip Reasons

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- **Not Qualified for Sample**
  - Beneficiary was in hospice during the performance year
  - Beneficiary moved out of the country during the performance year
  - Beneficiary died during the performance year
  - Beneficiary was enrolled in an HMO during the performance year

## GPRO Web Interface: Skip Reasons, cont'd

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- **Medical Record Not Found (MRNF)**
  - It is expected that the ACO make every effort to locate/obtain access to the medical record and that the providers within the ACO share the necessary records/data for the purposes of coordinating care and reporting quality measure information
  - Elevated rates of selecting MRNF is a factor considered for inclusion in the Quality Measures Validation Audit

## GPRO Web Interface: Skip Reasons, cont'd

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**A beneficiary is removed from a specific measure if any of these skip reasons are chosen:**

- Diagnosis could not be confirmed
- Denominator inclusion criteria are not met
- Denominator exclusion criteria are met
- Other CMS approved reason requested
  - Must obtain CMS approval before selecting Other CMS approved reason
  - Email the QualityNet Help Desk ([qnet support@hcqis.org](mailto:qnet support@hcqis.org)) to work with CMS for approval
    - Include the beneficiary rank, measure, and reason for request
    - Maintain the approved Help Desk ticket number for entry in the GPRO Web Interface

## GPRO Web Interface: Quality Measures Validation Audit

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- Determine accuracy of Web Interface measure data
- Understand reasons for Web Interface measure data anomalies
- Identify target areas for education and outreach to improve reporting accuracy
- Improve adherence to reporting requirements
- Provides actionable data
  - Highlighting areas needing improvement
  - Identifying best practices that could be shared
- Allows accurate data to be publicly reported which builds public confidence in the quality of care provided within ACOs
- Audit will take place after the submission period has ended.
- Updates to the Quality Measures Validation Audit were finalized in the 2017 Physician Fee Schedule Final Rule.
  - Audit results may impact the overall quality score and thus financial reconciliation.

## GPRO Web Interface: Quality Measures Validation Audit – ACO, Measure, and Beneficiary Selection

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- **Shared Savings Program ACOs may be selected for audit**
  - In 2016, 10% of the SSP ACOs will be selected for audit
  - Selection will be random or based on data anomalies
  - Anomalies include such things as unusually high skip rates due to Medical Record Not Found
- **Audit Measure and Beneficiary Selection**
  - CMS will audit about 200 records per ACO, across 4 to 5 measures
  - All records will be reviewed by CMS
- **Pioneer and Next Generation Model ACOs** – Information on the 2016 QMV Audit will be provided in the Pioneer Briefing and the Next Generation ACO Newsletter



## GPRO Web Interface: Quality Measures Validation Audit, Process and Impact

- At the end of the audit, CMS will provide education and feedback regarding the findings.
- CMS will calculate the overall match rate
  - *Overall match rate* =  $100\% \times \frac{\text{Number of matches}}{\text{Number of records audited}}$
- If the overall match rate is < 90%, the ACO's overall quality score may be reduced proportional to the ACO's Quality Measures Validation Audit match rate, and thus may impact financial reconciliation
  - Example: If ACO earns an overall quality score of 95.00% and has a Quality Measures Validation Audit match rate of 80.00%, their final overall quality score used in financial reconciliation may be reduced to  $95.00\% \times 80.00\% = 76.00\%$
- Please follow the Shared Savings Program ACO Spotlight Newsletter for information on an upcoming QMV Audit Webinar on January 9, 2017.
- **Pioneer and Next Generation Model ACOs** – Please follow the Pioneer Briefing and the Next Generation ACO Newsletter for information on upcoming QMV Audit Webinars.

## Key GPRO Web Interface Resources

- GPRO Web Interface Supporting Documents and Measure Flows available on the GPRO Web Interface web page:  
[https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO\\_Web\\_Interface.html](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html)
- Quick Reference Guides for each GPRO Web Interface measure available on the SSP Portal, the Pioneer Connect site, and Next Generation ACO connect site.
- Recordings of past GPRO Web Interface webinars available on Shared Savings Program Portal and Pioneer and Next Generation ACO Connect sites

Webinar Title	Date
Quality: GPRO Web Interface Measures for the 2016 Reporting Period, Part 1	May 19, 2016
Quality: GPRO Web Interface Measures for the 2016 Reporting Period, Part 2	June 2, 2016
EIDM for ACOs	November 15, 2016

## Upcoming Web Interface Webinars

Webinar	Date and Time
Keys to Successful Reporting - Part 2	December 6, 2016; 12:30-2:00pm ET
GPRO Web Interface Education & Outreach Kick Off	December 15, 2016; 12:00-1:00pm ET
2016 Quality Measures Validation Audit Overview	January 9, 2017; 2:00-3:00pm ET
Weekly Support Call (Q&A Session)	January 19, 2017; 1:00-2:00pm ET
Weekly Support Call (Q&A Session)	January 26, 2017; 1:00-2:00pm ET
Weekly Support Call (Q&A Session)	February 2, 2017; 1:00-2:00pm ET
Weekly Support Call (Q&A Session)	February 9, 2017; 1:00-2:00pm ET
Weekly Support Call (Q&A Session)	February 16, 2017; 1:00-2:00pm ET
Weekly Support Call (Q&A Session)	February 23, 2017; 1:00-2:00pm ET
Weekly Support Call (Q&A Session)	March 2, 2017; 1:00-2:00pm ET
Weekly Support Call (Q&A Session)	March 9, 2017; 1:00-2:00pm ET
2016 GPRO Quality Reporting Lessons Learned	April 6, 2017; 1:00-2:00pm ET

## Reminders and Tips

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- Set up your EIDM accounts as soon as possible
- Download your patient ranking files as soon as they become available
- Take advantage of the GPRO Web Interface training environment
- Don't wait until the last day to hit 'Submit Data to CMS'
- Make note of where documentation was found (if not obvious), in case of selection for a Quality Measures Validation Audit

## Technical Assistance

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- **For questions related to the GPRO Web Interface, quality measures, or PQRS payment adjustment:**
  - Contact the QualityNet Help Desk and identify yourself as a representative from an ACO  
  
E-mail: [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org)  
  
Phone: (866) 288-8912 | TTY: (877) 715-6222 | Fax: (888) 329-7377  
  
Monday – Friday 7 a.m. - 7 p.m. CT
- **Medicare Shared Savings Program**
  - E-mail: [SharedSavingsProgram@cms.hhs.gov](mailto:SharedSavingsProgram@cms.hhs.gov)
- **Pioneer Model:**
  - Email: [PioneerQuestions@cms.hhs.gov](mailto:PioneerQuestions@cms.hhs.gov)
- **Next Generation Model:**
  - Email: [NextGenerationACOModel@cms.hhs.gov](mailto:NextGenerationACOModel@cms.hhs.gov)
- **VM Help Desk**
  - Phone: (888) 734-6433 Option 3 or [pvhelpdesk@cms.hhs.gov](mailto:pvhelpdesk@cms.hhs.gov)
- **EHR Incentive Program Information Center**
  - Phone: (888) 734-6433 (TTY 888-734-6563)

# Questions?

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