



2016 Physician Quality Reporting System (PQRS) Group Practice and ACO Web Interface Reporting Mechanism

Web Interface Q&A Session Support Call Program Year 2016

Moderator: Ashley Burrell
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Ashley Burrell: Good Afternoon I am Ashley Burrell from the PQPMI team and I'm your moderator today. I would like to welcome everyone to our Group Practice and ACO Web Interface Question and Answer Support Call series. Today's call will be recorded and will be available for PQRS Group Practice on our Web Interface webpage. Questions will be accepted through the Q&A feature on left hand side of your screen and will be addressed at the end of the session as time permits.

At this time I would like to turn the call over to Rabia Khan for the Division of Shared Saving Program at CMS. Rabia, over to you.

Rabia, your line is still on mute in WebEx.

Rabia Khan: Thank you, I apologize. [*Laugh.*] Yes, I am Rabia Khan from the CMS Division of Shared Saving Program and I would like to welcome all of you to our CMS Support call for 2016 PQRS Group Practice and ACO GPRO Web Interface reporting. During the support call our subject matter experts will go over important reminders about key dates, reporting requirements, helpful information on data trans-submission and frequently asked measure questions.

Following our presentation we will host a Q&A session where our experts on the call will answer your questions. Please note: Some questions may be specific to your organization therefore we may suggest you contact the Quality Net Help Desk for further assistance.

As Ashley mentioned, today's slides will be available on the GPRO WI webpage and also ah a notice for Share Savings program ACO's due to some recent enhancements to our portal the slides are actually located under a program announcement titled "2017 Web Interface Q&A Support Slides and Recordings" instead of the event calendar where you would usually find our slides. In addition the slides are also posted on the Next Generation and Pioneer connect sites.

I do have an announcement in regards to ah the CAD-7 measure, some organizations have reported they are skipping a higher than expected number of beneficiaries in their CAD sample,

due to not being able to confirm the diagnosis. After investigating we have determined that recent updates to our programming processes have inadvertently changed the sampling criteria for this measure. This may result in more cases in which a CAD diagnosis cannot be confirmed, however we provide an oversample of 616 beneficiaries for reporting. As with all measures organizations are required to consecutively confirm and complete 248 beneficiaries or as many as are possible until the sample is exhausted. We will continue to monitor the reporting and results of this measure. Please follow your program specific news letters or communication experts for additional information on CAD-7.

Next slide please: **Slide 3**

Now for some important announcements and reminders:

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.

The Web Interface measure specifications and supporting documents are located on the Web Interface webpage of the CMS website. We strongly recommend you use the measure specifications and supporting documents as a resource when reporting your quality data.

Next slide please: **Slide 4**

As you know the web interface is open for data entry and submission, users can access the web interface through the PQRS portal. The web interface closes March 17 at 8:00 PM Eastern time. We strongly encourage your organization to not wait until the last day and to submit data well before 8:00 PM Eastern Time to ensure that it's fully submitted before the web interface closes.

Next slide please: **Slide 5**

To provide helpful information and to answer your questions we have weekly web interface and data submission support calls so please mark your calendars with the dates and times for each of these calls. In addition, we'll be hosting a web interface lessons learned shortly after the web interface closes. During that webinar, we will be going over your feedback on 2016 web interface reporting. More information will be provided to you on the Lessons Learned Webinar as we get closer to the close of the web interface.

Next Slide Please: **Slide 6**

There will be some scheduled outages and maintenance weekend for the PQRS portal which means the web interface will not be accessible during these dates and times so please mark your calendars with this information. The web interface will not be accessible during the following periods:

- Every Tuesday starting at 8:00PM Eastern Time to Wednesday at 6:00AM Eastern Time
- Every Thursday starting at 8:00PM Eastern Time to Friday at 6:00AM Eastern Time
- And every third weekend of each month starting Friday at 8:00PM to Monday at 6:00AM Eastern Time

Now just wanted to note for February the maintenance weekend is actually February (2/24/2017 – 2/27/2017). It was moved to the following weekend because of the federal holiday.

Next Slide Please: **Slide 7**

As a reminder to meet the satisfactory reporting requirements, all organization must completely report a minimum of 248 consecutively confirmed and completed beneficiaries in each module OR 100 percent of beneficiaries if your organization has fewer than 248 beneficiaries available in the sample.

Next Slide Please: **Slide 8**

Satisfactorily reporting all 18 of the web interface quality measures will allow PQRS group practices and eligible professionals participating in an ACO to avoid the 2018 PQRS payment adjustment.

In addition, Eligible Professionals participating in an ACO or PQRS group practice will satisfy their CQM reporting for the Medicare EHR Incentive Program if they use certified EHR technology to abstract the data for reporting through the Web Interface.

PQRS group practices are required to use EHR technology certified to the 2014 Edition to populate the Web Interface.

Eligible Professionals participating in an ACO must be using certified EHR technology and abstracting the data to report to the ACO, in the form and manner specified by the ACO. The ACO must then satisfactorily report the Web Interface measures.

Please note, EPs must still individually attest separately to the EHR Incentive Program for other program requirements. When you go to the attestation system and reach the screens for reporting CQM's, EPs should select option 1 since they are reporting through an eReporting option. Eligible professionals can also choose to submit their CQM data instead of selecting the eReporting option.

And finally, Shared Savings Programs ACOs who fail to satisfactorily report Web Interface measures will not meet the quality performance standard and will not be eligible to share in savings, if earned.

Next Slide Please: **Slide 9**

To be able to access the GPRO web interface your organization must have individuals with the necessary Enterprise Identity Management or EIDM account enrolled. Organizations must have users with the Security Official or ACO Security Official and the web interface submitter role. The Security Official or ACO Security Official is a member of the organization and validates the web interface submitter users. Only web interface submitters can access the GPRO web interface. If you haven't set up these roles yet please use the resources identified on the slide here, the Quick Reference Guides for group practices and additional EIDM guides for ACO's on the Shared Savings portal and the Next Generation connect sites.

If you have questions or are experiencing trouble trying to set up your accounts or roles please contact the Quality Net Help Desk for further assistance

Next Slide: **Slide 10**

Alright now I will turn it over to Sue Hanlon, who is going to go over some helpful information about the web interface.

Sue Hanlon: Thank you

Next Slide Please: **Slide 11**

Today we're going to go over or review how the web interface can set a patient to be skipped based on the answers, a set of answers, and we are referring to measure specific questions and answers. And those measures are Coronary Artery Disease (CAD), Heart Failure (HF), and Mental Health (MH).

So, patients will be skipped in the measure and the measure confirmation question will be automatically set to Not Confirmed – Additional Denominator Criteria when...

And Next Slide: **Slide 12**

For CAD, for the Coronary Artery Disease, if the answers to the following, (I'll just repeat them) if the medical record found is set to yes, yes. The CAD confirmed is set to yes and the question has diabetes or LVSD is set to no. If that is all true the web interface will automatically set the CAD confirm to Not Confirmed – Additional Denominator Criteria.

For Heart Failure, if the answer to medical record found is set to yes and Heart Failure confirmed is yes, and has LVSD is set to no then the system will automatically set the HF confirmed question to Not Confirmed – Additional Denominator Criteria.

Next Screen or Slide: **Slide 13**

Okay, so there's two sets of answers in mental health that will cause, um, that will cause mental health to be automatically skipped.

The first one is a medical record is found is set to yes, mental health confirmed is set to yes and the answer to PHQ-9 test performed is set to no. That will automatically set the patient to skipped.

And then the second set of answers medical record found set to yes, mental health confirmed set to yes, the PHQ-9 test performed is set to yes and the PHQ-9 Index test is greater than 9 is set to no. That set of answers will also automatically set the patient to skip and change their mental health confirmed answer to be Not Confirmed – Additional Denominator Criteria.

And Next Slide: **Slide 14**

So that covers it for us today – Thank you.

Debra Kaldenberg: Good afternoon everyone my name is Debra Kaldenberg and I will be going over 4 of the frequently measures questions that we've received this week.

Next Slide Please: **Slide 15**

The first question we have is can you please clarify that if a PHQ-2 is positive, then completing a PHQ-9 is considered follow-up?

And we did get this clarification from the measure developer and it is sort of unique. That is correct if the initial screening is considered positive and the recommendation is to follow up with additional screening, the additional screening must occur on the same encounter and the measure is considered met. If the recommendation is to follow up with additional screening but

the additional screening does not occur on the same encounter the intent of the measure has not been met.

If additional screening occurs during the measurement period, not on the same day as the initial positive screening, this new screening would be considered most recent and results should be used to report the measure; if positive a recommended follow up, if negative measure is met.

The next question we have is in regards to PREV 13, Risk Category 3. Is the date range for the diabetes diagnosis any time before 12/31/2016 or during the measurement period?

And again confirmation has been received from the measure developer. The following information, which is what I just said: For the purposes of reporting 2016 PREV-13, diagnosis of diabetes can be confirmed with documentation of active or history of diabetes in the patient's medical record at any time up through the last day of the measurement period.

The third question we have is I'm going to request a CMS approved reason to skip patients in PREV-5 Breast Cancer Screening measure, who received a 3D mammography, do I need a separate inquiry for each patient?

No, and actually we would prefer if you included multiple patients on the same inquiry if at all possible. So, and this isn't just for PREV 5 but this would really be for any request for CMS approved reasons to skip. If for some reason you have several patients where you were requesting a skip for the IVD measure you can include those all on the same request. Just know that the three components that we need for any request are the patient rank, or all of the patients rank, the measure in question, and the reason for the request.

The next question and our final one that we will go over in the slides today is where can I locate the 2016 Supporting Documents?

And we're bringing this up because we found that through this last couple of weeks that a lot of folks do not realize where these documents are or they're not using them. The Supporting Documents can be located on the CMS website, and this isn't in the portal so you can get to them whether you have access to the portal or not. And this link also includes other documents that pertain to the 2016 Web Interface so for example the posted Q&A. It would be the posted Q&A where you would find the updated guidance say for the PREV 6 Colorectal Cancer Screening measure.

And for today that is all we have – thank you.

Slide 16

Michael Kerachsky: Great, Thank you Sue. Similar to what we had presented last week, I'll briefly review the educational resources as well as (where to go to help) where to go to get help in the event you need assistance

Slide 17

Slide 17 contains a list of educational resource. Website and portal links are specific to PQRS Group Practice as well as each of the ACO models.

- The Web Interface page includes the following resources:

- 2016 Support Call presentations are posted to the website. I think currently we have the January 19th support call posted and today's support call will be posted in short order.
- 2016 PQRS Assignment Methodology and Web Interface Sampling documents
- Narrative Measure Specifications as well as the 2016 Web Interface XML Specification.
- In addition, posted on the web interface page are the supporting documentation which are posted by module and the Web Interface Quality Reporting Questions and Answers Document
- Finally the Educational Demonstrations include the following: 2016 Web Interface Overview, 2016 Web Interface Measures, and the 2016 EIDM for Web Interface. Educational demonstrations consist of video recording which include step by step instructions on how to access web interface and utilize the documentation listed on this slide.

Next Slide Please: **Slide 18**

Ok, slide 18 includes a screen shot of the new portal website, highlighted in the screenshot are PQRS Portal and Web Interface User Guides on the left hand side there, EIDM Quick Reference Guides, as well as the sign on button.

Next Slide Please: **Slide 19**

Ok, slide 19 includes a list of available help desk contacts for the PQRS Group Practice and ACO Models. For any PQRS EIDM Web Interface questions please contact the QualityNet Help Desk.

Next Slide Please: **Slide 20**

Finally slide 20 includes list of acronyms, which we will include in each presentation for the frequently used acronyms that you may see when conducting your reporting.

Next Slide: **Slide 21**

Ok, at this time we will begin the question and answer portion of today's support call.

A couple of requests for the attendees on today's call, please submit your questions in writing via the Q&A box located at the top of the webinar screen. When submitting questions please identify whether you are a PQRS group practice, Shared Savings Program ACO, Pioneer ACO, or Next Generation ACO.

If your question does concern measures it would be helpful if you identified the measure number. User specific questions must be sent to the Quality Net Help Desk where a representative may research the inquirers question on a case by case basis and provide an appropriate resolution.

And, finally, on today's support call we will not be responding to any MIPS or policy related questions.

Finally in an effort to read as many questions as possible we will not read repeat questions.

Question and Answers:

Question Moderator: Michael Kerachsky

Question: Ok, our first question is a measures question. Question about Care 3. Would quote "Take according to package directions" or quote "Take as directed" count as having addressed quote "Name, dosage, frequency, administered, route"?

Carol Noyes: Hi this is Carol, as long as the EP attests to documenting, updating, or reviewing the patient's current medications using all immediate resources available on the date of the encounter and the eligible professional then meets the intent of the measure by making their best effort to document a current, complete and accurate medication list during each encounter. So yes.

Michael Kerachsky: Ok thank you.

Question: Follow up plan in PREV-9 Measure, should this be within 6 months of the most recent encounter or within 6 months of the out of range Body Mass Index date?

Debra Kaldenberg: And this is Debra, so from the data guidance tab of the supporting document you're determining if the patient had a BMI documented during the most recent visit or within the last 6 months prior to the most recent visit. This would be the same look back period for your recommended follow-up, if your recommended follow-up isn't at the most recent visit. So you only have the 6 month look back period from your most recent visit for both components of that measure and, don't forget, your recommended follow-up must be linked to an out of range BMI.

Michael Kerachsky: OK Thank you

Question: Next question concerns submitting, would you please explain submitting often versus submitting at the completion of the audit?

Sue Hanlon: Ok, this is Sue Hanlon. The significant thing to remember is you can update your data all you want but it won't be looked at by CMS and considered unless you submit it. So the very last thing that you must do is submit it. You can submit as frequently as you want just as kind of a matter of practice and then, you know, when you submit it that data will be known to CMS and considered for measure rates and completeness, but, the very final thing you must do once you've added all your data, is submit.

Michael Kerachsky: OK

Question: Next question concerns measures. For CARE-2 if the medical record has the history of falls recorded, no falls, patient fell last year, but does not have a record of the question about falls that was asked to the patient as long as the fall history is recorded. Does this meet the measure?

Carol Noyes: Hello – Yes, this would meet the intent of the measure and actually within the inclusion synonym column of the data guidance this is addressed in a note which says screening for future fall risk must include documentation of whether the patient has been assessed for history of falls or any fall with injury and documentation of no falls would be sufficient.

Michael Kerachsky: OK

Question: Next question, Hypertension. If the last visit is inpatient or emergency room visit should it be reported, or should it be reported, or is it...I'm sorry let me repeat this. If the last visit is inpatient or emergency room visit should it be reported or is it only an outpatient ambulatory visit?

Carol Noyes: Hi –This measure is intended for office and non-emergency outpatient facility visits such as Urgent Care/Indoor Clinics, those are included. So no those visits would not count. However, you can look in the coding and underneath the evaluation tab there are encounters that you can look up to see which types of visits are included for this measure.

Michael Kerachsky: OK

Question: Next question, for the 2 blood pressure measures, PREV-11, Hypertension. Should blood pressure readings from procedure appointments include infusion, colonoscopy, injection, etc.?

Debra Kaldenberg: So I think for both of those measures, again we would refer you to the code set. If that type of coding is not present you would not have to include those blood pressure values but if you have something more specific in mind and you want a response to it, you are certainly welcome to open up a QualityNet Help Desk ticket and we will look at your specific scenario.

Michael Kerachsky: OK

Question -- next question, with the CAD measure the data guidance states “Left Ventricle systolic function” is defined as the patient ever having a left ventricle ejection fraction. Does the left ventricle systolic dysfunction have to be documented in the reporting period or at any time in the record?

Carol Noyes: No, like the data guidance says ever. That is an ever, anytime in the measurement or anytime in the patients record if you can find it that's reportable.

Question: Question, if we have a pneumovaccination on the statewide database but not in the actual EMR, does that meet the requirements for ACO 15?

Debra Kaldenberg: This would be a question for PREV-8, and if you have access to that information you can certainly use it. I would just recommend that you look at the specifications for measure specifically within the data guidance tab and ensure that the information you have in that statewide database does meet the intent of the measure.

Michael Kerachsky: Ok, thanks.

Question: Next question, for MH-1, is a depression diagnosis anytime within the denominator identification period or must it be active through the end of the denominator identification period?

[Pause]

Debra Kaldenberg: I think we would anticipate that that active diagnosis anytime during the index period would be acceptable.

Rabia Khan: Mike, this is Rabia. I hate to interject can we go back to the last question about pneumonia vaccination and ACO-15. I want to see if Sherry Grund is on the line to be able to

speak to what documentation is needed in case your ACO is selected for Quality Measures validation audit.

[Pause]

Sherry, are you on mute.

[Pause]

Debra Kaldenberg: So Rabia, I don't know if this helps.

Sherry Grund: Yep, I'm back now.

Debra Kaldenberg: Ok, ok.

Sherry Grund: I kept re-muting myself. The pneumonia vaccination documentation that's required is different depending on when that pneumonia vaccine was given. And if it was given prior to 2015, the documentation in the medical record, especially if that was patient reported and written into the record, can be a little more generic. They can report that they just had a pneumonia vaccine and do not have to report that it was of a particular type. After that time we need to have the actual type of the vaccine given. The 23 or 13 needs to be documented as provided to the patient at that time, and that time forward. And that needs to occur up through the last day of the measurement period which would be of course this time up through 12/31/2016.

Debra Kaldenberg: And if it's helpful you will be able to find that information on row 34 of the data guidance tab for the PREV supporting document, and then the information that was provided in regards to the timing and if it occurred prior to 2015 is included in the posted Q&A document. So if you need something in writing and you didn't catch all of it those are the 2 places where you can catch all of it.

Sherry Grund: Thanks Deb.

Debra Kaldenberg: Thank you Sherry.

Michael Kerachsky: OK Thank you.

Question: Next question, we are have extraordinarily high rates of skips for heart failure, MH, and hypertension, we would greatly appreciate investigation into the sampling process this is causing higher than expected resource utilization?

Rabia Khan: Thank you that is something we will look into.

Debra Kaldenberg: And Rabia I don't know if this would be helpful for Heart Failure, MH, Hypertension, but in particular for Heart Failure and MH, it's not unusual to have the high skips because there's additional denominator criteria that the groups and the ACO's need to look for. And so for MH-1 in particular, even if you can confirm the diagnosis, you are looking then for the PHQ-9 results. So if they're not using a PHQ-9 or their not finding PHQ-9's greater than 9 all of those would be considered skipped. So, I don't think this is typically anything unusual this would also be the same we would anticipate for the PREV-13 measure this year as well as for the CAD measure

Rabia Khan: Thank you

Michael Kerachsky: OK

Question: For Prev-9, the medical note or education materials have evidence that diet/exercise was discussed, and the discussion was related to another diagnosis, diabetes, and not body mass index, does the fact that the counseling took place meet?

Debra Kaldenberg –The only way that this would meet the measure is say your abnormal BMI was documented on the same encounter where the diabetes was discussed, in which case it would meet the measure because your diet and exercise information would be pertinent to both diabetes and BMI. This would be something you might also find with the blood pressure PREV-11, because a lot of the information and the recommended follow-up could certainly be pertinent to blood pressure, BMI, and especially diabetes if that's thrown in there. But just ensure that the recommended follow-up that they are giving for diabetes, that the diet and exercise occurred on the same date as the abnormal BMI.

Michael Kerachsky: OK next question.

Question: For Care-3 are ED visits being included in the office visit dates?

Carol Noyes: Once again we are going to have you look to the coding, I believe the ER visits are included in that and if you cannot find the visit and it's outside of your clinic than you can select no, outside of the clinic.

[Pause]

Michael Kerachsky: OK next question.

Question: For Prev-10 if the medical record reflects that the patient was screened and is a smoker and the intervention is provided but the record also states that smokeless tobacco is quote 'unknown'. Since smoking was identified and addressed does this meet the measure?

Debra Kaldenberg: Yes, in this case it would meet the measure. You have identified the patient as a tobacco user and you have provided cessation intervention. This would meet the intent of the measure.

Question: CARE-3 when looking for a visit on the date provided CMS, if we only find a phone call on that date, should we enter quote "No visit outside practice"?

Carol Noyes: So if you're unable to find a visit without 1 to 2 days, an actual visit within 1 to 2 days of that visit, then you would select "No visit outside practice"

[Pause]

Sherry Grund: You also might want to look to see if that particular visit date was billed appropriately. It could be for another physician or another type of visit but you might want to also see if that particular visit was billed correctly.

Carol Noyes –Thank you Sherry that's a good point.

[Pause]

Question: Are nurse practitioners, whose supervising physician is an ophthalmologist, able to perform eye exams for DM-7/ACO-41?

Carol Noyes: So, if the visit or if that test that is being performed has been reviewed by an ophthalmologist or optometrist or meets the intent of that measure, which would be being reviewed, showing that's there's no retinopathy, than that would meet the intent of the measure.

Debra Kaldenberg: And we, CMS doesn't dictate internal processes. So, as long as the other components of that particular measure are met it would be it... [Multiple voices.]

Michael Kerachsky: OK next question

Question: If a physician documents PHQ-2 negative in chart, is that sufficient for the depression screening measure?

Debra Kaldenberg: Yes, that would be sufficient for the PREV-12 measure as long as that measure occurred during the measurement period.

[Pause]

Question: For IVD if the patient has documentation of allergy to aspirin does that count as a miss against us? Also if patient receives 320mg PO of aspirin, does that count as a yes even though it isn't listed in the inclusive list of medications?

Carol Noyes: So for the first question, there are no exceptions or exclusions for this measure and if the patient isn't taking one of the additional medications that are listed, meaning Plavix or epians(?) or any other medications that are listed than you would select no, they are not taking aspirin and that would count as a miss. What was the second part? If they are taking aspirin it would count for the measure. For the second part of the question.

Michael Kerachsky: Next question.

Question: We have one patient that we cannot find attributed to our ACO does this require a qualitynet help desk ticket?

Olivia Berzin: This is Olivia Berzin. So, all of the patients that have been sampled into the Web-Interface are taken from your Quarter 3 assignment list, but if you like I can confirm that for you, you're more than welcome to submit a QualityNet help desk.

Michael Kerachsky: OK, next question

Question: Regarding PREV-10. Smoking status was screened, counseling was not performed that day, but in a previous encounter. Will that count?

Debra Kaldenberg: Yes that would count as long as that was within the 2 year period of time, so the measurement year or the year prior. You actually have 24 months where you can look for both the cessation counseling and the screening for tobacco use.

[Pause]

Michael Kerachsky: OK next question

Question: We are experiencing a lag time in the GPRO web interface causing us not to be as productive as we can, is there an issue with the web interface?

Sue Hanlon: Please open a help desk ticket for those issues.

[Pause]

Michael Kerachsky: OK, next question

Question –Some of our Medicare ID's in the exported patient list have left brace as the first character how should we handle these?

Debra Kaldenberg: So Higgens with a bracket at the beginning are generally indicative of somebody who's received their benefits through the Railroad Retirees Board. So those are actually okay. Catherine I don't know if you are on and have any other thoughts on that.

[Pause]

Rabia Khan: I don't believe she is on.

[Pause]

Michael Kerachsky: OK, next question

Question: How do we remove patients, well how do we remove a mass of patients' answers using the XML, as in reset the patient to incomplete?

Sue Hanlon: Can you repeat the question please?

Michael Kerachsky: How do we remove patient answers using the XML meaning reset the patient to incomplete?

Sue Hanlon: Please update your values. So if this helps, you can't reset.

Rabia Khan: This is Rabia, I would recommend if you could please send that, as QNet, to the QualityNet help desk we could probably provide additional information and guidance.

Michael Kerachsky: OK, next question.

Question: Are the quote "Not confirmed additional denominator criteria skips" looked at the same as the other skips?

Debra Kaldenberg: So if you're asking from a measure perspective if these skips are skipping and being replaced with another patient the answer to that is yes that patient is not considered denominator eligible. I'm not sure if someone else on the call has, maybe, a more complete answer, a different perspective. [Pause] I think that might be the answer they're looking for and we can probably continue on. The additional criteria for the measure is determining if they're really denominator eligible. So, for MH-1 denominator eligibility is partially based say on the PHQ-9 screening tool, so if you're not using the PHQ-9 screening tool or you're not finding a value greater than 9 during the index period than that particular patient would not be considered denominator eligible. They would be skipped and replaced with the next patient.

Question: On the support call last week someone asked if simply seeing medications reconciled with patient in the chart is compliant, and the answer was yes. I wanted to double check this was correct because we have been counting this as non-compliant. [Pause] Sorry we have been counting this as non-compliant unless all medications were explicitly listed with dosages and routes.

Carol Noyes: So like repeated earlier or stated earlier, if your physician is attesting to and documenting that they are updating and reviewing that patients resources using all resources available on that date of the encounter than this would work.

Debra Kaldenberg: And if you need more information or you want us to look at something specific, again, you're certainly welcome and encouraged to open a QualityNet help desk ticket but I think the point of this particular measure is the physician is attesting to documenting all components necessary whether there's over the counters or prescription medication to the best of their ability on the date of that encounter.

[Pause]

Question: For CARE-3, when visits listed are for patients in a rehab facility, documentation is not in our EMR. Do we, do we answer that the reconciliation was not done, that the visit was outside the practice, or are we expected to contact the facility for the documents?

Carol Noyes: So, I suppose it depends on the rehab facility because nursing home and PT/OT type visits are included. So, in that case you would be expected to look for that information. And also it might be a good idea to take a peek at some of the evaluation coding, types of visits that have been pulled into this measure and those are located within the evaluations code tab of the supporting documents tab. If you however cannot find it a clinic outside of your, your practice then you would answer no.

Michael Kerachsky: OK this corresponds to a FAQ measure question from earlier

Question: If the PHQ-2 is negative do we still need a PHQ-9 for MH?

Debra Kaldenberg: The MH-1 measure is different than what we went over in the FAQ earlier today. The FAQ earlier today is specific to PREV-12 depression screening measure. MH-1 depression remission at 12 months, the only tool that can be used for that particular is the PHQ-9. That is the way that measure was endorsed. That is the only tool that can be used for both reporting PHQ-9 greater than 9 as well as the remission needs to be PHQ-9 less than 5.

Michael Kerachsky: OK

Question: For MH, is there any flexibility for the second PHQ-9 to be taken anytime up until through the 13th month from the index PHQ-9?

Debra Kaldenberg: So the remission PHQ-9 must occur at 12 months, plus or minus 30 days, from when you established your first PHQ-9 greater than 9 during the index.

[Pause]

Michael Kerachsky: Next question

Question: I uploaded a list for deceased patients but it doesn't look like the patients were skipped based on the deceased date. It is my understanding that this would be marked skipped directly, do we still need to mark them for each measure?

Sue Hanlon: Please make sure your medical record found is set to not qualify for sample.

Question: I see conflicting information regarding pneumonia vaccine, does the patient need to know the type of vaccine received?

Debra Kaldenberg: So the patient would need to know the type of vaccine they received if they are reporting that they received in 2015 or 2016. This can be found on the data guidance tab of the supporting document. Patient reported requirement is date and year, the year, you don't need the month and the day, just the year, and the type of vaccine. As Sherry stated earlier, if you are reporting receipt prior to 2015 you do not have to know the vaccine type, and that information can be found in the posted Q&A document on the CMS website.

Michael Kerachsky: OK next question

Question: For the MH measure, if a patient has multiple diagnosis, major depression and bipolar, will we still exclude the patient? Also if the diagnosis... I'm sorry let me read this again. For the MH measure, if the patient has multiple diagnosis, i.e., major depression, bipolar, will we still need to exclude the patient? Also does the diagnosis need to confirm major depression vs depression?

Debra Kaldenberg: So the answer to the first question is yes, you would need to exclude a patient with a diagnosis of active bipolar disorder. and the rationale for that is that the patient really is not intended to be part of that denominator population. In regards to major depression compared to depression, the answer here is also yes. The intent of the measure is to pull in patients with an active diagnosis of major depression or dysthymia.

Michael Kerachsky: OK

Question: Can follow-up for BMI above normal range need lab work to test for thyroid function?

Debra Kaldenberg: So, if you have a recommended follow-up to test for thyroid that would certainly meet a recommended follow-up component for the BMI measure, so for PREV-9.

Michael Kerachsky: OK next question

Question: For medical reconciliation measure, if date is for an appointment outside the clinic, are we required to contact that clinic to determine if it was completed?

Carol Noyes: If it is a visit outside of your clinic, then you would select no, visit outside of provider.

[Pause]

Michael Kerachsky: OK next question

Question: If patient resides in a skilled nursing facility as custodial, can we skip these patients as PCP does not provide care to these patients, usually it would be the medical director at the skilled nursing facility?

Rabia Khan: So if patients in your sample have been assigned to you because your organization has provided the plurality of primary care services. Further, there's evidence and sampling that they have been seen by your practice or your ACO at least twice during the year, so we would like you to report on these patients as best as you can. Obviously if you can find information you should enter that, enter date appropriately and accurately for these patients. You are not allowed to skip patients just because they are in a nursing home.

Michael Kerachsky: OK next question

Question: Follow-up plan for BMI outrange, if we find instructions related to diet and exercise but they are not specifically mentioned related to the BMI can those meet the measure for BMI?

Debra Kaldenberg: So the out of range BMI and the recommended follow-up have to be linked. If your abnormal BMI and recommended follow-up are on the same encounter and can legitimately be tied together that, that is acceptable but it typically, the only time you won't have it specifically linked it, say, when there is also a diagnosis of diabetes with multiple things going on and the recommendation of diet and exercise may really be relevant to several different components within that same encounter. So just ensure that they are on the same encounter and that the abnormal BMI and the recommendations do fit together.

Michael Kerachsky: OK

Question: We are an ACO MSSP-1 Category, for the CAD-7 measure is the list of medications all-inclusive of medications and dosages?

Debra Kaldenberg: We are taking a look at the data guidance just to make sure we aren't mixing up measures, we will be right with you.

[Pause]

Carol Noyes: Sorry about that, the list is not considered to be all inclusive but the medications do need to be an ACE or an ARB in order to meet the intent of the measure.

Michael Kerachsky: OK we have a submission question

Question: On web interface measure question number 1, which measure does apply? PREV-12, we complete PHQ-2 and if positive the remaining questions for the PHQ-9 are completed on the same day. Would this be considered the additional evaluation for depression?

Debra Kaldenberg: Yes, and this was the answer that was provided in the frequently asked questions component. If you using as your recommendation to a positive screen additional screening as long as that additional screening is completed on the same encounter, the measure has been met. If that additional screening does not occur on the same encounter, then it is not considered compliant for the recommended follow-up.

Michael Kerachsky: OK

Question: On Care-3, do any medicated lotions, eye drops or creams that are over the counter count?

Carol Noyes: If it's considered over the counter that is included within the measure, so yes it would be need to be asked for or listed somewhere on the medication list.

Michael Kerachsky: Thank you. Next question

Question: If a patient was enrolled in a managed care plan as secondary insurance during the performance period, is this considered HMO enrollment or is HMO enrollment limited to enrollment in a managed plan for primary insurance only?

[Pause]

Carol Noyes: You can only use the HMO exclusion if they're enrolled for at least 1 month of the year as their primary payer. [Pause] And that is in the Q&A document as well.

Michael Kerachsky: Next question

Question: Is there a date that the ACO needs to complete their GPRO submission by in order for the TIN's within the Shared Savings Program ACO to receive meaningful use incentives?

Carol Noyes: You would need to submit by the submission date for the Web Interface so the closing date.

Michael Kerachsky: OK at this point we will take 1 more question

Question: For Tobacco PREV-10, does a provider have to document the number of minutes for counseling or if it is documented in the after visit summary of resources, effects of tobacco, etc. count for counseling of follow-up, will the referral count?

Debra Kaldenberg: Yes a referral will count. No, you do not have to document the number of minutes of cessation intervention.

Michael Kerachsky: OK, thank you very much at this time we will end the question and answer portion of today's call. Thank you everyone for attending today's support call.

Rabia Khan: And this is Rabia before we close out I just want to make one last reminder, announcement, about the CAD-7 measure since some folks some may have missed it at the beginning of the call. But we did hear from some organizations that they reported their skipping a higher than expected number of beneficiaries in the CAD-7 sample due to not being able to confirm the diagnosis. After investigating, we determined that recent upgrades to our programming processes inadvertently changed the sampling criteria for this measure. This may result in more cases in which a CAD diagnosis cannot be confirmed. However, we provide an over sample of 616 beneficiaries for reporting as with all measures organizations are required to consecutively confirm and complete 248 beneficiaries or as many as are possible until the sample is exhausted. We will continue to monitor the reporting and results of this measure. Please follow your programs newsletters for additional communication on the measure. I will turn it over the Ashley to close out.

Ashley Burrell: Thank you Rabia and Mike and thank you to all of our panelists for that informative session. And I would like to thank all of our attendees for participating in today's web interface support call, everyone have a great day and presenters please hold for the subconference.

*Bolded Words – Non-spoken