CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

2015 PQRS Group Practice and ACO GPRO Web Interface Reporting Method

GPRO Web Interface Q&A Session Support Call

Program Year 2015

February 4, 2016

Disclaimer

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Announcements

1. Support Call slides are available for review:
   - **PQRS group practices:** GPRO Web Interface page of the CMS website under the 2015 GPRO Web Interface Support Calls header
   - **Shared Savings Program Portlet**: https://portal.cms.gov, under the Calendar and Events section
   - **Pioneer ACOs**: Slides sent via email and included in weekly briefings/newsletters
2. During this support call, Pioneer Model ACOs, Shared Savings Program ACOs, and PQRS group practices will be collectively referred to as organizations, and we will use the term "Web Interface" when referencing the GPRO Web Interface used by PQRS group practices and ACOs to collect clinical measure information.
3. Review the Web Interface measure specifications and supporting documents on the GPRO Web Interface page of the CMS website.

Announcements (cont.)

4. Question & Answer Session Requests:
   - Wait until the end of the presentation to submit your question through the Q&A box, because your question could be addressed during opening slides.
   - Please enter your question in the Q&A box once.
   - If we do not respond to your question during the call and you are unable to locate the answer in the available resources, please contact the QualityNet Help Desk.

Reminders

1. Upcoming 2015 Web Interface Support Calls

2/11/2016	1:00-2:00 PM	GPRO Web Interface Q&A Session
2/18/2016	1:00-2:00 PM	GPRO Web Interface Q&A Session
2/25/2016	1:00-2:00 PM	GPRO Web Interface Q&A Session
3/3/2016	1:00-2:00 PM	GPRO Web Interface Q&A Session
3/10/2016	1:00-2:30 PM	GPRO Web Interface Q&A Session
4/7/2016	1:00-2:00 PM	GPRO Web Interface Lessons Learned

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

Reminders (cont.)

2. Important Dates for 2015 Web Interface Submission

Date	Important Event
1/18/2016 through 3/11/2016	Web Interface submission period
3/28/2016 through 4/22/2016	Access 2015 Submission reports

Note: The Web Interface will close at **8:00pm ET on 3/11/2016**. CMS encourages organizations to submit data well *before* 8:00pm ET to ensure it is fully submitted before the Web Interface closes.

Reminder (cont.)

3. **Upcoming planned system outages:** The Physician and Other Health Care Professionals Quality Reporting Portal (Portal) will be unavailable for scheduled maintenance; therefore, the Web Interface will not be accessible during the following periods:
   - **Every Tuesday** starting at 8:00pm ET–Wednesday at 6:00am ET (on an as needed basis)
   - **Every Thursday** starting at 8:00pm ET–Friday at 6:00am ET (on an as needed basis)
   - **Upcoming Potential Downtime Dates:**
     - February: 2/26/2016 8:00PM ET – 2/29/2016 6:00AM ET
   - See the Portal website for the complete list of scheduled system outages, at https://www.qualitynet.org/pqrs

Reminders (cont.)

4. **Reporting Requirements**: Organizations must completely report the required number of beneficiaries to meet the criteria for satisfactorily reporting:
   - Minimum of 248 consecutively ranked beneficiaries in each module; OR
   - 100 percent of beneficiaries if they have fewer than 248 beneficiaries available in the sample

Reminders (cont.)

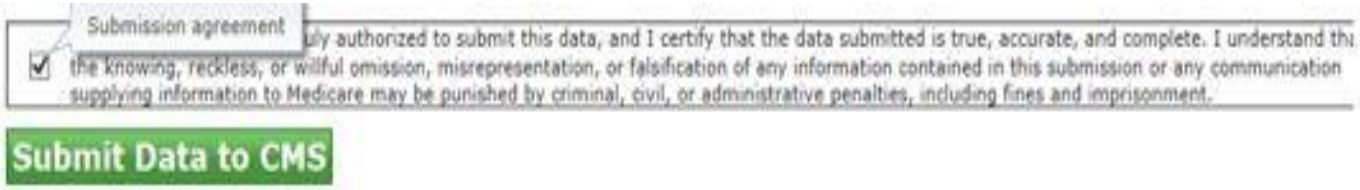
5. **Avoiding future payment adjustments:** Satisfactorily reporting all 17 Web Interface quality measures will allow PQRS group practices and EPs participating in an ACO to avoid the 2017 PQRS payment adjustment
6. **Alignment with the Medicare EHR Incentive Program:** EPs participating in an ACO or PQRS group practice who meet 2015 Web Interface submission requirements will satisfy their CQM reporting for the Medicare EHR Incentive Program.
   - Organizations are required to use 2014 Edition CEHRT to populate the Web Interface
   - EPs must still individually attest separately to the EHR Incentive Program for other program requirements

Reminders (cont.)

7. **EIDM Account Setup:** Please be sure you have set up your EIDM account and established the Web Interface submitter role for quality reporting
   - "Quick Reference Guides" provide complete information on EIDM for PQRS group practices
   - The "EIDM Account and Role Set-up" and "Guidance for Checking EIDM Role Status" on the Shared Savings Program ACO Portlet provide complete information on EIDM for ACOs
   - QualityNet Help Desk supports all questions related to EIDM and accessing the Web Interface
     - Phone: (866) 288-8912
     - Email: qnetsupport@hcqis.org

Reminders (cont.)

8. **Steps for Final Submission:** Completed patient data is only saved in the database and is not submitted to CMS until the following steps are completed:
   - **Step 1**: Go to the submit screen and review the Module Completion Status table, to confirm that all 16 modules (across all 17 individual measures) are complete and ready for final submission
   - **Step 2**: Submit final data to CMS for PQRS analysis
     - Check the Submission Agreement to attest that the data is accurate
     - Click the Submission Data to CMS button



   - Data that is completed and saved but not submitted will not be included the PQRS analysis
   - Click the Submit Data to CMS button each time you update patient data, to provide CMS with your most current PQRS group practice or ACO data

Presenter: Bill Spencer, CMS Contractor

FREQUENT WEB INTERFACE QUESTIONS

Web Interface System Questions

Number	Question	Answer
1	Why does a patient get skipped due to “Not Confirmed – Denominator Exclusion”?	This situation applies to the CAD, HF, and MH modules. This is a system-assigned value per 2015 CMS requirements (see current Data Guidance for further information). The four scenarios where this can occur are: 1. If CAD-Confirmed = Yes AND Has Diabetes or LVSD = No, system will change CAD-Confirmed to Not Confirmed – Denominator Criteria 2. If HF-Confirmed = Yes AND Has LVSD = No, system will change HF-Confirmed to Not Confirmed – Denominator Criteria 3. MH-Confirmed = Yes AND PHQ-9 Test Performed = Yes AND PHQ-9 Index Test > 9 = No, system will change MH-Confirmed to Not Confirmed – Denominator Criteria 4. MH-Confirmed = Yes AND PHQ-9 Test Performed = No, system will change MH-Confirmed to Not Confirmed – Denominator Criteria

Presenter: Deb Kaldenberg, CMS Contractor

FREQUENT MEASURES QUESTIONS

Web Interface Measure Questions

Number	Question	Answer
1	HTN-2: Do we report the BP measurement if the most recent BP measurement was from a non emergent/urgent physician clinic visit and a procedure was performed during the clinic visit (e.g. cystoscopy, skin biopsy)	If you question the applicability of a particular visit when reporting the most recent BP for HTN-2, please review the coding provided to assist in determining whether or not a particular visit is considered eligible. Please use the code list provided in the Evaluation Codes tab of the HTN Supporting Document to extract the data from your EHR or another data source.
2	CARE-2: Can you please tell me if Fall Risk Screenings performed in the hospital or nursing home during an admission or during a stay in 2015 can be confirmed in GPRO?	2015 CARE-2 - Within the CARE Supporting documents, Data guidance tab found at the following link: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html Instruction: Determine if patient was screened for future fall risk at least once during the measurement period Note: A clinician with appropriate skills and experience may perform the screening Setting of screening is not restricted to an office setting Medical record must include documentation of screening performed A falls screening completed in the hospital or nursing home during an admission or during a stay during the measurement year would meet the intent of the measure.

Web Interface Measure Questions

Number	Question	Answer
3	PREV-12: Can Depression Screenings be performed in the hospital or nursing home during on admission or during a stay in 2015 can be confirmed in GPRO?	2015 PREV-12: Please note: the depression screening results must be documented on the date of the encounter (date of appointment) and if positive the recommended follow up must also be documented on that encounter. Please review the coding provided in the Evaluation Codes tab of the 2015 PREV Supporting Document. If you question the appropriateness of an encounter, you should use the encounter coding provided in the 2015 PREV Supporting Document.
4	PREV-11: The most recent BP reading was from the ED. Should we use the latest BP reading from the last office visit?	As long as the BP from the ED visit ends up in the office medical records it is acceptable. PREV-11 includes inpatient, outpatient, nursing home, urgent care, emergency room, etc. visits. Please review the 2015 PREV Supporting Document, PREV Evaluation Codes tab for encounters used to attribute patients and for eligible visits for the PREV-11 measure.
5	PREV-11: If a patient does NOT have an active diagnosis of HTN prior to 01/01/2015 but is diagnosed with HTN (401.1) during 2015, is that patient eligible for the measure?	This would be considered a Denominator Exclusion if the diagnosis is considered an active diagnosis during the measurement period. Active diagnosis is defined as the patient is under medical management for hypertension. Documentation of medical management should be indicated in the medical records during 2015.

Web Interface Measure Questions

Number	Question	Answer
6	Other CMS Approved Reason to Skip: What information are we required to include in a QualityNet Help Desk inquiry to request an Other CMS Approved Reason to skip a patient?	Please provide the patient rank, the measure, and the reason for the request. We can only forward your request for CMS review with all three components. Also, please do not include any sensitive information in the QualityNet Help Desk inquiry. This includes information such as patients full name, birthday, and social security number. CMS will provide their decision in the resolution of the inquiry. It is not necessary to request an Other CMS Approved Reason to skip a patient due to gender or age. If you change the gender or date of birth in the Web Interface and the patient is no longer considered eligible, they will be skipped.

Presenter: Michael Kerachsky, Contractor

RESOURCES & WHERE TO GO FOR HELP

Educational Resources

- **GPRO Web Interface web page:** http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html
  - 2015 Web Interface XML Specification
  - 2015 Narrative Measure Specification, Supporting Documents, Flows
    - Data Guidance is included in each Supporting Document as a separate tab at the bottom of the Excel workbook
  - 2015 GPRO Web Interface Quality Reporting Q&A document
  - 2015 GPRO Web Interface Assignment Methodology Specification (for PQRS groups)
  - 2015 GPRO Web Interface Sampling Document
  - 2015 PQRS group practice and ACO Web Interface support call presentations
  - Educational Demonstrations
    - 2015 Web Interface Measures Overview
    - 2015 Assignment and Sampling
    - 2015 GPRO Web Interface Overview
    - 2015 Web Interface XML
    - 2015 Web Interface EIDM
- **PQRS Analysis and Payment web page (PQRS group practices only):** https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/AnalysisAndPayment.html
  - EIDM User Guide
  - EIDM System Toolkit

Educational Resources (cont.)

- **Shared Savings Program web page:** http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html
  - 2015 Shared Savings Program Shared Savings and Losses and Assignment Methodology
- **Shared Savings Program Portlet:** https://portal.cms.gov/
  - 2015 Quality Measurement, Reporting, and Scoring Quick Reference Guides
  - Shared Savings Program ACO EIDM Account and Role Set-up Guide
  - Guidance for Checking EIDM Role Status
- **Pioneer ACO Model web page:** http://innovation.cms.gov/initiatives/Pioneer-ACO-Model/
  - 2015 Pioneer ACO Alignment and Financial Reconciliation Methods
- **Portal:** https://www.qualitynet.org/pqrs
  - EIDM Quick Reference Guides
  - Web Interface User Manual
  - "Sign In" button to access the Web Interface system

Where to Go for Help

- **QualityNet Help Desk**
  - Inquiries related to: EIDM, Web Interface Measures, Web Interface system, and PQRS group practice assignment and sampling
  - E-mail: qnetsupport@hcqis.org
  - Phone: (866) 288-8912 (TTY 1-877-715-6222)
  - Fax: (888) 329-7377
- **CAHPS for PQRS Survey Project Team**
  - Inquiries related to: CAHPS for PQRS survey measures, distribution
    - E-mail: pqrscahps@hcqis.org
- **EHR Incentive Program Information Center**
  - Inquiries related to: Meaningful Use, Attestation
  - Phone: (888) 734-6433 (TTY 888-734-6563)
- **Value Modifier Help Desk**
  - Inquiries related to: QRUR, Physician Compare
  - Phone: (888) 734-6433 Option 3 or pvhelpdesk@cms.hhs.gov

Where to Go for Help (cont.)

- **Medicare Shared Savings Program**
  - Inquiries related to: Shared Savings Program Assignment and Sampling, Program Inquiries
  - Email: sharedsavingsprogram@cms.hhs.gov
- **Pioneer ACO**
  - Inquiries related to: Pioneer Assignment and Sampling, Program Inquiries
  - E-mail: PIONEERQUESTIONS@cms.hhs.gov
- **CAHPS Survey for ACOs Project Team**
  - Inquiries related to: CAHPS Survey for ACOs, distribution
    - Phone: (855) 472-4746
    - E-mail: acocahps@HCQIS.org

Acronyms

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

Time for

QUESTIONS & ANSWERS