



2015 PQRS Group Practice and ACO GPRO Web Interface Reporting Method



GPRO Web Interface Q&A Session Support Call

Program Year 2015

February 18, 2016

Disclaimer

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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:

- Please wait until the end of the presentation to submit your question through the Q&A box, because your question may be addressed during the 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

Date	Time (ET)	Topic
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 confirmed and completed beneficiaries in each module; OR
 - 100 percent of beneficiaries if fewer than 248 beneficiaries are 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

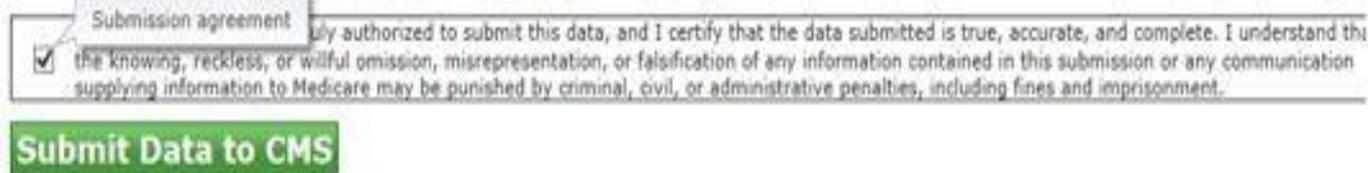
Reminders (cont.)

- 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 Web Interface measure analysis
 - Check the Submission Agreement to attest that the data is accurate
 - Click the Submission Data to CMS button



Submission agreement

I am authorized to submit this data, and I certify that the data submitted is true, accurate, and complete. I understand that the knowing, reckless, or willful omission, misrepresentation, or falsification of any information contained in this submission or any communication supplying information to Medicare may be punished by criminal, civil, or administrative penalties, including fines and imprisonment.

Submit Data to CMS

- Data that is completed and saved but not submitted will not be included the Web Interface measure 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 Criteria”?	<p>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).</p> <p>The four scenarios where this can occur are:</p> <ol style="list-style-type: none">1.If CAD-Confirmed = Yes AND Has Diabetes or LVSD = No, system will change CAD-Confirmed to Not Confirmed – Denominator Criteria2.If HF-Confirmed = Yes AND Has LVSD = No, system will change HF-Confirmed to Not Confirmed – Denominator Criteria3.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 Criteria4.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
HF-6	EF documented as > 40% but moderate LVEF is also documented. Which should we use?	<p>The note in the Data Guidance tab of the CAD and HF Supporting Documents includes: Left Ventricular Systolic Dysfunction (LVSD) is defined as the patient ever having an LVEF < 40% or having LVSD documented as moderately or severely depressed.</p> <p>In a situation where documentation of the LVEF is greater than 40%, but verbiage of moderate or severely depressed is also present, an LVEF result would be more accurate. Although an LVEF result would typically be more accurate, the final determination would be for the eligible professional to decide.</p> <p>LVSD could be diagnosed at any time in the patients history.</p>
HF-6	We have multiple records in which the LVEF is documented as 35 - 40%. We are assuming we should answer YES for LVSD confirmation below 40, but wanted to confirm. Can you please confirm that this range which goes up to 40% is still acceptable?	Correct. You would utilize the lower value in the range.

Web Interface Measure Questions

Number	Question	Answer
MH-1	<p>Our current process includes the following: to determine if remission has been achieved the PHQ-2 is used. If the PHQ-2 score is less than 3 the PHQ-9 screening is not completed. Would we be able to abstract that a PHQ-9 = 0 if PHQ-2 is performed and score is <3?</p>	<p>Confirmation has been received from MNMCM, the measure developer of MH-1: Depression Remission at Twelve Months. PHQ-2 results cannot be used or equated to a PHQ-9 result. The MH-1 measure uses the PHQ-9 screening tool results only. If a PHQ-9 screening tool is not used during the measurement assessment period select: No: Select this option if the patient did not have a PHQ-9 administered during the Measurement Assessment Period</p>
MH-1	<p>Please define permanent nursing home resident for the purposes of reporting a Denominator Exclusion for MH-1.</p>	<p>Permanent Nursing Home Resident is defined as a patient who is residing in a skilled nursing facility on a long term basis (>1 yr/ has no other address where they reside). It does not include patients who are receiving short term rehabilitative services following a hospital stay, nor does it include patients residing in assisted living or group home settings.</p> <p>Documentation of patients who were permanent nursing home residents(> 1 year any time before the start of the measurement period) allows a look-back period where the patient has to reside in a nursing home for at least a year any time prior to the start of the measurement period. For example if the measurement period starts January 1st 2015 then you would look back to at least January 2014 or further.</p> <p>If the patient is admitted to the hospital and is a permanent nursing home resident (> 1 year any time before the start of the measurement period) then the denominator exclusion would still be applicable.</p>

Presenter: Tom Campbell, CMS 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
- **Pioneer Connect web page:** <https://app.innovation.cms.gov/PioneerConnect>
 - Link for Pioneers to access their Quality Measure documents
- **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 for ACOs Project Team**
 - Inquiries related to: CAHPS 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