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

March 10, 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:
   - 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
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)
   - 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.)

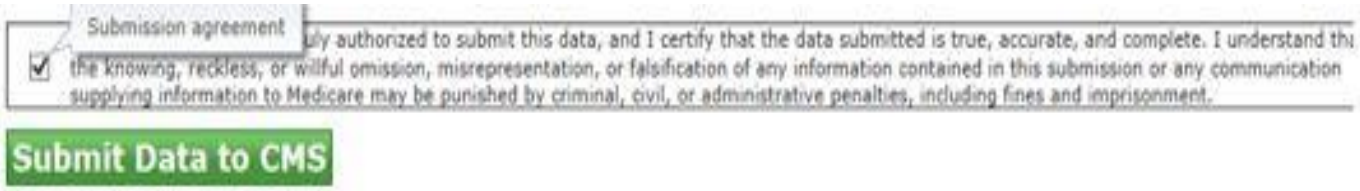
5. **Avoiding future payment adjustments:** Satisfactorily reporting all 17 Web Interface quality measures will allow PQRS group practices and EPs participating in an ACO to avoid the 2017 PQRS payment adjustment
6. **Alignment with the Medicare EHR Incentive Program:** EPs participating in an ACO or 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



   - Data that is completed and saved, but not submitted, will not be included the in Web Interface measure analysis
   - Click the Submit Data to CMS button each time you update patient data in order 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”?	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

Web Interface System Questions (cont.)

Number	Question	Answer
2	Can I upload an XML file in order to delete data I have already uploaded?	This is not possible. The XML upload process within the Web Interface is intentionally designed to prevent this. The reason is that users were inadvertently erasing data they had already uploaded. The only way to remove data that already exists in the database is to launch the Web Interface tool and make the changes manually. Think of it this way: • Data in an XML field will populate that field in the database, regardless of whether or not the database field already has data present • Lack of data in an XML field will not “populate” (i.e., erase) that field in the database if the database field already has data present

Submit Screen

- **The Submit screen is the final step and notifies CMS that data submission for your PQRS group practice or ACO is complete**
- The patient data you enter and save on the **Home** page or uploaded on the **Upload Data** screen is saved to the database, but not sent to CMS until you click **Submit Data to CMS:**

  - **Note:** ***Data saved but not submitted will not be counted***
- Each of the 16 modules is listed, with a comment indicating if the module has met the requirements for satisfactory reporting
- Every time you update patient data you **<u>must</u> submit again** in order to send CMS your most current data

Submit Screen (cont.)

- When you enter data on the Home page using the measure tabs, you are ***Updating and Saving*** the patient's data to the Web Interface database
- When you use an XML file to update the patient's data you are ***Updating and Saving*** the data to the Web Interface database
  - Both of these actions are ***Collecting*** your data for use in the completeness and performance calculations
- Accessing the **Submit** screen and clicking the **Submit Data to CMS** button calculates your completeness and performance rates and ***submits*** your saved and calculated data to CMS

Submit Screen (cont.)

[Group Name]

Accessibility | Help

Home Reports Export Data Upload Data Add/Edit Locked Records List Users Submit Preferences

Submit

Before submitting for completion, make sure that:

- The abstractors are done abstracting patient data.
- The totals of modules have met the minimum requirements. Verify this below.
- Multiple submissions are allowed and later submissions override previous submissions.

The data you have submitted **MEETS** the requirements for ACO GPRO Web Interface satisfactory reporting.

See table below for completion details.

Submission agreement

To submit, you *MUST* check the authorization box and click **Submit Data to CMS**.

Submit Data to CMS

Module Completion Status for [Group Name]

Module	Comments
CARE-2: Falls	CARE-2 is complete.
CARE-3: Documentation of Current Medications in the Medical Record	CARE-3 is complete.
CAD: Coronary Artery Disease	CAD is complete.
DM: Diabetes Mellitus	DM is complete.
HF: Heart Failure	HF is complete.
HTN: Hypertension	HTN is complete.
IVD: Ischemic Vascular Disease	IVD is complete.
MH: Mental Health	MH is complete.
PREV-5: Breast Cancer Screening	PREV-5 is complete.
PREV-6: Colorectal Cancer Screening	PREV-6 is complete.
PREV-7: Preventive Care and Screening: Influenza Immunization	PREV-7 is complete.
PREV-8: Pneumonia Vaccination Status for Older Adults	PREV-8 is complete.
PREV-9: BMI Screening and Follow-Up Plan	PREV-9 is complete.
PREV-10: Tobacco Use: Screening and Cessation Intervention	PREV-10 is complete.
PREV-11: Screening for High Blood Pressure and Follow-Up	PREV-11 is complete.
PREV-12: Screening for Clinical Depression and Follow-Up Plan	PREV-12 is complete.

The module meets satisfactory reporting requirements when the comment is "[Module name] is complete."

The module does not meet satisfactory reporting requirements when the comment is "[Module name] IS NOT complete. Please continue updating patients to complete reporting."

[Group Name]

Accessibility | Help

Home Reports Export Data Upload Data Add/Edit Locked Records List Users Submit Preferences

Submit

Before submitting for completion, make sure that:

- The abstractors are done abstracting patient data.
- The totals of modules have met the minimum requirements. Verify this below.
- Multiple submissions are allowed and later submissions override previous submissions.

The data you have submitted **DOES NOT** meet the requirements for ACO GPRO Web Interface reporting. Please continue updating patients to complete reporting.

See table below for completion details.

Submission agreement

Submit Data to CMS

Module Completion Status for [Group Name]

Module	Comments
CARE-2: Falls	CARE-2 IS NOT complete. Please continue updating patients to complete reporting.
CARE-3: Documentation of Current Medications in the Medical Record	CARE-3 IS NOT complete. Please continue updating patients to complete reporting.
CAD: Coronary Artery Disease	CAD IS NOT complete. Please continue updating patients to complete reporting.
DM: Diabetes Mellitus	DM IS NOT complete. Please continue updating patients to complete reporting.
HF: Heart Failure	HF IS NOT complete. Please continue updating patients to complete reporting.
HTN: Hypertension	HTN IS NOT complete. Please continue updating patients to complete reporting.
IVD: Ischemic Vascular Disease	IVD IS NOT complete. Please continue updating patients to complete reporting.
MH: Mental Health	MH is complete.
PREV-5: Breast Cancer Screening	PREV-5 IS NOT complete. Please continue updating patients to complete reporting.
PREV-6: Colorectal Cancer Screening	PREV-6 IS NOT complete. Please continue updating patients to complete reporting.
PREV-7: Preventive Care and Screening: Influenza Immunization	PREV-7 IS NOT complete. Please continue updating patients to complete reporting.
PREV-8: Pneumonia Vaccination Status for Older Adults	PREV-8 IS NOT complete. Please continue updating patients to complete reporting.
PREV-9: BMI Screening and Follow-Up Plan	PREV-9 IS NOT complete. Please continue updating patients to complete reporting.
PREV-10: Tobacco Use: Screening and Cessation Intervention	PREV-10 IS NOT complete. Please continue updating patients to complete reporting.
PREV-11: Screening for High Blood Pressure and Follow-Up	PREV-11 IS NOT complete. Please continue updating patients to complete reporting.
PREV-12: Screening for Clinical Depression and Follow-Up Plan	PREV-12 IS NOT complete. Please continue updating patients to complete reporting.

Web Interface Reports

- The Web Interface includes eight reports that users can generate whenever the Web Interface is open:

• Patient Summary Report	• Pre-filled Elements Report
• Check Entries Report	• Activity Logs Report
• Totals Report	• Submit Status Report
• Measure Rates Report	• Comments Report

- Web Interface contextual help gives details on how to use each report

Web Interface Reports (cont.)

Home | Reports | Export Data | Upload Data | Add/Edit | Locked Records | List Users | Submit | Preferences

- Patient Summary Report...
- Check Entries Report...
- Totals Report...
- Measure Rates Report...
- Pre-filled Elements Report...
- Activity Logs Report
- Submit Status Report
- Comments Report...

Patient ... l Associates, PC

Apply Filters | Clear Filters | Refresh Patient List

Medic		t Name	Gender	Birth Date	CARE-2 Rank	CARE-2 Complete	CARE-3 Rank	CARE-3 Complete	CAD Ran
00305		t1152976	Female	04/13/2013	574	✗	0	NR	0
0481		1152975	Male	03/21/1935	0	NR	0	NR	275
005007495E	First11521403	Last11521403	Male	10/16/1929	594	✗	0	NR	0
0068410398	First115297[illegible]a	Last1152973	Female	02/23/193[illegible]	0	NR	0	NR	368
009013861G	First11521022a	Last11521022	Female	09/26/1928	[illegible]	NR	0	NR	314
009655257E	First11522690a	Last11522690	Male	10/26/1944	285	✓	316	S	0
010619953E	First115227956a	Last11522795	Male	12/30/1939	548	✗	606	✗	0
011645667E	First11521674a	Last11521674	Female	10/03/1941	556	S	614	S	0
013817326E	First1152996a	Last1152996	Male	01/27/1933	592	S	0	NR	0
014817250E	First1152994a	Last1152994	Male	09/02/1933	276	S	306	S	0

Web Interface Reports (cont.)

Contents Search

- Title Page
- Disclaimer
- Introduction
- Getting Started
  - Web Browser Setup Considerations
  - Enabling Native XMLHTTP Support
  - Disabling Compatibility View
  - User Access Considerations
- Accessing the System
  - Sign into the Web Interface
  - System Time Out
  - Define User Preferences
  - Exit the Application
  - Enable Accessibility Features
    - Setting up Accessibility to Support S
    - Customizing the Font to Support Ac
    - Data Abstraction for Accessible Tec
- Web Interface Clinical Quality Measure
  - Definition of Terms
  - Pre-filled Elements
  - Data Status
  - Timer
  - Filtering and Sorting
  - Parts of Dashboard
  - Region Identifier
  - Group Status
  - Patient Status
  - Save Patient
  - Cancel Patient
  - Check Entries
  - Patient Medical Record
  - Home
  - Reports
    - Patient Summary Report
    - Check Entries Report
    - Sample Check Entries Report
    - Totals Report
    - Measure Rates Report
    - Pre-filled Elements Report
    - Activity Logs Report
    - Submit Status Report
  - Export Data
  - Upload Data
  - Add/Edit Clinic
  - Add/Edit Provider
  - Locked Records
  - List Users

Check Entries Report

The Check Entries Report provides the same information as selecting every patient for your group and clicking the Check Entries button. Because of the time it takes to generate this report, a report generation section is added to the **Report** page.

Note: The **Check Entries Report** contains data current at the time the report was generated. If you have changed data since a report was generated, you should generate a new report to get the most current data.

To open this report, click **Reports >> Check Entries Report** from the Global Navigation Bar.

The top of the page contains a list of the last ten generated Check Entries reports. Each entry shows the date the report was generated, the name of the individual who requested the report, the status of the report generation, and the modules included in the report as selected in Preferences when the report was run. If no reports have been generated for your group practice TIN or ACO Primary TIN, the table will indicate **No Check Entries Reports have been generated**.

Under the list are two buttons, **Generate Report** and **Preview**. Above the list and along the right margin is the **Refresh** button, which you can click to verify if the most recent report request is complete.

To generate a new Check Entries Report, click the **Generate Report** button. A new entry is created with a status of **Request Received**. At this time, you may wait or navigate to a different area of the Web Interface. You may click **Refresh** to refresh the report list. You should note that a Check Entries Report can take several minutes to complete.

If a report in the list has the status of **Complete**, you will be able to click on the report entry to select it. Once you select a report entry, the **Preview** button becomes available. Clicking **Preview** causes the application to retrieve the selected report and present it. A pop-up dialog box appears stating the report is in the process of being prepared. Once the report is ready, the pop-up dialog box disappears and the report appears.

Sample Check Entries Report

The Check Entries Report consists of a header with the format of Check Entries Report – [Date and Time report was generated] – [Organization Name] and a table containing the errors and warnings found by the application for the patients in your group. The errors and warnings are limited to the modules indicated in the **Modules in Report** column. The table is similar to the **Errors and Warnings** dialog that appears when **Save** or **Check Entries** is clicked.

The Check Entries Report contains all the patient data validation errors, warnings, and informational messages for all patients in the selected modules based on the patient data in the database. There is no method to restrict the number of patients to run the report against, so even if your group has successfully completed the minimum number of patients required for a successful submission, any remaining incomplete patients will still appear in the Check Entries Report.

The entries in the Check Entries Report table are similar to the ones that appear in the **Errors and Warnings** dialog, with the following differences:

- The Medicare ID is added to help identify the patient with which the error or warning is associated.
- The Module name associated with the error or warning is removed to save space on the table.
- Provider Names for a patient are added for filtering capability.

Web Interface Reports (cont.)

- **In these closing days of the submission period, three reports will be especially helpful:**
  - Check Entries Report
  - Totals Report
  - Submit Status Report
- **After the submission period closes, you will still be able to view these eight reports but you will not be able to make any data updates:**
  - Submission period closes March 11, 2016 8:00PM Eastern Time, ***no exceptions***
  - Report mode runs March 28 - April 22, 2016

Check Entries Report

- Validates every patient for your group (similar to clicking the Check Entries button)

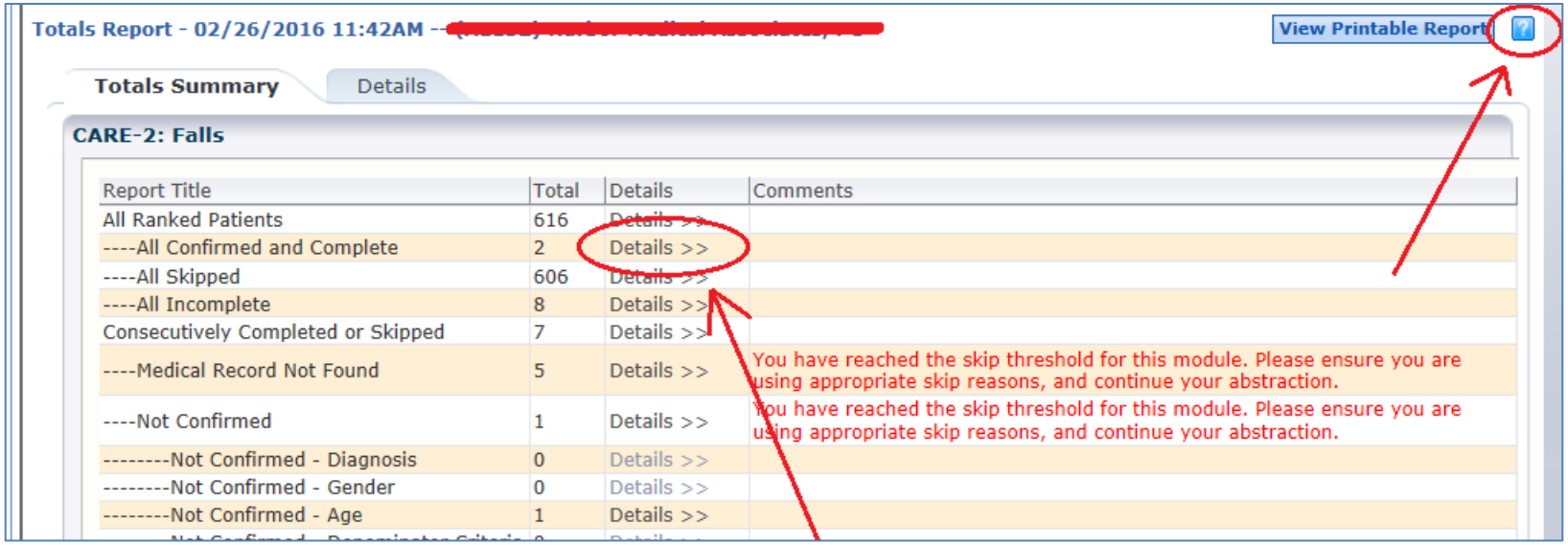
Check Entries Report - 01/25/2016 01:43PM – [redacted]

View Printable Report

Medicare ID	Type	Measure	Element	Message	Provider Name 1	Provider Name 2	Provider Name 3
969682425E	ERROR	CARE-2	CARE-2 Confirmatic	The value is missing.	PLNAME183115, PFNAME183115	PLNAME165838, PFNAME165838	PLNAME184281, PFNAME184281
969682425E	ERROR	CARE-3	CARE-3 Confirmatic	The value is missing.	PLNAME183115, PFNAME183115	PLNAME165838, PFNAME165838	PLNAME184281, PFNAME184281
969682425E	ERROR	HTN Confirmatic	HTN Confirmed	The value is missing.	PLNAME183115, PFNAME183115	PLNAME165838, PFNAME165838	PLNAME184281, PFNAME184281
969682425E	ERROR	IVD Confirmatic	IVD Confirmed	The value is missing.	PLNAME183115, PFNAME183115	PLNAME165838, PFNAME165838	PLNAME184281, PFNAME184281
969682425E	ERROR	PREV-5	PREV-5 Confirmatic	The value is missing.	PLNAME183115, PFNAME183115	PLNAME165838, PFNAME165838	PLNAME184281, PFNAME184281
969682425E	ERROR	PREV-6	PREV-6 Confirmatic	The value is missing.	PLNAME183115, PFNAME183115	PLNAME165838, PFNAME165838	PLNAME184281, PFNAME184281
969682425E	ERROR	PREV-7	PREV-7 Confirmatic	The value is missing.	PLNAME183115, PFNAME183115	PLNAME165838, PFNAME165838	PLNAME184281, PFNAME184281
969682425E	ERROR	PREV-8	PREV-8 Confirmatic	The value is missing.	PLNAME183115, PFNAME183115	PLNAME165838, PFNAME165838	PLNAME184281, PFNAME184281
969682425E	ERROR	PREV-9	PREV-9 Confirmatic	The value is missing.	PLNAME183115, PFNAME183115	PLNAME165838, PFNAME165838	PLNAME184281, PFNAME184281
969682425E	ERROR	PREV-10	PREV-10 Confirmatic	The value is missing.	PLNAME183115, PFNAME183115	PLNAME165838, PFNAME165838	PLNAME184281, PFNAME184281
969682425E	ERROR	PREV-12	PREV-12 Confirmatic	The value is missing.	PLNAME183115, PFNAME183115	PLNAME165838, PFNAME165838	PLNAME184281, PFNAME184281
023589787E	INFORM...	DM Confirmatic	DM Confirmed	DM Confirmation set to Not Confirmed - Age because the patient age is not valid.	PLNAME133661, PFNAME133661	PLNAME144670, PFNAME144670	
041495415E	ERROR	CARE-2	CARE-2 Confirmatic	The value is missing.	PLNAME050405, PFNAME050405		

Totals Report

- Shows all complete and incomplete records per module
- Determines if the minimum requirement is met
- Includes several sub-reports for each module



Totals Report (cont.)

- Details link launches sub-report for that line item:

Totals Report - 02/26/2016 11:42AM --[redacted]

View Printable Report

Totals Summary | Details

Details for CARE-2: ----All Confirmed and Complete

Medicare ID	Name	Birth Date	Rank	Status	CARE-2 Confirmed	Provider Name 1	Provider Name 2	Provider Name 3
986656375G0	Last11522966, First11522966	04/30/1947	6	Complete	Yes	PLNAME082372, PFNAME082372	PLNAME184281, PFNAME184281	PLNAME105541, PFNAME105541
009655257E	Last11522690, First11522690a	10/26/1944	285	Complete	Yes	PLNAME082372, PFNAME082372	PLNAME184281, PFNAME184281	PLNAME165838, PFNAME165838

Submit Status Report

- **The Submit Status Report indicates whether or not CMS has received your completed submission**
- The report displays the **date** and **time** you clicked the **Submit Data to CMS** button on the **Submit** screen
  - The Comments column shows if the module meets the minimum requirements
- If you did not click the **Submit Data to CMS** button, the report will indicate that **the data has not been submitted**
- If you submitted ***incomplete*** data, the report displays a message indicating the **submitted data does not meet the reporting requirements**

Submit Status Report (cont.)

ACO GPRO Web Interface ------ The Submission Period for 2015 ends on March 11, 2016 at 5:00 PM PT

[redacted] [Group Name]

Accessibility | Help

Home Reports Export Data Upload Data Add/Edit Locked Records List Users Submit Preferences

Submit Status Report for [redacted] - 01/15/2016 04:40:17 PM

[Group Name]

View Printable Report

Date and time the **Submit Data to CMS** button (on the **Submit** screen) was clicked.

The data you have submitted has been received by CMS and MEETS the requirements for ACO GPRO Web Interface satisfactory reporting.

Indicator that reporting requirements were met at the time the data was sent to CMS.

See table below for completion details.

Refresh

Module	Comments
CARE-2: Falls	CARE-2 is complete.
CARE-3: Documentation of Current Medications in the Medical Record	CARE-3 is complete.
CAD: Coronary Artery Disease	CAD is complete.
DM: Diabetes Mellitus	DM is complete.
HF: Heart Failure	
HTN: Hypertension	
IVD: Ischemic Vascular Disease	
MH: Mental Health	
PREV-5: Breast Cancer Screening	
PREV-6: Colorectal Cancer Screening	
PREV-7: Preventive Care and Screening: Influenza Immunization	
PREV-8: Pneumonia Vaccination Status for Older Adults	
PREV-9: BMI Screening and Follow-Up Plan	
PREV-10: Tobacco Use: Screening and Cessation Intervention	
PREV-11: Screening for High Blood Pressure and Follow-Up	
PREV-12: Screening for Clinical Depression and Follow-Up Plan	

[redacted] [Group Name]

Accessibility | Help

Home Reports Export Data Upload Data Add/Edit Locked Records List Users Submit Preferences

Submit Status Report for [redacted] - 01/15/2016 02:30:49 PM

[Group Name]

View Printable Report

The data you have submitted has been received by CMS but DOES NOT meet the requirements for ACO GPRO Web Interface reporting. Please continue updating patients to complete reporting.

See table below for completion details.

Refresh

Module	Comments
CARE-2: Falls	CARE-2 IS NOT complete. Please continue updating patients to complete reporting.
CARE-3: Documentation of Current Medications in the Medical Record	CARE-3 IS NOT complete. Please continue updating patients to complete reporting.
CAD: Coronary Artery Disease	CAD IS NOT complete. Please continue updating patients to complete reporting.
DM: Diabetes Mellitus	DM IS NOT complete. Please continue updating patients to complete reporting.
HF: Heart Failure	HF IS NOT complete. Please continue updating patients to complete reporting.
HTN: Hypertension	HTN IS NOT complete. Please continue updating patients to complete reporting.
IVD: Ischemic Vascular Disease	IVD IS NOT complete. Please continue updating patients to complete reporting.
MH: Mental Health	MH is complete.
PREV-5: Breast Cancer Screening	PREV-5 IS NOT complete. Please continue updating patients to complete reporting.
PREV-6: Colorectal Cancer Screening	PREV-6 IS NOT complete. Please continue updating patients to complete reporting.
PREV-7: Preventive Care and Screening: Influenza Immunization	PREV-7 IS NOT complete. Please continue updating patients to complete reporting.
PREV-8: Pneumonia Vaccination Status for Older Adults	PREV-8 IS NOT complete. Please continue updating patients to complete reporting.
PREV-9: BMI Screening and Follow-Up Plan	PREV-9 IS NOT complete. Please continue updating patients to complete reporting.
PREV-10: Tobacco Use: Screening and Cessation Intervention	PREV-10 IS NOT complete. Please continue updating patients to complete reporting.
PREV-11: Screening for High Blood Pressure and Follow-Up	PREV-11 IS NOT complete. Please continue updating patients to complete reporting.
PREV-12: Screening for Clinical Depression and Follow-Up Plan	PREV-12 IS NOT complete. Please continue updating patients to complete reporting.

Other Web Interface Reports

- The remaining five reports are:

• Patient Summary Report	• Maintains all stored data for each patient
• Measure Rates Report	• Displays quality measures performance rates for your TIN
• Pre-filled Elements Report	• Shows original and current values for pre-filled elements
• Activity Logs Report	• Tracks all user activities for your TIN
• Comments Report	• Displays all comments in database for selected modules

- Web Interface contextual help gives details on how to use each report

Presenter: Deb Kaldenberg, CMS Contractor

FREQUENT MEASURES QUESTIONS

Web Interface Measure Questions

Number	Question	Answer
1	*RESPONSE provided week #3* *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?*	*REMINDER:* CMS APPROVED REASON can only be selected when an approval from CMS has been requested and approved. Please do not select this option without prior CMS APPROVAL of request. When requesting a CMS Approved Reason to skip, 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.

Web Interface Measure Questions (cont.)

Number	Question	Answer
2	We have a couple of patients that are allergic to aspirin or have refused to take aspirin. How do we log in an exclusion for IVD?	2015 IVD-2 does not include a Denominator Exception – Medical Reason(s) as the measure developer did not specify the measure in this manner. There are no exceptions for this measure, so you would have to select No: select this option if the patient does not use aspirin or another antithrombotic. (i.e., the quality action was not performed). For the 2015 GPRO Web Interface program year, the following medications are the only allowable medications for meeting the measure numerator per the measure steward (NCQA): Oral antithrombotic therapy includes: Aspirin, clopidogrel or combination of aspirin and extended release dipyridamole, Prasugrel, Ticagrelor, and Ticlopidine From the IVD-2 Rationale within the 2015 Narrative Specification: While studies have shown warfarin to be more effective, aspirin is a safer, more convenient, and less expensive form of therapy (Patrono et al. 2004).

Web Interface Measure Questions (cont.)

Number	Question	Answer
3	*There is now an exception option for NQF 0068* *IVD: Use of Aspirin or Antiplatelet.* Can we use this measure?	Although an updated NQF measure has been released that includes an exclusion for patients on anticoagulation, it is not the measure specification that should be utilized for 2015 GPRO Web Interface submission. Please utilize the documentation provided for the respective program to which you are reporting. For 2015, a patient on anticoagulation (warfarin) cannot be counted as numerator compliant and is not considered a denominator exclusion. Due to the timing of the updated NQF measure which was released approximately 2 weeks ago, the 2015 IVD measure does not contain this exception. For consistency in data collection and guidance throughout the program year, as well as the various reporting mechanisms by which this measure is reported (Claims/Registry), this change would need to be incorporated into the 2017 documentation, assuming the edits are also carried through to the eCQM.

Presenter: Michael Kerachsky, 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