



2016 PQRS Group Practice and ACO Web Interface Reporting Mechanism



Web Interface Q&A Session Support Call

Program Year 2016

January 19, 2017

Disclaimer

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Announcements

1. 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.
2. Review the Web Interface measure specifications and supporting documents on the [GPRO Web Interface](#) page of the CMS website.

Reminders

1. Upcoming 2016 Web Interface Data Submission Support Calls

Date	Time (ET)	Topic
1/26/2017	1:00-2:00 PM	Web Interface Q&A Session
2/2/2017	1:00-2:00 PM	Web Interface Q&A Session
2/9/2017	1:00-2:00 PM	Web Interface Q&A Session
2/16/2017	1:00-2:00 PM	Web Interface Q&A Session
2/23/2017	1:00-2:00 PM	Web Interface Q&A Session
3/2/2017	1:00-2:00 PM	Web Interface Q&A Session
3/9/2017	1:00-2:00 PM	Web Interface Q&A Session
3/14/2017	12:00-1:00 PM	Web Interface Q&A Session
4/6/2017	1:00-2:00 PM	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 2016 Web Interface Data Submission

Date	Topic
1/3/2017 through 1/6/2017	Access patient list
1/9/2017 through 1/13/2017	Access training version of Web Interface
1/16/2017 through 3/17/2017	Web Interface submission period
3/20/2017 through 4/21/2017	Access submission reports

Note: The Web Interface will close at **8:00PM ET on 3/17/2017**. CMS encourages organizations to submit data well *before* 8:00PM ET to ensure it is fully submitted before the Web Interface closes.

Reminders (cont.)

- 3. 2017 Upcoming Outages/Maintenance Weekend Schedule:** 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
 - Every Thursday starting at 8:00PM ET–Friday at 6:00AM ET
 - Third weekend of each month starting Friday at 8:00PM ET–Monday at 6:00AM ET
 - January (1/20/2017 – 1/23/2017)
 - February (2/24/2017 – 2/27/2017)*

*The third weekend of February (2/17-2/20) is skipped due to a federal holiday.

Reminders (cont.)

- 4. Reporting Requirements:** Organizations must completely report the required number of beneficiaries in order to satisfactorily report:
- Minimum of 248 consecutively confirmed and completed 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 18 Web Interface quality measures will allow PQRS group practices and EPs participating in an ACO to avoid the 2018 PQRS payment adjustment
6. **Alignment with the Medicare EHR Incentive Program:** EPs participating in an ACO or PQRS group practice who meet 2016 Web Interface submission requirements will satisfy their CQM reporting for the Medicare EHR Incentive Program
 - Organizations are required to use EHR technology certified to the 2014 Edition to populate the Web Interface
 - EPs must still individually attest separately to the EHR Incentive Program for other program requirements
7. **Shared Savings Program:** ACOs who fail to satisfactorily report Web Interface measures will not meet the quality performance standard and will be ineligible to share in savings, if earned

Reminders (cont.)

8. **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 "2016 Quality Reporting Guide: EIDM Account and Role Set-up" guidance document for Shared Savings Program ACOs is available on the [SSP ACO Portal](#) under the Announcement, 2016 Quality Reporting and Scoring Guides.
 - EIDM Guidance Documents for NGACOs is available on the Connect site:
 - <https://app.innovation.cms.gov/NGACOConnect>.
 - QualityNet Help Desk supports all questions related to EIDM and accessing the Web Interface:
 - Phone: (866) 288-8912
 - Email: qnetsupport@hcqis.org.

Presenter: Eric Chase, CMS Contractor

FREQUENT EIDM QUESTIONS

EIDM Questions

Number	Question	Answer
1	If a Security Official was already in place from the previous submission period, do they need to add a new role?	<p>No, if the Security Official had the role for the ACO Organization during the last submission period no updates will be needed to the account. However, if a new primary organization needs to be added to an existing account, the ACO Security Official role will need to be added instead of the regular Security Official role.</p> <p>If a new PQRS group practice needs to be added to an existing account, the Security Official role would be the proper role requested.</p>
2	When I log into the Portal with my Web Interface Submitter account, I receive an error saying I am not associated to an ACO or GPRO. Why does it say this when I have the needed role?	<p>If the Web Interface Submitter role associated to your account has one of the Participating TINs listed instead of the Primary TIN, you will not be able to access the Web Interface.</p> <p>You will need to remove the Web Interface role from your account and re-add it using the correct TIN. Once the Security Official approves the request, you should gain access to the Web interface.</p>
3	How do I approve a request from a Web Interface Submitter?	As the Security Official, you will need to log into EIDM and go to My Access on the top right corner. Click Other Actions and you will see My Pending Approvals on the left side of your screen. Click the Request Number to access the request and make your approval. For more detailed instructions, look to the Quick Reference Guides available on the Portal homepage (www.qualitynet.org/pqrs).
4	When I log into the Portal, my profile indicates that I am a PQRS Representative and a PQRS Submitter. Why do I not see the GPRO submission link?	<p>In order to gain access to the GPRO submission link, you will need to request the Web Interface Submitter role. For more information, please see the recording of the EIDM demonstration, which is available on the GPRO Web Interface web site.</p> <p>Applicable to Shared Savings Program (SSP) ACOs only: The 2015 EIDM Guidance document is posted on the SSP Portal (located in the Program Announcement titled, 2015 Quality Measurement, Reporting and Scoring Quick Reference Guides).</p>

Presenter: Sue Hanlon, CMS Contractor

WEB INTERFACE DATA SUBMISSION

Submit Screen

- The Submit screen is the final step and notifies CMS that data submission for your PQRS group practice or ACO is complete
- **Each time patient data is uploaded, the data must be submitted** by checking the authorization box and clicking “Submit Data to CMS”
- The patient data entered and saved on the **Home** page or uploaded to the **Upload Data** screen is saved to the database, but not sent to CMS until you **Submit**. Data saved but not submitted will not be counted.
- Each of the 17 modules is listed with a comment indicating if the module has met the requirements for satisfactory reporting

Submit Screen (cont.)

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: I am fully 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

To submit, you **MUST** check the authorization box and click **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."

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: I am fully 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

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.

Submit Status Report

- The Submit Status Report confirms that your completed submission has been received by CMS
- If *incomplete* data has been submitted, the report displays a message indicating the submitted data does not meet the reporting requirements

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

[Group Name] Accessibility | Help

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

Submit Status Report for [Group Name] - 01/15/2016 04:40:17 PM View Printable Report

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

See table below for completion details.

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	

[Group Name] Accessibility | Help

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

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

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.

Presenter: Deb Kaldenberg, CMS Contractor

FREQUENT MEASURES QUESTIONS

Web Interface Measure Questions

Number	Question	Answer
1	PREV-5 Is a 3D Mammography considered numerator compliant for PREV-5: Breast Cancer Screening?	A 3D Mammography is NOT considered numerator compliant. If the patient received a 3D mammography and you would like to skip that patient, you may request an “Other CMS Approved Reason” to skip. CMS will review your request and provide a resolution in the inquiry response.
2	PREV-6 Colorectal Cancer Screening: will Cologuard qualify for the colorectal screening quality measure?	Yes, based on the updated USPSTF guidelines (June 2016), the 2016 PREV-6: Colorectal Cancer Screening measure will allow for FIT-DNA screening such as Cologuard as well as Computed tomography (CT) colonography to be considered numerator compliant when reporting via the 2016 GPRO Web Interface. Documented performance of Fecal Immunochemical DNA Testing during the measurement period or two years prior to the measurement period will be numerator compliant. Documented performance of Computed tomography (CT) colonography during the measurement period or the four years prior to the measurement period will be numerator compliant.
3	PREV-11 Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented. If the patient is pre-hypertensive and the reading was done during a specialist visit (i.e...Endocrinologist, Cardiology) does this count as a follow up? Or, is it only if done during a primary care provider (PCP) visit?	<p>If the provider taking the blood pressure is considered the PCP when the blood pressure is obtained, then yes this would be considered numerator compliant.</p> <p>Specific documentation is not required to substantiate the provider is considered the PCP. CMS has provided the following definition of a PCP for the purposes of 2016 PREV-11: As a reference, when we refer to PCP, by definition, this includes providers in Internal Medicine, Family Practice, Nurse Practitioner, Physician Assistant, OB/GYN, pediatricians and general practitioners. The PCP primarily provides day to day care for preventive or chronic care of medical conditions. The PCP is responsible for the persons general well-being. In the case of the HTN measure, if the caregiver or medical professional feels he/she is primarily responsible or assumes responsibility of the management of the person’s blood pressure, they are considered the PCP in this instance.</p>

Presenter: Michael Kerachsky, Contractor

RESOURCES & WHERE TO GO FOR HELP

Educational Resources

- **Web Interface Webpage of the CMS PQRS Website:** http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html
 - Web Interface support call presentations
 - GPRO Web Interface XML Specification
 - Supporting Documents
 - *Data Guidance is included as a separate tab in each of the supporting documents' workbooks*
 - Web Interface Quality Reporting Questions and Answers
- **Shared Savings Program ACO:**
 - Website: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharesavingsprogram/index.html>
 - Quality Measures, Reporting and Performance Standards: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharesavingsprogram/Quality-Measures-Standards.html>
 - ACO Portal: <https://portal.cms.gov/>
 - EIDM and Measure Quick Reference Guides, Quality Reporting News and Updates
 - Weekly ACO Spotlight Newsletter
- **Pioneer ACO Model:**
 - Website: <http://innovation.cms.gov/initiatives/Pioneer-ACO-Model/>
 - Portal: <https://portal.cms.gov/>
- **Next Generation ACO Model:**
 - Website: <https://innovation.cms.gov/initiatives/Next-Generation-ACO-Model/>
 - Portal: <https://app.innovation.cms.gov/NGACOConnect/>
- **Accessible the Web Interface via the Portal:** <https://qnpapp.qualitynet.org/pqrs/home.html>

Portal Resources

New for 2016: Access the Web Interface via the new [Portal](#) website

CMS.gov | QualityNet
Centers for Medicare & Medicaid Services

Related Links

- CMS
- Quality Improvement Resources
- Measure Development
- Consensus Organizations for Measure Endorsement/Approval
- Communication Support Page
- PQRS Lookup Functions

Guest Announcement

Information in the Taxpayer Identification Number (Tax ID or TIN-level) PQRS feedback reports is confidential. Your report is safely stored online and accessible only to you (and those you authorize) through the web application. TIN-level reports should be shared only with others within the practice who have a legitimate need to view this quality data. Sharing of other PQRS participants' information is acceptable only if you ensure that these reports are handled appropriately and do not pose a risk of Protected Health Information (PII) exposure or Identity Theft risk.

PQRS Feedback Reports for program year 2014 and later can be accessed (when available) from the PV-PQRS portal. For more information on how to access these Feedback Reports, please go to the Physician Feedback Program website.

Access the Web Interface by clicking sign in to enter your EIDM username and password and multi-factor authentication

Release Notes

- PQRS Release Notes

User Guides

- [PQRS Portal User Guide](#)
- [PQRS SEVT User Guide](#)
- [PQRS Submissions User Guide](#)
- [PQRS Submission Reports User Guide](#)
- [PQRS GPRO Web Interface User Guide](#)
- [PQRS Feedback Report User Information](#)
- [eRx Feedback Report User Information](#)
- [eRx Payment Adjustment Feedback User Information](#)
- [PQRS Feedback Dashboard User Information](#)
- [PQRS Enhanced Submission Reports User Guide](#)

Reference user guides for complete and up-to-date information

Physician and Other Health Care Professionals Quality Reporting Portal

[Sign In](#) to your Portal

If you do not have an account, please register.

[Forgot your password?](#)

If you have an account, review the [Quick Reference Guides](#).

PQRS Feedback Reports for program year 2014 and later can be accessed (when available) from the PV-PQRS portal. For more information on how to access these Feedback Reports, please go to Physician Feedback Program website.

If you have not logged in to your account within the past 60 days or more, your account has been temporarily

Reference EIDM Quick Reference Guides for instructions on how to register and create EIDM accounts; request PV-PQRS domain approval and provider roles; and manage your EIDM account

Help Desks

- **QualityNet Help Desk (PQRS and EIDM Web Interface)**
 - E-mail: qnetsupport@hcqis.org
 - Phone: (866) 288-8912 (TTY 1-877-715-6222)
 - Fax: (888) 329-7377
- **CAHPS for PQRS Survey Project Team**
 - E-mail: pqrscahps@hcqis.org
- **EHR Incentive Program Information Center**
 - Phone: (888) 734-6433 (TTY 888-734-6563)
- **Value-based Payment Modifier Help Desk**
 - Phone: (888) 734-6433 Option 3 or pvhelpdesk@cms.hhs.gov
- **Physician Compare**
 - E-mail: PhysicianCompare@westat.com
- **Medicare Shared Savings Program ACO**
 - Email: sharedsavingsprogram@cms.hhs.gov
- **Pioneer ACO**
 - E-mail: PIONEERQUESTIONS@cms.hhs.gov
- **Next Generation ACO**
 - E-mail: NextGenerationACOModel@cms.hhs.gov

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
- **EIDM** – Enterprise Identify Management System
- **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