



2016 PQRS Group Practice and ACO Web Interface Reporting Mechanism



Web Interface Q&A Session Support Call

Program Year 2016

January 26, 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. Important Dates for 2016 Web Interface Data Submission

Date	Topic
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.)

2. Upcoming 2016 Web Interface Data Submission Support Calls

Date	Time (ET)	Topic
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.)

- 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
 - 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
 - PQRS group practices are required to use EHR technology certified to the 2014 Edition to populate the Web Interface
 - EPs participating in an ACO must use certified EHR technology to abstract data to report to the ACO, in the form and manner specified by the ACO. ACOs must then satisfactorily report the Web Interface measures.
 - All EPs must 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 Measurement and Reporting 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: Sue Hanlon, CMS Contractor

WEB INTERFACE

Additional Denominator Criteria

Certain sets of questions and answers will cause the Web Interface (WI) to automatically skip the patient in the following measures:

- Coronary Artery Disease (CAD)
- Heart Failure (HF)
- Mental Health (MH)

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

Additional Denominator Criteria (cont.)

Coronary Artery Disease (CAD):

- If **Medical Record Found** is set to Yes,
- **CAD Confirmed** to Yes, and
- **Has Diabetes or LVSD** is set to No in CAD-7

Heart Failure (HF):

- If **Medical Record Found** is set to Yes,
- **HF Confirmed** to Yes, and
- **Has LVSD** is set to **No** in HF-6

Additional Denominator Criteria (cont.)

Mental Health (MH):

- If **Medical Record Found** is set to **Yes**,
- **MH Confirmed** to **Yes** and
- **PHQ-9 Test Performed?** is set to **No**

OR

- **Medical Record Found** is set to **Yes**,
- **MH Confirmed** to **Yes** and
- **PHQ-9 Test Performed?** is set to **Yes**
- but the **PHQ-9 Index Test > 9** is set to **No**

Presenter: Deb Kaldenberg, CMS Contractor

FREQUENT MEASURES QUESTIONS

Web Interface Measure Questions

Number	Question	Answer
1	Could you please clarify that if a PHQ-2 is positive, then completing a PHQ-9 is considered follow-up	<p>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.</p> <p>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.</p>
2	For PREV-13, Risk Category 3, is the date range for the diabetes diagnosis “any time before 12/31/2016” or during the measurement period?	<p>The following information has been provided by the measure steward (QIP): 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.</p>
3	If I'm going to request a CMS Approved Reason to skip patients in PREV-5 who received a 3D mammography, do I need a separate inquiry for each patient?	<p>No. You can include multiple patients on one inquiry.</p>
4	Where can I locate the 2016 Supporting Documents?	<p>The Supporting Documents can be located on the CMS website at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html</p> <p>Other documents pertaining to the 2016 Web Interface are posted at this location.</p>

Presenter: Michael Kerachsky, CMS 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
 - Assignment Methodology and Sampling Document
 - 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
 - Educational Demonstrations
 - Portal: <https://qnpapp.qualitynet.org/pqrs/home.html>
- **Shared Savings Program ACO:**
 - Website: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html>
 - Quality Measures, Reporting and Performance Standards: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Quality-Measures-Standards.html>
 - 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/>

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 are authorized 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 result in Protected Health Information (PHI) 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