CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

2016 PQRS Group Practice and ACO Web Interface Reporting Mechanism

Web Interface Q&A Session Support Call

Program Year 2016

February 9, 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
2/16/2017	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

Presenter: Sue Hanlon, CMS Contractor

FREQUENT WEB INTERFACE QUESTIONS

Web Interface Questions

Number	Question	Answer
1	Can the submission of a new XML file overwrite existing data values in the Web Interface?	It depends: • Yes, because an XML element which contains a value (anything other than NULL) will replace the value for that same element. • Yes, because an XML element which contains a value (anything other than NULL) will replace the NULL value for that same element. • No, because an XML element which contains a NULL value will NOT replace the value for that same element.
2	What is the difference between uploading an XML file or manual data entry vs. submitting my data to CMS?	• Uploading data via XML saves your data in the Web Interface • Manual data entry (and Save Patient) saves your data in the Web Interface • Data Submission makes your data available to CMS for 'official' scoring and reporting

Presenter: Deb Kaldenberg, CMS Contractor

FREQUENT MEASURES QUESTIONS

Web Interface Measure Questions

Number	Question	Answer
1	MH-1: Depression Remission at Twelve Months In our EMR, we have implemented the PHQ 9 Depression Screen in a 2 step process as follows when reporting the numerator: The first step is to answer the first 2 questions (PHQ2) and if it is positive then the entire PHQ 9 is completed. If the PHQ2 is negative, then we do not complete the entire PHQ9. Does this count as a PHQ 9?	A follow up PHQ-9 is required for this measure. In this case, you would choose No: select this option if the patient did not have a PHQ-9 less than 5, during the follow-up measurement period.
2	PREV-12: Depression Screening measure Would Mental Retardation be an exclusion for this measure? Would Dementia be an exclusion?	For PREV-12, if the physician decides this is a situation in which the patient's functional capacity or motivation to improve may impact the accuracy of the results of the standardized depression assessment tool, then you would select "No – Denominator Exception – Medical Reasons" . This would be up to the physician's discretion and should be documented in the patient's medical record.

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/

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

QUESTIONS & ANSWERS