



2016 PQRS Group Practice and ACO Web Interface Reporting Mechanism



Web Interface Q&A Session Support Call

Program Year 2016

February 23, 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
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

5. **Avoiding future payment adjustments:** Satisfactorily reporting all 18 Web Interface quality measures will allow PQRS group practices and eligible professionals (EPs) participating in an ACO to avoid the 2018 PQRS payment adjustment

Reminders (cont.)

- 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	What information am I getting out of the Measure Rates Report?	<p>The Measure Rates Report lists every measure, along with performance metrics for the measure. The description for each metric column is provided in the footnotes.</p> <p>The report displays data as it existed at the time the report was generated. If your patient data has changed since the last time the report was generated, please generate a new report.</p> <p>Refer to the Web Interface User Guide for a more detailed explanation of the Measure Rates Report.</p>
2	What could be happening when it appears as if I have lost my patients?	<p>You could have your preferences set so that the measures the patient is ranked in are not displaying. Select Preferences from the navigation bar. Select all measures so that all patients will display. Return to the Patient List and look for 'missing' patients.</p> <p>Also, you may have set filters that remove patients from being displayed. On the Patient List screen, select the Clear Filters button to eliminate any filters.</p>

Presenter: Deb Kaldenberg, CMS Contractor

FREQUENT MEASURES QUESTIONS

Web Interface Measure Questions

Number	Question	Answer
1	PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease: If the patient has ESRD, is it okay to skip for an Other CMS Approved Reason?	<p>This is not an appropriate reason to skip a patient for an Other CMS Approved Reason. It is an appropriate reason to select the Denominator Exception - Medical Reason.</p> <p>Please review the 2016 PREV Supporting Document, Data Guidance tab, for guidance on how to report the PREV-13 measure if the patient has ESRD: No - Denominator Exception - Medical Reasons: Select this option if the patient was not prescribed statin therapy for medical reasons. Documentation of not screened for medical reasons may include: (e.g., documented adverse effect, allergy or intolerance, active diagnosis of pregnancy, currently breast feeding, receiving palliative care, active liver or hepatic disease or insufficiency, End Stage Renal Disease (ESRD). This document can be located on the CMS website at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html</p>
2	CARE-3: Documentation of Current Medication: When reporting the CARE-3, measure should we indicate that there is no office visit on the date provided by CMS, which is 30 days after discharge?	<p>TCM codes are included within the code set of this measure. Medication reconciliation may occur within +/- 2 days of the pre-populated visit date. The coding for this measure is in alignment with the corresponding eCQM.</p> <p>If your records indicate the patient's visit happened more than 2 calendar days before or after the pre-populated visit, it would be appropriate to indicate that you cannot confirm the visit.</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/>

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