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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.

Announcements

3. The attestation deadline for providers participating in the Medicare EHR Incentive Program is **Monday, March 13, 2017, at 11:59PM ET**

    – Providers participating in the Medicare EHR Incentive Program must attest to the 2016 program requirements by March 13, 2017 to avoid a 2018 payment adjustment

    – If you are participating in the Medicaid EHR Incentive Program, please refer to your state's website for attestation information and deadlines

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
3/9/2017	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

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

WEB INTERFACE

Web Interface Totals Report

- Provides a status of your patient abstraction, as of the date and time the report was generated

- Contains a Summary level as well as a Detail level, which displays a drill-down of a selected row from the Summary level

- Totals are reported by Measure

Totals Report Summary

Totals Summary   Details

CARE-2: Falls

Report Title	Total	Details	Comments
All Ranked Patients	616	Details >>	
----All Confirmed and Complete	1	Details >>	
----All Skipped	1	Details >>	
----All Incomplete	614	Details >>	
Consecutively Completed or Skipped	0	Details >>	
----Medical Record Not Found	0	Details >>	
----Not Confirmed	0	Details >>	
--------Not Confirmed - Diagnosis	0	Details >>	
--------Not Confirmed - Gender	0	Details >>	
--------Not Confirmed - Age	0	Details >>	
--------Not Confirmed - Additional Denomi...	0	Details >>	
--------Not Confirmed - No Qualifying Visits	0	Details >>	
----Denominator Exclusion	0	Details >>	
----Not Qualified For Sample	0	Details >>	
--------In Hospice	0	Details >>	
--------Moved Out of Country	0	Details >>	
--------Deceased	0	Details >>	
--------HMO Enrollment	0	Details >>	
----No - Other CMS Approved Reason	0	Details >>	
----For Analysis	0	Details >>	There are no consecutively confirmed and completed patients. The count starts with the first ranked patient in the module.

Web Interface Totals Report Helpful Hints

- The **All Confirmed** and **Complete** row shows the count of all patients confirmed and complete, regardless of the order

- The **For Analysis** row contains the total number of patients, starting with rank #1, where the record is confirmed and complete in consecutive order

- The **Comments** column is a system generated field, which explains what the count indicates

- Pay attention to the report generation date and time – if you have added or changed data since then re-generate a new report

- The Web Interface User Guide contains detailed information

Submitting Data to CMS

- The final action you must take to ensure that all patient data is available to CMS is on the **Submit** screen

- Your data will be submitted by checking the authorization box:

  > I certify that I have been duly 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.

  and clicking: **Submit Data to CMS**

- Remember: the patient data entered/saved on the **Home** page or uploaded via the **Upload Data** screen is saved to the database, but not available to CMS until you **Submit**

Web Interface Submit Screen

Web Interface Submit Screen Messages

- Three statuses are provided:

The final data for (A1229) Mercy ACO, LLC has not been submitted to CMS. Please use the Submit button to indicate your data submission is complete.

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.

The data you have submitted **MEETS** the requirements for PQRS GPRO Web Interface satisfactory reporting. Please note: Some group practices are required to complete CAHPS for PQRS. If your group is required to do so, successful completion of CAHPS for PQRS is required to avoid the negative PQRS Payment Adjustment.

See table below for completion details.

Data Submission Hints

- Use both the **Submit** Screen and the Submission Status report to view the status of your submission

- Each module is listed, with a comment indicating if the module has met the requirements for satisfactory reporting

Submission Status Messages

- The Web Interface displays your submission status at the top of the screen
- There are 2 basic messages:
  - No unsubmitted data changes
  - You have unsubmitted data changes. Please submit!
- Also includes last submission date/time and last update date/time

FREQUENT MEASURES QUESTIONS

Web Interface Measure Questions

Number	Question	Answer
1	**PREV-10**:If a patient has been screened several times within the reporting period AND received cessation intervention, but not at the most recent screening, does this patient qualify for the numerator and is this patient compliant with the measure?	If at the most recent screening the patient is identified as a tobacco user, then you may look within the 24 month period for documentation of cessation intervention. Within 24 months is defined as: The 24-month look-back from the measurement period end date (1/1/2015 - 12/31/2016)
2	**PREV-10**: Do I meet the intent of the measure as long as the patient is asked about their smoking status?	No. The measure intent is that the patient is screened for tobacco use. Tobacco use includes both smoking and smokeless tobacco. At this time eCigs are not considered tobacco use.
3	**CARE-3**: Do you have to list all 4 parts (name, dosage, route, & frequency) of a medication on your med list to count?	Every medication should include the medication's name, dosage, frequency and administered route to the best of the providers ability on the date of the encounter. For example, much of the information may be reliant on what the patient or patient's caregiver knows and can share with the provider. This could be especially true when knowing the necessary components for over the counters, herbals, and vitamins. It is more likely all components will be available for prescription medications. If there are components missing, there should be documentation that supports that the provider was able to provide a complete list, based on available information on the date of the encounter.

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