

# Quality Payment PROGRAM

**2017 CMS Web Interface Quality  
Reporting for MIPS Groups and ACOs**

**CMS Web Interface  
Kick Off**

**Program Year 2017**



# Disclaimer



*This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.*

*This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.*

# Announcements

## CMS Web Interface Key Dates



- **January 8 – 19, 2018**

- Test Period: Download Your Sample & Test Mode
  - Log into the CMS Web Interface in test mode
  - Download your sample
  - Review your sample
  - Work on filling in your data in the Excel template offline
  - Upload your data to test out the CMS Web Interface
  - Manually enter data by beneficiary or by measure into the CMS Web Interface
  - Review the Measure Rates and Activity Log Reports
  - Any test data you upload or enter will be removed at the close of the test period
  - The CMS Web Interface will be unavailable January 20 - 21 to erase all data inputted/uploaded during the Test Period.

- **January 20 – 21, 2018**

- The CMS Web Interface will be unavailable to erase all data inputted/uploaded during the Test Period

# Announcements

## CMS Web Interface Key Dates



- **January 22 – March 16, 2018 (closes at 8:00pm Eastern Time)**
  - Submission Period
    - CMS Web Interface will be open for 8 weeks
    - CMS Web Interface will save your progress with each step, so you do not need to worry about “submitting”
    - CMS Web Interface will automatically take your submission at the end of the submission period

# Announcements

## Education & Outreach



- Revised 2017 CMS Web Interface Measures are posted in the Resource Library: <https://qpp.cms.gov>
  - PREV-5 (ACO-20) Breast Cancer Screening
  - PREV-6 (ACO-19) Colorectal Cancer Screening
  - HTN-2 (ACO-28) Screening for High Blood Pressure
- New instructional videos
  - CMS Web Interface User Demonstration: [https://youtu.be/\\_EoRq1G-WkM](https://youtu.be/_EoRq1G-WkM)
  - Excel Template Introduction: <https://youtu.be/pLF3ZXkc5eY>
  - Manually Enter Data By Measure
  - Manually Enter Data By Beneficiary
  - Resolve Excel Errors
  - Plan Your Work
  - Test Your Data
  - View Your Progress
  - Submission Due

# Announcements



- Upcoming 2017 CMS Web Interface Support Call Dates

Date	Time (ET)	Topic
1/17/2018	1:00-2:00pm	Q&A Session
1/24/2018	1:00-2:00pm	Q&A Session
1/31/2018	1:00-2:00pm	Q&A Session
2/7/2018	1:00-2:00pm	Q&A Session
2/14/2018	1:00-2:00pm	Q&A Session
2/21/2018	1:00-2:00pm	Q&A Session
2/28/2018	1:00-2:00pm	Q&A Session
3/7/2018	1:00-2:00pm	Q&A Session
3/14/2018	1:00-2:00pm	Q&A Session

Presenter: Rabia Khan, CMS

# REPORTING REQUIREMENTS

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# 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 there are fewer than 248 beneficiaries available in the sample
- **Avoiding future negative payment adjustments:** Satisfactorily reporting all 15 CMS Web Interface quality measures will allow groups and eligible clinicians participating in an ACO to avoid the 2019 MIPS negative payment adjustment



# Reporting Requirements (cont.)



- **Shared Savings Program/Next Generation:** ACOs who fail to satisfactorily report all measures will not meet the quality performance standard and will be ineligible to share in savings, if earned.
  - TINs participating in a Shared Savings Program ACO that fails to satisfactorily report the CMS Web Interface measures will get a MIPS quality performance score of zero unless they report separately from the ACO either as a group or solo practitioner TIN.
  - For details regarding the interactions between the Shared Savings Program and MIPS please review the guide available in the QPP Resource Library: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2017-Medicare-Shared-Savings-Program-and-MIPS-Interactions.pdf>

Presenter: Ken Howard, CMS

# EIDM RESOURCES

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# EIDM Reminders

## CMS Web Interface Roles in EIDM



- Be sure you have set up your EIDM account and established the correct EIDM roles for quality reporting
- In order to submit data via the CMS Web Interface, you need an EIDM account and you must have a **Web Interface Submitter** role for **your organization** (QPP group or Shared Savings Program/Next Generation ACO) in the EIDM
- **Organization** is created by the user who requests **Security Official role for QPP groups** or **ACO Security Official role for ACOs** during this role's request process
- **Organization** is loaded into the system when the **Security Official role for QPP groups** or **ACO Security Official role for ACOs** for the Physician Quality and Value Programs application is approved
- **Organization** must exist in EIDM prior to **Web Interface Submitter** role request

# EIDM User Guides for QPP Groups



- Guide for Obtaining a ‘Physician Quality and Value Programs’ Role for an Existing EIDM User:
  - Step-by-step instructions on how users can request a role to access the ‘Physician Quality and Value Programs’ application in the CMS Enterprise Portal using their existing EIDM account in order to access the registration system for the CMS Web Interface and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS survey
  - Do not use this guide if you do not have an EIDM account
  - Available at [https://qpp.cms.gov/docs/QPP\\_Existing\\_EIDM\\_Account.pdf](https://qpp.cms.gov/docs/QPP_Existing_EIDM_Account.pdf)
- Guide for Obtaining a New EIDM Account with a ‘Physician Quality and Value Programs’ Role:
  - Available at [https://qpp.cms.gov/docs/QPP\\_New\\_EIDM\\_Account.pdf](https://qpp.cms.gov/docs/QPP_New_EIDM_Account.pdf)
- Note: The QPP Resource Library web site will be refreshed on 12/20/2017, and an updated guide will be released shortly thereafter. There will be no change to the EIDM process. CMS will announce when the new guide is available.

# EIDM User Guides for ACOs



- Shared Savings Program ACO EIDM Account and Role Set-up Guide is available on the Shared Savings Program ACO Portal under the Resource, “2017 Quality Measurement and Reporting Guides.”
- Next Generation ACO Model ACOs should reference <https://app.innovation.cms.gov/NGACOConnect> for additional guidance

## QPP Service Center

Monday through Friday

8:00 AM – 8:00 PM (ET)

E-mail: [qpp@cms.hhs.gov](mailto:qpp@cms.hhs.gov)

Phone: 866-288-8292

TTY: 877-715-6222

Presenter: Ralph Trautwein, CMS Contractor

# ACCESSING CMS WEB INTERFACE

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# Logging In



## Step 1: Sign In to QPP

Quality Payment  
PROGRAM

MIPS ▾

Merit-based Incentive  
Payment System

APMs ▾

Alternative Payment  
Models

About ▾

The Quality  
Payment Program

Sign In

Submit and  
Manage Data

Modernizing Medicare to provide  
better care and smarter spending for  
a healthier America.

Check your participation  
status

Enter your National Provider Identifier  
(NPI) number

Check NPI >

Note: The screenshots provided in this presentation are from a test environment and may not display exactly what you will see on your screen at the time of submission.



# Logging In (cont.)



## Step 2: Enter Your EIDM Credentials

Quality Payment  
PROGRAM

MIPS ▾  
Merit-based Incentive  
Payment System

APMs ▾  
Alternative Payment  
Models

About ▾  
The Quality  
Payment Program

Sign In  
Submit and  
Manage Data

### Sign In

Signing in will allow you to see personalized information and submit your performance data.

Use the same credentials you use for EIDM, PQRS, or the CMS Enterprise Portal.

EMAIL ADDRESS

ralph.trautwein@semanticbits.com

PASSWORD

.....

[Forgot Password?](#)

☐ SHOW PASSWORD

Don't have a user account yet? Visit the [CMS Enterprise Portal](#) to create one, or call 1-866-288-8292. For TTY: 1-877-715-6222.

Sign in >

Note: The screenshots provided in this presentation are from a test environment and may not display exactly what you will see on your screen at the time of submission.

# Logging In (cont.)



## Step 3: Enter Your 2nd Factor Code from your Cell Phone

Quality Payment  
PROGRAM

MIPS ▾  
Merit-based Incentive  
Payment System

APMs ▾  
Alternative Payment  
Models

About ▾  
The Quality  
Payment Program

Sign In  
Submit and  
Manage Data

### Verify Code

Enter the code sent via text message to \*\*\*-\*\*\*-6276.

ONE-TIME CODE

ex. 123456

Submit Code >

Quality Payment  
PROGRAM

Developer Tools

Resource Library

Help and Support

Subscribe to Updates



Note: The screenshots provided in this presentation are from a test environment and may not display exactly what you will see on your screen at the time of submission.

# Accessing the CMS Web Interface (ACOs)



## Step 4: Select “Start Reporting”

Quality Payment  
PROGRAM

MIPS ▾

Merit-based Incentive  
Payment System

APMs ▾


Alternative Payment  
Models

About ▾

The Quality  
Payment Program

Ralph ▾

My Account

 Account Dashboard

## Account Dashboard


### The reporting window is now open

You can update your data at any time the submission window is open (January 1–March 31, 2018 for MIPS reporting or January 3–March 17, 2018 for CMS Web Interface Reporting). Once the submission window is closed, CMS will begin calculating payment adjustments.

### APM ENTITIES (3)

**BSRssp25**

ssp

 **START REPORTING**

Note: The screenshots provided in this presentation are from a test environment and may not display exactly what you will see on your screen at the time of submission.

# Accessing the CMS Web Interface (ACOs)



Quality Payment  
PROGRAM

MIPS ▾

Merit-based Incentive  
Payment System

APMs ▾

Alternative Payment  
Models

About ▾

The Quality  
Payment Program

Ralph ▾

My Account

< Account Dashboard

Jast - Cremin

TIN# 000617050

QUALITY DATA REPORTING

CMS Web Interface

View Progress

Report Data ▾

View Reports

Manage Group ▾

Frequently Asked Questions

→← COLLAPSE

## Welcome to the CMS Web Interface!

Your beneficiary sample is ready.

Last account activity: | [View Details](#)



Measures available  
Nov 14



Sample ready  
Jan 8



Start reporting  
Jan 22



Submission due  
Mar 16



You have 2708 beneficiaries to report this year

**View beneficiary sample and prepare for data reporting**

[VIEW SAMPLE](#)



We provide an Excel sample template to make your reporting easier

**Download sample in the Excel template and enter data offline**

\*You will earn 1.0 bonus points per measure if you report quality measure data via file upload in the CMS Web Interface

[DOWNLOAD SAMPLE](#)

Note: The screenshots provided in this presentation are from a test environment and may not display exactly what you will see on your screen at the time of submission.

# Accessing the CMS Web Interface (MIPS Groups)



Select “Report as a group”

Quality Payment  
PROGRAM

MIPS ▾

Merit-based Incentive  
Payment System

APMs ▾

Alternative Payment  
Models

About ▾

The Quality  
Payment Program

Ralph ▾

My Account

## PRACTICES (5)

**000160095**

TIN: 000160095



Report as a group >



Report as individuals >

**000602467**

TIN: 000602467



Report as a group >



Report as individuals >

**000693624**

TIN: 000693624



Report as a group >



Report as individuals >

Note: The screenshots provided in this presentation are from a test environment and may not display exactly what you will see on your screen at the time of submission.

# Accessing the CMS Web Interface (MIPS Groups)



## Select “Start Reporting” for Quality Measures

Quality Payment  
PROGRAM

MIPS ▾

Merit-based Incentive  
Payment System

APMs ▾

Alternative Payment  
Models

About ▾

The Quality  
Payment Program

Ralph ▾

My Account

< Account Dashboard

TIN# 000602467

Connected Clinicians

Group Reporting ▾

[Account Dashboard](#) > [Practices](#) >

Group Reporting Dashboard

### Report data for a group

You can update your data at any time the submission window is open (January 1 – March 31, 2018). Once the submission window is closed, CMS will begin calculating your payment.

Quality  
Measures

START REPORTING

Advancing Care  
Information

START REPORTING

Improvement  
Activities

START REPORTING



Note: The screenshots provided in this presentation are from a test environment and may not display exactly what you will see on your screen at the time of submission.

# Accessing the CMS Web Interface (MIPS Groups)



Select “Go to CMS Web Interface”

MIPS ▾

Merit-based Incentive  
Payment System

APMs ▾

Alternative Payment  
Models

About ▾

The Quality  
Payment Program

Ralph ▾

My Account

## Quality

The Quality score is based on the **highest score** among all submission method scores.



[Read full instructions](#)

**No Quality measures have been submitted for this profile.**

Please choose a submission option below to get started.

### OPTION 1

#### Import QPP Quality data via file upload

This submission method is based on the highest 6 submitted measures, requiring at least one High Priority measure.



FILE UPLOAD

OR

### OPTION 2

#### Submit QPP Quality data via the CMS Web Interface

This method requires pre-registration and submission is at the beneficiary level. There are 14 required measures.

GO TO CMS WEB INTERFACE

OR

### OPTION 3

#### Contact your corresponding agency

If you are using a Registry or eHR to submit your data, please contact them for support.



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# Accessing the CMS Web Interface (MIPS Groups)



## Groups Enter the CMS Web Interface

Quality Payment  
PROGRAM

MIPS ▾

Merit-based Incentive  
Payment System

APMs ▾

Alternative Payment  
Models

About ▾

The Quality  
Payment Program

Ralph ▾

My Account

< Account Dashboard

Bradtke - Koch

TIN# 000602467

QUALITY DATA REPORTING

CMS Web Interface

View Progress

Report Data ▾

View Reports

Manage Group ▾

Frequently Asked Questions

→< COLLAPSE

## Welcome to the CMS Web Interface!

Your beneficiary sample is ready.

Last account activity: | View Details



Measures available  
Nov 14



Sample ready  
Jan 8



Start reporting  
Jan 22



Submission due  
Mar 16



You have 3427 beneficiaries to report this year

View beneficiary sample and prepare for data reporting

[VIEW SAMPLE](#)



We provide an Excel sample template to make your reporting easier

Download sample in the Excel template and enter data offline

\*You will earn 1.0 bonus points per measure if you report quality measure data via file upload in the CMS Web Interface

[DOWNLOAD SAMPLE](#)

Note: The screenshots provided in this presentation are from a test environment and may not display exactly what you will see on your screen at the time of submission.



# CMS Web Interface Resources



- The following resources are available on the Resource Library page of the QPP website at <https://qpp.cms.gov/>
  - CMS Web Interface Excel Template User Guide 2017
  - CMS Web Interface Excel Template
  - CMS Web Interface Fact Sheet

Presenter: Catherine Hersey, CMS Contractor

# ASSIGNMENT & SAMPLING

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# Assignment and Sampling Overview



- The CMS Web Interface allows MIPS Groups and ACOs to report data on a pre-determined population of patients

Beneficiaries are assigned to the organization.



Assigned beneficiaries are assessed for their quality reporting eligibility, including measure-specific denominator eligibility.



Eligible beneficiaries are sampled into applicable measures and loaded into the CMS Web Interface for quality reporting.

# Assignment: Overview



- Assignment is the process of determining which beneficiaries are attributed to an organization, and is based on a predetermined algorithm
- A beneficiary assigned to an organization in one reporting year may or may not be assigned to that same organization in the following reporting years
- For CMS Web Interface purposes, CMS uses:
  - Shared Savings Program assigned beneficiaries from the 3rd quarter assignment file;
  - Next Generation ACO aligned beneficiaries, updated for exclusions as of the 2nd quarter; and
  - MIPS Groups assigned beneficiaries as of October 31, 2017

# Assignment Methodologies



- MIPS Groups reporting via the CMS Web Interface:
  - See the CMS Web Interface & CAHPS for MIPS Survey Assignment Methodology document available on the Resources Library page of the QPP website via <https://qpp.cms.gov/>
- Next Generation Model ACOs:
  - <https://innovation.cms.gov/Files/x/nextgenaco-methodology.pdf>
- Shared Savings Program ACOs:
  - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/Shared-Savings-Losses-Assignment-Spec-V5.pdf>

# CMS Web Interface Sampling Overview



- Assigned beneficiaries may be sampled into one or more CMS Web Interface measures, using a three step sampling process:

Step 1: Determine if assigned beneficiaries are eligible for quality reporting.

Step 2: Determine if beneficiaries eligible for quality reporting are denominator eligible.

Step 3: Select a sample of denominator eligible beneficiaries for each measure.

# CMS Web Interface Sampling: Selecting the Sample



- Each measure will have its own beneficiary sample. In other words, each organization will have 13 samples of 616 beneficiaries, and one sample of 750 beneficiaries (for the statin therapy measure)
- The beneficiary's place in the sample (e.g., 1, 2, 3, etc.) is referred to as the beneficiary's rank
- Each organization is required to confirm and complete data entry on 248 consecutive beneficiaries for each measure
- For more information, please see the CMS Web Interface Sampling Methodology document available on the Resources Library page of the QPP website via <https://qpp.cms.gov/>

Presenter: Ralph Trautwein, CMS Contractor

# **BENEFICIARY DOWNLOAD & EXCEL UPLOAD**

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# CMS Web Interface Excel Upload



## Step 1: Select “Report Data”

The screenshot displays the CMS Web Interface for the Quality Payment Program. The left sidebar contains navigation links: Account Dashboard, Bradtke - Koch (TIN# 000602467), QUALITY DATA REPORTING CMS Web Interface, View Progress, Report Data (highlighted with an orange arrow), and View Reports. The main content area features a welcome message, a progress timeline, and two action cards. The timeline shows four stages: Measures available (Nov 14), Sample ready (Jan 8), Start reporting (Jan 22), and Submission due (Mar 16). The first card informs the user of 3427 beneficiaries and provides a 'VIEW SAMPLE' button. The second card offers an Excel template for offline data entry, with a 'DOWNLOAD SAMPLE' button. A note mentions a 1.0 bonus points incentive for file uploads.

Quality Payment PROGRAM

MIPS ▾  
Merit-based Incentive Payment System

APMs ▾  
Alternative Payment Models

About ▾  
The Quality Payment Program

Ralph ▾  
My Account

Account Dashboard

Bradtke - Koch  
TIN# 000602467

QUALITY DATA REPORTING  
CMS Web Interface

View Progress

Report Data

Due in 105 days  
0 measures complete

REPORT DATA

View Reports

COLLAPSE

Welcome to the CMS Web Interface!

Your beneficiary sample is ready.

Last account activity: | View Details

Measures available  
Nov 14

Sample ready  
Jan 8

Start reporting  
Jan 22

Submission due  
Mar 16

You have 3427 beneficiaries to report this year  
View beneficiary sample and prepare for data reporting

VIEW SAMPLE

We provide an Excel sample template to make your reporting easier  
Download sample in the Excel template and enter data offline

\*You will earn 1.0 bonus points per measure if you report quality measure data via file upload in the CMS Web Interface

DOWNLOAD SAMPLE

**\*\*Please note that the data used in this slide is not genuine and is provided only as an example\*\***

# CMS Web Interface Excel Upload



## Step 2: Select “Download”

Quality Payment  
PROGRAM

MIPS ▾

Merit-based Incentive  
Payment System

APMs ▾

Alternative Payment  
Models

About ▾

The Quality  
Payment Program

Ralph ▾

My Account



BRADTKE - KOCH

## Report Data

**105**  
Days left

**0/14**  
Measures complete

Download an Excel spreadsheet of your  
beneficiary sample



[View Excel Instructions](#)



DRAG & DROP

Upload data in Excel

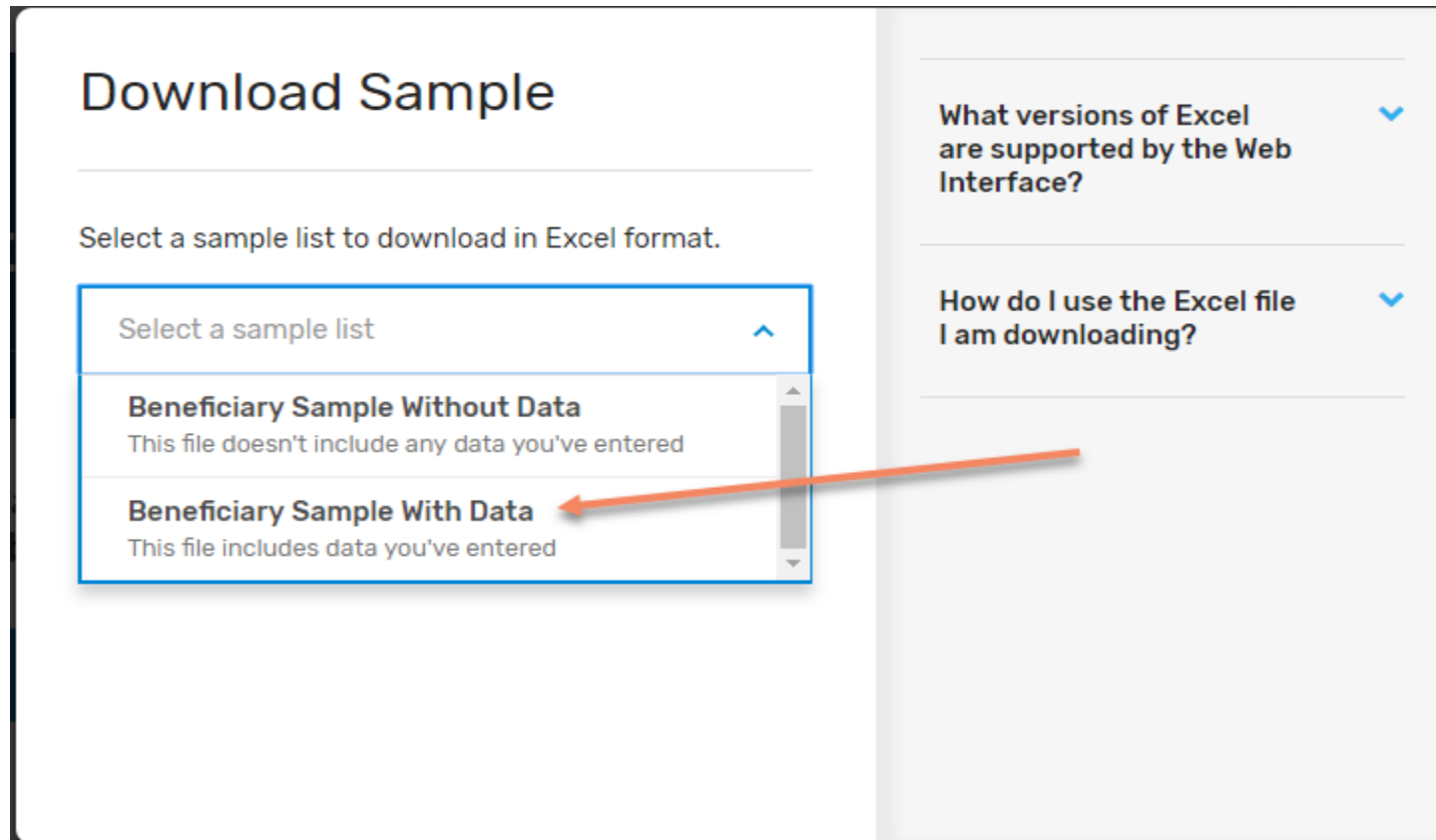
Your .xlsx file here, or [browse](#)



[VIEW SAMPLES AND ENTER DATA](#)

# CMS Web Interface Excel Upload

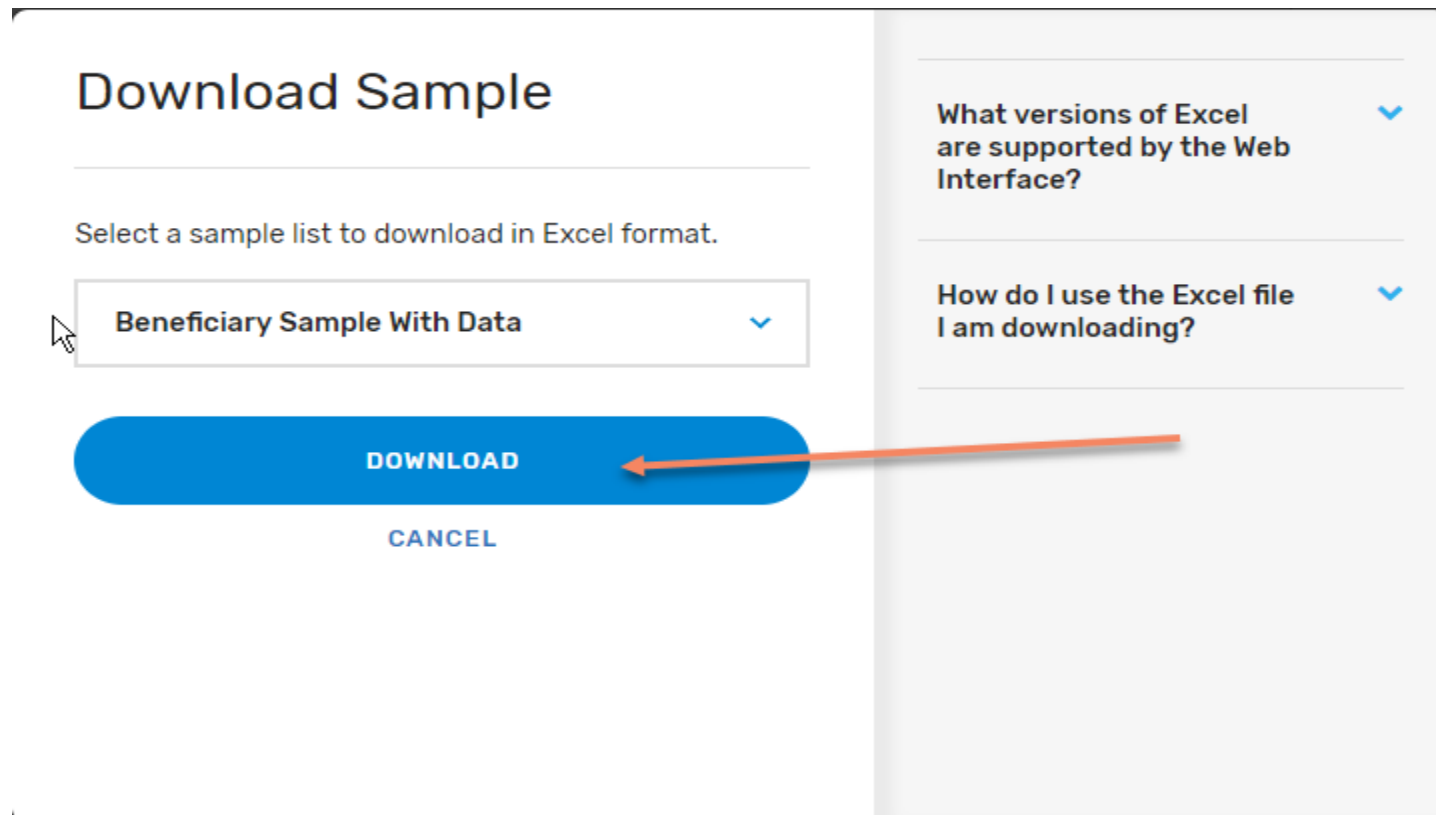
## Step 3: Select “Beneficiary Sample With Data”



The screenshot shows the 'Download Sample' section of the CMS Web Interface. The main heading is 'Download Sample'. Below it, the instruction reads: 'Select a sample list to download in Excel format.' A dropdown menu is open, showing two options: 'Beneficiary Sample Without Data' (with the subtext 'This file doesn't include any data you've entered') and 'Beneficiary Sample With Data' (with the subtext 'This file includes data you've entered'). An orange arrow points to the 'Beneficiary Sample With Data' option. To the right of the main content area, there are two expandable sections: 'What versions of Excel are supported by the Web Interface?' and 'How do I use the Excel file I am downloading?'. Both sections have a blue chevron icon to their right.

# CMS Web Interface Excel Upload

## Step 4: Select “Download”



The screenshot shows a web interface titled "Download Sample". Below the title is a horizontal line, followed by the instruction "Select a sample list to download in Excel format." A dropdown menu is open, showing the option "Beneficiary Sample With Data" with a blue checkmark icon to its right. Below the dropdown are two buttons: a large blue "DOWNLOAD" button and a smaller "CANCEL" button. An orange arrow points from the right side of the screen towards the "DOWNLOAD" button. On the right side of the interface, there are two expandable sections. The first section is titled "What versions of Excel are supported by the Web Interface?" with a blue checkmark icon to its right. The second section is titled "How do I use the Excel file I am downloading?" with a blue checkmark icon to its right.

Note: The screenshots provided in this presentation are from a test environment and may not display exactly what you will see on your screen at the time of submission.

# CMS Web Interface Excel Upload



## Step 5: Populate your Spreadsheet with Data

	Patient Confirmation					
1						
2	Medicare ID	Can you locate the patient's medical record and is the patient qualified for the sample?	Disqualification Reason	Enter the date the patient became ineligible (MM/DD/YYYY)	Care Falls Rank	Is the patient qualified for this measure?
3	682501928648172	Yes			1	Yes
4	194212355354271	Yes			2	Select an answer
5	437779689742077	Yes			3	Yes
6	848578761482111	Yes			4	Yes
7	552388573378083	Yes			5	Yes
8	071324768086899	Yes			6	Yes
9	982558055028260	Yes			7	Yes

Note: The screenshots provided in this presentation are from a test environment and may not display exactly what you will see on your screen at the time of submission.

# CMS Web Interface Excel Upload



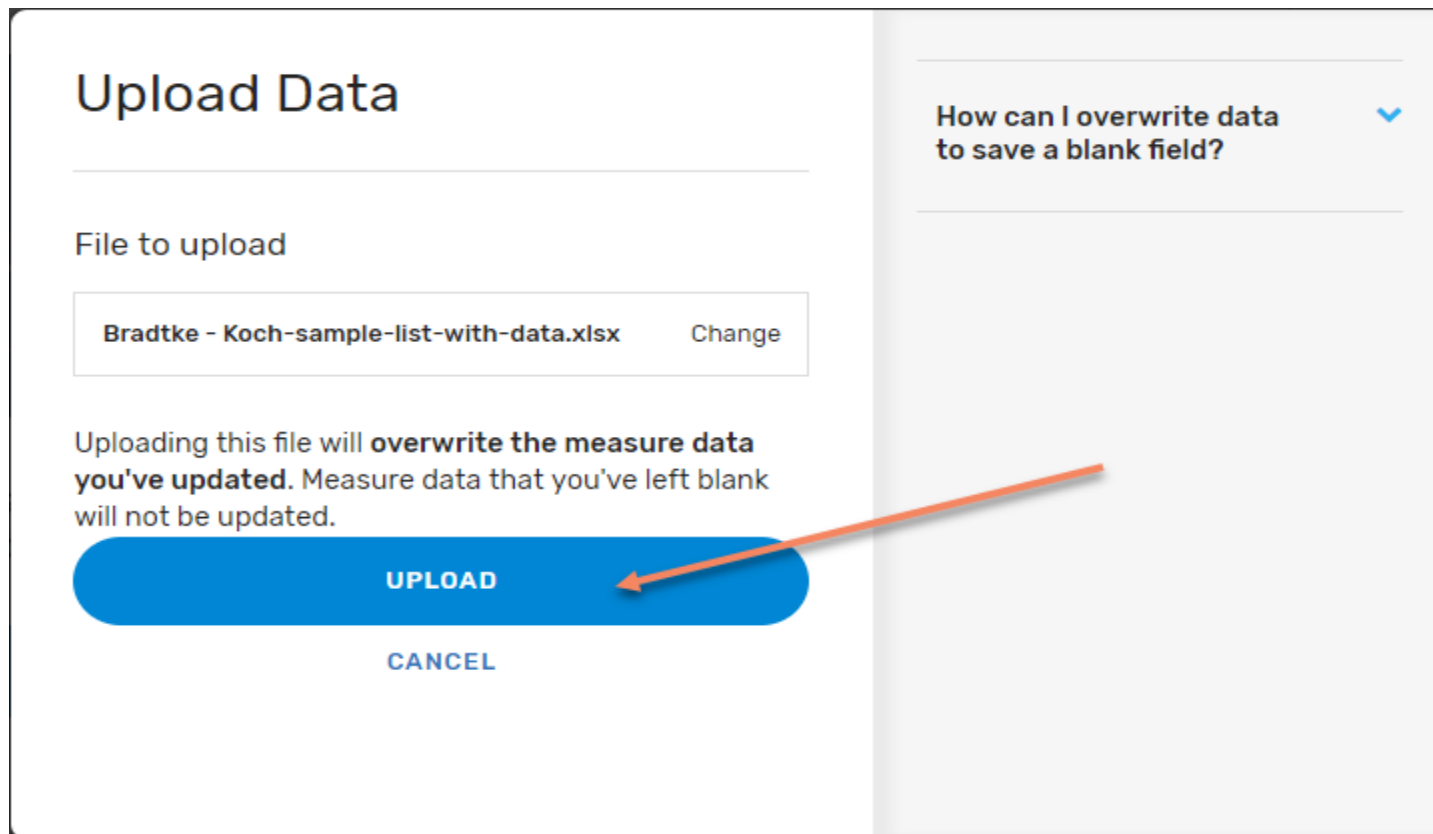
## Step 6: Drag and Drop or Browse to Upload your Spreadsheet

The screenshot shows the 'Report Data' page for the 'Quality Payment PROGRAM'. The user is logged in as 'BRADTKE - KOCH'. The page has a dark blue header with navigation links: 'MIPS' (Merit-based Incentive Payment System), 'APMs' (Alternative Payment Models), 'About' (The Quality Payment Program), and 'Ralph' (My Account). On the left is a sidebar with icons for dashboard, upload, list, user, and info. The main content area has a 'Report Data' title and two cards. The left card, 'Download an Excel spreadsheet of your beneficiary sample', has a blue 'DOWNLOAD' button and a link to 'View Excel Instructions'. The right card, 'Upload data in Excel', has a dashed border, an upload icon, and text 'DRAG & DROP Upload data in Excel Your .xlsx file here, or [browse](#)'. An orange arrow points to the upload icon. At the bottom is a 'VIEW SAMPLES AND ENTER DATA' button and an 'EXPAND' link.

Note: The screenshots provided in this presentation are from a test environment and may not display exactly what you will see on your screen at the time of submission.

# CMS Web Interface Excel Upload

## Step 7: Confirm the Upload

A screenshot of the CMS web interface showing the "Upload Data" confirmation screen. The main heading is "Upload Data". Below it, the "File to upload" section shows the filename "Bradtke - Koch-sample-list-with-data.xlsx" with a "Change" link. A warning message states: "Uploading this file will **overwrite the measure data you've updated**. Measure data that you've left blank will not be updated." At the bottom are two buttons: a large blue "UPLOAD" button and a smaller "CANCEL" button. An orange arrow points to the "UPLOAD" button. On the right side, there is a sidebar with a dropdown menu titled "How can I overwrite data to save a blank field?" which is currently expanded, showing a blue checkmark icon.

Note: The screenshots provided in this presentation are from a test environment and may not display exactly what you will see on your screen at the time of submission.

# CMS Web Interface Excel Upload



## Step 8: Upload Progress Will Show in Upload Pill

Quality Payment  
PROGRAM

MIPS ▼  
Merit-based Incentive  
Payment System

APMs ▼  
Alternative Payment  
Models

About ▼  
The Quality  
Payment Program

Ralph ▼  
My Account

BRADTKE - KOCH

## Report Data

**105**  
Days left

**0/14**  
Measures complete

Download an Excel spreadsheet of your  
beneficiary sample

↓ DOWNLOAD

[View Excel Instructions](#)



DRAG & DROP  
Upload data in Excel  
Your .xlsx file here, or [browse](#)



Uploading 0%

Bradtke - Koch-Sample-List-With-Data.Xlsx



EXPAND

Note: The screenshots provided in this presentation are from a test environment and may not display exactly what you will see on your screen at the time of submission.



# CMS Web Interface Excel Upload



## Step 9: Check for Errors

SELECT A MEASURE

ALL MEASURES

FILTER BY

Beneficiary Name

Start typing or select

SORT BY

Medicare ID

All Measures

×

 ERRORS  
3 errors

TOTAL  
3427 beneficiaries

✓ COMPLETE  
1 beneficiary

⚠ INCOMPLETE  
3426 beneficiaries

» SKIPPED  
0 beneficiaries

<input type="radio"/> MEDICARE ID	MEASURE FAILED TO UPLOAD	COLUMN (EXCEL)	ROW (EXCEL)	ERROR DESCRIPTION
×	094723094823094		3	Beneficiary not found
×	094723094823094 <a href="#">CARE-2</a>		3	We are not able to upload any of the data for this beneficiary. Please try again or contact QPP Service Center. (Reference Beneficiary ID missing.)
×	094723094823094 <a href="#">PREV-7</a>		3	Beneficiary not found

← →

EXPAND

Note: The screenshots provided in this presentation are from a test environment and may not display exactly what you will see on your screen at the time of submission.

Presenter: Jessica Schumacher, CMS Contractor

# MEASURES OVERVIEW

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# 2017 Web Interface Measure Resources



- CMS Web Interface resources are located under the “2017 MIPS Quality” section of the QPP Resource Library, which can be accessed via <https://qpp.cms.gov>
  - **2017 CMS Web Interface Measures List** – Includes CMS Web Interface measure number, measure title, alternative measures numbers for other programs, and the measure owner
  - **Narrative Measure Specifications and Performance Flows** – Includes identification of measure, NQF number (if applicable), Description, Improvement Notation, Initial Patient Population, Denominator, Denominator Exceptions and Exclusions, Numerator, Numerator Exclusions, Definitions, Guidance, Rationale, Clinical Recommendation Statements, and diagram flows and performance rate calculation algorithms
  - **Web Interface Coding Documents (posted by module)** – An Excel workbook that lists codes related to the Denominator (including exception, exclusion, and exclusion drug codes if applicable), Encounter, and Numerator (including exclusion drug codes if applicable)
  - **Release Notes** – Includes list of changes to existing measures made since the release of the 2016 GPRO Web Interface Narrative Measure Specifications

# Updates to 2017 Web Interface Measures



- **PREV-5 (ACO-20) Breast Cancer Screening:**
  - Numerator Reporting Guidance updated so digital breast tomosynthesis (3D mammography) is now an allowed numerator compliant screening
  - Denominator Exclusion for Place of Service (POS) addition
- **PREV-6 (ACO-19) Colorectal Cancer Screening:**
  - Corrected PREV coding document as numerator code 81528 (FIT\_DNA C4) was inadvertently mislabeled as CT Colonography
  - Denominator Exclusion for POS addition
- **HTN-2 (ACO-28) Screening for High Blood Pressure:**
  - Denominator Exclusion for POS addition
- **MH-1 (ACO-40) Depression Remission at Twelve Months:**
  - Corrected Numerator to states “follow-up score less than 5”

# Frequently Asked Questions

## 2017 Place of Service (POS) Codes



## 2017 Place of Service (POS) Codes

- **Question:** Please provide information about the exclusion for patients 65 and older whom are residing in long term care facilities or Special Needs Plans (SNP) in the below guidance?

*The National Committee for Quality Assurance (NCQA) has informed CMS of updates to the following CMS Web Interface measures:*

- ACO-20 (PREV-5) Breast Cancer Screening
- ACO-19 (PREV-6) Colorectal Cancer Screening
- ACO-28 (HTN-2) Screening for High Blood Pressure

*We will apply an exclusion for patients aged 65 or older in Institutional SNP, or residing in a long-term care facility for each of these measures.*

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# Frequently Asked Questions

## 2017 Place of Service (POS) Codes



- **Answer:** The following codes have been provided by the measure steward for use with this measure:
  - 32 Nursing Facility: A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than individuals with intellectual disabilities
  - 33 Custodial Care Facility: A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component
  - 34 Hospice: A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided
  - 54 Intermediate Care Facility/Intellectuals with Disabilities A facility which primarily provides health-related care and services above the level of custodial care to individuals but does not provide the level of care or treatment available in a hospital or SNF

*(Continues on next slide)*

# Frequently Asked Questions

## 2017 Place of Service (POS) Codes



*(Continued from previous slide)*

- 56 Psychiatric Residential Treatment Center A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment
- **Note:** This coding will be utilized during the sampling process of patients into the CMS Web Interface
  - Claim lines where the POS code is equal to any of the above values will not be used in the process to identify beneficiaries for these measures' samples
  - If a patient is noted to have medical record documentation of being institutionalized and is in your sample, then you may exclude the patient
  - If the patient turns age 65 at any time during the measurement year and in Institutional Special Needs Plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 any time during the measurement period, they would be excluded from the denominator for the measures

# Frequently Asked Questions

## CARE-1: Medication Reconciliation Post-Discharge



### ACO-12 /CARE-1: Medication Reconciliation Post-Discharge

- **Question:** Can the post-discharge medication reconciliation be performed over the phone prior to the office/clinic visit within 30 days of discharge, or must medication reconciliation be performed at the office/clinic visit?
- **Answer:** As identified in the Numerator Guidance note in the measure specification (page 9), medication reconciliation post discharge may be completed during a telehealth encounter, and, therefore, can be performed over the phone within 30 days of discharge. There must be documentation in the outpatient medical record that includes evidence of medication reconciliation and the date on which it was performed. Medication reconciliation is defined as a type of review in which the discharge medications are reconciled with the most recent medication list in the outpatient medical record

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# Frequently Asked Questions

## CARE-1: Medication Reconciliation Post-Discharge



*(Continued from previous slide)*

- Any of the following evidence meets criteria (page 5):
  - Documentation of the current medications with a notation that references the discharge medications (e.g., no changes in meds since discharge, same meds at discharge, discontinue all discharge meds)
  - Documentation of the patient's current medications with a notation that the discharge medications were reviewed
  - Documentation that the provider "reconciled the current and discharge meds"
  - Documentation of a current medication list, a discharge medication list and notation that the appropriate practitioner type reviewed both lists on the same date of service
  - Notation that no medications were prescribed or ordered upon discharge
- At this time NCQA considers physicians, prescribing practitioners, registered nurses, and clinical pharmacists as eligible professionals for CARE-1 data submission. As long as these providers take responsibility for the documentation of the medication reconciliation, CMS does not dictate their internal processes for gathering this information

# Frequently Asked Questions

## MH-1: Depression Remission at Twelve Months



### ACO-40/MH-1: Depression Remission at Twelve Months

- **Question:** The 2017 MH-1 measure specification states that we report the index PHQ-9 score that is greater than 9, is this correct? Should it actually be reporting the follow-up PHQ-9 score and date from the Measurement Assessment Period?
- **Answer:** Correct, you should report the most recent follow-up PHQ-9 score that is less than 5 and the date of administration that was 12 months (+/- 30 days, or 11 to 13 months) after the initial PHQ-9 that had a score greater than 9 was administered (index date). Please know that the numerator instructions in the specification have been updated for the 2017 performance year

# Frequently Asked Questions



## ACO-20/PREV-5: Breast Cancer Screening

- **Question:** What needs to be taken into account, a 3D mammogram or 2D mammogram?
- **Answer:** New for the first year of QPP, either a 3D or 2D mammogram will count for this measure. The intent of this measure is that starting at age 50 women should have one or more mammograms every 24 months with a 3 month grace period. As stated by the submission guidance on page 8 of the measure specification, the screening includes breast x-ray, diagnostic mammography, mammogram, or screening mammography. Please note that the numerator guidance in the specification has been updated for the 2017 performance year

# Frequently Asked Questions



## ACO-19/PREV-6: Colorectal Cancer Screening

- **Question:** The measure specification states that code 81528 is CT Colonography and should be reported every 5 years. I believe the 81528 code may be mislabeled and should be the COLOGUARD code and be included in the FIT\_DNA\_time period of 3 years. I heard this was a mistaken variable name and we could report 81528 as FIT DNA and use the 3 year period. Can you confirm this 3 year logic is correct?
- **Answer:** Yes, the variable name should be FIT\_DNA\_CODE not CT\_COLONOGRAPHY\_CODE for CPT 81528. The variable name and code for CT colonography (74263) are correct in the PREV coding supporting document. Please utilize the appropriate timeframes for the test being submitted. The numerator codes sheet in the PREV coding document has been updated for the 2017 performance year

# Frequently Asked Questions



## ACO-15/PREV-8: Pneumococcal Vaccination Status for Older Adults

- **Question:** When the patient reported pneumococcal vaccination prior to the availability of PCV13 (2010), is the type of vaccine required to meet the measure?
- **Answer:** The medical record documentation should state the year (up through the last day of the measurement period) and type of pneumococcal vaccine provided
  - If patient reported prior to 2015, documentation indicating receipt of a pneumococcal vaccine is sufficient
  - If patient reported in 2015, 2016 or 2017, documentation indicating the year of the vaccination and confirmation of the type as PPSV23 or PCV13 is required

# Frequently Asked Questions



## ACO-42/PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

- **Question:** Would the following terms qualify the patient for denominator inclusion: hyperlipidemia, dyslipidemia and high cholesterol?
- **Answer:** No, these terms would not be considered confirmation of denominator eligibility for the PREV-13 measure, risk category 2. The coding provided is specific to familial or pure hypercholesterolemia and this coding is considered to be all inclusive. In order to be considered denominator eligible based on an LDL-C value in risk category 2, it must be documented as an LDL-C value greater than or equal to 190 mg/dL

Presenter: Allison Peel, CMS Contractor

# RESOURCES & WHERE TO GO FOR HELP

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# Resources



- **QPP Help and Support:** <https://qpp.cms.gov/about/help-and-support>
  - Website: Videos, webinars, online courses, learning network, in-person assistance, APM learning systems, developer tools
- **QPP:** <https://qpp.cms.gov>
  - **Resource Library** (click “About” and follow the links to the Resource Library)
    - 2017 Web Interface Measures and supporting documents
    - CMS Web Interface Support Webinars
    - CMS Web Interface Excel Template User Guide 2017
    - CMS Web Interface Excel Template
    - CMS Web Interface & CAHPS for MIPS Survey Assignment Methodology document
    - CMS Web Interface Sampling Methodology
    - CMS Web Interface fact sheet
    - CMS Web Interface instructional videos



# Resources for ACOs



- Shared Savings Program ACO:
  - Website: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html>
  - Program Guidance & Specifications: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/program-guidance-and-specifications.html>.
  - ACO Portal: <https://portal.cms.gov/>
    - Resource: 2017 Quality Measurement and Reporting Guides
  - Weekly ACO Spotlight Newsletter
- Next Generation ACO Model:
  - Website: <https://innovation.cms.gov/initiatives/Next-Generation-ACO-Model/>
  - Portal: <https://app.innovation.cms.gov/NGACOConnect/>

# Get Help from CMS



- QPP Service Center
  - E-mail: [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov)
  - Phone: (866) 288-8292 (TTY 1-877-715-6222)
- Medicare Shared Savings Program ACO
  - E-mail: [sharedsavingsprogram@cms.hhs.gov](mailto:sharedsavingsprogram@cms.hhs.gov)
- Next Generation ACO
  - E-mail: [NextGenerationACOModel@cms.hhs.gov](mailto:NextGenerationACOModel@cms.hhs.gov)
- Physician Compare
  - E-mail: [PhysicianCompare@westat.com](mailto:PhysicianCompare@westat.com)

- To ask a question, please dial:  
**1-866-452-7887**
- Press \*1 to be added to the question queue
- You may also submit questions via the chat box
- Speakers will answer as many questions as time allows