

Quality Payment PROGRAM

2017 CMS Web Interface Quality Reporting
for MIPS Groups and ACOs

CMS Web Interface
Q&A Session

January 31, 2018



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.

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Reminders

CMS Web Interface Key Dates



- **January 22 – March 16, 2018 - Submission Period**
 - The CMS Web Interface is now open for the 8-week submission period
 - Closes promptly at 8:00pm Eastern Daylight Time (EDT) on March 16, 2018
 - Accessible via the “Sign In” link on the QPP web site at <https://qpp.cms.gov>

Announcements



- New documents are now available on the QPP Resource Library
 - [CMS Web Interface Data Dictionary](#) (posted 1/29/2018)
 - [CMS Web Interface Excel to XML Mapping](#) (posted 1/29/2018)
- Upcoming 2018 CMS Web Interface Webinar Dates

Date	Time	Topic
2/7/2018	1:00-2:00pm EST	Q&A Session
2/14/2018	1:00-2:00pm EST	Q&A Session
2/21/2018	1:00-2:00pm EST	Q&A Session
2/28/2018	1:00-2:00pm EST	Q&A Session
3/7/2018	1:00-2:00pm EST	Q&A Session
3/14/2018	1:00-2:00pm EDT	Q&A Session

Note: Times are in Eastern Standard Time (EST) and Eastern Daylight Time (EDT)

Presenter: Deb Kaldenberg, CMS Contractor

FREQUENT MEASURES QUESTIONS

Frequent Measures Questions

DM-7: Diabetes: Eye Exam



DESCRIPTION:

- Percentage of patients 18 - 75 years of age with diabetes with a visit during the measurement period and were screened for diabetic retinopathy by one of the following:
 - A retinal or dilated eye exam by an eye care professional during the measurement period; **OR**
 - A negative retinal or dilated eye exam (no evidence of retinopathy) in the 12 months prior to the measurement period
- The eye exam must be performed or reviewed by an ophthalmologist or optometrist
- Permits the use of retinal imaging provided it includes the date when the fundus photography was performed and evidence that an eye care professional (optometrist or ophthalmologist) reviewed the results
 - Alternatively, results may be read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist
- The eye exam may be Patient Reported but requires documentation of exam date (year) and result/finding

Frequent Measure Questions



No.	Question	Answer
1)	If a diabetic patient had a dilated eye exam in 2017, but the documentation does not mention diabetic retinopathy, is this acceptable?	Yes, as long as the eye exam is documented as a retinal or dilated eye exam and it was completed in 2017 it would be acceptable. You would also need to show the eye exam was performed by an ophthalmologist or optometrist or results were reviewed by an optometrist or ophthalmologist.
2)	For the DM-7 measure, we understand we can accept a patient reported exam as long as the patient reports the year of the exam and the result/finding. In case of an audit, does the medical record documentation of the patient's report suffice or would an organization have to provide the actual report from the eye care professional?	<p>When utilizing the patient reported requirement, you would need to have the date (year) and the result. When utilizing documentation in the patient record other than patient reported, you would need the date of the exam and the finding of a negative exam for exams performed in 2016, or the date of the exam if performed in 2017.</p> <p>The actual report from the eye care professional is not required. The medical record needs to support the exam was performed and reviewed by an eye care professional (ophthalmologist or optometrist), the exam was a dilated or retinal exam, and if performed in the year prior to the performance period, the exam was negative for diabetic retinopathy.</p>

Frequent Measure Questions



No.	Question	Answer
3)	<p>I'm writing regarding the diabetes composite Web Interface measure. Composite confirmation guidance in the template that CMS provides states, "Does the patient have a documented history or active diagnosis of diabetes between January 1, 2016 and December 31, 2017?" Does this mean that documentation of history of diabetes OR documentation of active diagnosis of diabetes must be found within the two-year timeframe for the patient to be confirmed for the measure? If the only evidence of diabetes is before January 1, 2016, would we still include the patient in the measure?</p>	<p>A diagnosis of Type 1 or Type 2 diabetes would need to be documented on the patient's problem list, be a diagnosis code listed on the encounter, or documented in a progress note indicating that the patient is being treated or managed for the disease or condition during the measurement period or the year prior to the measurement period.</p> <p>If there is not medical record documentation of diabetes during 2016 or 2017 for the 2017 performance period you should not confirm the diagnosis. Please refer to the denominator guidance for the Composite Confirmation on page 9 of the measure document.</p>

Frequent Measure Questions



No.	Question	Answer
4)	We have a patient who qualifies for the diabetic measure. They are congenitally blind so a retinal eye exam would not be warranted. What should we do with this patient? Mark the patient at N/A?	<p>2017 DM-7 does not include denominator exclusions or denominator exceptions. According to the measure steward patients who are blind would often still require an eye exam. If you feel the patient should be disqualified from the denominator, you would need to request a CMS Approved Reason to skip the patient. "Other - CMS Approved Reason" should only be selected when approved by CMS.</p> <p>To request a CMS Approved Reason to Skip, submit a Quality Payment Program Service Desk inquiry providing the patient rank, measure, and reason for request. A CMS decision will be provided in the resolution of the inquiry. Patients for whom a CMS Approved Reason is selected will be "skipped" and another patient must be reported in their place, if available.</p>

Presenter: Jessica Schumacher, CMS Contractor

RESOURCES & WHERE TO GO FOR HELP

Resources



- [QPP Help and Support](#) website:
 - Provides support videos, webinars, online courses, learning network, in-person assistance, APM learning systems, and developer tools
- QPP Resource Library contains the following CMS Web Interface materials:
 - [2017 Web Interface Measures & supporting documents](#)
 - [CMS Web Interface Support Webinars flyer](#)
 - [CMS Web Interface Excel template user guide](#)
 - [CMS Web Interface Excel template](#)
 - [CMS Web Interface & CAHPS for MIPS survey assignment methodology](#)
 - [CMS Web Interface sampling methodology](#)
 - [CMS Web Interface fact sheet](#)
 - CMS Web Interface instructional videos
 - [CMS Web Interface: Manually Entering Data by Measure](#)
 - [CMS Web Interface: Resolving Excel Errors](#)
 - [CMS Web Interface: Testing Your Data](#)
 - [CMS Web Interface: Submitting Without a Submit Button](#)
 - [CMS Web Interface: An Introduction to the CMS Web Interface](#)
 - [CMS Web Interface: Manually Entering Data by Beneficiary](#)
 - [CMS Web Interface: Viewing Your Reporting Progress](#)
 - [CMS Web Interface: Planning Your Work](#)

Resources for ACOs



- Medicare 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
 - Resource: 2017 Quality Reporting Resource Map
 - Resource: 2017 Quality Reporting Checklist
 - Weekly ACO Spotlight Newsletter
- Next Generation ACO Model:
 - Website: <https://innovation.cms.gov/initiatives/Next-Generation-ACO-Model/>
 - Connect Site: <https://app.innovation.cms.gov/NGACOConnect/>

Get Help from CMS



- QPP Service Center
 - E-mail: QPP@cms.hhs.gov
 - Phone: (866) 288-8292 (TTY 1-877-715-6222)
- Medicare Shared Savings Program ACO
 - E-mail: sharesavingsprogram@cms.hhs.gov
- Next Generation ACO Model
 - E-mail: NextGenerationACOModel@cms.hhs.gov
- Physician Compare
 - E-mail: 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.
- Ask most important questions first.