# 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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# Announcements

- Update to EIDM User Guides - Do not use "@" in the username.
  - [EIDM User Guide](#)
  - [EIDM ACO User Guide](#)
  - [Guide for Obtaining an EIDM Account and 'Physician Quality and Value Programs' Role for Quality Payment Program (QPP) Submissions](#)

- CMS Web Interface webinar materials are now available on the at [QPP Webinars & Events page](#).
  - 1/17/2018 CMS Web Interface Q&A Session
  - 1/24/2018 CMS Web Interface Q&A Session

- The CMS Web Interface FAQs will be posted at [QPP Webinars & Events page](#).

# Reminders

- **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.

- **Upcoming 2018 CMS Web Interface Webinar Dates**

| Date | Time | Topic |
|---|---|---|
| 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: Rabia Khan, CMS

# EIDM USERNAME UPDATE

# Update to EIDM Username Guidance

- EIDM users with "@" in their username (separate from their email address) are currently unable to sync their accounts.

- Do not use "@" in the username.

- The EIDM user guides have been updated to reflect the removal of the "@" from the list of allowable characters.
    - EIDM User Guide
    - EIDM ACO User Guide
    - Guide for Obtaining an EIDM Account and 'Physician Quality and Value Programs' Role for Quality Payment Program (QPP) Submissions

- Contact the QPP Service Center as soon as possible if you encounter any issues with your EIDM username.
    - E-mail: QPP@cms.hhs.gov
    - Phone: (866) 288-8292 (TTY 1-877-715-6222)

Presenter: Angie Stevenson, CMS Contractor

# FREQUENT MEASURES QUESTIONS

# Frequent Measure Questions

| No. | Measure | Question | Answer |
|-----|---------|----------|--------|
| 1 | MH-1 | If a patient has a negative PHQ-2 then we don't do PHQ-9. Can we count the PHQ-2 as a negative depression screen to satisfy the measure or does it have to be a PHQ-9? | No. Confirmation was received from the measure developer that a PHQ-2 screen, regardless of the PHQ-2 result, cannot be used to submit remission for MH-1. |
| 2 | CARE-1 | Our patients are discharged from the hospital to the office setting in the same EMR so the discharge medication that is in the record at the time of the follow-up visit is the same as the active medication list in the patient's outpatient chart. Would reviewing this one list after discharge meet the measure? | Review the medication reconciliation criteria (page 5 of measure specification) to confirm that your system meets the criteria for #2 "Documentation of the patient's current medications with a notation that the discharge medications were reviewed." The date the provider reviewed the medications must also be documented. In the event of an audit, there must be a documented policy in place that outlines exactly what the provider was attesting to when checking the box to show that it supports the medication reconciliation criteria. |

# Frequent Measure Questions

| No. | Measure | Question | Answer |
|-----|---------|----------|--------|
| 3 | CARE-1 | We have patients discharged with follow-up visits occurring in settings other than the provider office? Why are they in our sample? | For sampling in the CARE-1 measure, the following sets of codes are included by the measure steward (NCQA) in addition to office visits:<br>• Domiciliary, rest home (e.g., boarding home, assisted living) or custodial care services) 99324 – 99328<br>• Home services codes 99341 – 99350<br><br>You would be expected to complete medication reconciliation for these patients care coordination since these patients have been assigned to your organization.<br><br>The rationale for this is to capture that segment of the population that does not or is not able to present to the physician office. The intent of the measure is to assure that medication reconciliation is performed consistently on the patient population. These codes were also included in the 2014 web interface specifications when the measure was last used in the web interface.<br><br>Note: The 30-day post-discharge visit does not include the following nursing home codes: 99304-99318 |

# Frequent Measure Questions

| No. | Measure | Question | Answer |
|-----|---------|----------|--------|
| 4 | IVD-2 | We are finding that the exclusion data set provided in the IVD-2 Coding support document includes several Heparin solution products. The typical use of these products is within an inpatient or surgical environment as a one-time dose. For example; as a prophylactic to prevent blood clots in high risk surgical patients.<br>Was it the intent of this measure to include heparin given as part of an inpatient stay, surgery or other invasive procedure as a denominator exclusion for this measure? | Yes. NCQA confirmed:<br>Patients receiving anticoagulants are removed as a denominator exclusion in order to prevent physicians from being penalized for using anticoagulants when they are clinically necessary. A patient may receive heparin and later be put on an antiplatelet. A patient who happens to fall into the measure at the end of the year may only be on an anticoagulant (appropriately) and would otherwise count as a numerator fail if the exclusion was not in place. The exclusion allows the measure to focus solely on the use of aspirin or antiplatelets. |

# Frequent Measure Questions

| No. | Measure | Question | Answer |
|---|---|---|---|
| 5 | IVD-2 | Our EHR lists billed diagnoses in each patients chart as far back as we have had the EHR. We have one column for Problem List (Chronic Conditions) and One for Diagnoses Billed. In our billed diagnoses there is an ability to resolve these or mark them as chronic. If the diagnosis is left unresolved, but also not marked chronic would patient qualify for the measure? | Billed diagnosis codes alone do not meet the intent of the measure. Beneficiaries are sampled based on diagnosis codes found in claims. Medical record documentation needs to confirm that the patient does indeed have a particular active diagnosis. |
| 6 | IVD-2 | For the IVD-2 measure we have a member that has an allergy to Plavix. Would we have to answer no to documented use of aspirin or another antiplatelet or would we be able to get a CMS approved reason? | The IVD-2 measure allows for medications other than Plavix (Clopidogrel).  You would need to answer "No" for Numerator reporting if the patient did not have documented use of aspirin or another antiplatelet during the measurement period.<br>CMS has denied CMS Approved Reason requests in both 2016 and 2017 asking to skip patients allergic to aspirin or a particular antiplatelet drug. Patients who have documentation of use of anticoagulant medications during the measurement year would qualify for the Denominator Exclusion. |

Presenter: Ralph Trautwein, CMS Contractor

# REPORTING TIPS AND GUIDANCE

# Ensure Continuous Reporting for Performance Rate Calculations

- In the Excel Template please make sure to perform continuous reporting of the beneficiaries to achieve the performance rate calculations. Here you see a beneficiary was not completed for Care-2 in Rank 5:

| | | CARE-2: Screening for Future Fall Risk | |
|---|---|---|---|
| Care Falls Rank | Is the patient qualified for this measure? | QPP Service Center Ticket Number | Was the patient screened for future fall risk at least once between January 1 and December 31, 2017? |
| 1 | | | |
| 2 | Yes | | Yes |
| 3 | No - Other CMS Approved Reason | 2222222222 | |
| 4 | Yes | | Yes |
| 5 | Ye  *Select an answer.* | | |
| 6 | Yes | | Yes |
| 7 | Yes | | Yes |

# Ensure Continuous Reporting for Performance Rate Calculations

- Notice that only 2 beneficiaries appear in the numerator and denominator after this file is uploaded:

# Ensure Continuous Reporting for Performance Rate Calculations

- Now we will fill in the missing data and upload.

| Care Falls Rank | Is the patient qualified for this measure? | QPP Service Center Ticket Number | Was the patient screened for future fall risk at least once between January 1 and December 31, 2017? |
|---|---|---|---|
| | | CARE-2: Screening for Future Fall Risk | |
| 1 | | | |
| 2 | Yes | | Yes |
| 3 | No - Other CMS Approved Reason | 2222222222 | |
| 4 | Yes | | Yes |
| 5 | Yes | | Yes |
| 6 | Yes | | Yes |
| 7 | Yes | | Yes |

# Ensure Continuous Reporting for Performance Rate Calculations

- Notice that the continuous reporting jumped because the missing data was filled in and both that beneficiary and the ones after it that were continuously reported appear in the numerator and denominator.
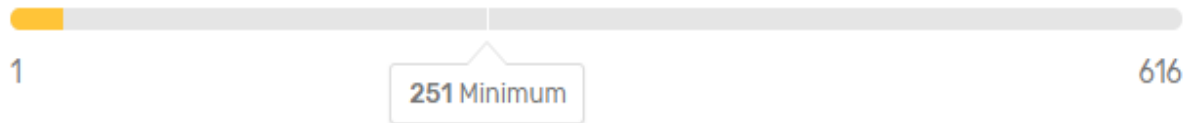
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## CARE-2
### Screening for Future Fall Risk

**ENTER DATA**

**MINIMUM NOT MET**

**25** Consecutively completed | **10** Skipped

1                                                          616

251 Minimum

You skipped a total of 10 beneficiaries. 3 of them were in the minimum so your minimum required rank moved from 248 to 251

**PERFORMANCE RATE**

**100.00%**

**25** Numerator | **25** Denominator

# Complete the Patient Confirmation Section

- In the Excel Template there is a "Patient Confirmation" Section that must be completed for the beneficiary to be marked complete. Reporting Data against all the measure questions but failing to enter data for the patient confirmation section will result in failing to see completed results.

# Complete the Patient Confirmation Section

- In this example the first 6 beneficiaries have the measure information completed.

| PREV-6: Colorectal Cancer Screening | | | |
|---|---|---|---|
| **PC Colorectal Rank** | **Is the patient qualified for this measure?** | **QPP Service Center Ticket Number** | **Is the patient's colorectal cancer screening current?** |
| 1 | Yes | | No |
| 2 | No - Other CMS Approved Reason | 1111112 | |
| 3 | Yes | | Yes |
| 4 | Yes | | No |
| 5 | Yes | | Yes |
| 6 | Yes | | Yes |

# Complete the Patient Confirmation Section

- However, when we uploaded this file we only see 1 beneficiary in the numerator and 2 in the denominator and only 2 consecutively reported.
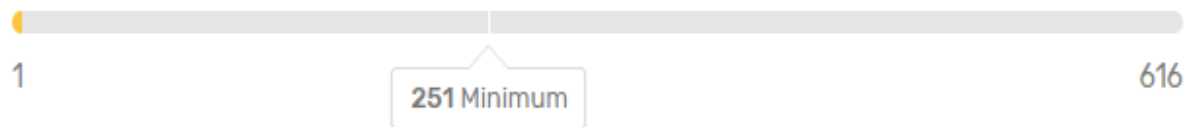


## PREV-6
Colorectal Cancer Screening

**ENTER DATA**

**MINIMUM NOT MET**       2 Consecutively completed | 7 Skipped

1                              616

251 Minimum

You skipped a total of 7 beneficiaries. 3 of them were in the minimum so your minimum required rank moved from 248 to 251

**PERFORMANCE RATE**

**50.00%**
**1** Numerator | **2** Denominator
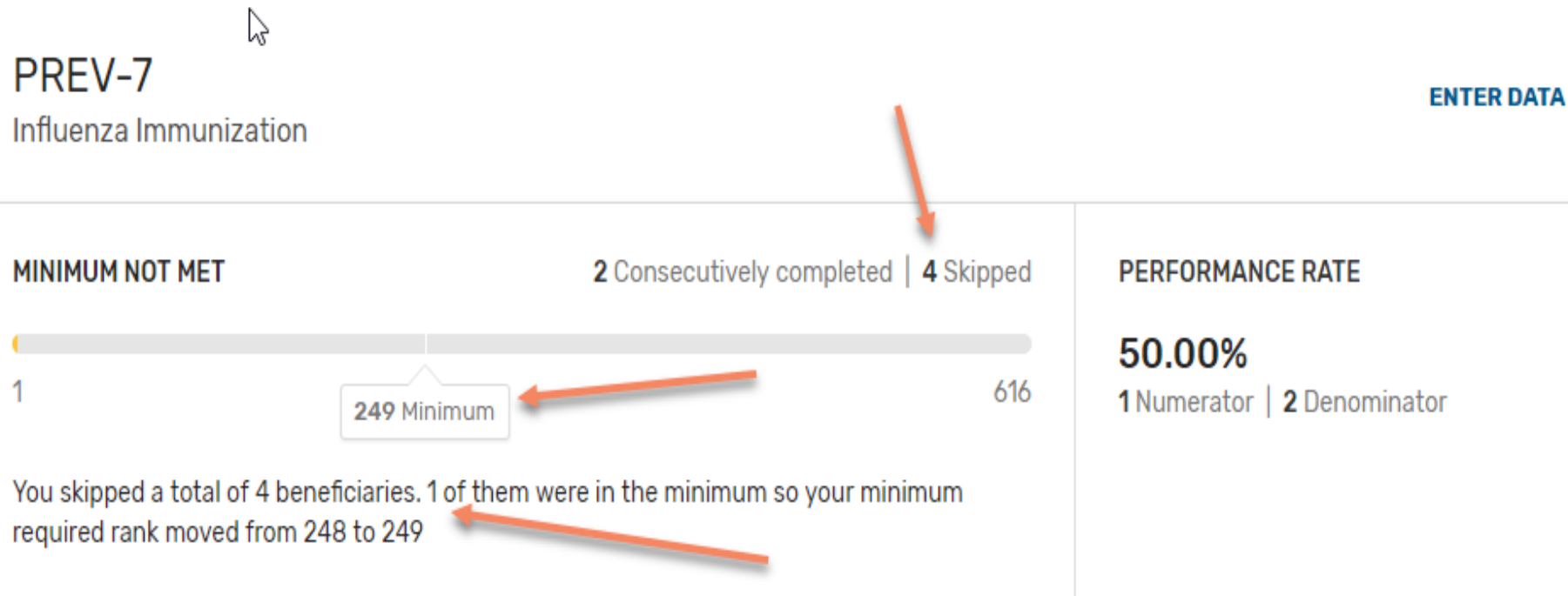
# Complete the Patient Confirmation Section

- Moving over to the patient confirmation section we see why. Only three of the beneficiaries have the patient qualification question answered and one of those 3 was not qualified for the measure.

# Skipping Beneficiaries in a Measure

- Skipping a beneficiary in the minimum reporting ranks moves the minimum. But, skipping a beneficiary in the oversample does not move the minimum.



PREV-7
Influenza Immunization

**ENTER DATA**

MINIMUM NOT MET                    2 Consecutively completed | 4 Skipped

1                    249 Minimum                    616

You skipped a total of 4 beneficiaries. 1 of them were in the minimum so your minimum required rank moved from 248 to 249

PERFORMANCE RATE

**50.00%**
1 Numerator | 2 Denominator

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

# Resource Continued

Videos

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/
  - Weekly Newsletter

# 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: sharedsavingsprogram@cms.hhs.gov

- Next Generation ACO Model
  - E-mail: NextGenerationACOModel@cms.hhs.gov

- Physician Compare
  - E-mail: PhysicianCompare@westat.com

# Q&A Session

- 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.