Quality Payment
PROGRAM

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

## CMS Web Interface Q&A Session

February 14, 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.*

*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 webinar materials are now available on the QPP Webinars & Events page.
  - 1/31/2018 CMS Web Interface Q&A Session

# 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 |
|---|---|---|
| 2/21/2018 | 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: Amy Mills, CMS Contractor

# FREQUENT ASSIGNMENT, SAMPLING, AND PREPOPULATION QUESTIONS

# Frequent Assignment, Sampling, and Prepopulation Questions

| No. | Measure | Question | Answer |
|---|---|---|---|
| 1 | PREV-7 | I have a patient that was only seen once during the flu season of October 1, 2016-March 31, 2017. Would this make them not qualified for the sample for PREV-7? | According to Medicare claims, all beneficiaries sampled into the CMS Web Interface have had at least two visits with a provider in your organization during 2017. Additionally, CMS ensures (using Medicare claims billed by your organization) that the beneficiary had at least 1 visit with the encounter codes listed in the Supporting Documents for PREV-7 at the organization during the flu season (October 1, 2016 through March 31, 2017). Please note, users are not responsible for confirming that the qualifying encounters occurred. You would only need to determine if the patient received or reported previous receipt of the influenza immunization (if not pre-filled) between August 1, 2016 and March 31, 2017. |

# Frequent Assignment, Sampling, and Prepopulation Questions

| No. | Measure | Question | Answer |
|---|---|---|---|
| 2 | All | We are finding a small number of patients in our beneficiary sample have not been seen by any of our organization's providers in the past three years. When we find a patient whom our providers haven't seen, should we mark "Medical Record Not Found" since a medical record is unavailable for the reporting period? Or should we mark something else? | By the assignment algorithm, the patient was assigned to your organization because they were deemed to have the plurality of their Medicare services with your organization [per claims submitted by your organization's participants to Medicare]. Further, patients sampled into the CMS Web Interface had at least 2 Evaluation & Management (E&M) visits with your organization between January 1 and October 27, 2017 [again, per claims submitted by your organization participants to Medicare] therefore your organization is considered accountable for this patient's care, and you should do your best to obtain the needed quality of care information to complete the CMS Web Interface. |

# Frequent Assignment, Sampling, and Prepopulation Questions

| No. | Measure | Question | Answer |
|---|---|---|---|
| 3 | All | Some of the Medicare IDs (Health Insurance Claim Numbers) that were provided in the CMS Web Interface are different than what we have on file for the patient. What should we do? | A patient's Medicare ID or HICN may change over time as eligibility reasons change (for example, the last two digits of a patient's HICN may change if the patient's eligibility status changes from spouse to widow or the entire HICN may change if a patient changes eligibility from self to dependent status). Please also note that HICNs with brackets are not necessarily incorrect - they are used for beneficiaries who are eligible for Medicare through the Railroad Retiree board.<br><br>Whenever possible you should confirm the patient based on other criteria (e.g., name, gender, date of birth). The HICN cannot be edited in the CMS Web Interface although you can make note of this in the Comments field for your reference. |

Presenter: Jessica Schumacher, CMS Contractor

# FREQUENT MEASURES QUESTIONS

# PREV-9 Measure Review

PREV-9 Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan Measure

Denominator Confirmation:

The denominator includes the initial patient population minus any denominator exclusions.

Denominator Exclusions apply to patients with either of the following:

- Patients who are pregnant any time during the measurement period
- Patients who refuse measurement of height and/or weight or refuse follow-up at any encounter during the measurement period
- Note: Wheelchair bound patients or amputees are not excluded from the measure. If a BMI was not performed, the patient would not meet the intent of the measure.

# PREV-9 Measure Review

**Denominator Exceptions** apply only to the Follow-up Plan not medical record documentation of the calculated BMI.

The Medical Reason denominator exception could include, but is not limited to, the following patients as deemed appropriate by the health care provider:

- Elderly Patients (65 or older) for whom weight reduction/weight gain would complicate other underlying health conditions
- Patients in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status
- Note: Just having a medical condition does not qualify the patient for a denominator exception. Weight loss/weight gain must complicate such underlying medical condition to be considered an exception.

# PREV-9 Measure Review

## Numerator Reporting:

- Start with the most recent visit in the measurement period. If a calculated BMI is documented in the medical record at that visit, and if the BMI is abnormal a recommended follow-up plan is also documented at the visit, the intent of the measure has been met.
- If at the most recent encounter in the measurement period there is no medical record documentation of a calculated BMI (or there is a BMI but no follow-up documented), you may look back 6 months from the encounter for a calculated BMI, and if abnormal a recommended follow-up must be tied to the abnormal BMI.
- If there is no BMI documented in the medical record for the patient at the most recent visit during the measurement period or in the 6 months prior to the visit, you must answer “No” for the Numerator.

# Frequent Measure Questions

| No. | Measure | Question | Answer |
|---|---|---|---|
| 1 | All | Why wasn't my CMS Approved Reason request approved? | The CMS Medical Officer reviews the 2017 CMS Approved Reason Requests and makes the final determination. Generally, if the measure developer did not include an applicable exclusion or exception for this measure and it does not appear the request presents a unique circumstance, the request will be denied. In these cases, you will report this measure in the same fashion as it is reported using other submission mechanisms. All providers will be held to the same standard and data would likely be consistent and comparable across ACOs and groups. We are unable to accept requests for CMS Approved Reason on the weekly web interface webinars. You must have a CMS Approved Reason "approved" response from the QPP Service Center in order to appropriately place the case number into the web interface and skip the patient. |

# Frequent Measure Questions

| No. | Measure | Question | Answer |
|---|---|---|---|
| 2 | PREV-6 | Is the new FDA Approved Epi ProColon blood test acceptable? | No. The Epi ProColon test (SEPT9 serology test) is not acceptable for the Colorectal Cancer Screening measure. While, the FDA has approved the Epi ProColon test for use, this is separate from a clinical practice guideline. The Colorectal Cancer Screening measure is based on the USPSTF Guidelines and expert consensus. The USPSTF stated there is limited evidence evaluating the use of the SEPT9 serology test. |
| 3 | MH-1 | Is there a way to exclude Alzheimer's or dementia patients from this measure? | A denominator exclusion only applies if the patient has died, received hospice or palliative care services, was a permanent nursing home residents, or has an active diagnosis of bipolar disorder or personality disorder. Assuming the patient has an active diagnosis of major depression (including remission) or dysthymia during the denominator identification measurement period, you should look to see if the patient has one or more PHQ-9s administered (or a PHQ-9 >9 is not present) during the denominator identification measurement period. If no, then the patient will be skipped and replaced. |

Presenter: Ralph Trautwein, CMS Contractor

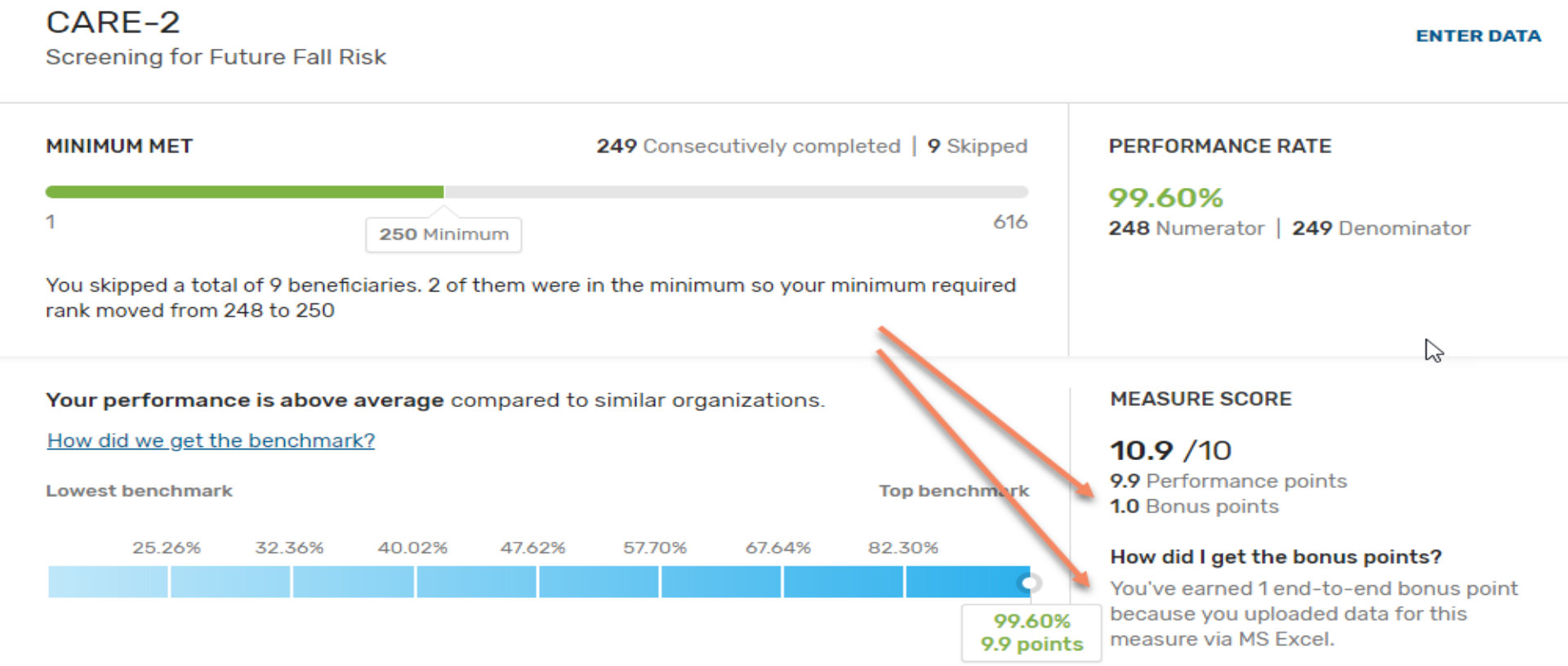
# HELPFUL TIPS IN USING THE CMS WEB INTERFACE

# PHI & PII

- In the screens displayed in the following slides, no Protected Health Information (PHI) or Personally Identifiable Information (PII) is present.
- All the data shown is fake data created for testing purposes.
- There are no real beneficiaries or Medicare Ids shown in any of the slides.

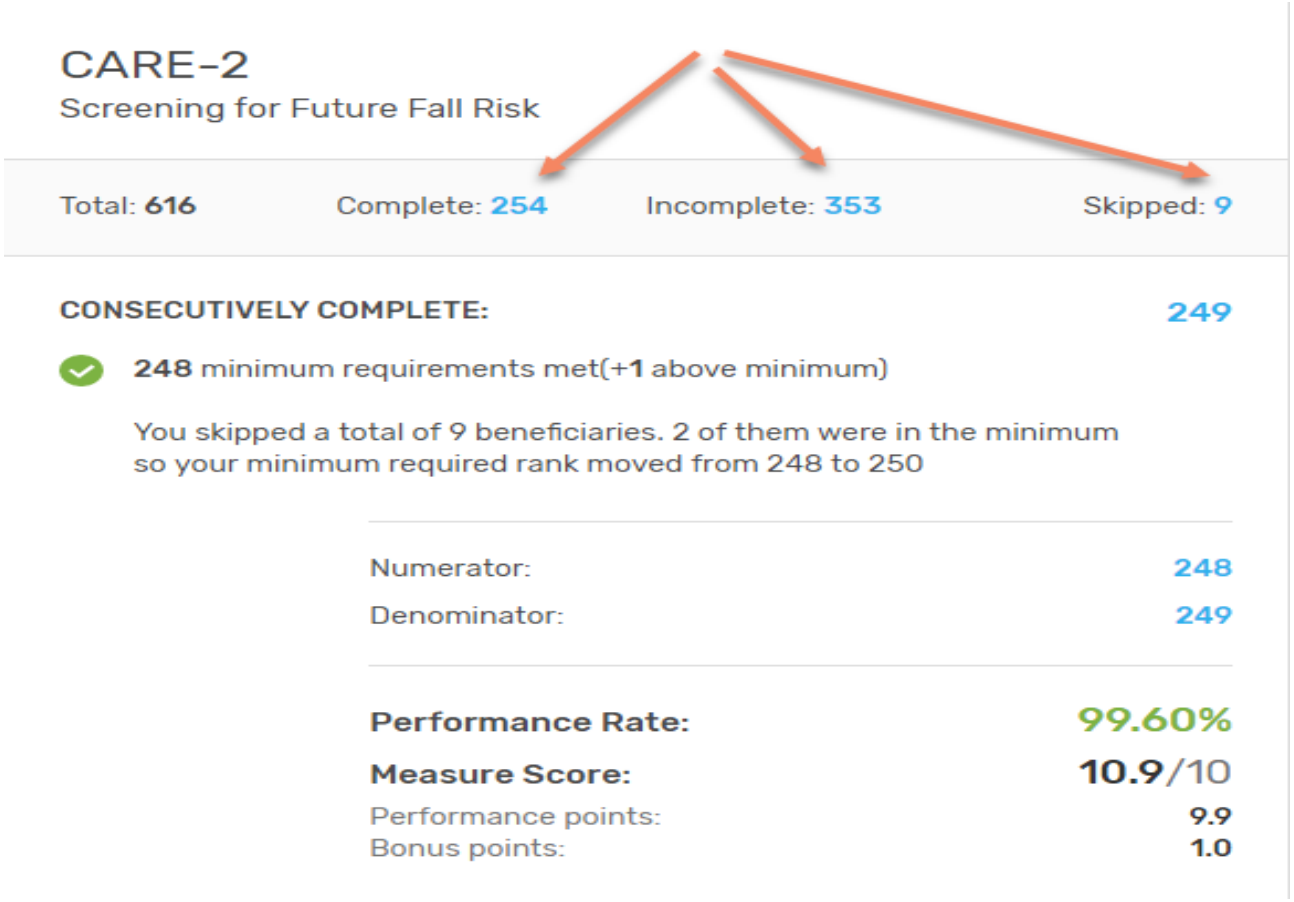
# End-to-end Bonus Credit

Please be aware only Groups See the End-to-End Bonus in the CMS Web Interface.



# Measure Rates Report

On Each Measure Card there are Drill Down Values.



# Measure Rates Report

Here I can see the list of skipped beneficiaries. Notice the beneficiary in rank 1 is skipped and that beneficiary was in the minimum.

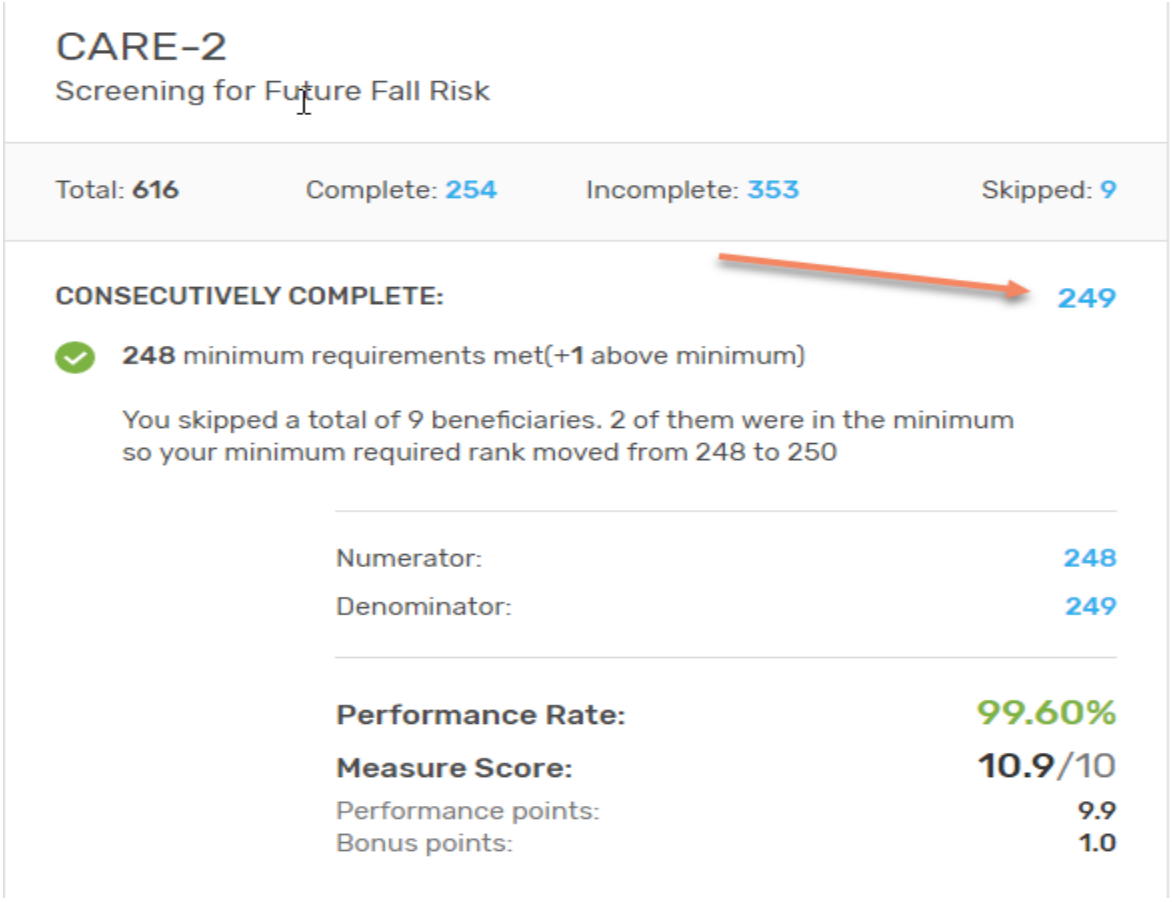
| COMPLETE | INCOMPLETE | SKIPPED | CONSECUTIVELY COMPLETE | DENOMINATOR | NUMERATOR | DENOMINATOR EXCEPTION |
|---|---|---|---|---|---|---|
| 254 | 353 | 9 | 249 | 249 | 248 | 0 |

**Skipped in total** (9)

| RANK | MEDICARE ID | BENEFICIARY NAME | DETAILS |
|---|---|---|---|
| 1 | 312676357171399 | Orie Gleichner | Ranked in minimum<br>Not qualified for sample: Deceased on 1/2/2016 |
| 3 | 048720155934394 | Shad Halvorson | Ranked in minimum<br>Is the patient qualified for this measure?: No - Other CMS Approved Reason (Help desk ticket number - 2222222222) |
| 304 | 004594145340718 | Kiarra Ledner | Is the patient qualified for this measure?: No - Other CMS Approved Reason (Help desk ticket number - 7878878788) |

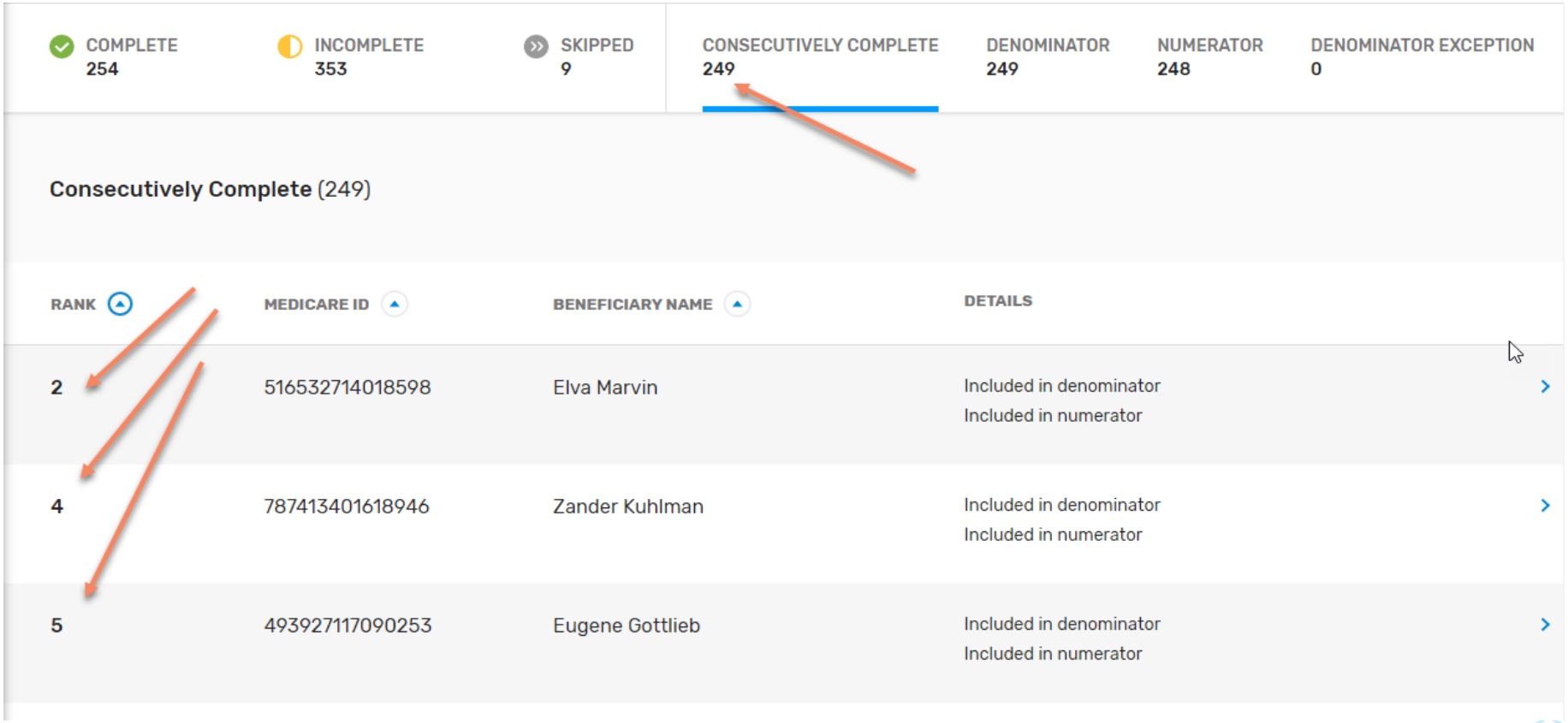
# Measure Rates Report

From the Measures Rates Report I can also drill down into the beneficiaries that make up consecutively completed.



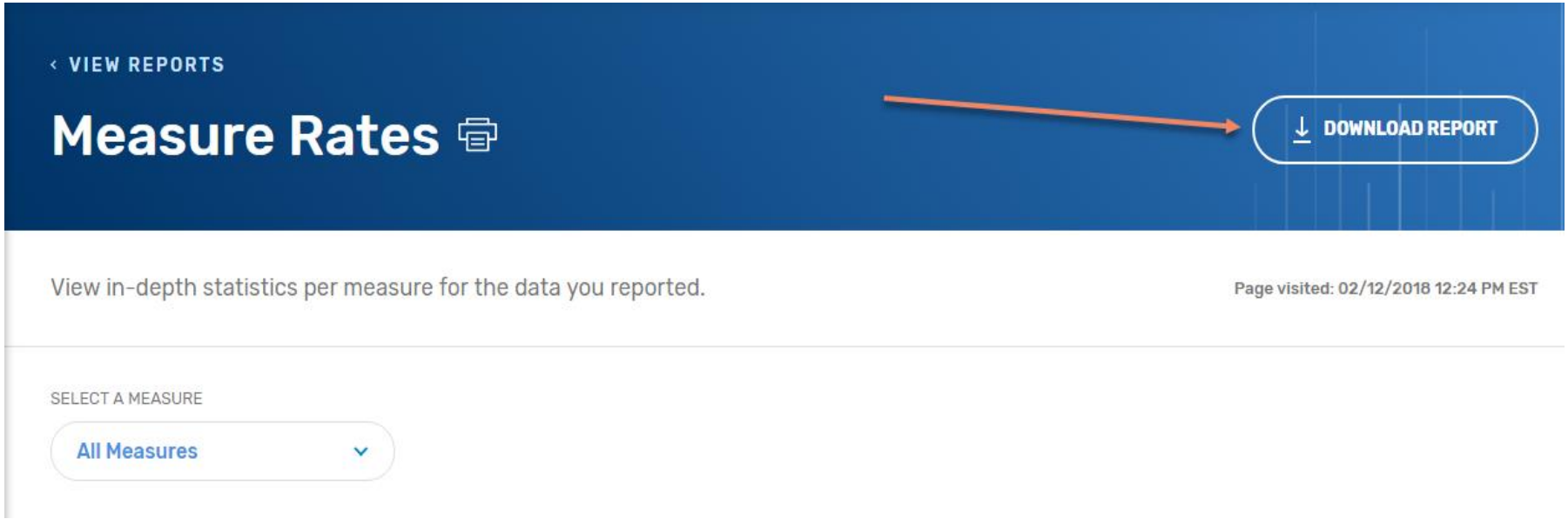
# Measure Rates Report

Here I can see exactly which beneficiaries are counted as consecutively completed.



# Measure Rates Report

The report can be downloaded in Excel format with all the detailed information available in an Excel Spreadsheet.



# Measure Rates Report

The Excel Workbook has 1 tab per measure with the details of the data submitted.

| | A | B | C | D | E | F | G | H |
|---|---|---|---|---|---|---|---|---|
| 2 | Summary | | | Complete (254) | | | | |
| 3 | **Total** | 616 | | **Rank** | **Medicare ID** | **Beneficiary Name** | **Detail** | **Rank** |
| 4 | **Complete** | 254 | | 2 | 516532714018598 | Elva Marvin | Ranked in minimum<br>Included in denominator<br>Included in numerator | 252 |
| 5 | **Incomplete** | 353 | | 4 | 787413401618946 | Zander Kuhlman | Ranked in minimum<br>Included in denominator<br>Included in numerator | 253 |
| 6 | **Skipped** | 9 | | 5 | 493927117090253 | Eugene Gottlieb | Ranked in minimum<br>Included in denominator<br>Included in numerator | 254 |
| 7 | **Consecutively Completed** | 249 | | 6 | 047719859174236 | Davon Keebler | Ranked in minimum<br>Included in denominator<br>Included in numerator | 255 |
| 8 | **Reporting Status** | 250 minimum requirement met (+1 above minimum) | | 7 | 059606017811897 | Daniella Stehr | Ranked in minimum<br>Included in denominator<br>Included in numerator | 256 |
| 9 | **Minimum Requirement** | You skipped a total of 9 beneficiary.<br>2 of them were in the minimum so your minimum required rank moved from 248 to 250. | | 8 | 811944197692609 | Billy Emmerich | Ranked in minimum<br>Included in denominator<br>Included in numerator | 257 |
| 10 | **Numerator** | 248 | | 9 | 195458729906950 | Ellen Gutmann | Ranked in minimum<br>Included in denominator<br>Included in numerator | 258 |
| | **Denominator** | 249 | | 10 | 215062252900072 | Carolyne Mosciski | Ranked in minimum<br>Included in denominator | 259 |

CARE-1 | **CARE-2** | DM | HTN-2 | IVD-2 | MH-1 | PREV-5 | PREV-6 | F ...

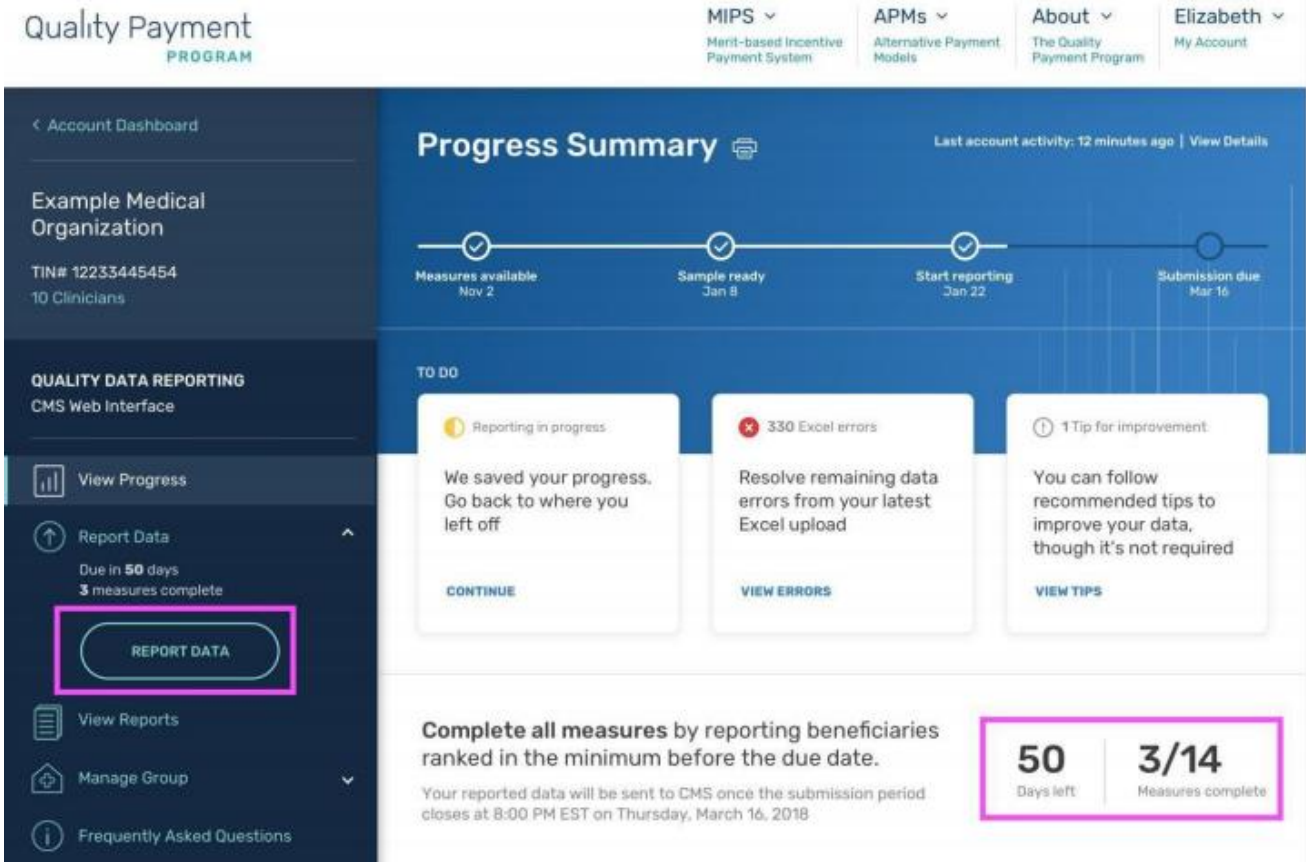
# Reporting Extra Data

Conditional Formatting Helps you to understand the relationship of the answers to the questions for a measure the data required.

| | A | AC | AD | AE | AF |
|---|---|---|---|---|---|
| 1 | | HTN-2: Controlling High Blood Pressure | | | |
| 2 | **Medicare ID** | Does the patient have a documented diagnosis of essential hypertension within the first six months of 2017 or at any time prior to January 1, 2017? | **QPP Service Center Ticket Number** | Was the patient's most recent blood pressure reading documented between January 1 and December 31, 2017? | **HTN-2 BP Date taken (MM/DD/YYYY)** |
| 3 | 252386238327905 | Not Confirmed - Diagnosis | | Yes | 12/30/2017 |
| 4 | 516532714018598 | Not Confirmed - Age | 1111111111 | Yes | 12/30/2017 |
| 5 | 787413401618946 | Not Confirmed - Diagnosis | | Yes | 12/30/2017 |
| 6 | 493927117090253 | Not Confirmed - Diagnosis | | Yes | 12/30/2017 |
| 7 | 047719859174236 | Not Confirmed - Diagnosis | | Yes | 12/30/2017 |

# Complete Reporting

Throughout the CMS Web Interface and in the left-side navigation, you will see an indicator that shows how many days are left until the submission is due—and for how many measures you have met the minimum reporting requirement.



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
- QPP Webinar & Events web site contains 2017 CMS Web Interface webinar materials
  - Questions & Answers document (posted with 1/24/2018 webinar materials)

# Resources

## 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.