Quality Payment

2017 CMS Web Interface Quality Reporting for MIPS Groups and ACOs

CMS Web Interface Q&A Session

March 7, 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



- 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 website at https://qpp.cms.gov.

Upcoming 2018 CMS Web Interface Webinar Dates

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

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

Announcements



- CMS Web Interface webinar materials are now available on the <u>QPP Webinars & Events page</u>.
 - 2/21/2018 CMS Web Interface Q&A session



Presenter: Kayte Moore, CMS Contractor

2017 CMS APPROVED REASON REQUESTS

CMS Approved Reason Requests



- Other CMS Approved Reason is reserved for cases that are unique, unusual, and not covered by any of the skip reasons identified in the measure document(s).
- Submit requests for a "CMS Approved Reason" via QPP Service Center as soon as possible.
 - Requests sent closer to the end of submission may not be reviewed prior to submission close.
- To request a CMS Approved Reason, submit an email to the QPP Service Center at <u>QPP@cms.hhs.gov</u>, including the patient rank, measure, and detailed reason for request.
 - Please submit one request for each unique scenario and/or measure.
 - Never include PII (Personally identifiable information) or PHI (Protected Health information).
- 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.



Presenter: Ralph Trautwein, CMS Contractor

CMS WEB INTERFACE HELPFUL INFORMATION

PII and PHI



- 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.
- Organizations shown in any slides are fake test organizations created for testing purposes.

Excel File Guidance



 We have observed that some users are copying their beneficiary list to additional tabs within the spreadsheet and submitting with additional tabs. The CMS Web Interface only processes the first worksheet. Replicating data in additional tabs bloats the size of the file and slows down the transfer. Please do not add worksheets to the Excel Template.

11	223810591650622	Alec	Tromp	FEMALE	01/01/1927	
12	858843486619817	Ryleigh	Bergstrom	MALE	01/01/1965	
13	404049818612152	Raheem	Kessler FEMALE		01/01/1947	
14	127533986058952	Osvaldo	Schuster	FEMALE	01/01/1945	
4	▶ Patient List	A Help +				
F	Ready					

Excel File Guidance



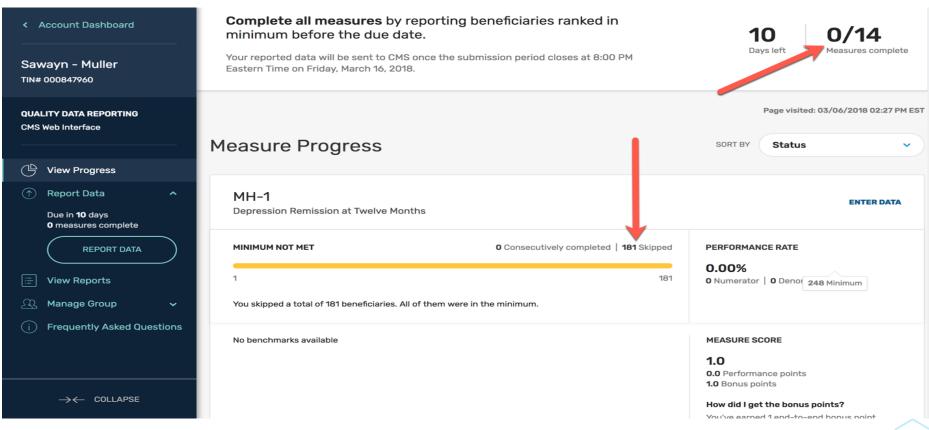
• We have observed that some submitters have replicated the formatting for the maximum number of lines that Excel, expanding the excel template to 1,048,576 rows. This change will slow down the processing significantly. Please do not add significant numbers of additional rows to the Excel template.

1		Beneficiary Demographics						
2	Medicare ID ▼	First Name ▼	Last Name ♥	Gender	Date of Birth (MM/DD/YYYY)	Medical Record Number	Clinic ID	Provider Name 1 (First Name Last Name)
3111	651648858371865	Mia	White	FEMALE	01/01/1951		h8oo30zeu	
3112	837055867713525	Devyn	Bode	MALE	01/01/1930		h8oo30zeu	
3113	985211825023689	Otho	DuBuque	MALE	01/01/1943		srxur2s73	
3114	4							
3115								
3116								
2117								

Skipping Large Numbers of Beneficiaries



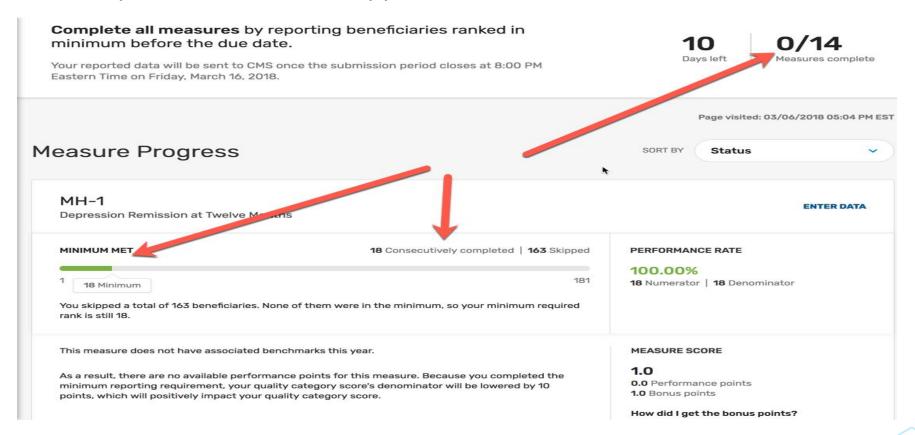
 Here is an example of what happens when all beneficiaries are skipped for MH-1.



Skipping Large Numbers of Beneficiaries



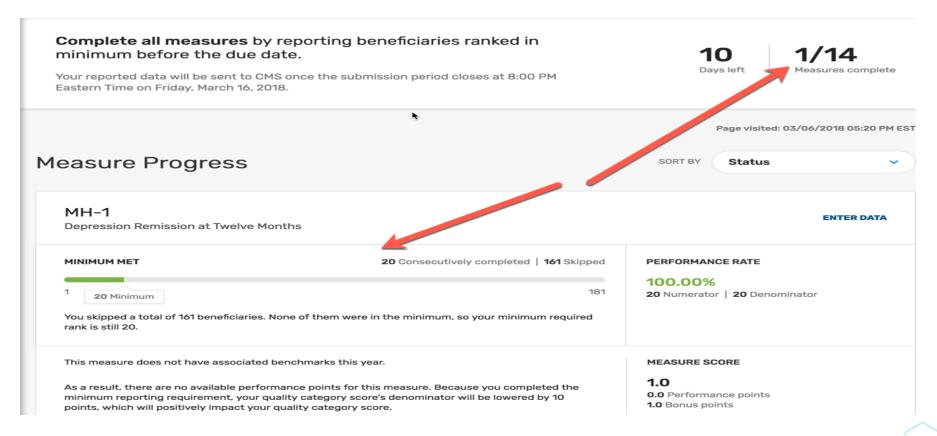
• Here is an example of what happens when the first 18 beneficiaries complete and the rest skipped for MH-1.



Skipping Large Numbers of Beneficiaries



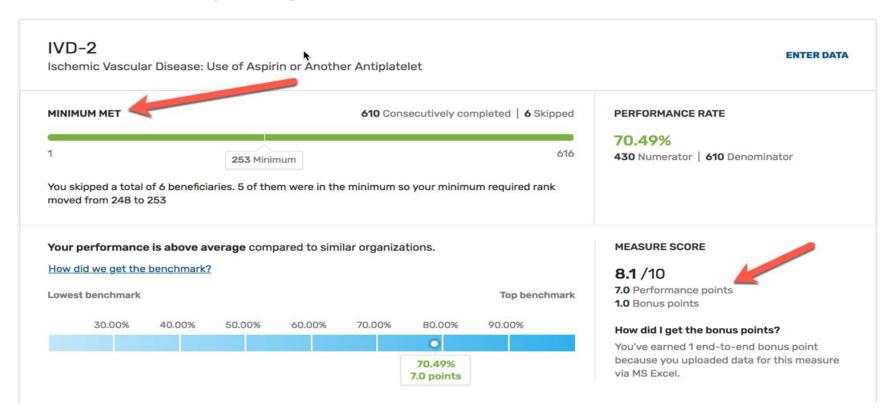
 Once you reach 20 beneficiaries complete and the rest skipped for MH-1, the measure becomes complete.



Measures With Benchmarks



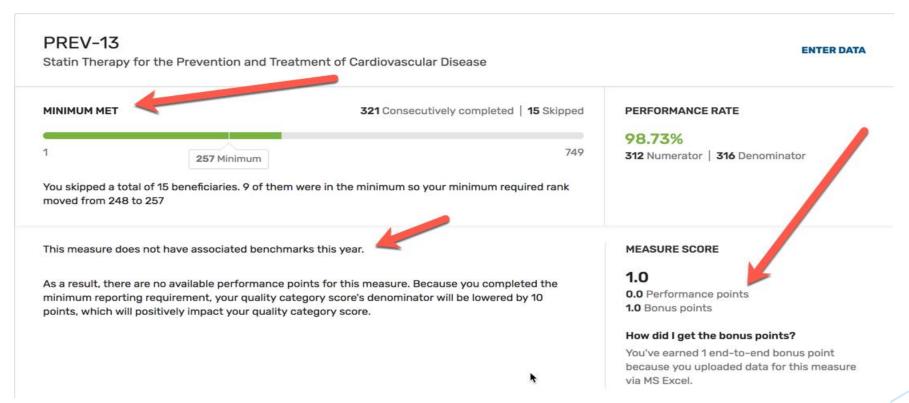
 For Groups, which see performance points, the measures with benchmarks will show the performance points once you reach the minimum reporting.



Measures Without Benchmarks



 For Groups, which see performance points, the measures without benchmarks will not show the performance points once you reach the minimum reporting.





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 website contains 2017 CMS Web Interface webinar materials
 - Questions & Answers document (posted with 1/24/2018 webinar materials)

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



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.