

# Quality Payment PROGRAM

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

**CMS Web Interface  
Q&A Session**

**January 17, 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 resources are now available on the QPP Resource Library at <https://qpp.cms.gov/>
  - Revised 2017 CMS Web Interface measures specifications and supporting documents (posted 12/20/2017)
  - Enterprise Identity Data Management (EIDM) User Guide (posted 12/20/2017)
  - Enterprise Identity Data Management (EIDM) ACO User Guide (posted 12/22/2017)
  - CMS Web Interface User Guide (posted 1/8/2018)
  - Revised CMS Web Interface Excel Template (posted 1/2/2018)
  - Revised CMS Web Interface Excel template with sample data (posted 1/2/2018)
- CMS Web Interface webinar materials are now available on the at [QPP Webinars & Events page](#)
  - 11/29/2017 CMS Web Interface User Demonstration
  - 12/13/2017 Kick-Off

# Announcements



- New instructional videos are now available on the QPP Resource Library:
  - [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](#)
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  - [CMS Web Interface: Viewing Your Reporting Progress](#)
  - [CMS Web Interface: Planning Your Work](#)

# Announcements



- Upcoming 2018 CMS Web Interface Webinar Dates

Date	Time	Topic
1/24/2018	1:00-2:00pm EST	Q&A Session
1/31/2018	1:00-2:00pm EST	Q&A Session
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)*

# Reminders

## CMS Web Interface Key Dates



- **January 8-19, 2018** – Test period allows you to log in to the CMS Web Interface, download your sample, and practice uploading data prior to the start of the CMS Web Interface submission period.
- **January 20-21, 2018** – The CMS Web Interface will be unavailable and all data uploaded during the test period will be deleted.
- **January 22 – March 16, 2018** – The CMS Web Interface has an 8-week submission period, which closes promptly at 8:00 p.m. Eastern Daylight Time (EDT) on March 16, 2018.

Presenter: Ralph Trautwein, CMS Contractor

# **EXCEL TEMPLATE AND MANUAL REPORTING (MH-1 & PREV-13)**

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# MH-1 Excel Template Reminder



- MH-1: Depression Remission at Twelve Months**

- Beneficiaries who qualify for a Denominator Exclusion or Not Confirmed - Diagnosis will be skipped and no other information needs to be collected

MH-1: Depression Remission at Twelve Months

Does the patient have an active diagnosis of major depression or dysthymia between December 1, 2015 and November 30, 2016?	QPP Service Center Ticket Number	Did the patient have one or more PHQ-9s administered between December 1, 2015 and November 30, 2016?	Did the patient have a PHQ-9 score greater than 9 between December 1, 2015 and November 30, 2016?	PHQ-9 Index Date (MM/DD/YYYY)	PHQ-9 Score (Enter Number)
Yes		Yes	Yes	12/02/2015	11
No - Other CMS Approved Reason	1111111111				
Denominator Exclusion					
Not Confirmed - Diagnosis					



# MH-1 Manual Reporting Reminder



- **MH-1: Depression Remission at Twelve Months**

- Beneficiaries with Denominator Exclusion or Not Confirmed - Diagnosis will be skipped and no other information needs to be collected (manual reporting)

» Skipped

Does the patient have an active diagnosis of major depression or dysthymia between December 1, 2015 and November 30, 2016?

☐ Yes

☐ Not Confirmed - Diagnosis

☒ Denominator Exclusion

☐ No - Other CMS Approved Reason

# MH-1 Manual Reporting Reminder



- **MH-1: Depression Remission at Twelve Months**

- Beneficiaries with Denominator Exclusion or Not Confirmed - Diagnosis will be skipped and no other information needs to be collected (manual reporting)

>> Skipped

Does the patient have an active diagnosis of major depression or dysthymia between December 1, 2015 and November 30, 2016?

☐ Yes

☒ Not Confirmed - Diagnosis

☐ Denominator Exclusion

☐ No - Other CMS Approved Reason

# PREV-13 Excel Template Reminder



- **PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease**
  - 2017 CMS Web Interface will not automatically skip ineligible beneficiaries based on age of the patient for all Risk Categories.
  - Abstractors will need to manually verify that the beneficiary is within the age range (40-75) for Risk Category #3.

# PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease: Example

Beneficiary sampled into PREV-13 because office appointment (99201) was included in claims data and age criteria were met

Risk Category #1: Abstractor confirms beneficiary has diagnosis of ASCVD (active or history of) at any time up through last day of measurement period in medical record

- Beneficiary does not have diagnosis of ASCVD so abstractor will code "No - Diagnosis" for Risk Category #1

Risk Category #2: Abstractor searches for data related to fasting or direct laboratory result of LDL-C greater than or equal to 190 mg/dl, or a previous or current diagnosis of familial or pure hypercholesterolemia

- Beneficiary does not meet criteria for Risk Categories #2 so they code "No - Diagnosis"

Risk Category #3: Abstractor first confirms whether beneficiary is between 40-75 years old and has either Type 1 or Type 2 Diabetes; notes patient has Type 1 Diabetes, but is only 35 years old

- Beneficiary will be coded "No – Diagnosis or Not Aged 40 – 75 years " for Risk Category #3

# PREV-13 Excel Template Reminder



- PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease**

PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Does the patient have a diagnosis of atherosclerotic cardiovascular disease (ASCVD)—active or history of—at any time up through December 31, 2012?	QPP Service Center Ticket Number	Has the patient ever had a fasting or direct laboratory test result of LDL-C ≥190mg/dL OR were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia?	QPP Service Center Ticket Number	Is the patient aged 40-75 years of age and has a diagnosis of Type 1 or Type 2 diabetes?	Has the patient had an LDL-C ≥190mg/dL between January 1, 2013 and December 31, 2012?
Yes					
No - Diagnosis		No - Diagnosis		No - Diagnosis or Not aged 40 to 75 years	
No - Diagnosis		No - Diagnosis		Yes	Yes
No - Diagnosis		Denominator Exclusion			
No - Diagnosis		Yes			

# PREV-13 Manual Reporting Reminder



- PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

**Risk Category 1**

Does the patient have a **diagnosis of atherosclerotic cardiovascular disease (ASCVD)**—active or history of—at any time up through December 31, 2017?

☐ Yes

☒ No - Diagnosis


☐ Denominator Exclusion

☐ No - Other CMS Approved Reason

# PREV-13 Manual Reporting Reminder



- PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

<p> Incomplete</p>	<h3>Risk Category 2</h3>
	<p>Has the patient ever had a fasting or direct laboratory test result of LDL-C<math>\geq</math>190mg/dL OR were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia?</p>
	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No - Diagnosis</p> <p><input type="radio"/> Denominator Exclusion</p> <p><input type="radio"/> No - Other CMS Approved Reason</p>

# PREV-13 Manual Reporting Reminder



- **PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease**

**Risk Category 3**

Is the patient **aged 40-75 years of age** and has a diagnosis of Type 1 or Type 2 diabetes?

☐ Yes

☒ No - Diagnosis or Not aged 40 to 75 years

» Skipped



Presenter: Debra Kaldenberg, CMS Contractor

# **FREQUENT MEASURES QUESTIONS**

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# Frequent Measure Questions



## PREV-9: Body Mass Index (BMI) Screening and Follow-Up Plan

No.	Question	Answer
1	If a patient is wheelchair bound and cannot be weighed can that be documented as a denominator exception (medical reason), or do we have to select "no" the patient did not have their BMI calculated?	If a BMI was not performed, the patient would not meet measure criteria. The exception applies to the date of the encounter or within the 6 month look-back. Medical reason exceptions only apply to the follow-up - not to the BMI performance.
2	Also, if a patient comes in that weighs more than what our scale can hold, should that be documented as a denominator exclusion (medical reason), or do we have to select "no" the patient did not have their BMI calculated?	

# Frequent Measure Questions



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

No.	Question	Answer
1	How does the measure steward define the diagnosis of "pure hypercholesterolemia"?	'Hypercholesterolemia' alone would <b>not</b> meet the description provided for utilization within the 2017 CMS Web Interface. In this case where the description or documentation only states "hypercholesterolemia" you would select "No – Diagnosis" and continue to Risk Category #3. The measure owner confirmed that the intent of this category and code is specific to 'pure hypercholesterolemia' to identify the genetic component vs the broader term and interpretation of "elevated or high cholesterol" which might be impacted by lifestyle.
2	What do we report if "E78.00 hypercholesterolemia" is noted, but without "Pure" or "Familial"?	

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# Frequent Measure Questions



## PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (continued)

No.	Question	Answer
3	Would the following terms qualify the patient for denominator inclusion: hyperlipidemia, dyslipidemia and high cholesterol?	No, these terms would <b>not</b> 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 for Risk Category #2 there must be medical record documentation of an LDL-C value greater than or equal to 190 mg/dL, or the patient was previously diagnosed with or currently has an active diagnosis of familial or pure hypercholesterolemia.

# Frequent Measure Questions



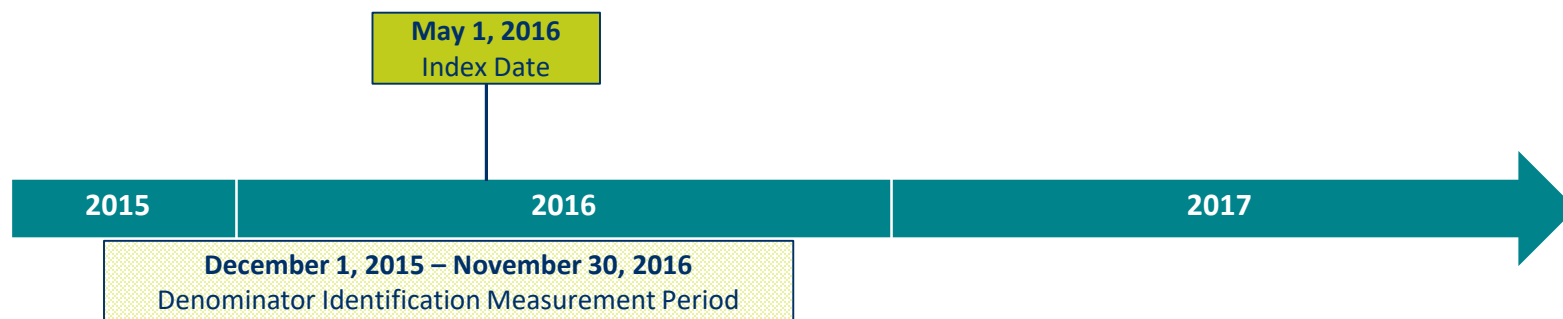
## MH-1: Depression Remission at Twelve Months

No.	Question	Answer
1	If a patient has a diagnosis of bipolar disorder in May 2016, can they be excluded from MH-1?	In order to use an exclusion, an active diagnosis of bipolar disorder must be documented in the medical record during the denominator identification measurement period (12/1/2015-11/30/2016) or the measurement assessment period (12 months +/- 30 days from the Index Date).
2	If the patient was diagnosed with a personality disorder in May 2016 but the abstractor finds no evidence of this in October 2016 (Index Date) and forward when the first active diagnosis of major depression is found, would it count as an exclusion?	A personality disorder noted in the medical record in May 2016 would qualify as an exclusion since it is documented during the denominator identification measurement period (12/1/2015-11/30/2016). The diagnosis of personality disorder would have to be considered an active diagnosis during the denominator identification measurement period in order to count as an exclusion. Active diagnosis is defined as a diagnosis that is either on the patient's problem list, a diagnosis code listed on the encounter or is documented in a progress note indicating that the patient is being treated or managed for the disease or condition during the measurement period.

# MH-1 Example

## DEFINITIONS:

- **Denominator Identification Measurement Period** - 12/1/2015 to 11/30/2016
- **Index Date** - The first instance (12/1/2015 to 11/30/2016) of elevated PHQ-9 greater than nine and diagnosis of depression or dysthymia.

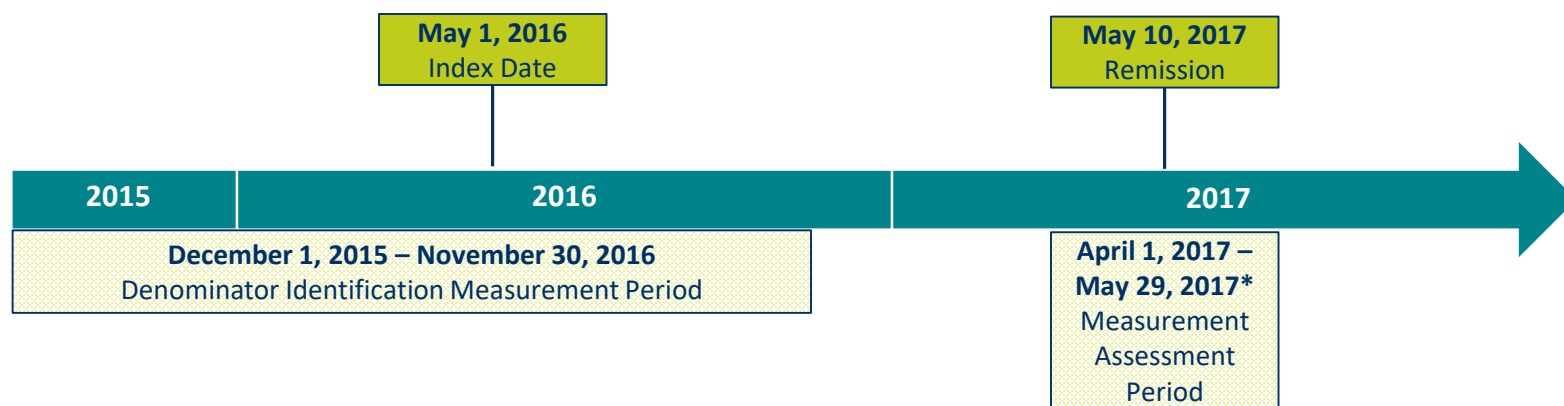


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# MH-1 Example



- **Measurement Assessment Period** – Start at the index date and look forward 12 months (+/- 30 days)
  - Twelve Months is defined as the point in time from the date that a patient meets the Initial Population inclusion criteria (diagnosis and PHQ-9 score greater than nine) extending out twelve months and then allowing a grace period of thirty days prior to and thirty days after this date.
- **Remission** - Defined as a PHQ-9 score of less than five at 12 months (+/- 30 days) from the Index Date.
  - The most recent PHQ-9 score less than five obtained during this two month period is deemed as remission at twelve months, values obtained prior to or after this period are not counted as numerator compliant (remission).

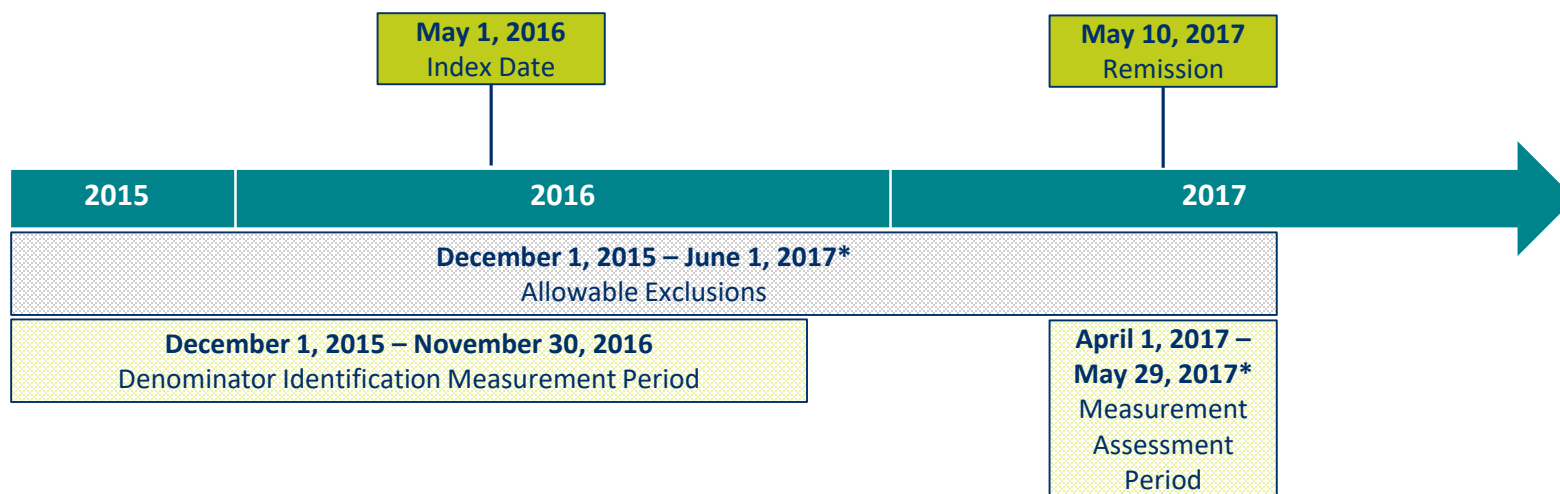


*\*Based on Index Date of 5/1/2016 and assuming an active diagnosis of major depression or dysthymia.*

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# MH-1 Example

- **Denominator Exclusions:** Any time during the denominator identification measurement period or the measurement assessment period.



*\*Based on Index Date of May 1, 2016 and assuming an active diagnosis of major depression or dysthymia.*

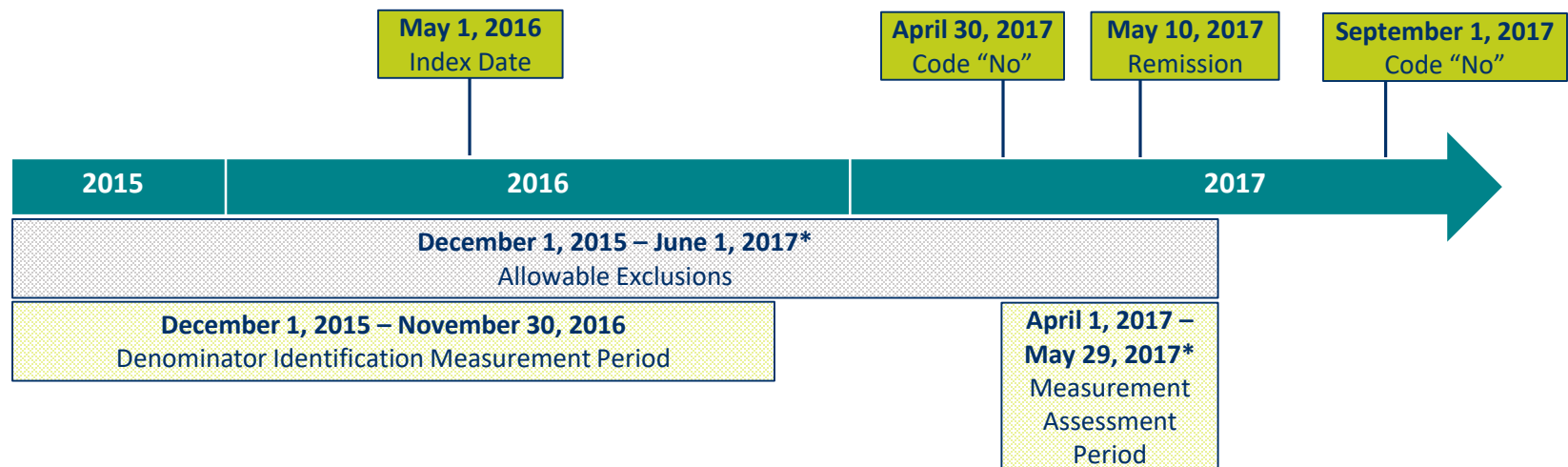
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# Timeline Illustrating MH-1 Example

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Scenario	Index Date (PHQ-9 > 9)	Remission Date	Remission (PHQ-9 < 5)	Numerator Reporting
1	5/1/2016	5/10/2017	Yes	Code “Yes”
2	5/1/2016	9/1/2017	Yes	Code “No” – outside of Measurement Assessment Period
3	5/1/2016	4/30/2017	No	Code “No” – score was <b>not</b> less than 5



\*Based on Index Date of May 1, 2016 and assuming an active diagnosis of major depression or dysthymia.

Presenter: Debra Kaldenberg, CMS Contractor

# **RESOURCES & WHERE TO GO FOR HELP**

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# 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](#)
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# 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
  - 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 Model
  - 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.
- Ask most important questions first.