

Quality Payment PROGRAM

2017 CMS Web Interface Quality Reporting
for MIPS Groups and ACOs

CMS Web Interface
Q&A Session

January 24, 2018



Disclaimer



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Reminders

CMS Web Interface Key Dates



- **January 22 – March 16, 2018 - Submission Period**
 - The CMS Web Interface is 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



- Upcoming 2018 CMS Web Interface Webinar Dates

Date	Time	Topic
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)

Presenter: Olivia Berzin, CMS Contractor

SHARED SAVINGS PROGRAM ACOS: EXCLUSION OF CEC MODEL BENEFICIARIES

Shared Savings Program ACOs Only

Excluding beneficiaries identified as Comprehensive ESRD Care (CEC) beneficiaries



- Issue

- Beneficiaries participating in the CEC Model were not excluded from Shared Savings Program preliminary prospective assignment due to an issue in the CMS data system that maintains such the list of CEC Model beneficiaries.
- These beneficiaries were therefore erroneously included in the CMS Web Interface samples for a number of ACOs.
- See December 22, 2017 ACO Spotlight Newsletter for additional information.

- Resolution

- Patient ranking file delivered to Shared Savings Program ACOs on January 8th includes a column (“CEC”) indicating whether the beneficiary should have been excluded from assignment and therefore also your CMS Web Interface sample.
- Please send a list (in a single email) with a measure/rank number associated with each affected beneficiary to the Quality Payment Program Service Center (gpp@cms.hhs.gov) and request to exclude these beneficiaries using “Other CMS Approved Reason”. CMS will review the beneficiaries requested and respond with a determination.
 - Please do not send beneficiary Health Insurance Claim Numbers/Medicare IDs or other PII/PHI.

Presenter: Jessica Schumacher, CMS Contractor

FREQUENT MEASURES QUESTIONS

Frequent Measures Questions

CARE 1: Medication Reconciliation Post-Discharge



- CARE-1 is for the prescribing practitioner, clinical pharmacist or registered nurse to reconcile discharge medications with outpatient medication on or within 30 days of discharge
 - Reintroduced to 2017 CMS Web Interface
 - Do not confuse with CARE-3: Documentation of Current Medication measure included in previous measurement years (not included in 2017 CMS Web Interface)
- **Medication Reconciliation:** A type of review in which the discharge medications are reconciled with the most recent medication list in the outpatient medical record. Documentation in the outpatient medical record must include evidence of medication reconciliation and the date on which it was performed.
 - One of the following requirements meets criteria:
 1. Documentation of the current medications with a notation that references the discharge medications (e.g., no changes in meds since discharge, same meds at discharge, discontinued all discharge meds); or
 2. Documentation of the patient's current medications with a notation that the discharge medications were reviewed; or
 3. Documentation that the provider "reconciled the current and discharge meds"; or
 4. Documentation of a current medication list, a discharge medication list and notation that the appropriate practitioner type reviewed both lists on the same date of service; or
 5. Notation that no medications were prescribed or ordered upon discharge

Frequent Measures Questions

CARE 1: Medication Reconciliation Post-Discharge



No.	Question	Answer
1	If we had a policy in place to specify how our EMR functionality worked for medication reconciliation, could we reference that policy in the case of an audit?	If there is a policy in place that the clinician is aware of and agrees with the medication reconciliation completed and is taking responsibility for this information, this would suffice as long as somewhere in the chart you could find evidence that supports one of the five requirements listed on slide 7.
2	During the office visit the provider documents "Discontinued multiple discharge medications with specific reasons." Will this meet the measure?	If there is documentation of the current medications with a notation that references the discharge medications (e.g., discontinue all discharge meds) then this would meet the first requirement listed in the medication reconciliation definition on slide 8.
3	Does the drug frequency, route and dosage required? or "Medication reconciled" noted is sufficient?	This measure does not specify whether drug frequency, route or dosage are required; however, these characteristics may be included when the provider makes notation of medication usage. A note of "medication reconciled" does not meet the requirements listed in the definition of medication reconciliation; however, other information in the medical record may meet one of the requirements for the definition of medication reconciliation.

Frequent Measures Questions

CARE 1: Medication Reconciliation Post-Discharge



No.	Question	Answer
4	<p>What do we do if the discharge date listed is actually a transfer to another inpatient facility, such as an inpatient rehab facility, and then 15 days later they are discharged from rehab, which is prefilled as a another eligible encounter?</p>	<p>As stated in the Denominator Guidance on page 8 of the measure specification, this measure is to be reported each time a patient was discharged from any inpatient facility and had an office visit within 30 days of discharge during the measurement period.</p> <p>Also, if an office visit overlaps two separate hospital discharges, that office visit can be used to meet the intent of the measure for both discharges if one of the medication reconciliation requirements listed on slide 5 are met.</p>
5	<p>For ACO's with an integrated EMR where the hospital and ambulatory setting are on the same EMR, the discharge meds would already be in the med list when the patient presents in the ambulatory setting. If the provider then notes "medications reconciled" it would be the discharge list that was reconciled. Would this meet the measure?</p>	<p>If the current medication list that is updated in your EHR system is based on the hospital discharge medications and shows the start date for the medication, then you would be able to discern which medications were started or stopped during the hospital stay and which ones were the discharge medications. If "medications reconciled" means to your providers that they perform a review of the medications for appropriateness, then they are meeting the intent of the measure. It is strongly recommended that you have a written procedure that describes the automatic update of the patient's medications through your system in the event of an audit.</p>

PREV Coding Document Error



No.	Question	Answer
1	There is a coding discrepancy between the 2017 PREV Coding Document and 2017 WI Release Notes. Will code 442333005 qualify for the Numerator of PREV-7?	There was an error within the 2017 WI PREV Coding Document that was inadvertently included in the zip file posted on 12/20/2017. For PREV-7 Influenza Immunization, SNM code 442333005 would not qualify for the Numerator.
2	There is a coding discrepancy between the 2017 PREV Coding Document and 2017 WI Release Notes. Will code 90839 qualify as an Encounter for PREV-12?	For PREV-12 Screening for Depression and Follow-Up Plan, CPT code 90839 would not qualify as a valid Encounter.
3	There is a coding discrepancy between 2017 DM Coding Document and 2017 WI Release Notes. Denominator Code E10.3412 is added twice. The code should be E10.3413.	For DM, Denominator Code E10.3413 should have been added instead. Denominator Codes E10.3412 and E10.3413 are valid coding for submission.

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
 - 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
 - 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.