

Quality Payment PROGRAM

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

**CMS Web Interface
Q&A Session**

February 21, 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](#).
 - 2/7/2018 CMS Web Interface Q&A session
- MIPS will be hosting a Quality Payment Program Data Submission Office Hours: MIPS Attestation for Advancing Care Information and Improvement Activities webinar on March 14, 2018 from 3 to 4 p.m.
 - Registration for this webinar is limited.
 - Register here:
<https://meetingconnect.webex.com/meetingconnect/onstage/g.php?MTID=e91c195e7ad08aa6bf083477491616247>

Reminders



- **January 22 – March 16, 2018 - Submission Period**
 - The CMS Web Interface is now open for the 8-week submission period.
 - Closes promptly at 8:00 p.m. Eastern Daylight Time (EDT) on March 16, 2018.
 - Accessible via the “Sign In” link on the QPP web site at <https://qpp.cms.gov>.
- Submit CMS Approved Reason requests to Quality Payment Program via the Service Center
 - Only include Patient(s) Rank, Measure and Reason for Request.
 - *NOTE: Do **not** include any PII (Personally Identifiable Information) or PHI (Protected Health Information).*
- **Upcoming 2018 CMS Web Interface Webinar Dates**

Date	Time	Topic
2/28/2018	1:00-2:00 p.m. EST	Q&A Session
3/7/2018	1:00-2:00 p.m. EST	Q&A Session
3/14/2018	1:00-2:00 p.m. EDT	Q&A Session

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

Presenter: Sarah Grallert, CMS Contractor

ASSIGNMENT AND SAMPLING

Assignment and Sampling Overview



- The CMS Web Interface allows MIPS Group Practices and ACOs to report data on a pre-determined population of patients.

Beneficiaries are assigned to the organization

Assigned beneficiaries are assessed for their quality reporting eligibility, including measure-specific denominator eligibility

Eligible beneficiaries are sampled into applicable measures and loaded into the CMS Web Interface for quality reporting

Assignment Overview



- Assignment is the process of determining which beneficiaries are attributed to an organization, and is based on a predetermined algorithm.
- A beneficiary assigned to an organization in one reporting year may or may not be assigned to that same organization in the following reporting years.
- For CMS Web Interface purposes, CMS uses:
 - Shared Savings Program assigned beneficiaries from the 3rd quarter assignment file;
 - Next Generation ACO aligned beneficiaries, updated for exclusions as of the 2nd quarter; and
 - MIPS Group Practices assigned beneficiaries as of October 31, 2017.

Assignment and Sampling Overview



- Assigned beneficiaries may be sampled into one or more CMS Web Interface measures, using a three step sampling process:

Step 1: Determine if the assigned beneficiaries are **eligible for quality reporting**.



Step 2: Determine if the beneficiaries eligible for quality reporting are **denominator eligible**.



Step 3: **Select a sample** of denominator eligible beneficiaries for each measure.

Sampling Overview



- Each measure will have its own beneficiary sample. In other words, each organization will have 13 samples of 616 beneficiaries, and one sample of 750 beneficiaries (for the statin therapy measure).
- The beneficiary's place in the sample (e.g., 1, 2, 3, etc.) is referred to as the beneficiary's rank.
- Each organization is required to confirm and complete data entry on 248 consecutive beneficiaries for each measure.
- For more information, please see: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/CMS-Web-Interface-Sampling-Methodology-2.pdf>

Presenter: Angie Stevenson, CMS Contractor

FREQUENT MEASURES QUESTIONS

Frequent Measure Questions



No.	Measure	Question	Answer
1	All	May we disqualify a patient if they had a palliative care consult, but no follow-up for palliative care is scheduled?	You may select “Hospice” during patient confirmation if the patient is in hospice care at any time during the measurement period (this includes non-hospice patients receiving palliative goals or comfort care). If you question whether or not the patient is receiving palliative or comfort care we recommend you reach out to the group or clinician to determine the meaning of the notes in the medical record. Patients for whom “In Hospice” is selected in the CMS Web Interface will be removed from the sample(s) and replaced.
2	CARE-2	Will the statements "normal gait" or "no gait disturbance" in a medical record meet the intent of the CARE-2?	Medical record documentation that indicates a gait or balance assessment was performed will count for meeting the intent of the measure.

Frequent Measure Questions



No.	Measure	Question	Answer
3	PREV-12	If the patient was screened for clinical depression with a PHQ 9 and had a score of 0, but the provider did not document a separate statement with the results as negative for depression, may we answer "yes" for the screening being performed and then to assume "negative results" because of the score of 0?	<p>Clarification to 2/14/2018 Webinar</p> <p>In the event of an audit, it would be acceptable to select “YES” for screening being performed and “NO” for patient had a positive screen if medical record documentation indicates that the PHQ-9 score was 0. You may only count the PHQ-9 score of 0 if there is no notation indicating otherwise. Please note, if medical record documentation indicates that the PHQ-9 score is 0, but notation indicates that the provider believes the patient has depression then you must take the notation into account over the PHQ-9 score.</p>
4	MH-1	If medical record documentation indicates “depression” instead of “major depression,” may we exclude them?	<p>The Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association (APA), provides comprehensive criteria for mental health disorder. In the DSM are several different diagnoses related to depression, one of which is major depressive disorder (ICD.10 codes F32-33); therefore, medical record notation of “depression” is not indicative of major depressive disorder. In order to exclude a patient from MH-1 there must be medical record documentation of major depression.</p>

Presenter: Ralph Trautwein, CMS Contractor

CMS WEB INTERFACE UPDATES AND HELPFUL TIPS

- 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.

Printing FAQs



- During a webinar we were asked how to print FAQs from the CMS Web Interface. Printing was not available at the time. However, this capability has been recently added to the CMS Web Interface. You may now use the browser's print features to print FAQs.

The screenshot displays the CMS Web Interface. At the top, there is a navigation bar with links for 'Quality Payment PROGRAM', 'MIPS' (Merit-based Incentive Payment System), 'APMs' (Alternative Payment Models), 'About' (The Quality Payment Program), and 'Ralph' (My Account). A 'CONTACT US' button is located on the right. The main header area features the title 'CMS Web Interface FAQs' and a search bar with the placeholder text 'Search a keyword for help'. On the left, a sidebar lists 'TOPICS' including 'Quality Reporting for Calendar Year 2017: Overview', 'Beneficiary Sample Without Data File', and 'Sampling and Prepopulation'. The main content area shows the 'Calendar Year 2017: Overview' section, which includes the heading 'ACOs and MIPS group practices provide care to patients during the reporting period' for the period 'January 1, 2017–December 31, 2017'. Below this, a paragraph states: 'CMS assigns beneficiaries to the ACO or MIPS group practice, samples them into the CMS Web Interface for data collection, and profiles some beneficiary information'. A browser print menu is overlaid on the page, with the 'Print' option highlighted by a red arrow.

Printing FAQs



- Here you see the FAQs will now print. However, we do encourage users to always refer to the online FAQs because FAQs are subject to change and update.

Print

Total: **40 sheets of paper**

Print **Cancel**

Destination **iR-ADV C5550**
Canon Printer

Change...

Pages ☒ **All**

☐ e.g. 1-5, 8, 11-13

Copies

Layout **Portrait**

Color **Color**

Options ☐ Two-sided

+ More settings

[Print using system dialog... \(Ctrl+Shift+P\)](#)

2/19/2018 Beneficiary Reporting - FAQ

CMS Web Interface FAQs

[CONTACT US](#)

Search a keyword for help

TOPICS

- Quality Reporting for Calendar Year 2017: Overview
- Beneficiary Sample Without Data File
- Sampling and Prepopulation
- Abstraction into the CMS Web Interface
- Care Coordination/Patient Safety
- At Risk Populations: Diabetes
- At Risk Populations: Hypertension
- At Risk Populations: Ischemic Vascular Disease
- At Risk Populations: Mental Health
- Preventive Health
- Skipping Beneficiaries

Quality Reporting for Calendar Year 2017: Overview

ACOs and MIPS group practices provide care to patients during the reporting period
January 1, 2017–December 31, 2017

CMS assigns beneficiaries to the ACO or MIPS group practice, samples them into the CMS Web Interface for data collection, and prefills some beneficiary information.
November 2017–January 2018

CMS Web Interface opens so that Beneficiary Sample files can be downloaded
January 8–January 19, 2018

CMS Web Interface training environment available
January 9–January 13, 2018

Data entered into CMS Web Interface training environment erased
January 20–January 21, 2018

CMS Web Interface opens for data entry by ACOs and applicable MIPS group practices
January 22, 2018

ACOs and MIPS group practices attend weekly Q&A sessions
January 22–March 16, 2018

<https://qpp.cms.gov/user/web-interface/#org/101400/faq> 1/40

Contextual Help



- Contextual Help is available during manual entry in the CMS Web Interface. The contextual help can be expanded using the “Show more” selection.

< All Measures 2324 incomplete beneficiaries left

All changes saved 5 seconds ago

The screenshot displays the CMS Web Interface. On the left is a dark blue sidebar with icons for a chart, a list, a person, and an information icon. The main content area is divided into two columns. The left column contains a patient card for Nicholas Rempel, male, born 01/01/1948, with ID 022179147429640. Below the card is a table titled 'PATIENT'S RANKED MEASURE (1)' with columns 'MEASURE' and 'RANK'. The table shows 'DM' with a rank of 501. The right column contains a question: 'Did the patient have one or more HbA1c tests performed between January 1, 2017 and December 31, 2017?'. There are two radio buttons: 'No' (unselected) and 'Yes' (selected). Below the question is a contextual help popup. The popup has a question mark icon and text: 'Synonyms for HbA1c testing may include Glycohemoglobin A1c, HbA1c, Hemoglobin A1c, HgbA1c, A1c.' It also says 'Use the following priority ranking:' followed by three dots and a 'Show more' link. An orange arrow points from the 'Show more' link to the right. At the bottom of the main content area, there is a label 'Date drawn (MM/DD/YYYY)' and an empty input field.

< Back to list

022179147429640

Nicholas Rempel
Male, 01/01/1948

PATIENT'S RANKED MEASURE (1)

MEASURE	RANK
DM	501

Did the patient have one or more HbA1c tests performed between January 1, 2017 and December 31, 2017?

☐ No

☒ Yes

?

Synonyms for HbA1c testing may include Glycohemoglobin A1c, HbA1c, Hemoglobin A1c, HgbA1c, A1c.

Use the following priority ranking:

...

Show more

Date drawn (MM/DD/YYYY)

Note: The screenshots provided in this presentation are from a test environment and may not display exactly what you will see on your screen at the time of submission.

Contextual Help



- When selecting “Show more,” additional information is displayed.

The screenshot displays a CMS interface with a dark sidebar on the left containing navigation icons. The main content area shows a patient profile for Nicholas Rempel, Male, 01/01/1948, with ID 022179147429640. Below the profile is a table titled "PATIENT'S RANKED MEASURE (1)" with columns "MEASURE" and "RANK". The table shows "DM" with a rank of 501. A contextual help popup is centered on the screen, featuring a question mark icon and the text: "Synonyms for HbA1c testing may include Glycohemoglobin A1c, HbA1c, Hemoglobin A1c, HgbA1c, A1c." Below this, it says "Use the following priority ranking:" followed by a list: "Lab report draw date", "Lab report date", and "Flow sheet documentation". A "CLOSE" button is at the bottom of the popup. In the background, another similar popup is visible on the right side of the screen.

MEASURE	RANK
DM	501

Note: The screenshots provided in this presentation are from a test environment and may not display exactly what you will see on your screen at the time of submission.

Correcting an issue with a beneficiary



- If there is an issue with the sample data for a beneficiary, you may edit some demographics for the beneficiary in the CMS Web Interface.

[< CARE-2](#) 246 consecutively completed | 15 skipped | Reach 256 to meet minimum

Screening for Future Fall Risk

[< Back to list](#)

RANK
255
IN MINIMUM

Incomplete

789270508107896

Jalen Hayes
Female, 01/01/1939

255 ranked beneficiary in CARE-2

IN MINIMUM

Jalen Hayes

Beneficiary demographics

[Edit info](#)

BENEFICIARY NAME	GENDER	PROVIDER NAME / ID
Jalen Hayes	Female	None
DATE OF BIRTH	MEDICAL RECORD #	
01/01/1939		

Note: The screenshots provided in this presentation are from a test environment and may not display exactly what you will see on your screen at the time of submission.

Correcting an issue with a beneficiary



- The Medicare ID may not be changed. But items such as gender, date of birth, and the beneficiary name may be corrected in the CMS Web Interface.

The screenshot displays the CMS Web Interface for editing beneficiary information. On the left, a sidebar shows the beneficiary's rank as 255, Medicare ID 789270508107, and name Jalen Hayes. The main area features an 'Edit Info' form with fields for Medicare ID, First Name, Last Name, Gender, and Date of Birth. Red arrows point to the Last Name, Gender, and Date of Birth fields, indicating they can be corrected. The Date of Birth is split into Month (01), Day (01), and Year (1939) fields. A 'Medical Record #' field is also present. On the right, a sidebar contains links for 'What is a Medical Record Number?', 'How can I add or edit providers?', and 'How can I add or edit clinics?'. The background shows a progress bar for 'CARE-2' with 246 completed, 15 skipped, and a goal to reach 256.

Note: The screenshots provided in this presentation are from a test environment and may not display exactly what you will see on your screen at the time of submission.

Correcting an issue with a beneficiary

- Notice, however, in the Excel file, these items are grey in color and may not be changed with an excel upload.

Beneficiary Demographics						
Medicare ID	First Name	Last Name	Gender	Date of Birth (MM/DD/YYYY)	Medical Record Number	Clinic ID
440586127951329	Harvey	Stokes	FEMALE	01/01/1946		czvkwq7la
260153655189601	Weldon	Carroll	MALE	01/01/1933		czvkwq7la
408353642510999	Verner	Wolf	MALE	01/01/1946		czvkwq7la
096909159026093	Issac	Borer	FEMALE	01/01/1959		czvkwq7la
188989699914284	Adele	Larkin	FEMALE	01/01/1938		czvkwq7la
348663178991264	Harmon	Vandervort	FEMALE	01/01/1945		czvkwq7la
984024153158003	Claudie	Steuber	MALE	01/01/1945		czvkwq7la

Note: The screenshots provided in this presentation are from a test environment and may not display exactly what you will see on your screen at the time of 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](#)
- [QPP Webinar & Events](#) web site 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.