Quality Payment

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 <u>QPP Webinars & Events page</u>.
  - 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=e91c195e7a d08aa6bf083477491616247

#### 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               | Торіс       |
|-----------|--------------------|-------------|
| 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 <u>sampled</u> into applicable measures and loaded into the CMS Web Interface for quality reporting

### **Assignment Overview**



- <u>Assignment</u> 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 3<sup>rd</sup> quarter assignment file;
  - Next Generation ACO aligned beneficiaries, updated for exclusions as of the 2<sup>nd</sup> 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: <a href="https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/CMS-Web-Interface-Sampling-Methodology-2.pdf">https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/CMS-Web-Interface-Sampling-Methodology-2.pdf</a>



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? | Clarification to 2/14/2018 Webinar 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. |
| 4   | MH-1    | If medical record documentation indicates "depression" instead of "major depression," may we exclude them?  | 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.  |



Presenter: Ralph Trautwein, CMS Contractor

# CMS WEB INTERFACE UPDATES AND HELPFUL TIPS

#### PII and PHI

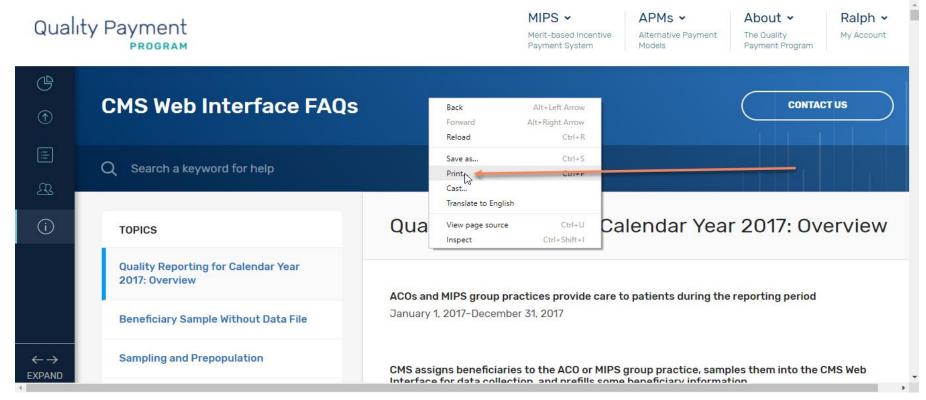


- In the screens displayed in the following slides, no Protected Health Information (PHI) or Personally Identifiable Information (PII) is present.
- All the data shown is fake data created for testing purposes.
- There are no real beneficiaries or Medicare IDs shown in any of the slides.
- Organizations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

#### **Printing FAQs**



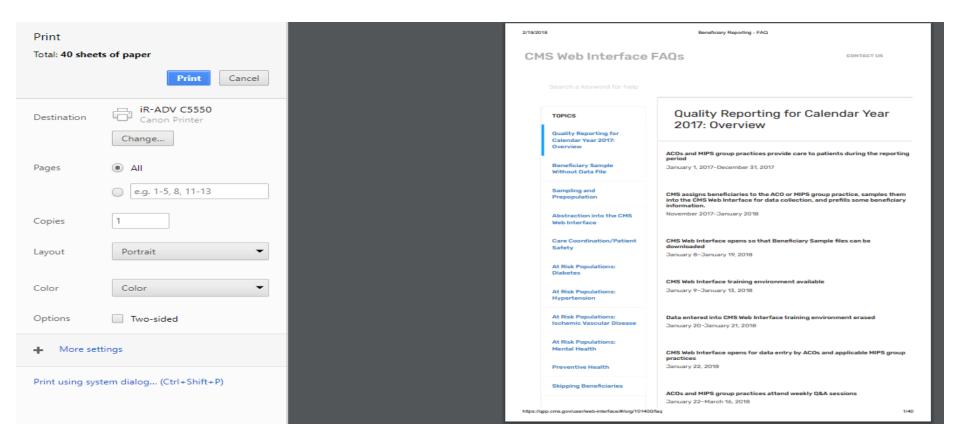
During a webinar we were asked how to print FAQs from the CMS Web Interface.
 Printing was not available at the time. However, this capability has been recently added to the CMS Web Interface. You may now use the browser's print features to print FAQs.



## **Printing FAQs**



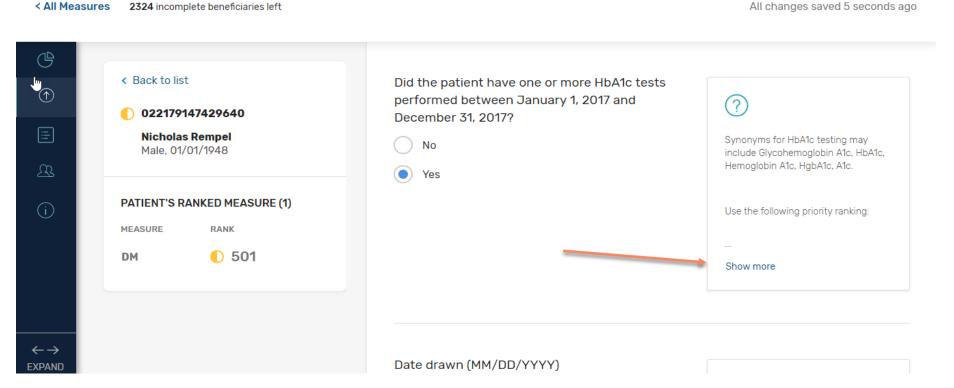
 Here you see the FAQs will now print. However, we do encourage users to always refer to the online FAQs because FAQs are subject to change and update.



## Contextual Help



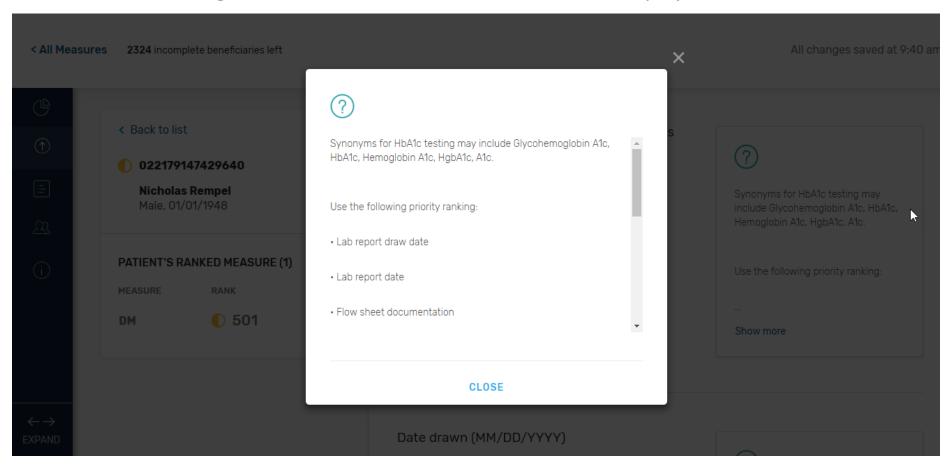
• Contextual Help is available during manual entry in the CMS Web Interface. The contextual help can be expanded using the "Show more" selection.



#### Contextual Help



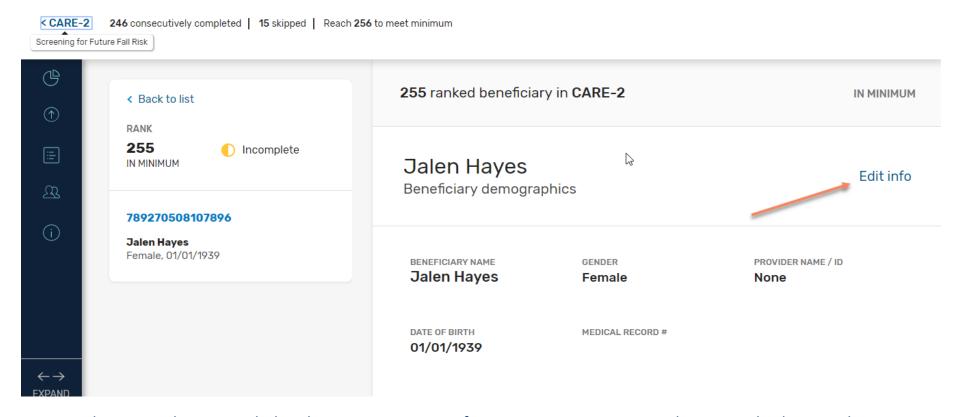
When selecting "Show more," additional information is displayed.



### Correcting an issue with a beneficiary



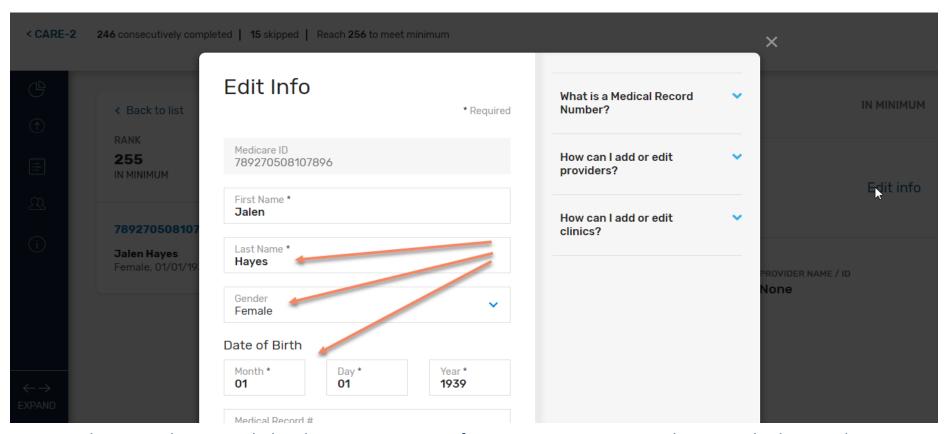
• If there is an issue with the sample data for a beneficiary, you may edit some demographics for the beneficiary in the CMS Web Interface.



### 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.



## 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.

| 4  | А               | В                        | С          | D      | Е                          | F                     | G                  |
|----|-----------------|--------------------------|------------|--------|----------------------------|-----------------------|--------------------|
| 1  |                 | Beneficiary Demographics |            |        |                            |                       | mographics         |
| 2  | Medicare ID     | First Name               | Last Name  | Gender | Date of Birth (MM/DD/YYYY) | Medical Record Number | Clinic ID          |
| 5  | 440586127951329 | Harvey                   | Stokes     | FEMALE | 01/01/1946                 | Ď                     | czvkwq7la          |
| 6  | 260153655189601 | Weldon                   | Carroll    | MALE   | 01/01/1933                 |                       | czvkwq7 <b>{-}</b> |
| 7  | 408353642510999 | Verner                   | Wolf       | MALE   | 01/01/1946                 |                       | czvkwq7la          |
| 8  | 096909159026093 | Issac                    | Borer      | FEMALE | 01/01/1959                 |                       | czvkwq7la          |
| 9  | 188989699914284 | Adele                    | Larkin     | FEMALE | 01/01/1938                 |                       | czvkwq7la          |
| 10 | 348663178991264 | Harmon                   | Vandervort | FEMALE | 01/01/1945                 |                       | czvkwq7la          |
| 11 | 984024153158003 | Claudie                  | Steuber    | MALE   | 01/01/1945                 |                       | czvkwq7la          |



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: <a href="http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html">http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html</a>
  - Program Guidance & Specifications: <a href="https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/program-guidance-and-specifications.html">https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/program-guidance-and-specifications.html</a>.
  - ACO Portal: <a href="https://portal.cms.gov/">https://portal.cms.gov/</a>
    - 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: <a href="https://innovation.cms.gov/initiatives/Next-Generation-ACO-Model/">https://innovation.cms.gov/initiatives/Next-Generation-ACO-Model/</a>
  - 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: <a href="mailto:PhysicianCompare@westat.com">PhysicianCompare@westat.com</a>



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.