Physician Quality Reporting System (PQRS)
2013 Group Practice Reporting Option (GPRO)
and SSP Accountable Care Organization (ACO)
Web Interface Reporting

Web Interface
Measure Specifications/
Supporting Documents
Part 1

Program Year 2013

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Agenda

- Part 1
  - 2013 GPRO Web Interface Helpful Specifications Documents
  - Patient Confirmation
  - The Patient Care Module
  - The Coronary Artery Disease (CAD) Composite Module

Agenda (cont.)

- Part 2
  - The Diabetes Module
  - The Heart Failure Module
  - The Hypertension Module
  - The Ischemic Vascular Disease Module
- Part 3
  - The Preventive Care Measures

About this Presentation

- This presentation will cover information related to the GPRO Web Interface Reporting Mechanism. If you are submitting data through another reporting mechanism, please visit the PQRS website on CMS.gov for more information on how to submit data for PQRS.

2013 GPRO Web Interface (WI)
Helpful Specifications Documents

- 2013 GPRO WI Measures List
- 2013 GPRO WI Assignment Document
  - Separate documents for ACOs and PQRS GPROs
- 2013 GPRO WI Sampling Document
- 2013 GPRO WI Narrative Specifications
- 2013 GPRO WI Supporting Documents
- 2013 GPRO WI Performance Calculation Flows
- Documents posted at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html unless otherwise noted in this presentation

2013 GPRO Web Interface
Helpful Specifications Documents (cont.)

- 2013 GPRO WI Measures List
  - List of all measures and modules to be reported in the WI
  - Measure Title
  - Measure Steward Identification
  - GPRO WI Measure Number
  - NQF Measure Number
  - PQRS Claims/Registry Measure Number
  - The 2013 ACO measures are listed at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Quality_Measures_Standards.html

2013 GPRO Web Interface
Helpful Specifications Documents (cont.)

- 2013 GPRO WI Assignment Document
  - Separate documents for ACOs and PQRS GPROs
  - Details on the Assignment Methodology Used to Determine the Population of Medicare Patients that Will be Used to Pull GPRO Sample
  - List of Provider Types
  - List of Primary Care Visit Codes
  - Describes Files Used for Analysis
  - The ACO Assignment document is posted at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Financial-and-Assignment-Specifications.html

2013 GPRO Web Interface
Helpful Specifications Documents (cont.)

- 2013 GPRO WI Sampling Document
  - Details on the Sampling Methodology Used for Population of the Patients into WI Measures

2013 GPRO Web Interface
Helpful Specifications Documents (cont.)

- 2013 GPRO WI Narrative Specifications
  - Includes Release Notes for easy identification of measure changes since 2012
  - Narrative description of the measure
  - Includes Rationale and Clinical Recommendation Statements
  - The 2013 ACO Narrative Specifications and Release Notes are located at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Quality_Measures_Standards.html

2013 GPRO Web Interface
Helpful Specifications Documents (cont.)

- 2013 GPRO WI Supporting Documents
  - Includes Release Notes for easy identification of measure, clinical coding and reporting changes since 2012
  - Includes Excel files for each module
    - Patient Confirmation tab details criteria for removing a patient from the sample
    - Data Guidance tab details how to answer the measure questions and map to the clinical code tables
    - Downloadable Resource Tables including: Encounter tab, Exclusions tab and Drug tab (as applicable to the measure) contain clinical code sets to assist with mapping and data query
  - Most used WI document for measure guidance
  - Separate 2013 ACO Release notes are located at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Quality_Measures_Standards.html

2013 GPRO Web Interface
Helpful Specifications Documents (cont.)

- 2013 GPRO WI Performance Calculation Flows
  - Visual algorithm showing how the WI calculates performance for each measure
  - Specific to the 2013 GPRO WI
  - Useful for staff training

Patient Confirmation
Refer to the Supporting Documents for Detail

- Due to timing, during assignment of patients for the purposes of quality reporting, not all 2013 claims are available for analysis; therefore, some patients may be included in the sample that are not eligible under GPRO WI quality reporting criteria.
- Patient confirmation allows removal of the patient from all modules, measures, and performance calculations if any of the following circumstances are noted by the GPRO in the WI
  - Medical record cannot be found
  - Patient was in hospice during 2013
  - Patient moved out of the country during 2013
  - Patient died during 2013
  - Patient was enrolled in an HMO during 2013

NOTE: *Failure to mark the specific reason for removing the patient during Patient Confirmation will result in an incomplete WI causing the GPRO to fail reporting.*

The Patient Care Module

- The Patient Care Module contains two measures (sampled separately):
  - CARE-1: Medication Reconciliation
  - CARE-2: Falls: Screening for Future Fall Risk
- Patients are eligible for random sampling into either of the Patient Care Measures if
  - They have been assigned to the GPRO
  - They are age 65 or older at the beginning of the measurement period
  - For the Medication Reconciliation measure, they must have a hospital discharge during the measurement year AND an office visit to the GPRO within 30 days of the hospital discharge
- Patients may be removed from a measure within the module if a "CMS Approved Reason" has been granted

The Patient Care Module:
CARE-1: Medication Reconciliation

Measure Description

Percentage of patients aged 65 years and older discharged from any inpatient facility (e.g., hospital, skilled nursing facility, or rehabilitation facility) and seen within 30 days following discharge in the office by the physician providing on-going care who had a reconciliation of the discharge medications with the current medication list in the outpatient medical record documented

Web Interface Data (XML or Manual Data Entry)

Discharged from an inpatient facility during the measurement period?

- **No** – Select this option if patient was not discharged from an inpatient facility
- **Yes** – Select this option if patient was discharged from an inpatient facility on this date

Seen within 30 days following an inpatient facility discharge?

- **No** – Select this option if the patient was not seen within 30 days following an inpatient facility discharge
- **Yes** – Select this option if the patient was seen within 30 days following an inpatient facility discharge - then **Yes** or **No** if reconciliation is documented

The Patient Care Module:
CARE-1: Medication Reconciliation (cont.)

Guidance

- This measure is reported for EACH DISCHARGE found for the patient
- The hospital care may have occurred under a non-GPRO provider
- The GPRO must only answer the measure for those discharges that are pre-populated into the WI during sampling
- The GPRO may verify the discharge date if evidence of hospitalization or discharge is found in the record within 1-2 days of the pre-populated discharge date
- Acute care hospital discharges, psychiatric inpatient discharges, skilled nursing facility discharges or rehabilitation inpatient discharges are included in the denominator
- Satisfying the measure requires documentation that the clinician is aware of the inpatient facility discharge medications and will either keep the inpatient facility discharge medications or change the inpatient facility discharge medications or the dosage of inpatient facility discharge medications

The Patient Care Module:
CARE-2: Falls: Screening for Future Fall Risk

Measure Description

Percentage of patients aged 65 years and older who were screened for future fall risk at least once within 12 months

Web Interface Data (XML or Manual Data Entry)

Screened for future fall risk at least once within 12 months?

- **No** – Select this option if patient was not screened for future fall risk
- **Yes** – Select this option if patient was screened for future fall risk
- **No - Medical Reasons** – Select this option if future fall risk screening was not performed due to medical reasons

The Patient Care Module:
CARE-2: Falls: Screening for Future Fall Risk (cont.)

Guidance

- This measure is reported for each patient in the measure sample
- Screening for future fall risk may include: Documentation of no falls in the past year or only one fall without injury in the past year or documentation of two or more falls in the past year or any fall with injury in the past year
- There is a medical exclusion for this measure, for example, if the patient is not ambulatory, the medical exclusion may be utilized
- “Within 12 months” means that the screening was performed at some point during the 12 month measurement period
- Not screened for medical reasons may include: patient is not ambulatory

The Coronary Artery Disease (CAD) Composite Module

- The Coronary Artery Disease (CAD) Composite Module contains two component measures analyzed as an all or nothing composite:
  - CAD-2: Coronary Artery Disease (CAD): Lipid Control
  - CAD-7: Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)
- Patients are eligible for random sampling into the CAD Module if
  - They have been assigned to the GPRO
  - They are age 18 or older at the beginning of the measurement period
  - They have a diagnosis of CAD (active or history of) anywhere in the medical record
    - A list of synonyms representing the diagnosis of CAD and clinical codes sets can be found in the Supporting Documents for the CAD module

The Coronary Artery Disease Composite Module
CAD-2: Coronary Artery Disease (CAD): Lipid Control

Measure Description

Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who have a LDL-C result < 100 mg/dL OR patients who have a LDL-C result ≥ 100 mg/dL and have a documented plan of care to achieve LDL-C < 100 mg/dL, including at a minimum the prescription of a statin

Web Interface Data (XML or Manual Data Entry)

Documented diagnosis of CAD (active or history of)?

- **Yes** – Select this option if patient has a documented diagnosis of CAD
- **Not Confirmed** – Select this option if the patient does not have a history of CAD
- **Other CMS Approved Reason** – Select this option if there is an "other" CMS-approved reason for patient disqualification from the module

The Coronary Artery Disease Composite Module
CAD-2: Coronary Artery Disease (CAD): Lipid Control
(cont.)

Web Interface Data (XML or Manual Data Entry)

- *Is the patient's LDL-C in range or appropriate plan of care (POC) in place for elevated LDL-C?*
  - **No** – Select if the patient's LDL-C is ≥ 100 mg/dL and no POC documented OR LDL-C was not performed
  - **Yes** – Select if the patient's LDL-C is <100 mg/dL OR ≥ 100 with a documented POC (prescription of a statin at a minimum)
  - **No-Medical Reasons** – Select if the patient is not prescribed a statin medication for medical reasons
  - **No-Patient Reasons** – Select if the patient is not prescribed a statin medication for patient reasons
  - **No-System Reasons** – Select if the patient is not prescribed a statin medication for system reasons

The Coronary Artery Disease Composite Module
CAD-2: Coronary Artery Disease (CAD): Lipid Control
(cont.)

Guidance:

- An LDL-C result > 100 mg/dL needs to be accompanied by a current prescription for a statin in order to pass the measure when the patient's LDL-C is elevated (> 100)
  - A prescribed statin combination drug (i.e., lovastatin/niacin [Advicor]) meets the requirements of this measure
  - Niacin alone does not meet the requirements of this measure
- A plan of care without statin therapy does not meet the requirements of this measure
- If the laboratory is unable to calculate an LDL-C value due to high triglycerides, select "No"
- If more than one LDL-C test is performed during the measurement period, use the result of the most recent test
- See CAD Drug Code tab in the Supporting Documents for list of lipid-lowering medications (list may not be all inclusive)

The Coronary Artery Disease Composite Module

CAD-7: Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)

Measure Description

Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have diabetes OR a current or prior Left Ventricular Ejection Fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy

Web Interface Data (XML or Manual Data Entry)

Does the patient have LVSD (LVEF < 40% or documented as moderate or severe?

- **No** – Select if the patient does not have LVSD
- **Yes** – Select if the patient has LVSD

Does the patient have diabetes?

- **No** – Select if the patient does not have diabetes
- **Yes** – Select if the patient has diabetes

The Coronary Artery Disease Composite Module

CAD-7: Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%) (cont.)

Web Interface Data (XML or Manual Data Entry)

If "Yes" to either "has LVSD" OR "has diabetes"; then determine if patient is prescribed ACE inhibitor or ARB therapy.

Prescribed ACE inhibitor or ARB therapy at any time during the measurement period?

- **No** – Select if the patient is not prescribed ACE inhibitor or ARB therapy
- **Yes** – Select if the patient is prescribed ACE inhibitor or ARB therapy
- **No-Medical Reasons** – Select if the patient is not prescribed ACE inhibitor or ARB therapy for medical reasons
- **No-Patient Reasons** – Select if the patient is not prescribed ACE inhibitor or ARB therapy for patient reasons
- **No-System Reasons** – Select if the patient is not prescribed ACE inhibitor or ARB therapy for system reasons

The Coronary Artery Disease Composite Module

CAD-7: Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%) (cont.)

Guidance

- If the patient has ever had an LVEF < 40% or a documented LVEF as moderate or severe answer "Yes" to the presence of LVSD
- A list of synonyms representing the LVSD and clinical codes sets can be found in the Supporting Documents for the CAD module
- If multiple diagnostic studies were performed on the same day to measure ejection fraction, use the following hierarchy to determine if LVSD is present:
  - cardiac catheterization
  - echocardiogram
  - MUGA or other cardiac scan
- Prescribed may include prescription given to the patient for ACE inhibitor or ARB therapy at one or more visits in the measurement period OR patient is already taking ACE inhibitor or ARB therapy as documented in the current medication list

List of 2013 GPRO Webinars

- Look out for these other 2013 PQRS GPRO Webinars on the CMS YouTube site: http://www.youtube.com/user/CMSHHSgov
  - 2013 PQRS GPRO 101 Part 1
  - 2013 PQRS GPRO 101 Part 2
  - 2013 GPRO Reporting Mechanisms Part 1
  - 2013 GPRO Reporting Mechanisms Part 2
  - 2013 GPRO Value-Based Modifier
  - Public Reporting
  - Measures Overview
  - Individuals Authorized Access to the CMS Computer Services (IACS)

Upcoming Webinars

- Please also check the CMS YouTube site for these upcoming webinars:
  - Web Interface: Assignment and Sampling
  - CAHPS Overview

- Note: CMS will host live training sessions on GPRO Web Interface reporting.

Resources

- For assistance with questions related to ACO GPRO and PQRS GPRO quality Measure Specifications, please contact the QualityNet Help Desk:
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