CPC+ Authorization: PY2018

January 2019

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Presenters

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Agenda

CPC+ and Quality Submission Services

CPC+ Reporting Requirements

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Resources

CPC+ Quality Submission Services (QSS)

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- Virence will submit CPC+ quality measures directly to CMS on your behalf for CPC+ practices.

- Reporting Method: Electronic Health Record (EHR) reporting option.

- Submission data is bookmarked, a benefit that gives participants the ability to view CPC+ practice results historically, including patient lists associated with each measure.

- Confirmation of submission will be provided.

CPC+ eCQM Requirements

Measurement Period: CY2018 (January 1 – December 31, 2018)

Submission Options:
- Attestation
- Self-submit QRDA 3 file through the QPP website
- Virence will submit the data on behalf of an **authorized** CPC+ practice

Practice Site Level Reporting:
- All measures must be reported at the CPC+ practice site level.
- Include all patients (payers and the uninsured) who were seen one or more times at the practice site location during the calendar year (CY) measurement period by CPC+ clinicians (TIN/NPI)

Report eCQMs using the May 2017 version (all CQMs in CQR are at the required version)

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Comprehensive Primary Care Plus (CPC+)
A new model for primary care in America

CPC+ Reporting Requirements

Practices must successfully report 9 of the 19 measures from the CPC+ eCQM set

1. Report both Outcome measures

2. Report at least seven of the remaining 17 measures

CMS #	Name
Outcomes	
CMS165v6	Controlling High Blood Pressure
CMS122v6	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
Cancer Screening	
CMS125v6	Breast Cancer Screening
CMS130v6	Colorectal Cancer Screening
CMS124v6	Cervical Cancer Screening
Diabetes	
CMS131v6	Diabetes: Eye Exam
CMS134v6	Diabetes: Medical Attention for Nephropathy
Care Coordination	
CMS050v6	Closing the Referral Loop: Receipt of Specialist Report
Medication Management (Condition-Agnostic)	
CMS156v6	Use of High Risk Medications in the Elderly
Mental Illness and Behavioral Health	
CMS002v7	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
CMS149v6	Dementia: Cognitive Assessment
CMS160v6	Depression Utilization of the PHQ-9 Tool
Substance Abuse	
CMS137v6	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
CMS138v6	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Safety	
CMS139v6	Falls: Screening for Future Fall Risk
Infectious Disease	
CMS127v6	Pneumococcal Vaccination Status for Older Adults
CMS147v7	Preventive Care and Screening: Influenza Immunization
Cardiovascular Disease	
CMS164v6	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet
CMS347v1	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

CPC+ Quality Measure Selection

1. **Every quality measure displayed in the dashboard will be submitted at authorization.**

2. Selecting the six checkboxes applies to the estimated MIPS score only.

3. You can choose to
   - Submit all measures
   - You can be selective about the measures submitted to CMS by navigating to Configuration > Measurement Settings and selecting specific measures. **Remember to recalculate after measure reconfiguration.**

Reminder: A CPC+ practice QRDAIII downloaded for self-submission to CMS prior to the 1.6.7 release may contain obsolete measures and would be rejected at submission.

Preparing for CPC+ Authorization

What is Authorization?

- When the '**Authorize CPC+**' button is selected, you are indicating your approval of the current measure selections and measurement periods for submission to CMS.

- All measures configured, measure scores and the measurement period chosen will be submitted to CMS.

  Simple, and as fast as the click of a button, but authorization is final!

- **CPC+ practice fees** are assessed when the group practice is created and includes the build, configuration, on-demand calculations and submission of the CPC Plus Group practice data. **Fees are assessed regardless of submission.**

Authorization Dates: Friday January 11th – Friday February 15th

Virence will not submit CPC+ practice data to CMS unless it is authorized.

CPC+ in the MIPS Dashboard

The CPC+ practice displays in the MIPS dashboard but MIPS scoring is **not** applicable to a CPC+ practice including:

- MIPS estimated final score
- MIPS Quality Score Breakdown
- Six measure selection tool (checkboxes)

Reminder: All CPC+ quality measures that display in the dashboard are submitted to CMS.

CPC+ Authorization Checklist

Before 'authorizing' your CPC+ practice, verify:

✔CPC+ Practice Name, Practice ID, & TIN

✔CPC+ clinicians included in the practice

✔Each clinician's NPI

✔Report Range calculated is January 1 – December 31, 2018.

✔Quality measure selection & results are reviewed

✔ • Two outcome measures
  • At least seven of the remaining measures

CPC Plus, T1NY1234   123456789   Authorize CPC+ ⓘ   ⚙
Provider   NPI   TIN

Bookmarks ⌄

✓

0	+	59.25	+	0	=	**59.25**
PI		Quality		Improvement		Estimated MIPS
Transition				Activities		Final Score

Jan 1, 2018 -   Jan 1, 2018 -   Jan 1, 2018 -
Dec 31, 2018   Dec 31, 2018   Dec 31, 2018

PI Transition Score on display was calculated -
December 7, 2018 9:20:28 AM GMT

Quality Score on display was calculated -
December 7, 2018 9:20:28 AM GMT

IA Score on display was calculated - NA

The MIPS Final score is an estimation based on preliminary PI, Quality, and IA estimated scores. Other factors (including but not limited to measurement calculation period, APM participations, and other practice details) may further impact the score beyond what is captured in this dashboard. CMS will determine the final score.

When authorization opens …

An organization enrolled in QSS will see all of the authorization features for the CPC+ practice when authorization opens on **Friday January 11, 2019**

1. The 'Authorize CPC+' button will display in the CPC+ practice banner

2. Information button provides helpful guidance

3. Blue checkmark indicates the quality category is selected for authorization

Member or Clinical Admin roles required for authorization

CPC+ Authorization Warnings and Restrictions

At the point of authorization, warning or restriction messages will display to alert users of potential issues with the authorization.

1. CPC+ Practice Name & Practice ID

2. Warnings / Restrictions
   - **Warning:** authorization is not restricted; Recommended that warnings are reviewed.

   - **Restrictions**: Errors must be corrected in order to proceed with authorization.

3. Message with directions to resolve the issue

4. Authorization button is inactive for any restriction

5. Search feature

6. List may be downloaded as a CSV file

7. Column headers may be sorted ascending or descending

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CPC+ Authorization Warnings and Restrictions

① CPC+ Practice Name : CPC Plus - Alerts - T1NY1234
Practice ID : T1NY1234

Search: ⑤   Download ⑥

⑦ Provider Last ▲	Provider First ⬍	② Warning/Restriction ⬍	Category ⬍	③ Message ⬍
CPC Plus	T1NY1234	Warning	General	Authorization is restricted. Shout MD, Tristan:Workflow, E2EMeasure:Winston, Harry have the same NPI. Review and correct the clinician's NPI before proceeding with authorization.
CPC Plus	T1NY1234	Restriction	General	Authorization is restricted. CPC Plus - Alerts - T1NY1234 is missing an address. Navigate to Organizational Structure screen to add the CPC Plus practice address.
CPC Plus	T1NY1234	Restriction	CPC Plus	Authorization is restricted. All measures from Group 1 must be submitted and a minimum of seven measures from Group 2 must be submitted. Authorization may also be restricted because a measure

Restrictions: Authorization cannot be completed until errors are corrected.
Warnings: Authorization is not restricted.

④ Authorize CPC+   Cancel

Carefully review all warning messages!

CPC+ Authorization Workflows

CPC+ Authorization Workflow

1. Confirm quality measures and results. Then select the 'Authorize CPC+' button.

2. Warning and Restriction messages may display. Restrictions messages must be addressed to proceed.

3. If there are warnings, but no restrictions, a confirmation message that you have reviewed all of the warnings will display. Check the box and select the 'Authorize CPC+' button.

Select cancel to return to the MIPS dashboard without authorizing the CPC+ practice.

If there are no warnings, this message will not display.

CPC+ Authorization Workflow Continued

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3. Next a confirmation message displays to validate that you want to proceed with authorization.

    - Select 'Authorize CPC+' to proceed.

    - Select cancel to return to the CPC+ practice dashboard without authorizing the CPC+ practice.

CPC + Authorization   X

CPC Plus - Test20 - T1NY2000   T1NY2000
CPC+ Practice Name   **PracticeID**

Authorization is final. Are you sure you want to authorize the selected measures? Select 'Authorize CPC+' to proceed with authorization or 'Cancel' to return to the dashboard without authorizing the CPC+ practice

All quality measures displayed in the dashboard will be submitted to CMS for the CPC+ practice. To reconfigure your CPC+ measure selection, navigate to 'Measurement Settings' and recalculate the CPC+ practice

                                         [Authorize CPC+] [Cancel]

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4. A message confirming the authorization was completed displays. Select 'Close'.

CPC Plus - Test20 - T1NY2000   T1NY2000
CPC+ Practice Name   **PracticeID**

CPC+ authorization was completed. A bookmark of the authorized data was created and confirmation of submission will be provided after the data has been submitted.

                                                          [Close]

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5. A green checkmark appears over the Quality category and 'Authorization Completed' with a date stamp displays below the button.

T2TX1234 CPC Plus   727272727   [Authorize CPC+]
Provider   NPI   TIN   Authorization completed January 15, 2019

                                                          [Bookmarks ▾]

                    ✓
                                                          82.04
    0   82.04   0   **Estimated MIPS**
    ACI   +   Quality   +   Improvement = **Final Score**
    Transition   Activities   ACI Transition Score on display was calculated -
                                                          October 5, 2018 4:32:19 PM GMT
Jan 1, 2018 -   Jan 1, 2018 -   Jan 1, 2018 -   Quality Score on display was calculated - October
Dec 31, 2018   Dec 31, 2018   Dec 31, 2018   5, 2018 4:32:19 PM GMT
                                                          IA Score on display was calculated - NA

The MIPS Final score is an estimation based on preliminary ACI, Quality, and IA estimated scores. Other factors (including but not limited to measurement calculation period, APM participations, and other practice details) may further impact the score beyond what is captured in this dashboard. CMS will determine the final score.

Post Authorization

Post Authorization Changes

Dashboard

1. Authorization button is inactive

2. Authorization Completed w/ date stamp

3. Green checkmark ✅ indicates quality measure performance category was authorized

Provider List

4. CPC Plus practice displays authorization status with date stamp

All authorization features in the dashboard will expire after the CPC+ reporting period ends on February 28th

CPC+ System Bookmarks

- A system generated bookmark is automatically created for each CPC+ practice that is authorized.

- The bookmark includes drill down to patient level data and is available for potential CMS audits.

- System created bookmarks cannot be edited or deleted.

- System created bookmarks end with (QSS) so they are easily distinguished from manually created bookmarks.

Only the performance category authorized is visible in the system bookmark view.

If Virence is not submitting on your behalf and you are attesting for your CPC+ practice, remember to bookmark the CPC+ practice data that you submitted.

QSS Submission Confirmation

The MIPS and CPC+ Submission Confirmation feature provides key submission information in a single convenient location in the MQIC tab for those QSS participants whose data is submitted to CMS by Virence. This feature replaces the submission confirmation email.

Select MQIC > Submission Confirmation tab

Virence submission simplifies your work. The submission confirmation and bookmark features make it easy to access historical program data for record-keeping and auditing purposes.

Closing Reminders

Managing Authorization

- Return the QSS order

- Complete all pre-work prior to authorization

- Validate all clinician information before authorization including:

  Clinician NPI

  Clinicians included in the CPC+ practice

- Verify CPC+ Practice Name, Practice ID, TIN

- Add CPC+ site address

- Verify report range calculated is January 1 – December 31, 2018.

- Review the quality measure selection & results

  - Two outcome measures
  - At least seven of the remaining measures

- Be mindful of program timelines

- Remember that authorization is final.

Authorization: January 11th – February 15th, 2019

QSS Order & Invoice

Virence Direct customers

- Refer to your QSS order for pricing

- Confirm that the QSS order for CPC+ was signed and returned. If you are unsure, contact the sales team at Inside.Sales@med.ge.com

- A hold will be placed on your organization's ability to authorize pending return of the QSS order.

Final Invoice

- Sent Q2 2019

- When the CPC+ practice is created, charges are incurred, regardless of submission.

- CPC+ Practice fee is assessed for the build, configuration, on-demand calculation and submission. Fees still apply for members that choose to attest or self submit their QRDA to CMS.

- Based on the number of clinicians in the CPC+ practice.

VAR customers

- Contact your Value-Added Reseller for pricing and billing

Quality Reporting Resources

Clinical Quality Reporting

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CQR User Manual
- Information for navigating CQR

Quality Reporting Guide
- Guidance for the measures

Quality Reporting Community
- Central hub for quality reporting
- Documentation
- Webinars

Community Chatter Groups
- Announcements
- Q&A posts

CQR Login Screen announcements

Clinical Support Teams
- 888-436-8491 (Option 2, Option 3)

What's New

CQR Clinical Quality Reporting

QSS - Quality Submission Services

HELP Support & Value Added Services

MIPS Merit-Based Payment System

CPC+ Comprehensive Primary Care Plus

PCMH Patient Centered Medical Home

MU Medicaid Meaningful Use

Upcoming Events!
Winter Webinar Series
Includes Two Regulatory Updates
Part 1: Dec 18
Part 2: Dec 20

Community Chatter Groups
Quality Reporting Group
VBC Cloud Operations

Manuals
CQR Release Notes (1.6.6.1)
CQR User Manual (Nov)
Quality Reporting Guide (Nov)
PDF / CHM
Monitoring Data Flow
(Video / Doc)

GE Clinical Quality Reporting

Announcement (December 12)
- Re-processing of data is complete for measures:
  CMS164, 135, 144, 145, and 347
- Auto-calculations did not occur this past weekend. They are
  expected again this weekend (by December 17th).

CQR v1.6.6.1 Released (December 5)
- Medication allergy Rxnorm change impacting CMS135, 144, 145, and 347
- Provider NPI update fix
- Refer to release notes for details

CQR v1.6.6 Released (November 28)
- Refresh browser cache to ensure all changes take effect
- CMS122 and CMS165 2019 versions now available
- CMS166 v7.1 now available for Medicaid customers
- CMS164: CCDAs from 2018 were reprocessed to include additional quality codes
- 10 fixes included

Sign In
lorna.eades1
••••••••
Sign In
I forgot my password
- Or -
Single Sign On
Secure sign on for VBC Analytics users

Create a New Account

Quality Reporting on the Customer Portal

https://digital.gehealthcare.com

Subscribe to Community Chatter Groups

Community Chatter Groups:

Quality Reporting Group for quality reporting updates. Allows for customer questions.

VBC Cloud Operations for CQR status, i.e. new release and maintenance down time. Meant for push only communication.

CMS CPC+ Resources

CPC+ Support: 888-372-3280

CPC+ Connect Login Site: CPC+ Connect

CPC+ Website: CPC+ Website