Clinigence MSSP Registry End-User Training PY 2019

Agenda – End-User Training

- The ACO Reporting Timeline
- The Submission Process
 - Ranked Patients
 - Completed & Skipped Patients
- The Clinigence MSSP Registry
 - Logging In
 - Navigating
 - The Front Page
- The Collection Process
 - Entering the data
 - Approving the data
- Using Comments



PY 2019 Reporting Timeline



November 8, 2019 – November 21, 2019

- ACO completes the organization census of providers, practices,
 TINs and NPIs.
- ACO and Clinigence establish the EIDM Web Interface Submitter roles.

January 2, 2020

 Clinigence downloads the Beneficiary Sample file from the CMS Web Interface.

January 9, 2020

Clinigence MSSP Registry end-user training



January 2 - January 20, 2020

- -Clinigence loads the sample list into the Registry.
- Clinigence assigns beneficiaries to practices and providers using the sample list data, the ACO-provided organization census, and for integrated practices - clinical data.
- Integrated practices only: Clinigence pre-populates the responses in the registry using the extracted EMR data or other data feeds.
- -ACOs train the registry users and set up user credentials.

January 11 – January 20, 2020

Clinigence MSSP Registry becomes available for chart abstraction.
 Clinigence will notify each ACO as their Registry becomes available.



January 11-20 - March 31, 2020

- ACO's use the Clinigence Registry to collect and approve their data.
- -If there are problems during the collection phase, submit your issues at support.clinigence.com or via email to <u>support@clinigence.com</u>.

NOTE: If the issue pertains to a specific patient you **must** go to the support site to enter patient information. Email is not HIPAA-compliant. Please identify the patient using the Patient ID, not the HICNO.



• February 3, February 17, March 2, 2020

- Clinigence uses the data in the Registry and the CMS-provided claims-based data to test export and submission to CMS.
- Clinigence provides interim submission reports and performance reports.

March 17, 2020

 Target date for ACOs to complete chart abstractions. This gives us a few days to confirm that all chart abstractions needed are complete and resolve any errors found during submission.

March 17 – 31, 2020

- Clinigence performs the final submission and disables the Save feature in the Registry. We can submit as many times as needed, but only the final submission counts towards your scores.
- ACO's have this period to correct any errors they may notice.



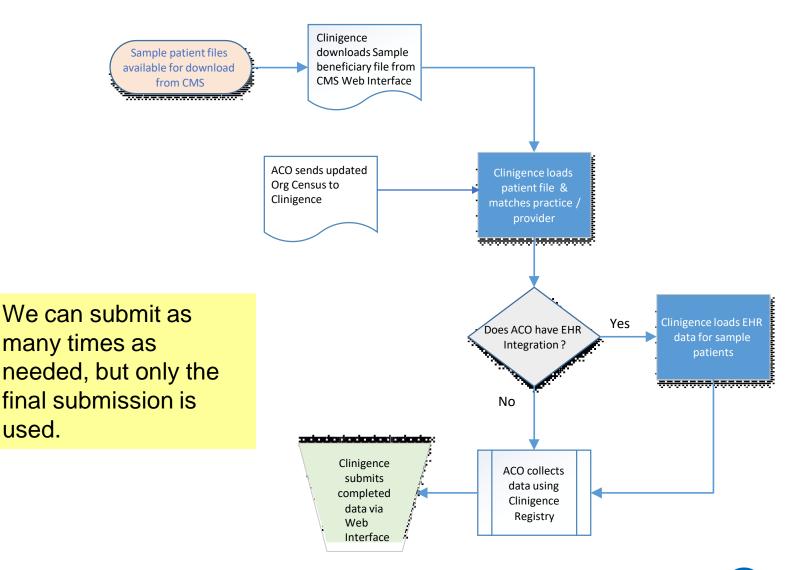
- March 31, 2020, 8 pm ET
 - -All data must be submitted in the CMS Web Interface.
- April 1-30, 2020
 - Clinigence exports all data and reports from CMS Web Interface for future reference.
 - Clinigence generates and delivers final submission packets.



The Submission Process



Annual Collections Cycle





The Clinigence MSSP Registry Tool



The Clinigence MSSP Registry Tool

- The Clinigence ACO Annual Reporting Registry is used to collect and confirm the answers to the clinical questions CMS asks.
- The tool takes the user through a step-by-step wizard for each clinical domain.
- There are two levels of data access available:
 - Access to all beneficiaries in the ACO
 - Access to only beneficiaries assigned to a single practice
- The Registry is updated every year to reflect the latest CMS requirements.
- Clinigence Registry remains available even after the CMS GPRO Web Interface is made unavailable.



Accessing the Clinigence MSSP Registry

- 1. Login to Clinigence (solution.clinigence.com).
- 2. Select ACO Tools.
- 3. Select Attributed Registries.
- 4. Select Q1 2019 ACO Reporting to CMS.

NOTE: If you see a small lock icon next to the Q1 2019 ACO Reporting to CMS selection, then your ACO's registry is not yet ready for data collection and you will not be able to save any changes.



Setting up Registry Credentials

- A user must have an administrator-level account at the organization to add registry users.
- Each user must have his/her own individual account.

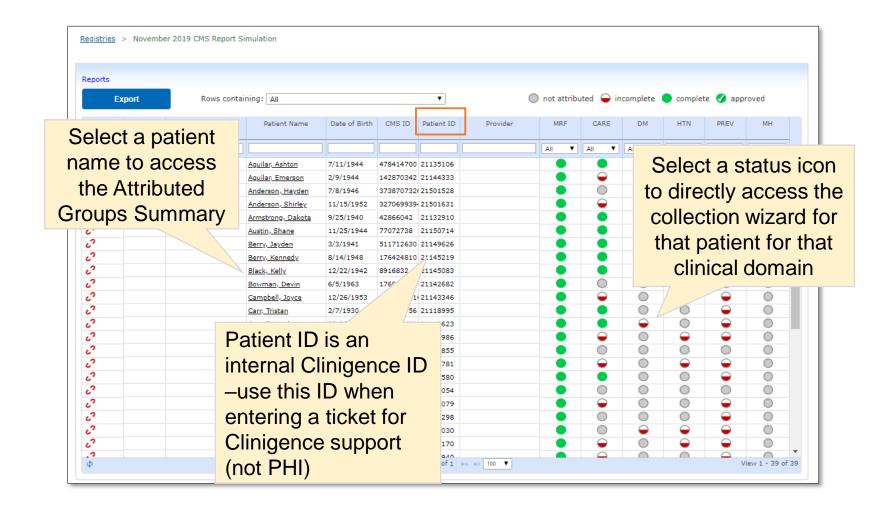


Navigating in the Registry

- There are a number of techniques you can use to navigate in the Registry:
 - Hot links. Select an underlined patient name to access the Attributed Groups Summary for that patient.
 - Status icons. If a patient is ranked for a domain of care, select the icon to access the questions for those measures.
 - Breadcrumbs. Select a breadcrumb to go back to a previous screen.

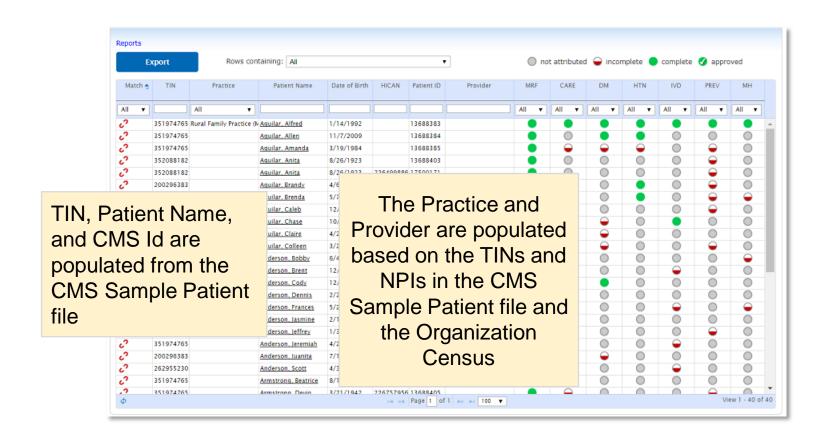


The Registry Front Page



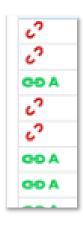


Registry Front Page





Matching Patients



Red broken link = Practice not integrated or patient not found in data feed
Green unbroken link = Patient match found in integrated data feed (Integrated Practices only)



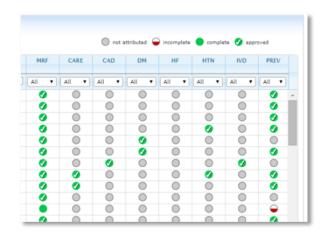
Status Indicators

Patient Name	Date of Birth	CMS ID	Patient ID	Provider	MRF	CARE All	All	com	plet	lection e and d for	is	•
<u>Aguilar, Ashton</u>	7/11/1944	478414700	21135106			Ø –		approved for				
Aguilar, Emerson	2/9/1944	142870342	21144333			-		these clinical				
Anderson, Hayden	7/8/1946	373870732	21501528				0	don	nains	5		
Anderson, Shirley	11/15/1952	327069939	21501631			-				_		
Armstrong, Dakota	9/25/1940	42866042	21132910			Ø			$\overline{igorphi}$	-		
Austin, Shane	11/25/1944	77072738	21150714			•			$\Theta_{\mathcal{L}}$	-		
Berry, Jayden	3/3/1941	511712630	21149626						0	-		
Berry, Kennedy	8/14/1948	176424810	21145219			•				2		

Data collection is complete but needs to be approved for this clinical domain Patient is ranked and data collection is incomplete for this clinical domain



Medical Record Found



To save time, the MRF answers are defaulted to Yes.

For integrated practices, if a patient match is found in the data feed, the default is Approved.

If the practice is not integrated or no patient match was found, the default is Yes, but it still needs to be approved.



Changing Assignments

- Clinigence will use the information provided in the CMS Ranking file and the Organizational Census to assign patients to the most appropriate provider and practice.
- If the a patient should be assigned to a different practice or provider than is shown in the Registry, the Organization Administrator can re-assign them.

Registries > 9	October 2016 CMS Report Simu	lation > Anderson, Bobby	
Anderson, 81 years (6/4/2 Male	· ·	Patient ID: 13375005 EMR ID(s): 17435	
CMS Gi	roups Assignment		
Practice:	Family Phys in ACO (EMDs)	Ψ.	
Provider:	none none Diego Molina	*	
Savo	Luke Hayes Madeline Franklin Marlene Morgan Ralph Carr		
		<u> </u>	© 2010-2016 Clinigence, Inc. About Us Contact Version 3.6.2



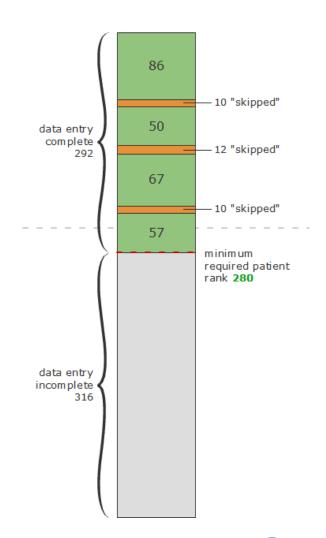
Consecutive, Ranked Patients

- For reporting year 2019 CMS is again requiring the ACOs to complete 248 consecutive, ranked patients.
- If the sample contains fewer than 248 patients for a clinical domain, the ACO must complete 100% of the patients in the sample for that domain.
- If a patient ranked <248 is "skipped" (Medical Record not found, patient not qualified for measure, Other CMS Reason) then the next ranked patient must be completed.



Consecutively Ranked Patients

- In this example, data entry is complete for 292 patients.
- The number of consecutively completed patients is 260 (292 complete – 32 skipped)





Consecutively Ranked Patients

- If you complete data entry for consecutively ranked patients above the minimum, CMS will include those patients in it's performance calculation.
- If you complete data entry for *non-consecutively ranked* patients above the minimum, CMS will **not** include those patients in it's performance calculation.



Finding Patients

- At most organizations the Chart Abstractors are given a list of patients or a set of parameters (practice & provider) to complete.
- Use the filtering capabilities to locate the desired patients.
- Once the patient list is how you need it, you can export that list to a .CSV file that can be opened in a spreadsheet application.



Filtering the Patient List

- You can filter the patient list a number of ways:
 - By TIN (enter the TIN in the filter field)
 - By Practice (select from dropdown)
 - By completion of data (select Rows Containing Incomplete Data)
 - By approval status (select Rows Containing Unapproved Groups)
 - By domain of care and status (Attributed, Incomplete, Complete, Approved)
- You can combine these filter options to narrow your patient list in the most convenient way for chart abstraction at your organization.

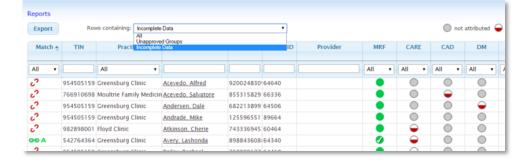


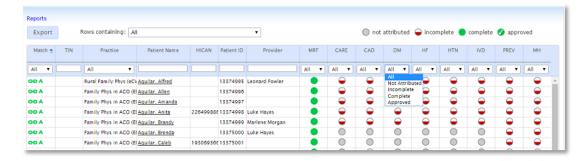
Filtering the Patient List

Sort the list of patients by those with incomplete data to get started.

As data collection proceeds you can filter to show only patients with

Unapproved data.





 Each column has a filter if you want to narrow the list further.



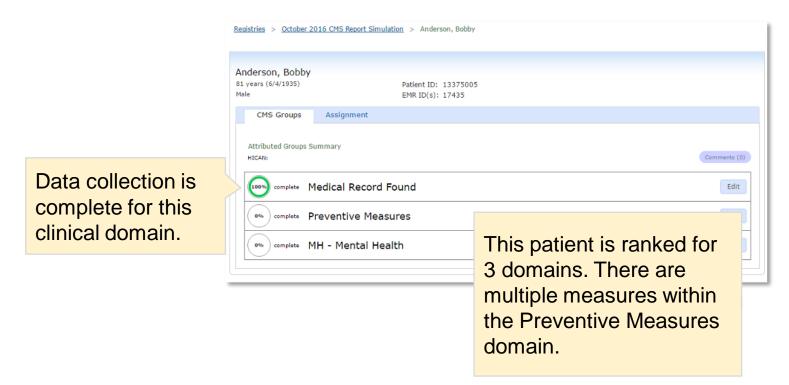
What Data Is Needed for a Patient?

- Patients in the CMS ranking file are often ranked for multiple measures.
 This helps reduce the overall number of patient charts that need to be examined.
- To determine which measures a patient is ranked for, the Attributed Groups Summary is helpful.



Attributed Groups Summary

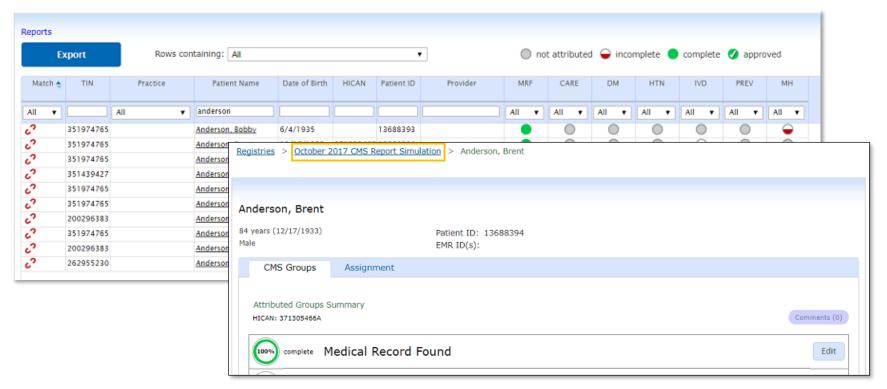
Select the patient name and the Attributed Groups Summary for that
patient appears. This shows which clinical domains include the selected
patient in the sample and the completeness of the data for each.





Filtering & Navigation

If you have filtered the patient list by row or using the column filters, then
accessed the Attributed Groups Summary screen for a specific patient,
use the breadcrumb link or Back button on your browser to return to the
filtered list.



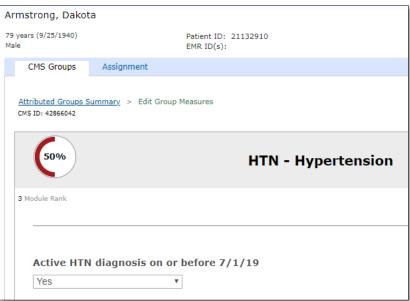


Entering Data

- From the Attributed Group Summary screen select Edit for the clinical domain you want to update OR Select the status icon for the domain from the Front Page.
- Each measure group has a collection wizard with series of questions with answer drop-downs.

• The number of questions for each clinical domain will depend on the answers you select.

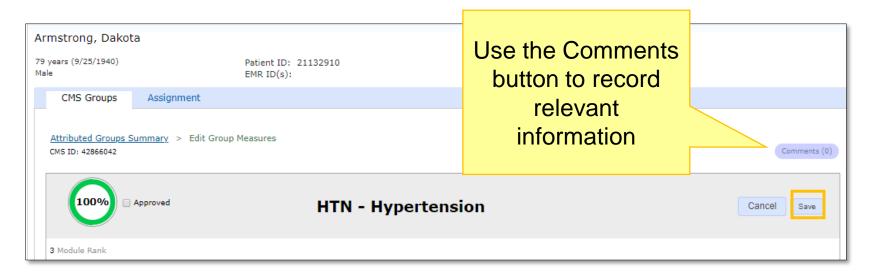
As you answer questions the progress indicator updates





Entering Data

- When all the questions have been answered for a clinical domain, the progress indicator will show 100%.
- Use the Comments button to record relevant information for this measure.
- Select Save at any point to save your work. If you leave the page without saving, you will lose your changes.





Pre-populated Answers

- For PREV-7 (Influenza) if CMS provides a "Yes" answer based on claims data, no further action is required. If a Yes answer is provided, you will not be able to over-write that CMS-provided answer when the data is uploaded to the CMS WI.
- If the practice has integrated its EHR with Clinigence or if the ACO provides alternative data feeds*, then that data is used to prepopulate Registry questions.

* Alternate data feeds must be agreed upon with Clinigence in advance of the December time frame.

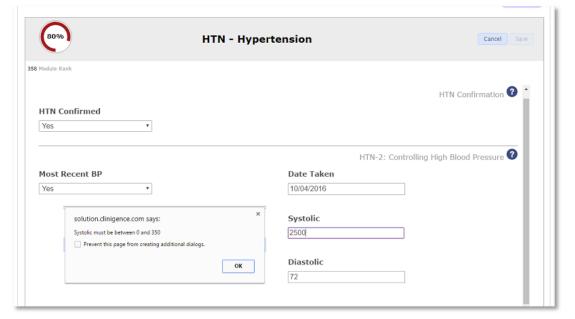


Entering Values

Certain questions require you to enter values, such as lab results. CMS
has provided a range of "valid values" for each item and you will not be
able to enter a value that is outside that range.

 For example, CMS has established a range for Systolic blood pressure of 0-350 mm Hg.

If the patient's latest documented Systolic was 400 mmHg you will not be able to save the measure with 400 in the Systolic field.





Entering Values

beta.clinigence.com says
Systolic must be between 0 and 350

OK

If you enter an invalid value, an error message gives you the acceptable range. In this example, you could enter 350 and add a Comment giving the actual value.

Hover the mouse over the field label to see the range of valid values

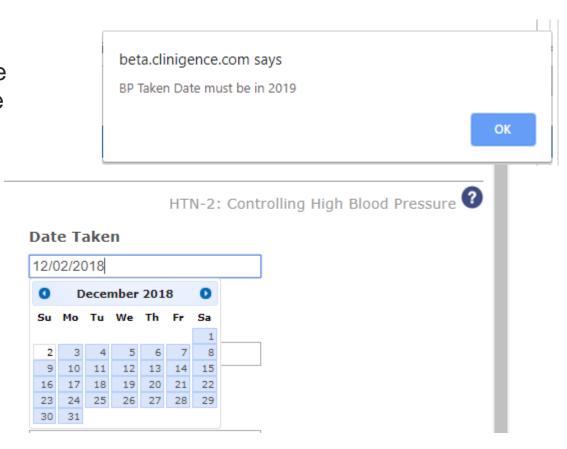
Systolic

Valid values are any number between 0 and 350.



Entering Dates

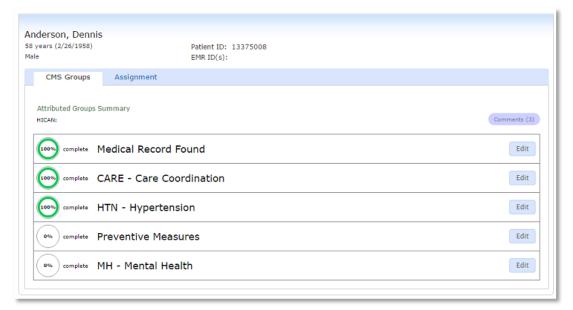
 Certain clinical domains require you to enter a date or date range for an item. Most require that the date falls within the measurement period (Jan. 1, 2019 through Dec. 31, 2019).





Using Comments

- You can enter Comments at the patient level and at the measure level.
- Comments are NOT uploaded to the CMS GPRO Web Interface.
- You can generate a report of the Comments for the entire organization or a specific practice.



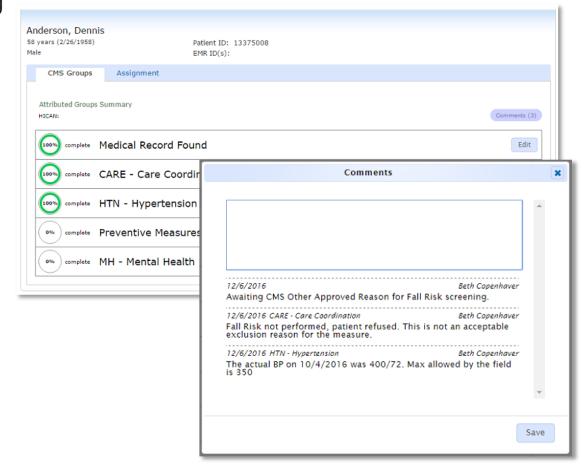


Using Comments

Many organizations like to use the Comments feature to record where in

the EMR the supporting data was found.

 Comments can be useful when multiple users are working together as well as in case of an audit





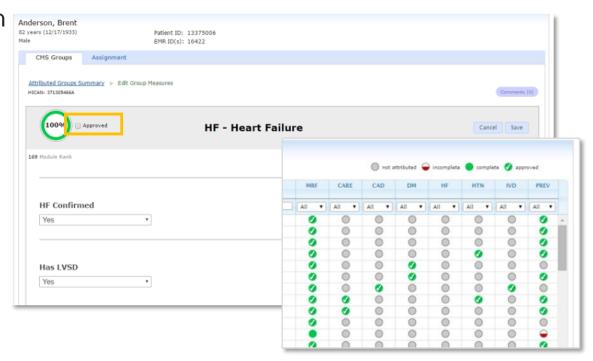
Other CMS Approved Reason

- New for PY 2019 requests to use CMS Other Approved Reason must be manually entered in the CMS Web Interface.
- Clinigence personnel will handle that task as long as you have selected this option as the answer and given details needed to support this request in the Comments for that specific measure.
 - In the Comment be sure to include an explanation of why you think it is appropriate to skip the beneficiary.
- CMS will either approve or deny the request and will identify appropriate next steps (if any) that need to be taken. This information will be provided in the resolution of the QualityNet Help Desk inquiry and Clinigence will add that information to the Comment.



Approving Data

- Each ACO will determine if they will be using the Approve Data feature.
 Check with your coordinator.
- Each domain will have an Approve checkbox that needs to be selected and saved for those answers to be considered Approved.
- After the domain has been Approved, the status icon shows a solid green with a white checkmark.
- If you need to make changes to an already approved domain, you will have to re-approve that domain when you finish your changes.





Clinigence MSSP Registry Reports

- There are 3 reports available in the MSSP Registry:
 - Data Entry-Shows the ACO progress on data entry and practice-level performance scores for each clinical domain. (Replaces the Registry Performance Report from previous years.)
 - Diff (Difference) -For integrated practices, this report shows the prepopulated answer for each question and the current answer which was either populated from CMS or manually entered.
 - Comments Report –A compilation of all comments, this report can be generated for the entire organization or a selected practice.



- This report is designed to let the ACO track it's progress in data collection.
- There is a row per measure that shows the following for data collection:
 - Minimum required patient rank to meet CMS minimum
 - Number of ranked patients with incomplete data
 - Number of patients with complete data (can filter for completed and approved)
 - Consecutively complete (starting at rank #1)
 - Skipped patients



- The following data is shown for performance:
 - Included in the denominator (Eligible population)
 - Included in the numerator (Meets criteria)
 - Not in Numerator (Does not meet criteria)
 - Performance Rate

NOTE: Performance numbers are not based on the rank or consecutively completed patients, only those with 100% data completed for that measure. This is a departure from how CMS will calculate the rate.



Data Entry Summary Report Export columns in this color are unaffected by filtering											
Skipped (Non-Consecutive) Performance (Non-Consecutive)											nsecutive)
Measure Group	Measure <u></u>	Minimum Req. Patient Rank	Data Entry Incomplete	Data Entry Complete	Consecutively Completed	Total	Denominator Exclusions	Included in the Denominator	Included in the Numerator	Not in Numerator	Performance Rate
CARE	CARE-2 Falls: Screening for Future Fall Risk	X 264	214	402	103	<u>2</u>	1	211	178	<u>33</u>	84.36 %
DM	DM-2: Hemoglobin A1c (HbAic) Poor Control	X 261	<u>157</u>	<u>459</u>	22	<u>3</u>	NA	<u>154</u>	<u>34</u>	<u>120</u>	22.08 % Lower Rates Are Better
HTN	HTN-2: Controlling High Blood Pressure	✓ 262	312	304	302	<u>10</u>	<u>3</u>	302	109	<u>193</u>	36.46 %
PREV	PREV-5: Breast Cancer Screening	× 258	<u>34</u>	<u>582</u>	12	<u>6</u>	<u>6</u>	28	22	<u>6</u>	30 th 90 th 78.57 %
PREV	PREV-6: Colorectal Cancer Screening	X 258	<u>178</u>	438	<u>45</u>	<u>4</u>	3	<u>171</u>	<u>167</u>	4	30th 90th 97.66 %



 Select any non-zero number to drill-down to a list of those patients.

						Skipped (Non-C
Measure Group	Measure	Minimum Req. Patient Rank	Data Entry Incomplete	Data Entry Complete	Consecutively Completed	Total
CARE	CARE-2 Falls: Screening for Future Fall Risk	X 264	214	402	103	<u>2</u>
DM	DM-2: Hemoglobin A1c (HbAic) Poor Control	X 261	<u>157</u>	<u>459</u>	22	<u>3</u>

List Category: Skipped (Total) Approval Status: Indude all patients in data sample										[view criteria details]			
Practices and Providers: By Practice(s)													
	Cornerstone Family Clinic, Dane Wellness Clinic, Valley Family Practice												
Export	Export												
CMS ID	Last Name 🔺	First Name	DOB	Gender	CARE-2 Rank	Help Desk Ticket ID Covering Approved Reason	Patient Marked As Qualified for the Measure	Patient was Screened for Future Fall Risk	Practice	Provider			
5AA6BB5CC55	Able	John	8/2/1946	М	9	xxxxxxx	No	No	Cornerstone Family Clinic	Jean Stackwell, MD			
9AA6BB9CC99	Ackerman	Tilly	10/12/1950	F	234	YYYYYYY	No	No	Valley Family Practice	Alex Chu, MD			
5AA6BB5CC55	Baker	Sarah	3/6/1948	F	34		No	No	Cornerstone Family Clinic	Ralph Carter			

Data Entry Patient List



Data Entry Summary Report - Filtering

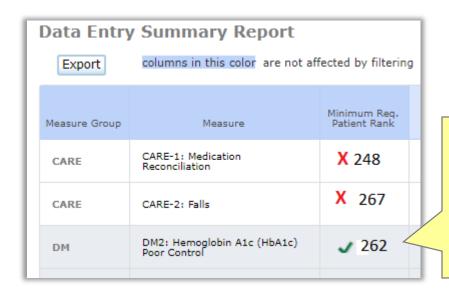
 You can filter by practice and/or provider. The default is to include all practices and providers.

	Filter Settings								
Mulitple selections will be AND'ed together.									
ApprovalStatus:	Include all patients in data sample Only include approved patients								
Practices:	 All Practices and Providers By Practice(s) Family Physicians in ACO (eMDs) ▼ Add Family Physicians in ACO (eMDs) By Provider(s) 								



Data Entry Summary Report - Filtering

NOTE: The Measure Group, Measure, and Minimum Required Patient Rank columns are not affected by filtering.



When the minimum rank is reached a green check appears.



Data Entry Summary Report - Exporting

- After you have filtered the report as needed, you can export the report to a
 .XLSX file.
- The measure data appears on the second sheet. You will see the addition of a Rank Achieved column.

E	18 🔻 :	\times \checkmark f_x											
4	▲ B C			D	Е	F	G	Н	1	J	К	L	М
1	Measure Group	Measure	Minimum Req Patient Rank	Rank Achieved	Data Entry Incomplete	Data Entry Complete	Consecutively Completed	Total Skips	Denominator Exclusions	Included in the Denominator	Included in the Numerator	Not in Numerator	Performance Rate
2		CARE-2 Falls: Screening for Future Falls Risk	264	No	214	402	103	2	1	211	178	33	84.36%
3		DM-2: Hemoglobin A1c (HbA1c) Poor Control	261	No	157	459	22	3	NA	154	34	120	22.08%
4		HTN-2 Controlling High Blood Pressure	262	Yes	312	304	302	10	3	302	109	193	36.46%
5	PREV	PREV-5 Breast Cancer Screening	258	No	34	582	12	6	6	28	22	6	78.57%
	PREV	PREV-6 Colorectal Cancer Screening	258	No	178	438	45	4	3	171	167	4	97.66%



Next Steps



Next Steps

- The ACO Administrator needs to set up credentials for all users who will be involved in the data collection.
- Each ACO schedules a training session for their data collection users.
 Feel free to use any of the Clinigence MSSP Registry materials on the help desk. (support.clinigence.com)
- Each ACO prepares a plan with daily and/or weekly goals for data collection.



Questions?

