

Clinigence ACO Registry End-User Training PY 2017



Agenda – End-User Training

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



PY 2017 Reporting Timeline



ACO Reporting Timeline – PY 2017

- **December 11, 2017**

- Customer Test and Training Registries made available.

- **December 20-21, 2017**

- Clinigence ACO Registry train-the-trainer sessions.

- **January 8, 2018**

- Patient ranking files are available for download from the CMS GPRO WI and through the ACO download site.

- **January 8 - 19, 2018**

- Clinigence completes data extractions and loads.

- Clinigence ACO Registry load and QA. Data elements include ACO census, CMS sample beneficiaries, CMS claims-based data, and where applicable, ACO data feeds.

ACO Reporting Timeline – PY 2017

- **January 10, 2018**

- Clinigence ACO Registry end-user training.

- **January 17, 2018 - January 30, 2018**

- Clinigence ACO Registry application is made available for use.
Availability will vary by ACO based on data load timelines. Your ACO program contact will be notified when the Registry is available to begin chart abstraction. The selection for Q1 2018 Reporting to CMS will be locked and you will not be able to save any changes until it is unlocked.

- **January 22, 2018**

- CMS GPRO WI Opens (This is an FYI. Clinigence ACO Registry users don't have to log into the GPRO WI.)



ACO Reporting Timeline – PY 2017

- **February 2, 2018, February 16, 2018, and March 2, 2018**
 - Scheduled test export of Clinigence ACO Registry and import to CMS WI. Clinigence will provide ACOs with data entry issues report.
- **March 1, 2018**
 - ***Target date for ACOs to complete chart abstractions.***
 - If there are problems during the collection phase, submit your issues at support.clinigence.com or via email to support@clinigence.com.

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.



ACO Reporting Timeline – PY 2017

- **March 2, 2018 - March 16, 2018**

- Clinigence will submit final CMS GPRO WI submissions and provide CMS feedback reports and submission confirmation documents to the ACO.

- **March 16, 2018**

- The CMS GPRO WI closes on Friday, March 16, 2018, at 8 pm ET (7 pm CT, 6 pm MT, and 5 pm PT). Note that CMS will sometimes open up the WI the following week for a short period in read-only mode so that organizations can download their reports. Barring very last-minute submissions Clinigence will have already done these downloads prior to closing.



ACO Reporting Timeline – PY 2017

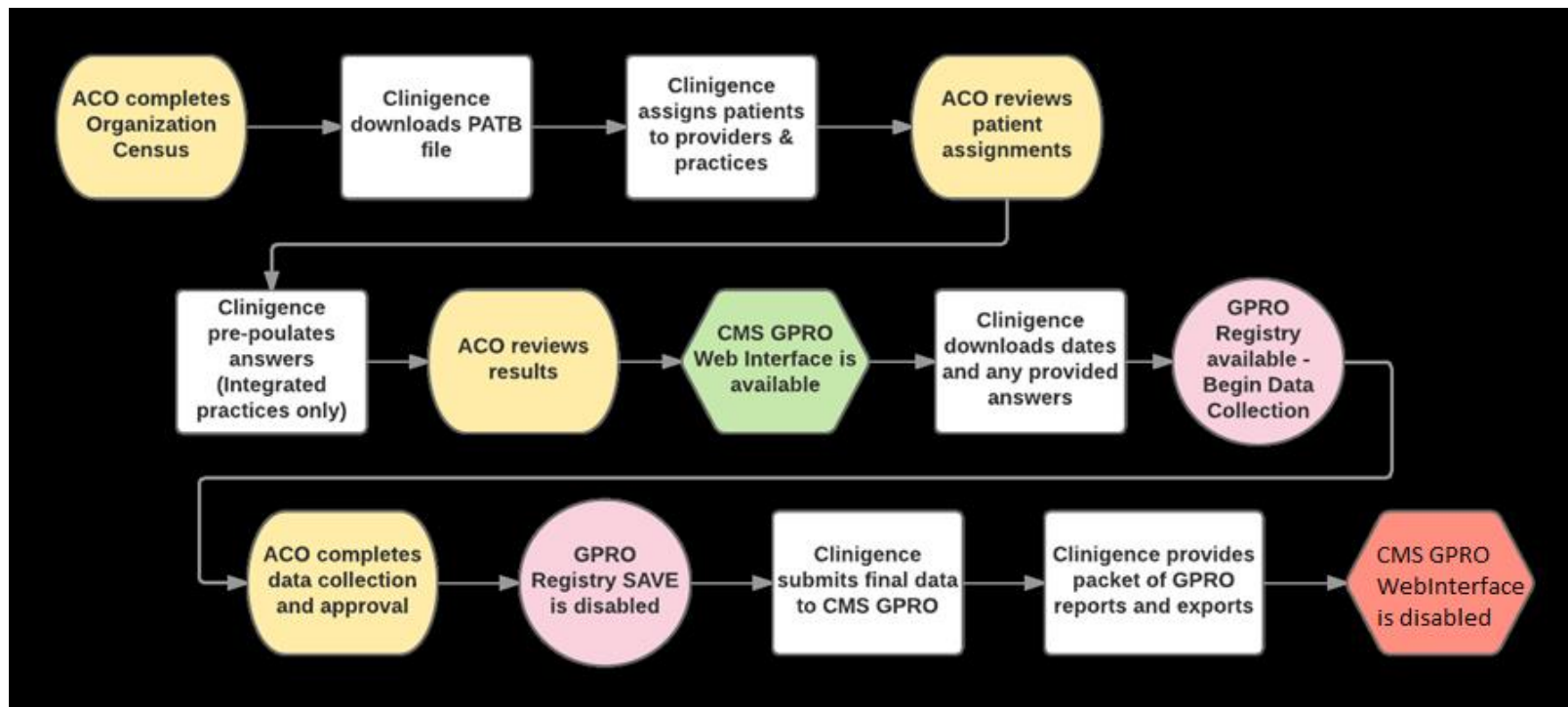
- **March 23, 2018 - March 30, 2018**
 - Clinigence generates and delivers submission packets: Clinigence registry exports, CMS GPRO WI reports and exports, Anonymous ACO score comparisons.
- **April/May 2018**
 - CMS will release the 2017 reporting results.



The Submission Process



Annual Collections Cycle



Organizational Census

- Each ACO must complete an organizational census so that we can assign the sample patients to the appropriate provider and practice.
- The census includes:
 - The list of all practices within the ACO
 - The TIN for each practice
 - The list of providers for each practice
 - The NPI for each provider
- In addition, each ACO should provide the 2017 CCLF QASSGN and HASSGN files.



Patient Ranking File

- Starting around Jan. 8, 2018, CMS makes available to each ACO a list of patients to be used for reporting for each measure. These are the “Sample Patients.”
- CMS will provide up to 616 patients for each measure.
- CMS tries to identify and use patients who qualify for multiple clinical domains (measures) and “ranks” them. A rank of 0 means the ACO does not need to report for this patient for this measure.
- Other than indicating that the patient is to be reported, the non-zero value of the ranking has no meaning in the Clinigence application.
- CMS requires the ACO to report for 248 *consecutively ranked* beneficiaries. Clinigence recommends that you report on them all!



Consecutively Completed Patients

- **“Consecutively Completed”** means that you have met all of the following:
 - a) Data has been entered for patients, in order, by rank
 - b) Confirmed Medical Record Found
 - c) Confirmed the patient’s eligibility for the sample
 - d) Confirmed the patient’s eligibility for the module/measure in which they are ranked
 - e) Provided all the information required by the GPRO Web Interface.



Skipped Patients

- **"Skipping"** you can skip a patient for any of the following reasons:
 - a) the medical record was not found;
 - b) the patient is not eligible for the sample for one of the following reasons: –Patient died, is in hospice, a non-US resident, or HMO-enrolled;
 - c) the patient is not eligible for the measure/module in which they are ranked.

If you skip a ranked patient then an additional patient, on a one to one basis, must be completed.



Meeting the Required Number of Patients

- When you are trying to determine if you have met the 2017 requirement of 248 "consecutively completed" patients, do not count the skipped patients as completed.
- Any skipped patients must be replaced by the next ranked patient.
- In cases where you have a smaller sample size or a large number of skipped patients, it may not be possible to reach the 248 consecutive completed patients threshold. In that case, you must answer the questions (complete or skip) for 100% of the patients in the CMS Sample Patient file for that measure.



Meeting the Required Number of Patients

- For example, if you have a set of patients for a measure like this:

Patient Rank	MRF and Eligibility Confirmed	All Required Data Complete?	Counts Toward Threshold?	Comments
1-10	Yes	Yes	Yes	Patients are "completed"
11	No - MRF Not Found	Yes	No	Patient is "skipped"
12	No - Denominator Exclusion	Yes	No	Patient is "skipped"
13-240	Yes	Yes	Yes	Patients are "completed"
241	No - Not Eligible for Sample	Yes	No	Patient is "skipped"
242-248	Yes	Yes	Yes	Patients are "completed"
249	Yes	Yes	Yes	Patient replaces rank #11
250	No	No	No	This incomplete patient means the count of "consecutive completed" patients is 247 -- you are 2 patients short of the required 248.
251	Yes	Yes	Yes	Patient becomes the new <i>first patient</i> in the count towards 248 "consecutive completed patients."

You cannot have any patients that are incomplete between rank #1 and the ultimate ranking that gets you to the threshold of 248 *completed* patients.



Pre-populated Answers

- CMS provides the discharge dates for the CARE-1 measure. These dates are not editable.
- For PREV-7 (Influenza) if CMS provides a "Yes" answer based on claims data, no further action is required.
- **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.



The Clinigence ACO Registry Tool



The Clinigence ACO 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 ACO Registry

1. Login to Clinigence (solution.clinigence.com).
2. Select ACO Tools.
3. Select Attributed Registries.
4. Select Q1 2018 ACO Reporting to CMS.

NOTE: If you see a small lock icon next to the Q1 2018 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

Reports

Export Rows containing: All

not attributed incomplete complete approved

Match	TIN	Practice	Patient Name	Date of Birth	HICAN	Patient ID	Provider	MRF	CARE	DM	HTN	IVD	PREV	MH
								All	All	All	All	All	All	All
			Aguilar, Alfred	1/14/1992		13688383								
			Aguilar, Allen	11/7/2009		13688384								
			Aguilar, Amanda	3/19/1984		13688385								
			Aguilar, Anita	8/26/1923		13688403								
			Aguilar, Anita	8/26/1923	226499886	17500171								
			Aguilar, Brandy	4/6/1985		13688387								
			Aguilar, Brenda	5/7/1955		13688388								
			Aguilar, Caleb	12/5/1936	193069366	17500172								
			Aguilar, Chase	10/4/2014		13688390								
			Aguilar, Claire	4/22/1994		13688391								
			Aguilar, Colleen	3/23/1957		13688392								
			Anderson, Robby	6/4/1935		13688393								
			Anderson, Brent	12/17/1933		13688394								
			Anderson, Cody	12/24/19		13688395								
			Anderson, Dennis	2/7/		13688396								
						1397								
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						1405								

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Select a patient name to access the Attributed Groups Summary

Select a status icon to directly access the collection wizard for that patient for that clinical domain

Patient ID is an internal ClinigenceID—use this ID when entering a ticket for Clinigence support



Registry Front Page

Reports

Export Rows containing: All

☐ not attributed
 ☐ incomplete
 ☒ complete
 ☒ approved

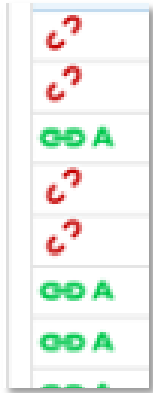
Match	TIN	Practice	Patient Name	Date of Birth	HICAN	Patient ID	Provider	MRF	CARE	DM	HTN	IVD	PREV	MH
All		All						All	All	All	All	All	All	All
	351974765	Rural Family Practice (P	Aguilar, Alfred	1/14/1992		13688383								
	351974765		Aguilar, Allen	11/7/2009		13688384								
	351974765		Aguilar, Amanda	3/19/1984		13688385								
	352088182		Aguilar, Anita	8/26/1923		13688403								
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	200296383		Aguilar, Brandy	4/6										
			Aguilar, Brenda	5/7										
			Aguilar, Caleb	12/										
			Aguilar, Chase	10/										
			Aguilar, Claire	4/2										
			Aguilar, Colleen	3/2										
			Anderson, Robby	6/4										
			Anderson, Brent	12/										
			Anderson, Cody	12/										
			Anderson, Dennis	2/2										
			Anderson, Frances	5/2										
			Anderson, Jasmine	2/1										
			Anderson, Jeffrey	1/3										
	351974765		Anderson, Jeremiah	4/2										
	200296383		Anderson, Juanita	7/1										
	262955230		Anderson, Scott	4/3										
	351974765		Armstrong, Beatrice	8/1										
	351974765		Armstrong, Devin	3/21/1942	226757956	13688405								

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TIN, Patient Name, and HICAN are populated from the CMS Ranked Patient file

The Practice and Provider are populated based on the TINs and NPIs in the CMS Ranked Patient file and the Organization Census

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

☐ not attributed
 ☐ incomplete
 ☒ complete
 ☒ approved

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Medical Record Found

☐ not attributed
 ☐ incomplete
 ☒ complete
 ☒ approved

MRF	CARE	CAD	DM	HF	HTN	IVD	PREV
All	All	All	All	All	All	All	All
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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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](#) > [October 2016 CMS Report Simulation](#) > Anderson, Bobby

Anderson, Bobby
81 years (6/4/1935)
Male

Patient ID: 13375005
EMR ID(s): 17435

CMS Groups

Assignment

Practice: Family Phys in ACO (EMDs) ▼

Provider: --none--
--none--
Diego Molina
Luke Hayes
Madeline Franklin
Marlene Morgan
Ralph Carr

Save

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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.

Reports

Export Rows containing: Incomplete Data not attributed

Match	TIN	Practice	Patient Name	ID	Provider	MRF	CARE	CAD	DM
All		All				All	All	All	All
	954505159	Greensburg Clinic	Acevedo, Alfred	920024830164640		●	●	●	●
	766910698	Moultrie Family Medicin	Acevedo, Salvatore	855315829166336		●	●	●	●
	954505159	Greensburg Clinic	Andersen, Dale	682213899164506		●	●	●	●
	954505159	Greensburg Clinic	Andrade, Mike	125596551189664		●	●	●	●
	982898001	Floyd Clinic	Atkinson, Cherie	743336945160464		●	●	●	●
	542764364	Greensburg Clinic	Avery, Lashonda	898843608164340		●	●	●	●

Reports

Export Rows containing: All not attributed incomplete complete approved

Match	TIN	Practice	Patient Name	HICAN	Patient ID	Provider	MRF	CARE	CAD	DM	HF	HTN	IVD	PREV	MH
All		All					All	All	All	All	All	All	All	All	All
● A		Rural Family Phys (eCV	Aguilar, Alfred		13374995	Leonard Fowler	●	●	●	●	●	●	●	●	●
● A		Family Phys in ACO (El	Aguilar, Allen		13374996		●	●	●	●	●	●	●	●	●
● A		Family Phys in ACO (El	Aguilar, Amanda		13374997		●	●	●	●	●	●	●	●	●
● A		Family Phys in ACO (El	Aguilar, Anita	220499806	13374998	Luke Hayes	●	●	●	●	●	●	●	●	●
● A		Family Phys in ACO (El	Aguilar, Brandy		13374999	Marlene Morgan	●	●	●	●	●	●	●	●	●
● A		Family Phys in ACO (El	Aguilar, Brenda		13375000	Luke Hayes	●	●	●	●	●	●	●	●	●
● A		Family Phys in ACO (El	Aguilar, Caleb	193069306	13375001		●	●	●	●	●	●	●	●	●

- 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.

Registries > October 2016 CMS Report Simulation > Anderson, Bobby

Anderson, Bobby
81 years (6/4/1935) Patient ID: 13375005
Male EMR ID(s): 17435

CMS Groups Assignment

Attributed Groups Summary
HICAN: Comments (0)

100% complete	Medical Record Found	Edit
0% complete	Preventive Measures	
0% complete	MH - Mental Health	

Data collection is complete for this clinical domain.

This patient is ranked for 3 domains. There are multiple measures within the Preventive Measures domain.



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.

The screenshot displays the Clinigence Reports interface. At the top, there is a blue 'Export' button and a dropdown menu for 'Rows containing: All'. To the right, there are status indicators: 'not attributed' (grey circle), 'incomplete' (red circle), 'complete' (green circle), and 'approved' (green checkmark).

Match	TIN	Practice	Patient Name	Date of Birth	HICAN	Patient ID	Provider	MRF	CARE	DM	HTN	IVD	PREV	MH
All		All	anderson					All	All	All	All	All	All	All
	351974765		Anderson, Bobby	6/4/1935		13688393								
	351974765		Anderson											
	351974765		Anderson											
	351439427		Anderson											
	351974765		Anderson											
	351974765		Anderson											
	200296383		Anderson											
	351974765		Anderson											
	200296383		Anderson											
	262955230		Anderson											

Below the table, there is a breadcrumb navigation path: [Registries](#) > [October 2017 CMS Report Simulation](#) > Anderson, Brent. The 'October 2017 CMS Report Simulation' link is highlighted with a yellow box.

The detailed view for Anderson, Brent shows the following information:

- Anderson, Brent**
- 84 years (12/17/1933)
- Male
- Patient ID: 13688394
- EMR ID(s):

Below this information, there are tabs for 'CMS Groups' and 'Assignment'. The 'Assignment' tab is selected.

The 'Assignment' tab shows the 'Attributed Groups Summary' with the HICAN: 371305466A. There is a 'Comments (0)' button.

At the bottom, there is a green circle with '100%' and the text 'complete Medical Record Found'. There is an 'Edit' button.

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

Anderson, Brent
82 years (12/17/1933)
Male

Patient ID: 13375006
EMR ID(s): 16422

CMS Groups Assignment

[Attributed Groups Summary](#) > [Edit Group Measures](#)

HICAH: 371305466A

67%

HF - Heart Failure

169 Module Rank

HF Confirmed
Yes

Has LVSD
Yes

Beta Blocker Therapy

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.*

Anderson, Brent
82 years (12/17/1933)
Male

Patient ID: 13375006
EMR ID(s): 16422

CMS Groups Assignment

[Attributed Groups Summary](#) > Edit Group Measures

HICAN: 371305466A

Comments (0)

100% ☐ Approved

HF - Heart Failure

Cancel **Save**

169 Module Rank

HF Confirmation ?

HF Confirmed

Yes

Has LVSD

Yes

Beta Blocker Therapy

No

HF-6: LVSD and Beta Blocker ?

CARE-1 Discharge Dates

- CMS provides the inpatient discharge dates for the CARE-1 measure.
- Clinigence downloads this information from the CMS GPRO Web Interface and loads it into the ACO Registry. These dates are not editable.
- Patients can have multiple visit dates for this measure.



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.

The screenshot shows a web-based form titled "HTN - Hypertension". At the top left, there is a circular progress indicator showing 80%. Below it, the text "358 Module Rank" is visible. The form contains several sections: "HTN Confirmed" with a dropdown menu set to "Yes"; "Most Recent BP" with a dropdown menu set to "Yes"; "Date Taken" with a text input field containing "10/04/2016"; "Systolic" with a text input field containing "250"; and "Diastolic" with a text input field containing "72". A modal dialog box is open in the foreground, displaying the message: "solution.clinigence.com says: Systolic must be between 0 and 350. Prevent this page from creating additional dialogs." with an "OK" button. The dialog box also has a close button (X) in the top right corner. The form has "Cancel" and "Save" buttons at the top right.

Entering Dates

- Certain clinical domains require you to enter a date or date range for an item. Most items require that the date falls within the measurement period (Jan. 1 through Dec. 31, 2017).
- If you attempt to enter an invalid date, an error message appears.

The screenshot shows a web form titled "HTN - Hypertension". At the top left is a circular progress indicator showing 80%. Below it, the text "358 Module Rank" is visible. The form contains several sections:

- HTN Confirmed:** A dropdown menu with "Yes" selected.
- HTN Confirmation:** A link with a question mark icon.
- Most Recent BP:** A dropdown menu with "Yes" selected.
- HTN-2: Controlling High Blood Pressure:** A link with a question mark icon.
- Date Taken:** A text input field containing "10/04/2015". Below it is a calendar for October 2015. The calendar shows the following dates: 1 (Th), 2 (Fr), 3 (Sa), 4 (Su), 5 (Mo), 6 (Tu), 7 (We), 8 (Th), 9 (Fr), 10 (Sa), 11 (Su), 12 (Mo), 13 (Tu), 14 (We), 15 (Th), 16 (Fr), 17 (Sa), 18 (Su), 19 (Mo), 20 (Tu), 21 (We), 22 (Th), 23 (Fr), 24 (Sa), 25 (Su), 26 (Mo), 27 (Tu), 28 (We), 29 (Th), 30 (Fr), 31 (Sa). The number "70" is displayed below the calendar.

An error message dialog box is open in the foreground, stating: "solution.clinigence.com says: BP Taken Date must be in 2016". Below the message is a checkbox labeled "Prevent this page from creating additional dialogs." and an "OK" button.

Approving Data

- The data entered for each patient must be approved in order for it to be submitted to CMS.
- 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.

Anderson, Brent

82 years (12/17/1933)

Male

Patient ID: 13375006

EMR ID(s): 16422

CMS Groups

Assignment

[Attributed Groups Summary](#) > [Edit Group Measures](#)

Comments (0)

HICAN: 371305466A

100% ☐ Approved

HF - Heart Failure

Cancel Save

169 Module Rank

HF Confirmed

Yes

Has LVSD

Yes

not attributed

incomplete

complete

approved

	MRF	CARE	CAD	DM	HF	HTN	I/D	PREV
All	All	All	All	All	All	All	All	All

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.

Anderson, Dennis
58 years (2/26/1958)
Male

Patient ID: 13375008
EMR ID(s):

CMS Groups Assignment

Attributed Groups Summary
HICAN: Comments (3)

100% complete	Medical Record Found	Edit
100% complete	CARE - Care Coordination	Edit
100% complete	HTN - Hypertension	Edit
0% complete	Preventive Measures	Edit
0% complete	MH - Mental Health	Edit

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

The screenshot displays a patient record for Dennis Anderson, 58 years old (DOB 2/26/1958), Male. Patient ID: 13375008, EMR ID(s): . The interface shows a 'CMS Groups' tab with an 'Assignment' sub-tab. Under 'Attributed Groups Summary', there is a list of groups with completion status:

Group	Completion Status
Medical Record Found	100% complete
CARE - Care Coordination	100% complete
HTN - Hypertension	100% complete
Preventive Measures	0% complete
MH - Mental Health	0% complete

A 'Comments (3)' button is visible next to the list. A 'Comments' window is open, showing a text area for adding new comments and a list of existing comments:

Comments

12/6/2016 Beth Copenhagen
Awaiting CMS Other Approved Reason for Fall Risk screening.

12/6/2016 CARE - Care Coordination Beth Copenhagen
Fall Risk not performed, patient refused. This is not an acceptable exclusion reason for the measure.

12/6/2016 HTN - Hypertension Beth Copenhagen
The actual BP on 10/4/2016 was 400/72. Max allowed by the field is 350

Save

“CMS Other Approved Reason”

- *This option should only be selected when an approval has been received from CMS in the form of a response to a QualityNet Help Desk inquiry.*
- You can submit a ticket to the QualityNet Help Desk by emailing QNetSupport@hcqis.org or calling 1-866-288-8912; TTY: 1-877-715-6222.
- In the ticket be sure to include:
 - the beneficiary rank (never any protected health information, “PHI”),
 - disease module or patient care measure, and
 - 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. You should retain this documentation and enter the QualityNet Help Desk resolution number in the GPRO Web Interface.



“CMS Other Approved Reason”

- **NEW for 2018:** If you have created an incident/ticket with QualityNet to have a specific patient excluded for "Other CMS Approved Reason" once that request has been approved, enter the Help Desk Ticket # in the field provided in the Clinigence ACO Registry.

The screenshot shows a web interface titled "Preventive Measures" with a "71%" progress indicator in a red circle. In the top right corner are "Cancel" and "Save" buttons. The main content area is for "PREV-6: Colorectal Screening Confirmation" and includes a help icon. It contains two sections: "Patient is Qualified for Colorectal Cancer Screening Measure" with a dropdown menu currently showing "No - Other CMS Approved Rea", and "QualityNet Help Desk Ticket ID Covering Approved Reason for This Patient" with a text input field containing "INC123123123123".

Clinigence ACO Registry Reports

- There are 3 reports available in the ACO Registry:
 - Performance Report -Shows the ACO and practice-level performance scores for each clinical domain
 - Diff (Difference) -For integrated practices, this report shows the pre-populated 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.



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 ACO Registry materials on the help desk.
- Each ACO prepares a plan with daily and/or weekly goals for data collection.



Questions?

