



MACRA: MIPS Track

SUBMITTING QUALITY MEASURES VIA THE IN-OFFICE PROCEDURES TAB

Best Practice



SUBMITTING QUALITY MEASURES VIA THE IN-OFFICE PROCEDURES TAB

The purpose of this this guide is to:

- Demonstrate how to select Quality Measures from the QPP Website
- Create Quality Measure Sets via CareCloud's newly introduced In-Office Procedure feature
- Easily incorporate these measures into the Charts encounter note.

By utilizing the **In-office Procedures Chapter**, the selected Quality Measures and pertinent claim codes are organized into **tags** (folders) significantly simplifying the process of reporting on Quality Measures via claim submission.



Note

Only individual Providers can report Quality Measures through claims submission, groups must report via a registry.



To utilize this feature:

- Select the Quality Measures that are applicable to your specialty by visiting the QPP website (<https://qpp.cms.gov/measures/quality>).
- Filter the Data Submission Method to Claims only.

Select Measures

SEARCH ALL BY KEYWORD

FILTER BY:

Filtered ▾ Search for... **SEARCH**

High Priority Measure ▾

Data Submission Method ▾

Specialty Measure Set ▾

Clear All Filters

Rheumatology ✕

Claims ✕

☐ Administrative Claims

☒ Claims

☐ CSV

☐ CMS Web Interface

☐ EHR

☐ Registry

Showing 5 Measures

Filtered ▾ Search for... **SEARCH**

High Priority Measure ▾

Data Submission Method ▾

Specialty Measure Set ▾

Clear All Filters

Rheumatology ✕

Claims ✕

Showing 5 Measures

Add All Measures

[Care Plan](#)

REMOVE

[Documentation of Current Medications in the Medical Record](#)

REMOVE

[Preventive Care and Screening: Body Mass Index \(BMI\) Screening and Follow-Up Plan](#)

REMOVE

[Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented](#)

REMOVE

[Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention](#)

REMOVE

Selected Measures

5 Measures Added

Download (CSV)

Clear

Care Plan

Documentation of Current Medications in the Medical Record

Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented



The example above has selected:

- **Data Submission Method** - Claims
- **Specialty Measure Set** - Rheumatology.

The result has led to 5 available measures that meet the criteria selected. The measures can then be added to the **Selected Measures**, which will then allow for downloading the details of these measures into a CSV file.

The downloaded CSV file can be easily opened in Microsoft Excel:

MEASURE NAME	MEASURE DESCRIPTION	eMEASURE ID	eMEASURE NQF	NQF	QUALITY ID	NQS DOMAIN	MEASURE TYPE	HIGH PRIORITY	DATA SUBMISSION	SPECIALTY	PRIMARY MEASURE
Care Plan	advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.	N/A	N/A	326	47	Communication and Care Coordination	Process	Yes	Claims, Registry	Internal Med	National Core
Documentation of Current Medications in the Medical Record	Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counter, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	CM568v6	N/A	419	130	Patient Safety	Process	Yes	Claims, EHR, Registry	Allergy/Immunology	Centers for Disease Control
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter. Normal Parameters: Age 18 years and older BMI \Rightarrow 18.5 and $<$ 25 kg/m ² .	CM569v5	N/A	421	128	Community/Population Health	Process	No	Claims, CMS Web Interface, EHR, Registry	Internal Med	Centers for Disease Control
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	CM522v5	N/A	N/A	317	Community/Population Health	Process	No	Claims, EHR, Registry	Allergy/Immunology	Centers for Disease Control
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	CM5138v5	N/A	28	226	Community/Population Health	Process	No	Claims, CMS Web Interface, EHR, Registry	Allergy/Immunology	Physician Center

The Quality ID column presents the ID that will allow for greater information including instructions around the Quality Measure.

To obtain the Quality Measure instructions for each Quality ID, select the About section at the top right of the QPP website and select Resource Library.



In the Resource Library page scroll down to the Quality Measure Specifications (249.3mb) link.



Note

This is a large file that contains full access to all measures in detail.



Quality Measure Encounter Codes (131KB)	ZIP	December 29th, 2016
Quality Measure Specifications (249.3MB) ←	ZIP	December 29th, 2016
Quality Measure Specifications Supporting Documents (8.3MB)	ZIP	February 13th, 2017

Once the file is downloaded, it needs to be extracted.

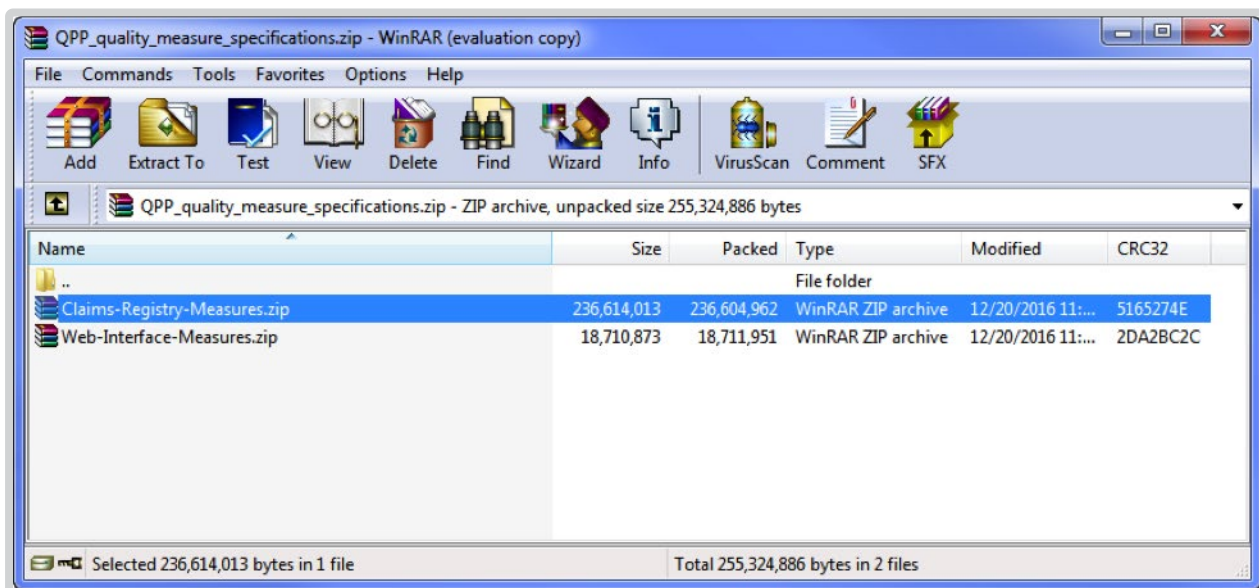


Note

PC users may need to install an Extractor App to access zip file content. We recommend WinZip or PeaZip.

When the file is unzipped there will be 2 files to access:

1. Claim- Registry-Measures.zip
2. Web-Interface-Measures.zip



Click on the **Claims-Registry-Measures** folder.

Within this folder there will be a list of all the available measures. Measures can then be selected via the Quality ID number which appears in the previously opened CSV file.



Name	^	Date Modified	Size	Kind
2017_Measure_117_Claims.pdf		Dec 31, 1979, 11:00 PM	977 KB	Adobe
2017_Measure_117_Registry.pdf		Dec 31, 1979, 11:00 PM	297 KB	Adobe
2017_Measure_118_Registry.pdf		Dec 31, 1979, 11:00 PM	2.2 MB	Adobe
2017_Measure_119_Registry.pdf		Dec 31, 1979, 11:00 PM	345 KB	Adobe
2017_Measure_122_Registry.pdf		Dec 31, 1979, 11:00 PM	1.6 MB	Adobe
2017_Measure_126_Registry.pdf		Dec 31, 1979, 11:00 PM	649 KB	Adobe
2017_Measure_127_Registry.pdf		Dec 31, 1979, 11:00 PM	642 KB	Adobe
2017_Measure_128_Claims.pdf		Dec 31, 1979, 11:00 PM	1.8 MB	Adobe
2017_Measure_128_Registry.pdf		Dec 31, 1979, 11:00 PM	576 KB	Adobe
2017_Measure_130_Claims.pdf		Dec 31, 1979, 11:00 PM	795 KB	Adobe
2017_Measure_130_Registry.pdf		Dec 31, 1979, 11:00 PM	425 KB	Adobe
2017_Measure_131_Claims.pdf		Dec 31, 1979, 11:00 PM	396 KB	Adobe
2017_Measure_131_Registry.pdf		Dec 31, 1979, 11:00 PM	1 MB	Adobe
2017_Measure_134_Claims.pdf		Dec 31, 1979, 11:00 PM	844 KB	Adobe
2017_Measure_134_Registry.pdf		Dec 31, 1979, 11:00 PM	1.1 MB	Adobe
2017_Measure_137_Registry.pdf		Dec 31, 1979, 11:00 PM	865 KB	Adobe

For this example, Measure #130 (NQF 0419): **Documentation of Current Medications in the Medical Record – National Quality Strategy Domain: Patient Safety** will be selected.



Note

When selecting the Quality Measure file, select the file ending in claims.pdf and not registry.pdf.



The claims document will provide all the Quality Measure's instructions in order to create Procedure Sets in CareCloud, which will include all denominator codes, diagnosis, and numerator codes needed to meet the measure.

DENOMINATOR:
All visits for Patients aged 18 years and older

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Patient encounter during the performance period (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837, 90839, 92002, 92004, 92012, 92014, 92507, 92508, 92526, 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92547, 92548, 92550, 92557, 92567, 92568, 92570, 92585, 92588, 92626, 96116, 96150, 96151, 96152, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97532, 97802, 97803, 97804, 98960, 98961, 98962, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99495, 99496, G0101, G0108, G0270, G0402, G0438, G0439

NUMERATOR:
Eligible clinician attests to documenting, updating or reviewing a patient's current medications using all immediate resources available on the date of encounter. This list **must** include ALL known prescriptions, over-the counters, herbals, and vitamin/mineral/dietary (nutritional) supplements **AND must** contain the medications' name, dosages, frequency and route of administration

Definitions:
Current Medications – Medications the patient is presently taking including all prescriptions, over-the-counters, herbals and vitamin/mineral/dietary (nutritional) supplements with each medication's name, dosage, frequency and administered route.
Route – Documentation of the way the medication enters the body (some examples include but are not limited to: oral, sublingual, subcutaneous injections, and/or topical)

Version 1.0
11/15/2016

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Not Eligible (Denominator Exception) – A patient is not eligible if the following reason is documented:

- Patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status

NUMERATOR NOTE: The eligible clinician must document in the medical record they obtained, updated, or reviewed a medication list on the date of the encounter. Eligible clinicians reporting this measure may document medication information received from the patient, authorized representative(s), caregiver(s) or other available healthcare resources. G8427 should be reported if the eligible clinician documented that the patient is not currently taking any medications

Numerator Quality-Data Coding Options:

Current Medications Documented
Performance Met: G8427: Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications

OR

Current Medications not Documented, Patient not Eligible
Denominator Exception: G8430: Eligible clinician attests to documenting in the medical record the patient is not eligible for a current list of medications being obtained, updated, or reviewed by the eligible clinician

OR

Current Medications with Name, Dosage, Frequency, or Route not Documented, Reason not Given
Performance Not Met: G8428: Current list of medications not documented as obtained, updated, or reviewed by the eligible clinician, reason not given

CareCloud must now be accessed to start creating these Quality Measures categories so that they can be utilized via the encounter note.



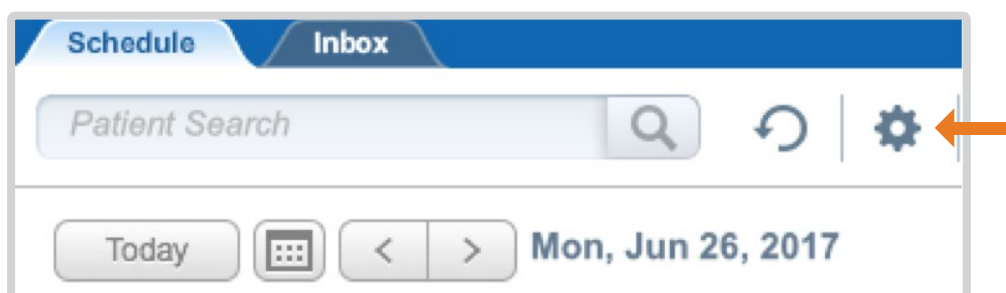
IN-OFFICE PROCEDURE CONFIGURATION WITHIN CLINICAL CONTENT MANAGEMENT (GEAR ICON)

Access the **In-Office Procedures** configuration screen within the Clinical Content Management settings (gear icon within **Schedule** or **Inbox** tab).



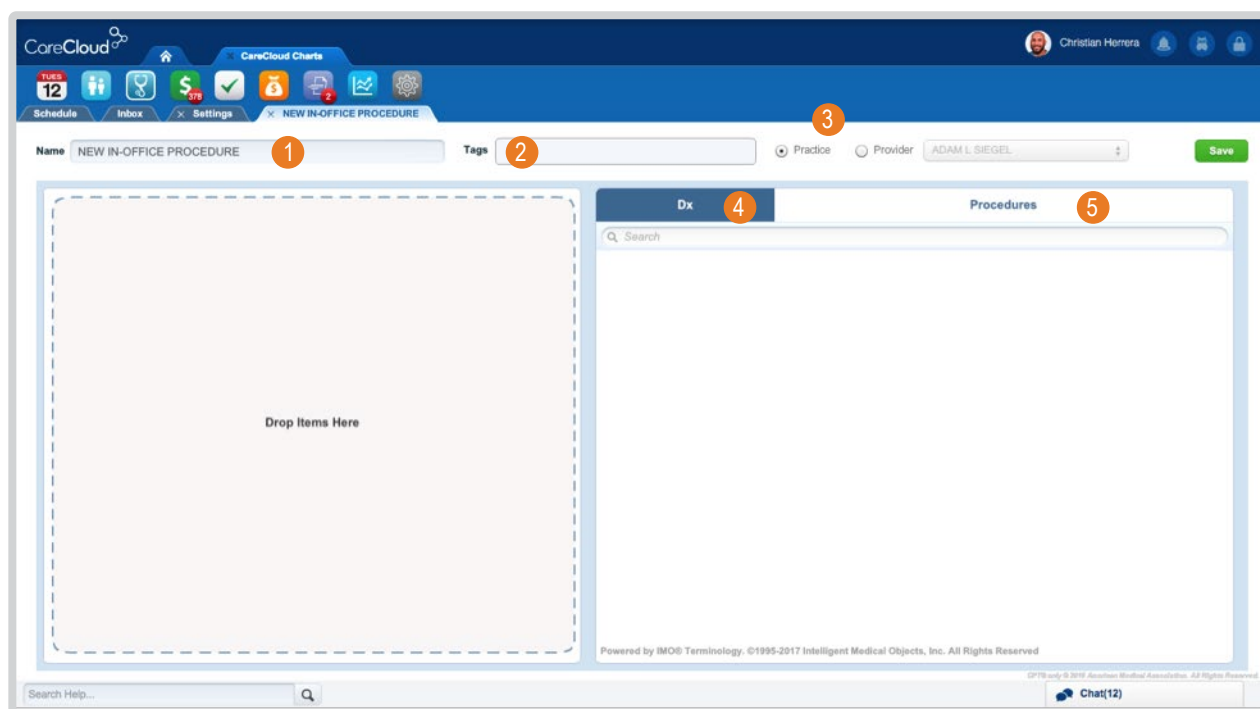
Note

In order to have access to Clinical content management, users must have Clinical Content Management selected in their User Profile in the Settings App.



The configured In-Office Procedures can be seen within the Clinical Content Management tab. The columns will contain the names of In-Office Procedures, name for whom the In-Office Procedure was created for (Practice or Provider Name), the last updated date and the name of the author. Deleting an In-Office Procedure set can be done by clicking on the trash icon. Clicking on an existing In-Office Procedure set will open that specific In-Office Procedure within a new tab where edits can be made if necessary.

To create a new In-Office Procedure, click on the **New In-Office Procedure** button.



■ Numerator options under the selected measure

1. This section will be used to add the name of the numerator
 - a. In this example utilizing for Quality ID - 130 there are 3 available options:
 1. Current Medications Documented
 2. Current Medications not Documented, Patient not Eligible
 3. Current Medications with Name, Dosage, Frequency , or Route not Documented, Reason not Given

■ Create a “Tag: (Folder)”

1. This section will be used to add the name of the measure
 - a. In this example, the measure name will be “Documentation of Current Medications in the Medical Record”.
 - b. This will now be used to house all the available numerator options within the measure itself so that when additional numerator values are added, they are listed under the same tag (folder).

- **Measures can be selected** to be available to the Provider or to the office so that all Providers can utilize the same measures.



1. DX - Optional

- a. Diagnoses can be added to the procedure set but it is not required as these will be used for reporting purposes and will be linked to the existing dx codes that are within the A&P section.

2. Procedures

- a. CPT codes are searched for and are linked to the numerator name by dragging them over to the workspace on the left side.

Once all the details have been added, the In-Office Procedure set is ready to save (top left).

In the example above the tag section will display as a block after the procedure set is saved. This allows the same tag to be used when adding more procedure sets. This process should be repeated with the rest of the numerator values on the selected measure.



CoreCloud

Christian Herrera

Schedule Inbox Settings NEW IN-OFFICE PROCEDURE

Name Tags d Practice Provider ADAM L SIEGEL Save

Documentation of Current Medications in the Medical Record

Drop Items Here

Dx Procedures

Search

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Once all available numerator options are added, the information will be displayed within the In-Office Procedures section as shown below.

CoreCloud

Christian Herrera

Schedule Inbox Settings

Visit Reason Defaults Order Set Management In-Office Procedures

New In-Office Procedure All

In-Office Procedure Name	In-Office Procedure Owner	Last Updated	Author
Current Medications Documented	DR. CARLOS CALVI	06/13/17 11:20 AM	Carlos Calvi
Current Medications not Documented, Patient not Eligible	DR. CARLOS CALVI	06/13/17 11:26 AM	Carlos Calvi
Current Medications with Name, Dosage, Frequency, or Route not Documented, Reason not GI...	DR. CARLOS CALVI	06/13/17 11:27 AM	Carlos Calvi



APPLYING THE QUALITY MEASURE TO THE PATIENT ENCOUNTER

In order to utilize the Quality Measure procedure sets that were created, the In-Office Procedures Chapter will need to be merged into your encounter notes via our the CareCloud Content Store.

The screenshot shows the CareCloud interface for a patient named Leysa Test. The 'In-Office Procedures' tab is selected. The 'Content Store' section is visible, displaying a table of procedure sets. The 'In-Office Procedures Chapter' is highlighted, and the 'Merge Template' button is shown.

Name	Tags	Specialty	Author	Date Created	
In-Office Procedures Chapter			Lynn Carroll	04/06/2017	Merge Template

Now that the In-Office Procedure Chapter is merged, procedure sets can be easily found viewing the “tags” (folders) under Procedure Sets so that they can be dragged and dropped in, and have the system display the numerator code for billing.

The screenshot shows the CareCloud interface for a patient named Mary Test. The 'In-Office Procedures' tab is selected. The 'Procedures Sets' section is visible, displaying a list of procedure sets. The 'Current Medications not Documented, Patient not Eligible' procedure set is highlighted, and the 'Save as Procedure Set' button is shown.

Procedure Sets	Dx	Procedures
▼ Care Plan Communication and Care Coordination		
▶ Adv Care Planning discussed and doc/Pt did not have surrogate decision maker		×
▶ Advance Care Planning Discussed and Documented		×
▶ Advance Care Planning not Documented, Reason not Otherwise Specified		×
▶ Patient receiving Hospice Services, Patient Not Eligible		×
▼ Documentation of Current Medications in the Medical Record		
▶ Current Medications Documented		×
▶ Current Medications not Documented, Patient not Eligible		×
▶ Current Medications with Name, Dosage, Frequency, or Route not Documented, Reason not Given		×
▼ Injections		
▶ example		×
▶ Injections		×



Documentation within the encounter can proceed as normal; once the Billing chapter is selected, the chosen procedure codes will display within the Procedures section to review, Sign and then release to billing.

Summary 06/26/2017 - NEW PATIENT *

Intake Hx ROS Exam In-Office Procedures A&P Preview **Billing** Not Billable ☐ Release Billing Sign

E&M Coding ☐ Always Auto-Calculate E&M ☐ Always sign note when releasing billing

Selected E&M Code None Modifiers Clear Dx Dx Dx Dx

Clinical Setting Outpatient Service Outpatient Visit Exam Type 97 General Multi-system Patient Status ☒ New ☐ Established

☒ Calculate E&M

☐ 99201 / 10 min ☐ 99202 / 20 min ☐ 99203 / 30 min ☐ 99204 / 45 min ☐ 99205 / 60 min

Procedures

Code	Procedure	Modifiers	Assigned Diagnoses	Units
<input checked="" type="checkbox"/> G8427	LIST CUR MEDS W/DOSAGES DOC BY PROV	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Dx <input type="text"/> Dx <input type="text"/> Dx <input type="text"/> Dx <input type="text"/>	1



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