



# 2014 PQRS Group Practice and ACO GPRO Web Interface Reporting Method



**Question & Answer  
Session  
Support Call**

*Program Year 2014*

# Disclaimer

*This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.*

*This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.*

# Announcements

- 1. Upcoming planned system outages:** The Portal will be unavailable for scheduled maintenance; therefore, the GPRO Web Interface will not be accessible during the following periods:
  - **Every Tuesday** starting at 8:00 pm ET–Wednesday at 6:00 am ET
  - **Every Thursday** starting at 8:00 pm ET–Friday at 6:00 am ET
  - **Third weekend of each Month** starting Friday at 8:00 PM ET–Monday at 6:00 AM ET
    - Next Maintenance Weekend: 1/23/2015 – 1/26/2015
  - See the [Physicians and Other Health Care Professionals Quality Reporting Portal](#) (Portal) for the complete list of scheduled system outages

# Announcements (cont.)

2. Review the GPRO Web Interface measure specifications and supporting documents on the [GPRO Web Interface](#) page of the CMS website
3. GPRO Web Interface Key Dates

Action Required	Dates
Download patient ranking files from GPRO Web Interface	1/5/2015 – 1/9/2015
Access training version of the GPRO Web Interface	1/12/2015 – 1/23/2015
Enter and Submit 2014 quality data through the GPRO Web Interface	1/26/2015 – 3/20/2015 <i>Closes at 8:00pm ET / 7:00pm CT / 6:00pm MT / 5:00pm PT</i>
Generate, view, and print reports	3/30/2015 – 4/24/2015

# Announcements (cont.)

## 4. Upcoming 2014 GPRO Web Interface Support Calls

Date	Time	Topic
1/26/2015 - 1/30/2015	1:00 - 2:00pm ET	Daily GPRO Web Interface Q&A Sessions
2/5/2015	1:00 - 3:00pm ET	Weekly GPRO Web Interface Q&A Session
2/12/2015	1:00 - 3:00pm ET	Weekly GPRO Web Interface Q&A Session
2/19/2015	1:00 - 3:00pm ET	Weekly GPRO Web Interface Q&A Session
2/26/2015	1:00 - 3:00pm ET	Weekly GPRO Web Interface Q&A Session
3/5/2015	1:00 - 3:00pm ET	Weekly GPRO Web Interface Q&A Session
3/12/2015	1:00 - 3:00pm ET	Weekly GPRO Web Interface Q&A Session
3/16/2015	1:00 - 3:00pm ET	Weekly GPRO Web Interface Q&A Session
3/16/2015 – 3/20/2015	1:00 - 2:00pm ET	Daily GPRO Web Interface Q&A Sessions

# Announcements (cont.)

5. **Submit measures questions for upcoming daily support calls, 1/26/15-1/30/15, through the QualityNet Help Desk, [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org), by 12:00pm ET the day prior to the support call:**
- Include in the subject line:
    - Date of the support call
    - Include “2014 GPRO Web Interface”
    - Type of organization you are representing (i.e., Pioneer ACO, Shared Savings ACO, or PQRS group practice)
    - Example of the subject line for a measures question submitted for the 1/26/15 daily support call by a PQRS group practice:
      - 1/26/15 2014 GPRO WI Support Call - PQRS group practice
  - Questions that are submitted will be answered as time allows during the support call
  - All inquiries opened through QualityNet will receive a written resolution

# IACS Reminders

- Please be sure you have set up your IACS account and established the correct IACS roles for quality reporting.
  - Each user needs ***dual submission roles*** to be able to submit data in the GPRO Web Interface:
    - PQRS Submitter role (requested in IACS); AND
    - GPRO Submission 2014 role ***or*** ACO Submission 2014 role; requested in the PQRS QualityNet Roles Management System [QRMS]

# Reporting Requirement Reminders

- ACOs and PQRS group practices with 100 or more EPs must completely report:
  - a minimum of 411 consecutively ranked beneficiaries in each module; OR
  - 100 percent of beneficiaries if they have fewer than 411 beneficiaries available in the sample
- PQRS group practices with 25-99 EPs must completely report:
  - a minimum of 218 consecutively ranked beneficiaries in each module; OR
  - or 100 percent of beneficiaries if they have fewer than 218 beneficiaries available in the sample

# Reminders

- Satisfactorily reporting all 22 GPRO Web Interface quality measures qualifies PQRS EPs and ACO participating EPs to:
  - earn the 2014 PQRS incentive payment and
  - avoid the 2016 PQRS payment adjustment
  - avoid the 2016 VM downward adjustment\*
- EPs participating in an ACO or PQRS group practice who meet 2014 GPRO Web Interface submission requirements will satisfy their CQM reporting for the EHR Incentive Program.
  - EPs must still individually attest separately to the EHR Incentive Program for other program requirements

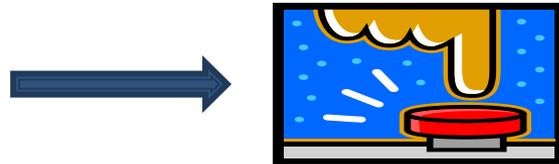
*\*Indicates PQRS group practices only because ACO participating EPs are exempt for this reporting year*

**Presenter: Jane Schiemer, CMS Contractor**

# **FINAL DATA SUBMISSION**

# Submit Screen

- The **Submit** screen is the final step and notifies CMS that data submission for your PQRS Group Practice or ACO is complete
- The patient data entered and saved on the **Home** page or uploaded on the **Upload Data** screen is saved to the database, but not sent to CMS until you **Submit**



- **Note:** *Data saved but not submitted will not be counted*
- Each of the 15 modules is listed, with a comment indicating if the module has met the requirements for satisfactory reporting
- You **must Submit again** if you update patient data in order to provide CMS with the most current data

# Submit Screen Terms

- When you enter data on the Home page using the measure tabs, you are ***Updating and Saving*** the patient's data to the Web Interface database
- When you use an XML file to update the patient's data you are ***Updating and Saving*** the data to the Web Interface database
  - Both of these actions are ***Collecting*** your data for use in the completeness and performance calculations
- Accessing the **Submit** screen and clicking the **Send Data to CMS** button calculates your completeness and performance rates and ***Submits*** your saved and calculated data to CMS

# Submit Screen (cont.)

<Your Organization Name Here> Accessibility | Help

Home Reports ▾ Export Data Upload Data Add/Edit ▾ Locked Records List Users Submit Preferences

**Submit**

**Before submitting for completion, make sure that:**

- The abstractors are done abstracting patient data.
- The totals of modules have met the minimum requirements. Verify this below.
- Multiple submissions are allowed and later submissions override previous submissions.

**The data you have abstracted does not meet the requirements for ACO GPRO reporting. Please continue abstraction to complete submission.**

**Module Completion Status for <Your Organization Name Here>**

Module	Comments
CARE-1: Medication Reconciliation	The minimum number of consecutively confirmed and completed patients for this module has not been met.
CARE-2: Falls	There are no consecutively confirmed and completed patients. The count starts with the first ranked patient in the module.
CAD: Coronary Artery Disease	
DM: Diabetes Mellitus	
HF: Heart Failure	
HTN: Hypertension	
IVD: Ischemic Vascular Disease	
PREV-5: Breast Cancer Screening	
PREV-6: Colorectal Cancer Screening	
PREV-7: Influenza Immunization	
PREV-8: Pneumonia Vaccination Status for Older Adults	
PREV-9: BMI Screening and Follow-Up	
PREV-10: Tobacco Use: Screening and Cessation	
PREV-11: Screening for High Blood Pressure	
PREV-12: Screening for Clinical Depression	

I certify that I have been duly authorized to submit this data, and I certify that the data submitted is true, accurate, and complete. I understand that the knowing, reckless, or willful omission, misrepresentation, or falsification of any information contained in this submission or any communication supplying information to Medicare may be punished by criminal, civil, or administrative penalties, including fines and imprisonment.

I certify that I have been duly authorized to submit this data, and I certify that the data submitted is true, accurate, and complete. I understand that the knowing, reckless, or willful omission, misrepresentation, or falsification of any information contained in this submission or any communication supplying information to Medicare may be punished by criminal, civil, or administrative penalties, including fines and imprisonment.

**Send Data to CMS** **Cancel**

The module does not meet satisfactory reporting requirements when the comment is “The minimum number of consecutively confirmed and completed patients for this measure has not been met.”

The module does not meet satisfactory reporting requirements when the comment is “There are no consecutively confirmed and completed patients. The count starts with the first ranked patient in the module.”

**The data you have abstracted meets the requirements for PQRS GPRO satisfactory reporting.**

<Your Organization Name Here> Accessibility | Help

Home Reports ▾ Export Data Upload Data Add/Edit ▾ Locked Records List Users Submit Preferences

**Submit**

**Before submitting for completion, make sure that:**

- The abstractors are done abstracting patient data.
- The totals of modules have met the minimum requirements. Verify this below.
- Multiple submissions are allowed and later submissions override previous submissions.

**The data you have abstracted meets the requirements for PQRS GPRO satisfactory reporting.**

**Module Completion Status for <Your Organization Name Here>**

Module	Comments
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DM: Diabetes Mellitus	The minimum number of consecutively confirmed and completed patients for this module has been met.
HF: Heart Failure	The minimum number of consecutively confirmed and completed patients for this module has been met.
HTN: Hypertension	The minimum number of consecutively confirmed and completed patients for this module has been met.
IVD: Ischemic Vascular Disease	The minimum number of consecutively confirmed and completed patients for this module has been met.
PREV-5: Breast Cancer Screening	The minimum number of consecutively confirmed and completed patients for this module has been met.
PREV-6: Colorectal Cancer Screening	The minimum number of consecutively confirmed and completed patients for this module has been met.
PREV-7: Influenza Immunization	The minimum number of consecutively confirmed and completed patients for this module has been met.
PREV-8: Pneumonia Vaccination Status for Older Adults	The minimum number of consecutively confirmed and completed patients for this module has been met.
PREV-9: BMI Screening and Follow-Up	The minimum number of consecutively confirmed and completed patients for this module has been met.
PREV-10: Tobacco Use: Screening and Cessation	The minimum number of consecutively confirmed and completed patients for this module has been met.
PREV-11: Screening for High Blood Pressure	The minimum number of consecutively confirmed and completed patients for this module has been met.
PREV-12: Screening for Clinical Depression	The minimum number of consecutively confirmed and completed patients for this module has been met.

I certify that I have been duly authorized to submit this data, and I certify that the data submitted is true, accurate, and complete. I understand that the knowing, reckless, or willful omission, misrepresentation, or falsification of any information contained in this submission or any communication supplying information to Medicare may be punished by criminal, civil, or administrative penalties, including fines and imprisonment.

**Send Data to CMS** **Cancel**

To submit, you **MUST** check the authorization box and click “Send Data to CMS”

The module meets satisfactory reporting requirements when the comment is “The minimum number of consecutively confirmed and completed patients for this measure has been met.”

# Submit Status Report

- **The Submit Status Report confirms that your completed submission has been received by CMS**
- The message indicating you have met the reporting requirements is specific to the GPRO or ACO program, but the remainder of the information is the same
- The report displays the **date** and **time** the **Send Data to CMS** button on the **Submit** screen was clicked
  - The comments column indicates if the module meets the minimum requirements
- If the **Send Data to CMS** button was *not* clicked, the report will indicate that **the data has not been submitted**
- If *incomplete* data has been submitted, the report displays a message indicating the **submitted data does not meet the reporting requirements**

# Submit Status Report (cont.)

<Your Organization Name Here> Accessibility | Help

Home Reports ▾ Export Data Upload Data Add/Edit ▾ Locked Records List Users Submit Preferences

Submit Status Report for <Your Organization Name Here> - 08/06/2014 04:03:02 PM [View Printable Report](#)

The data you have submitted does not meet the requirements for ACO GPRO reporting. Please continue abstraction to complete submission.

[Refresh](#)

Module	Comments
CARE-1: Medication Reconciliation	The minimum number of consecutively confirmed and completed patients for this module has not been met.
CARE-2: Falls	There are no consecutively confirmed and completed patients. The count starts with the first ranked patient in the module.

Date and time the **Send Data to CMS** button was clicked on the Submit screen.

Indicator that reporting requirements were met at the time the data was sent to CMS.

<Your Organization Name Here> Accessibility | Help

Home Reports ▾ Export Data Upload Data Add/Edit ▾ Locked Records List Users Submit Preferences

Submit Status Report for <Your Organization Name Here> - 08/06/2014 04:08:13 PM [View Printable Report](#)

The data you have submitted has been received by CMS and meets the requirements for PQRS GPRO satisfactory reporting.

[Refresh](#)

Module	Comments
CARE-1: Medication Reconciliation	The minimum number of consecutively confirmed and completed patients for this module has been met.
CARE-2: Falls	The minimum number of consecutively confirmed and completed patients for this module has been met.
CAD: Coronary Artery Disease	The minimum number of consecutively confirmed and completed patients for this module has been met.
DM: Diabetes Mellitus	The minimum number of consecutively confirmed and completed patients for this module has been met.
HF: Heart Failure	The minimum number of consecutively confirmed and completed patients for this module has been met.
HTN: Hypertension	The minimum number of consecutively confirmed and completed patients for this module has been met.
IVD: Ischemic Vascular Disease	The minimum number of consecutively confirmed and completed patients for this module has been met.
PREV-5: Breast Cancer Screening	The minimum number of consecutively confirmed and completed patients for this module has been met.
PREV-6: Colorectal Cancer Screening	The minimum number of consecutively confirmed and completed patients for this module has been met.
PREV-7: Influenza Immunization	The minimum number of consecutively confirmed and completed patients for this module has been met.
PREV-8: Pneumonia Vaccination Status for Older Adults	The minimum number of consecutively confirmed and completed patients for this module has been met.
PREV-9: BMI Screening and Follow-Up	The minimum number of consecutively confirmed and completed patients for this module has been met.
PREV-10: Tobacco Use: Screening and Cessation Intervention	The minimum number of consecutively confirmed and completed patients for this module has been met.
PREV-11: Screening for High Blood Pressure and Follow-Up	The minimum number of consecutively confirmed and completed patients for this module has been met.
PREV-12: Screening for Clinical Depression and Follow-Up Plan	The minimum number of consecutively confirmed and completed patients for this module has been met.

2014 GPRO Web Interface

**RESOURCES & WHERE TO GO FOR  
HELP**

# Resources

- **GPRO Web Interface:** [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO\\_Web\\_Interface.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html)
  - PQRS group practice and ACO support call presentations
  - 2014 XML Specification
  - 2014 Supporting Documents (in the Downloads section)
    - *Data Guidance is included as a separate tab in each of the supporting documents' workbooks*
  - 2014 GPRO Web Interface assignment specification and sampling documents
- **Shared Savings Program:** <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html>
- **Pioneer ACO Model:** <http://innovation.cms.gov/initiatives/Pioneer-ACO-Model/>
- **QualityNet Portal:**  
[https://www.qualitynet.org/portal/server.pt/community/pqri\\_home/212](https://www.qualitynet.org/portal/server.pt/community/pqri_home/212)

# Resources (cont.)

- Go to the CMS PQRS [GPRO Web Interface](#) page to view the 2014 GPRO Web Interface support call presentations

## 2014 GPRO Web Interface Support Calls:

In addition to the training presentations, CMS will host support calls for those PQRS group practices who registered to report 2014 PQRS via the GPRO Web Interface and ACOs submitting data via the GPRO Web Interface. Support calls will be held on the following dates:

- **11/05/14:** GPRO Web Interface Overview and Q&A Session ([Presentation](#))
- **11/12/14:** IACS Overview and Q&A Session ([Presentation](#))
- **11/13/14:** Assignment and Sampling Overview and Q&A Session ([Presentation](#))
- **11/19/14:** Measures Specification Overview and Q&A Session (ACOs only)
- **11/20/14:** Measures Specifications Overview and Q&A Session (PQRS group practices only)([Presentation](#))
- **12/04/14:** Detailed Web Interface Training and Q&A Session ([Presentation](#))
- **12/11/14:** Detailed XML Training and Q&A Session ([Presentation](#))
- **01/15/15:** GPRO Web Interface Q&A Session
- **01/26/15 – 01/30/15:** Daily GPRO Web Interface Q&A Sessions
- **02/05/15:** Weekly GPRO Web Interface Q&A Session
- **02/12/15:** Weekly GPRO Web Interface Q&A Session
- **02/19/15:** Weekly GPRO Web Interface Q&A Session
- **02/26/15:** Weekly GPRO Web Interface Q&A Session
- **03/05/15:** Weekly GPRO Web Interface Q&A Session
- **03/12/15:** Weekly GPRO Web Interface Q&A Session
- **03/16/15 – 4/8/215:** Daily GPRO Web Interface Q&A Sessions (weekdays only)

# Resources (cont.)

- The QualityNet [Portal](#)

**CMS.gov** | QualityNet  
Centers for Medicare & Medicaid Services

**Related Links**

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- +
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- +

CMS  
Quality Improvement Resources  
Measure Development  
Consensus Organizations for Measure Endorsement/Approval  
Communication Support Page

**Guest Instructions**

Welcome to the Physician and Other Health Care Professionals Quality Reporting Portal. Please click on the Sign In button located in the center of the page.

[Download and install Adobe Reader](#) to view User Guides in accessible PDF format.

**User Guides**

- PQRS Portal User Guide
- PQRS SEVT User Guide
- PQRS Feedback Report User Guide
- eRx Feedback Report User Guide
- eRx Payment Adjustment Feedback User Guide
- PQRS Feedback Dashboard User Guide

**PQRS Verify Report**

Enter a TIN or NPI to verify that a feedback report exists for your organization. The TIN

**Guest Announcement**

Information in the Taxpayer Identification Number (Tax ID or TIN-level) PQRS feedback reports is confidential. Your report is safely stored online and accessible only to you (and those you authorize) through the web application. TIN-level reports should be shared only with others within the practice who have a vested interest in the summarized quality data. Sharing of other PQRS participants' information is acceptable only if the individual EP has authorized the TIN to do so. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

For information about the availability of auxiliary aids and services, please visit:  
<http://www.medicare.gov/about-us/nondiscrimination/nondiscrimination-notice.html>

**Physician and Other Health Care Professionals Quality Reporting Portal**

**Sign In** to your Portal

If you do not have an account, please register.

[Forgot your password?](#)

For assistance with new & existing IACS accounts, review the [Quick Reference Guides](#).

Notice: If you have not used your IACS account within the past 60 days or more, your account has been temporarily disabled as required by the CMS security policy. You should have received an e-mail at the e-mail address associated with your IACS account profile instructing you how to get your account re-enabled. If you need further assistance, please contact the QualityNet Help Desk at 1-866-288-8912, or [qnet-support@hcqis.org](mailto:qnet-support@hcqis.org).

Notice: If you are experiencing difficulties viewing the PQRS Communications Support Page with Internet Explorer 9.0, please ensure that you are using the compatibility view feature by doing the following: Open Internet Explorer, Select Tools, Select Compatibility View

# Resources (cont.)

- IACS Quick Reference Guides are provided on the Portal

**Physician and Other Health Care Professionals Quality Reporting Portal**

[Sign In](#) to your Portal

If you do not have an account, please [register](#).

[Forgot your password?](#)

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Notice: If you are experiencing difficulties viewing the PQRS Communications Support Page with Internet Explorer 9.0, please ensure that you are using the compatibility view feature by doing the following: Open Internet Explorer, Select Tools, Select Compatibility View

**For support**, please contact the QualityNet Help Desk at 866-288-8912, TTY 877-715-6222, or via email at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org)

# Where to Go for Help

- **QualityNet Help Desk (PQRS, IACS, and quality measures)**
  - E-mail: [gnetsupport@hcqis.org](mailto:gnetsupport@hcqis.org)
  - Phone: (866) 288-8912 (TTY 1-877-715-6222)
  - Fax: (888) 329-7377
- **CAHPS for PQRS Survey Project Team**
  - E-mail: [pqrscahps@hcqis.org](mailto:pqrscahps@hcqis.org)
- **EHR Incentive Program Information Center**
  - Phone: (888) 734-6433 (TTY 888-734-6563)
- **VM Help Desk**
  - Phone: (888) 734-6433 Option 3 or [pvhelpdesk@cms.hhs.gov](mailto:pvhelpdesk@cms.hhs.gov)
- **Medicare Shared Savings Program ACO**
  - Information is available on the Shared Savings Program website at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html>.
  - E-mail: [SharedSavingsProgram@cms.hhs.gov](mailto:SharedSavingsProgram@cms.hhs.gov)
- **Pioneer ACO**
  - E-mail: [PIONEERQUESTIONS@cms.hhs.gov](mailto:PIONEERQUESTIONS@cms.hhs.gov)

# Acronyms

- **ACO** – Accountable Care Organization
- **CMS** – Centers for Medicare & Medicaid Services
- **CQMs** – Clinical Quality Measures [for attestation]
- **eCQMs** – Electronic Clinical Quality Measures [for PQRS Portal submission]
- **EHR** – Electronic Health Record
- **EP** – Eligible Professional
- **FFS** – Fee-for-Service
- **GPRO** – Group Practice Reporting Option
- **IACS** – Individuals Authorized Access to the CMS Computer Services
- **NPI** – National Provider Identifier
- **ONC** – Office of the National Coordinator
- **PQRS** – Physician Quality Reporting System
- **PFS** – Physician Fee Schedule
- **QRMS** – QualityNet Roles Management System
- **VM** – Value-based Payment Modifier

Time for

# QUESTION & ANSWER SESSION