



# 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.*

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# Announcements

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1. We ask that you wait until we have completed any announcements before you submit questions through the Q&A box, and that you submit your question only once.
2. Review the GPRO Web Interface measure specifications and supporting documents on the [GPRO Web Interface](#) page of the CMS website.
3. Reference the [2014 GPRO Web Interface User Manual](#) for information on how to customize and navigate the system.

# Announcements (cont.)

- 4. 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: **2/20/2015 – 2/22/2015**
  - See the [Physicians and Other Health Care Professionals Quality Reporting Portal](#) (Portal) for the complete list of scheduled system outages

# Announcements (cont.)

5. **Submit measures questions** for daily and weekly support calls 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, PQRS group practice, MSSP ACO)
    - An example of the subject line for a measures question submitted for the January 26<sup>th</sup> 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

# Reminders

## 1. GPRO Web Interface Key Dates

Action Required	Dates
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

# Reminders (cont.)

## 2. Upcoming 2014 GPRO Web Interface Support Calls

Date	Time	Topic
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 - 3/20/2015	1:00 - 2:00pm ET	Daily GPRO Web Interface Q&A Sessions
4/8/2015	1:00 - 2:00pm ET	GPRO Web Interface Lessons Learned

# 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
  - 100 percent of beneficiaries if they have fewer than 218 beneficiaries available in the sample

# Satisfactory Reporting 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: Peggy Freeburn, Contractor**

# **DENOMINATOR EXCLUSION FOR DM-2 AND DM COMPOSITE MEASURES**

# DM-2 and DM Composite Measures

- The **DM-2: Hemoglobin A1c Poor Control** measure includes **Denominator Exclusion** as one of the options in the **HbA1c Test** pull-down menu
- The **DM Composite** measure has a checkbox, **Denominator Exclusion for all Composite Components**, that applies to all components of the DM Composite measure
- The Denominator Exclusions for the two measures are not the same
  - The DM-2 **Denominator Exclusion** option can be selected for the **HbA1c Test** but the patient may still be eligible for the **DM Composite** measure
  - The **Denominator Exclusion for all Composite Components** checkbox can be checked for the **DM Composite** measure but the patient may still be eligible for the DM-2 measure
- If the patient meets the denominator exclusion for both measures, the system will mark the patient as Skipped in the DM module
- The [2014 GPRO DM Supporting Documents](#) provide details on the denominator exclusion for the DM measures

# DM-2 and DM Composite Measures (cont.)

- The GPRO Web Interface is programmed to provide different **DM Confirmed** options depending on how DM-2 **HbA1c Test** and **Denominator Exclusion for all Composite Components** are answered for a given beneficiary
- This screen displays the standard drop-down menu options for the **DM Confirmed** field when the patient is not marked as eligible for the denominator exclusion in both measures:

The screenshot shows a web interface titled "2014 GPRO Web Interface Measure Documentation Links". It features two main sections: "DM Confirmation" and "DM-2: Hemoglobin A1c P".

The "DM Confirmation" section includes a "DM Confirmed" dropdown menu. The dropdown is open, showing three options: "Yes", "Not Confirmed - Diagnosis", and "No - Other CMS Approved Reason". The "No - Other CMS Approved Reason" option is currently selected and highlighted in blue.

The "DM-2: Hemoglobin A1c P" section includes fields for "HbA1c Test", "Date Drawn", and "HbA1c Value".

At the bottom of the form, there is a checkbox labeled "DM Composite: Denominator Exclusion for All Composite Components", which is currently unchecked.

# DM-2 and DM Composite Measures (cont.)

- When the Denominator Exclusion is answered for both measures, the system automatically sets the **DM Confirmed** field to **Not Confirmed – Denominator Exclusion – DM-2 and Composite** and the patient is marked as Skipped in the DM module

2014 GPRO Web Interface Measure Documentation Links

**DM Confirmation**

DM Confirmed: Not Confirmed - Denominator Exclusion - DM-2 and Composite

**DM-2: Hemoglobin A1c Poor Control**

HbA1c Test: Denominator Exclusion

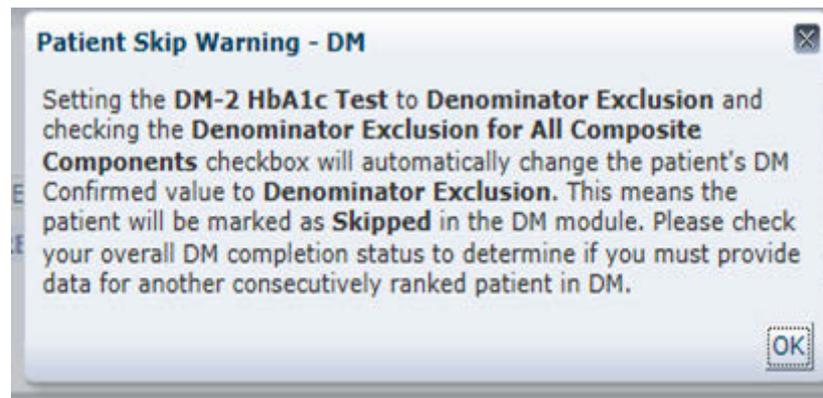
DM Composite:  Denominator Exclusion for All Composite Components

Patient is marked as meeting the denominator exclusion for both DM-2 and DM Composite measures

# DM-2 and DM Composite Measures (cont.)

The **Not Confirmed - Denominator Exclusion – DM-2 and Composite** pull-down menu option is only available when the **Denominator Exclusion** is set for the **DM-2 HbA1c Test** and the **Denominator Exclusion for all Composite Components** checkbox is checked

- When the system sets this option for the **DM Confirmed**, the following message is displayed:



# DM-2 and DM Composite Measures (cont.)

If the **Denominator Exclusion for all Composite Components** checkbox is *unchecked* or the answer to **DM-2 HbA1c Test** is changed *from* **Denominator Exclusion**

- The system will set **DM Confirmed** to **Yes**
- The standard options for **DM Confirmed** will be available
- The **Not Confirmed – Denominator Exclusion – DM-2 and Composite** option will *not* be available for the **DM Confirmed** pull-down menu

# DM-2 and DM Composite Measures (cont.)

- The system will mark the patient as complete in the DM module if:
  - DM-2 HbA1c Test is not **Denominator Exclusion**, all required answers for DM-2 are provided, and the **DM Composite Denominator Exclusion** checkbox is checked, or
  - DM-2 HbA1c Test is **Denominator Exclusion**, the **DM Composite Denominator Exclusion** checkbox is not checked and all required answers for DM-13, DM-14, DM-15, DM-16, and DM-17 are provided
- The system will mark the patient as Skipped in the DM module if:
  - DM-2 HbA1c Test is **Denominator Exclusion** and the **DM Composite Denominator Exclusion** checkbox is checked

**Presenter: Peggy Freeburn, Contractor**

# **TOTALS REPORT AND MEASURE RATES REPORT**

# GPRO Web Interface Reports

- There are eight different reports available in the GPRO Web Interface to help you meet the reporting requirements
- The **Totals Report** can be used to determine if you have meet the minimum number of consecutively confirmed and completed patients in each disease or measure module
  - It can also be used to identify patients who are still marked as Incomplete in a module
- The **Measure Rates Report** provides information on your organization's performance in each measure
  - It can also be used to identify patients who are missing required data in a specific measure
- Information for all reports is available in the [2014 GPRO Web Interface User Manual](#) or the 12/4/14 Detailed Web Interface Training and Q&A Session [Presentation](#)

# GPRO Web Interface Online Reports

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

Patient List for: XXXXXXXXXXXX

Apply Filters Clear Filters Refresh Patient List ?

Medicare ID	First Name	Last Name	Gender	DOB	CARE-1 Rank	CARE-1 Complete	CARE-2 Rank	CARE-2 Complete	CAD Rank
000644423E	First10212659	Last10212659	Male	02/11/2013	0	NR	0	NR	0
001484197E	First10211495	Last10211495	Male	08/05/1949	0	NR	0	NR	0
006694293E	First10212314	Last10212314	Female	06/02/1939	0	NR	0	NR	0
008243944G	First10213212	Last10213212	Female	08/09/1944	0	NR	0	NR	0
008442268E	First10213810	Last10213810	Male	02/10/1955	0	NR	0	NR	0
015616865E	First10213938	Last10213938	Male	05/30/1947	0	NR	0	NR	0
016652690E	First10211554	Last10211554	Female	10/11/1954	0	NR	0	NR	0
018647384C	First10213543	Last10213543	Female	01/29/1946	0	NR	542	✖	0

Note: All Medicare IDs, names, and DOBs in this presentation have been masked.

# GPRO Web Interface Online Reports (cont.)

Select the Reports drop-down arrow to select the type of report

The screenshot displays the GPRO Web Interface. At the top, there is a navigation bar with the following items: Home, Reports (with a dropdown arrow), Export Data, Upload Data, Add/Edit (with a dropdown arrow), Locked Records, List Users, Submit, and Preferences. Below this, a 'Patient' section is visible. On the left, there is a 'Medic' column. The main area contains a table with columns: Patient Name, Gender, Birth Date, CARE-1 Rank, CARE-1 Complete, CARE-2 Rank, CARE-2 Complete, and CAD Rank. A dropdown menu is open under the 'Reports' tab, listing several report types: Patient Summary Report..., Check Entries Report..., Totals Report..., Measure Rates Report..., Pre-filled Elements Report..., Activity Logs Report, Submit Status Report, and Comments Report... The table below the menu shows patient data with 'NR' (Not Reported) in the 'CARE-1 Complete' and 'CARE-2 Complete' columns. A tooltip 'Patient List Table' is visible over the 'Birth Date' column header. To the right of the table are buttons for 'Apply Filters', 'Clear Filters', and 'Refresh Patient List'.

Medic	First Name	Last Name	Gender	Birth Date	CARE-1 Rank	CARE-1 Complete	CARE-2 Rank	CARE-2 Complete	CAD Rank
00064	st10212659	st10212659	Male	02/11/2013	0	NR	0	NR	0
0014E	st10211495	st10211495	Male	08/05/1949	0	NR	0	NR	0
006694293E	First10212314	Last10212314	Female	06/02/1939	0	NR	0	NR	0
008243944G	First10213212	Last10213212	Female	08/09/1944	0	NR	0	NR	0
008442268E	First10213810	Last10213810	Male	02/10/1955	0	NR	0	NR	0

# Totals Report - Summary

**CARE-2: Falls**

Report Title	Total	Details	Comments
All Ranked Patients	616	<a href="#">Details &gt;&gt;</a>	
----All Confirmed and Complete	412	<a href="#">Details &gt;&gt;</a>	
----All Skipped	4	<a href="#">Details &gt;&gt;</a>	
----All Incomplete	200	<a href="#">Details &gt;&gt;</a>	
Consecutively Completed or Skipped	58	<a href="#">Details &gt;&gt;</a>	
----Medical Record Not Found	1	<a href="#">Details &gt;&gt;</a>	1.72% - threshold of 10% not exceeded.
----Not Confirmed	0	<a href="#">Details &gt;&gt;</a>	
-----Not Confirmed - Diagnosis	0	<a href="#">Details &gt;&gt;</a>	
-----Not Confirmed - Gender	0	<a href="#">Details &gt;&gt;</a>	
-----Not Confirmed - Age	0	<a href="#">Details &gt;&gt;</a>	
-----Not Confirmed - DM-2 and Composite	0	<a href="#">Details &gt;&gt;</a>	
----Denominator Exclusion	0	<a href="#">Details &gt;&gt;</a>	
----Not Qualified For Sample	1	<a href="#">Details &gt;&gt;</a>	1.72% - threshold of 10% not exceeded.
-----In Hospice	0	<a href="#">Details &gt;&gt;</a>	
-----Moved Out of Country	0	<a href="#">Details &gt;&gt;</a>	
-----Deceased	1	<a href="#">Details &gt;&gt;</a>	
-----HMO Enrollment	0	<a href="#">Details &gt;&gt;</a>	
----No - Other CMS Approved Reason	0	<a href="#">Details &gt;&gt;</a>	
----For Analysis	56	<a href="#">Details &gt;&gt;</a>	The minimum number of consecutively confirmed and completed patients for this module has not been met.

Confirmed and complete patients in any order

Click **Details >>** link for a detailed list of patients in **All Incomplete** count

Count of patients "Consecutively Confirmed and Complete"

# Totals Report - Detail

Rank of Incomplete patients where count of **For Analysis** stops. Note that there were 2 skipped patients in CARE-2

Totals Summary Details

Details for CARE-2: ----All Incomplete

Medicare ID	Name	Birth Date	Rank	Status	CARE-2 Confirmed	Provider Name 1	Provider Name 2	Provider Name 3
025897827E	Last10211548, First10211548	12/03/1929	59	Incomplete		PLNAME020866, PFNAME020866		
990684953E	Last10213355, First10213355	11/18/1944	60	Incomplete		PLNAME108301, PFNAME108301		
990963834E	Last102112, First102112	06/02/1928	293	Incomplete		PLNAME033049, PFNAME033049	PLNAME088093, PFNAME088093	PLNAME045504, PFNAME045504
{9885180309	Last10212652, First10212652	07/13/1939	387	Incomplete		PLNAME061458, PFNAME061458	PLNAME105309, PFNAME105309	
984699616E	Last10211198, First10211198	09/26/1941	407	Incomplete		PLNAME037504, PFNAME037504		
037688394E	Last10212592, First10212592	10/31/1941	416	Incomplete		PLNAME037504, PFNAME037504		
984089581E	Last10211175, First10211175	09/25/1924	417	Incomplete		PLNAME037504, PFNAME037504		
960819505E	Last10211320, First10211320	02/14/1936	418	Incomplete		PLNAME037504, PFNAME037504		
998684407E	Last10212862, First10212862	02/18/1943	419	Incomplete		PLNAME064144, PFNAME064144	PFNAME114095	PFNAME123998

Completing patients ranked 59 and 60 will increase the **For Analysis** count because the next Incomplete patient is ranked 293

# Totals Report - Footnotes

## Footnotes

1. The total for All Ranked Patients is the number of patients in the module. All Ranked Patients is also the sum of All Confirmed and Complete + All Skipped + All Incomplete.
2. The total for All Confirmed and Complete is the number of patients confirmed and complete, in any order, in the module.
3. The total for All Skipped is the number of patients skipped for an approved reason, in any order, in the module. Approved reasons are Medical Record Not Found, Not Confirmed - Diagnosis, Not Confirmed - Gender, Not Confirmed - Age, Not Confirmed - DM-2 and Composite, Not Qualified for Sample, Denominator Exclusion, or No - Other CMS Approved Reason.
4. The total for All Incomplete is the number of patients not meeting the requirements to be counted as confirmed and complete or skipped, in any order, in the module.
5. The total for Consecutively Completed or Skipped is the number of patients, starting at rank #1, meeting the requirements to be counted as Confirmed and Complete or Skipped. The count stops with the first incomplete patient in the module. Consecutively Completed or Skipped is also the sum of Medical Record Not Found + Not Confirmed + Denominator Exclusion + Not Qualified for Sample + No - Other CMS Approved Reason + For Analysis.
6. The total for Medical Record Not Found is the number of patients, starting at rank #1, skipped because Medical Record Found is set to No. The count stops with the first incomplete patient in the module.
7. The total for Not Confirmed is the number of patients, starting at rank #1, skipped because the module confirmation is set to Not Confirmed - Diagnosis, Not Confirmed - Gender, Not Confirmed - Age, or Not Confirmed - DM-2 and Composite. The count stops with the first incomplete patient in the module.
8. The total for Denominator Exclusion is the number of patients, starting at rank #1, skipped because the module confirmation is set to Denominator Exclusion. The count stops with the first incomplete patient in the module.
9. The total for Not Qualified for Sample is the number of patients, starting at rank #1, skipped because Medical Record Found is set to Not Qualified to Sample. The count stops with the first incomplete patient in the module. Not Qualified for Sample is the sum of In Hospice + Moved Out of Country + Deceased + HMO Enrollment.
10. The total for No - Other CMS Approved Reason is the number of patients, starting at rank #1, skipped because the module confirmation is set to No - Other CMS Approved Reason. The count stops with the first incomplete patient in the module.
11. The total for For Analysis is the number of patients, starting with rank #1, where the record is confirmed and complete. The count stops with the first incomplete patient in the module.

# Measure Rates Report - Summary

Summary											
Details											
Measure	Total Eligible (1)	Denominator Exceptions (2)	Denominator (3)	Measure Not Met (4)	Measure Met(5)	Measure Rate(6)	Complete (7)	Incomplete (8)	Completion Rate(9)	Total Complete (11)	Total Incomplete (12)
* CARE-1	1 >>	0 >>	1 >>	0 >>	1 >>	100.00	1 >>	0 >>	100.00	3 >>	613 >>
CARE-2	56 >>	0 >>	56 >>	12 >>	44 >>	78.57	56 >>	0 >>	100.00	416 >>	200 >>
CAD-2	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	1 >>	615 >>
CAD-7	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	1 >>	615 >>
CAD-COMP (10)	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	1 >>	615 >>
DM-2	7 >>	0 >>	7 >>	6 >>	1 >>	14.29	7 >>	0 >>	100.00	16 >>	600 >>
DM-13	7 >>	0 >>	7 >>	4 >>	3 >>	42.86	7 >>	0 >>	100.00	16 >>	600 >>
DM-14	7 >>	0 >>	7 >>	3 >>	4 >>	57.14	7 >>	0 >>	100.00	16 >>	600 >>
DM-15	7 >>	0 >>	7 >>	2 >>	5 >>	71.43	7 >>	0 >>	100.00	16 >>	600 >>
DM-16	5 >>	1 >>	4 >>	0 >>	4 >>	100.00	7 >>	0 >>	100.00	16 >>	600 >>
DM-17	7 >>	0 >>	7 >>	1 >>	6 >>	85.71	7 >>	0 >>	100.00	16 >>	600 >>
DM-COMP	7 >>	0 >>	7 >>	6 >>	1 >>	14.29	7 >>	0 >>	100.00	16 >>	600 >>
HF-6	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	4 >>	602 >>
HTN-2	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	7 >>	609 >>
IVD-1	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	0 >>	616 >>
IVD-2	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	0 >>	616 >>
PREV-5	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	1 >>	615 >>
PREV-6	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	4 >>	612 >>
PREV-7	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	6 >>	610 >>
PREV-8	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	0 >>	616 >>
PREV-9	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	0 >>	616 >>
PREV-10	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	0 >>	616 >>
PREV-11	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	0 >>	616 >>
PREV-12	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	0 >>	616 >>

Eligible patients may be different for measures in a module due to different eligibility criteria

Click on link to view Details for patients complete in DM measures

# Measure Rates Report - Detail

Clicking any of the links on the Summary Report will display the list of patients in the count

The header shows which patients are displayed

Medicare ID	Name	Birth Date	Rank	Status	DM Confirmed	Provider Name 1	Provider Name 2	Provider Name 3
948646053E	Last10211396, First10211396	02/09/1944	1	Complete	Yes	PLNAME108301, PFNAME108301		
872683794E	Last10212055, First10212055	12/07/1938	2	Skipped	Not Confirmed	PLNAME117514, PFNAME117514	PLNAME092251, PFNAME092251	PLNAME100794, PFNAME100794
996417513E	Last1021819, First1021819	04/08/1956	3	Skipped	Not Confirmed - DM-2 and Composite	PLNAME085036, PFNAME085036	PLNAME034730, PFNAME034730	PLNAME052011, PFNAME052011
803154273E	Last10212943, First10212943	05/31/1955	4	Complete	Yes	PLNAME048520, PFNAME048520		
998488054E	Last10212937, First10212937	08/25/1951	5	Complete	Yes	PLNAME024095, PFNAME024095	PLNAME000298, PFNAME000298	PLNAME062195, PFNAME062195
969684703E	Last10213654, First10213654	02/18/1946	6	Complete	Yes	PLNAME078794, PFNAME078794	PLNAME004503, PFNAME004503	PLNAME047305, PFNAME047305
902699020E	Last10212302, First10212302	01/28/1940	7	Complete	Yes	PLNAME033049, PFNAME033049	PLNAME045504, PFNAME045504	PLNAME088093, PFNAME088093
990843221C	Last10211987, First10211987	07/22/1938	8	Skipped	Not Confirmed - DM-2 and Composite	PLNAME076219, PFNAME076219		
996411081E	Last10213713, First10213713	05/12/1957	9	Complete	Yes	PLNAME032389, PFNAME032389	PLNAME053910, PFNAME053910	PLNAME019946, PFNAME019946

# Measure Rates Report - Footnotes

## Footnotes

1. Total Eligible = the number of consecutively completed and confirmed Patients/Discharges eligible for the measure (meets inclusion criteria).
  2. Denominator Exceptions = the number of eligible patients that were taken out of the Denominator for medical, patient or system exception reasons (where applicable).
  3. Denominator = total Patients/Discharges minus Denominator Exceptions.
  4. Measures Not Met = the number of eligible Patients/Discharges that did not meet the measure criteria.
  5. Measure Met = the number of eligible Patients/Discharges that met the measure criteria.
  6. Measure Rate = Measure Met divided by Denominator multiplied by 100%.
  7. Complete = the number of consecutively confirmed Patients that have been completed for the measure.
  8. Incomplete = the number of consecutively confirmed Patients that are incomplete for the measure.
  9. Completion Rate = the number of consecutively confirmed Patients that have been completed for the measure divided by the total number of consecutively confirmed patients for the measure multiplied by 100%.
  10. For DM-2, a lower rate indicates better performance/control.
  11. Total Complete = the number of Patients that have been completed for the measure.
  12. Total Incomplete = the number of Patients that are incomplete for the measure.
- \* Discharge measure.

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
    - *updated on 2/5/2015 to version 1.3*
  - 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 specifications and sampling document
- **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/>
- **PQRS Portal:** <https://www.qualitynet.org/portal>

# Resources (cont.)

- Slide presentations will be posted on the [GPRO Web Interface](#) page under the 2014 GPRO Web Interface Support Calls section

## 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 ([Presentation](#))
- 01/26/15 – 01/30/15: Daily GPRO Web Interface Q&A Sessions ([01/26/15 Presentation](#), [01/27/15 Presentation](#))
- 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 – 03/20/15: Daily GPRO Web Interface Q&A Sessions (weekdays only)
- 04/08/15: GPRO Web Interface Lessons Learned

*Note: Only presentations that have updated content will be posted. The presentations used for the 1/28/15 and 2/12/15 support calls did not contain new or updated content so it will not be posted.*

# Resources (cont.)

- Please refer to the final Q&A document available in the 2014 GPRO web Interface quality Reporting Questions & Answers Document section of the [GPRO Web Interface](#) page

• 03/16/15 – 03/20/15: Daily GPRO Web Interface Q&A Sessions (weekdays only)

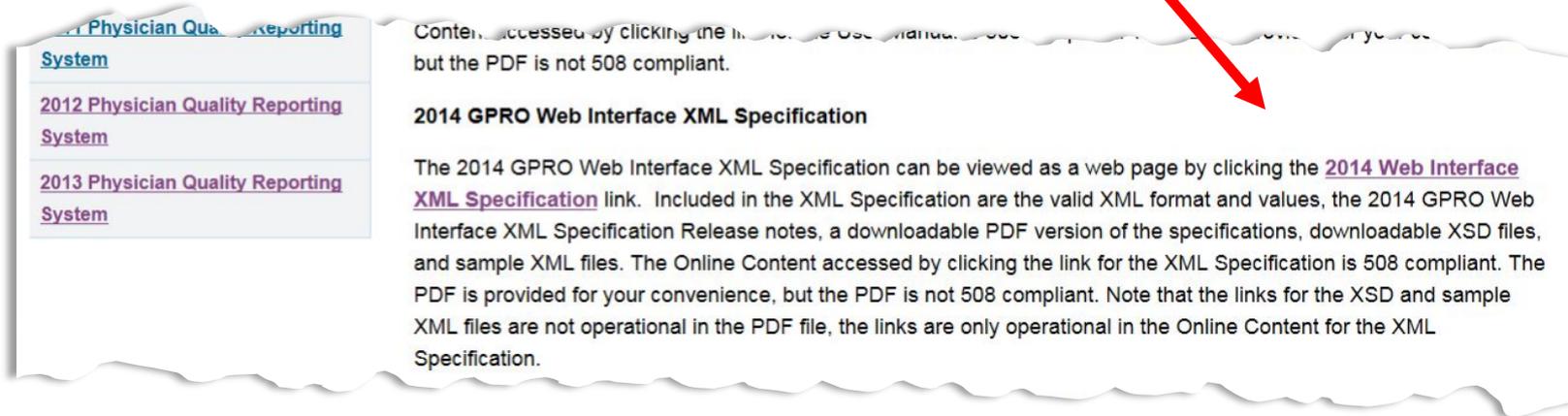
• 04/08/15: GPRO Web Interface Lessons Learned

## 2014 GPRO Web Interface Quality Reporting Questions & Answers Document

The 2014 GPRO Web Interface Quality Reporting Q&A document provides answers for commonly asked questions about measures reported through the GPRO Web Interface, sampling and assignment for the measures, and use of the GPRO Web Interface (system features). To view click on the following link: [2014 GPRO Web Interface Quality Reporting Q&A document](#)

# Resources (cont.)

- Version 1.3 of the 2014 GPRO Web Interface XML Specification is available on the [GPRO Web Interface](#) page



The screenshot shows a web page with a sidebar on the left containing three links: "2011 Physician Quality Reporting System", "2012 Physician Quality Reporting System", and "2013 Physician Quality Reporting System". The main content area has a heading "2014 GPRO Web Interface XML Specification" and a paragraph of text. A red arrow points from the top right towards the "2014 Web Interface XML Specification" link in the text.

Content accessed by clicking the link for the Use manual... but the PDF is not 508 compliant.

### 2014 GPRO Web Interface XML Specification

The 2014 GPRO Web Interface XML Specification can be viewed as a web page by clicking the [2014 Web Interface XML Specification](#) link. Included in the XML Specification are the valid XML format and values, the 2014 GPRO Web Interface XML Specification Release notes, a downloadable PDF version of the specifications, downloadable XSD files, and sample XML files. The Online Content accessed by clicking the link for the XML Specification is 508 compliant. The PDF is provided for your convenience, but the PDF is not 508 compliant. Note that the links for the XSD and sample XML files are not operational in the PDF file, the links are only operational in the Online Content for the XML Specification.

# Resources (cont.)

The QualityNet Portal is located at <https://www.qualitynet.org/portal>

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

**Related Links**

- 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 Submissions User Guide
- PQRS Submission Reports User Guide
- PQRS GPRO Web Interface 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 or NPI must be one used to submit Medicare claims and valid PQRI quality data codes.

TIN  NPI

TIN: e.g. 01-2123234 or 012123234  
NPI: e.g. 012123234

**Guest Announcement**

Information in the Taxpayer Identification Number (Tax ID or TIN-level) PQRI 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 PQRI 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.

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

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 [qnetssupport@hcqis.org](mailto:qnetssupport@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

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

**Scheduled System Outages**

PQRS system and applications will be down for maintenance during the dates below. For questions, contact the QualityNet Helpdesk.

Every Tuesday starting at 8:00 PM ET through Wednesday at 6:00 AM ET  
Every Thursday starting at 8:00 PM ET through Friday at 6:00 AM ET  
Third weekend of each month starting at 8:00 PM ET through Monday at 6:00 AM ET

# Resources (cont.)

## The QualityNet Portal

The screenshot shows the CMS.gov QualityNet portal interface. The main content area is titled "Physician and Other Health Care Professionals Quality Reporting Portal". It features a "Sign In" button and a "register" link. A "User Guides" section lists several guides, with "PQRS GPRO Web Interface User Guide" highlighted by a red box. A "Scheduled System Outages" section lists maintenance dates. Two blue callout boxes with red arrows point to the highlighted user guide and the scheduled outages section.

**Related Links**

- +
- +
- +
- +
- +

**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 Submissions User Guide
- PQRS Submission Reports User Guide
- PQRS GPRO Web Interface 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 or NPI must be one used to submit Medicare claims and valid PQRI quality data codes.

TIN  NPI

TIN: e.g. 01-2123234 or 012123234  
NPI: e.g. 0121232345

**PQRS Look Up**

Enter a TIN or NPI to check if your organization has a PQRI quality data code.

**Guest Announcement**

Information in the Taxpayer Identification Number (Tax ID or TIN-level) PQRI 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 PQRI 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.

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

[Sign In](#) to your Portal

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

For assistance with your account, please refer to the [FAQs](#) and [Reference Guides](#).

Notice: If you have been temporarily disabled as required by law, please contact the QualityNet Help Desk at 1-866-288-8912, or [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) for assistance. If you have been temporarily disabled as required by law, please contact the QualityNet Help Desk at 1-866-288-8912, or [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) for assistance.

Notice: If you are experiencing difficulties viewing the PQRS system and applications, please ensure that you are using the compatibility view of the browser. For more information, please refer to the [PQRS System Compatibility Tools](#), Select Compatibility View.

**For support**, please contact the QualityNet Help Desk at 1-866-288-8912, or [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org).

**Scheduled System Outages**

PQRS system and applications will be down for maintenance during the dates below. For questions, contact the QualityNet Helpdesk.

Every Tuesday starting at 8:00 PM ET through Wednesday at 6:00 AM ET  
Every Thursday starting at 8:00 PM ET through Friday at 6:00 AM ET  
Third weekend of each Month starting Friday at 8:00 PM ET through Monday at 6:00 AM ET

Upcoming Maintenance weekend schedule:  
January (01/23 - 01/25)  
February (02/20 - 02/22)  
March (03/20 - 03/22)  
April (04/17 - 04/19)

# 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?](#)

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 [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org).

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**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 and IACS)**
  - 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
- **CAHPS** – Consumer Assessment of Healthcare Providers and Systems summary surveys
- **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
- **NPI** – National Provider Identifier
- **ONC** – Office of the National Coordinator
- **PQRS** – Physician Quality Reporting System
- **PFS** – Physician Fee Schedule
- **VM** – Value-based Payment Modifier

Time for

# QUESTION & ANSWER SESSION