



2014 PQRS Group Practice and ACO GPRO Web Interface Reporting Method



**Question & Answer
Session
Support Call**

Program Year 2014

Disclaimer

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Announcements

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
 - 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, 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 26th 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

Announcements (cont.)

6. **2014 EHR Incentive Program attestation extended until 11:59pm ET on 3/20/2015**
- Group practices that successfully complete the PQRS GPRO Web Interface will also satisfy the CQM component of the Medicare EHR Incentive Program as long as the EHR product is CEHRT
 - EPs are required to individually report the other meaningful use objectives through attestation
 - Note the following time difference for the GPRO Web Interface submission and attestation deadline on 3/20/15:
 - GPRO Web Interface submission – **8:00pm ET**
 - Meaningful use attestation – **11:59pm ET**

Announcements (cont.)

7. CMS reports indicate that there are still some ACOs/PQRS group practices that have not logged into the WI
 - Reminder that ACOs and PQRS group practices should log in and start reporting as soon as possible

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

2. 2014 EHR Incentive Program Key Date

Action Required	Dates
Attestation	3/20/2015 <i>Closes at 11:59pm ET</i>

Reminders (cont.)

2. Upcoming 2014 GPRO Web Interface Support Calls

Date	Time	Topic
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: Carol Noyes, CMS Contractor

MEASURE REMINDERS

DM-16: Daily Aspirin or Antiplatelet Medication Use for Patients with Diabetes and Ischemic Vascular Disease

- Measure Steward Directive
- If PAD (Peripheral Artery Disease) is documented, include the patient in the diabetes aspirin component. If PVD (Peripheral Vascular Disease), then look for other diagnoses codes in the ICD code range, specifically codes/ diagnosis with atherosclerosis. If no other codes are found and “443.9 Peripheral vascular disease, unspecified” is the only code, then do not include the patient as having ischemic vascular disease. This code excludes atherosclerosis.

IVD-2: Use of Aspirin or Another Antithrombotic

- Measure Steward Directive
 - A diagnosis of PVD (and/or PAD) would not be considered confirmation of a diagnosis of IVD for the IVD measures. The coding in the IVD is very specific so as not to include possible false positives.

Supporting Document, Data Guidance Tab

- Utilizing “Other CMS Approved Reason”
 - You are REQUIRED to submit a request via Help Desk Inquiry to work with CMS for approval to utilize this exclusion option.
*Note: Do **not** select this option without receipt of actual*
 - CMS APPROVAL for use
 - Use of the “Other CMS Approved Reason” is approved on a case-by-case basis
 - Include the patient rank, measure/module, and reason for request
 - Examples
 - Patient receipt of PCV 13 during 2014 for PREV-8
 - Request for removal of transgendered patient attributed to PREV-5
 - Unforeseen situation within a measure where there are no exclusions, per Measure Owner

Presenter: Catherine Hersey, CMS Contractor

MEDICAL RECORD NOT FOUND

Use of Medical Record Not Found

- Group practices are responsible for locating the information needed to completely report on each patient in the GPRO Web Interface
 - Including data from providers outside of the organization
- “Medical Record Not Found” is a valid skip reason that is only appropriate if there is truly an inability to locate or access medical record
 - This skip reason is not measure specific
 - If selected, it skips the beneficiary for all modules in which they are ranked
- If you have the patient’s medical record, but cannot find all of the requested information, it is **not** appropriate to select “Medical Record Not Found”

Reminder: If you must skip a patient for one of the valid skip reasons, you must complete additional patients on a one-to-one basis until the required number have been completed or until the sample has been exhausted.

Use of Medical Record Not Found

- Examples of Appropriate Use of Medical Record Not Found
 - **Example 1**
 - **Scenario:** This patient saw Dr. Jones. Dr. Jones left our medical practice in July and took all his patients and their records with him. Despite our efforts he is refusing to share their data.
 - **Response:** Medical Record Not Found is appropriate in the example, because the practice cannot access any information with respect to any measure for the patient, despite their efforts.

Use of Medical Record Not Found (cont.)

– Example 2:

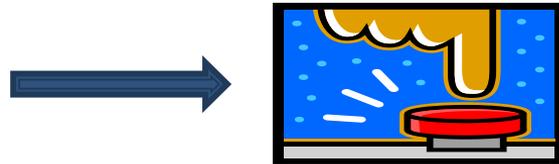
- **Scenario:** “This patient receives his general primary care at our practice, but sees Dr. Jones for his diabetes care. Dr. Jones is not providing us the information we need for the diabetes measures.”
- **Response:** Medical Record Not Found is not appropriate in this example. The practice has a record for this patient, but it does not contain the specific data the practice needs. In this case, the practice must either continue to try and work with Dr. Jones, or indicate the quality action(s) was not performed.

Presenter: Peggy Freeburn, 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.)

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	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	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: Screen and Counsel	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 act for and on behalf of the organization and have reviewed the information submitted and complete. I understand that any false or misleading information submitted 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 on "Send Data to CMS"

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 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.

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 Screen	
PREV-7: Influenza Immunization	
PREV-8: Pneumonia Vaccination S	
PREV-9: BMI Screening and Follow	
PREV-10: Tobacco Use: Screening	
PREV-11: Screening for High Bloo	
PREV-12: Screening for Clinical D	

<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.

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.

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.

Presenter: Peggy Freeburn, CMS Contractor

FINDING INCOMPLETE PATIENTS

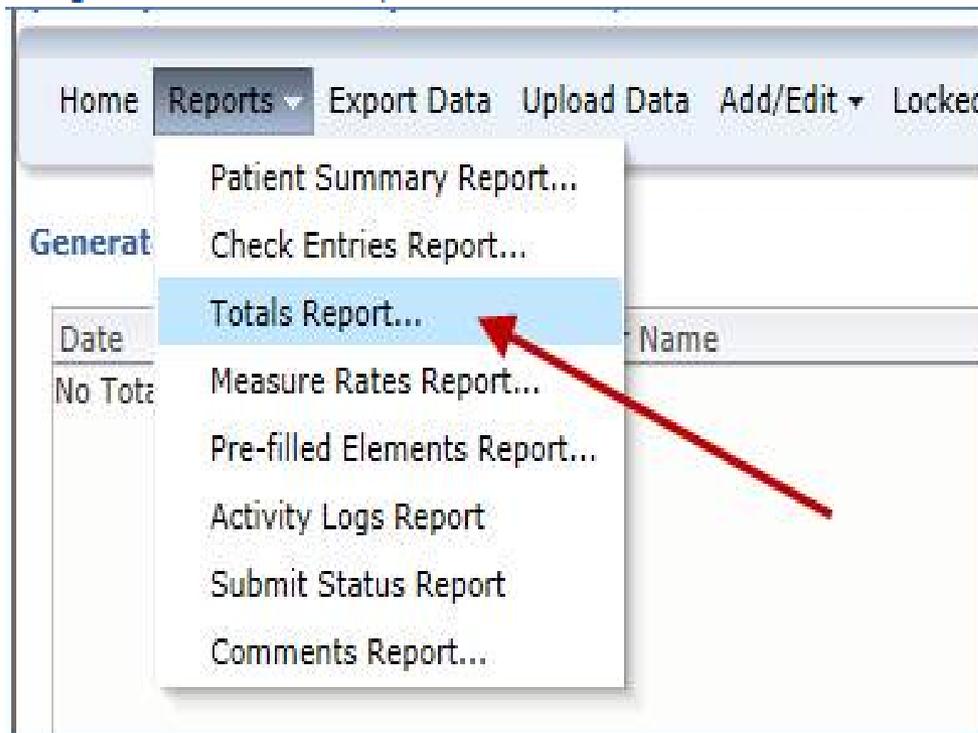
Finding Incomplete Patients

- Patients marked as **Incomplete** will stop the count of consecutively confirmed and completed patients
- If a patient marked as **Incomplete** has a rank lower than the minimum required patients for reporting, the module will not be marked as complete
- The Web Interface provides three ways to find patients marked as **Incomplete** so the required data can be entered to meet the requirements for reporting
 - Totals Report
 - Check Entries Report
 - Patient List

Finding Incomplete Patients

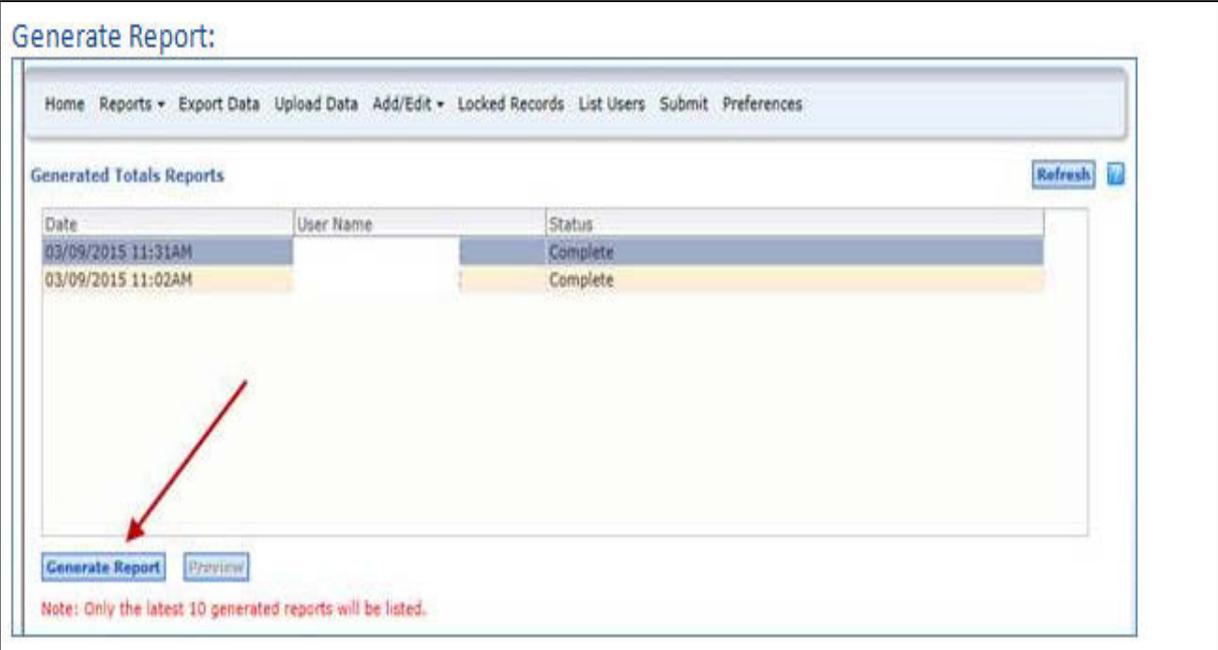
- **Totals Report**

- Navigate to the **Totals Report**:



Finding Incomplete Patients (cont.)

- Generate a report by clicking the **Generate Report** button
- When the **Status** is **Complete**, click the line for the report, then click the **Preview** button



The screenshot displays a web application interface for generating reports. At the top, there is a navigation menu with links: Home, Reports, Export Data, Upload Data, Add/Edit, Locked Records, List Users, Submit, and Preferences. Below the menu, the section is titled "Generated Totals Reports" and includes a "Refresh" button. A table lists the generated reports with the following data:

Date	User Name	Status
03/09/2015 11:31AM		Complete
03/09/2015 11:02AM		Complete

Below the table, there are two buttons: "Generate Report" and "Preview". A red arrow points to the "Generate Report" button. At the bottom of the interface, a note states: "Note: Only the latest 10 generated reports will be listed."

Finding Incomplete Patients (cont.)

- This example shows the PREV- 11 module with 8 patients marked **Confirmed and Complete**, but only 4 patients **For Analysis**
- The **For Analysis** count stops at the first patient marked as **Incomplete**

PREV-11: Screening for High Blood Pressure and Follow-Up

Report Title	Total	Details	Comments
All Ranked Patients	616	Details >>	
----All Confirmed and Complete	8	Details >>	
----All Skipped	1	Details >>	
----All Incomplete	607	Details >>	
Consecutively Completed or Skipped	4	Details >>	
----Medical Record Not Found	0	Details >>	
----Not Confirmed	0	Details >>	
-----Not Confirmed - Diagnosis	0	Details >>	
-----Not Confirmed - Gender	0	Details >>	
-----Not Confirmed - Age	0	Details >>	
-----Not Confirmed - DM-2 and Composite	0	Details >>	
----Denominator Exclusion	0	Details >>	
----Not Qualified For Sample	0	Details >>	
-----In Hospice	0	Details >>	
-----Moved Out of Country	0	Details >>	
-----Deceased	0	Details >>	
-----HMO Enrollment	0	Details >>	
----No - Other CMS Approved Reason	0	Details >>	
----For Analysis	4	Details >>	The minimum number of consecutively confirmed and completed patients for this module has not been met.

Click to find Incomplete Patients

Note that 8 patients are complete, but only 4 are For Analysis

Finding Incomplete Patients (cont.)

- Clicking the **Details >>** link on the **All Incomplete** line opens the Details Report
- All patients marked **Incomplete** will be listed with demographics information, module rank, and providers

Details for PREV-11: ---All Incomplete

Medicare ID	Name	Birth Date	Rank	Status	PREV-12 Confirmed	Provider Name 1	Provider Name 2	Provider Name 3
5			5	Incomplete	Yes			
11			11	Incomplete				
12			12	Incomplete				
13			13	Incomplete				
14			14	Incomplete				
15			15	Incomplete				
16			16	Incomplete				
17			17	Incomplete				
18			18	Incomplete				
19			19	Incomplete				
20			20	Incomplete				
21			21	Incomplete				
22			22	Incomplete				

Note that the patient ranked #5 is Incomplete - This stops the count of For Analysis Patients

Finding Incomplete Patients (cont.)

- Setting **Preferences** for the specific module where there is a patient marked as **Incomplete** filters the patients for use with the **Check Entries Report** and the **Patient List**

Check Entries Report
Select PREV-11 patients only, save preferences:

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

Preferences

User Preferences

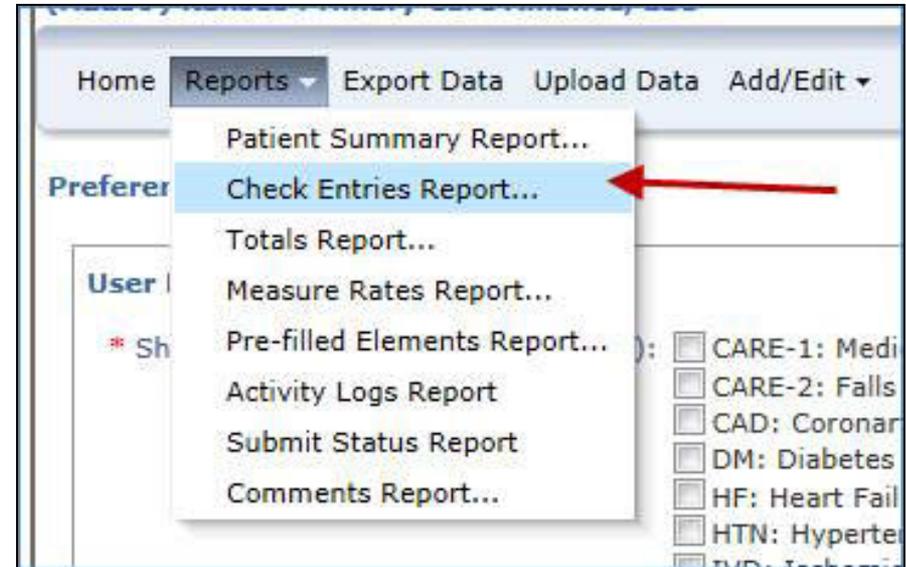
• Show patients under these module(s):

- CARE-1: Medication Reconciliation
- CARE-2: Falls
- 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 Intervention
- PREV-11: Screening for High Blood Pressure and Follow-Up
- PREV-12: Screening for Clinical Depression and Follow-Up Plan

Finding Incomplete Patients (cont.)

- **Check Entries Report**

- Navigate to the report after setting Preferences to PREV-11
- The Preferences settings will limit the report to the PREV-11 patients



Finding Incomplete Patients (cont.)

- Generate a report by clicking the **Generate Report** button
- When the **Status** is **Complete**, click the line for the report, then click the **Preview** button



The screenshot shows a web application interface with a navigation menu at the top: Home, Reports, Export Data, Upload Data, Add/Edit, Locked Records, List Users, Submit, and Preferences. Below the menu is a section titled "Generated Check Entries Reports" with a "Refresh" button and a help icon. A table with columns "Date", "User Name", "Status", and "Modules in Report" is displayed, containing the text "No Check Entries Reports have been generated." Below the table are two buttons: "Generate Report" and "Preview". A red arrow points to the "Generate Report" button. At the bottom, a note states: "Note: Only the latest 10 generated reports will be listed."

Finding Incomplete Patients (cont.)

- All errors and warnings for patients ranked in PREV-11 will be displayed in the report
- The report may be filtered and sorted to view specific errors

Check Entries Report - 03/09/2015 11:32AM View Pr

Medicare ID	Type	Measure	Element	Message	Provider Name 1	Provider Name 2	Provider Name 3
	ERROR	PREV-11	Follow-Up Plan	The value is missing.			

Filter to find the specific measure, if desired. This eliminates Medical Record entries and only finds errors where Medical Record Found is Yes.

Finding Incomplete Patients (cont.)

- **Patient List**

- The list can be sorted in rank order and a red “X” in the **PREV-11 Complete** column indicates a patient marked as **Incomplete**
- To make finding the red X easier, filter for Incomplete patients in the text box above the **PREV-11 Complete** column

Accessibility | Help

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

Patient List for

Sort Filter

Apply Filters Clear Filters

PREV-11 Completeness Filter

Please enter 1 for Complete, 2 for Incomplete, 12 for Skipped or 13 for Not Ranked.

PREV-6 Complete	PREV-7 Rank	PREV-7 Complete	PREV-8 Rank	PREV-8 Complete	PREV-9 Rank	PREV-9 Complete	PREV-10 Rank	PREV-10 Complete	PREV-11 Rank	PREV-11 Complete	PREV-12 Rank	PREV-12 Complete
									1	✓		
									2	✓		
									3	✓		
									4	✓		
									5	✗		
									6	✓		
									7	S		
									8	✓		
									9	✓		

Completing patient #5 will cause the For Analysis count to continue

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
 - 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](#), [01/29/15 Presentation](#), [1/30/3015 Presentation](#))
- 02/05/15: Weekly GPRO Web Interface Q&A Session ([Presentation](#))
- 02/12/15: Weekly GPRO Web Interface Q&A Session
- 02/19/15: Weekly GPRO Web Interface Q&A Session ([Presentation](#))
- 02/26/15: Weekly GPRO Web Interface Q&A Session ([Presentation](#))
- 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; therefore, presentations from the 1/28/15 and 2/12/15 support calls 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)

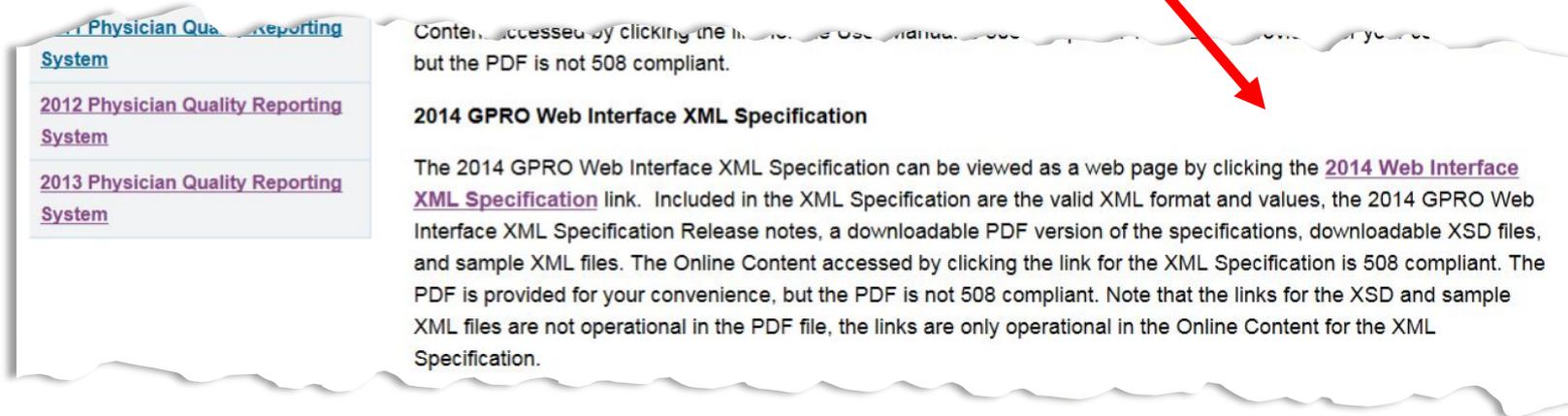
- 04/08/15: GPRO Web Interface Lessons Learned

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**. Below the heading, there is a paragraph of text: "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." A red arrow points from the top right towards the [2014 Web Interface XML Specification](#) link.

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.

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

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

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
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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...

Guest Announcement

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Physician and Other Health Care Professionals Quality Reporting Portal

to your Portal

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The GPRO Web Interface User Guide is posted on the Portal

For assistance with your account, please refer to the Reference Guides.

Notice: If you have been disabled as requested by 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 qnetnsupport@hcqis.org.

Notice: If you are experiencing difficulties viewing the PQRS system, please ensure that you are using the compatibility view. For more information, see the Tools, Select Compatibility View.

The complete list of 2015 Scheduled System Outages is posted

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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

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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

Where to Go for Help

- **QualityNet Help Desk (PQRS and IACS)**
 - E-mail: 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
- **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
- **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
- **Pioneer ACO**
 - E-mail: 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