



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. 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
 - 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, qnet-support@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.)

3. 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: Peggy Freeburn, CMS Contractor

CARE-1 MEASURE RATES REPORT

CARE-1 Measure Rates Report

Overview

- The CARE-1: Medication Reconciliation is calculated differently than the other measures on the Measure Rates Report
 - The CARE-1 measure is an episode (i.e. discharge) based measure
 - All other measures are patient based measures
- The Measure Rates Report provides two analyses for CARE-1
 - Summary
 - Detail

Measure Rates Report Summary

- The Measure Rates Report Summary provides counts by the number of discharges in the first 6 columns for CARE-1
 - Note the asterisk in front of the CARE-1 measure name and the information in the footnote (see next slide)

Measure Rates Report - 08/08/2014 10:54AM -- <Your Organization Name Here>

[View Printable Report](#)

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	1 >>	615 >>
CARE-2	3 >>	0 >>	3 >>	0 >>	3 >>	100.00	3 >>	0 >>	100.00	6 >>	610 >>
CAD-2	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	0 >>	616 >>
CAD-7	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	0 >>	616 >>
CAD-COMP	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	0 >>	616 >>
(10)DM-2	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	1 >>	615 >>
DM-13	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	1 >>	615 >>
DM-14	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	1 >>	615 >>
DM-15	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	1 >>	615 >>
DM-16	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	1 >>	615 >>
DM-17	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	1 >>	615 >>
DM-COMP	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	1 >>	615 >>
HF-6	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	0 >>	616 >>
HTN-2	3 >>	0 >>	3 >>	2 >>	1 >>	33.33	3 >>	0 >>	100.00	4 >>	612 >>
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	3 >>	613 >>
PREV-6	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	3 >>	613 >>
PREV-7	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	6 >>	610 >>
PREV-8	3 >>	0 >>	3 >>	0 >>	3 >>	100.00	3 >>	0 >>	100.00	6 >>	610 >>
PREV-9	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	6 >>	610 >>
PREV-10	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	6 >>	610 >>
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	5 >>	611 >>

CARE-1 Footnote

- The footnote provides definitions for the columns in the CARE-1 Measures Rates Report Summary

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.

CARE-1 Measure Rates Report Detail

- The Measure Rates Report Detail for the first 6 columns provide counts by unique patients for CARE-1 instead of discharge
 - The Summary Report and Detail Report counts for CARE-1 may not be the same for these columns if a patient has more than one discharge
 - In addition, if a patient has more than one discharge, the patient may be counted in both the Measure Not Met and Measure Met columns of the Detail Report if reconciliation was performed for one discharge, but not for the other discharge

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**

You must click the "Send Data to CMS" button



- **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.

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
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	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 Follow-up	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 diligent in the abstracting process, and complete. I understand that the knowing, reckless, or willful omission, misrepresentation or falsification of any information contained in this submission or any communication 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.

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
 - 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)

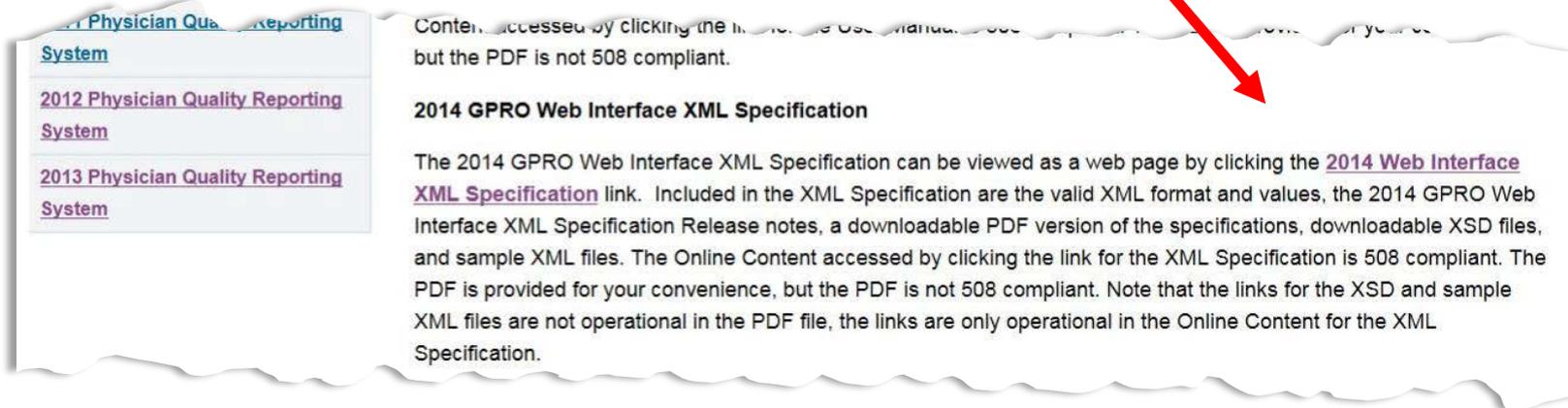
• 04/08/15: GPRO Web Interface Lessons Learned

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 sidebar on the left with three links: "2011 Physician Quality Reporting System", "2012 Physician Quality Reporting System", and "2013 Physician Quality Reporting System". The main content area on the right 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 qnetsupport@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 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 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

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- +
- +
- +
- +

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User Guides

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- PQRS Submissions User Guide
- PQRS Submission Reports User Guide
- PQRS GPRO Web Interface User Guide**
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- eRx 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 a PQRI quality data code.

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

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Notice: If you are experiencing difficulties viewing the PQRS system and applications, please ensure that you are using the compatibility view of the PQRS system. Tools, Select Compatibility View

The complete list of 2015 Scheduled System Outages is posted

For support, please contact the QualityNet Help Desk 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 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.

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

Where to Go for Help

- **QualityNet Help Desk (PQRS and IACS)**
 - E-mail: qnetsupport@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