Physician Quality Reporting System

Group Practice Reporting Option Web Interface User Manual

Program Year 2012

Last Modified: January 18, 2013

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1 INTRODUCTION

In accordance with section 1848(m)(3)(C)(i) of the Social Security Act, the Centers for Medicare and Medicaid Services (CMS) is continuing to offer the Group Practice Reporting Option (GPRO) Web Interface for the 2012 Physician Quality Reporting System (PQRS).

As mandated by the Social Security Act, selected group practices that satisfactorily report data on quality measures for assigned Medicare patients for 2012 are eligible to earn an incentive payment.

Once a group practice is selected to participate in the Group Practice Reporting Option (GPRO), that option is the only method of PQRS reporting available both to the group and to all individual providers who bill Medicare under that group's Tax Identification Number for 2012. In other words, individual eligible professionals who belong to a group practice selected to participate in the GPRO cannot separately earn an incentive payment as an *individual* eligible professional under that same Tax Identification Number/National Provider Identifier combination.

A "group practice" under 2012 PQRS consists of a physician group practice, as defined by a single Taxpayer Identification Number, with 25 or more individual eligible professionals (as identified by individual National Provider Identifiers) who have reassigned their billing rights to the Taxpayer Identification Number. This definition of group practice is different from the definition of group practice that was applicable for the 2011 PQRS, which defined a group practice as two or more eligible professionals.

The GPRO Web Interface is a method of data submission that incorporates characteristics and methods from the CMS demonstration projects, including the Physician Group Practice Demonstration for large group practices. In the Web Interface, a database pre-populated with an assigned beneficiary sample under each condition module (e.g., Diabetes, HF, etc.) will serve as a data collection tool for groups to use in collecting and submitting quality measures data to CMS.

Each group practice selected to participate in 2012 will be assigned a patient sample that includes the patients' demographic and utilization information. The sample will be identified using data from the January 1, 2012 through October 26, 2012 National Claims history file and the Integrated Data Repository. To qualify for assignment to a Taxpayer Identification Number, the patient (e.g., beneficiary) must have received plurality of office and other outpatient services from the group practice (with a minimum of at least two visits).

Patients with a partial year of Medicare eligibility or who are in managed care for any time during the year will not be considered since CMS will have incomplete claims data for these patients and group practices may not have had sufficient time to affect the quality of their care.

Only patients with Medicare Part A and Medicare Part B will be considered for the sample. Patients covered under the Medicare Part B Physician Fee Schedule where services are payable under other methodologies or with the following line items on their claim will not be considered:

- Line Items with Ambulatory Surgical Center
- Line Items with Rural Health Clinic, Federally Qualified Health Center, or Independent Laboratory indicated as the Place of Service

The retrospective attribution methodology allows the CMS to assign patients using Medicare claims that have been submitted by the group practice's Tax Identification Number and have been processed as final action claims into the National Claims History and the Integrated Data Repository.

The selected patients' data will be populated in the group practices' Web Interface page. The group practice must access the system using its Web Interface to add missing quality measure data on each patient who received services during the 2012 reporting year (i.e., between January 1, 2012 and December 31, 2012). To add this data, group practices have options:

- Enter the data directly into the system through its Web Interface.
- Download the patient list and create an Extensible Markup Language (XML) file for those patients containing quality data using another resource. Upload the XML file to the system using its Web Interface.
- Data that has been uploaded can be viewed and updated through the Web Interface for accuracy and completeness.

Each group practice will be required to submit data for 29 quality measures. The quality measures are grouped into disease modules (Coronary Artery Disease, Chronic Obstructive Pulmonary Disease, Diabetes Mellitus, Heart Failure, Hypertension, Ischemic Vascular Disease), plus patient care modules (Care Coordination/Patient Safety and Preventive Care), which have separately samples measures.

A group practice's size will be the size of the group at the time the group's participation is approved by CMS. Group practices comprised of 25-99 eligible professionals will need to populate data fields in the Web Interface necessary for capturing quality measure information on each of the 218 assigned patients (with an over-sample of 327 patients). If the pool of eligible assigned patients is less than 218 for any module/measure, then the group practice must report on 100% (all) of the assigned patients for that module.

Group practices comprised of 100 or more eligible professionals will need to populate data fields in the Web Interface necessary for capturing quality measure information on each of the 411 assigned patients (with an over-sample of 616 patients). If the pool of eligible assigned patients is less than 411 for any module/measure, then the group practice must report on 100% (all) of the assigned patients for that module.

For more information on the Group Practice Reporting Option, please visit the PQRS section of the Centers for Medicare & Medicaid Services PQRS, http://www.cms.gov/pqrs, website.

2 REFERENCED DOCUMENTS

The documents listed in Table 2-1were used in whole or in part to develop the content within this document. The Extensible Markup Language specifications are posted on the CMS-Selected Group Practice Reporting Option website, http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/CMS-Selected-Group_Practice_Reporting_Option.html.

Table 2-1. Referenced Documents

Document Name	Document Number	Issuance Date
GPRO Web Interface XML Specification	N/A	January 2013

3 OVERVIEW

This document describes how to use the GPRO Web Interface to view, change, upload, and export patient data, as well as to view and print reports on data stored in the system.

3.1 Conventions

This document provides screen prints and corresponding narrative to describe how to use the PQRS GPRO Web interface.

Fields or buttons to be acted upon are indicated in **bold** in the action statement; links to be acted upon are indicated as links in underlined blue text in the action statement.

The term "user" is used throughout this document to refer to a person who requires and/or has acquired access to the PQRS GPRO Web interface.

3.2 Cautions & Warnings

When signing into the application, a warning screen will appear with **Terms and Conditions of Use** of the QualityNet Portal, content, and applications. Be sure to read the message completely, which explains the penalties and consequences of misusing the system(s) and its contents.

Screen shots are evolving during development. The screens that you see as you use the system may differ slightly from the sample images that appear in this document.

4 GETTING STARTED

4.1 Set-Up Considerations

4.1.1 General Set-up Considerations

The minimum system requirements to effectively access the PQRS Portal are:

- Hardware: 233 MHZ Pentium processor with a minimum of 150 MB free disk space
- 64 MB Ram (128MB is recommended) Software:
  - Microsoft® Internet Explorer Version 8.0
  - Before starting the GPRO Web Interface
    - The Internet Option **Enable native XMLHTTP Support** must be activated.
    - The Internet Option **Display all websites in Compatibility View** must be deselected.

4.1.2 Section 508 Accessibility Set-Up Considerations

In order to use the GPRO Web Interface with Accessible technologies, the following must be available:

- JAWS 11 (or higher)
- GPRO Web Interface User Preference Settings

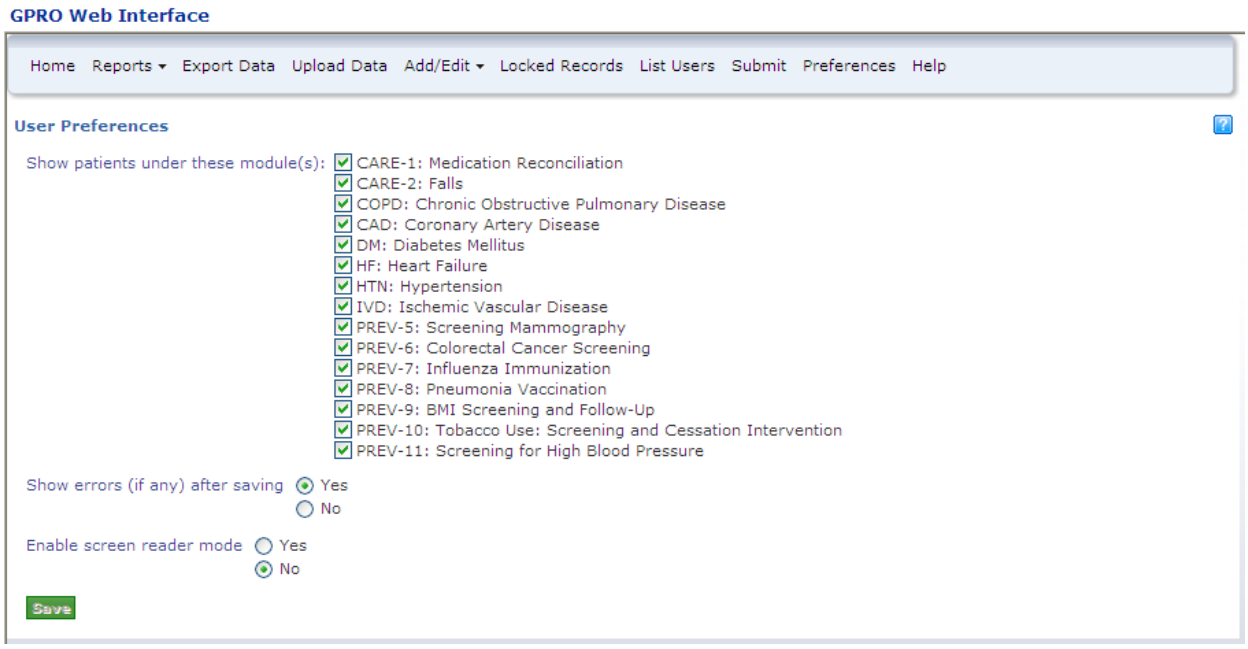
If the GPRO Web Interface will be used with screen reading software, you must change a setting in the Application's Preferences menu. Once the setting is configured, the setting will apply for all subsequent logins until it is changed.

To enable the Application Preferences to support screen reading software:

1. Access the GPRO Web Interface as specified in Section 4.3.
2. On the global navigation bar, click **Preferences**. The **User Preferences** screen opens to the General Preferences screen (Figure 5-34).
3. For the **Enable screen reader mode** option, click **Yes**. This will make Web Interface content accessible for users with visual impairments and enable the use of screen reader software such as JAWS.
4. Click **Save**, and then click **OK** on the confirmation pop-up. If you selected **Enable Screen Reader Mode**, the screens will be changed reflect that setting after navigating away from the **User Preferences** screen.

   Figure 4-1 shows the **User Preferences** screen.

Figure 4-1. User Preferences Screen



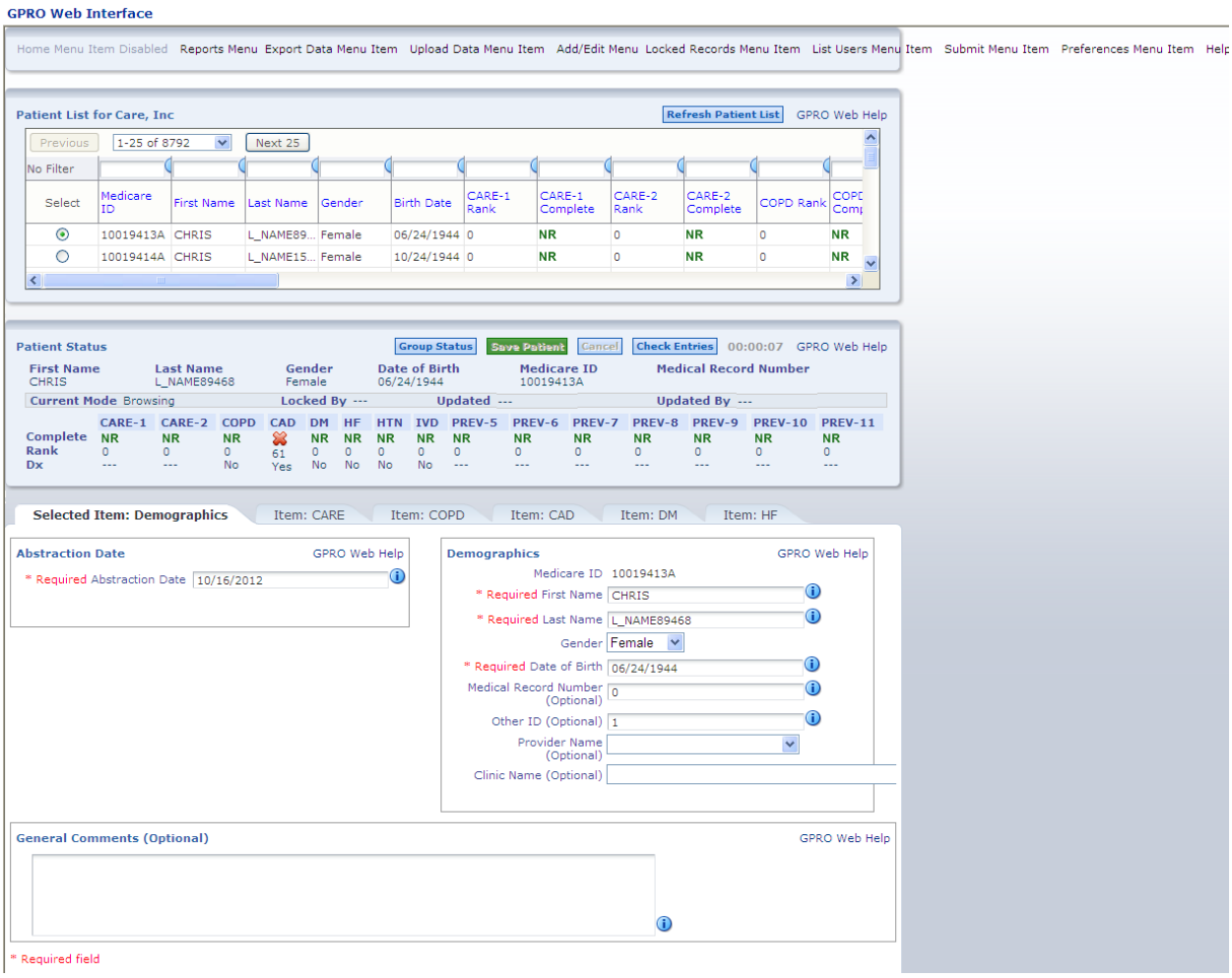
When the screen reader mode is enabled, the GPRO Web Interface screens will be modified to optimize the use of screen reader software such as JAWS. The screen changes include:

- Expanded menu items in the global navigation
- Link Icons, such as the Online Help icon, will be changed to plain text links
- Row selection radio buttons in lists
- Information icons containing alternate text will replace the popup hints

Examples of how enabling the screen reader mode will change the appearance of the GPRO Web Interface are shown in Figure 4-2. To see what the Home Page, Patient List, and Demographics tab look like without the screen reader mode enabled (Figure 5-6).

Figure 4-2 shows an example of the Home Page after enabling the screen reader mode.

Figure 4-2. Home Page with Screen Reader Options Enabled



4.1.2.1 Data Abstraction for Accessible technologies

Data abstraction for the selected patients in the GPRO Web Interface should be done using the XML export and upload functionality. **Export Data** screen is detailed in Section 5.4 and the Upload Data screen is detailed in Section 5.5.

The XML files containing the data exported from the GPRO Web Interface may be imported into Excel spreadsheets for modification. The modified data may then be exported from the Excel spreadsheet into the correct XML format so it may be uploaded into the Web Interface. The *GPRO Web Interface XML Specification* details the XML format and the steps on how to use Excel to abstract the patient data.

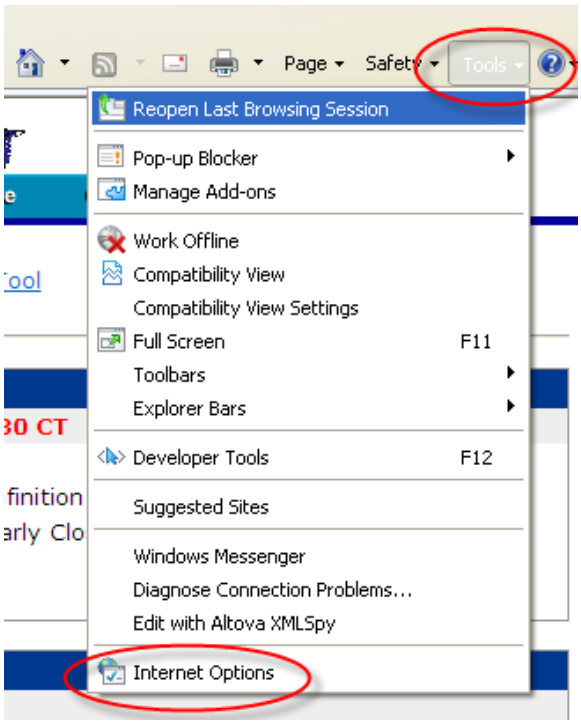
4.1.3 Web Browser Set-Up Considerations

4.1.3.1 Enable Native XMLHTTP Support

Before starting the GPRO Web Interface the web browser must be configured to support XMLHTTP. Failure to activate this option will prevent navigation to the tabs on the GPRO Web Interface.

1. Click the **Tools** option on the Internet Explorer 8 toolbar (Figure 4-3).

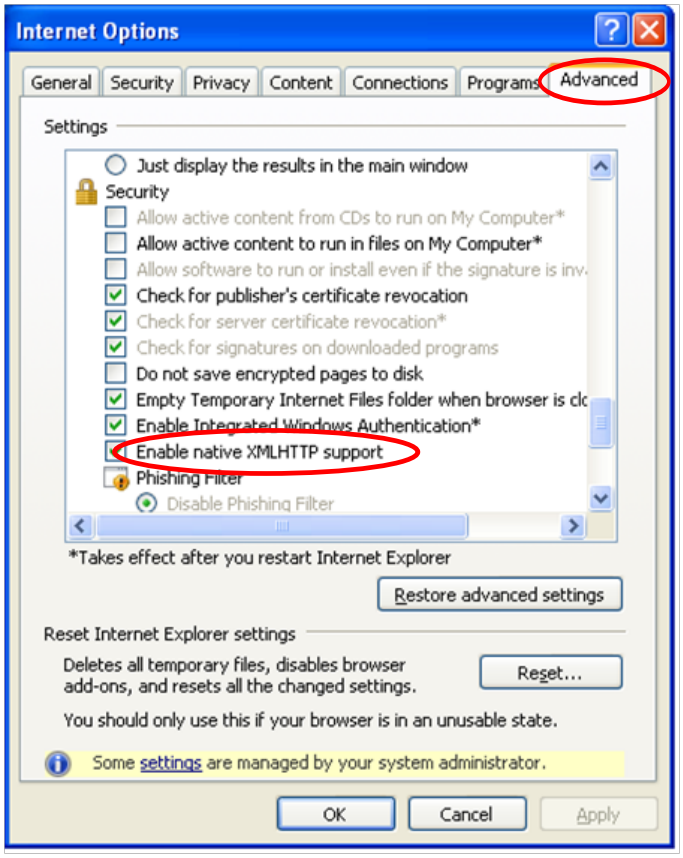
Figure 4-3. Select Internet Options



2. Click **Internet Options** from the drop-down menu.
3. Click **Advanced** tab and verify the **Enable native XMLHTTP Support** checkbox under the **Security** heading is checked. If it is not checked, please check the box. Click **OK**.

   Figure 4-4 shows the Internet options on the **Advanced** tab with the **Enable native XMLHTTP support** option circled.

Figure 4-4. Enable Native XMLHTTP Support



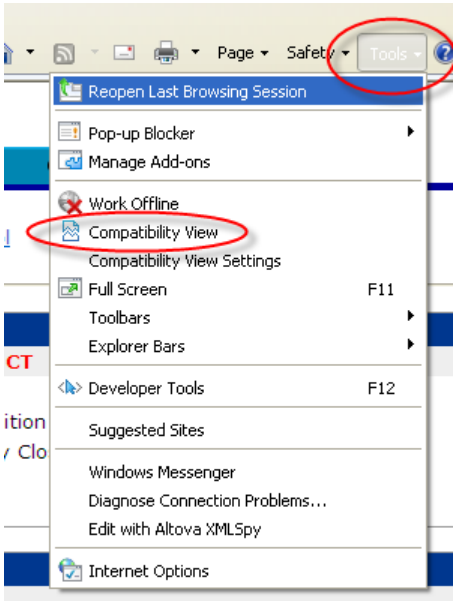
4.1.3.2 Disable Compatibility View

Before starting the GPRO Web Interface, the Compatibility View Internet Option must be deactivated. Failure to deactivate this option will prevent some text from being displayed on the tabs on the GPRO Web Interface.

1. Select the **Tools** option on Internet Explorer 8 toolbar.
2. Click **Compatibility View** if it is displayed with a checkmark indicating it is enabled.
3. The Browser will be refreshed with the **Compatibility View** option turned off for the current browsing session.

   Figure 4-5 shows the Tools menu with the **Compatibility View** circled.

Figure 4-5. Compatibility View for Current Session

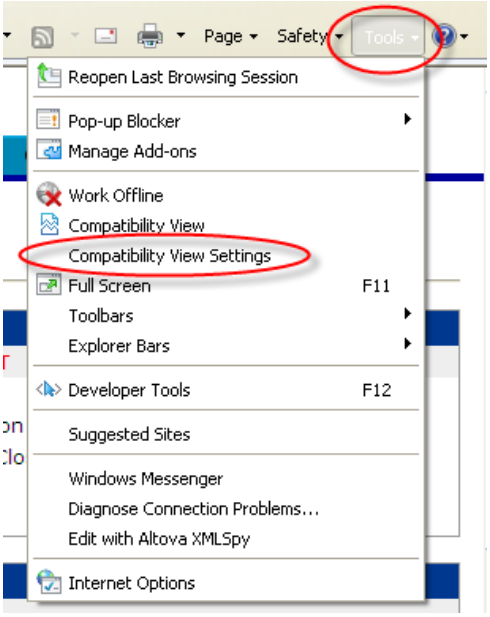


The Compatibility View for all browser sessions can be turned off from the Tools menu.

1. Click the **Tools** option on the Internet Explorer 8 toolbar.
2. Click **Compatibility View Settings**.

   Figure 4-6 shows the Tools menu with the **Compatibility View Settings** circled.

Figure 4-6. Tools Menu on Internet Explorer Toolbar

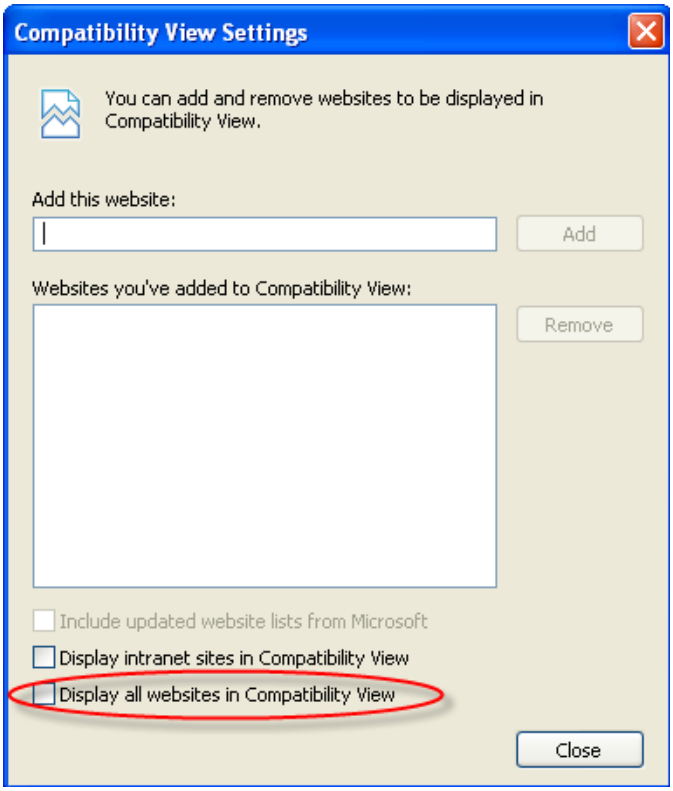


3. If the **Display all websites in Compatibility View** checkbox is checked, click the checkbox to turn off the option.

4. Click **Close**.

   Figure 4-7 shows the Compatibility View Settings with the Display all websites in Compatibility View setting circled.

Figure 4-7. Compatibility View Settings



4.1.3.3 Expand ALT Text for Images

If the Internet Option for **Show pictures** setting is turned off, the ALT text must be expanded so text will replace the pictures. Both settings are available on the Internet Options Advanced tab. Figure 4-8 shows the Internet Options with the **Show pictures** setting turned off.

Figure 4-8. Internet Options – Show Pictures

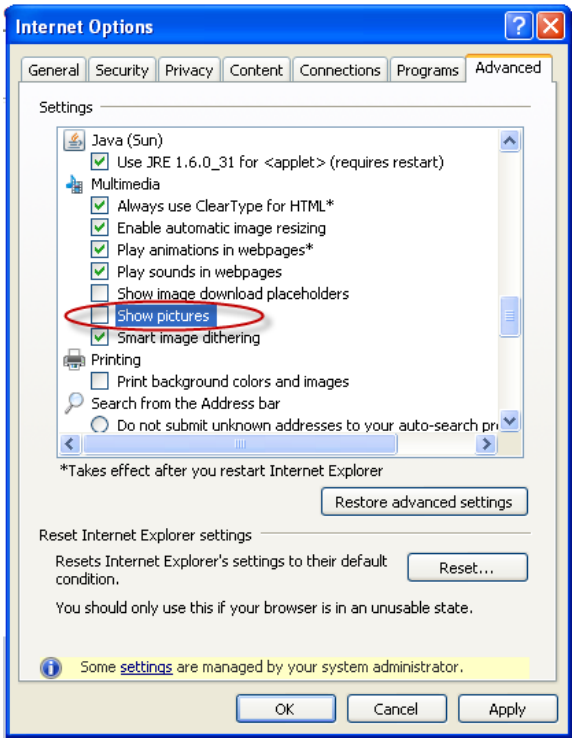
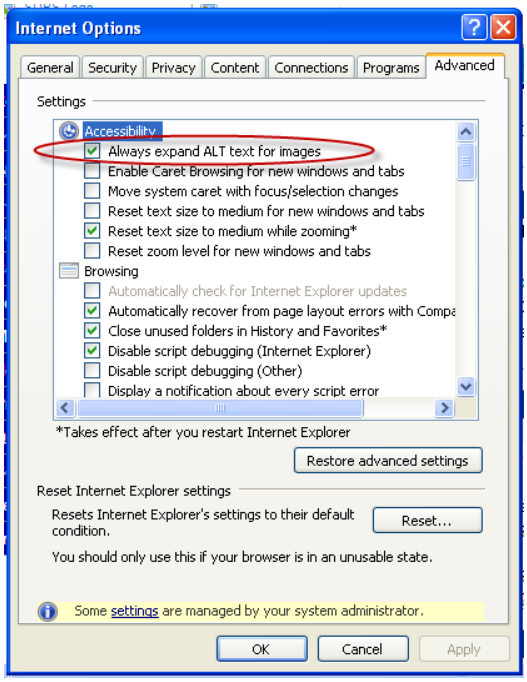


Figure 4-9 shows the Internet Options with the **Always expand ALT Text for images** setting selected.

Figure 4-9. Internet Options - Expand ALT Text



4.2 User Access Considerations

The GPRO Web Interface will be used by the CMS Selected Group Practices.

4.3 Accessing the System

To sign in to the portal, you must have an Individuals Authorized Access to Centers for Medicare & Medicaid Computer Services (IACS) account. If you have an account but have forgotten your password, go to Section 4.3.2 of this document. From your web browser, go to the QualityNet Portal, http://qualitynet.org/pqrs. The **Home Page** of the PQRS Portal appears (Figure 4-10).

Figure 4-10. Physician Quality Reporting System Portal Home Page

For additional configuration help, review the Quick Reference Guides:

1. From your web browser, go to the QualityNet Portal, http://qualitynet.org/pqrs. The Home Page of the PQRS Portal appears (Figure 4-10).

2. In the middle of the screen, locate the following link: **Quick Reference Guides.** Click **Quick Reference Guides**. Links to the guides will be displayed; the guides provide instructions for IACS account setup, customized based on your role.

For registration assistance, call the QualityNet Help Desk at 866-288-8912 for IACS.

4.3.1 Signing In to the Portal

To sign in to the portal:

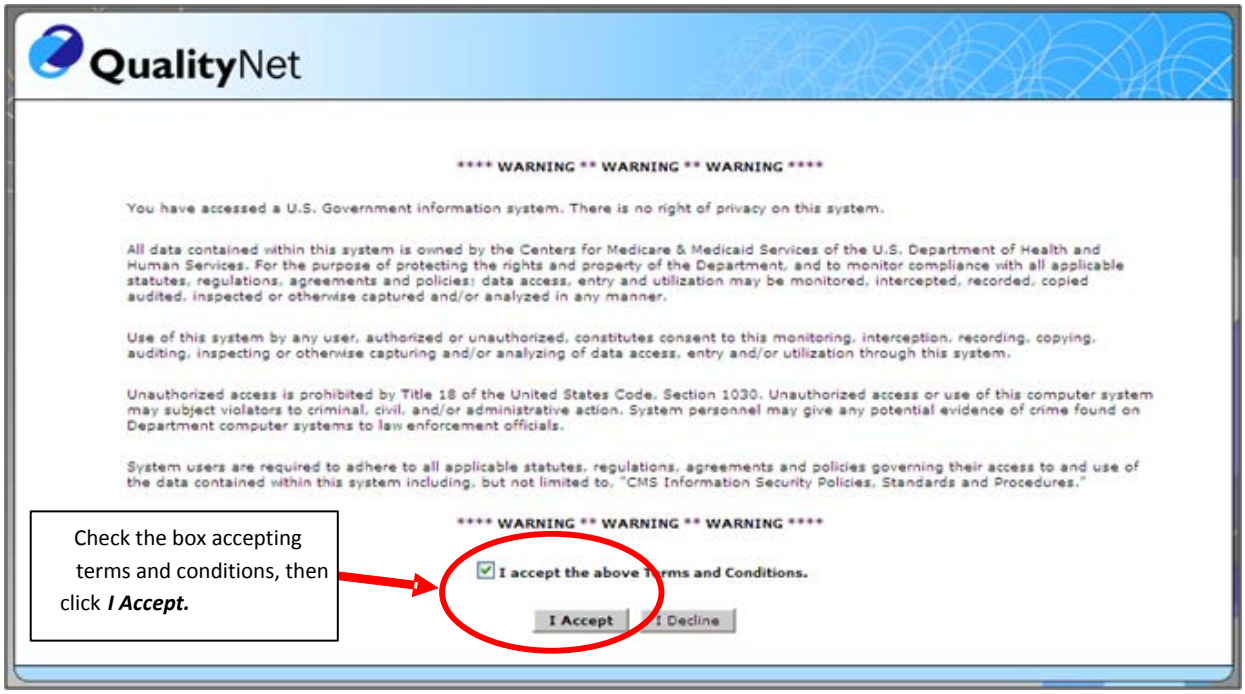
1. In your web browser, go to the QualityNet Portal, http://qualitynet.org/pqrs. The PQRS Portal home page is displayed (Figure 4-10).
2. From the **Home Page**, click **Sign In**. The sign-in screen appears (Figure 4-11).

Figure 4-11. Physician Quality Reporting System Login Screen

3. Type your IACS **User Name** and **Password** (not any QualityNet credentials you may have) in the **User Name** and **Password** fields and click **Sign In**. A Warning screen is displayed describing the terms and conditions associated with portal use (see Figure 4-12).

   Figure 4-12. shows the warning screen with the option to accept the **Terms and Conditions** option circled.

Figure 4-12. Physician Quality Reporting System Warning Screen



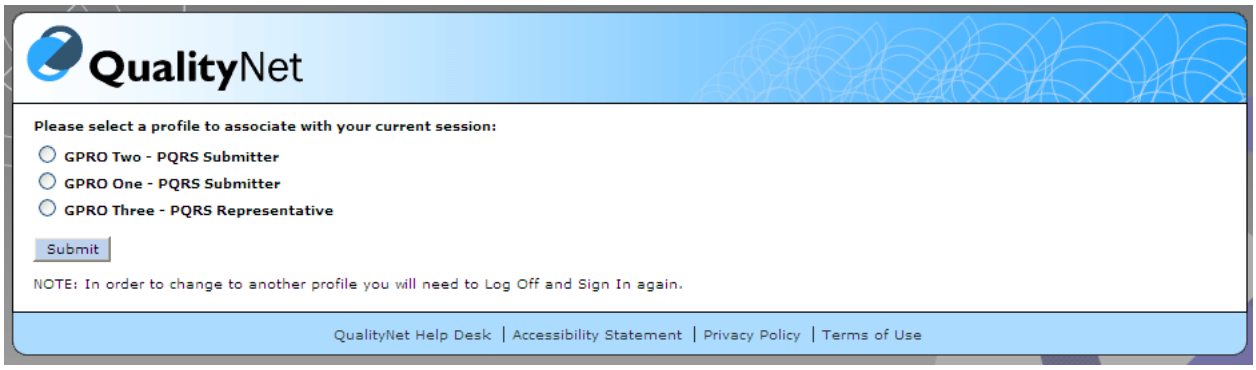
4. After reading the text, first click the box next to **I Accept the above Terms and Conditions** and then click **I Accept**.

   If your IACS account is associated to multiple roles or to multiple Taxpayer Identification Numbers, you must first select the role and organization.

   For the first time user, an option will be presented to select the TIN/Organization. Once the TIN/Organization is selected, user needs to go to the Roles Management community and request for GPRO Submission Role. The request then gets approved by the security Officer assigned to that TIN/Organization. After approval, when the user logs in, Warning screen is displayed describing the terms and conditions associated with portal use (Figure 4-12).

   Figure 4-13 shows the screen to select the role and organization.

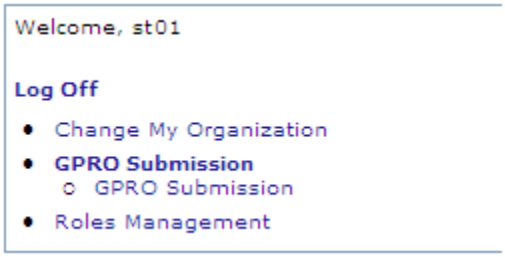
Figure 4-13. Profile Selection



5. If your IACS account is associated to multiple communities, you must select the GPRO Submission link. If the GPRO community is the only community associated to your IACS account, you will be taken directly to the GPRO Web Interface.

   Figure 4-14 shows you where to select GPRO Submission in the header of the Portal screen.

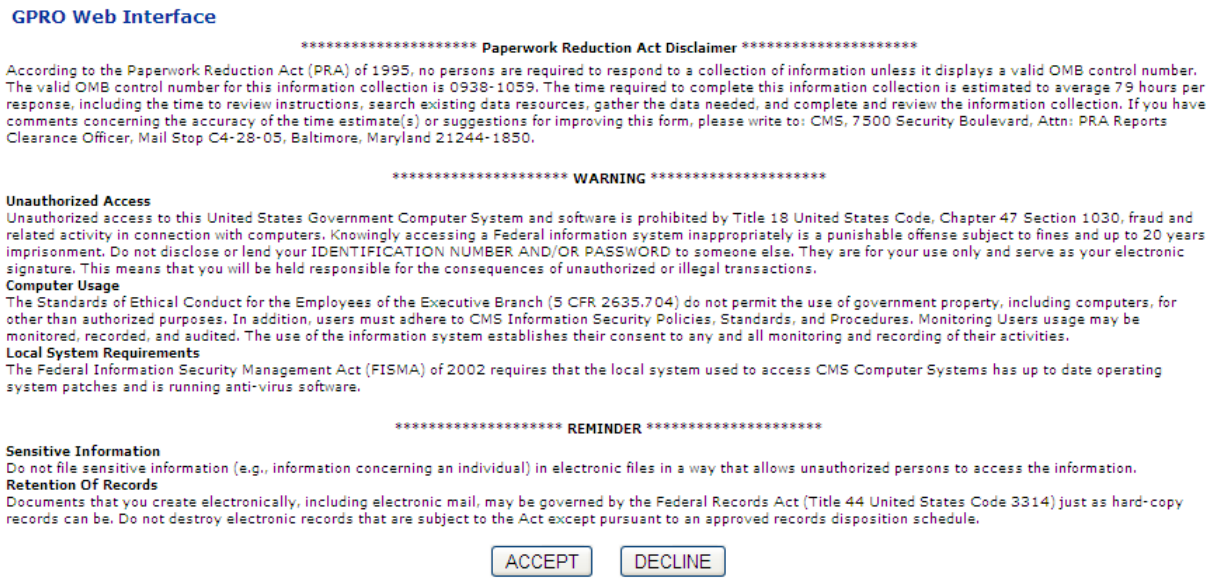
Figure 4-14. Site Navigation



6. From the Site Navigation section of the screen (above), select **GPRO Submission**. The Paperwork Reduction Act Disclaimer screen is displayed (Figure 4-15).
7. After reading the Paper Work Reduction Act, Warning, and Reminder text, click **Accept** to continue. The Home Page is displayed. (Figure 5-1).

   Figure 4-15 shows Data Use Agreement disclaimers and warnings.

Figure 4-15. Data Use Agreement

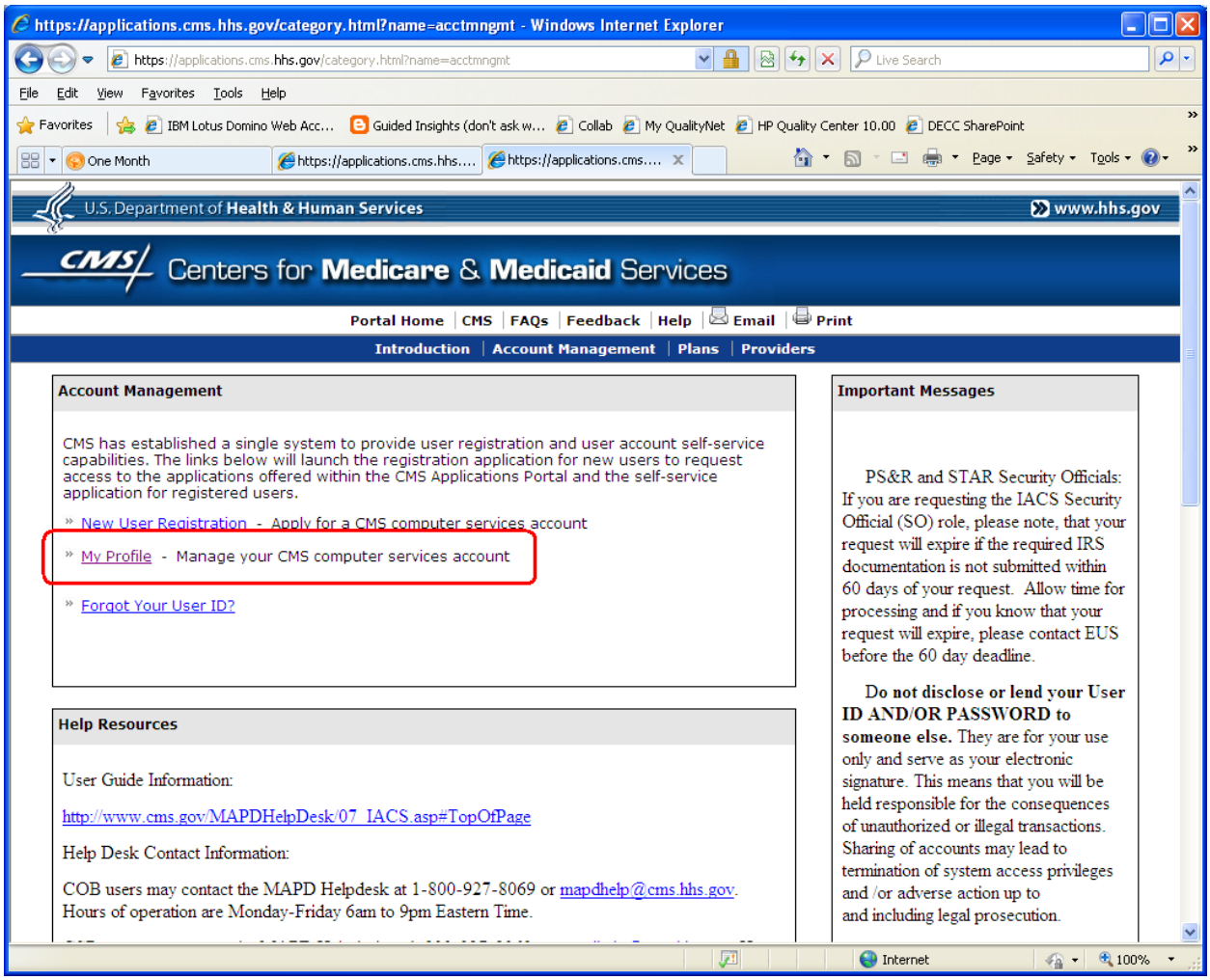


4.3.2 Changing Your Password

If you have an account but have forgotten your password, you can change it through the PQRS Portal **Home Page**. To change your password:

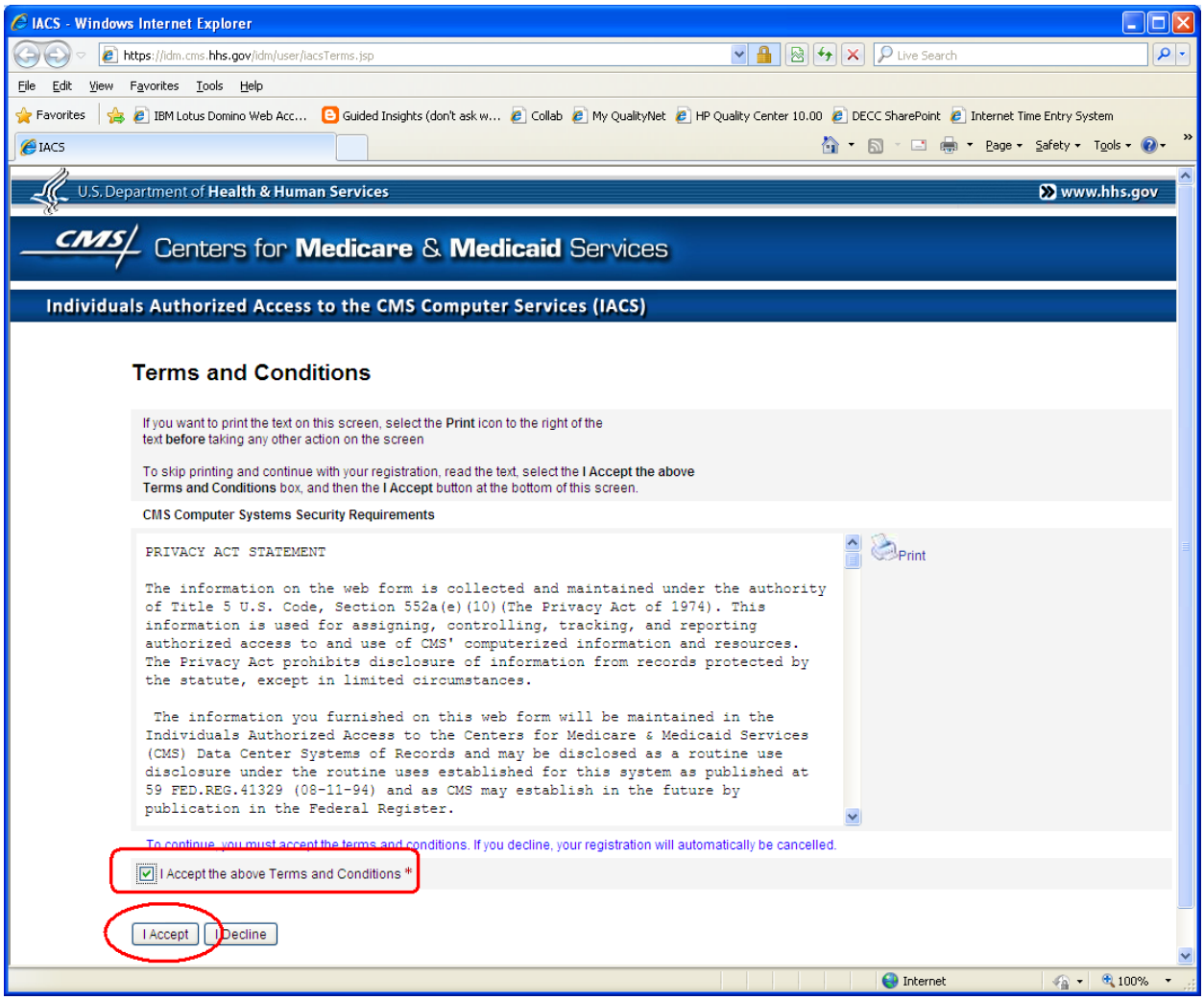
1. In your web browser, go to the QualityNet Portal, http://qualitynet.org/pqrs The PQRS Portal **Home Page** is displayed (Figure 4-10).
2. In the upper center of the screen, click **Forgot your password?** The CMS Account Management Website, https://applications.cms.hhs.gov/category.html?name=acctmngmt, appears (Figure 4-16).

Figure 4-16. CMS Account Management Website



3. Under Account Management, on the upper left side of the screen, click My Profile. The Terms and Conditions Screen appears (Figure 4-17).

Figure 4-17. My Profile Terms and Conditions Screen



4. After reading the text on the **Terms and Conditions** screen, check the box next to **I accept the above Terms and Conditions*** (Figure 4-17).
5. To accept the terms and conditions, click **I Accept**. The **Login to IACS** screen appears. Follow directions on the **Login to IACS** screen to recover your Password and/or User ID.

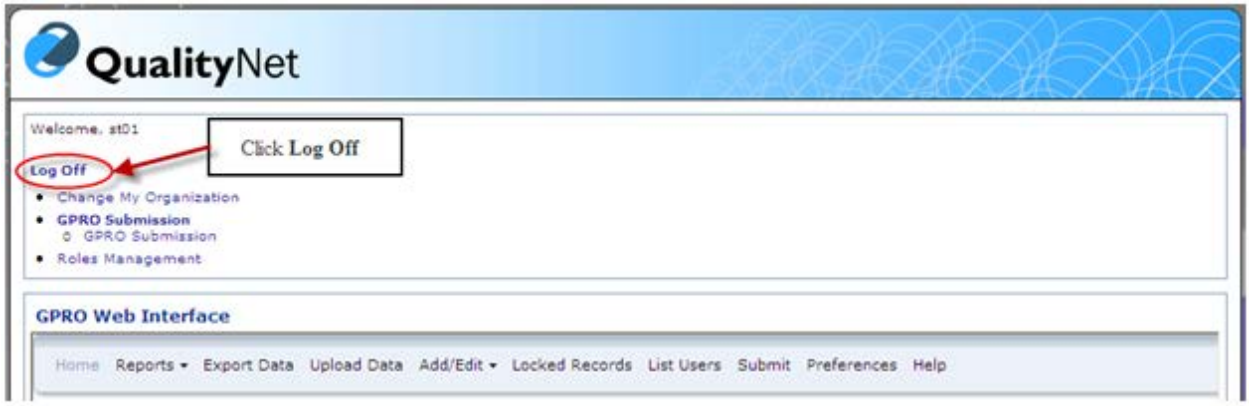
4.4 System Organization & Navigation

The left column of the PQRS Portal **Home Page** contains features that can be accessed without signing in, such as the User Guides.

4.5 Exiting the System

To log out of the portal, click **Log Off** in the upper left hand corner of any screen (Figure 4-18). Figure 4-18. shows the header with the Log Off selection circled.

Figure 4-18. Physician Quality Reporting System Log Off



5 USING THE SYSTEM

The following sections and subsections provide detailed, step-by-step instructions describing how to use the various functions or features of the PQRS GPRO Web Interface.

While in the GPRO Web Interface, do not use the standard browser navigation toolbar to refresh or go back to a previous screen. Use of these options on the navigation toolbar will cause the current session to end. Only the application buttons should be used.

5.1 View/Change Data on the Home Page

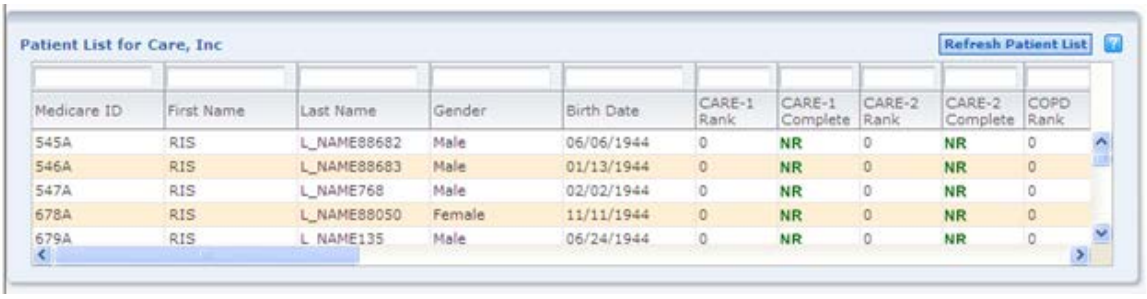
The **Home Page** has a list of all patients sampled for the group in the top section of the screen. The middle section will display the group's completeness status by module as well as the number completed. The lower section will display the modules for a selected patient.

After a patient is highlighted (selected) from the patient list, the middle section will change to Patient Status.

5.1.1 Patient List

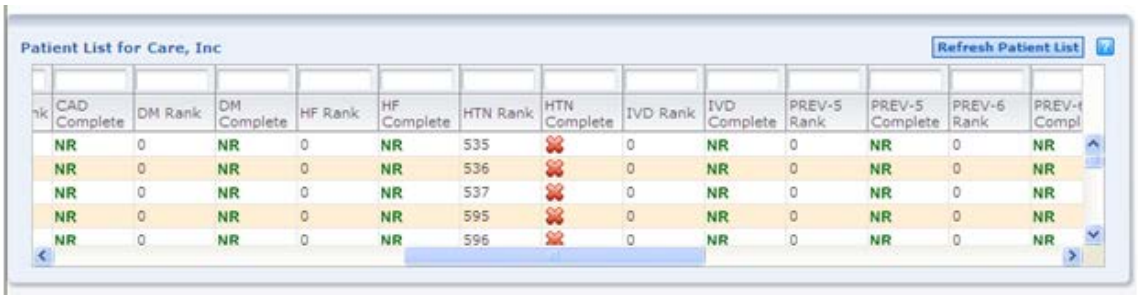
The **Home Page** is depicted in the screen shots shown below. Please note that the **Patient List** is too large to be depicted by a single figure; therefore, the screen is represented by three figures. Figure 5-1 shows the left most columns, Figure 5-2 shows the center columns, and Figure 5-3 shows the right most columns. Use the horizontal scroll bar, at the bottom of the **Patient List**, to move from one view to the next.

Figure 5-1. Home Page - Patient List (View 1 of 3)



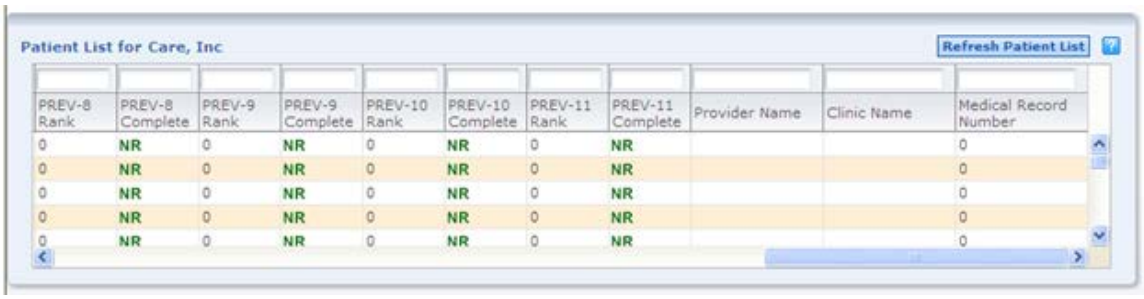
Medicare ID	First Name	Last Name	Gender	Birth Date	CARE-1 Rank	CARE-1 Complete	CARE-2 Rank	CARE-2 Complete	COPD Rank
545A	RIS	L_NAME88682	Male	06/06/1944	0	NR	0	NR	0
546A	RIS	L_NAME88683	Male	01/13/1944	0	NR	0	NR	0
547A	RIS	L_NAME768	Male	02/02/1944	0	NR	0	NR	0
678A	RIS	L_NAME88050	Female	11/11/1944	0	NR	0	NR	0
679A	RIS	L_NAME135	Male	06/24/1944	0	NR	0	NR	0

Figure 5-2. Home Page - Patient List (View 2 of 3)



CAD Complete	DM Rank	DM Complete	HF Rank	HF Complete	HTN Rank	HTN Complete	IVD Rank	IVD Complete	PREV-5 Rank	PREV-5 Complete	PREV-6 Rank	PREV-6 Compl
NR	0	NR	0	NR	535	✖	0	NR	0	NR	0	NR
NR	0	NR	0	NR	536	✖	0	NR	0	NR	0	NR
NR	0	NR	0	NR	537	✖	0	NR	0	NR	0	NR
NR	0	NR	0	NR	595	✖	0	NR	0	NR	0	NR
NR	0	NR	0	NR	596	✖	0	NR	0	NR	0	NR

Figure 5-3. Home Page - Patient List (View 3 of 3)



To access a patient's record:

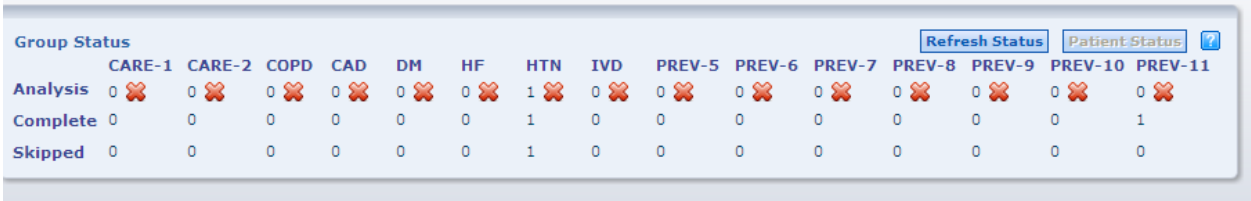
1. The **Patient List** will be empty when the user first logs on. The list of patients to display can be customized for the user with the **User Preferences** (Section 5.12).
2. Click the row associated with the desired patient's name. The selected row is then highlighted and the patient's data is retrieved and populated in the data fields.
3. With a row highlighted, click any of the tabs to display elements of the patient's quality record. The available tabs are as follows:
   - Demographics
   - CARE (Care Coordination/Patient Safety)
   - COPD (Chronic Obstructive Pulmonary Disease)
   - CAD (Coronary Artery Disease)
   - DM (Diabetes Mellitus)
   - HF (Heart Failure)
   - HTN (Hypertension)
   - IVD (Ischemic Vascular Disease)
   - PREV (Preventive Care)

   The **Patient List** and **Patient Status** are refreshed when one of the following activities is performed:
   - User presses **Refresh Patient List**.
   - User navigates away from the screen and returns.
   - User logs on and accesses the screen.
   - User presses **Cancel** to discard patient edits.

5.2 Group Status

Figure 5-4 shows the status of the group in each module to satisfy the reporting requirement.

Figure 5-4. Home Page – Group Status



The **Group Status** area allows the user to view and refresh the status for each of the modules. The **Group Status** will show the number of patients counting toward the minimum requirements for satisfactory reporting in each module.

The first row of data for each module, **Analysis**, contains the number of consecutively confirmed and completed patients in the module. The count of **Analysis** patient's starts with the patient ranked #1 and increments until an incomplete patient is found. If the group has met the minimum reporting requirements for the module, a green check will be displayed next to the count. It the group has not met the minimum reporting requirements for the module, a red **X** will be displayed next to the count.

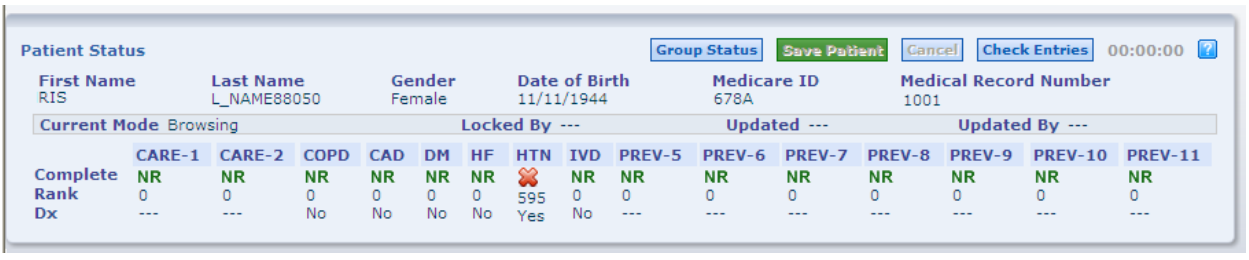
The second row, **Complete**, is the number of confirmed and complete patients in the module. The count of complete patients includes any patient in the module, in any order.

The third row, **Skipped**, is the number of patients in the module that have been skipped because their record is marked as **Medical Record Not Found**, **Not Confirmed**, or **Not Qualified for Sample**. The count of skipped patients includes any patient in the module, in any order.

5.3 Patient Status

Figure 5-5 shows the **Patient Status** with demographics data and module ranking.

Figure 5-5. Home Page – Patient Status



The **Patient Status** area will show the rank of the patient for the module(s) in which they were qualified and selected. If the patient is not selected for a module, a green **NR** (Not Ranked) will be displayed indicating that no action is needed by the user. If the module is complete for a patient, a green check mark will be displayed. If the patient was skipped because the medical

record was not found, they were marked as not confirmed for a disease diagnosis, or they were marked as not qualified for the sample, a green **S** (Skipped) will be displayed. A red **X** indicates that the module is incomplete and the user will need to update the information.

Table 5-1 details the information shown in the Patient Status area.

Table 5-1. Patient Status Descriptions

Data Element	Description
Group Status	This allows the user to switch between the Patient Status and the Group Status dashboard.
Save Patient	Click to save patient record modifications.
Cancel	Click to cancel patient record modifications.
Check Entries	Allows the user to see the completeness of a patient record and validate the entered data.
Timer	Tracks the amount of time used to complete the patient's quality record.
First Name	Displays the first name of the selected patient.
Last Name	Displays the last name of the selected patient.
Gender	Displays the gender of the selected patient.
Date of Birth	Displays the date of birth of the selected patient.
Medicare ID	Displays the Health Insurance Claim Number of the selected patient; cannot be modified
Medical Record Number	Displays the user provided medical record number of the selected patient. The default value is "---" until the user enters a Medical Record Number.
Current Mode	Displays the indicator if the current user has made modifications to the selected patient. If changes have not been made, the Current Mode is Browsing. If changes have been made, but not saved, the Current Mode is Editing.

Data Element	Description
Locked By	Displays the name of any user who has the selected patient's record locked. A patient's record is locked when modifications are made to the record. This is done to prevent multiple users from editing the patient concurrently. Default value is "---" when the record is not locked.
Updated	Displays the last date that the selected patient's record was saved to the database. Default value is "---" when the record has not been saved.
Updated By	Displays the name of the last user to save the selected patient's record to the database. Default value is "---" when the record has not been saved.

5.3.1 Demographics

On the **Demographics Tab**, the **Abstraction Date** will default to the current date if the patient data has not been saved. After the data has been saved for the first time, the abstraction date is not updated unless changed by the user.

Select the **Demographics Tab**. The patient's demographic information is displayed for review and update (Figure 5-6). The **Demographics Tab** consists of the Abstraction Date, Patient Demographics, and a Comments fields.

Figure 5-6. Patient Status – Demographics Tab

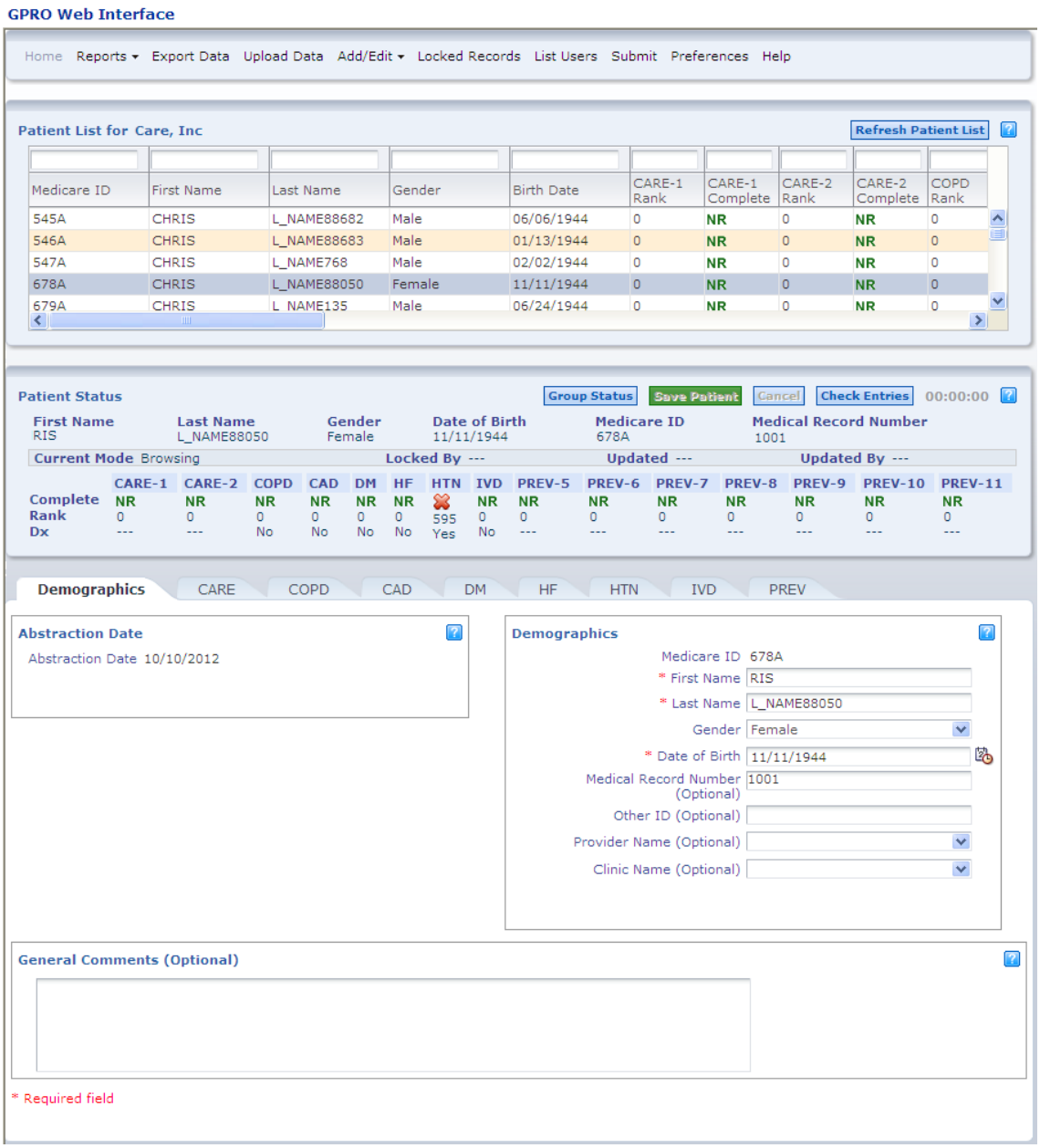


Table 5-2 shows the type and description of the data on the **Demographics Tab**.

Table 5-2. Demographics Field Descriptions

Data Element	Description
Abstraction Date	The date the patient quality record was first updated and saved. The initial abstraction date is retained until changed by the user.

Data Element	**Description**
Medicare ID	Health Insurance Claim Number; cannot be modified
First Name	Patient's first name
Last Name	Patient's last name
Gender	Valid values are: • Male • Female • Unknown
Date of Birth	Valid values are between 01/01/1890 and 06/30/2012
Medical Record Number (Optional)	Allows for input of the medical record number for the specific patient. This field is optional.
Other ID (Optional)	Any other identifier used by the group for the patient. This field is optional.
Provider Name (Optional)	Allows for update or input of the provider name. This field is optional.
Clinic Name (Optional)	Allows for update or input of the provider name. This field is optional.
General Comments (Optional)	Allows for additional comments. This field is optional.

5.3.2 Patient Status - CARE Tab

The **CARE Tab** contains separately sampled modules. The Medical Record Found answer applies to each module in which the patient is ranked. If the patient is only ranked in one module, only the answers associated to that module will be available for selection once the Medical Record Found is confirmed.

Select the **CARE Tab**. The patient's Care Coordination/Patient Safety data is displayed for review and update (Figure 5-7), and includes Medical Record Found, CARE-1 and CARE-2 Measures, and Comments fields.

Figure 5-7. Patient Status – CARE Tab

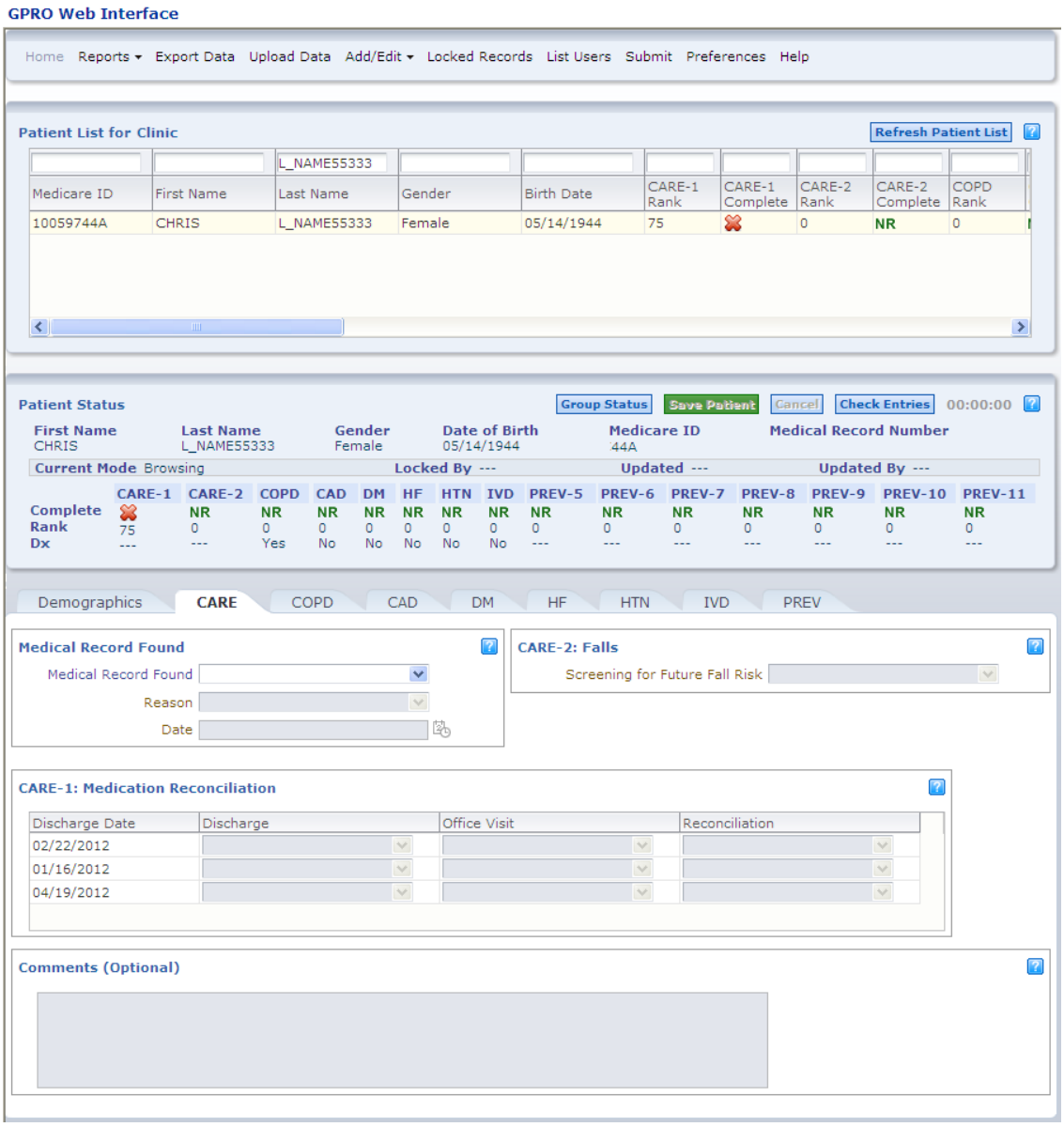


Table 5-3 describes the allowable values for the fields on the **CARE Tab**:

Table 5-3. CARE Field Descriptions

Data Element	Description
Medical Record Found	Valid values are: • Yes • No • Not Qualified for Sample
Reason	When the Medical Record Found value is Not Qualified for Sample, this field becomes active. Valid values are: • In Hospice • Moved out of Country • Deceased • Other CMS Approved Reason
Date	When the Medical Record Found value is Not Qualified for Sample, and the Reason is not Other CMS Approved Reason, this field becomes active. The format is MM/DD/YYYY.
Discharge Date	Pre-filled discharge dates. This field is not available to edit or update.
Discharge	Valid values are: • Yes • No
Office Visit	When the Discharge value is Yes for the associated date, this field becomes active. Valid values are: • Yes • No
Reconciliation	When the Office Visit value is Yes for the associated date, this field becomes active. Valid values are: • Yes • No
Falls	Valid values are: • Yes • No • No - Medical Reasons

Data Element	Description
Comments	Allows for additional comments. This field is optional. This field is active when a selection has been made in Medical Record Found.

5.3.3 Patient Status - COPD Tab

Select the **COPD Tab**. The patient's Chronic Obstructive Pulmonary Disease (COPD) data is displayed for review and update (Figure 5-8). The **COPD Tab** consists of the COPD Confirmation, COPD Measure, and a general Comments field.

Figure 5-8. Patient Data – COPD Tab

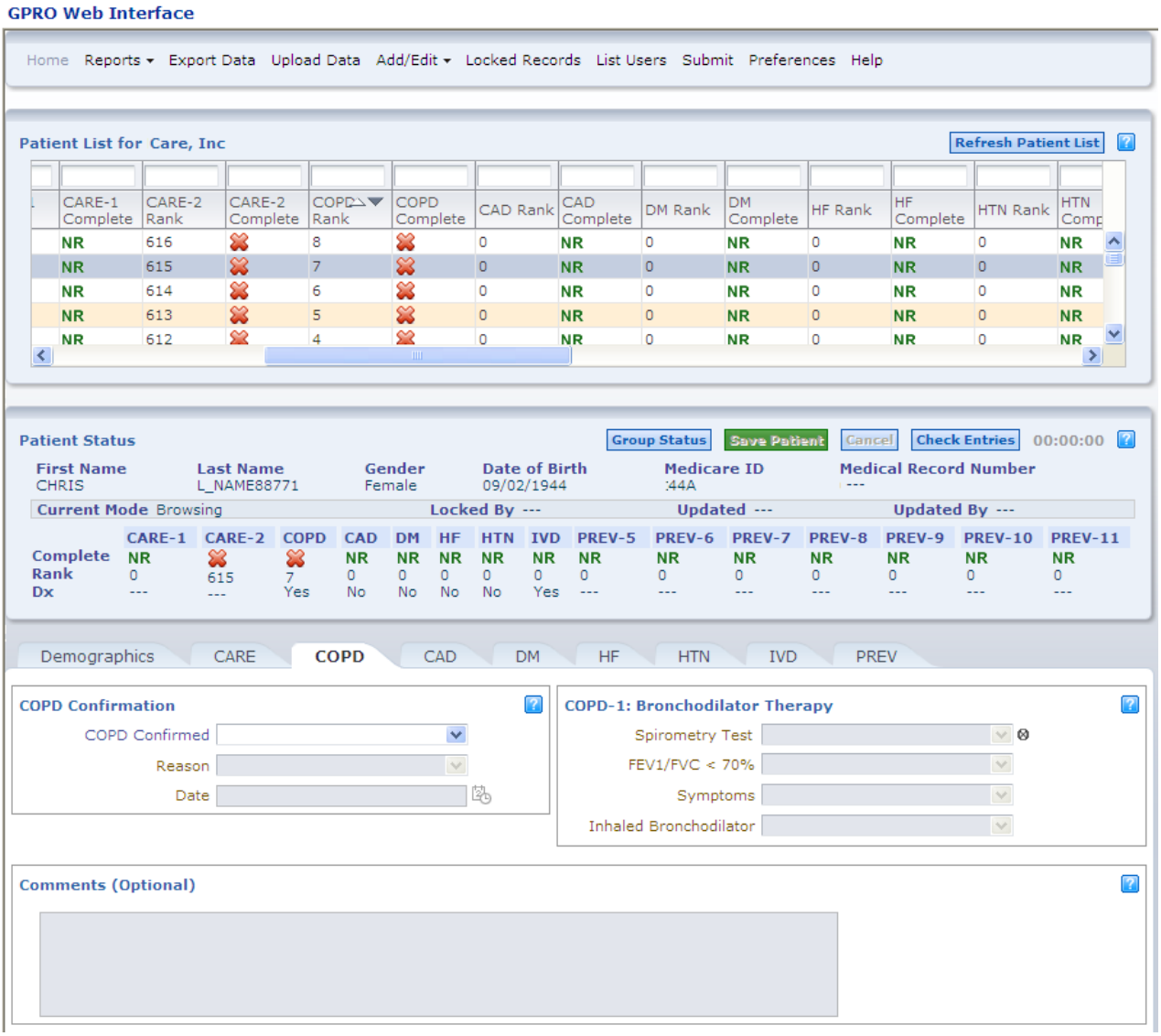


Table 5-4 describes the allowable values for the fields on the **COPD Tab**:

Table 5-4. COPD Field Descriptions

Data Element	Description
COPD Confirmed	Valid values are: • Yes • Medical Record Not found • Not Confirmed • Not Qualified for Sample
Reason	When the COPD Confirmed value is Not Qualified for Sample • In Hospice • Moved out of Country • Deceased • Other CMS Approved Reason
Date	When the COPD Confirmed value is Not Qualified for Sample, and the Reason is not Other CMS Approved Reason, this field becomes active. The format is MM/DD/YYYY
Spirometry Test	Valid values are: • Yes • No
FEV1/FVC < 70%	When the Spirometry Test value is Yes, this field becomes active. Valid values are: • Yes • No
Symptoms	When the FEV1/FVC < 70% value is Yes, this field becomes active. Valid values are: • Yes • No
Inhaled Bronchodilator	When the Symptoms value is Yes, this field becomes active. Valid values are: • Yes • No • No - Medical Reasons • No - Patient Reasons • No - System Reasons

Data Element	Description
Comments	Allows for additional comments. This field is optional. This field is active when a selection has been made in COPD Confirmed.

5.3.4 Patient Status - CAD Tab

Select the **CAD Tab**. The patient's Coronary Artery Disease (CAD) data is displayed for review and update (Figure 5-9). The **CAD Tab** consists of the CAD Confirmation, CAD Measure, and general Comments fields.

Figure 5-9. Patient Status – CAD Tab

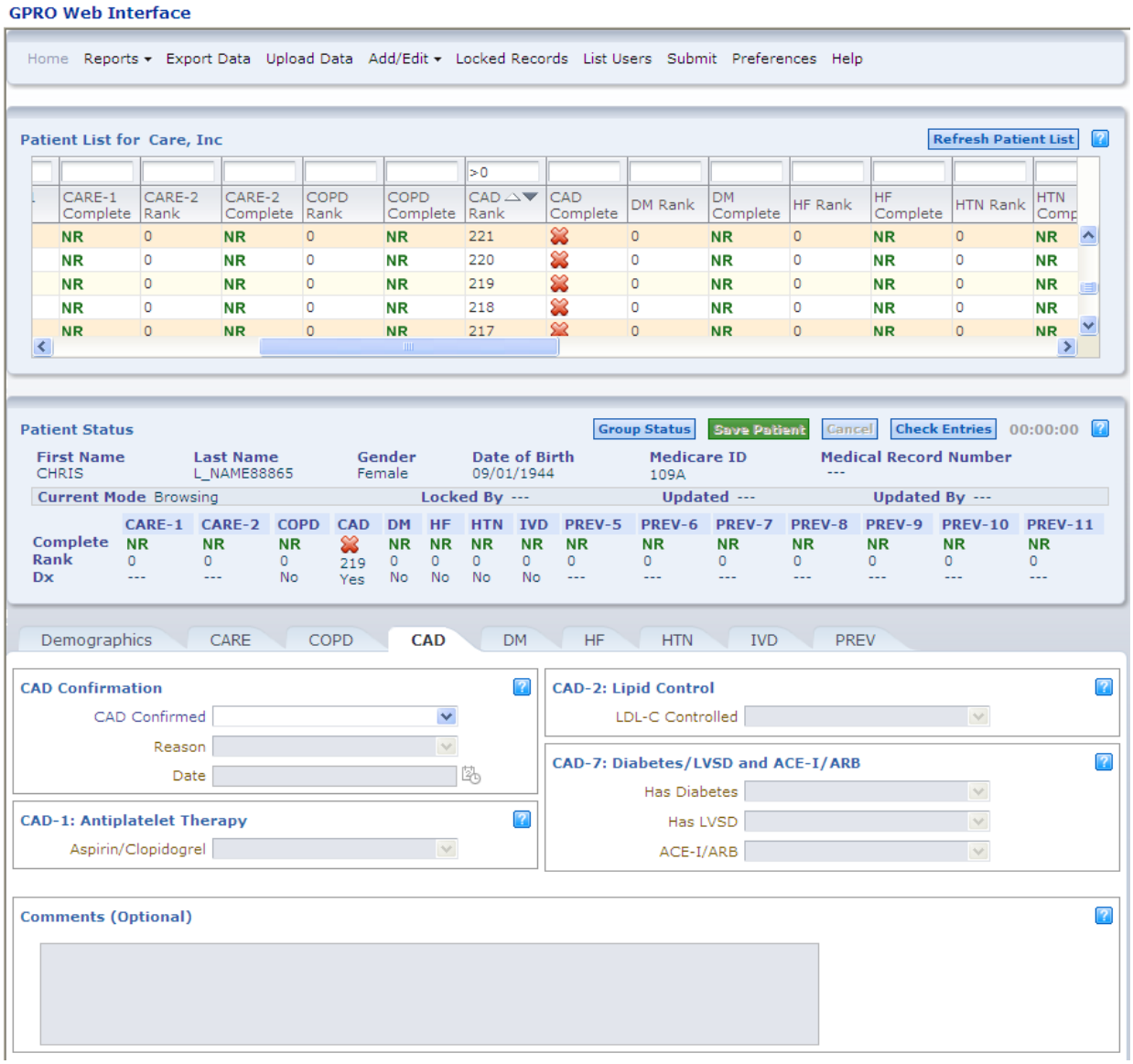


Table 5-5 describes the allowable values for the fields on the **CAD Tab**:

Table 5-5. CAD Field Descriptions

Data Element	Description
CAD Confirmed	Valid values are: • Yes • Medical Record Not Found • Not Confirmed • Not Qualified for Sample
Reason	When the CAD Confirmed value is Not Qualified for Sample, this field becomes active. Valid values are: • In Hospice • Moved out of Country • Deceased • Other CMS Approved Reason
Date	When the CAD Confirmed value is Not Qualified for Sample, and the Reason is not Other CMS Approved Reason, this field becomes active. The format is MM/DD/YYYY.
Aspirin/Clopidogrel	Valid values are: • Yes • No • No - Medical Reasons • No - Patient Reasons • No - System Reasons
LDL-C Controlled	Valid values are: • Yes • No • No - Medical Reasons • No - Patient Reasons • No - System Reasons

Data Element	Description
Has Diabetes	Valid values are: • Yes • No
Has LVSD	Valid values are: • Yes • No
ACE–I/ARB	When either the Has Diabetes or Has LVSD value is Yes, this field becomes active. Valid values are: • Yes • No • No - Medical Reasons • No - Patient Reasons • No - System Reasons
Comments	Allows for additional comments. This field is optional. This field is active when a selection has been made in CAD Confirmed.

5.3.5 Patient Status - DM Tab

Select the **DM Tab**. The patient's Diabetes Mellitus data is displayed for review and update (Figure 5-10). The **DM Tab** consists of DM Confirmation, DM Measures, and a general Comments field.

Figure 5-10. Patient Status – DM Tab

Table 5-6 describes the allowable values for the fields on the **DM Tab**

Table 5-6. DM Field Descriptions

Data Element	Description
DM Confirmed	Valid values are: • Yes • Medical Record Not Found • Not Confirmed • Not Qualified for Sample
Reason	When the DM Confirmed value is Not Qualified for Sample, this field becomes active. Valid values are: • In Hospice • Moved out of Country • Deceased • Medical Reasons • Other CMS Approved Reason
Date	When the DM Confirmed value is Not Qualified for Sample, and the Reason is not Other CMS Approved Reason or Medical Reasons, this field becomes active. The format is MM/DD/YYYY.
HbA1c Test	Valid values are: • Yes • No
Date Drawn	When the HbA1c Test value is Yes, this field becomes active. Valid values are any date between 01/01/2012 and 12/31/2012. The format is MM/DD/YYYY.
HbA1c Value	When the HbA1c Test value is Yes, this field becomes active. Valid values are any number between 0 and 25, with one or two optional decimal places.
Most Recent BP	Valid values are: • Yes • No
Date Taken	When the Most Recent BP value is Yes, this field becomes active. Valid values are any date between 01/01/2012 and 12/31/2012.
Systolic	When the Most Recent BP value is Yes, this field becomes active. Valid values are any number between 0 and 350.

Data Element	Description
Diastolic	When the Most Recent BP value is Yes, this field becomes active. Valid values are any number between 0 and 200.
LDL-C Test	Valid values are: • Yes • No
Date Drawn	When the LDL-C Test value is Yes, this field becomes active. Valid values are any date between 01/01/2012 and 12/31/2012.
LDL-C Value	When the LDL-C Test value is Yes, this field becomes active. Valid values are any number between 0 and 500.
Eye Exam Performed	Valid values are: • Yes • No
Foot Exam Performed	Valid values are: • Yes • No • No - Medical Reasons
Has IVD	Valid values are: • Yes • No
Daily Aspirin Use	When the Has IVD value is Yes, this field becomes active. Valid values are: • Yes • No • No - Medical Reasons
Tobacco Use	Valid values are: • Yes • No • Not Screened
Comments	Allows for additional comments. This field is optional. This field is active when a selection has been made in DM Confirmed.

5.3.6 Patient Status - HF Tab

Select the **HF Tab**. The patient's Heart Failure data is displayed for review and update (Figure 5-11). The **HF Tab** consists of HF Confirmation, HF Measures, and a general Comments field.

Figure 5-11. Patient Status – HF Tab

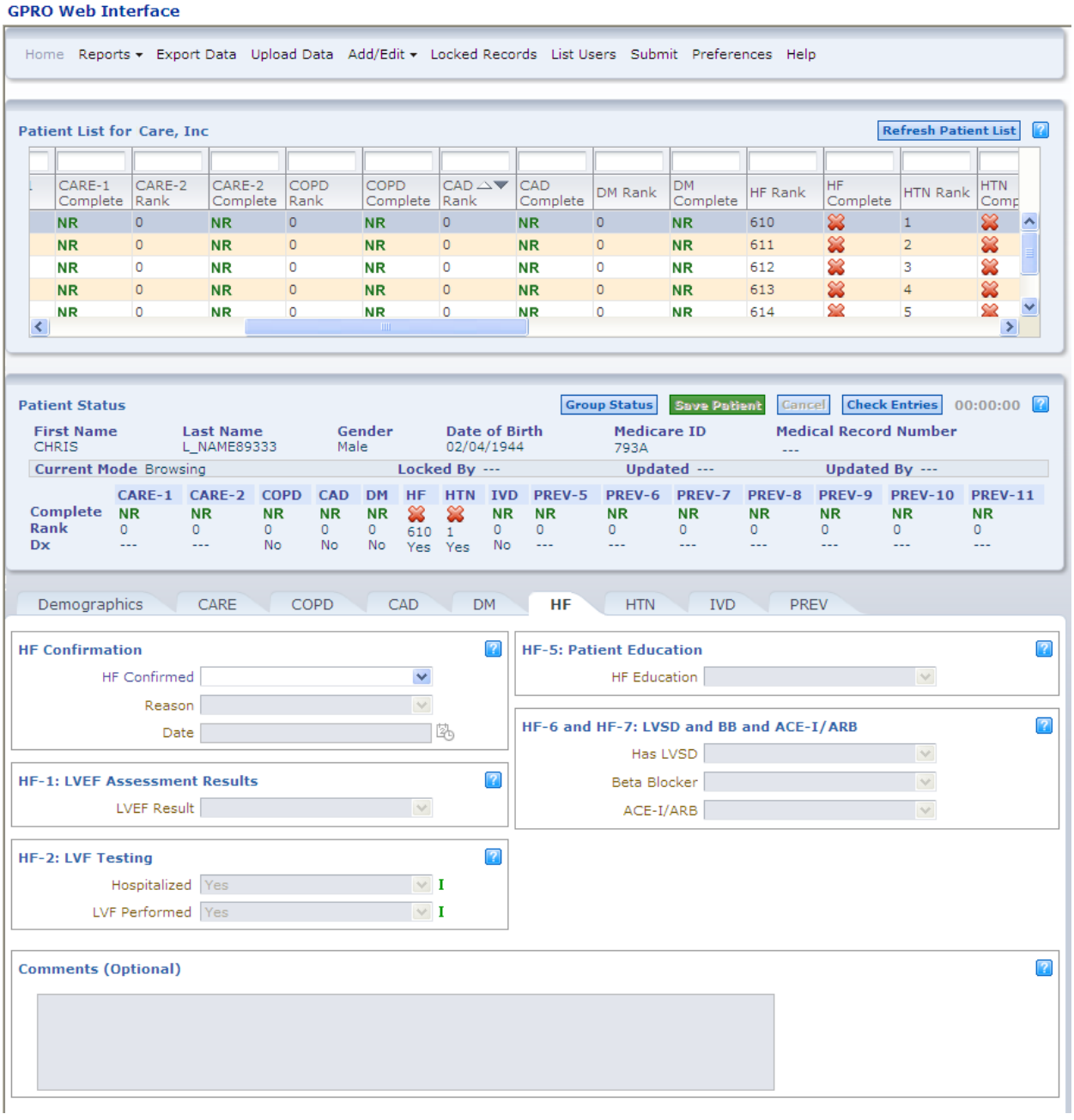


Table 5-7 describe the allowable values for the fields on the **HF Tab**:

Table 5-7. HF Field Descriptions

Data Element	Description
HF Confirmed	Valid values are: • Yes • Medical Record Not Found • Not Confirmed • Not Qualified for Sample
Reason	When the HF Confirmed value is Not Qualified for Sample, this field becomes active. Valid values are: • In Hospice • Moved out of Country • Deceased • Other CMS Approved Reason
Date	When the HF Confirmed value is Not Qualified for Sample, and the Reason is not Other CMS Approved Reason, this field becomes active. The format is MM/DD/YYYY.
LVEF Result	Valid values are: • Yes • No
Hospitalized	Valid values are: • Yes • No
LVF Performed	When the Hospitalized value is Yes, this field becomes active. Valid values are: • Yes • No • No - Medical Reasons • No - Patient Reasons

Data Element	Description
HF Education	Valid values are: • Yes • No
Has LVSD	Valid values are: • Yes • No
Beta Blocker	When the Has LVSD value is Yes, this field becomes active. Valid values are: • Yes • No • No - Medical Reasons • No - Patient Reasons • No - System Reasons
ACE-I/ARB	When the Has LVSD value is Yes, this field becomes active. Valid values are: • Yes • No • No - Medical Reasons • No - Patient Reasons • No - System Reasons
Comments	Allows for additional comments. This field is optional. This field is active when a selection has been made in HF Confirmed.

5.3.7 Patient Status - HTN Tab

Select the **HTN Tab**. The patient's Hypertension data is displayed for review and update (see Figure 5-12). The **HTN Tab** consists of HTN Confirmation, HTN Measure, and a general Comments field.

Figure 5-12. Patient Status – HTN Tab

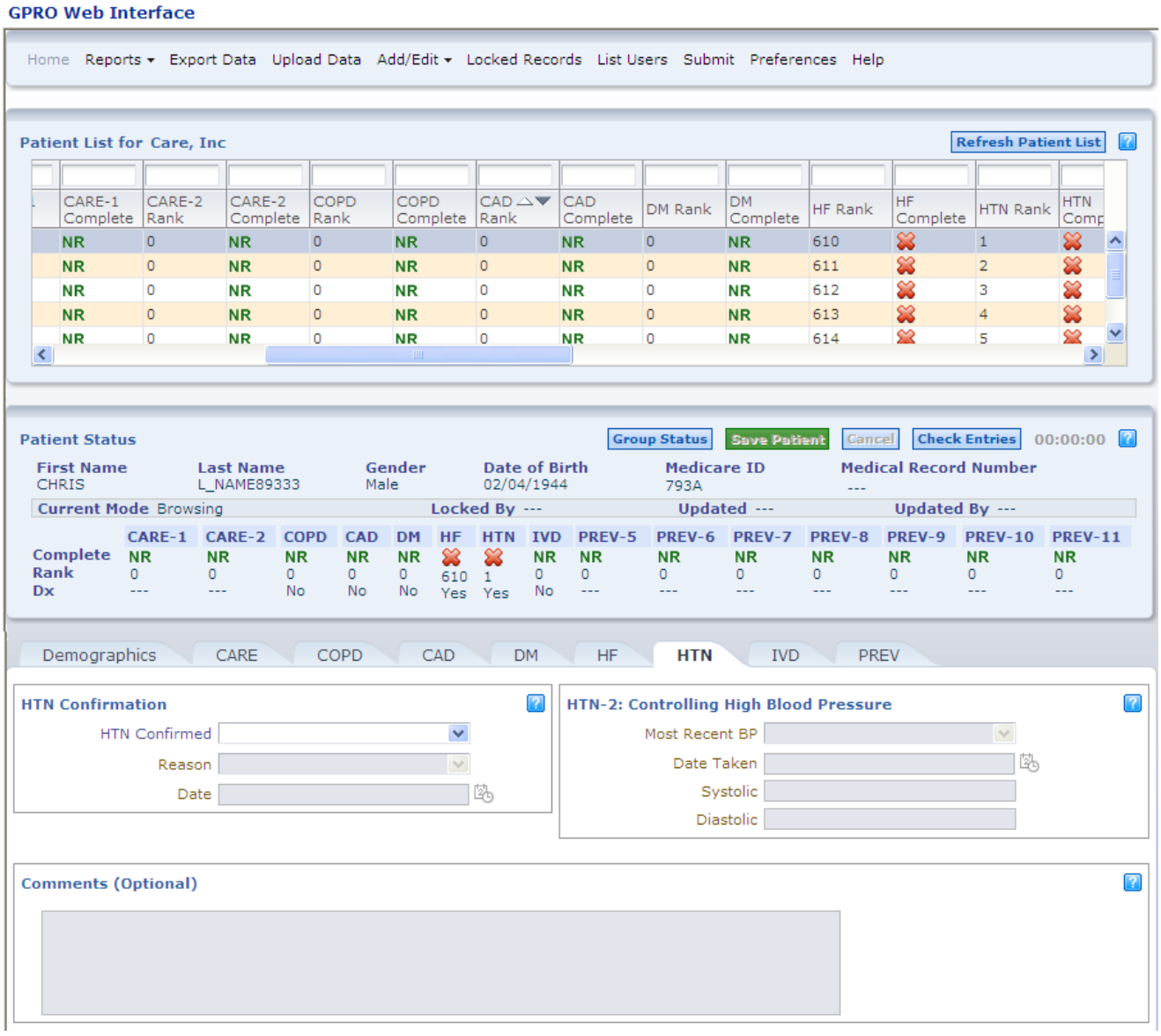


Table 5-8 describes the allowable values for the fields on the **HTN Tab**:

Table 5-8. HTN Field Descriptions

Data Element	Description
HTN Confirmed	Valid values are: • Yes • Medical Record Not Found • Not Confirmed • Not Qualified for Sample
Reason	When the HTN Confirmed value is Not Qualified for Sample, this field becomes active. Valid values are: • In Hospice • Moved out of Country • Deceased • Other CMS Approved Reason
Date	When the HTN Confirmed value is Not Qualified for Sample, and the Reason is not Other CMS Approved Reason, this field becomes active. The format is MM/DD/YYYY.
Most Recent BP	Valid values are: • Yes • No No - Medical Reasons
Date Taken	If Most Recent BP is "Yes" this field becomes available. Valid values are between 01/01/2012 and 12/31/2012. The format is MM/DD/YYYY.
Systolic Value	If Most Recent BP is "Yes" this field becomes available. The blood pressure systolic reading for latest office visit. Valid value is any number between 0 and 350.
Diastolic Value	If Most Recent BP is "Yes" this field becomes available. The blood pressure diastolic reading for latest office visit. Valid value is any number between 0 and 200.
Comments	Allows for additional comments. This field is optional. This field is active when a selection has been made in HTN Confirmed.

5.3.8 Patient Status – IVD Tab

Select the **IVD Tab**. The patient's Ischemic Vascular Disease data is displayed for review and update (Figure 5-13). The **IVD Tab** consists of IVD Confirmation, IVD Measures, and a general Comments field.

Figure 5-13. Patient Status – IVD Tab

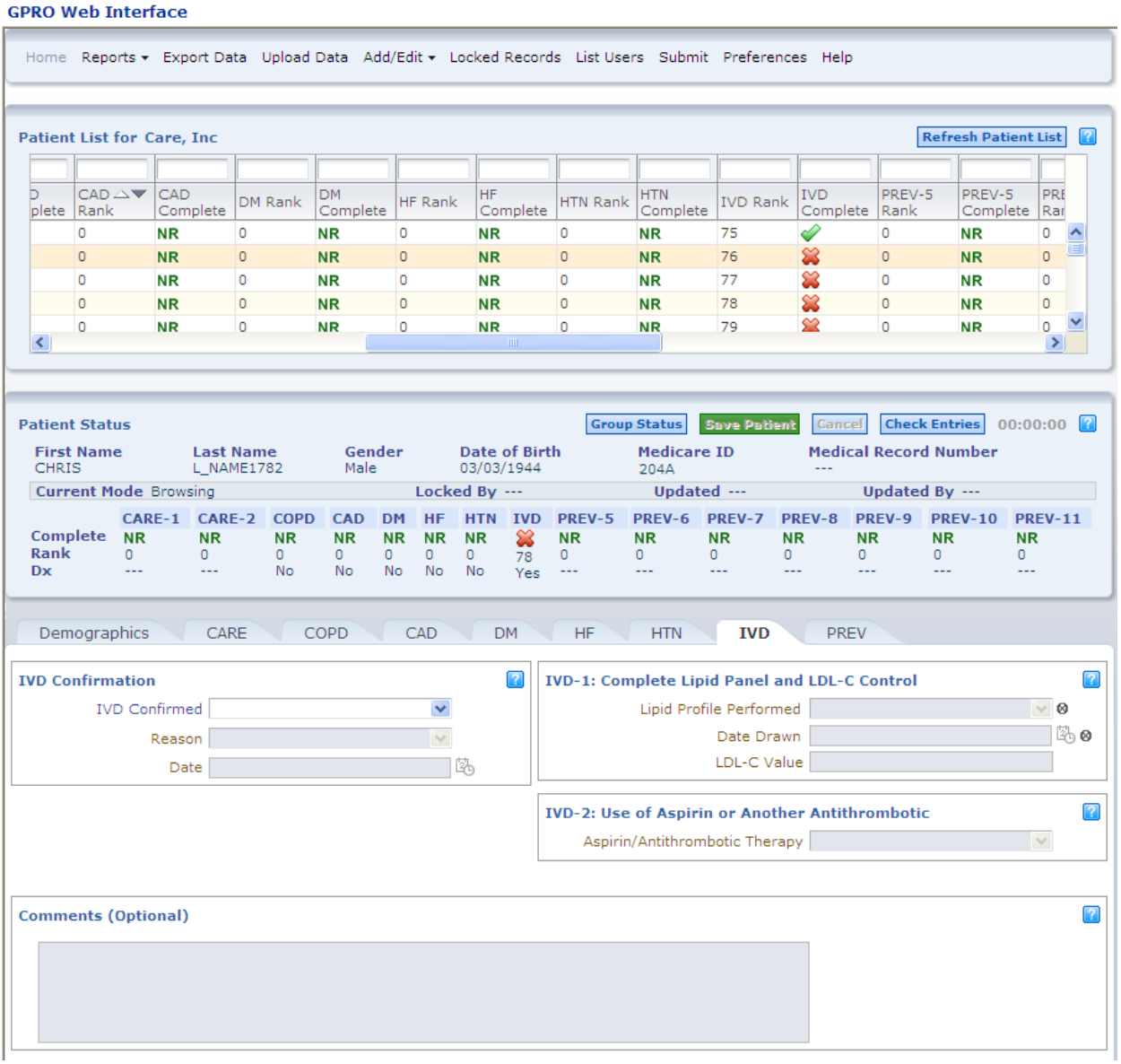


Table 5-9 describes the allowable values for the fields on the **IVD Tab**:

Table 5-9. IVD Field Descriptions

Data Element	Description
IVD Confirmed	Valid values are: • Yes • Medical Record Not Found • Not Confirmed • Not Qualified for Sample
Reason	When the IVD Confirmed value is Not Qualified for Sample, this field becomes active. Valid values are: • In Hospice • Moved out of Country • Deceased • Other CMS Approved Reason
Date	When the IVD Confirmed value is Not Qualified for Sample, and the Reason is not Other CMS Approved Reason, this field becomes active. The format is MM/DD/YYYY.
Lipid Profile Performed	Valid values are: • Yes • No
Date Drawn	When the LDL-C Test value is Yes, this field becomes active. Valid values are any date between 01/01/2012 and 12/31/2012. The format is MM/DD/YYYY.
LDL-C Value	When the LDL-C Test value is Yes, this field becomes active. Valid values are any number between 0 and 500.
Aspirin/Antithrombotic Therapy	Valid values are: • Yes • No
Comments	Allows for additional comments. This field is optional. This field is active when a selection has been made in IVD Confirmed.

5.3.9 Patient Status - PREV tab

The **PREV Tab** contains separately sampled modules. The **Medical Record Found** answer applies to all modules that a patient is ranked.

Select the **PREV Tab**. The patient's Preventive Care data is displayed for review and update. (Figure 5-14). The **PREV Tab** consists of Medical Record Found, PREV Measures, and general Comments field.

Figure 5-14. Patient Status – PREV Tab

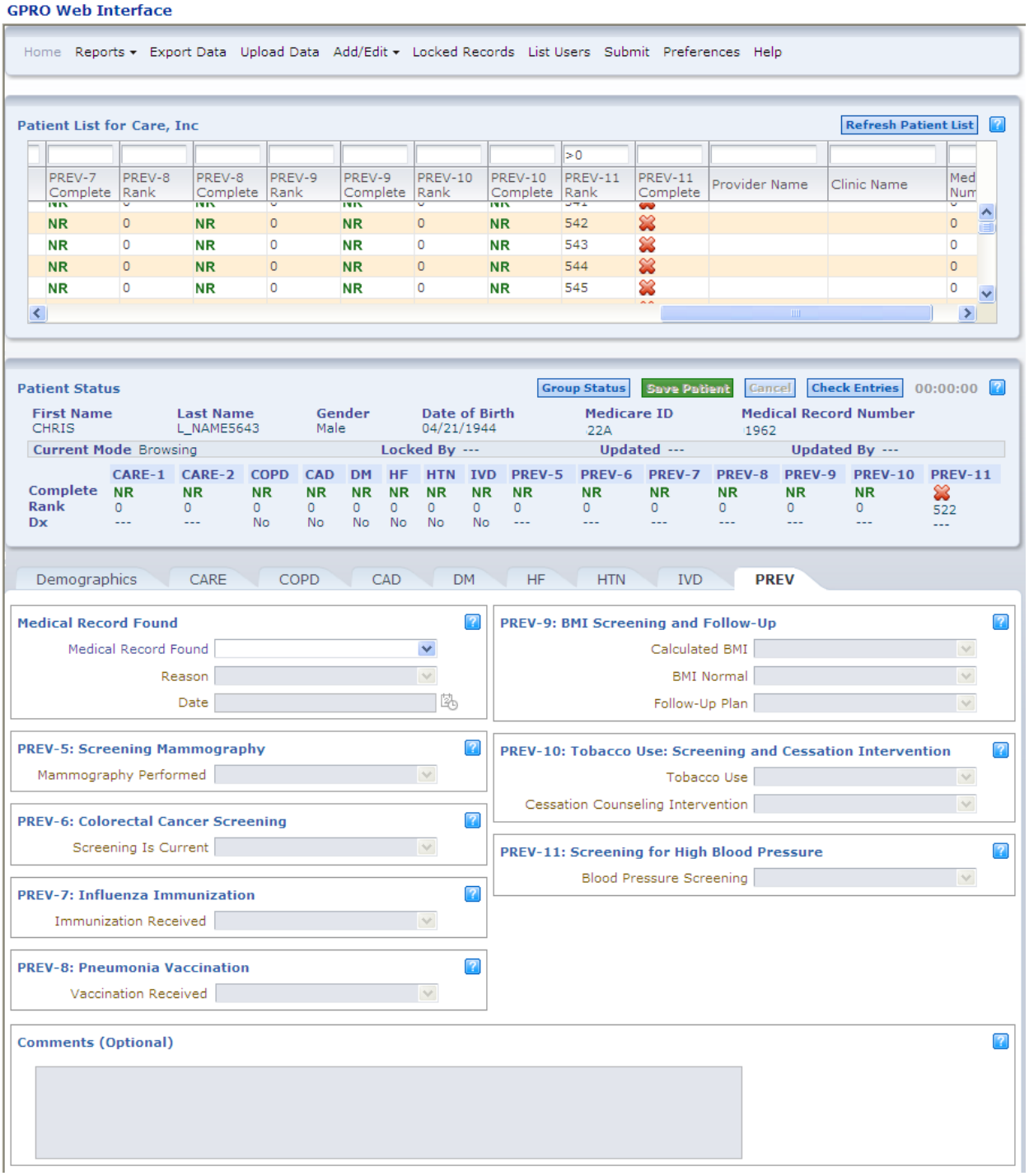


Table 5-10 describes the allowable values for the fields on the **PREV Tab**:

Table 5-10. PREV Field Definitions

Data Element	Description
Medical Record Found	When a patient is ranked in one of the PREV modules, this field becomes active. Valid values are: • Yes • No • Not Qualified for Sample
Reason	When Medical Record Found value is Not Qualified for Sample, this field becomes active. Valid values are: • In Hospice • Moved out of Country • Deceased • Other CMS Approved Reason
Date	When the Medical Record Found value is Not Qualified for Sample, and the Reason is not Other CMS Approved Reason, this field becomes active. The format is MM/DD/YYYY.
Mammogram Performed	Valid values are: • Yes • No • No - Medical Reasons The field will only be available when the patient is ranked in the PREV-5 module.
Screening is Current	Valid values are: • Yes • No • No - Medical Reasons The field will only be available when the patient is ranked in the PREV-6 module.

Data Element	Description
Immunization Received	Valid values are: • Yes • No • No - Medical Reasons • No - Patient Reasons • No - System Reasons The field will only be available when the patient is ranked in the PREV-7 module.
Vaccination Received	Valid values are: • Yes • No • No - Medical Reasons The field will only be available when the patient is ranked in the PREV-8 module.
Calculated BMI	Valid values are: • Yes • No • No - Medical Reasons • No - Patient Reasons • No - System Reasons The field will only be available when the patient is ranked in the PREV-9 module.
BMI Normal	When the Calculated BMI value is Yes, this field is active. Valid values are: • Yes • No
Follow-Up Plan	When the BMI Normal value is No, this field is active. Valid values are: • Yes • No

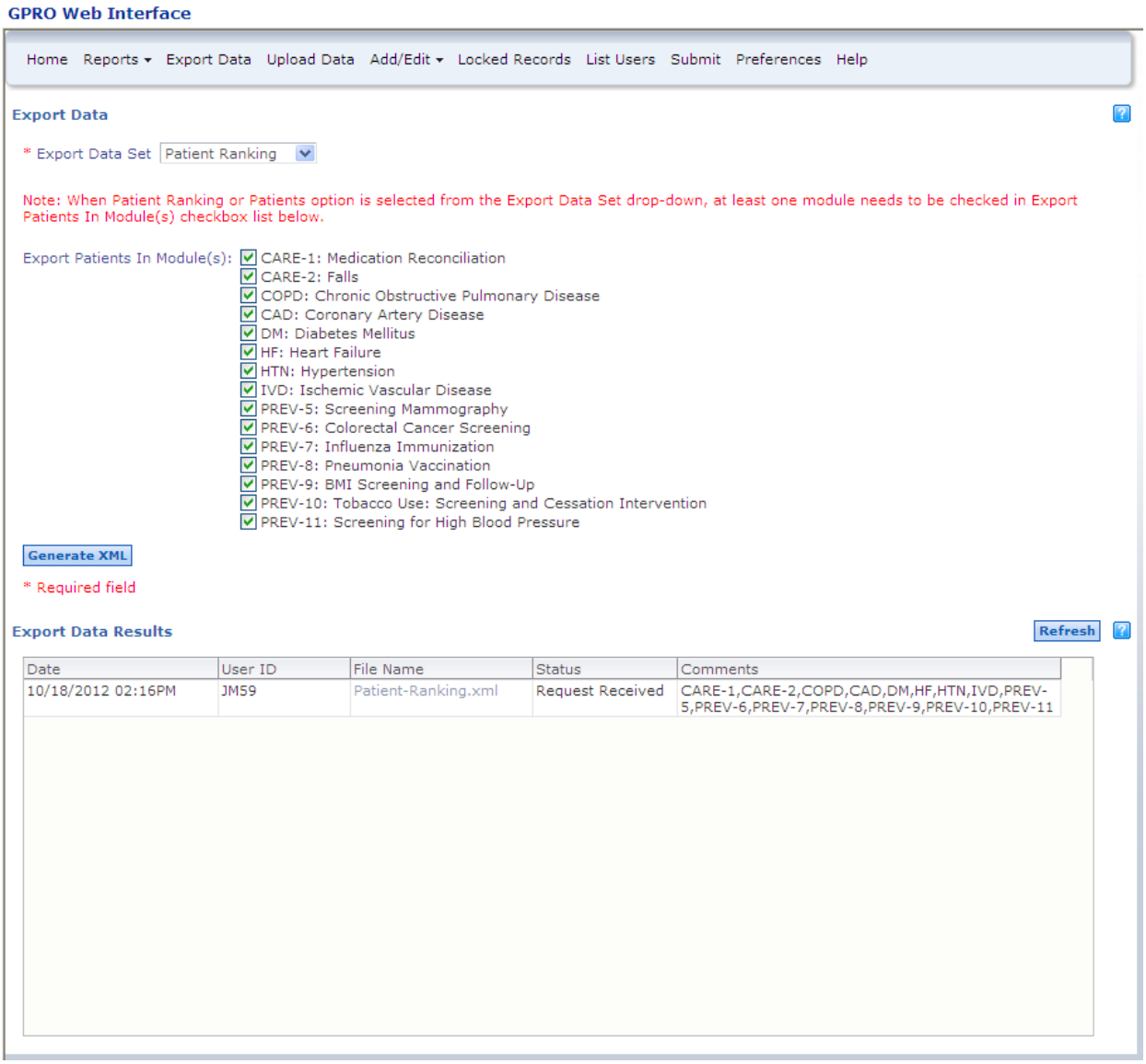
Data Element	Description
Tobacco Use	Valid values are: • Yes • No • Not Screened The field will only be available when the patient is ranked in the PREV-10 module.
Cessation Counseling Intervention	When the Tobacco Use value is "Yes" this field becomes active. Valid values are: • Yes • No
Blood Pressure Screening	Valid values are: • Yes • No • No - Medical Reasons • No - Patient Reasons The field will only be available when the patient is ranked in the PREV-11 module.
Comments	Allows for additional comments. This field is optional. This field is active when a selection has been made in Medical Record found.

5.4 Export Data

The Export function of the GPRO Web Interface enables you to download the patient list or the entire patient sample so that you can use another program or resource to create an XML file containing the patient data. You can then complete the data abstraction by uploading the XML file using the Upload Data function, described in Section 5.5. A sample Export Data screen is shown in Figure 5-15.

Figure 5-15 shows the Export Data screen with export options and the file list.

Figure 5-15. Export Data



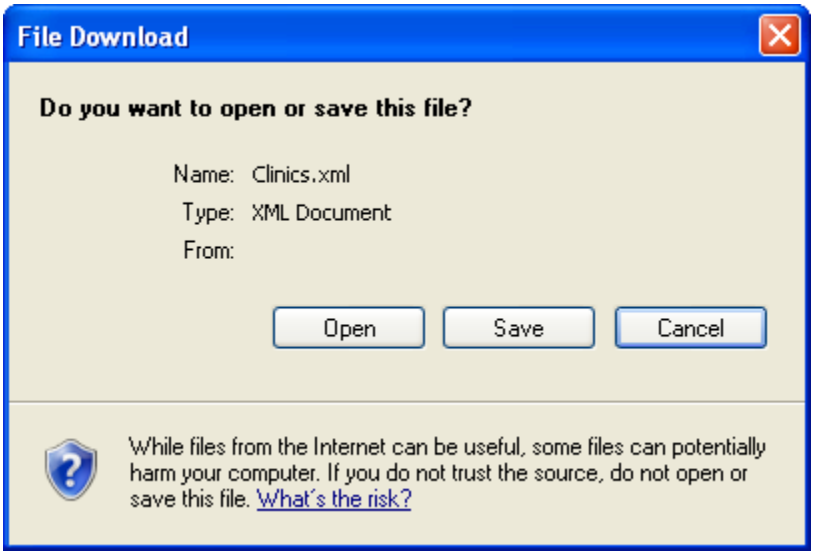
To Export Data:

1. From the Global Navigation, click Export Data.
2. Under Export Data Set, click the type of data to be uploaded, Patient Ranking, Patient, Patient Discharge, Providers, or Clinics.
3. If the data set to be exported is Patient Ranking or Patient, click the checkbox to check or uncheck the modules to be included in the generated XML file.
4. Click Generate XML.
5. The table on the Export Data screen will display the status of the files that have been generated.

6. When the file Status is Complete, the filename will be a hyperlink. Click on the Filename to export the file.
7. Click Save to save the file to your computer or click Open to open the file when the File Download screen opens.

   Figure 5-16 shows the File Download screen with the name of the file to be downloaded.

Figure 5-16. Windows File Download Pop-Up

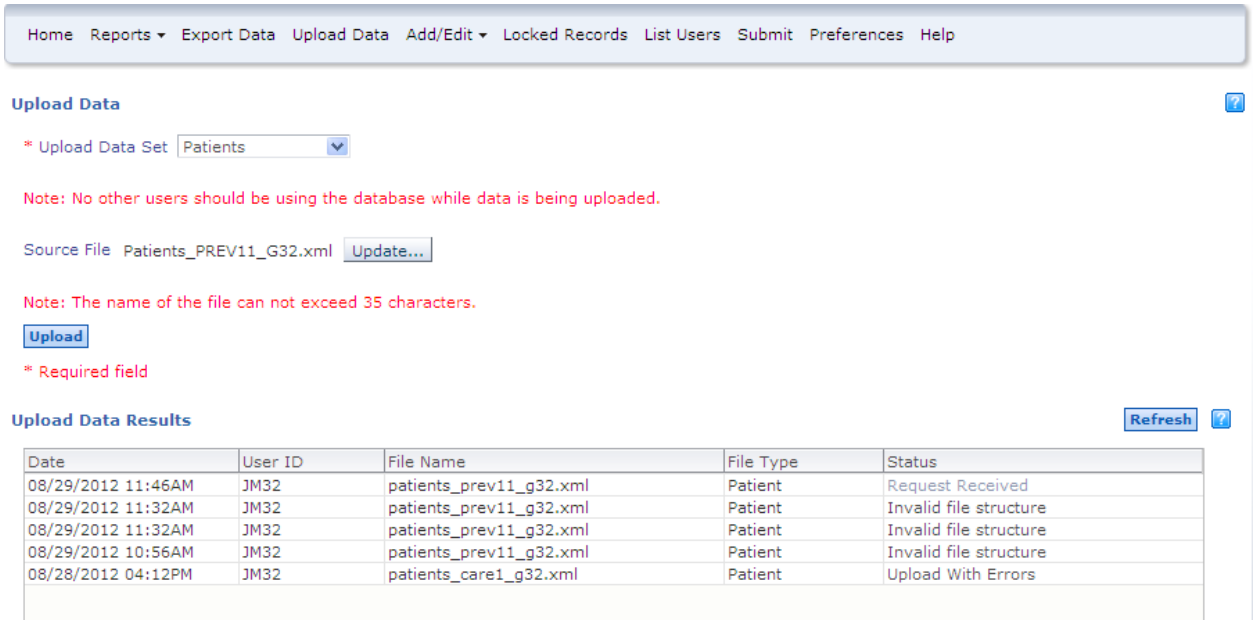


5.5 Upload Data

The Upload function of the GPRO Web Interface allows you to upload an XML file containing patient data that was created using another program or resource.

The **Upload Data** screen is shown in Figure 5-17.

Figure 5-17. Upload Data



Before attempting to export data, review the information on uploading and exporting in this document, the Online Help feature, and/or the XML Specifications.

Following are rules for Patient data to be uploaded:

- The upload process only updates existing patient records; no new patients are added. If the Medicare ID of the patient (PatIDHIC) to be uploaded is not found in the database, the information for that patient will not be uploaded. Details on the invalid Medicare ID will be provided in the Activity Logs.
- If the Medicare ID to be uploaded exists in the database, the existing record is updated with the uploaded values.

Following are rules for Patient Discharge data to be uploaded:

- If the Medicare ID number of the patient to be uploaded is not found in the database, the discharge data will not be uploaded. Details on the invalid Medicare ID will be provided in the Activity Logs.
- If the Medicare ID number of the patient to be uploaded is found in the database but the Discharge Date does not exist for the patient, the data will not be uploaded. Details on the invalid date will be provided in the Activity Logs.

- If the values of the Medicare ID and Discharge Date to be uploaded exist in the database, the existing record is updated with the uploaded values.
- There must be no duplicate Discharge Dates for each patient in the XML file. That is, the combination of Medicare ID and Discharge Date must be unique for each patient.

To Upload Data:

1. From the Global Navigation, click **Upload Data**. The **Upload Data** Screen appears.
2. Under Upload Data Set, click the type of data to be uploaded, Patient or Patient Discharge.
3. In the Source File field, use the **Browse…** or **Update…** button to select the file to be uploaded. If a file name does not exist in the Source File field, the button will say **Browse…**. If a file name exists in the Source File field, the button will be labeled **Update…**.
4. Click **Upload Data**.
5. The table on the **Upload Data** screen will display the status of the files that have been uploaded.
6. If there were errors in the file, the text in the Status column of the table can be clicked to display the errors.
7. No other users from your group practice (that is users with the same tax identification number in their IACS user profile) should use your group's database while data is being uploaded.

5.6 Add/Edit

The Add/Edit option is available to add a clinic or a provider that is not in the database, or to edit clinics or providers that were pre-populated.

1. From the Global Navigation, click on **Add/Edit**
2. Select **Clinic** (Figure 5-18) or **Provider** (Figure 5-19) in the displayed drop-down menu.

Figure 5-18. Add/Edit Screen - Clinic

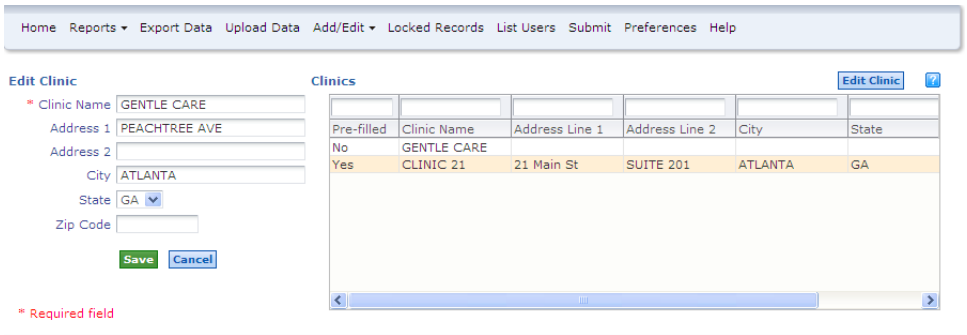
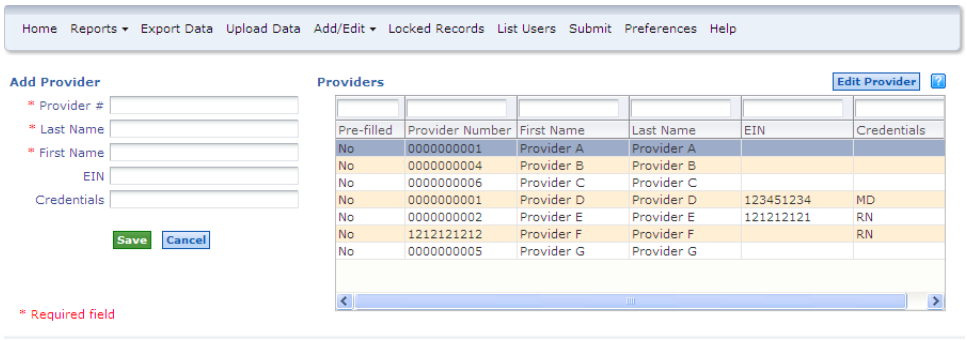


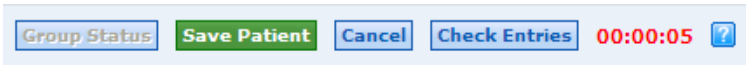
Figure 5-19. Add/Edit Screen - Provider



5.7 Data Validation

Any time you click the **Check Entries** or **Save Patient** button, the system confirms that any user-entered data is valid. Figure 5-20 shows the data validation buttons available on the Patient Status.

Figure 5-20. Data Validation Buttons



Data may be saved even if it is inconsistent between modules. See the Online Help for consistency checks.

To display a list of errors and warnings:

1. Click either the **Check Entries** or **Save Patient** button. The display of the Errors and Warnings can be disabled when saving patient data in the User Preferences Settings.
2. Error and Warnings will be displayed anytime the **Check Entries** button is selected. When the **Save Patient** button is selected, the Errors and Warnings are only displayed if there are errors or warnings, and if the Show Errors and Warnings option is selected in the User Preferences.
3. To go to the error, highlight the error and click on **Find Error**, or double click on the line containing the error.
4. To close the **Errors and Warnings** report, click **OK** or the "X" in the upper right corner.

   Figure 5-21 shows the **Errors and Warnings** screen with examples of validation errors and warnings.

Figure 5-21. Data Validation - Grid

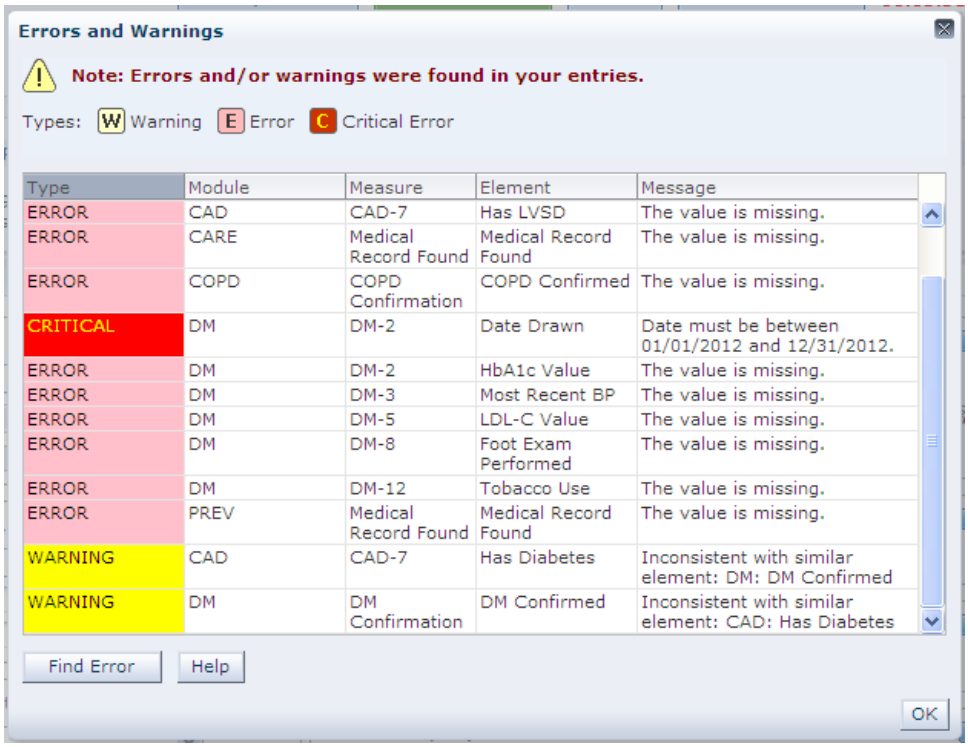


Table 5-11 shows the data elements and description of the columns on the **Errors and Warnings** screen.

Table 5-11. Errors and Warnings Field Descriptions

Data Element	Description
Type	Valid values are: • Warning • Error • Critical Error

Data Element	Description
Module	The tab on which the error can be found. Valid values are: • CARE • COPD • CAD • DM • HF • HTN • IVD • PREV
Measure	The specific individual measure that contains the error.
Element	The element within the measure with the error.
Message	Explanation of the error.

Note: When saving changes to patient data, your changes will only be saved to the database and the user action logged if no critical errors are present.

5.8 Reports

A variety of reports is accessible to users.

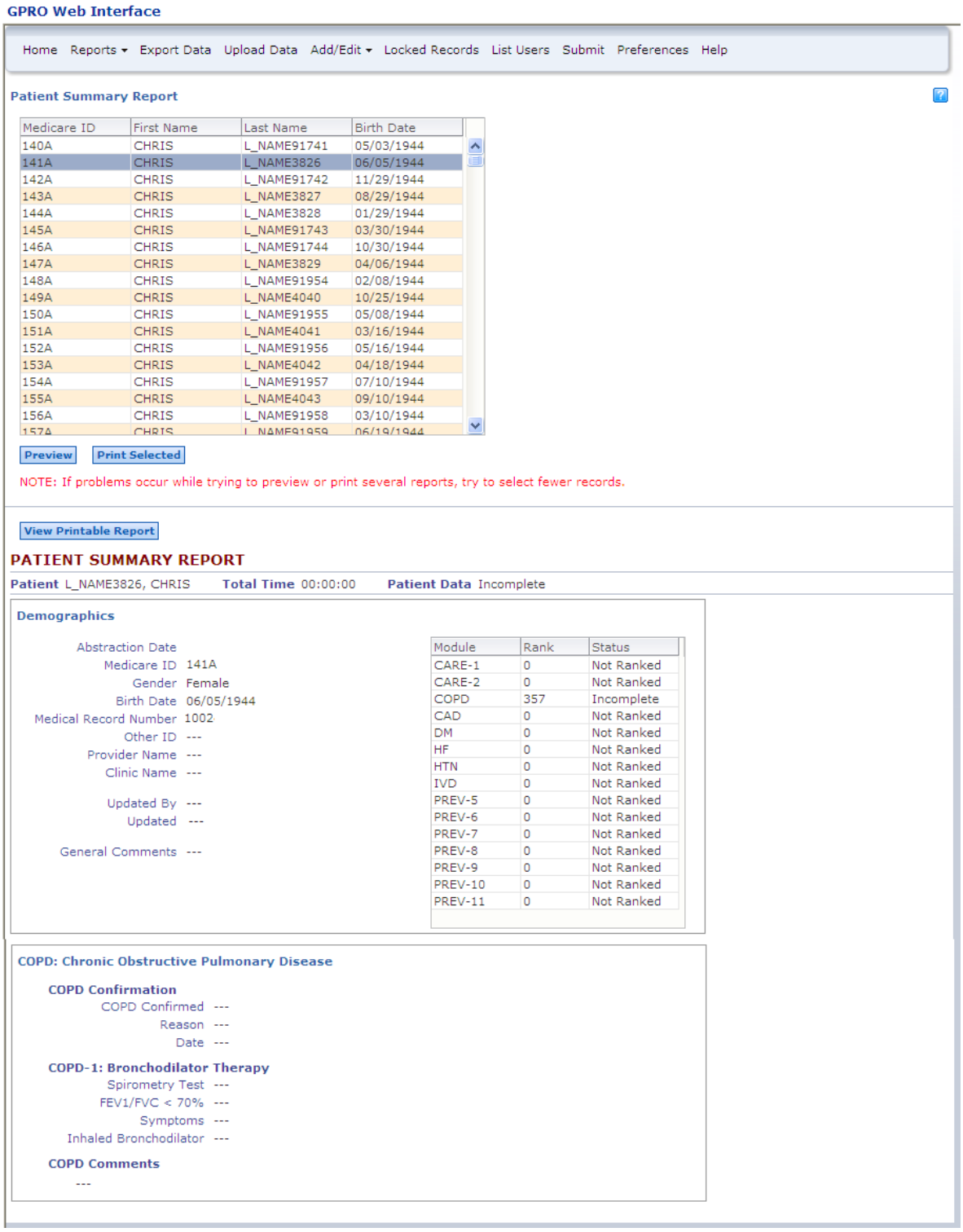
From the Global Navigation Menu ribbon located at the top of the page, select the report you wish to run from the Reports drop-down.

5.8.1 Patient Summary Report

The **Patient Summary Report** displays all information provided for a selected patient. A patient must be currently selected from the list for the report to run. You may print **several Patient Summary Reports** at a time by selecting multiple patients in the list. The data displayed will be the data saved as of the time the report was generated.

Figure 5-22 shows the **Patient Summary Report** for a patient ranked in COPD.

Figure 5-22. Patient Summary Report List and Details



1. From the Global Navigation, click on **Reports**.
2. Click **Patient Summary Report** in the displayed drop-down menu.
3. The **Patient Summary Report** screen is displayed with a list of patients in the modules selected in the user's Preferences.
4. Click one or more patients in the list at the top of the screen.
5. To view the report for the selected patient(s), click the **Preview** button.
6. To print the report for the selected patient(s), click the **Print Selected** button
7. To print a report displayed on the screen, select the **View Printable Report** button.
8. A new screen or tab, dependent on user's browser settings, will display a report that can be printed using standard browser print options.
9. Use the browsers print options to print the displayed report.

The patient's demographic data is displayed at the top of the report; beneath it is the data from each tab of the patient's record.

- If the patient is not ranked under a disease module or patient care module, that module and associated data will not be shown in the report.
- The information displayed in the Patient Status dashboard on the Home Page is included in the Demographics group in the **Patient Summary Report**.
- A Status column is added to the right of the Rank column indicating the data status of each module. Valid values are **Complete**, **Incomplete**, **Not Ranked**, or **Skipped**.

5.8.2 Totals Report Summary

The **Totals Report** provides the overall status of completeness for the patient sample. If the **Totals Report Summary** shows that a measure has not met the completion threshold, the **Totals Report Details** can help identify which records need to be completed. The Details section of the **Totals Summary Report** lists all ranked patients with rank and status. The figures below show the top and bottom of the report as an example of the format. All modules will be included in the full report.

Figure 5-23 shows the **Totals Summary** and **Details Tabs** with the top of a **Summary Report**.

Figure 5-23. Totals Report Summary – CARE-1 and CARE-2

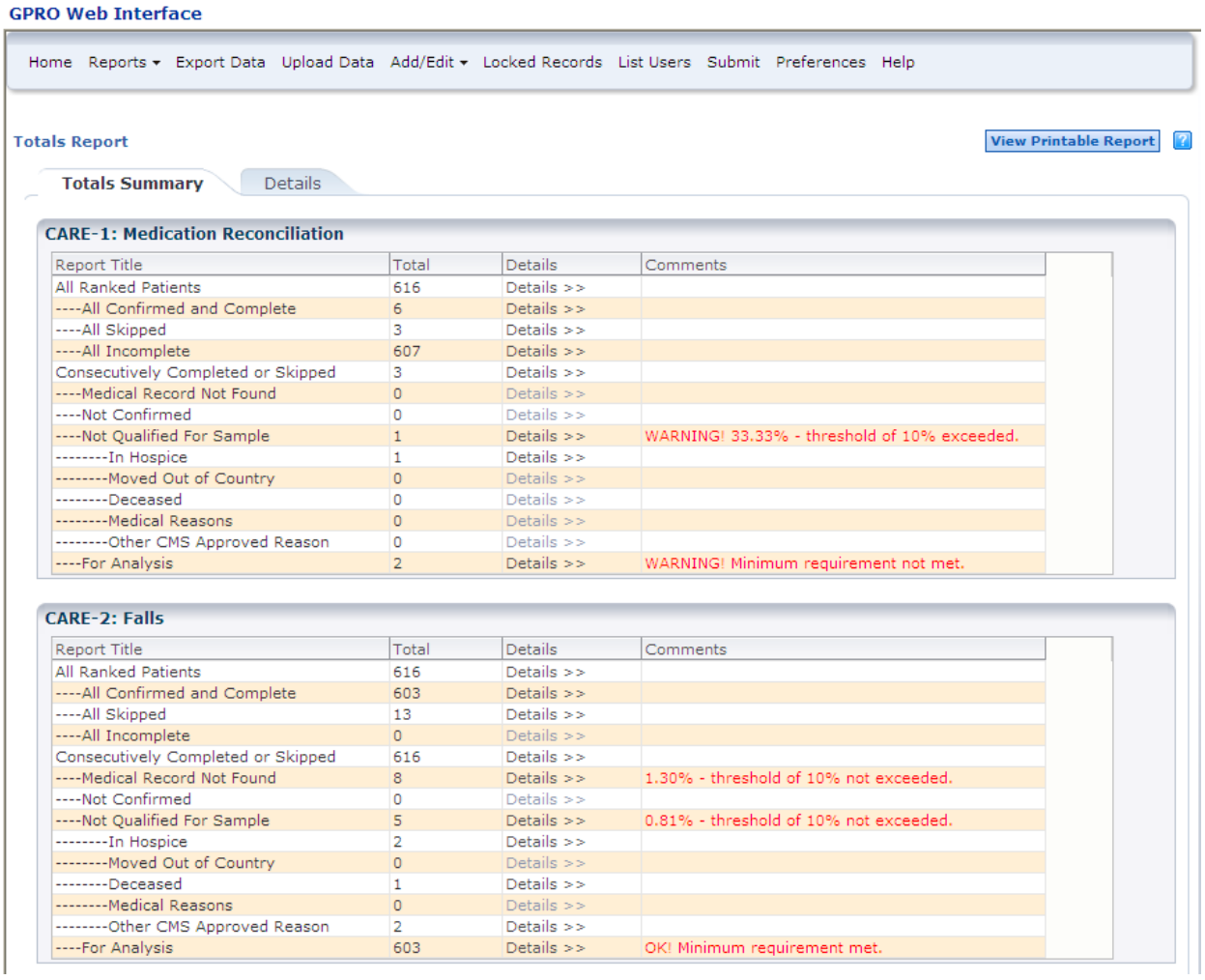
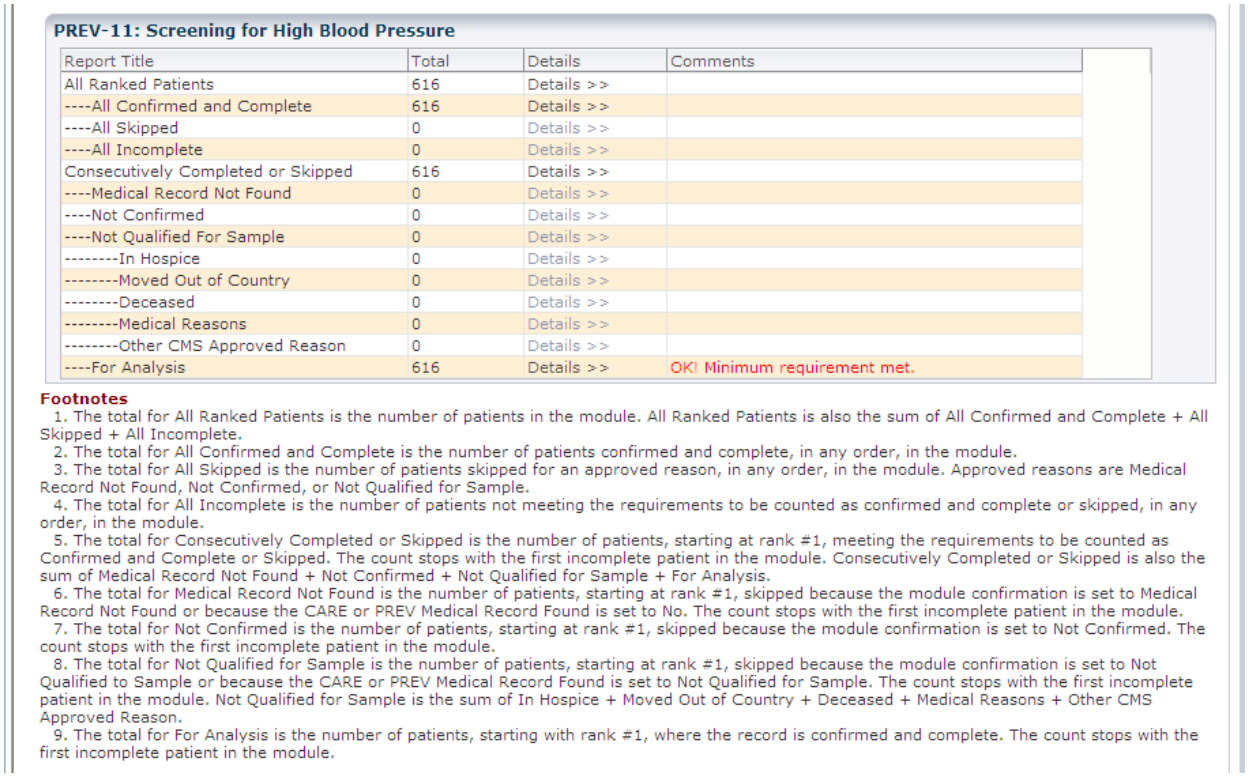


Figure 5-24 shows the summary for **PREV-11** and footnotes that are displayed at the end of the report.

Figure 5-24. Totals Report Summary – PREV-11 and Footnotes



PREV-11: Screening for High Blood Pressure

Report Title	Total	Details	Comments
All Ranked Patients	616	Details >>	
----All Confirmed and Complete	616	Details >>	
----All Skipped	0	Details >>	
----All Incomplete	0	Details >>	
Consecutively Completed or Skipped	616	Details >>	
----Medical Record Not Found	0	Details >>	
----Not Confirmed	0	Details >>	
----Not Qualified For Sample	0	Details >>	
--------In Hospice	0	Details >>	
--------Moved Out of Country	0	Details >>	
--------Deceased	0	Details >>	
--------Medical Reasons	0	Details >>	
--------Other CMS Approved Reason	0	Details >>	
----For Analysis	616	Details >>	OK! Minimum requirement met.

Footnotes

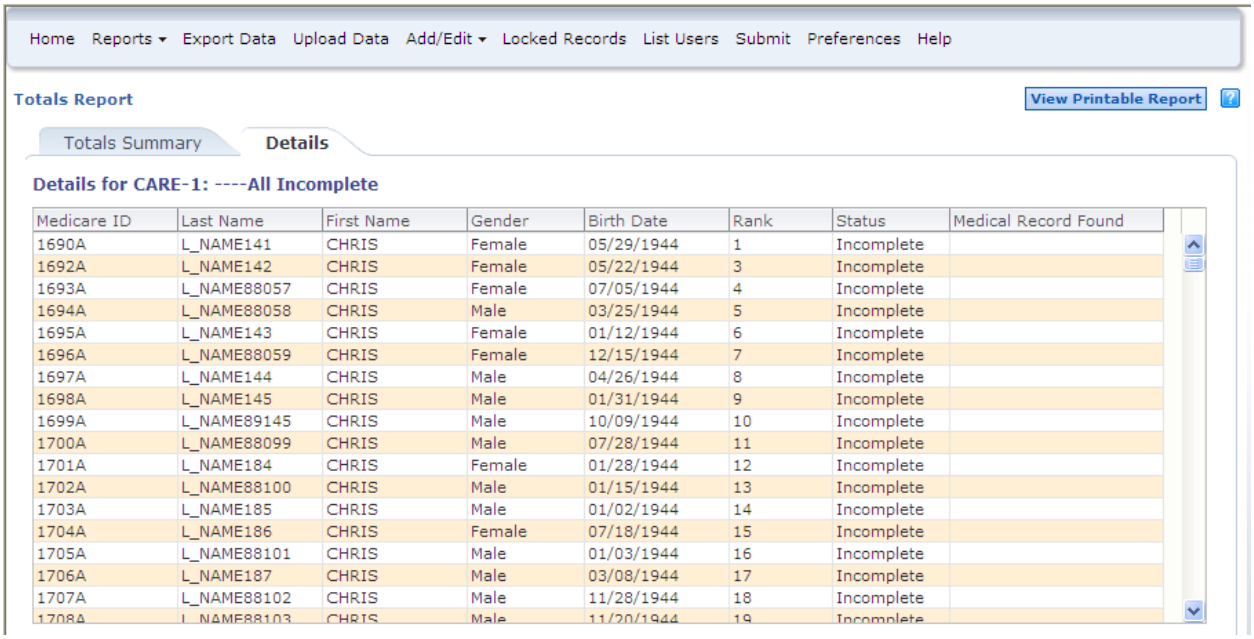
1. The total for All Ranked Patients is the number of patients in the module. All Ranked Patients is also the sum of All Confirmed and Complete + All Skipped + All Incomplete.
2. The total for All Confirmed and Complete is the number of patients confirmed and complete, in any order, in the module.
3. 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, or Not Qualified for Sample.
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 + Not Qualified for Sample + For Analysis.
6. The total for Medical Record Not Found is the number of patients, starting at rank #1, skipped because the module confirmation is set to Medical Record Not Found or because the CARE or PREV 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. The count stops with the first incomplete patient in the module.
8. The total for Not Qualified for Sample is the number of patients, starting at rank #1, skipped because the module confirmation is set to Not Qualified to Sample or because the CARE or PREV Medical Record Found is set to Not Qualified for 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 + Medical Reasons + Other CMS Approved Reason.
9. 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.

To display **Totals Report** Details:

1. Highlight a row (for example CARE-1: All Incomplete).
2. Click the **Details** tab (next to the Totals Summary tab).
3. An alternate method to display the Totals Report Details is to double click the row containing the data to be displayed.
4. A third method to display the Totals Report Details is to click the **Details >>** hyperlink in the Details column for the row.

   Figure 5-25 shows the Totals Report Details for the incomplete patients in CARE-1.

Figure 5-25. Totals Report Details

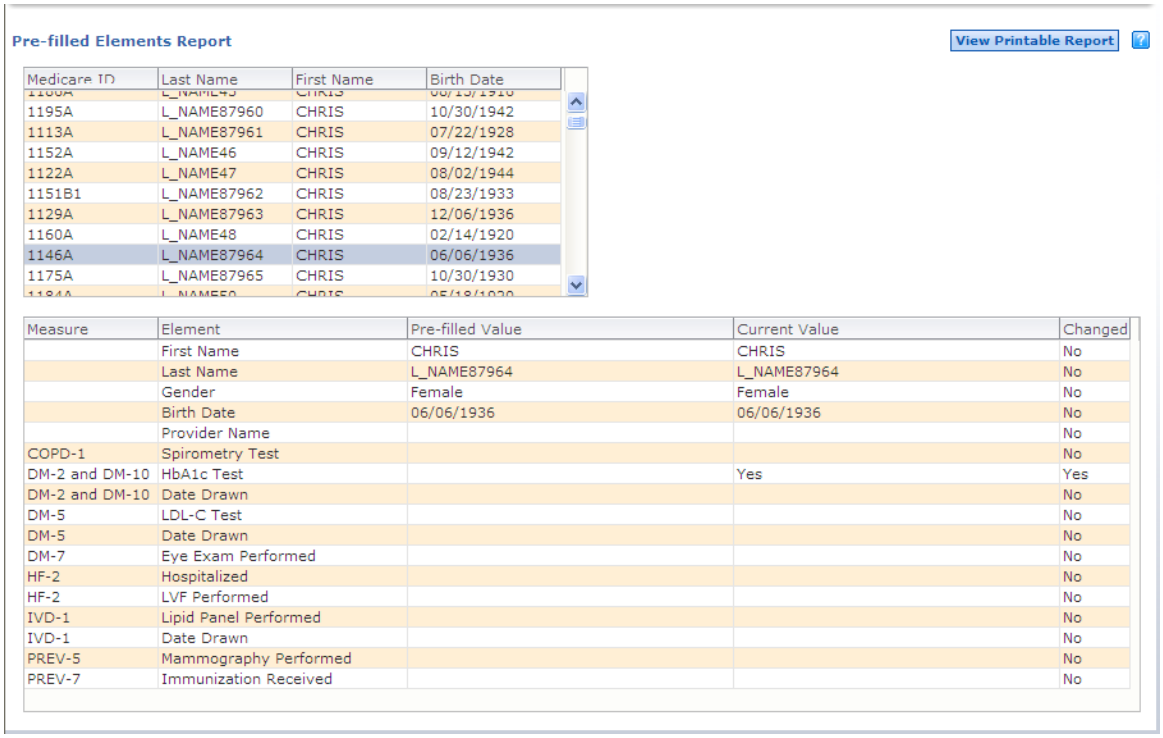


Medicare ID	Last Name	First Name	Gender	Birth Date	Rank	Status	Medical Record Found
1690A	L_NAME141	CHRIS	Female	05/29/1944	1	Incomplete	
1692A	L_NAME142	CHRIS	Female	05/22/1944	3	Incomplete	
1693A	L_NAME88057	CHRIS	Female	07/05/1944	4	Incomplete	
1694A	L_NAME88058	CHRIS	Male	03/25/1944	5	Incomplete	
1695A	L_NAME143	CHRIS	Female	01/12/1944	6	Incomplete	
1696A	L_NAME88059	CHRIS	Female	12/15/1944	7	Incomplete	
1697A	L_NAME144	CHRIS	Male	04/26/1944	8	Incomplete	
1698A	L_NAME145	CHRIS	Male	01/31/1944	9	Incomplete	
1699A	L_NAME89145	CHRIS	Male	10/09/1944	10	Incomplete	
1700A	L_NAME88099	CHRIS	Male	07/28/1944	11	Incomplete	
1701A	L_NAME184	CHRIS	Female	01/28/1944	12	Incomplete	
1702A	L_NAME88100	CHRIS	Male	01/15/1944	13	Incomplete	
1703A	L_NAME185	CHRIS	Male	01/02/1944	14	Incomplete	
1704A	L_NAME186	CHRIS	Female	07/18/1944	15	Incomplete	
1705A	L_NAME88101	CHRIS	Male	01/03/1944	16	Incomplete	
1706A	L_NAME187	CHRIS	Male	03/08/1944	17	Incomplete	
1707A	L_NAME88102	CHRIS	Male	11/28/1944	18	Incomplete	
1708A	L_NAME88103	CHRIS	Male	11/20/1944	19	Incomplete	

5.8.3 Pre-filled Elements Report

The **Pre-filled Elements Report** lists the values that were pre-filled in the database during the beneficiary sampling. This report shows all of the fields that have been changed from their system default values. It shows what the system default value was, what the current value is, and indicates whether they are different. All possible pre-filled values are included on the report, but the report will not contain values if the patient is not ranked in the associated module. Figure 5-26 shows the **Pre-filled Elements Report** screen with a patient list and an individual patient's report**.**

Figure 5-26. Pre-Filled Elements Report



To run the **Pre-filled Elements Report**:

1. From the Global Navigation, click on **Reports**.
2. Click **Pre-filled Elements Report** in the displayed drop-down menu.
3. The Pre-filled Elements Report screen is displayed with a list of patients in the modules selected in the user's Preferences.
4. Click a patient from the list of patients. The pre-filled data for the selected patient will be displayed below the list.
5. To print a report, select the **View Printable Report** button.
6. A new screen or tab, dependent on user's browser settings, will display a report that can be printed using standard browser print options.

7. Use the browsers print options to print the viewable report.

5.8.4 Measure Rates Report

The **Measure Rates Report** displays the performance rates of all the clinical quality measures for a group practice. The definitions of each column are listed in the footnotes of the report. The figures below show the top and bottom of the report as an example of the format. All modules will be included in the full report.

Figure 5-27 shows the top of the **Measure Rates Report** and the tabs to select **Detail** or **Summary** data.

Figure 5-27. Measure Rates Report - Top

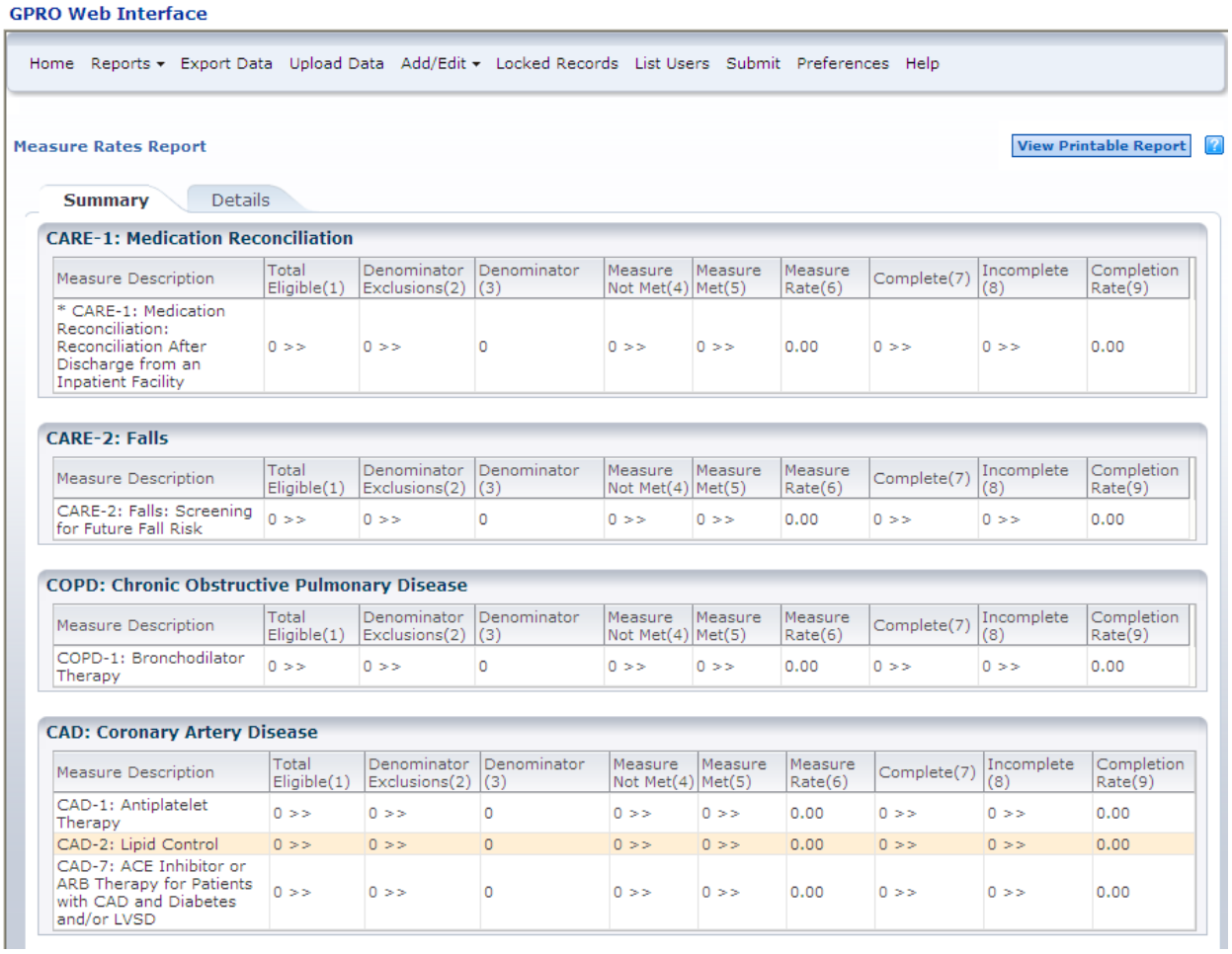
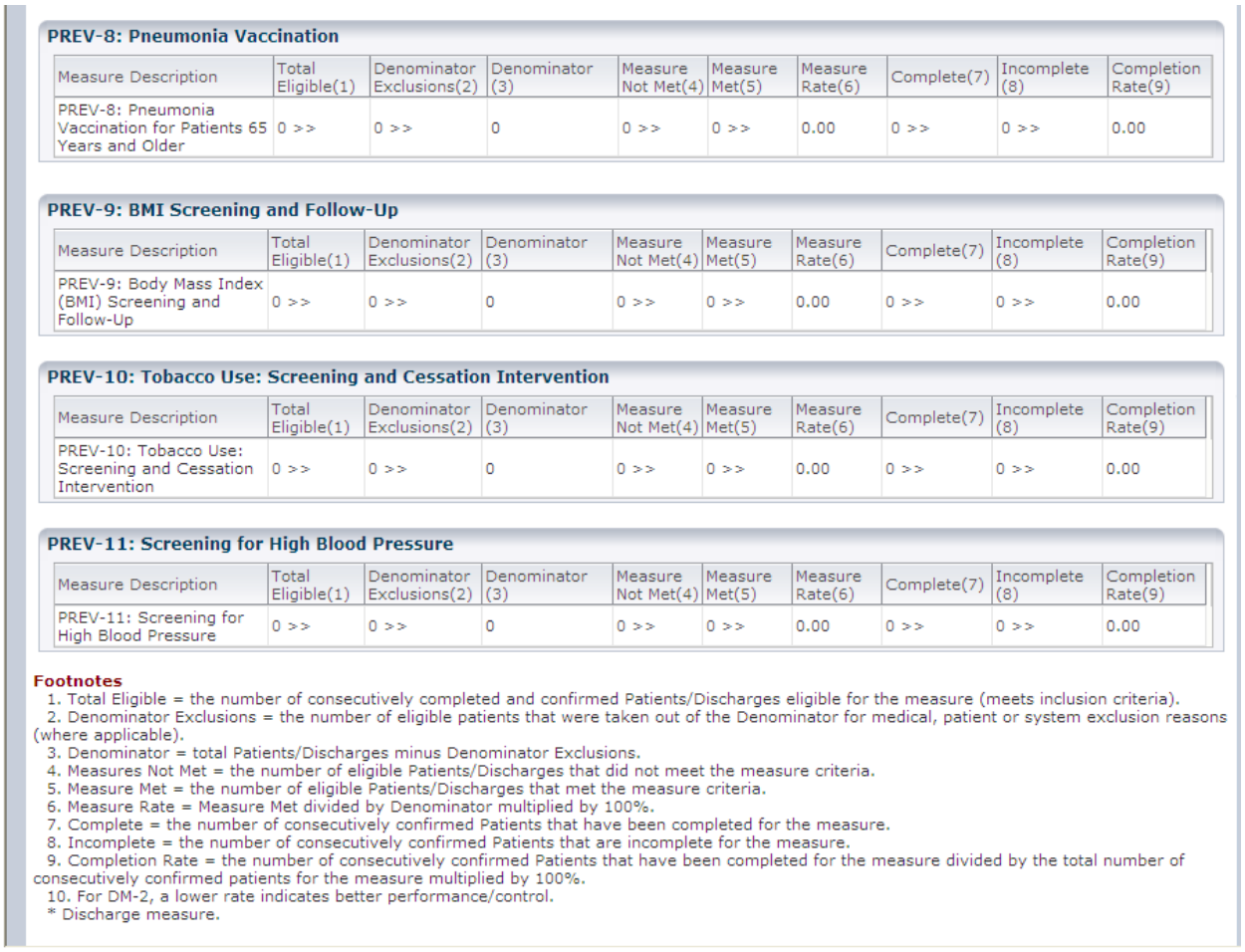


Figure 5-28 shows the end of the **Measure Rates Report** with footnotes.

Figure 5-28. Measure Rates Report - Bottom



PREV-8: Pneumonia Vaccination

Measure Description	Total Eligible(1)	Denominator Exclusions(2)	Denominator (3)	Measure Not Met(4)	Measure Met(5)	Measure Rate(6)	Complete(7)	Incomplete (8)	Completion Rate(9)
PREV-8: Pneumonia Vaccination for Patients 65 Years and Older	0 >>	0 >>	0	0 >>	0 >>	0.00	0 >>	0 >>	0.00

PREV-9: BMI Screening and Follow-Up

Measure Description	Total Eligible(1)	Denominator Exclusions(2)	Denominator (3)	Measure Not Met(4)	Measure Met(5)	Measure Rate(6)	Complete(7)	Incomplete (8)	Completion Rate(9)
PREV-9: Body Mass Index (BMI) Screening and Follow-Up	0 >>	0 >>	0	0 >>	0 >>	0.00	0 >>	0 >>	0.00

PREV-10: Tobacco Use: Screening and Cessation Intervention

Measure Description	Total Eligible(1)	Denominator Exclusions(2)	Denominator (3)	Measure Not Met(4)	Measure Met(5)	Measure Rate(6)	Complete(7)	Incomplete (8)	Completion Rate(9)
PREV-10: Tobacco Use: Screening and Cessation Intervention	0 >>	0 >>	0	0 >>	0 >>	0.00	0 >>	0 >>	0.00

PREV-11: Screening for High Blood Pressure

Measure Description	Total Eligible(1)	Denominator Exclusions(2)	Denominator (3)	Measure Not Met(4)	Measure Met(5)	Measure Rate(6)	Complete(7)	Incomplete (8)	Completion Rate(9)
PREV-11: Screening for High Blood Pressure	0 >>	0 >>	0	0 >>	0 >>	0.00	0 >>	0 >>	0.00

Footnotes

1. Total Eligible = the number of consecutively completed and confirmed Patients/Discharges eligible for the measure (meets inclusion criteria).
2. Denominator Exclusions = the number of eligible patients that were taken out of the Denominator for medical, patient or system exclusion reasons (where applicable).
3. Denominator = total Patients/Discharges minus Denominator Exclusions.
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.

* Discharge measure.

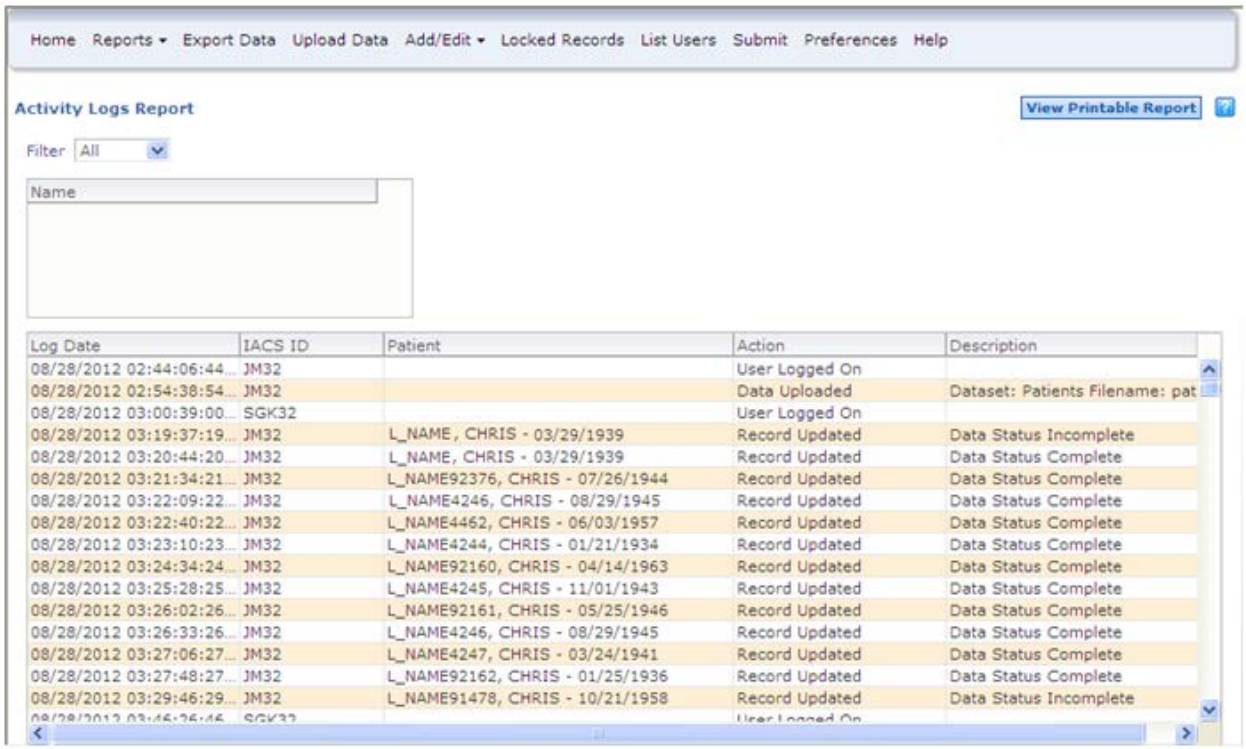
To run the **Measure Rates Report**:

1. From the Global Navigation, click on **Reports**.
2. Click **Measure Rates Report** in the displayed drop-down menu.
3. The Summary Report will be displayed.
4. Each row in the report contains detailed information for the count displayed. Numbers with >> are hyperlinks to the detail. Click on any count that is followed by >> to view the details on the patients included in the count.
5. To print a report, select the **View Printable Report** button.
6. A new screen or tab, dependent on user's browser settings, will display a report that can be printed using standard browser print options.

5.8.5 Activity Logs Report

Actions performed by each user of the GPRO Web Interface are recorded and stored in the database. Actions recorded include logging in and making changes to patient records. The log stores dates and times of all actions along with the username of the user who performed them, and the patient name, if the action was on a specific patient. You can display the actions taken by a specific user, by all users on a single patient, or by all actions for all users on all patients. Figure 5-29 shows the **Activity Log Report** with the **All** option selected.

Figure 5-29. Activity Logs Report



To run the **Activity Logs Report**:

1. From the Global Navigation, click on **Reports**.
2. Click **Activity Logs Report** in the displayed drop-down menu.
3. To filter the data displayed click on the **Filter** menu.
4. Click on **All** to display all the activity for all users.
5. Click on **Patients**, and then click on a patient in the list of patient names to display all activity on a single patient.
6. Click on **Users**, and then click on a user in the list of user names to display all activity taken by a single patient.
7. To print a report, select the **View Printable Report** button.

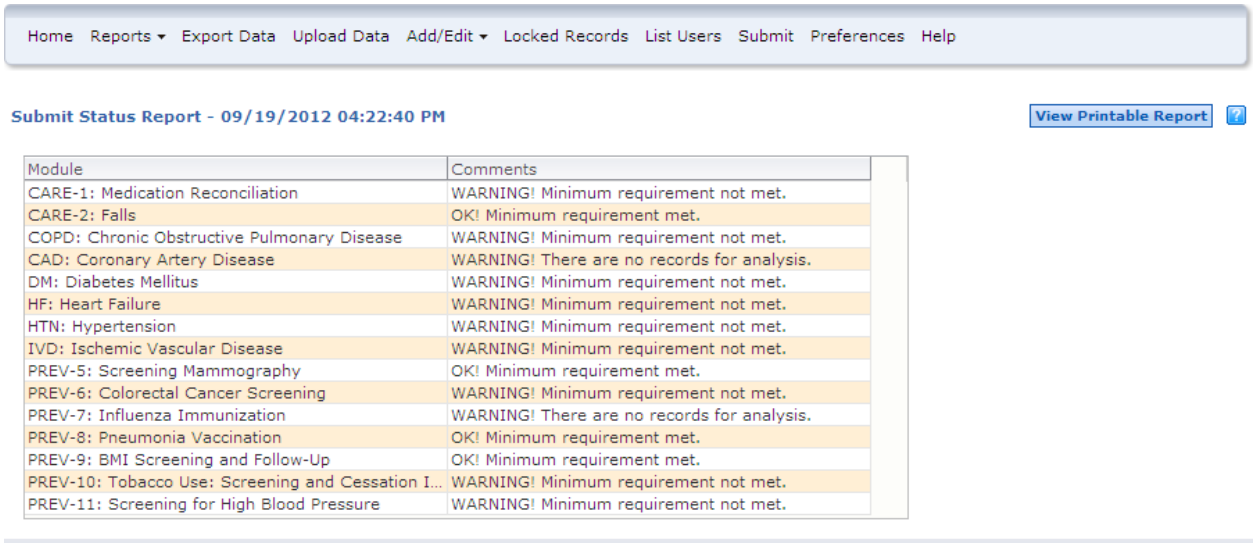
8. A new screen or tab, dependent on user's browser settings, will display a report that can be printed using standard browser print options.

5.8.6 Submit Status Report

A report showing the date time the final data was submitted to CMS can be generated and printed. The report will show the completion status of each module at the time the data was submitted.

Figure 5-30 shows the **Submit Status Report**.

Figure 5-30. Submit Status Report



Module	Comments
CARE-1: Medication Reconciliation	WARNING! Minimum requirement not met.
CARE-2: Falls	OK! Minimum requirement met.
COPD: Chronic Obstructive Pulmonary Disease	WARNING! Minimum requirement not met.
CAD: Coronary Artery Disease	WARNING! There are no records for analysis.
DM: Diabetes Mellitus	WARNING! Minimum requirement not met.
HF: Heart Failure	WARNING! Minimum requirement not met.
HTN: Hypertension	WARNING! Minimum requirement not met.
IVD: Ischemic Vascular Disease	WARNING! Minimum requirement not met.
PREV-5: Screening Mammography	OK! Minimum requirement met.
PREV-6: Colorectal Cancer Screening	WARNING! Minimum requirement not met.
PREV-7: Influenza Immunization	WARNING! There are no records for analysis.
PREV-8: Pneumonia Vaccination	OK! Minimum requirement met.
PREV-9: BMI Screening and Follow-Up	OK! Minimum requirement met.
PREV-10: Tobacco Use: Screening and Cessation I...	WARNING! Minimum requirement not met.
PREV-11: Screening for High Blood Pressure	WARNING! Minimum requirement not met.

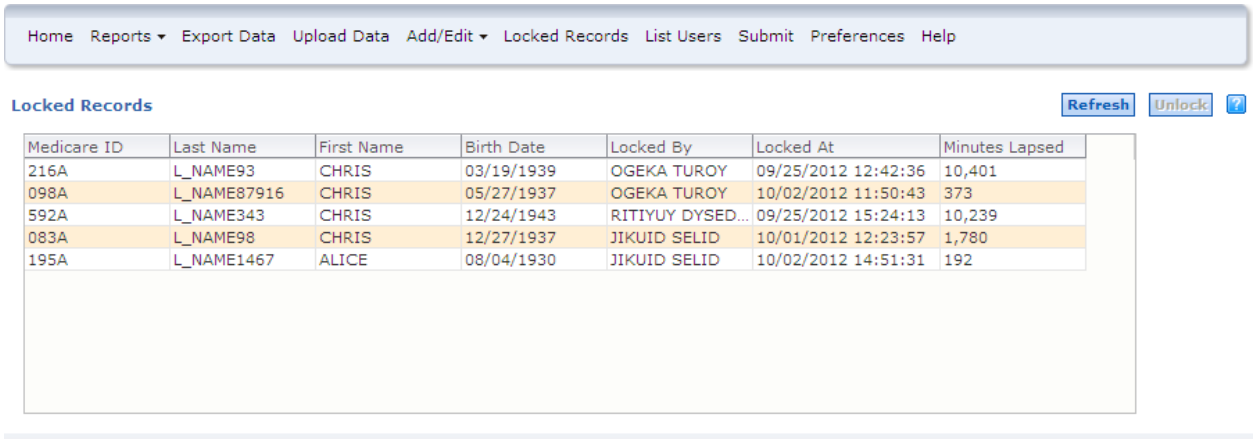
1. From the Global Navigation, click on **Reports**.
2. Select **Submit Status Report** in the displayed drop-down menu.
3. To print a report, select the **View Printable Report** button.
4. A new screen or tab, dependent on user's browser settings, will display a report that can be printed using standard browser print options.

5.9 Locked Records

This is available to unlock a patient's record so it may be edited. A patient's record is locked when a user makes any changes to the record. It remains locked until the user selects **Save Patient** or **Cancel**. A record may remain locked if the browser is closed before saving or discarding the changes to the record.

A user may continue to edit a patient's record without unlocking the record from the Locked Records screen if they are the locking user. The Locked Records screen is available to unlock a record owned by a user who is not available to unlock the record, or to unlock a record when additional edits are not needed. Figure 5-31 shows the **Locked Records** screen with a list of patients with locked records.

Figure 5-31. Locked Records Screen



To access a locked record:

1. From the Global Navigation, click on **Locked Records**.
2. Select a row in the displayed table.
3. Select **Unlock** to unlock the selected patient.
4. If the user is listed in the *Locked By* column, that user may unlock the record at any time. If the *Minutes Lapsed* exceeds 1440 (24 hours), any user may unlock the record.

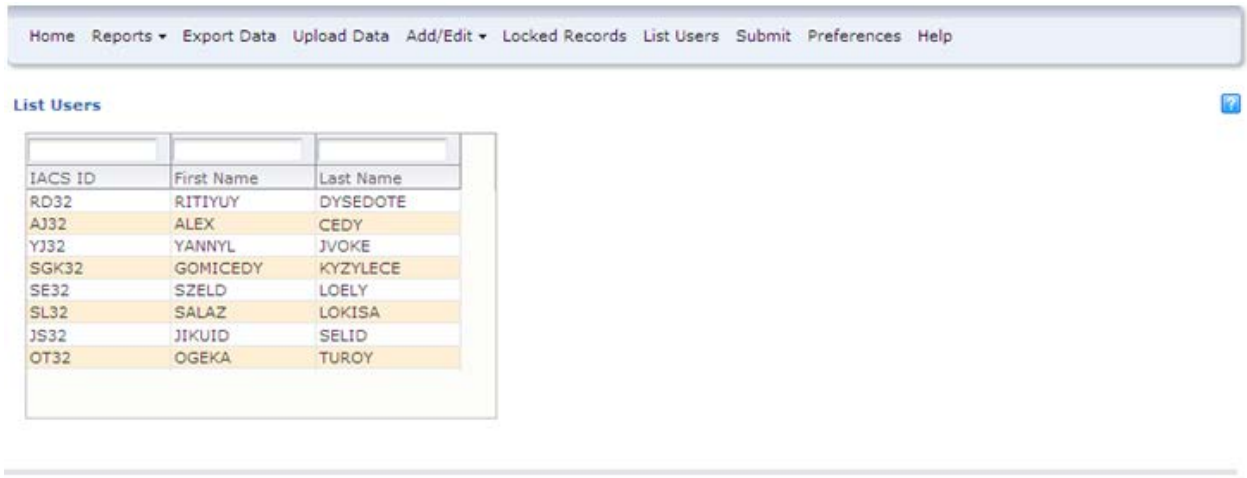
5.10 List Users

This is available to provide a list of users associated to the Taxpayer Identification Number through their IACS ID who have logged into the GPRO Web Interface. The list provides the IACS ID and User's first and last name in a list that can be sorted and filtered.

From the Global Navigation, click on **List Users**.

Figure 5-32 shows the **List Users** screen with the list of users who have accessed the Web Interface.

Figure 5-32. List Users Screen

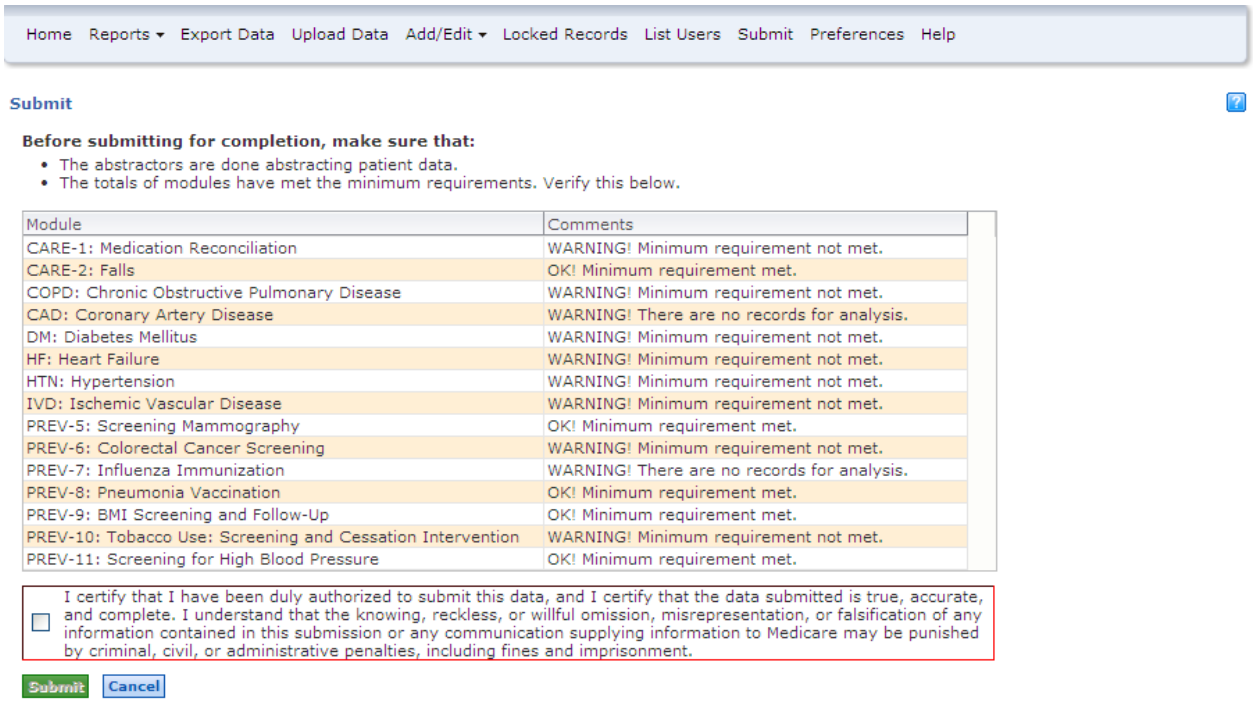


5.11 Submit Screen

This is available to submit module completeness and measure performance data to CMS. Detailed information on the module completeness is available on the Totals Report (Section 5.8.2). Detailed information on the measure performance is available on the Measure Rates Report (Section 5.8.4). The status of the Submission is available on the Submission Status Report (Section 5.8.6).

Figure 5-33 shows the **Submit** screen with the completeness status for each module.

Figure 5-33. Submit Screen



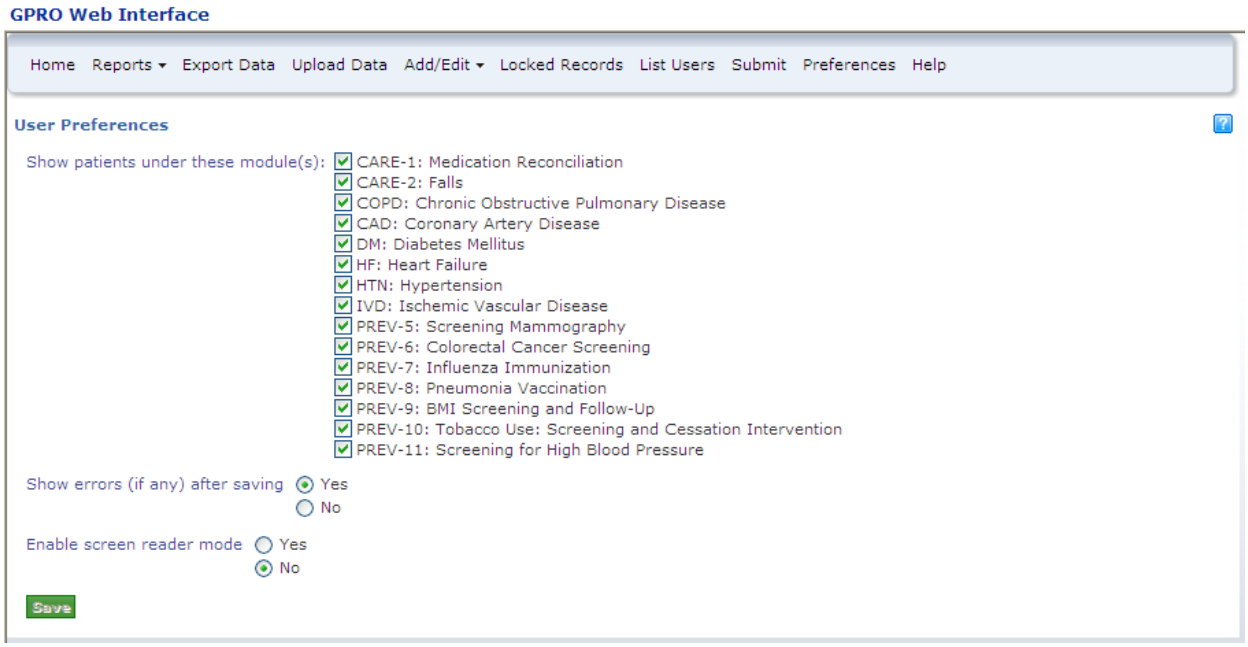
To run this report:

1. From the Global Navigation, click on **Submit**.
2. Review the data for each module.
3. Select the checkbox certifying authorization to submit data.
4. Select **Submit** to submit the module completeness data.
5. Selecting **Cancel** will not submit data to CMS and will return the user to the Home Page.

5.12 Preferences

This is available to allow the user to select which patients are displayed in the Patient List on the Home Page (Section 5.1.1), in the Patient Summary Report List (Section 5.8.1), and the **Pre-filled Elements Report List (**Section 5.8.3). It also allows the user to disable the Errors and Warnings popup when saving patient record modifications (Section 5.7) and indicate if a screen reader is being used. Figure 5-34 shows the **User Preferences** screen.

Figure 5-34. Preferences Screen



To access the **User Preferences** screen and make modifications:

1. From the Global Navigation, click on **Preferences**.
2. Click the checkbox to check or uncheck the module in which patients are to be displayed. Only patients ranked in the checked modules will be displayed in the list of patents for the Patient List (Section 5.1.1), Patient Summary Report list (Section 5.8.1), and Pre-filled Elements Report list (Section 5.8.3). The initial setting for all users is to have all modules unchecked.
3. Click the **Yes** or **No** radio button to indicate if the Errors and Warnings popup should be displayed if there are any errors when saving patient data. Default setting for all users is Yes.
4. Click the **Yes** or **No** radio button to enable the screen reader mode is being used. The default setting for all users is No.
5. Click **Save** to save and apply the User Preference settings.
6. Click **OK** on the confirmation message when it appears indicating the user preferences were saved.

6 TROUBLESHOOTING & SUPPORT

A variety of resources are available that offer more information about any module, from incentive payment details (available on the CMS Web page dedicated to the Physician Quality Reporting System CMS-Selected Group Practice Reporting Option, http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/CMS-Selected-Group_Practice_Reporting_Option.html, to screen element explanations (available in the Online Help feature built into the GPRO Web Interface).

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- This user manual 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.

6.2 Support

To access the Online Help feature

1. To navigate to specific information, select a **Topic** from the Table of Contents (TOC).
2. To search for help modules, click **Search** and enter a keyword or phrase in the search field.

Table 6-1 lists additional technical support resources:

Table 6-1. Points of Contact

Contact	Organization	Phone	Email	Role	Responsibility
QualityNet Help Desk	CMS	Phone: (866) 288-8912 TTY: (877) 715-6222) Fax: (888) 329-7377 7:00am - 7:00pm CT Monday – Friday	QNet Support, qnetsupport@sdps.org	Help desk support	1st level user support & problem reporting

APPENDIX A – ACRONYMS

This section describes the acronyms used in this document.

Acronym	Description
CAD	Coronary Heart Disease
CMS	Centers for Medicare & Medicaid Services
COPD	Chronic Obstruction Pulmonary Disease
DM	Diabetes Mellitus
GPRO	Group Practice Reporting Option
HF	Heart Failure
HTN	Hypertension
IACS	Individuals Authorized Access to CMS Computer Services
IVD	Ischemic Vascular Disease
PQRS	Physician Quality Reporting System
PRA	Paperwork Reduction Act
PREV	Preventive Care

GLOSSARY

Electronic Health Record – Electronic Health Records are electronic records of patient health information gathered and/or generated in any care delivery setting. This information includes patient demographics, progress notes, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports. This provides the ability to pass information from care point to care point providing the ability for quality health management by physicians.

Group Practice Reporting Option – Group Practice Reporting Option describes the Group Practices that are participating in this reporting option. To qualify for this reporting option, Group Practices must go through a vetting process.

Physician Quality Reporting System – Physician Quality Reporting System: A quality reporting system that includes an incentive payment for eligible professionals who satisfactorily report data on quality measures for covered professional services provided during the specified program year.

Performance Rate – The percent of cases where appropriate care was delivered.

Preventive Care – Preventive Care is one of the modules for the Group Practice Reporting Option Web Interface.

Rank – A read-only numeric value assigned to a patient that indicates his/her order in a disease module or Patient Care module.

Reporting Period – The reporting period of time eligible for the 2012 Physician Quality Reporting System program (healthcare services provided by CMS Selected Group Practices during January 1, 2012 – December 31, 2012).

Tax Identification Number – An identification number used by the Internal Revenue Service in the administration of tax laws.