



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



**GPRO Web Interface  
Assignment and Sampling  
Training Presentation**

*Program Year 2014*

# Disclaimers

*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.*

*If reporting for PQRS through another CMS program (such as the Medicare Shared Savings Program, Comprehensive Primary Care Initiative, Pioneer Accountable Care Organizations), please check the program's requirements for information on how to report quality data to earn a PQRS incentive and/or avoid the PQRS payment adjustment. Please note, although CMS has attempted to align or adopt similar reporting requirements across programs, eligible professionals should look to the respective quality program to ensure they satisfy the PQRS, EHR Incentive Program, Value-Based Payment Modifier (VM), etc. requirements of each of these programs.*

# GPRO Web Interface Key Dates

- **Download patient ranking files from GPRO Web Interface: Jan. 5 – Jan. 9, 2015**
- **Access training version of the GPRO Web Interface: Jan. 12 – Jan. 23, 2015**
- **Enter and Submit 2014 quality data through the GPRO Web Interface: Jan. 26 – March 20, 2015 (closes at 8pm ET, 7pm CT, 6pm MT, and 5pm PT)**

# Purpose of Today's Presentation

Who is  
this for?

- Group practices participating in the Physician Quality Reporting System (PQRS), Medicare Shared Savings Program Accountable Care Organization (ACO), or Pioneer ACO Model through the GPRO Web Interface.

What will  
we cover?

- Information related to the group practice reporting option (GPRO) Web Interface reporting mechanism. If you are submitting data through another reporting mechanism for PQRS reporting, please visit the PQRS website on CMS.gov for more information on other reporting methods.

# Agenda

- Introduction to Assignment and Sampling for reporting through the GPRO Web Interface
  - GPRO Web Interface Assignment Overview
  - GPRO Web Interface Sampling Overview
- Reporting on Sampled Patients
- Helpful Documents
- Resources

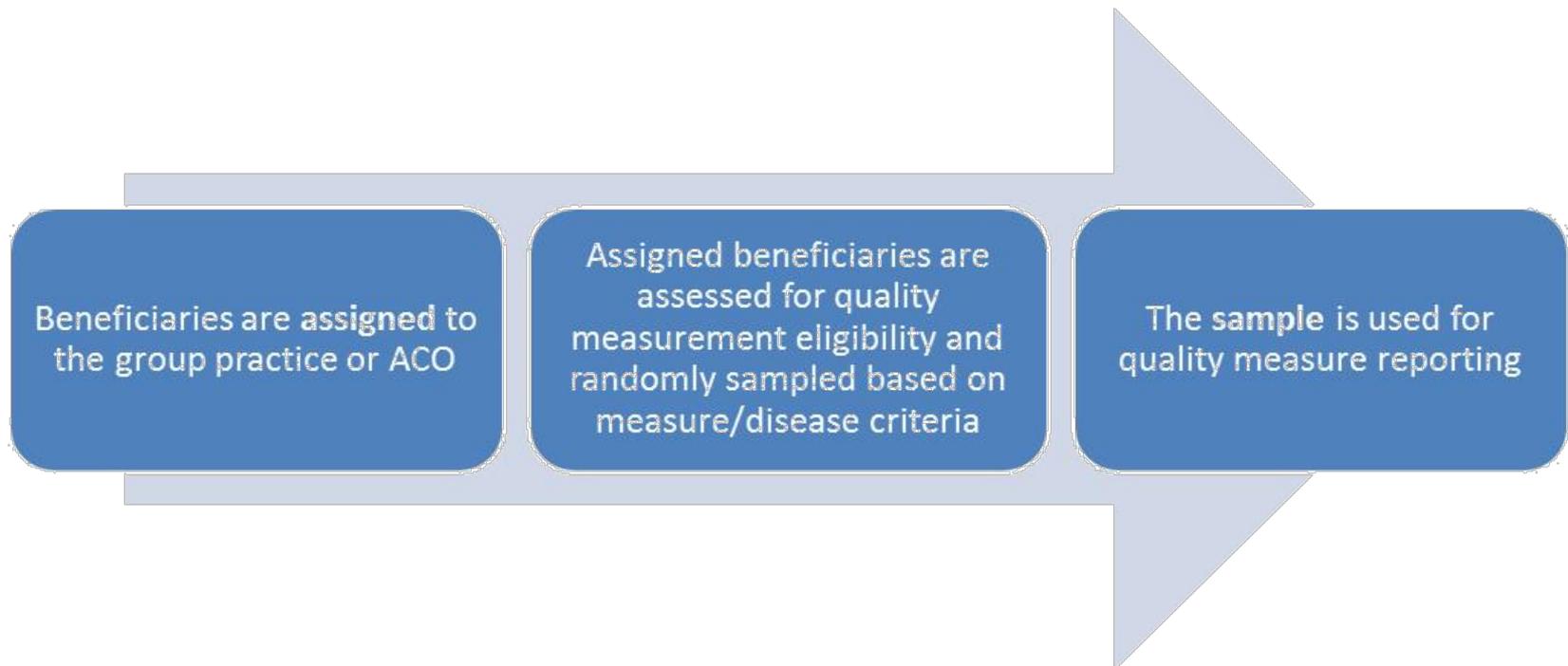


**Assignment and Sampling**

# **INTRODUCTION**

# Assignment and Sampling Overview

- The GPRO Web Interface allows group practices and ACOs to report data on a pre-determined population of patients



# Assignment and Sampling Overview (cont.)

- **Assignment:** The process of determining which beneficiaries are attributed to an organization that is based on a predetermined algorithm.

*Note: The term 'alignment' is used for Pioneer ACOs.*

- **Sample:** From the assigned population, a predetermined (smaller) number of beneficiaries who are eligible for quality reporting and meet the necessary criteria for inclusion in the quality measure or module.

# PQRS and ACO GPRO Web Interface Assignment

- CMS assigns a Medicare beneficiary to group practice or Shared Savings Program ACO based on current program rules\*
- Beneficiaries are assigned to the Shared Savings Program ACO or group practice if they:
  - Have at least one month of Part A and Part B enrollment
  - Do not have any months of Medicare group (private) health plan enrollment (i.e., Medicare Advantage)
  - Reside in the United States or U.S. territories and possessions
  - Have a primary care service with a provider at the group practice or ACO
  - Have the largest share of their primary care services (by Medicare allowed charges) provided by the participating ACO or group practice, defined as:
    - Step (1): having more primary care services furnished by primary care physicians at the participating ACO or group practice than furnished by primary care physicians at any other entity; or
    - Step (2): (for those beneficiaries who have not received any primary care services from a primary care physician) having at least one primary care service furnished by specific types of physicians and had more primary care services furnished by professionals at the participating ACO or group practice than at any other entity

\* Please refer to the Pioneer ACO model for beneficiary alignment details.

# PQRS and ACO GPRO Web Interface Assignment (cont.)

- Timing of attribution:
  - Shared Savings Program ACO assignment:
    - Use beneficiaries assigned for the 2014 3rd quarter report
  - Pioneer ACO alignment:
    - Use beneficiaries aligned at the start of the program year, updated with exclusions available through the 3rd quarter of 2014
  - PQRS group practice assignment:
    - Use beneficiaries assigned based on available claims from 1/1/14 through 10/31/14
  - A patient assigned in one year of the PQRS or Shared Savings Program ACO may or may not be assigned to the same group practice or ACO in the following reporting years

# PQRS and ACO GPRO Web Interface Sampling

- Assigned/Aligned beneficiaries who meet additional quality eligibility criteria may be sampled into GPRO Web Interface modules through a three-step process described in the following slides



- CMS analyzes Medicare claims submitted and captured in the Integrated Data Repository (IDR) from January 1, 2014 through October 31, 2014 (i.e., sampling period)
- Patients are sampled using a methodology that increases the likelihood of patients being sampled into multiple modules

# PQRS and ACO GPRO Web Interface

## Sampling Step 1: Quality Eligibility

**Sampling  
Step 1:**  
Determine  
assigned  
beneficiaries'  
eligibility for  
quality  
measurement

- Assigned beneficiaries are ***included*** who:
  - Have two or more primary care office or other outpatient visits billed by the ACO or group practice during the reporting period
  - The type of visit is determined by services rendered, not provider type
  - A set of codes define primary care office and other outpatient visits.
  - Note: CMS will only have approximately 10 months of data available when sampling occurs
- Assigned beneficiaries are ***excluded*** who:
  - Have partial-year Medicare Parts A and B enrollment or for whom Medicare is not the primary payer
  - Entered the Medicare hospice benefit during the measurement period

# PQRS and ACO GPRO Web Interface

## Sampling Step 2: Module Inclusion

**Sampling Step 2:**  
Determine remaining assigned beneficiaries' eligibility for inclusion into modules based on denominator criteria

- The GPRO Web Interface includes 22 quality measures, which span three domains and 15 modules (made up of 5 disease modules and 10 individual measure modules)
  - **Care coordination/ patient safety measures** (2 measures, each its own module)
  - **Preventive health measures** (8 measures, each its own module)
  - **At-risk population modules**
    - Coronary Artery Disease module (2 component measures scored as 1 composite measure)
    - Diabetes Mellitus module (1 measure and 5 component measures scored as 1 composite measure)
    - Heart Failure module (1 measure)
    - Hypertension module (1 measure)
    - Ischemic Vascular Disease module (2 measures)
- Each module is sampled individually, although patients may be included in multiple modules

# PQRS and ACO GPRO Web Interface

## Sampling Step 3: Beneficiary Sampling

### Sampling Step 3: Sample beneficiaries for each module

- Beneficiaries are flagged to indicate whether they are eligible for each module/measure based on measure criteria (e.g., DM diagnosis)
- Beneficiaries are sampled for each module/measure
  - 616 beneficiaries are sampled for PQRS group practices with 100+ EPs and ACOs (the required 411 patients plus a 50% oversample) for each module
  - 327 beneficiaries are sampled for PQRS groups with 25-99 EPs (the required 218 patients plus a 50% oversample) for each module

# PQRS and ACO GPRO Web Interface

## Beneficiary Sampling

- Aware of the resource burden on practices, CMS has adopted a two-step process to reduce the number of medical records a group practice or ACO is required to abstract:

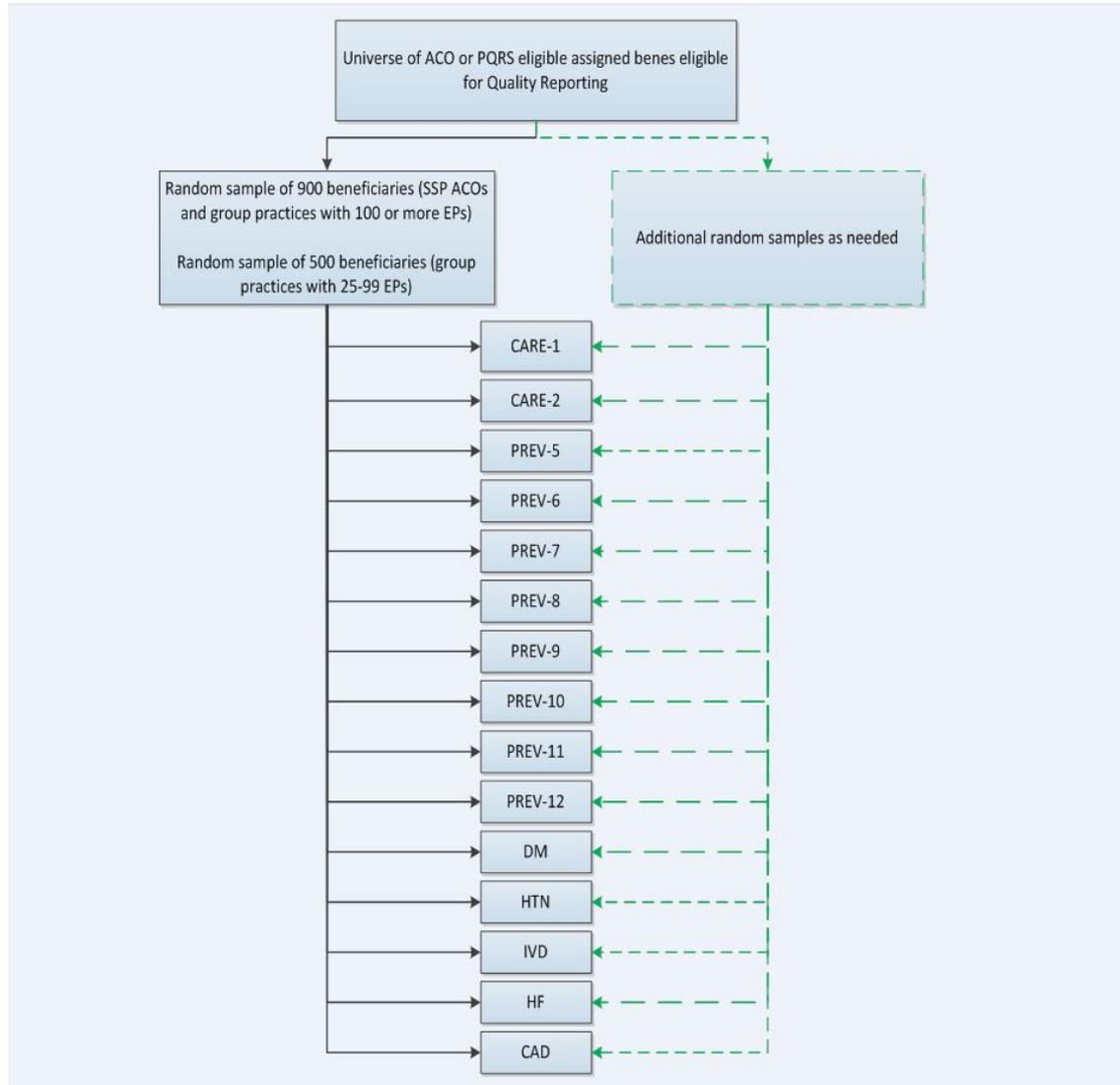
**STEP 1. An initial random sample of quality eligible patients are sampled into each of the of the 15 modules for which they are eligible.**

- Maximizes chances of a single patient being in more than one module
- Initial sample is 900 for ACOs and large practices; 500 for medium practices

**STEP 2. Additional patients are randomly sampled as needed until the full sample size is reached for each module, or no additional patients remain**

- Sample size is 616 for ACOs and large practices; 327 for medium practices

# GPRO Web Interface Beneficiary Sampling



# Patient Confirmation

- Due to timing during assignment of patients for the purposes of quality reporting, not all 2014 claims are available for analysis
  - Some patients may be included in the sample that are not eligible under GPRO Web Interface quality reporting criteria
- Patient confirmation allows removal of the patient from:
  - All modules
  - All measures
  - Performance calculations
- Refer to the Supporting Documents for Detail
  - Available at [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO\\_Web\\_Interface.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html)

# Patient Confirmation (cont.)

- Patients are removed if any of the following circumstances are noted by the group practice or ACO in the GPRO Web Interface
  - Medical record cannot be found
  - Patient was in hospice during 2014
  - Patient moved out of the country during 2014
  - Patient died during 2014
  - Patient was enrolled in an HMO during 2014
- **NOTE:** Failure to mark the specific reason for removing the patient during Patient Confirmation will result in incomplete GPRO Web Interface reporting, causing the group practice or ACO to fail reporting.

# Patient Confirmation (cont.)

- Patient confirmation also allows removal of the patient from individual disease modules or patient care measures, and their associated performance calculations, if any of the following circumstances are noted by the ACO or group practice in the GPRO Web Interface
  - Diagnosis could not be confirmed for a disease module
  - Denominator Exclusion specific to the disease module or patient care measure
  - Gender changed from Female (Mammography Screening only)
  - Age changed to a value outside of measure's range
  - Other CMS Approved Reason – evaluated on a case-by case basis with prior approval from CMS

## Assignment and Sampling

# REPORTING ON SAMPLED PATIENTS

# Reporting on Sampled Patients

When beneficiaries are randomly selected for the sample, they are assigned a rank.

## **Group practices with 100+ EPs and ACOs:**

Patients are ranked from 1 to 616

For modules with fewer than 616 patients available, 100% of eligible patients are ranked for the module

## **Group practices with 25-99 EPs:**

Patients are ranked from 1 to 327

For modules with fewer than 327 patients available, 100% of eligible patients are ranked for the module

- The rank is the order in which the patient is randomly selected from the qualified pool of patients for a group practice or ACO.
- 616 and 327 represent a 50% oversample of the target sample size. This oversample is provided to allow for cases in which sampled patients are not qualified for a particular module (e.g., the group practice or ACO could not find the patient's medical record)
- In these cases the group practice or ACO will move on to the next consecutively ranked patient until they have completely reported on the target sample for each module or until there are no additional patients to report on in the module

# Reporting on Sampled Patients (cont.)

- Group practices and ACOs **must** report on the required number of consecutively ranked Medicare patients with respect to services furnished during the measurement period
  - Group practices with 100+ EPs and ACOs will be required to report on 411 consecutively ranked patients
  - Group practices with 25-99 EPs will be required to report on 218 consecutively ranked patients
- Denominator inclusion and exclusion criteria for some modules may mean that the 411 or 218 required sample size is **not** available for a group practice or an ACO
  - In this case, the organization must report on 100% of sampled patients

**Assignment and Sampling**

# **HELPFUL DOCUMENTS**

# PQRS Group Practice Assignment Specifications Document

- The assignment document provides details on the methodology used to determine the population of Medicare patients for the group practice
- This document will be available on the GPRO Web Interface page of the CMS PQRS website:  
[http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO\\_Web\\_Interface.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html)
  - 2014 PQRS GPRO Assignment Specifications
    - List of provider types
    - List of primary care visit codes
    - Describes data sources used for analysis

# Medicare Shared Savings Program Assignment Specifications Documents

This document is available on the CMS Shared Savings Program website:

- “The Medicare Shared Savings Program: Shared Savings and Losses and Assignment Methodology Specifications” describes the specifications for beneficiary assignment and the shared savings and losses calculations under the Shared Savings Program

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html>

- List of provider types
- List of primary care visit codes
- Describes data sources used for analysis

# Pioneer ACO Model

## Attribution Specifications Document

- The Pioneer ACO alignment and financial reconciliation methods document provide details on the methodology used to determine the population of Medicare patients for the Pioneer ACO Model
- This document is available on the Pioneer ACO Model website:  
<http://innovation.cms.gov/initiatives/Pioneer-ACO-Model/>  
- “Pioneer ACO Benchmark Methodology”

# GPRO Web Interface Sampling Document

- The sampling document provides details on the methodology used for populating the GPRO Web Interface measures for group practices and ACOs
- The GPRO Web Interface sampling document for group practices and ACOs is available on the GPRO Web Interface page of the CMS PQRS website:  
[http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO\\_Web\\_Interface.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html)

# Other Helpful Specifications Documents

- 2014 GPRO Web Interface Measures List
- 2014 GPRO Web Interface Sampling Document
- 2014 GPRO Web Interface Narrative Specifications
- 2014 GPRO Web Interface Supporting Documents
- 2014 GPRO Web Interface Performance Calculation Flow
- These documents are available on the GPRO Web Interface page of the CMS PQRS website:

[http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO\\_Web\\_Interface.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html)

**Assignment and Sampling**

# **RESOURCES**

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# Resources

- **GPRO Web Interface Section of CMS PQRS Website:**  
[http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO\\_Web\\_Interface.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html)
- **Medicare Shared Savings Program Website:**  
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html>
- **Pioneer ACO Model Website:**  
<http://innovation.cms.gov/initiatives/Pioneer-ACO-Model/>
- **QualityNet Help Desk**
  - Monday – Friday: 7:00 am - 7:00 pm CT
  - E-mail: [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org)
  - Phone: (866) 288-8912 (TTY 1-877-715-6222)
  - Fax: (888) 329-7377