



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



## GPRO Web Interface Overview Training Presentation

*Program Year 2014*

# Disclaimer

*This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.*

*This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.*

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# Purpose

- This presentation will provide an overview of how to use the 2014 Group Practice Reporting Option (GPRO) Web Interface
- This presentation is intended for group practices and ACOs submitting data through the GPRO Web Interface

*Disclaimer: The screenshots in this presentation are representative of the data you will see in the GPRO Web Interface. No real PII or PHI is shown on the screens.*

# Agenda

- GPRO Web Interface Reporting
- GPRO Web Interface Changes for 2014
- Accessing the PQRS Portal
- How to Use the Web Interface

2014 GPRO Web Interface

# **GPRO WEB INTERFACE REPORTING**

# Overview

- The GPRO Web Interface enables group practices and ACOs to report on 22 quality measures, including the seven individual measures included in two composite measures
  - 22 GPRO quality measures, which span three domains and 15 modules (made up of 5 disease modules and 10 individual measure modules)
- Each module will be pre-populated with a patient sample for your PQRS TIN or your ACO Primary TIN
  - Group practices with 100+ eligible professionals (EPs) and ACOs report on measure data for 411 of 616 patients in each of the 15 modules
  - Group practices with 25-99 EPs report on 218 of 327 patients in each of the 15 modules
  - Or 100% of those patients that can be confirmed for the measure/module
- Updating patient's data can be done on the data entry tabs or by uploading an XML file

2014 GPRO Web Interface

# CHANGES FOR 2014 GPRO WEB INTERFACE

# GPRO Web Interface Changes for 2014

- The GPRO Web Interface is updated each year based on PQRS program needs and user feedback
- Updates for 2014 GPRO Web Interface include:
  - Pull-down menus on the measure tabs include a blank option to “erase” a previously entered answer
  - The user’s name appears on all screens and reports instead of their IACS ID
  - New Comments Report
    - The CARE and PREV comments are separate on the screens and in the report
    - Comments are limited to 140 characters

# GPRO Web Interface Changes for 2014

(cont.)

- Links to documents included on screens
  - *Measure Narrative specifications*
  - *Measure Flows*
  - *Measure Supporting Documents*
  - *XML Specifications*
- The system will automatically set some skip values
  - PREV-5\* when the gender is changed from female to male
  - All disease and measure modules when the age is modified and the patient no longer meets the age criteria
  - DM module when the Denominator Exclusion is set for both DM-2\*\* and the Composite Measure\*\*\*

\*Prev-5 title: *Breast Cancer Screening*

\*\*DM-2 title: *Diabetes: Hemoglobin A1c Poor Control*

\*\*\*Composite Measure including: *DM-13 Diabetes Mellitus: High Blood Pressure, DM-14 Diabetes Mellitus: Low Density Lipoprotein, DM-15 Diabetes Mellitus: Hemoglobin A1c Control (<8%), DM-16 Diabetes Mellitus: Daily Aspirin or Antiplatelet Medication Use for Patients with Diabetes and Ischemic Vascular Disease, DM-17 Diabetes Mellitus: Tobacco Non-Use*

# GPRO Web Interface Changes for 2014

(cont.)

- Pre-filled Elements
  - PREV-7\* is the only pre-filled measure
  - The source of the pre-filled data is indicated using text instead of an icon
  - The Pre-filled Elements Report includes the CARE-1\*\*  
Discharge Dates
- Ability to export beneficiary sample list prior to submission period opening
- Training period in which users can explore the WI prior to submission period opening, and
- Availability to generate WI reports after submission period closing
- All reports are formatted to print in portrait mode

*\*Prev-7 title: Preventive Care and Screening: Influenza Immunization*

*\*\*CARE-1 title: Medication Reconciliation*

2014 GPRO Web Interface

# ACCESSING THE GPRO WEB INTERFACE

# Log-in to the PQRS Portal

## STEP 1 – Log-in to the PQRS Portal

- The GPRO Web Interface is accessed through the PQRS Portal at <https://www.qualitynet.org/pqrs>
- You must have an IACS account with the PQRS Submitter role to access the GPRO Web Interface
  - If you are a new PQRS group practice user, your IACS account must be associated with the group practice TIN and you must also have the GPRO Submission 2014 role
  - If you are a returning PQRS group practice user and already have the GPRO Submission or GPRO Submission 2013 role, you do not need the GPRO Submission 2014 role
  - If you are a new ACO user, your IACS accounts must be associated with the ACO Primary TIN and you must also have the ACO Submission 2014 role
  - If you are a returning ACO user and already have the ACO Submission or ACO Submission 2013 role, you do not need the ACO Submission 2014 role

# PQRS Portal Home Page

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

### Related Links

- CMS
- Quality Improvement Resources
- Measure Development
- Consensus Organizations for Measure Endorsement/Approval
- Communication Support Page

### Guest Instructions

Welcome to the Physician and Other Health Care Professionals Quality Reporting Portal. Please click on the Sign In button located in the center of the page.

[Download and install Adobe Reader](#) to view User Guides in accessible PDF format.

### User Guides

- PQRS Portal User Guide
- PQRS SEVT User Guide
- PQRS Feedback Report User Guide
- eRx Feedback Report User Guide
- eRx Payment Adjustment Feedback User Guide
- PQRS Feedback Dashboard User Guide

### PQRS Verify Report

Enter a TIN or NPI to verify that a feedback report exists for your organization. The TIN or NPI must be one used to submit Medicare claims and valid PQRI quality data codes.

TIN  NPI

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

### Guest Announcement

Information in the Taxpayer Identification Number (Tax ID or TIN-level) PQRI feedback reports is confidential. Your report is safely stored online and accessible only to you (and those you authorize) through the web application. TIN-level reports should be shared only with others within the practice who have a vested interest in the summarized quality data. Sharing of other PQRI participants' information is acceptable only if the individual EP has authorized the TIN to do so. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

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

to your Portal

If you do not have an account, please register.

[Forgot your password?](#)

For assistance with new & existing IACS accounts, review the [Quick Reference Guides](#).

Notice: If you have not used your IACS account within the past 60 days or more, your account has been temporarily disabled as required by the CMS security policy. You should have received an e-mail at the e-mail address associated with your IACS account profile instructing you how to get your account re-enabled. If you need further assistance, please contact the QualityNet Help Desk at 1-866-288-8912, or [qnetssupport@hcqis.org](mailto:qnetssupport@hcqis.org).

Notice: If you are experiencing difficulties viewing the PQRS Communications Support Page with Internet Explorer 9.0, please ensure that you are using the compatibility view feature by doing the following: Open Internet Explorer, Select Tools, Select Compatibility View

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

### Scheduled System Outages

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

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

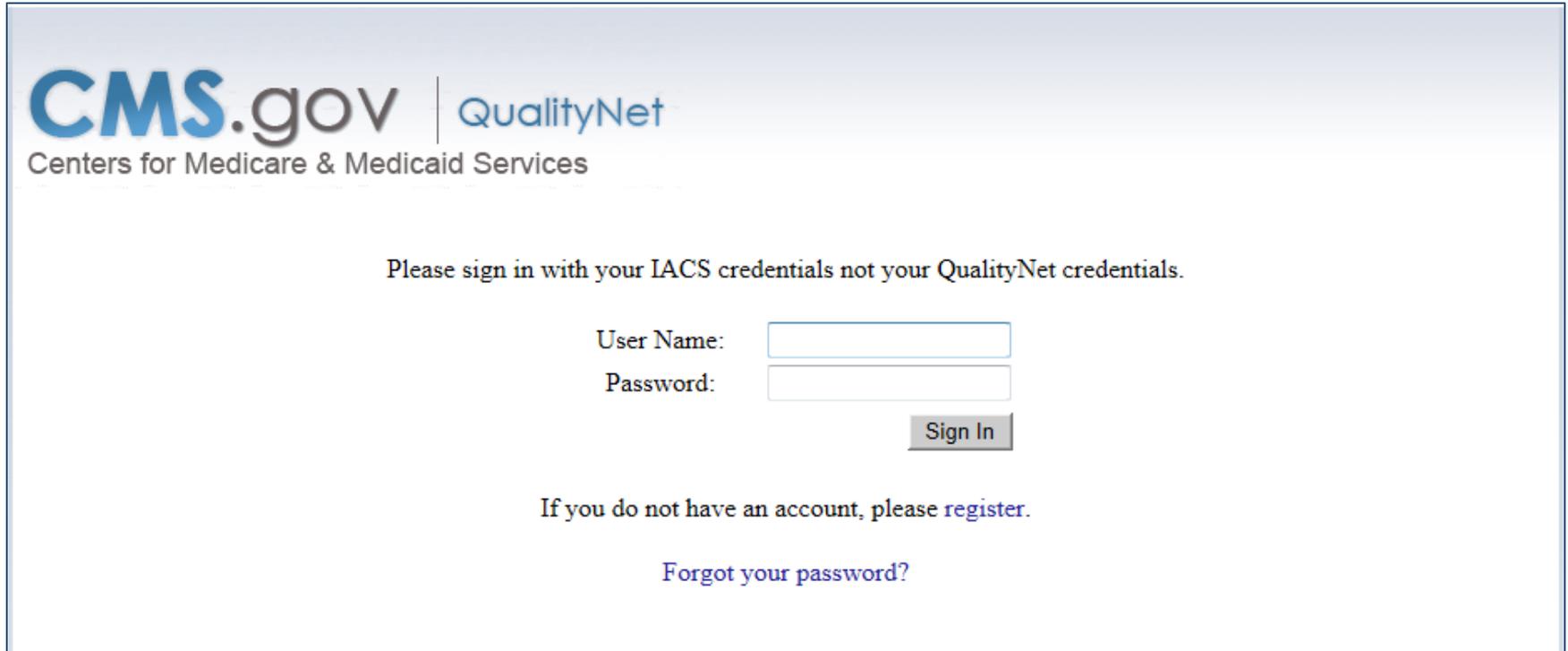
Upcoming Maintenance weekend schedule:  
November 11/22 – 11/24  
December 12/20 – 12/22  
January (Awaiting Approval)  
February (Awaiting Approval)

Click "Sign In" to access the Portal with IACS log in

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# PQRS Portal Log-In Page

Enter your IACS User Name and Password, then click **Sign In**



The screenshot shows the login interface for the PQRS Portal. At the top left, the CMS.gov logo is displayed next to the QualityNet logo, with the text "Centers for Medicare & Medicaid Services" below it. A horizontal line separates the header from the main content. The main content area contains the instruction "Please sign in with your IACS credentials not your QualityNet credentials." Below this instruction are two input fields: "User Name:" followed by a text box, and "Password:" followed by a text box. To the right of the password field is a grey "Sign In" button. Below the input fields, there is a link that says "If you do not have an account, please [register](#)." and another link below that says "Forgot your password?"

# QualityNet Data Use Agreement

## STEP 2 – Read and Accept the Data Use Agreement

- After you log in to the PQRS Portal, a data use agreement appears
  - The screen contains a **Warning** notifying you that you are accessing a government system
- After reading the information, you must either **ACCEPT** or **DECLINE** the agreement
  - Check the checkbox for **I accept the above Terms and conditions.**
  - If you click the **ACCEPT** button the profile selection page or the Site Navigation page will appear
  - If you click the **DECLINE** button, the PQRS Portal home page will appear

# Portal Data Use Agreement

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

\*\*\*\* WARNING \*\* WARNING \*\* WARNING \*\*\*\*

You have accessed a U.S. Government information system. There is no right of privacy on this system. All data contained within this system is owned by the Centers for Medicare & Medicaid Services of the U.S. Department of Health and Human Services. For the purpose of protecting the rights and property of the Department, and to monitor compliance with all applicable statutes, regulations, agreements and policies; data access, entry and utilization may be monitored, intercepted, recorded, copied audited, inspected or otherwise captured and/or analyzed in any manner.

Use of this system by any user, authorized or unauthorized, constitutes consent to this monitoring, interception, recording, copying, auditing, inspecting or otherwise capturing and/or analyzing of data access, entry and/or utilization through this system. Unauthorized access is prohibited by Title 18 of the United States Code, Section 1030. Unauthorized access or use of this computer system may subject violators to criminal, civil, and/or administrative action. System personnel may give any potential evidence of crime found on Department computer systems to law enforcement officials.

System users are required to adhere to all applicable statutes, regulations, agreements and policies governing their access to and use of the data contained within this system including, but not limited to, "CMS Information Security Policies, Standards and Procedures."

\*\*\*\* WARNING \*\* WARNING \*\* WARNING \*\*\*\*

I accept the above Terms and Conditions.

1. Check to accept Terms and Conditions

2. Click "I Accept"

# Profile Selection Page

- If your IACS account is associated to more than one TIN, you will be prompted to select the profile for the current session



The screenshot shows the CMS QualityNet Profile Selection Page. At the top right, there is a "Log Off" button with a user icon and the text "FakeFirst FakeLast". The main header features the "CMS.gov" logo and "QualityNet" text. Below the header, a prompt reads: "Please select a profile to associate with your current session:". There are two radio button options: "Accountable Care" (unselected) and "GPRO One" (selected). A "Submit" button is located below the options. A note states: "NOTE: In order to change to another profile you will need to Log Off and Sign In again." The footer contains a "QualityNet Home" button, the "CMS.gov" logo, and "QualityNet" text. To the right, it says: "A federal government website managed by the Centers for Medicare & Medicaid Services 7500 Security Boulevard, Baltimore, MD 21244" and includes the CMS eagle logo. The footer also lists "QualityNet Helpful Links" (QualityNet Accessibility Statement, QualityNet Privacy Policy, QualityNet Terms of Use), "QualityNet Help" (Help Desk), and "CMS Sites" (QualityNet, CMS.gov).

Log Off  FakeFirst FakeLast

**CMS** | QualityNet  
.gov

Please select a profile to associate with your current session:

Accountable Care

GPRO One

Submit

NOTE: In order to change to another profile you will need to Log Off and Sign In again.

QualityNet Home **CMS.gov** | QualityNet

A federal government website managed by the Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Baltimore, MD 21244 

**QualityNet Helpful Links**      **QualityNet Help**      **CMS Sites**

QualityNet Accessibility Statement      Help Desk      QualityNet

QualityNet Privacy Policy      CMS.gov

QualityNet Terms of Use

# Site Navigation Page

## STEP 3: Click the GPRO Submission link on the Site Navigation panel

Log Off FakeFirst FakeLast

CMS.gov QualityNet

Site Navigation  
Welcome, llbl544  
Log Off  
• GPRO Submission  
• Roles Management  
• Submission Engine Validation Tool  
• Submission Reports  
• Submissions

Welcome  
Welcome to Physicians Quality Reporting System (PQRS), quality data processing and reporting system. Providers, group practices, and data submission entities can test submitting quality data, perform data submissions during the submission period, view/request feedback reports, submit informal review requests for PQRS program.  
To start the submission process or begin testing, or to access any other PQRS function, select the option on the left side navigation.

Scheduled System Outages  
PQRS system and applications will be down for maintenance during the dates below. For questions, contact the QualityNet Helpdesk.  
Every Tuesday starting at 8:00 PM ET through Wednesday at 6:00 AM ET  
Every Thursday starting at 8:00 PM ET through Friday at 6:00 AM ET  
Third weekend of each Month starting Friday at 8:00 PM ET through Monday at 6:00 AM ET  
Upcoming Maintenance weekend schedule:  
November 11/22 – 11/24  
December 12/20 – 12/22  
January (Awaiting Approval)  
February (Awaiting Approval)

QualityNet Home CMS.gov QualityNet

A federal government website managed by the Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Baltimore, MD 21244

Click link to  
open the Web  
Interface

# 2-Factor Authentication

## STEP 4: Enter 2-Factor Code

- After logging into the Portal, accepting the QualityNet data use agreement, and clicking the GPRO Submission link, you will be prompted for the second code
  - This code will be sent to you via the notification method that you set for your IACS account: email, SMS/Mobile (text message) or Integrated Voice Response (IVR)

# Screenshot of Authentication Code

User Authentication Challenge

You have attempted to access a secure site from an unregistered computer. To complete the login process, please enter the security information below.

1. Enter your one-time pass code. The pass code has been delivered to your:
  - a. Email **jXXX@emailaddress**
2. Check the box to register your computer, if you want to avoid future authentication challenges.
3. Press **Submit** to continue.

Pass Code:

Check this box if you trust this computer and want to register the computer for future account access.

Submit

If checked, you will not be prompted for a code when logging in for 12 hours

Enter the pass code

# Data Use Agreement

## STEP 5 – Read and Accept the GPRO Web Interface Data Use Agreement

- After you select the GPRO Submission, a data use agreement appears
  - The screen contains a **Warning** and **Reminder** notifying you that you are accessing a government system
  - The GPRO Web Interface data agreement also contains a **Paperwork Reduction Act Disclaimer**, which the ACO GPRO Web Interface does not contain
- After reading the information, you must either **ACCEPT** or **DECLINE** the agreement
  - If you click the **ACCEPT** button, you will be redirected to the GPRO Web Interface
  - If you click the **DECLINE** button, the **Access Denied** screen will appear

# Data Use Agreement (cont.)

## GPRO Web Interface

\*\*\*\*\* Paperwork Reduction Act Disclaimer \*\*\*\*\*

According to the Paperwork Reduction Act (PRA) of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1059. The time required to complete this information collection is estimated to average 79 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-28-05, Baltimore, Maryland 21244-1850.

\*\*\*\*\* WARNING \*\*\*\*\*

### Unauthorized Access

Unauthorized access to related activity in connection with computers. Do not disclose or lend your IDENTIFICATION NUMBER AND/OR PASSWORD to someone else. They are for your use only and serve as your electronic signature. This means that you will be held responsible for the consequences of unauthorized or illegal transactions.

### Computer Usage

The Standards of Ethical Conduct for the Employees of the Executive Branch (5 CFR 2635.704) do not permit the use of government property, including computers, for other than authorized purposes. In addition, users must adhere to CMS Information Security Policies, Standards, and Procedures.

### Local System Requirements

The Federal Information Security Management Act (FISMA) of 2002 requires that the local system used to access CMS Computer Systems has up to date operating system patches and is running anti-virus software.

### Sensitive Information

Do not file sensitive information (e.g., information concerning an individual) in electronic files in a way that allows unauthorized persons to access the information.

### Retention Of Records

Documents that you create electronically, including electronic mail, may be governed by the Federal Records Act (Title 44 United States Code 3314) just as hard-copy records can be. Do not destroy electronic records that are subject to the Act except pursuant to an approved records disposition schedule.

## ACO GPRO Web Interface

\*\*\*\*\* WARNING \*\*\*\*\*

### Unauthorized Access

Unauthorized access to this United States Government Computer System and software is prohibited by Title 18 United States Code, Chapter 47 Section 1030, fraud and related activity in connection with computers. Knowingly accessing a Federal information system inappropriately is a punishable offense subject to fines and up to 20 years imprisonment.

Do not disclose or lend your IDENTIFICATION NUMBER AND/OR PASSWORD to someone else. They are for your use only and serve as your electronic signature. This means that you will be held responsible for the consequences of unauthorized or illegal transactions.

### Computer Usage

The Standards of Ethical Conduct for the Employees of the Executive Branch (5 CFR 2635.704) do not permit the use of government property, including computers, for other than authorized purposes. In addition, users must adhere to CMS Information Security Policies, Standards, and Procedures.

### Monitoring

Users usage may be monitored, recorded, and audited. The use of the information system establishes their consent to any and all monitoring and recording of their activities.

### Local System Requirements

The Federal Information Security Management Act (FISMA) of 2002 requires that the local system used to access CMS Computer Systems has up to date operating system patches and is running anti-virus software.

\*\*\*\*\* REMINDER \*\*\*\*\*

### Sensitive Information

Do not file sensitive information (e.g., information concerning an individual) in electronic files in a way that allows unauthorized persons to access the information.

### Retention Of Records

Documents that you create electronically, including electronic mail, may be governed by the Federal Records Act (Title 44 United States Code 3314) just as hard-copy records can be. Do not destroy electronic records that are subject to the Act except pursuant to an approved records disposition schedule.

ACCEPT

DECLINE

**2014 GPRO Web Interface**

**HOW TO USE THE GPRO WEB  
INTERFACE**

# How to Customize the GPRO Web Interface

- The first time you log in to the GPRO Web Interface, the **Customize GPRO Web Interface** screen appears, which allows you to set your preferences for using the GPRO Web Interface
  - **Accessibility Preferences** selections optimize the GPRO Web Interface screens for use with a screen reader, high contrast colors, or large fonts
  - **User Preferences** enable you to limit the patients that appear in lists and some reports to those in the selected modules, or to suppress some error messages
  - **Default Page Selection** enables you to choose the first screen that appears when you log into the GPRO Web Interface
- Saved Customize GPRO Web Interface settings apply to your current session and all subsequent sessions

# How to Customize the GPRO Web Interface (cont.)

- After saving your preferences, you will ***not*** see the Customize GPRO Web Interface screen when you log in unless you use the GPRO Web Interface for more than one TIN
  - If you use your IACS account to enter data for more than one TIN in the GPRO Web Interface, the screen will appear the first time you log in for each TIN
  - You may update the initial settings on the **Customize GPRO Web Interface** either from the **Accessibility** screen or the **Preferences** Screen
- After you make and save your selections, the system applies your selections and your default page appears

# How to Customize the GPRO Web Interface Page (cont.)

### Customize GPRO Web Interface

Please set the options below to customize the application. Upon saving your changes, your selected default page will be displayed.

#### Accessibility Preferences

Accessibility Preferences  I use a screen reader  
 I use high contrast colors  
 I use large fonts

#### User Preferences

\* Show patients under these module(s):  CARE-1: Medication Reconciliation  
 CARE-2: Falls  
 CAD: Coronary Artery Disease  
 DM: Diabetes Mellitus  
 HF: Heart Failure  
 HTN: Hypertension  
 IVD: Ischemic Vascular Disease  
 PREV-5: Breast Cancer Screening  
 PREV-6: Colorectal Cancer Screening  
 PREV-7: Influenza Immunization  
 PREV-8: Pneumonia Vaccination Status for Older Adults  
 PREV-9: BMI Screening and Follow-Up  
 PREV-10: Tobacco Use: Screening and Cessation Intervention  
 PREV-11: Screening for High Blood Pressure and Follow-Up  
 PREV-12: Screening for Clinical Depression and Follow-Up Plan

\* Show errors (if any) after saving  Yes  
 No

\* Required field

#### Default Page Selection

\* Set as my default page  Home Page (At least one module in "Show patients under these module(s)" checkbox above must be checked.)  
 Export Data  
 Upload Data  
 Reports

\* Required field

# Home Page

- The **Global Navigation Bar** appears on all screens in the GPRO Web Interface
  - The name of the PQRS group practice or the ACO associated with your IACS account appears above the **Global Navigation Bar**
- Links to the **Accessibility** screen and the online **Help** appear above the **Global Navigation Bar**
- The **Home** page displays a list of the patients for your PQRS group practice TIN or ACO Primary TIN, the overall status for your TIN, and the tabs you can use to update the patient data
- The **Patient List** displays the patients for your TIN who were sampled for the modules that you selected on the **Customize GPRO Web Interface** screen

# Home Page (cont.)

<Your Organization Name Here> Accessibility | Help

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

Patient List for <Your Organization Name Here>

[Apply Filters](#)
[Clear Filters](#)
[Refresh Patient List](#)
?

Medicare ID	First Name	Last Name	Gender	Birth Date	CARE-1 Rank	CARE-1 Complete	CARE-2 Rank	CARE-2 Complete	CAD Rank
051645901E	FNAME695211	LNAME695211	Female	03/18/1943	0	NR	0	NR	0
096611832E	FNAME695693	LNAME695693	Female	01/22/1946	0	NR	0	NR	0
184047857E	FNAME694572	LNAME694572	Female	07/10/1954	0	NR	0	NR	0
219183385E	FNAME694285	LNAME694285	Female	11/14/1945	0	NR	0	NR	0
221409715E	FNAME695623	LNAME695623	Female	08/19/1964	0	NR	0	NR	0
230217896E	FNAME695236	LNAME695236	Female	09/28/1943	0	NR	0	NR	0
250074965E	FNAME695988	LNAME695988	Female	12/06/1959	0	NR	0	NR	0
250075354E	FNAME694532	LNAME694532	Female	01/28/1962	0	NR	0	NR	0
250586607C1	FNAME695927	LNAME695927	Female	10/05/1947	0	NR	0	NR	0
250914977E	FNAME695114	LNAME695114	Female	02/11/1963	0	NR	0	NR	0

Group Status [Refresh Status](#) ?

	CARE-1	CARE-2	CAD	DM	HF	HTN	IVD	PREV-5	PREV-6	PREV-7	PREV-8	PREV-9	PREV-10	PREV-11	PREV-12
Analysis	0 ❌	0 ❌	0 ❌	0 ❌	0 ❌	0 ❌	0 ❌	0 ❌	0 ❌	0 ❌	0 ❌	0 ❌	0 ❌	0 ❌	0 ❌
Complete	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skipped	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Demographics CARE CAD DM HF HTN IVD PREV

No patient is selected. Please select a patient from the list.

# Patient List

- The **Patient List** displays the **Medicare ID, First Name, Last Name, Gender, and Birth Date** for each patient
- The **Patient List** also contains the patient's rank and completeness status in each of the 22 GPRO quality measures, which span three domains and 15 modules (made up of 5 disease modules and 10 individual measure modules)
  - The rank and completeness status enables you to see the rank of the sampled patients in a module, as well as which patients have complete or incomplete data
- The **Patient List** may display up to three **Provider Names, the Clinic ID, Clinic Name, and Medical Record Number** for the patient
  - If the **Provider Names, Clinic ID, and Clinic Name** fields were populated in the patient sampling, that information will appear on the list
  - The **Medical Record Number** is not pre-populated, but you may add it to the patient's data during the submission period for display in the list
  - These fields provide additional information to identify patients or to filter and sort the **Patient List**

# Patient List (cont.)

- Each of the columns in the **Patient List** may be used to filter or sort the list
- Examples of sorting include:
  - Sorting the patients by rank in a module so the patients are displayed in consecutive order for the module
  - Sorting the patients by provider or clinic to group the patients by location
- Examples of filtering include:
  - Entering a Medicare ID to find a specific patient
  - Filtering a module by status to only show the patients marked as Incomplete in a module to determine which patients need data to meet the reporting requirements

# Patient List (cont.)

Patient List for <Your Organization Name Here>

[Apply Filters](#)
[Clear Filters](#)
[Refresh Patient List](#)
?

Medicare ID	First Name	Last Name	Gender	Birth Date	CARE-1 Rank	CARE-1 Complete	CARE-2 Rank	CARE-2 Complete	CAD Rank
051645901E	FNAME695211	LNAME695211	Female	03/18/1943	0	NR	0	NR	0
096611832E	FNAME695693	LNAME695693	Female	01/22/1946	0	NR	0	NR	0
184047857E	FNAME694572	LNAME694572	Female	07/10/1954	0	NR	0	NR	0
219183385E	FNAME694285	LNAME694285	Female	11/14/1945	0	NR	0	NR	0
221409715E	FNAME695623	LNAME695623	Female	08/19/1964	0	NR	0	NR	0
230217896E	FNAME695236	LNAME695236	Female	09/28/1943	0	NR	0	NR	0
250074965E	FNAME695988	LNAME695988	Female	12/06/1959	0	NR	0	NR	0
250075354E	FNAME694532	LNAME694532	Female	01/28/1962	0	NR	0	NR	0
250586607C1	FNAME695927	LNAME695927	Female	10/05/1947	0	NR	0	NR	0
250914977E	FNAME695114	LNAME695114	Female	02/11/1963	0	NR	0	NR	0

# Patient List (cont.)

Patient List for <Your Organization Name Here>

[Apply Filters](#)
[Clear Filters](#)
[Refresh Patient List](#)


PREV-11 Complete	PREV-12 Rank	PREV-12 Complete	Provider Name 1	Provider Name 2	Provider Name 3	Clinic ID	Clinic Name	Medical Record Number
NR	0	NR	PLNAME071466,...	PLNAME071544,...	PLNAME071673,...	670171446	CNAME6492	
NR	0	NR	PLNAME071483,...	PLNAME071651,...	PLNAME071696,...	670171446	CNAME6492	
NR	0	NR	PLNAME071686,...	PLNAME071635,...	PLNAME071581,...	670171446	CNAME6492	
NR	0	NR	PLNAME071644,...	PLNAME071442,...	PLNAME071553,...	670171446	CNAME6492	
NR	0	NR	PLNAME071419,...	PLNAME071732,...	PLNAME071647,...	670171446	CNAME6492	
NR	0	NR	PLNAME071483,...			670171446	CNAME6492	
✘	615	✘	PLNAME071477,...	PLNAME071503,...	PLNAME071654,...	670171446	CNAME6492	
NR	0	NR	PLNAME071802,...	PLNAME071524,...	PLNAME071800,...	670171446	CNAME6492	
NR	0	NR	PLNAME071635,...	PLNAME071512,...		670171446	CNAME6492	
NR	0	NR	PLNAME071647,...			670171446	CNAME6492	

# Group Status (includes ACOs)

- The **Group Status** dashboard shows the disease or measure modules that meet the requirements for satisfactory reporting, the number of patients included in the completeness and performance analysis, the number of completed patients in the module, and the number of skipped patients in the module
  - Relevant to both group practices and ACOs
- Next to the number of patients included in the analysis is the indicator for module completeness
  - The indicator will be a green **checkmark** (✓) if the module meets the requirements for reporting, or a red **X** if the module does not meet these requirements

# Group Status (cont.)

Group Status															Refresh Status	?
	CARE-1	CARE-2	CAD	DM	HF	HTN	IVD	PREV-5	PREV-6	PREV-7	PREV-8	PREV-9	PREV-10	PREV-11	PREV-12	
Analysis	0 ❌	0 ❌	0 ❌	0 ❌	0 ❌	0 ❌	0 ❌	0 ❌	0 ❌	0 ❌	0 ❌	0 ❌	0 ❌	0 ❌	0 ❌	
Complete	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Skipped	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

**Group Status** dashboard showing a group's initial status

Group Status															Refresh Status	?
	CARE-1	CARE-2	CAD	DM	HF	HTN	IVD	PREV-5	PREV-6	PREV-7	PREV-8	PREV-9	PREV-10	PREV-11	PREV-12	
Analysis	234 ✅	575 ✅	307 ✅	556 ✅	82 ✅	445 ✅	418 ✅	579 ✅	586 ✅	585 ✅	597 ✅	587 ✅	587 ✅	592 ✅	587 ✅	
Complete	234	576	307	556	82	463	470	579	586	588	598	588	590	592	589	
Skipped	11	29	19	60	5	152	118	37	30	23	15	24	21	24	23	

**Group Status** dashboard showing a group that meets the requirements for reporting

# Reporting Reminder

- Important to report on the consecutively ranked and assigned patients (218/411) starting with the patient ranked #1 in each module so completeness and performance will be counted correctly

# Patient Status

- After you click on a patient in the **Patient List**, the **Group Status** changes to **Patient Status**, which displays information for the selected patient
- The **Demographics** tab also displays data for the selected patient, and the tabs containing measure data are available for selection

# Patient Status (cont.)

Patient Status															
First Name FNAME698294		Last Name LNAME698294		Gender Female		Date of Birth 06/10/1944		Medicare ID 007644210C		Medical Record Number ---					
Current Mode Browsing				Locked By ---				Updated ---				Updated By ---			
	CARE-1	CARE-2	CAD	DM	HF	HTN	IVD	PREV-5	PREV-6	PREV-7	PREV-8	PREV-9	PREV-10	PREV-11	PREV-12
Complete	NR	NR	NR	✘	NR	NR	NR	✘	NR	NR	NR	NR	NR	NR	NR
Rank	0	0	0	469	0	0	0	390	0	0	0	0	0	0	0
Dx	---	---	No	No	No	No	No	---	---	---	---	---	---	---	---

Patient Status dashboard showing the patient's initial status

Patient Status															
First Name FNAME463570		Last Name LNAME463570		Gender Female		Date of Birth 05/19/1940		Medicare ID 024853805E		Medical Record Number ---					
Current Mode Browsing				Locked By ---				Updated 10/21/2013				Updated By USER TWO			
	CARE-1	CARE-2	CAD	DM	HF	HTN	IVD	PREV-5	PREV-6	PREV-7	PREV-8	PREV-9	PREV-10	PREV-11	PREV-12
Complete	NR	✔	NR	NR	NR	NR	NR	NR	✔	NR	✔	✔	✔	✔	✔
Rank	0	368	0	0	0	0	0	0	181	0	368	344	326	348	334
Dx	---	---	No	No	No	No	No	---	---	---	---	---	---	---	---

Patient Status dashboard showing the patient's status as complete in all modules in which the patient is ranked

# Medical Record Found

- Below the **Patient Status** is the **Patient Medical Record**
  - NOTE: You must answer the **Medical Record Found** question before you can enter patient data
- The **Medical Record Found** pull-down menu options enable you to update data for the patient or remove the patient from the sample
  - Removing the patient from the sample using the Medical Record Found options “skips” the patient in all modules/measures in which the patient is ranked
  - Confirming you found the patient’s medical record will enable you to update the quality data for the modules/measures in which the patient is ranked
- If you cannot find the patient’s medical record, or the patient is not qualified for the sample, the patient will be skipped in all modules/measures in which the patient was ranked
- The 2014 GPRO Supporting Documents describe the available options in the **Medical Record Found** and **Reason** pull-down menus

# Medical Record Found (cont.)

Patient Medical Record

Medical Record Found Yes Reason Date

This screenshot shows a form titled "Patient Medical Record". The "Medical Record Found" dropdown menu is set to "Yes". The "Reason" and "Date" fields are present but disabled, indicated by a grey background and a lock icon on the right.

When Medical Record found is set to **Yes** or **No**, the Reason and Date fields are not available for entry

Patient Medical Record

Medical Record Found Not Qualified for Sample Reason Date

This screenshot shows the same form, but the "Medical Record Found" dropdown menu is set to "Not Qualified for Sample". The "Reason" and "Date" fields are now active and available for entry.

When Medical Record found is set to **Not Qualified for Sample**, the Reason and Date fields are available for entry, and values must be provided

Not Qualified for Sample Reasons:

- In Hospice
- Moved out of Country
- Deceased
- HMO Enrollment

Reason Date

In Hospice  
Moved out of Country  
Deceased  
HMO Enrollment

This close-up shows the "Reason" dropdown menu open, displaying a list of options: "In Hospice", "Moved out of Country", "Deceased", and "HMO Enrollment". The "Date" field is visible to the right.

# Patient Demographics Tab

- The **Demographics** tab contains the patient's demographic information
- All required fields for this tab are pre-populated
- The optional **Provider Name** and **Clinic ID** fields may be pre-populated if the data is available during the sampling
- You may update optional data if additional information is available in the patient's medical record

# Patient Demographics Tab (cont.)

**Demographics** CARE CAD DM HF HTN IVD PREV

**Demographics (Required Information)** ⓘ

Medicare ID 006849662E

\* First Name

\* Last Name

Gender  ▼

\* Date of Birth  ⓘ

**Demographics (Optional Information)** ⓘ

Medical Record Number

Other ID

Provider Name 1 LAST75239, FIRST75239 ⓘ

Provider Name 2 LAST630, FIRST630 ⓘ

Provider Name 3 LAST10124, FIRST10124 ⓘ

Clinic ID 109742346 ⓘ

**General Comments (Optional)** ⓘ

\* Required field

# Automatic Skips Set by System

- If the patient's age is changed on the **Demographics** tab, a message will be displayed when the new age makes them ineligible for a module/measure in which they are ranked and the patient will be marked as skipped by the system
- If the patient is ranked in PREV-5\* and the gender is changed, a message will be displayed and the patient will be marked as skipped by the system
- If the patient is confirmed as having Diabetes, but DM-2\*\* and the DM Composite\*\*\* Measure checkbox are set to the denominator exclusion, the patient will be marked as skipped in DM

*\*Prev-5 title: Breast Cancer Screening*

*\*\*DM-2 title: Diabetes: Hemoglobin A1c Poor Control*

*\*\*\*DM Composite Measure including: DM-13 Diabetes Mellitus: High Blood Pressure, DM-14 Diabetes Mellitus: Low Density Lipoprotein, DM-15 Diabetes Mellitus: Hemoglobin A1c Control (<8%), DM-16 Diabetes Mellitus: Daily Aspirin or Antiplatelet Medication Use for Patients with Diabetes and Ischemic Vascular Disease, DM-17 Diabetes Mellitus: Tobacco Non-Use*

# Automatic Skip Messages

## Patient Skip Warning - Gender

Changing this patient's gender will automatically change the patient's **PREV-5 Confirmation** value to **Not Confirmed – Gender**. This means that when all required data is provided, the patient will be marked as **Skipped** in PREV-5 because of ineligibility. Please check your overall PREV-5 completion status to determine if you must provide data for another consecutively ranked patient in PREV-5.



The system will provide messages when the automatic skip values are set

## Patient Skip Warning - Age

Changing this patient's date of birth will automatically change the patient's module or measure **Confirmed** value to **Not Confirmed – Age**. This means the patient will be marked as **Skipped** in the module or measure because of ineligibility. Please check your overall completion status to determine if you must provide data for another consecutively ranked patient in these modules or measures.

When all required data is provided, the patient will be marked as **Skipped** in the following modules or measures: DM HTN.



## Patient Skip Warning - DM

Setting the **DM-2 HbA1c Test** to **Denominator Exclusion** and checking the **Denominator Exclusion for All Composite Components** checkbox will automatically change the patient's DM **Confirmed** value to **Denominator Exclusion**. This means the patient will be marked as **Skipped** in the DM module. Please check your overall DM completion status to determine if you must provide data for another consecutively ranked patient in DM.



# Automatic Skip Messages (cont.)

**Patient Incomplete Warning - Gender** 

Changing this patient's gender will automatically change the patient's **PREV-5 Confirmation** value to a **blank** value and the patient's PREV-5 status to **Incomplete**. Please check your overall PREV-5 completion status to determine if you must provide data for this patient in PREV-5.



If the values are reset and the patient is now eligible for the measure, the patient will be set to Incomplete and an appropriate message will be provided

**Patient Incomplete Warning - Age** 

Changing this patient's date of birth will automatically change the patient's module or measure Confirmed value to a **blank** value and the patient's module or measure status to **Incomplete**. Please check your overall completion status to determine if you must provide data for patients in these modules or measures.

The patient is marked as **Incomplete** in the following modules or measures: DM HTN.



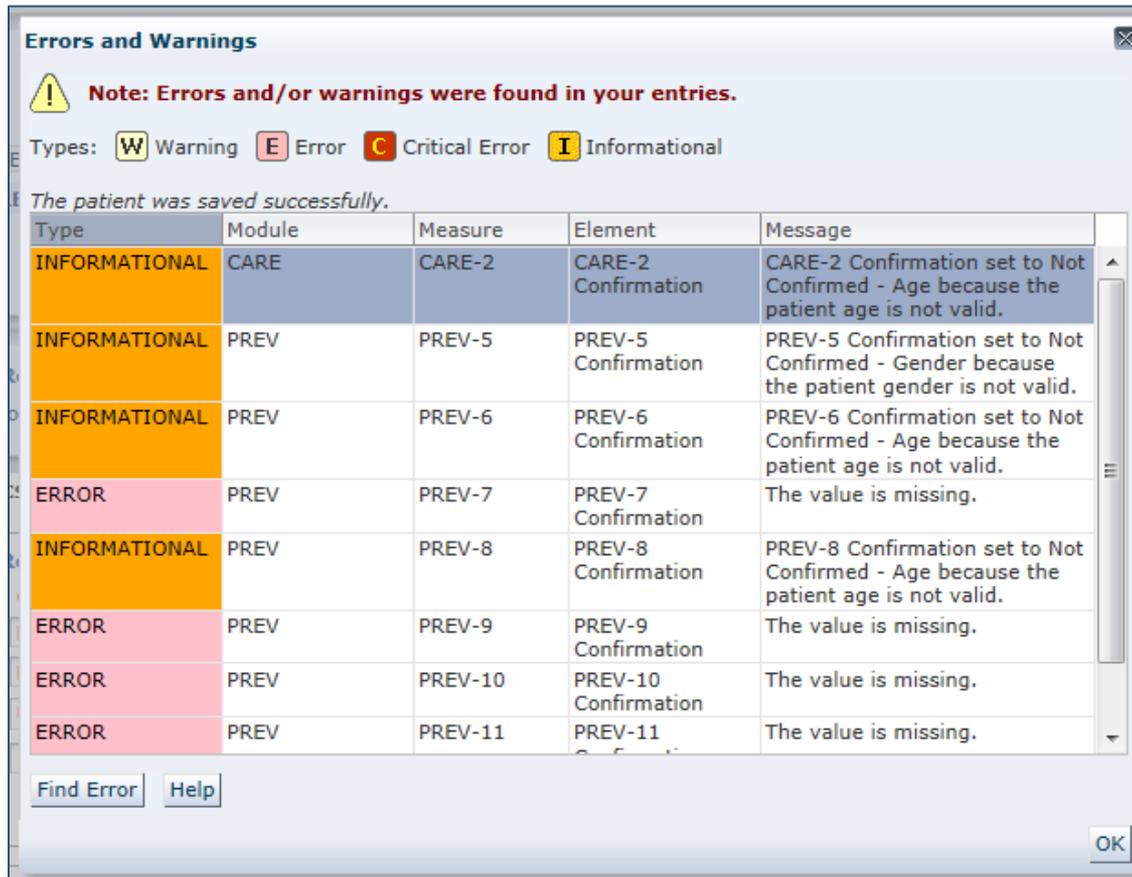
**Patient Incomplete Warning - DM** 

Setting the **DM-2 HbA1c Test** to **Yes** or **No**, or unchecking the **Denominator Exclusion for All Composite Components** checkbox, will automatically change the patient's DM Confirmed value to **Yes**. This means the patient may be marked as **Incomplete** in the DM module. Please provide required data for this patient in DM.



# Automatic Skip Information on Errors and Warnings Screen

When **Save** is clicked, the system will provide an Informational message for the associated modules/measures



The screenshot shows a dialog box titled "Errors and Warnings" with a yellow warning icon and the text "Note: Errors and/or warnings were found in your entries." Below this, there are buttons for "W Warning", "E Error", "C Critical Error", and "I Informational". A message states "The patient was saved successfully." Below this is a table with the following data:

Type	Module	Measure	Element	Message
INFORMATIONAL	CARE	CARE-2	CARE-2 Confirmation	CARE-2 Confirmation set to Not Confirmed - Age because the patient age is not valid.
INFORMATIONAL	PREV	PREV-5	PREV-5 Confirmation	PREV-5 Confirmation set to Not Confirmed - Gender because the patient gender is not valid.
INFORMATIONAL	PREV	PREV-6	PREV-6 Confirmation	PREV-6 Confirmation set to Not Confirmed - Age because the patient age is not valid.
ERROR	PREV	PREV-7	PREV-7 Confirmation	The value is missing.
INFORMATIONAL	PREV	PREV-8	PREV-8 Confirmation	PREV-8 Confirmation set to Not Confirmed - Age because the patient age is not valid.
ERROR	PREV	PREV-9	PREV-9 Confirmation	The value is missing.
ERROR	PREV	PREV-10	PREV-10 Confirmation	The value is missing.
ERROR	PREV	PREV-11	PREV-11 Confirmation	The value is missing.

At the bottom of the dialog box, there are buttons for "Find Error", "Help", and "OK".

# Care Coordination/Patient Safety (CARE) Tab

- The Care Coordination/Patient Safety (**CARE**) tab contains the two individually sampled measures, **CARE-1: Medication Reconciliation** and **CARE-2: Falls Screening for Future Fall Risk**
- Because each CARE measure has a separate confirmation and separate comments, each measure with the associated confirmation and comments is treated as a module for completion counts
  - You may only enter data for the measure in which the patient is ranked
  - If the patient is ranked in **CARE-1**, the **Discharge Date** column in the table will be pre-populated
  - Discharge Dates cannot be added, deleted, or modified
  - The Confirmation pull-down menu will enable you to confirm the patient is eligible for the measure, or not eligible for the measure due to a CMS Approved reason
  - Clicking **Yes** will enable you to enter the measure data
  - Clicking **No – Other CMS Approved Reason** will skip the patient in the measure
  - Unlike skipping a patient in the **Patient Medical Record**, skipping a patient using one of the CARE confirmations will only skip the patient for that measure. The patient will still be eligible for other disease and measure modules in which the patient is ranked
- The 2014 GPRO CARE Supporting Documents provide direction on which option to select from the pull-down menus, as well the appropriate codes used for each measure

# Care Coordination/Patient Safety (CARE) Tab

(cont.)

**Patient Medical Record** ?

Medical Record Found  Reason  Date  ?

Demographics **CARE** CAD DM HF HTN IVD PREV

▶ 2014 GPRO Web Interface Measure Documentation Links

**CARE-1: Medication Reconciliation** ?

CARE-1 Confirmation

Discharge Date	Discharge	Office Visit	Reconciliation
08/10/2014	<input type="text"/>	<input type="text"/>	<input type="text"/>
08/27/2014	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments (Optional)

**CARE-2: Falls** ?

CARE-2 Confirmation

Screening for Future Fall Risk

Comments (Optional)

# Coronary Artery Disease (CAD) Tab

- The Coronary Artery Disease (**CAD**) tab contains two measures, **CAD-2: Lipid Control** and **CAD-7: Diabetes or LVSD and ACE-I/ARB**
  - The **CAD Confirmation** applies to both measures
  - The **CAD-2** and **CAD-7** component measures are analyzed as an all or nothing composite measure
  - The **CAD Confirmed** pull-down menu will enable you to either confirm the patient's diagnosis or indicate the patient is not eligible for the **CAD** module due to another CMS approved reason
  - Clicking **Not Confirmed – Diagnosis** or **No – Other CMS Approved Reason** will skip the patient in the **CAD** module
  - Again, skipping a patient using the **CAD Confirmation** will only skip the patient in the **CAD** module
  - The patient will still be eligible for other modules in which the patient is ranked
- The 2014 GPRO CAD Supporting Documents provide direction on which option to select from the pull-down menus, as well as the appropriate codes used for each measure

# Coronary Artery Disease (CAD) Tab (cont.)

**Patient Medical Record** ?

Medical Record Found  Reason  Date  ?

Demographics CARE **CAD** DM HF HTN IVD PREV

▶ 2014 GPRO Web Interface Measure Documentation Links

**CAD Confirmation** ?

CAD Confirmed

**CAD-2: Lipid Control** ?

LDL-C Controlled/Plan of Care

**CAD-7: Diabetes or LVSD and ACE-I/ARB** ?

Has Diabetes or LVSD

ACE-I/ARB

**Comments (Optional)** ?

# Diabetes Mellitus (DM) Tab

- The **DM** tab contains six measures
  - DM-2: Hemoglobin A1c Poor Control
  - DM-13: High Blood Pressure Control
  - DM-14: Low Density Lipoprotein (LDL-C) Control
  - DM-15: Hemoglobin A1c Control (< 8%)
  - DM-16: Daily Aspirin or Antiplatelet Medication Use for Patients with Diabetes and Ischemic Vascular Disease (IVD)
  - DM-17: Tobacco Non-Use
- DM-2 is an individual measure, while the remaining measures are components of the all or nothing Optimal Diabetes Care composite measure
- The **DM Confirmation** applies to all measures
- Like the **CAD** tab, patients may be skipped in the DM module if the diagnosis cannot be confirmed or the patient is not qualified due to a CMS approved reason
- The 2014 GPRO DM Supporting Documents provide direction on which option to select from the pull-down menus, guidelines on providing dates and values, as well as the appropriate codes used for each measure

# Diabetes Mellitus (DM) Tab (cont.)

## DM-2 Diabetes: Hemoglobin A1c Poor Control Individual Measure

**Patient Medical Record** ?

Medical Record Found  Reason  Date  ?

Demographics CARE CAD **DM** HF HTN IVD PREV

▶ 2014 GPRO Web Interface Measure Documentation Links

**DM Confirmation** ?

DM Confirmed

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

HbA1c Test

Date Drawn  ?

HbA1c Value

# Diabetes Mellitus (DM) Tab (cont.)

## DM Composite Components

DM Composite:  Denominator Exclusion for All Composite Components

**DM-13: High Blood Pressure Control** ?

Most Recent BP

Date Taken

Systolic

Diastolic

**DM-14: LDL-C Control** ?

LDL-C Test

Date Drawn

LDL-C Value

**DM-15: Hemoglobin A1c Control (<8%)** Copy DM-2 Values ?

HbA1c Test

Date Drawn

HbA1c Value

**DM-16: IVD/Aspirin Use** ?

Has IVD

Daily Aspirin Use

**DM-17: Tobacco Non-Use** ?

Tobacco Non-Use

**Comments (Optional)** ?

# Heart Failure (HF) Tab

- The Heart Failure (**HF**) tab contains one measure
  - **HF-6**: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- Patients may be skipped in the HF module if the diagnosis cannot be confirmed or the patient is not qualified due to a CMS approved reason
- The 2014 GPRO HF Supporting Documents provide direction on which option to select from the pull-down menus, as well as the appropriate codes used for the measure

# Heart Failure (HF) Tab (cont.)

**Patient Medical Record** ?

Medical Record Found  Reason  Date  ?

Demographics CARE CAD DM **HF** HTN IVD PREV

▶ 2014 GPRO Web Interface Measure Documentation Links

**HF Confirmation** ?

HF Confirmed

**HF-6: Beta-Blocker Therapy for LVSD** ?

Has LVSD

Beta-Blocker

**Comments (Optional)** ?

# Hypertension (HTN) Tab

- The HTN tab contains one measure
  - **HTN-2:** Controlling High Blood Pressure
- Patients may be skipped in the HTN module if the diagnosis cannot be confirmed, the patient is not qualified due to a CMS approved reason, or if there is an applicable denominator exclusion
- The 2014 GPRO HTN Supporting Documents provide direction on which option to select from the pull-down menus, guidelines on providing dates and values, as well as the appropriate codes used for the measure

# Hypertension (HTN) Tab (cont.)

**Patient Medical Record** ?

Medical Record Found  Reason  Date  ?

Demographics CARE CAD DM HF **HTN** IVD PREV

▶ 2014 GPRO Web Interface Measure Documentation Links

**HTN Confirmation** ?

HTN Confirmed

**HTN-2: Controlling High Blood Pressure** ?

Most Recent BP

Date Taken  ?

Systolic

Diastolic

**Comments (Optional)** ?

# Ischemic Vascular Disease (IVD) Tab

- The **IVD** tab contains two measures
  - **IVD-1:** Complete Lipid Profile and LDL-C Control (< 100 mg/dL)
  - **IVD-2:** Use of Aspirin or Another Antithrombotic
- Patients may be skipped in the IVD module if the diagnosis cannot be confirmed or the patient is not qualified due to a CMS approved reason
- The 2014 GPRO IVD Supporting Documents provide direction on which option to select from the pull-down menus, guidelines on providing dates and values, as well the appropriate codes used for each measure

# Ischemic Vascular Disease (IVD) Tab

(cont.)

**Patient Medical Record** ?

Medical Record Found  Reason  Date  📅

Demographics CARE CAD DM HF HTN **IVD** PREV

▶ 2014 GPRO Web Interface Measure Documentation Links

**IVD Confirmation** ?

IVD Confirmed

**IVD-1: Complete Lipid Panel and LDL Control** ?

Lipid Profile Performed

Date Drawn  📅

LDL-C Value

**IVD-2: Use of Aspirin or Another Antithrombotic** ?

Aspirin/Antithrombotic Therapy

**Comments (Optional)** ?

# Preventive Care (PREV) Tab

- The PREV tab contains the eight preventive care measures
  - **PREV-5:** Breast Cancer Screening
  - **PREV-6:** Colorectal Cancer Screening
  - **PREV-7:** Preventive Care and Screening: Influenza Immunization
  - **PREV-8:** Pneumonia Vaccination Status for Older Adults
  - **PREV-9:** Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
  - **PREV-10:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
  - **PREV-11:** Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
  - **PREV-12:** Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- Because each PREV measure has a separate confirmation and separate comments, each measure with the associated confirmation and comments is treated as a module for completion counts
  - Data may only be entered for the module in which the patient is ranked

# Preventive Care (PREV) Tab

- If the patient is ranked in the PREV-7\* measure, the measure field may contain pre-filled data showing that the immunization was performed
- Like the CARE tab, patients may be skipped in an individual measure on the tab due to a CMS approved reason while leaving the patient eligible for other modules in which they are ranked
- A patient may also be skipped due to an applicable Denominator Exclusion in the PREV-5\*\*, PREV-6\*\*\*, PREV-9^, PREV-11^^, or PREV-12^^^ measure
- The 2014 GPRO PREV Supporting Documents provide direction on which option to select from the pull-down menus, as well as the appropriate codes used for each measure

*\*PREV-7 title: Preventive Care and Screening: Influenza Immunization*

*\*\*PREV-5 title: Breast Cancer Screening*

*\*\*\*PREV-6 title: Colorectal Cancer Screening*

*^PREV-9 title: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up*

*^^PREV-11 title: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented*

*^^^PREV-12 title: Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan*

# Preventive Care (PREV) Tab (cont.)

**Patient Medical Record**

Medical Record Found  Reason  Date

Demographics CARE CAD DM HF HTN IVD **PREV**

▶ 2014 GPRO Web Interface Measure Documentation Links

**PREV-5: Breast Cancer Screening**

PREV-5 Confirmation

Screening Performed

Comments (Optional)

**PREV-6: Colorectal Cancer Screening**

PREV-6 Confirmation

Screening Is Current

Comments (Optional)

**PREV-7: Influenza Immunization**

PREV-7 Confirmation

Immunization Received

Immunization Received was pre-filled based on an outpatient claim from outside this Group Practice.

Comments (Optional)

**PREV-8: Pneumonia Vaccination Status for Older Adults**

PREV-8 Confirmation

Vaccination Received

Comments (Optional)

# Preventive Care (PREV) Tab (cont.)

<b>PREV-9: BMI Screening and Follow-Up</b> 	
PREV-9 Confirmation	<input type="text"/>
Calculated BMI	<input type="text"/>
BMI Normal	<input type="text"/>
Follow-Up Plan	<input type="text"/>
Comments (Optional)	<input type="text"/>

<b>PREV-10: Tobacco Use: Screening and Cessation Intervention</b> 	
PREV-10 Confirmation	<input type="text"/>
Tobacco Use	<input type="text"/>
Cessation Counseling Intervention	<input type="text"/>
Comments (Optional)	<input type="text"/>

<b>PREV-11: Screening for High Blood Pressure and Follow-Up</b> 	
PREV-11 Confirmation	<input type="text"/>
Blood Pressure Screening	<input type="text"/>
Blood Pressure Normal	<input type="text"/>
Follow-Up Plan	<input type="text"/>
Comments (Optional)	<input type="text"/>

<b>PREV-12: Screening for Clinical Depression and Follow-Up Plan</b> 	
PREV-12 Confirmation	<input type="text"/>
Clinical Depression Screening	<input type="text"/>
Positive for Clinical Depression	<input type="text"/>
Follow-Up Plan	<input type="text"/>
Comments (Optional)	<input type="text"/>

# Locked Records

- The **Locked Records** screen provides the list of patients locked for editing
- Once a user edits a patient's data, the record is locked to prevent other users from overwriting the patient's data
- The record remains locked until the modifications are saved or the modifications are cancelled
- If the record is locked for editing and the user is timed out for inactivity, the record remains locked
- The user who locked the record may unlock the patient by continuing the edits and saving, or by unlocking the patient on the **Locked Records** screen
- Other users may unlock the patients record on the Locked Records screen after 24 hours have elapsed since the record was locked

# Locked Records (cont.)

- The first patient in the list has been locked for more than 24 hours so may be unlocked by anyone
- The second patient in the list is currently being edited and will be unlocked when the modifications are saved
- The third patient in the list has been locked for less than 24 hours and can only be unlocked by the user who holds the lock on the record
- To unlock, click the row, then click **Unlock**, which will be available if you are permitted to unlock the record

<Your Organization Name Here> Accessibility | Help

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

**Locked Records** Refresh Unlock ?

Medicare ID	Last Name	First Name	Birth Date	Locked By	Locked At	Elapsed Time
013646622E	Last00572891	First00572891	10/27/1943	FNAME8 LNAME8	07/30/2014 14:54:25	41 hrs 58 mins
024854973E	Last00571870	First00571870	11/23/1938	FNAME6 LNAME6	08/01/2014 08:47:59	0 hrs 4 mins
062051775E	Last005753	First005753	10/24/1928	FNAME8 LNAME8	07/31/2014 17:33:34	15 hrs 19 mins

# List Users

- The **List Users screen** provides the list of all users who have logged into the GPRO Web Interface for your PQRS TIN or ACO Primary TIN
- The following is a screenshot of the **List Users** screen:

<Your Organization Name Here> Accessibility | Help

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

List Users 

First Name	Last Name
FNAME1	LNAME1
FNAME10	LNAME10
FNAME11	LNAME11
FNAME12	LNAME12
FNAME13	LNAME13
FNAME14	LNAME14
FNAME15	LNAME15
FNAME2	LNAME2
FNAME3	LNAME3
FNAME4	LNAME4
FNAME5	LNAME5
FNAME6	LNAME6
FNAME7	LNAME7
FNAME8	LNAME8
FNAME9	LNAME9

**2014 GPRO Web Interface**

# **USING XML FILES TO EXPORT DATA**

# Export Data Screen

- Patient data may also be updated using XML files
- The **Export Data** screen enables you to export XML files containing the data for your TIN
  - When the XML file is generated, it will contain the current data stored in the database
  - The **Export Data Set** pull-down menu enables you to select which XML file to generate: **Patient Ranking**, **Patients**, **Patient Discharge**, **Providers**, or **Clinics**
- After you generate an XML file, the file be available for download from the **Export Data Results** table.
  - The files in the table contain the data as of the time the file was generated
  - If data has been updated since the report was generated, you should generate a new file

# Screenshot of the Export Data Screen

<Your Organization Name Here> Accessibility | Help

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

### Export Data

\* Export Data Set Patients Export Data Set is required.

Note: When Patient Ranking option is selected from the Export Data Set drop-down, at least one module needs to be checked in Export Patients In Module(s) checkbox

\* Export Patients In Patients

- CARE-1: Medication Reconciliation
- CARE-2: Falls
- CAD: Coronary Artery Disease
- DM: Diabetes Mellitus
- HF: Heart Failure
- HTN: Hypertension
- IVD: Ischemic Vascular Disease
- PREV-5: Breast Cancer Screening
- PREV-6: Colorectal Cancer Screening
- PREV-7: Influenza Immunization
- PREV-8: Pneumonia Vaccination Status for Older Adults
- PREV-9: BMI Screening and Follow-Up
- PREV-10: Tobacco Use: Screening and Cessation Intervention
- PREV-11: Screening for High Blood Pressure and Follow-Up
- PREV-12: Screening for Clinical Depression and Follow-Up Plan

Note: If the patient is ranked in additional modules than the ones selected above, check the Export all data for patients ranked in the selected module(s) checkbox below to export the additional data.

Export all data for patients ranked in the selected module(s)

[Generate XML](#)

\* Required field

### Export Data Results

View GPRO Web Interface XML Specification [Refresh](#)

Date	User Name	File Name	Status	Comments
07/30/2014 01:20PM	Fname8 Lname8	Patients.xml	Request Received	CARE-2
07/30/2014 12:07PM	Fname8 Lname8	Patient-Discharge.xml	Complete	
07/30/2014 12:05PM	Fname8 Lname8	Patients.xml	Complete	PREV-5,PREV-6,PREV-7,PREV-8,PREV-9,PREV-10,PREV-11,PREV-12
07/30/2014 12:04PM	Fname8 Lname8	Patient-Ranking.xml	Complete	CARE-1,CARE-2,CAD,DM,HF,HTN,IVD,PREV-5,PREV-6,PREV-7,PREV-8,PREV-9,PREV-10,PREV-11,PREV-12
07/30/2014 12:04PM	Fname8 Lname8	Clinics.xml	Complete	
07/30/2014 12:04PM	Fname8 Lname8	Providers.xml	Complete	
07/25/2014 12:41PM	Fname8 Lname8	Patients.xml	Complete	PREV-12
07/30/2014 12:37PM	Fname8 Lname8	Patients.xml	Complete	PREV-5,PREV-6,PREV-7,PREV-8,PREV-9,PREV-10,PREV-11,PREV-12

# Upload Data Screen

- The **Upload Data** screen enables you to upload XML files to update the quality measure data for patients in the TIN
- The screen provides a status indicating whether or not the upload was successful
  - If the XML file includes format or data errors, you can view the errors by clicking on the **Status** hyperlink
- You may upload both **Patients** and **Patient Discharge** data sets
  - The **Patient Discharge** data set should only include the measure data for CARE-1\* discharge dates
  - All other measure data should be uploaded in the **Patients** data set

# Upload Data Screen (cont.)

Select an **Upload Data Set**, select a **Source File** using the Windows File Selector, then click **Upload**

<Your Organization Name Here> [Accessibility](#) | [Help](#)

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

### Upload Data

\* Upload Data Set  Upload Data Set

Note: No other user database while data is being uploaded.

Patients  
Patient Discharge

\* Source File

Note: The name of the file can not exceed 35 characters.

\* Required field

### Upload Data Results

[View GPRO Web Interface XML Specification](#)

Date	User Name	File Name	File Type	Status
No XML files have been uploaded.				

**2014 GPRO Web Interface**

# **REPORTS**

# Reports

- The **Reports** pull-down menu on the **Global Navigation Bar** enables you to select from the list of reports available in the **GPRO Web Interface**
- The reports may also be selected from the Reports screen when the default page in Preferences is set to Reports

# Reports (cont.)

The screenshot shows the GPRO Web Interface with the 'Reports' menu open. The navigation bar includes 'Home', 'Reports', 'Export Data', 'Upload Data', 'Add/Edit', 'Locked Records', 'List Users', 'Submit', and 'Preferences'. The 'Reports' menu lists the following options: Patient Summary Report..., Check Entries Report..., Totals Report..., Measure Rates Report..., Pre-filled Elements Report..., Activity Logs Report, Submit Status Report, and Comments Report... Below the menu is a table with columns: Patient Name, Gender, Birth Date, CARE-1 Rank, CARE-1 Complete, CARE-2 Rank, CARE-2 Complete, and CAD Ran. The table contains three rows of patient data.

Patient Name	Gender	Birth Date	CARE-1 Rank	CARE-1 Complete	CARE-2 Rank	CARE-2 Complete	CAD Ran
st01841202	Female	02/11/1942	0	NR	323	✘	0
st018429	Male	09/29/1958	0	NR	0	NR	0
Last0184906	Male	05/28/1939	0	NR	247	✘	0

**Global Navigation** showing the reports pull-down menu

The screenshot shows the GPRO Web Interface with the 'Reports' page selected. The navigation bar is the same as in the previous screenshot. Below the navigation bar, the 'Reports' section is displayed with a list of report options:

- Patient Summary Report
- Check Entries Report
- Totals Report
- Measure Rates Report
- Pre-filled Elements Report
- Activity Logs Report
- Submit Status Report
- Comments Report

**Default** page set to Reports when logging into the GPRO Web Interface

# Patient Summary Report

- The Patient Summary Report summarizes currently entered data for a patient
- It enables you to view data for all modules in which the patient is ranked without navigating through the data entry tabs
  - The Patient Summary Report displays only the modules in which the patient is ranked
- The top of the screen displays the list of patients
- The list of patients in the table is controlled by the modules selected in Preferences
  - If no modules are selected in Preferences, patients in all modules are included in the list

# Patient Summary Report (cont.)

<Your Organization Name Here> Accessibility | Help

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

### Patient Summary Report 🔍

Medicare ID	First Name	Last Name	Birth Date
013646622E	First00572891	Last00572891	10/27/1943
024615966G	First00573770	Last00573770	11/11/1947
024683745E	First00572780	Last00572780	06/05/1943
028480850E	First005759	Last005759	06/04/1945
028856430E	First00571940	Last00571940	03/26/1939
032642118E	First00572981	Last00572981	11/19/1943
035696055E	First00571966	Last00571966	07/15/1939
044692659E	First00571957	Last00571957	07/18/1939
046852557E	First00572022	Last00572022	09/26/1939
048494707E	First00572341	Last00572341	09/26/1948
052810571G	First00573461	Last00573461	06/10/1946
056652964E	First00573691	Last00573691	07/14/1947
062480824E	First00573213	Last00573213	11/28/1951
062493145T	First00573987	Last00573987	08/25/1948
062896016G	First00573541	Last00573541	12/10/1946
065656802T	First00573783	Last00573783	10/10/1947

[Preview](#) [Print Selected](#)

**NOTE:** If problems occur while trying to preview or print several reports, try to select fewer records.

# Patient Summary Report (cont.)

- After selecting a patient from the list, the report may be viewed by clicking the **Preview** button or printed by clicking the **Print Selected** button
- The following screenshot of the Patient Summary Report is only an example of a report for a patient ranked in the HTN, PREV-5\* and PREV-6\*\* modules/measures
  - Each patient's report is customized to the modules/measures in which the patient is ranked

*\*PREV-5 title: Breast Cancer Screening*

*\*\*PREV-6 title: Colorectal Cancer Screening*

# Patient Summary Report (cont.)

[View Printable Report](#) 

**PATIENT SUMMARY REPORT -- <Your Organization Name Here>**

**Patient** Last2084356, First2084356    **Total Time** 00:00:45    **Patient Data** Complete

---

**Demographics**

Medicare ID	001046	Module	Rank	Status
Gender	Male	CARE-1	267	Complete
Birth Date	09/16/1928	CARE-2	0	Not Ranked
Medical Record Number	---	CAD	0	Not Ranked
Other ID	---	DM	0	Not Ranked
Provider Name 1	PLNAME002049, PFNAME002049	HF	0	Not Ranked
Provider Name 2	---	HTN	0	Not Ranked
Provider Name 3	---	IVD	0	Not Ranked
Clinic ID	064850	PREV-5	0	Not Ranked
Updated By	Fakefirst Fakelast	PREV-6	0	Not Ranked
Updated	08/07/2014 11:04:02	PREV-7	0	Not Ranked
General Comments	---	PREV-8	0	Not Ranked
		PREV-9	0	Not Ranked
		PREV-10	0	Not Ranked
		PREV-11	0	Not Ranked
		PREV-12	0	Not Ranked

---

**Medical Record Found**

Medical Record Found	Yes
Date	---
Reason	---

---

**CARE: Care Coordination and Patient Safety**

CARE-1 Confirmation    ---

Discharge Date	Discharge	Office Visit	Reconciliation
01/07/2014	Yes	Yes	Yes

**CARE-1 Comments**

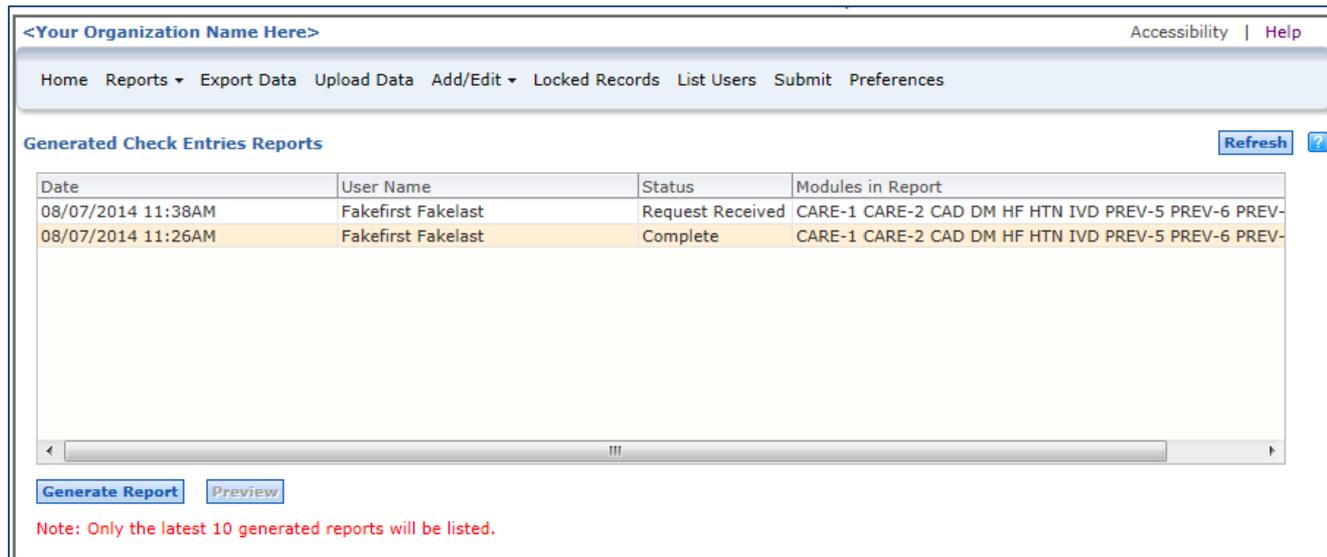
The patient was seen in this office on 1/14/2014

# Check Entries Report

- The Check Entries Report summarizes missing or inconsistent data for the patients
- The Report provides a way to determine which patients require additional information in order to meet the reporting requirements for the minimum number of consecutively confirmed and completed patients in each module
- The report lists the patients with missing or inconsistent data, and the module and measure for the associated data fields
- The report uses the modules selected in Preferences to limit the patients included in the report
  - Only patients ranked in the selected modules will be evaluated
  - All the selected patient's data will be evaluated, including additional modules in which they are ranked

# Check Entries Report (cont.)

- The top of the screen contains the list of generated reports
- Up to 10 generated reports will be displayed in the table
- Reports contain the errors, warnings, and information current at the time the report was generated for the patients ranked in the modules selected in Preferences
- Select a report on the table, then click **Preview** to view the report



<Your Organization Name Here> Accessibility | Help

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

Generated Check Entries Reports Refresh ⓘ

Date	User Name	Status	Modules in Report
08/07/2014 11:38AM	Fakefirst Fakelast	Request Received	CARE-1 CARE-2 CAD DM HF HTN IVD PREV-5 PREV-6 PREV-
08/07/2014 11:26AM	Fakefirst Fakelast	Complete	CARE-1 CARE-2 CAD DM HF HTN IVD PREV-5 PREV-6 PREV-

Generate Report Preview

Note: Only the latest 10 generated reports will be listed.

# Check Entries Report (cont.)

- The data in the report may be filtered to further limit the information listed
- The data in the report may be sorted by any of the columns

Check Entries Report - 08/11/2014 12:57PM -- <Your Organization Name Here> [View Printable Report](#)

Medicare ID	Type	Measure	Element	Message	Provider Name 1	Provider Name 2	Provider Name 3
466882867G3	ERROR	Medical Record Found	Medical Record Found	The value is missing.	PLNAME087273, PFNAME087273		
285498982E	ERROR	Medical Record Found	Medical Record Found	The value is missing.	PLNAME051862, PFNAME051862		
976280146E	ERROR	PREV-5	PREV-5 Confirma...	The value is missing.	PLNAME079769, PFNAME079769	PLNAME025488, PFNAME025488	
976280146E	ERROR	PREV-6	PREV-6 Confirma...	The value is missing.	PLNAME079769, PFNAME079769	PLNAME025488, PFNAME025488	
225944764E	ERROR	HTN Confirma...	HTN Confirmed	The value is missing.	PLNAME111813, PFNAME111813	PLNAME113802, PFNAME113802	PLNAME021041, PFNAME021041
225944764E	ERROR	PREV-6	PREV-6 Confirma...	The value is missing.	PLNAME111813, PFNAME111813	PLNAME113802, PFNAME113802	PLNAME021041, PFNAME021041
225944764E	ERROR	PREV-11	PREV-11 Confirma...	The value is missing.	PLNAME111813, PFNAME111813	PLNAME113802, PFNAME113802	PLNAME021041, PFNAME021041
228188667E	ERROR	PREV-6	PREV-6 Confirma...	The value is missing.	PLNAME051510, PFNAME051510		
228188667E	ERROR	PREV-7	PREV-7 Confirma...	The value is missing.	PLNAME051510, PFNAME051510		
228188667E	ERROR	PREV-8	PREV-8 Confirma...	The value is missing.	PLNAME051510, PFNAME051510		
228188667E	ERROR	PREV-9	PREV-9 Confirma...	The value is missing.	PLNAME051510, PFNAME051510		
228188667E	ERROR	PREV-10	PREV-10 Confirma...	The value is missing.	PLNAME051510, PFNAME051510		
228188667E	ERROR	PREV-11	PREV-11 Confirma...	The value is missing.	PLNAME051510, PFNAME051510		
228188667E	ERROR	PREV-12	PREV-12 Confirma...	The value is missing.	PLNAME051510, PFNAME051510		
222668084E	ERROR	Medical Record Found	Medical Record Found	The value is missing.	PLNAME033115, PFNAME033115		

# Totals Report

- The Totals Report includes detailed information on the completeness data shown in the Group Status section of the Home page
- This report helps you determine if the requirements for reporting have been met
  - If they have ***not been met***, the report helps you determine which patients are missing data that is needed to qualify them for the reporting requirements
- A report for one module is shown in the following example: your report will contain all 15 modules

# Totals Report (cont.)

- The top of the screen contains the list of generated reports
- Up to 10 generated reports will be displayed in the table
- Reports contain the completeness calculations current at the time the report was generated
- Select a report on the table, then click **Preview** to view the report

<Your Organization Name Here> Accessibility | Help

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

Generated Totals Reports [Refresh](#)

Date	User Name	Status
08/01/2014 10:32AM	Fname8 Lname8	Complete

[Generate Report](#) [Preview](#)

Note: Only the latest 10 generated reports will be listed.

# Totals Report Summary

Totals Report - 08/07/2014 02:24PM -- <Your Organization Name Here> [View Printable Report](#) 

**Totals Summary** Details

### CARE-1: Medication Reconciliation

Report Title	Total	Details	Comments
All Ranked Patients	281	<a href="#">Details &gt;&gt;</a>	
----All Confirmed and Complete	2	<a href="#">Details &gt;&gt;</a>	
----All Skipped	0	<a href="#">Details &gt;&gt;</a>	
----All Incomplete	279	<a href="#">Details &gt;&gt;</a>	
Consecutively Completed or Skipped	1	<a href="#">Details &gt;&gt;</a>	
----Medical Record Not Found	0	<a href="#">Details &gt;&gt;</a>	
----Not Confirmed	0	<a href="#">Details &gt;&gt;</a>	
-----Not Confirmed - Diagnosis	0	<a href="#">Details &gt;&gt;</a>	
-----Not Confirmed - Gender	0	<a href="#">Details &gt;&gt;</a>	
-----Not Confirmed - Age	0	<a href="#">Details &gt;&gt;</a>	
-----Not Confirmed - DM-2 and Composite	0	<a href="#">Details &gt;&gt;</a>	
----Denominator Exclusion	0	<a href="#">Details &gt;&gt;</a>	
----Not Qualified For Sample	0	<a href="#">Details &gt;&gt;</a>	
-----In Hospice	0	<a href="#">Details &gt;&gt;</a>	
-----Moved Out of Country	0	<a href="#">Details &gt;&gt;</a>	
-----Deceased	0	<a href="#">Details &gt;&gt;</a>	
-----HMO Enrollment	0	<a href="#">Details &gt;&gt;</a>	
----No - Other CMS Approved Reason	0	<a href="#">Details &gt;&gt;</a>	
----For Analysis	1	<a href="#">Details &gt;&gt;</a>	The minimum number of consecutively confirmed and completed patients for this module has not been met.

### CARE-2: Falls

Report Title	Total	Details	Comments
All Ranked Patients	616	<a href="#">Details &gt;&gt;</a>	
----All Confirmed and Complete	1	<a href="#">Details &gt;&gt;</a>	

# Totals Report Detail

- Each item on the Summary page of the Totals report has a hyperlink (**Details >>**) to an associated **Details Report**
- The **Details Report** for the **Totals Report** includes the following:
  - **Medicare ID**
  - **Last Name**
  - **First Name**
  - **Birth Date**
  - **Rank**
  - **Status** in the selected module
  - **Confirmed** answer for the module
  - **Provider Names** (up to three names)
- The **Details Report** provides patient level data for the module data on the **Totals Summary**

# Totals Report Detail (cont.)

The **Details Report** is accessed by clicking the hyperlink (**Details >>**) on the **Totals Summary** tab, or by clicking a row and then clicking the **Details** tab

Totals Report - 08/07/2014 01:33PM -- <Your Organization Name Here> [View Printable Report](#)

**Totals Summary** **Details**

**Details for PREV-7: All Ranked Patients**

Medicare ID	Name	Birth Date	Rank	Status	PREV-7 Confirmed	Provider Name 1	Provider Name 2	Provider Name 3
441658282E	Last00572603, First00572603	02/14/1942	1	Incomplete		PLNAME083110, PFNAME083110	PLNAME010659, PFNAME010659	PLNAME008664, PFNAME008664
442445162E	Last00573371, First00573371	12/06/1945	2	Incomplete		PLNAME075667, PFNAME075667	PLNAME069146, PFNAME069146	PLNAME001672, PFNAME001672
469251592E	Last0057242, First0057242	04/01/1935	3	Incomplete		PLNAME029632, PFNAME029632		
443191611E	Last00573749, First00573749	08/01/1956	4	Incomplete		PLNAME083523, PFNAME083523	PLNAME082337, PFNAME082337	PLNAME005325, PFNAME005325
419549796E	Last00571232, First00571232	12/16/1950	5	Incomplete		PLNAME062799, PFNAME062799		
440699181G	Last0057450, First0057450	07/07/1930	6	Incomplete		PLNAME019191, PFNAME019191	PLNAME007890, PFNAME007890	PLNAME055951, PFNAME055951
468319832E	Last00572745, First00572745	02/15/1943	7	Incomplete		PLNAME010659, PFNAME010659		
442290367E	Last00573939, First00573939	10/03/1948	8	Incomplete		PLNAME013538, PFNAME013538	PLNAME058389, PFNAME058389	
694693182E	Last0057123, First0057123	10/01/1932	9	Incomplete		PLNAME079274, PFNAME079274		

# Measure Rates Report

- The **Measure Rates Report** provides performance and completeness information on each of the individual measures and the composite measures
- This report also helps you determine if the requirements for reporting have been met
  - If they have ***not been met***, the report helps you determine which patients are missing data that is needed to qualify them for the reporting requirements
- A partial report is shown in the following example: your report will contain all measures

# Measure Rates Report (cont.)

- The top of the screen contains the list of generated reports
- Up to 10 generated reports will be displayed in the table
- Reports contain the performance calculations current at the time the report was generated
- Select a report on the table, then click **Preview** to view the report

The screenshot displays a web application interface for generating and viewing reports. At the top, there is a header with the organization name placeholder "<Your Organization Name Here>" and links for "Accessibility" and "Help". Below this is a navigation menu with options: "Home", "Reports" (with a dropdown arrow), "Export Data", "Upload Data", "Add/Edit" (with a dropdown arrow), "Locked Records", "List Users", "Submit", and "Preferences".

The main section is titled "Generated Measure Rates Reports" and includes a "Refresh" button with a circular arrow icon. Below the title is a table with the following data:

Date	User Name	Status
08/01/2014 11:44AM	Fname8 Lname8	Request Received
08/01/2014 11:33AM	Fname8 Lname8	Complete

At the bottom of the interface, there are two buttons: "Generate Report" and "Preview". A red note at the very bottom states: "Note: Only the latest 10 generated reports will be listed."

# Measure Rates Report Summary

Measure Rates Report - 08/08/2014 10:54AM -- <Your Organization Name Here> [View Printable Report](#)

**Summary** Details

Measure	Total Eligible (1)	Denominator Exceptions (2)	Denominator (3)	Measure Not Met (4)	Measure Met(5)	Measure Rate(6)	Complete (7)	Incomplete (8)	Completion Rate(9)	Total Complete (11)	Total Incomplete (12)
* CARE-1	1 >>	0 >>	1 >>	0 >>	1 >>	100.00	1 >>	0 >>	100.00	1 >>	615 >>
CARE-2	3 >>	0 >>	3 >>	0 >>	3 >>	100.00	3 >>	0 >>	100.00	6 >>	610 >>
CAD-2	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	0 >>	616 >>
CAD-7	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	0 >>	616 >>
CAD-COMP	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	0 >>	616 >>
(10)DM-2	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	1 >>	615 >>
DM-13	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	1 >>	615 >>
DM-14	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	1 >>	615 >>
DM-15	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	1 >>	615 >>
DM-16	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	1 >>	615 >>
DM-17	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	1 >>	615 >>
DM-COMP	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	1 >>	615 >>
HF-6	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	0 >>	616 >>
HTN-2	3 >>	0 >>	3 >>	2 >>	1 >>	33.33	3 >>	0 >>	100.00	4 >>	612 >>
IVD-1	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	0 >>	616 >>
IVD-2	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	0 >>	616 >>
PREV-5	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	3 >>	613 >>
PREV-6	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	3 >>	613 >>
PREV-7	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	6 >>	610 >>
PREV-8	3 >>	0 >>	3 >>	0 >>	3 >>	100.00	3 >>	0 >>	100.00	6 >>	610 >>
PREV-9	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	6 >>	610 >>
PREV-10	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	6 >>	610 >>
PREV-11	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	0 >>	616 >>
PREV-12	0 >>	0 >>	0 >>	0 >>	0 >>	0.00	0 >>	0 >>	0.00	5 >>	611 >>

**Footnotes**

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

\* Discharge measure.

# Measure Rates Report Detail

- The **Details Report** for the **Measure Rates Report** includes the following:
  - **Medicare ID**
  - **Last Name**
  - **First Name**
  - **Birth Date**
  - **Rank**
  - **Status** in the selected module
  - **Confirmed** answer for the module
  - **Provider Names** (up to three names)
- CARE-1\* is an episode based measure, so discharge counts on the Summary may be different than the count of patients listed in the CARE-1 Details Reports

*\*CARE-1 title: Medication Reconciliation*

# Measure Rates Report Detail (cont.)

The **Details Report** is accessed by clicking the hyperlink (>>) on the **Summary** page, or by clicking a row and then clicking the **Details** tab

Measure Rates Report - 08/01/2014 11:33AM -- <Your Organization Name Here> [View Printable Report](#) ?

Summary **Details**

**Details for CARE-1: \* CARE-1 - Total Measure Incomplete**

Medicare ID	Name	Birth Date	Rank	Status	CARE-1 Confirmed	Provider Name 1	Provider Name 2	Provider Name 3
448452730E	Last0057518, First0057518	06/07/1948	1	Inco...		PLNAME051481, PFNAME051481	PLNAME044521, PFNAME044521	
209447441E	Last00573148, First00573148	12/10/1944	2	Inco...	Yes	PLNAME044806, PFNAME044806	PLNAME030334, PFNAME030334	PLNAME008730, PFNAME008730
442892950E	Last0057827, First0057827	11/19/1925	3	Inco...		PLNAME004103, PFNAME004103		
443489524E	Last00572064, First00572064	03/24/1945	4	Inco...		PLNAME078490, PFNAME078490	PLNAME019749, PFNAME019749	
422549550E	Last00573777, First00573777	10/19/1947	5	Inco...		PLNAME056135, PFNAME056135		
224288083E	Last00572859, First00572859	06/01/1943	6	Inco...		PLNAME072887, PFNAME072887	PLNAME075389, PFNAME075389	PLNAME062799, PFNAME062799
032881985E	Last005763, First005763	10/01/1930	7	Inco...		PLNAME072887, PFNAME072887	PLNAME012388, PFNAME012388	PLNAME019191, PFNAME019191
673685649E	Last0057184, First0057184	11/18/1929	8	Inco...		PLNAME083523, PFNAME083523	PLNAME070577, PFNAME070577	PLNAME005325, PFNAME005325
218618579E	Last00571489, First00571489	10/19/1930	9	Inco...		PLNAME032853, PFNAME032853		

# Pre-filled Elements Report

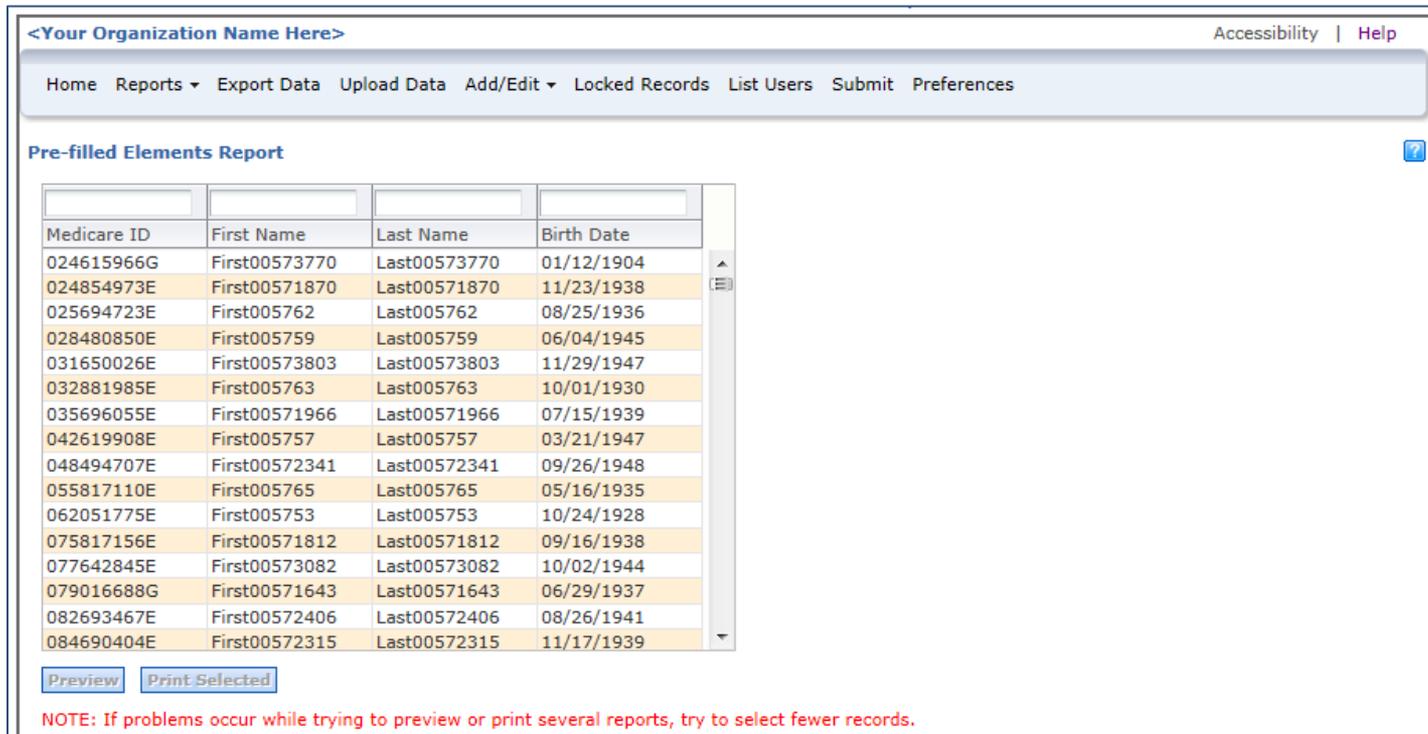
- The Pre-filled Elements Report summarizes pre-populated demographics data for a patient
- It includes the pre-filled value, the current value, and an indicator that the value was changed
- If the patient is ranked in PREV-7\* or CARE-1\*\*, the associated measure data is included
  - PREV-7 shows the measure value and if it was pre-filled, the report includes the source of the claim used to populate the field
  - CARE-1 shows the discharge dates, but because they cannot be modified, they will not contain the change indicators

*PREV-7 title: Preventive Care and Screening: Influenza Immunization*

*CARE-1 title: Medication Reconciliation*

# Pre-filled Elements Report (cont.)

- The table at the top of the screen displays the patients in the modules selected in **Preferences**
- If no modules are selected in Preferences, patients in all modules will be included in the list
- Click one or more rows in the table and click **Preview** to display the patient's reports in screen or click **Print Selected** to print the reports



<Your Organization Name Here> Accessibility | Help

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

### Pre-filled Elements Report

Medicare ID	First Name	Last Name	Birth Date
024615966G	First00573770	Last00573770	01/12/1904
024854973E	First00571870	Last00571870	11/23/1938
025694723E	First005762	Last005762	08/25/1936
028480850E	First005759	Last005759	06/04/1945
031650026E	First00573803	Last00573803	11/29/1947
032881985E	First005763	Last005763	10/01/1930
035696055E	First00571966	Last00571966	07/15/1939
042619908E	First005757	Last005757	03/21/1947
048494707E	First00572341	Last00572341	09/26/1948
055817110E	First005765	Last005765	05/16/1935
062051775E	First005753	Last005753	10/24/1928
075817156E	First00571812	Last00571812	09/16/1938
077642845E	First00573082	Last00573082	10/02/1944
079016688G	First00571643	Last00571643	06/29/1937
082693467E	First00572406	Last00572406	08/26/1941
084690404E	First00572315	Last00572315	11/17/1939

[Preview](#) [Print Selected](#)

NOTE: If problems occur while trying to preview or print several reports, try to select fewer records.

# Pre-filled Elements Report (cont.)

The report may also be printed from the preview by clicking **View Printable Report**

NOTE: If problems occur while trying to preview or print several reports, try to select fewer records.

[View Printable Report](#) 

Pre-filled Elements for First00571363 Last00571363 -- <Your Organization Name Here>

Measure	Element	Source	Pre-filled Value	Current Value	Changed
	First Name		First00571363	First00571363	No
	Last Name		Last00571363	Last00571363	No
	Gender		Female	Female	No
	Birth Date		03/23/1943	03/23/1943	No
	Provider Name 1		PLNAME001060, PFNAME001060	PLNAME001060, PFNAME001060	No
	Provider Name 2		PLNAME013753, PFNAME013753	PLNAME013753, PFNAME013753	No
	Provider Name 3		PLNAME044521, PFNAME044521	PLNAME044521, PFNAME044521	No
	Clinic ID		360609570	360609570	No
PREV-7	Immunization Received	Outside	Yes	Yes	No
CARE1	Discharge Date(s)		07/27/2014, 09/04/2014		

# Activity Logs Report

- The **Activity Logs Report** includes details on all activity in the GPRO Web Interface for your PQRS TIN or ACO Primary TIN
- The **Activity Logs Report** data can be filtered or sorted by each of the columns in the report
- Examples of filtering include:
  - All activity for a user
  - All activity on a patient
  - All patients updated by XML
  - Combined filters such as all XML updates by a user
- Examples of sorting include:
  - Dates of activity in ascending or descending order
  - Grouping activity by user or patient
- Sorting and filtering may be used together

# Activity Logs Report (cont.)

<Your Organization Name Here> Accessibility | Help

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

**Activity Logs Report** [View Printable Report](#) ?

Log Date	User Name	Patient	Action	Description
07/30/2014 12:07:13.250	Fname8 Lname8		Patient Discharge File Exported	Dataset: Patient-Discharge Comments:
07/30/2014 13:19:42.599	Fname8 Lname8		Preferences Changed	Preferences changed.
07/30/2014 13:21:11.453	Fname8 Lname8		Patients File Exported	Dataset: Patients Comments: CARE-2
07/30/2014 13:44:26.624	Fname8 Lname8		Preferences Changed	Preferences changed.
07/30/2014 13:44:59.384	Fname8 Lname8		Preferences Changed	Preferences changed.
07/30/2014 13:57:18.939	Fname8 Lname8		Preferences Changed	Preferences changed.
07/30/2014 14:01:22.016	Fname8 Lname8		Patients File Uploaded	Dataset: Patients Filename: group570patientdischargetest1-1406743326711.xml
07/30/2014 14:13:16.870	Fname8 Lname8		Preferences Changed	Preferences changed.
07/30/2014 15:08:36.087	Fname8 Lname8	Last00571400, First00571400 - 02/07/1945	Record Updated	Data Status Incomplete
07/30/2014 15:09:01.444	Fname8 Lname8	Last00571400, First00571400 - 02/07/1945	Record Updated	Data Status Complete
07/30/2014 15:10:00.000	Fname8 Lname8		Patient Summary Report	Patient Summary Reports

# Comments Report

- The top of the screen contains the list of generated reports
- Up to 10 generated reports will be displayed in the table
- Reports contain the errors, warnings, and information current at the time report was generated
- Click **Generate Report** to create a report with the current comments
- Select a row in the table, then click **Preview** to view a report
- The report may be filtered or sorted by any of the columns
- When the report is displayed, click **View Printable Report** and use the Windows print options to print the report

# Comments Report (cont.)

<Your Organization Name Here> Accessibility | Help

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

**Comments Reports** Refresh ?

Date	User Name	Status	Modules in Report
08/01/2014 09:44AM	Fname8 Lname8	Complete	CARE-1,CARE-2,CAD,DM,HF,HTN,IVD,PREV-5,PREV-6,PREV-7,PREV-8,PREV-9,PREV-10,PREV-11,PREV-12
08/01/2014 09:37AM	Fname8 Lname8	Complete	PREV-7
07/30/2014 03:55PM	Fname8 Lname8	Complete	PREV-5,PREV-6,PREV-7
07/30/2014 03:46PM	Fname8 Lname8	Complete	PREV-7

[Generate Report](#) [Preview](#)

Note: Only the latest 10 generated reports will be listed.

**Comments Reports - 08/01/2014 09:44AM -- <Your Organization Name Here>** View Printable Report ?

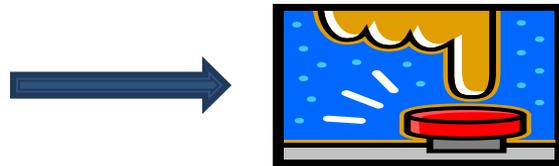
Medicare ID	Name	DOB	Module	Comments	Provider Name 1	Provider Name 2	Provider Name 3
204487581E	First00571400 Last00571400	02/07/1945	PREV-5	Results from screening on 5/2/2014	PFNAME067262 PLNAME067262	PFNAME006521 PLNAME006521	PFNAME024326 PLNAME024326
204487581E	First00571400 Last00571400	02/07/1945	PREV-6	Screening performed last year	PFNAME067262 PLNAME067262	PFNAME006521 PLNAME006521	PFNAME024326 PLNAME024326

2014 GPRO Web Interface

**FINAL DATA SUBMISSION**

# Submit Screen

- The **Submit screen** is the final step and notifies CMS that data submission for your group is complete
- The patient data entered and saved on the **Home** page or uploaded on the **Upload Data** screen is saved to the database, but not sent to CMS until you **Submit**



- **Note:** *Data saved but not submitted will not be counted*
- Each of the 15 modules is listed, with a comment indicating if the module has met the requirements for satisfactory reporting
- You **must Submit again** if you update patient data in order to provide CMS with the most current data

# Submit Screen (cont.)

<Your Organization Name Here> Accessibility | Help

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

**Submit**

**Before submitting for completion, make sure that:**

- The abstractors are done abstracting patient data.
- The totals of modules have met the minimum requirements. Verify this below.
- Multiple submissions are allowed and later submissions override previous submissions.

**The data you have abstracted does not meet the requirements for ACO GPRO reporting. Please continue abstraction to complete submission.**

**Module Completion Status for <Your Organization Name Here>**

Module	Comments
CARE-1: Medication Reconciliation	The minimum number of consecutively confirmed and completed patients for this module has not been met.
CARE-2: Falls	There are no consecutively confirmed and completed patients. The count starts with the first ranked patient in the module.

CAD: Coronary Artery Disease  
DM: Diabetes Mellitus  
HF: Heart Failure  
HTN: Hypertension  
IVD: Ischemic Vascular Disease  
PREV-5: Breast Cancer Screening  
PREV-6: Colorectal Cancer Screening  
PREV-7: Influenza Immunization  
PREV-8: Pneumonia Vaccination Status for Older Adults  
PREV-9: BMI Screening and Follow-Up  
PREV-10: Tobacco Use: Screening and Cessation Intervention  
PREV-11: Screening for High Blood Pressure and Follow-Up  
PREV-12: Screening for Clinical Depression and Follow-Up Plan

I certify that I have been duly authorized to submit this data, and I certify that the data submitted is true, accurate, and complete. I understand that the knowing, reckless, or willful omission, misrepresentation, or falsification of any information contained in this submission or any communication supplying information to Medicare may be punished by criminal, civil, or administrative penalties, including fines and imprisonment.

The module does not meet satisfactory reporting requirements when the comment is “The minimum number of consecutively confirmed and completed patients for this measure has not been met.”

The module does not meet satisfactory reporting requirements when the comment is “There are no consecutively confirmed and completed patients. The count starts with the first ranked patient in the module.”

The module meets satisfactory reporting requirements when the comment is “The minimum number of consecutively confirmed and completed patients for this measure has been met.”

# Submit Status Report

- **The Submit Status Report confirms that your completed submission has been received by CMS**
- The message indicating you have met the reporting requirements is specific to the GPRO or ACO program, but the remainder of the information is the same
- The report displays the **date** and **time** the **Send Data to CMS** button on the **Submit** screen was clicked
  - The comments column indicates if the module meets the minimum requirements
- If the **Send Data to CMS** button was *not* clicked, the report will indicate that **the data has not been submitted**
- If *incomplete* data has been submitted, the report displays a message indicating the **submitted data does not meet the reporting requirements**

# Submit Status Report (cont.)

<Your Organization Name Here> Accessibility | Help

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

Submit Status Report for <Your Organization Name Here> - 08/06/2014 04:03:02 PM View Printable Report

The data you have submitted does not meet the requirements for ACO GPRO reporting. Please continue abstraction to complete submission.

Refresh

Module	Comments
CARE-1: Medication Reconciliation	The minimum number of consecutively confirmed and completed patients for this module has not been met.
CARE-2: Falls	There are no consecutively confirmed and completed patients. The count starts with the first ranked patient in the module.

Date and time the **Send Data to CMS** button was clicked on the Submit screen.

Indicator that reporting requirements were met at the time the data was sent to CMS.

<Your Organization Name Here> Accessibility | Help

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

Submit Status Report for <Your Organization Name Here> - 08/06/2014 04:08:13 PM View Printable Report

The data you have submitted has been received by CMS and meets the requirements for PQRS GPRO satisfactory reporting.

Refresh

Module	Comments
CARE-1: Medication Reconciliation	The minimum number of consecutively confirmed and completed patients for this module has been met.
CARE-2: Falls	The minimum number of consecutively confirmed and completed patients for this module has been met.
CAD: Coronary Artery Disease	The minimum number of consecutively confirmed and completed patients for this module has been met.
DM: Diabetes Mellitus	The minimum number of consecutively confirmed and completed patients for this module has been met.
HF: Heart Failure	The minimum number of consecutively confirmed and completed patients for this module has been met.
HTN: Hypertension	The minimum number of consecutively confirmed and completed patients for this module has been met.
IVD: Ischemic Vascular Disease	The minimum number of consecutively confirmed and completed patients for this module has been met.
PREV-5: Breast Cancer Screening	The minimum number of consecutively confirmed and completed patients for this module has been met.
PREV-6: Colorectal Cancer Screening	The minimum number of consecutively confirmed and completed patients for this module has been met.
PREV-7: Influenza Immunization	The minimum number of consecutively confirmed and completed patients for this module has been met.
PREV-8: Pneumonia Vaccination Status for Older Adults	The minimum number of consecutively confirmed and completed patients for this module has been met.
PREV-9: BMI Screening and Follow-Up	The minimum number of consecutively confirmed and completed patients for this module has been met.
PREV-10: Tobacco Use: Screening and Cessation Intervention	The minimum number of consecutively confirmed and completed patients for this module has been met.
PREV-11: Screening for High Blood Pressure and Follow-Up	The minimum number of consecutively confirmed and completed patients for this module has been met.
PREV-12: Screening for Clinical Depression and Follow-Up Plan	The minimum number of consecutively confirmed and completed patients for this module has been met.

**2014 GPRO Web Interface**

# **RESOURCES**

# Abbreviations

- **ACO** – Accountable Care Organization
- **CAD** – Coronary Artery Disease
- **CARE** – Care Coordination/Patient Safety
- **DM** – Diabetes Mellitus
- **EP** – Eligible Professional
- **GPRO** – Group Practice Reporting Option
- **HF** – Heart Failure
- **HTN** – Hypertension
- **IVD** – Ischemic Vascular Disease
- **PQRS** – Physician Quality Reporting System
- **PREV** – Preventive Care

# Resources

- GPRO Web Interface page 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)
- 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