



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



**GPRO Web Interface  
Overview  
Support Call**

*Program Year 2014*

# Disclaimer

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

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

# Your GPRO Support Team

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# Purpose

- This presentation will provide an overview the 2014 Group Practice Reporting Option (GPRO) Web Interface, including a review of requirements, changes for 2014, and information on accessing and using the GPRO Web Interface
- This presentation is intended for PQRS 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

- 2014 GPRO Web Interface Overview
- 2014 GPRO Web Interface Requirements
- Changes for 2014 GPRO Web Interface
- Accessing the GPRO Web Interface
- Using the GPRO Web Interface

# Announcements

- 1. Upcoming planned system outages:** The Portal will be unavailable for scheduled maintenance; therefore, the GPRO Web Interface will not be accessible during the following periods:
  - **Every Tuesday** starting at 8:00 pm ET–Wednesday at 6:00 am ET
  - **Every Thursday** starting at 8:00 pm ET–Friday at 6:00 am ET
  - **Third weekend of each Month** starting Friday at 8:00 PM ET–Monday at 6:00 AM ET
  - See the Physician Quality Reporting System Portal (PQRS Portal) for the complete list of scheduled system outages, at <https://www.qualitynet.org/portal>
- 2. Review the GPRO Web Interface measure specifications and supporting documents** on the GPRO Web Interface page of the CMS website at: [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO\\_Web\\_Interface.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html)

# Announcements (cont.)

## 3. Upcoming 2014 GPRO Web Interface support calls

Date	Topic
11/6/2014	CMS-Certified Survey Vendor Overview
11/12/2014	IACS Overview for GPRO Web Interface Submission
11/13/2014	Assignment and Sampling Overview
11/19/2014	<b>(ACO Only)</b> GPRO Web Interface Measures Overview
11/20/2014	<b>(PQRS Group Practice Only)</b> GPRO Web Interface Measures Overview
12/4/2014	Beneficiary Sample List & Training Environment Instruction
12/11/2014	Detailed XML Training

**Presenter: Jane Schiemer, CMS Contractor**

# **2014 GPRO WEB INTERFACE OVERVIEW**

# GPRO Web Interface Overview

- What is the GPRO Web Interface?
  - An online application that accepts input and provides output by generating web pages which are transmitted through a secure website using a web browser
  - CMS pre-populates the GPRO Web Interface with a sample of the group's patients
  - CMS calculates the reporting and performance rates
- Users must request and maintain Individual Authorized Access to the CMS Computer Services (IACS) accounts
  - PQRS Security Official, PQRS Submitter, and GPRO Submission or ACO Submission roles are required to access and submit data via the GPRO Web Interface
  - Complete information about IACS roles for GPRO Web Interface submission is available on the Portal at [https://www.qualitynet.org/portal/server.pt/community/pgri\\_home/212](https://www.qualitynet.org/portal/server.pt/community/pgri_home/212)

# GPRO Web Interface Overview (cont.)

- In early 2015, PQRS group practices and ACOs participating via GPRO Web Interface will be able to access the GPRO Web Interface, which will be partially pre-populated using:
  - 2014 claims data from Medicare Parts A and B
  - Demographic and utilization data for assigned set of patients for services provided during the 2014 reporting period
- Group practices and ACOs will be responsible for populating **and** submitting the remaining data fields in the GPRO Web Interface
  - Will have from 1/26/15 - 3/20/15 to complete the measure information for their samples
  - Groups do not have to enter the measure data in consecutively ranked order; however, the required number of consecutively ranked patients (based on group size) must be completed for satisfactory reporting
  - Groups may export (via XML) their patient list in order to assist with chart abstraction

# GPRO Web Interface Overview (cont.)

- The GPRO Web Interface enables PQRS 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
- Updating patient's data can be done on the data entry tabs or by uploading an XML file

# GPRO Web Interface

## Measure Specifications

- Refer to the **2014 PQRS GPRO Measures List, Narrative Measure Specifications and Release Notes** that are posted on the PQRS GPRO Web Interface page of the CMS website
- Links to download the 2014 PQRS GPRO Web Interface Supporting Documents can be found:
  - On the GPRO Web Interface page of the CMS website at [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO\\_Web\\_Interface.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html)
  - In the GPRO Web Interface application on the tabs for the associated modules

# GPRO Web Interface

## Assignment and Sampling

- The GPRO Web Interface has adopted the Shared Savings Program method of assignment and sampling for those groups who choose to report via the GPRO Web Interface
- **Assignment**
  - CMS assigns a Medicare patient to a PQRS group practice or ACO if the practice provides the plurality of **primary care services**
  - A patient assigned in one year of the program may or may not be assigned to the same PQRS group practice or ACO in the following or preceding years
  - CMS uses information provided during registration to determine which claims to attribute to the PQRS group practice or ACO

# GPRO Web Interface

## Assignment and Sampling (cont.)

- **Sampling**

- Claims submitted by the group using the same TIN from January through October of the measurement period are analyzed by CMS for sampling
- Medicare patients that have been assigned to a PQRS group practice or ACO are eligible for quality sampling if they have received at least 2 primary care services during the measurement period and meet other eligibility criteria
  - Patients are excluded from the sample if they meet high level exclusion criteria such as the patient is in hospice care
- CMS will use a sampling methodology that increases the likelihood of patients being sampled into multiple modules in an effort to reduce the reporting burden on group practices or ACOs

**Presenter: Jane Schiemer, CMS Contractor**

# **2014 GPRO WEB INTERFACE REQUIREMENTS**

# 2014 GPRO Web Interface Requirements

- **ACOs** will be automatically enrolled to participate via GPRO Web Interface every year
- **PQRS group practices**, including new and returning groups, must register to participate in the GPRO *every* year
  - Registering for GPRO indicates:
    - CMS is allowed to review the Medicare beneficiary data on which PQRS GPRO submissions are founded or provide to CMS a copy of the actual data
    - The group agrees to have the results of the performance of their PQRS measures publicly posted on the Physician Compare website
    - The group has billed Medicare Part B on or after January 1, 2014 and prior to the last Friday in October 2014

# GPRO Web Interface

## Satisfactory Reporting Requirements

Type of Group	Criteria for Satisfactorily Reporting PQRS
<p>PQRS group practices of 25-99 EPs</p>	<p>Report on all measures included in the GPRO Web Interface; <b>AND</b> Populate data fields for the first <b>218</b> consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample (with an over-sample of 327) for each module or patient care measures. If the pool of eligible assigned beneficiaries is less than 218, then report on 100% of assigned beneficiaries.</p> <p>CMS will bear the cost of the CAHPS for PQRS survey.</p>
<p>ACOs and PQRS group practices of 100+ EPs</p>	<p>Report on all measures included in the GPRO Web Interface; <b>AND</b> Populate data fields for the first <b>411</b> consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample (with an over-sample of 616) for each module or patient care measures. If the pool of eligible assigned beneficiaries is less than 411, then report on 100% of assigned beneficiaries.</p> <p>Groups with 100+ EPs reporting via GPRO Web Interface will be <b>required*</b> to have patients report the CAHPS for PQRS survey. CMS will continue to bear the cost of the CAHPS for PQRS survey.</p>

\* Only those groups that CMS determines will have a sufficient sample size to produce valid and reliable CAHPS results.

# 2014 Reporting Considerations for ACOs

- All ACOs (Pioneer and Shared Savings Program) are required to ***completely*** and ***accurately*** report all measures
- For the 2014 reporting period, Shared Savings Program ACOs with a 2012 or 2013 agreement start date are in PY 2, this means 25 measures are Pay for Performance and 8 measures are Pay for Reporting
- For the 2014 reporting period Pioneer ACOs are in PY 3, this means 32 measures are Pay for Performance and 1 measure is Pay for Reporting
- If your ACO (Pioneer and Shared Savings Program) is selected for an audit, you must be able to provide the documentation you used to enter data into the GPRO Web Interface

**Presenter: Jane Schiemer, CMS Contractor**

# **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*

# GPRO Web Interface Resources

- Additional resources related to the GPRO Web Interface can be found on the GPRO Web Interface page on the CMS website at: [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO\\_Web\\_Interface.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html)
- Complete information about the assignment and sampling of Medicare beneficiary data is available on the GPRO Web Interface page of the CMS PQRS website, at: [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO\\_Web\\_Interface.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html):
  - 2014 PQRS GPRO Assignment Specification\*
  - 2014 GPRO Sampling Supplement\*

\* To be posted later this year

# GPRO Web Interface Page on the CMS Website

[Home](#) > [Medicare](#) > [Physician Quality Reporting System](#) > [GPRO Web Interface](#)

## Physician Quality Reporting System

[Spotlight](#)

[How To Get Started](#)

[CMS Sponsored Calls](#)

[Statute Regulations Program](#)

[Instructions](#)

[ICD-10 Section](#)

[Measures Codes](#)

[Registry Reporting](#)

[Electronic Health Record Reporting](#)

[CMS-Certified Survey Vendor](#)

[Qualified Clinical Data Registry Reporting](#)

[Group Practice Reporting Option](#)

[GPRO Web Interface](#)

[Maintenance of Certification](#)

[Program Incentive](#)

[Analysis and Payment](#)

## GPRO Web Interface

### 2014 GPRO Web Interface

#### 2014 GPRO Measures Using the Web Interface Reporting Method

The information posted on this page is for groups who have registered with CMS to report measures through the GPRO Web Interface for program year 2014. This includes groups reporting for Physician Quality Reporting Systems (PQRS) as well as groups participating in the Shared Savings Program as Accountable Care Organizations (ACOs). For groups electing this method of reporting, CMS will pre-populate the Web Interface with a sample patient population. Successful completion of the 22 Web Interface measures for the required number of patients will determine PQRS incentive eligibility and performance rates for the measures.

The following documents listed below can be found within the [2014 GPRO Web Interface Measures List, Narrative Measure Specifications, and Release Notes](#) file:

- The 2014 Group Practice Reporting Option (GPRO) Web Interface Disease Modules, Care Coordination/Patient Safety and Preventive Care Measures List document which consists of the (22) 2014 GPRO Web Interface GPRO reporting method measures.
- The 2014 Group Practice Reporting Option (GPRO) Web Interface Narrative Measure Specifications which provides a description of each of the 22 measures.
- The 2014 GPRO Web Interface Narrative Specification Release Notes which provides a list of changes to existing measures made since the release of the 2013 GPRO Narrative Measure Specifications, Version 4.1.

Please note: To earn a 2014 PQRS incentive payment and avoid the 2016 PQRS payment adjustment, group practices taking part in PQRS GPRO via the Web Interface must meet the requirements for satisfactory reporting.

For educational resources to assist groups reporting through methods other than the Web Interface, see the

**Presenter: Jane Schiemer, CMS Contractor**

# **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 user, your IACS account must be associated with the group TIN and you must also have the GPRO Submission 2014 role
  - If you are a returning PQRS group 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:" and "Password:". To the right of the "Password:" field is a "Sign In" button. Below the input fields, there is a link for "register." and a link for "Forgot your password?".

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

Please sign in with your IACS credentials not your QualityNet credentials.

User Name:

Password:

If you do not have an account, please [register.](#)

[Forgot your password?](#)

# Log-in to the PQRS Portal (cont.)

## STEP 2: Read and Accept the QualityNet 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.

# Log-in to the PQRS Portal (cont.)

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

**CMS.gov** QualityNet

Site Navigation  
Welcome, qzcf755

**Log Off**

- eRx Submission
- **GPRO Submission**
- Maintenance of Certification Submission
- PQRS Feedback Reports - Viewer
- Registry Submission
- Roles Management
- Submission Engine Validation Tool

**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:  
August 08/22 – 08/24  
September 09/19 – 09/21  
October 10/17 – 10/19  
November 11/22 – 11/23  
December 12/12 – 12/14

[QualityNet Home](#) **CMS.gov** QualityNet

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

# Log-in to the PQRS Portal (cont.)

- **STEP 4: Enter 2-Factor Code**
  - After clicking the GPRO Submission link, you will be prompted for the pass 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)
  - If you check the box below the Pass Code to register your computer, you will not receive the User Authentication Challenge for logins within the next 12 hours

# Log-in to the PQRS Portal (cont.)

**QualityNet**

### 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@hcqis.org**.
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**

QualityNet Help Desk | Accessibility Statement | Privacy Policy | Terms of Use

Check the box to register your computer for 12 hours

# Log-in to the PQRS Portal (cont.)

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

**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 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.

**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.

**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.

**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.

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

**Presenter: Jane Schiemer, CMS Contractor**

# **USING THE GPRO WEB INTERFACE**

# Home Page

- The Home page provides a snapshot of data in the Web Interface
- The main parts of the Home page are the Patient List, the Group Status, and the data entry tabs
- Patient data may be updated in the data entry tabs or it may be updated using XML files on a separate screen
- The Group Status shows the overall status toward completion on all modules

# Patient List

<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 (cont.)

- The Patient List provides information for all sampled patients
- The list is controlled by selections on the Customization screen or the Preferences screen
- The default sort is by Medicare ID but the list may sorted or filtered for specific needs
  - Filter for all patients ranked in a specific module
  - Filter for all patients marked as “Incomplete”
  - Filter for all patients associated to a clinic or a provider
  - Sort patients in a module in order of their rank in the module
  - Sort patients by completeness to group “Incomplete” patients together
  - Multiple filters may be used and the filtered list can be sorted by one of the columns

# Group Status

Group Status															<a href="#">Refresh Status</a>	<a href="#">?</a>
	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															<a href="#">Refresh Status</a>	<a href="#">?</a>
	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

# Group Status (cont.)

- The **Group Status** is a quick way to know your completeness in each disease or measure module
- The **Analysis** line displays the number of consecutively confirmed and complete patients
  - The count starts with the patient ranked #1 in the module
  - The count stops with the first patient marked as incomplete
  - The patients included in the **Analysis** line are used for the completeness and performance calculations
- The **Complete** line displays the number of confirmed and complete patients in any order in the module
- The **Skipped** line displays the number of patients skipped in any order in the module
- The **Analysis** count may be lower than the **Complete** count when patients are not completed in ranked order

# 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	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

# Export Data Screen (cont.)

- The **Export Data** screen enables you to export XML files containing the data for your group practice or ACO
- The **Patient List** file contains the patients with the patient's rank in the modules for which they have been sampled
- The **Patient Discharge** file contains the CARE-1 patients with their discharge dates
- The **Patient** file contains measure data for all modules except CARE-1
- The **Clinics** file contains all Clinics
- The **Provider** file contains all providers

# Upload Data Screen

<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 Patients database while data is being uploaded.  
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.				

# Upload Data Screen (cont.)

- The **Upload Data** screen enables you to upload XML files to update measure data for patients in your group practice or ACO
- The Patient Discharge upload is used to update measure data for patients ranked in CARE-1
- The Patient file upload is used to update measure data for patients in all modules except CARE-1
- To upload an XML file select an **Upload Data Set**, select a **Source File** using the Windows File Selector, then click **Upload**
- The **Upload Data Results** table displays the current status for processing the XML file and enables you to view any errors in your XML file

# Reports

The screenshot shows the GPRO Web Interface with the Reports menu open. The menu items are: Patient Summary Report..., Check Entries Report..., Totals Report..., Measure Rates Report..., Pre-filled Elements Report..., Activity Logs Report, Submit Status Report, and Comments Report... The background shows a patient list table with columns for Patient Name, Gender, Birth Date, CARE-1 Rank, CARE-1 Complete, CARE-2 Rank, CARE-2 Complete, and CAD Rank.

Patient Name	Gender	Birth Date	CARE-1 Rank	CARE-1 Complete	CARE-2 Rank	CARE-2 Complete	CAD Rank
st01841202	Female	02/11/1942	0	NR	323	✘	0
st018429	Male	09/29/1958	0	NR	0	NR	0
st0184906	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 Reports menu is expanded, showing 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, and Comments Report.

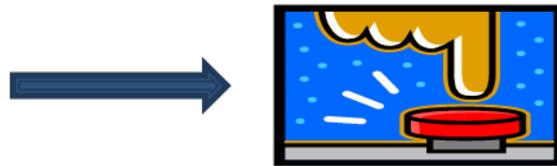
**Default** page set to Reports when logging into the GPRO Web Interface

# Reports (cont.)

- The reports in the GPRO Web Interface are useful tools to track your progress toward meeting the reporting requirements
- The Totals Report provides status on completion of each module
- The Totals Report, Measure Rates Report, and Check Entries report can be used to find patients missing required data
- The Measure Rates Report provides performance rates for each of the measures
- The Submit Status Report is your confirmation that you have met the reporting requirements and that the data has been received by CMS

# 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 (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.

**Presenter: Jane Schiemer, CMS Contractor**

# **RESOURCES & WHERE TO GO FOR HELP**

# Resources

- **GPRO Web Interface:** [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO\\_Web\\_Interface.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html)
  - PQRS group practice and ACO support call presentations
  - 2014 XML Specification
  - 2014 Supporting Documents (in the Downloads section)
    - *Data Guidance is included as a separate tab in each of the supporting documents' workbooks*
  - 2014 GPRO Web Interface assignment specification and sampling documents
- **Shared Savings Program:** <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html>
- **Pioneer ACO Model:** <http://innovation.cms.gov/initiatives/Pioneer-ACO-Model/>
- **PQRS Portal:** <https://www.qualitynet.org/pqrs>
- **GPRO Web Interface Online Help:**  
<https://www.qualitynet.org/imageserver/pqri/gpro/GPROWebHelp/Default.htm>

# Acronyms

- **ACO** – Accountable Care Organization
- **CAHPS** – Consumer Assessment of Healthcare Providers and Systems summary surveys
- **CMS** – Centers for Medicare & Medicaid Services
- **CQMs** – Clinical Quality Measures [for attestation]
- **eCQMs** – Electronic Clinical Quality Measures [for PQRS Portal submission]
- **EHR** – Electronic Health Record
- **EP** – Eligible Professional
- **FFS** – Fee-for-Service
- **GPRO** – Group Practice Reporting Option
- **NPI** – National Provider Identifier
- **ONC** – Office of the National Coordinator
- **PQRS** – Physician Quality Reporting System
- **PFS** – Physician Fee Schedule
- **VM** – Value-based Payment Modifier

# Where to Go for Help

- **QualityNet Help Desk (PQRS)**
  - E-mail: [gnetssupport@hcqis.org](mailto:gnetssupport@hcqis.org)
  - Phone: (866) 288-8912 (TTY 1-877-715-6222)
  - Fax: (888) 329-7377
- **CAHPS for PQRS Survey Project Team**
  - E-mail: [pqrscahps@hcqis.org](mailto:pqrscahps@hcqis.org)
- **EHR Incentive Program Information Center**
  - Phone: (888) 734-6433 (TTY 888-734-6563)
- **VM Help Desk**
  - Phone: (888) 734-6433 Option 3 or [pvhelpdesk@cms.hhs.gov](mailto:pvhelpdesk@cms.hhs.gov)
- **Medicare Shared Savings Program ACO**
  - Information is available on the Shared Savings Program website at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html>.
- **Pioneer ACO**
  - E-mail: [PIONEERQUESTIONS@cms.hhs.gov](mailto:PIONEERQUESTIONS@cms.hhs.gov)