



2015 PQRS Group Practice and ACO GPRO Web Interface Reporting Method



GPRO Web Interface Q&A Session Support Call

Program Year 2015

January 20, 2016

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.

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Announcements

1. During this support call, Pioneer Model ACOs, Shared Savings Program ACOs, and PQRS group practices will be collectively referred to as organizations, and we will use the term “Web Interface” when referencing the GPRO Web Interface used by PQRS group practices and ACOs to collect clinical measure information.
2. Review the Web Interface measure specifications and supporting documents on the [GPRO Web Interface](#) page of the CMS website.

Announcement (cont.)

3. On 1/21/2016, an updated version of the 2015 Web Interface XML measure specification will be available on the [GPRO Web Interface](#) web page.
 - The updated version will provide clarification on the CARE-3 measure.
 - The title of the updated specification will indicate “Version 2.2 - January 21, 2016.”
 - Users are encouraged to reference the CARE supporting document for measure information until XML specification version 2.2 is available.

Reminders

1. Upcoming 2015 Web Interface Support Calls

Date	Time (ET)	Topic
1/28/2016	1:00-2:00 PM	GPRO Web Interface Q&A Session
2/4/2016	1:00-2:00 PM	GPRO Web Interface Q&A Session
2/11/2016	1:00-2:00 PM	GPRO Web Interface Q&A Session
2/18/2016	1:00-2:00 PM	GPRO Web Interface Q&A Session
2/25/2016	1:00-2:00 PM	GPRO Web Interface Q&A Session
3/3/2016	1:00-2:00 PM	GPRO Web Interface Q&A Session
3/10/2016	1:00-2:30 PM	GPRO Web Interface Q&A Session
4/7/2016	1:00-2:00 PM	GPRO Web Interface Lessons Learned

Note: Support calls will offer a question and answer session if the title indicates “Q&A Session”

Reminders (cont.)

2. Important Dates for 2015 Web Interface Submission

Date	Important Event
1/18/2016 through 3/11/2016	Web Interface submission period
3/28/2016 through 4/22/2016	Access 2015 Submission reports

Note: The Web Interface will close at **8:00pm ET on 3/11/2016**. CMS encourages organizations to submit data well *before* 8:00pm ET to ensure it is fully submitted before the Web Interface closes.

Reminder (cont.)

- 3. Upcoming Outages/Maintenance Weekend Schedule 2015-2016:** The Physician and Other Health Care Professionals Quality Reporting Portal (Portal) will be unavailable for scheduled maintenance; therefore, the Web Interface will not be accessible during the following periods:
- Every Tuesday starting at 8:00pm ET–Wednesday at 6:00am ET
 - Every Thursday starting at 8:00pm ET–Friday at 6:00am ET
 - Third weekend of each month starting Friday at 8:00pm ET–Monday at 6:00am ET
 - Upcoming potential downtime dates:
 - January (1/22/2016 – 1/25/2016)
 - February (2/26/2016 – 2/29/2016)
 - See the Portal for the complete list of scheduled system outages, at <https://www.qualitynet.org/pqrs>

Reminders (cont.)

- 4. Reporting Requirements:** Organizations must completely report the required number of beneficiaries in order to satisfactorily report:
- Minimum of 248 consecutively ranked beneficiaries in each module; OR
 - 100 percent of beneficiaries if they have fewer than 248 beneficiaries available in the sample

Reminders (cont.)

- **Avoiding future payment adjustments:** Satisfactorily reporting all 17 Web Interface quality measures will allow PQRS group practices and EPs participating in an ACO to avoid the 2017 PQRS payment adjustment
- **Alignment with the Medicare EHR Incentive Program:** EPs participating in an ACO or PQRS group practice who meet 2015 Web Interface submission requirements will satisfy their CQM reporting for the Medicare EHR Incentive Program.
 - Organizations are required to use 2014 Edition CEHRT to populate the Web Interface
 - EPs must still individually attest separately to the EHR Incentive Program for other program requirements

Reminders (cont.)

- 7. EIDM Account Setup:** Please be sure you have set up your EIDM account and established the Web Interface submitter role for quality reporting
- “[Quick Reference Guides](#)” provide complete information on EIDM for PQRS group practices
 - The “EIDM Account and Role Set-up” and “Guidance for Checking EIDM Role Status” on the [Shared Savings Program ACO Portlet](#) provide complete information on EIDM for ACOs
 - QualityNet Help Desk supports all questions related to EIDM and accessing the Web Interface
 - Phone: (866) 288-8912
 - Email: qnetsupport@hcqis.org

Presenter: Kevin Ernst, CMS Contractor

FREQUENT EIDM QUESTIONS

EIDM Questions

Number	Question	Answer
1	If a Security Official was already in place from the previous submission periods do they need to add a new role?	<p>No, if the Security Official had the role for the ACO Organization during the last submission period no updates will be needed to the account.</p> <p>However, if a new primary organization needs to be added to an existing account the ACO Security Official role will need to be added instead of the regular Security Official role.</p> <p>If a new PQRS group practice needs to be added to an existing account, the Security Official roles would be the proper role requested.</p>
2	ACOs <i>only</i> - When requesting a role, do we associate to the Primary TIN or the Participating TINs we are submitting for?	When registering for a role (ACO Security Official or Web Interface Submitter) you will want to enter the Primary TIN for the Organization associated to the account.
3	ACOs <i>only</i> - When logging into EIDM, none of the options listed in the instructions are listed. How can I request the roles I need to access the Web Interface?	When logging into EIDM be sure you are not logging in with your 4 character EUA account used to access the ACO Portlet. You will need to have a separate account for access to the Web Interface.
4	When I log into the Portal with my Web Interface Submitter account, I receive an error saying I am not associated to an ACO or GPRO. Why does it say this when I have the needed role?	<p>If the Web Interface Submitter role associated to your account has one of the Participating TINs listed instead of the Primary TIN you will not be able to access the Web Interface.</p> <p>You will need to remove the Web Interface role from your account and re-add it using the correct TIN. Once the Security Official approves the request you should gain access to the Web interface.</p>

EIDM Questions

Number	Question	Answer
5	Do security officials have GPRO Web Interface access or only the Web Interface submitters?	Security officials (SOs) do not have access to the GPRO Web Interface and cannot submit data for your ACO or group practice in the GPRO Web Interface. SOs approve the Web Interface submitter roles in Enterprise Identity Management (EIDM). The SO must be from the ACO or group practice and may not be a vendor.
6	How long does it take to get access to the Web Interface after completing the security official registration forms?	The SO role approval should occur within a couple days. Once approved, the SO can immediately approve any Web Interface submitter roles for their organization. All submitter should be able to immediately access the Web Interface.
7	How do I approve a request from a Web Interface Submitter?	<p>As the Security Official you will need to log into EIDM and go to My Access in the top right corner. Click Other Actions and you will see My Pending Approvals on the left side of your screen. Click the Request Number to access the request and make your approval.</p> <p>For more detailed instructions look to the Quick Reference Guides available on the Portal homepage (www.qualitynet.org/pqrs)</p>

EIDM Questions

Number	Question	Answer
8	Are organizations limited in the number of Web Interface submitters they can have?	No, organizations are not limited in the number of submitters they can have. We do recommend no more than 15 users per organization.
9	When I log into the Portal, my profile indicates that I am a PQRS Representative and a PQRS Submitter, however I do not see the GPRO submission link. Why is this?	<p>In order to gain access to the GPRO submission link, you will need to request the Web Interface Submitter role. For more information, please see the recording of the EIDM demonstration, which is available on the GPRO Web Interface web site.</p> <p>Applicable to Shared Savings Program (SSP) ACOs only: The 2015 EIDM Guidance document is posted on the SSP Portal (located in the Program Announcement titled, 2015 Quality Measurement, Reporting and Scoring Quick Reference Guides).</p>
10	I have access to multiple organizations through my QualityNet account. What do I need to do to navigate from one organization to another in the system?	You need to log out and log back in, in order to see the Profile Manager screen which allows you to switch between Profiles / Organizations.

Presenter: Bill Spencer, CMS Contractor

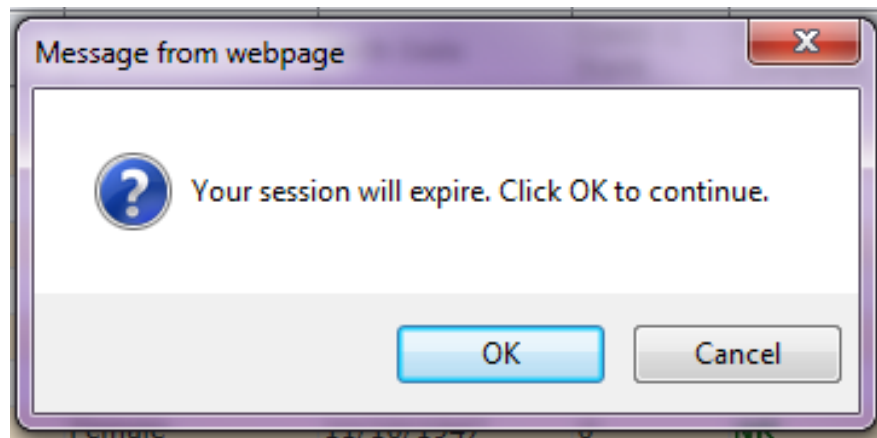
FREQUENT WEB INTERFACE QUESTIONS

Web Interface System Questions

Number	Question	Answer
1	What's the difference between exception and exclusion?	<p>Exception means the patient is marked as complete for that measure (i.e. included with the other patients meeting the requirement), but is not part of the performance calculations (i.e. not in the denominator).</p> <p>Exclusion means the patient is marked as skipped for completion results (therefore, not included in any calculations) within that measure, so another patient needs to be selected in order to meet the minimum patient requirements.</p>

Timeout for Inactivity

- If the Portal detects that you have been inactive for 15 minutes you will be logged out
 - The 15 minute timeout is set by CMS policy and applies to all applications within the Portal
- If you are inactive in the Web Interface for 10 minutes you will receive a warning

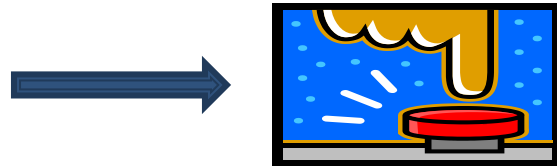


Timeout for Inactivity (cont.)

- If no action is taken for five minutes after the warning is received, you will be logged out
- If you are manually updating patient data and have unsaved data when you are timed out, that data will be lost and the patient's record will remain locked
- If you have uploaded an XML file and the file is still processing when you are timed out, the file will still be processed

Submit Screen

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



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

Submit Screen Terms

- When you enter data on the Home page using the measure tabs, you are ***Updating and Saving*** the patient's data to the Web Interface database
- When you use an XML file to update the patient's data you are ***Updating and Saving*** the data to the Web Interface database
 - Both of these actions are ***Collecting*** your data for use in the completeness and performance calculations
- Accessing the **Submit** screen and clicking the **Submit Data to CMS** button calculates your completeness and performance rates and ***submits*** your saved and calculated data to CMS

Submit Screen (cont.)

[Group Name] 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 submitted **MEETS** the requirements for ACO GPRO Web Interface satisfactory reporting.

See table below for completion details:

☒ Submission agreement: I am 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.

Submit Data to CMS

Module Completion Status for [Group Name]

Module	Comments
CARE-2: Falls	CARE-2 is complete.
CARE-3: Documentation of Current Medications in the Medical Record	CARE-3 is complete.
CAD: Coronary Artery Disease	CAD is complete.
DM: Diabetes Mellitus	DM is complete.
HF: Heart Failure	HF is complete.
HTN: Hypertension	HTN is complete.
IVD: Ischemic Vascular Disease	IVD is complete.
MH: Mental Health	MH is complete.
PREV-5: Breast Cancer Screening	PREV-5 is complete.
PREV-6: Colorectal Cancer Screening	PREV-6 is complete.
PREV-7: Preventive Care and Screening: Influenza Immunization	PREV-7 is complete.
PREV-8: Pneumonia Vaccination Status for Older Adults	PREV-8 is complete.
PREV-9: BMI Screening and Follow-Up Plan	PREV-9 is complete.
PREV-10: Tobacco Use: Screening and Cessation Intervention	PREV-10 is complete.
PREV-11: Screening for High Blood Pressure and Follow-Up	PREV-11 is complete.
PREV-12: Screening for Clinical Depression and Follow-Up Plan	PREV-12 is complete.

The module meets satisfactory reporting requirements when the comment is "[Module name] is complete."

The module does not meet satisfactory reporting requirements when the comment is "[Module name] IS NOT complete. Please continue updating patients to complete reporting."

[Group Name] 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 submitted **DOES NOT** meet the requirements for ACO GPRO Web Interface reporting. Please continue updating patients to complete reporting.

See table below for completion details.

☒ Submission agreement: I am 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.

Submit Data to CMS

Module Completion Status for [Group Name]

Module	Comments
CARE-2: Falls	CARE-2 IS NOT complete. Please continue updating patients to complete reporting.
CARE-3: Documentation of Current Medications in the Medical Record	CARE-3 IS NOT complete. Please continue updating patients to complete reporting.
CAD: Coronary Artery Disease	CAD IS NOT complete. Please continue updating patients to complete reporting.
DM: Diabetes Mellitus	DM IS NOT complete. Please continue updating patients to complete reporting.
HF: Heart Failure	HF IS NOT complete. Please continue updating patients to complete reporting.
HTN: Hypertension	HTN IS NOT complete. Please continue updating patients to complete reporting.
IVD: Ischemic Vascular Disease	IVD IS NOT complete. Please continue updating patients to complete reporting.
MH: Mental Health	MH is complete.
PREV-5: Breast Cancer Screening	PREV-5 IS NOT complete. Please continue updating patients to complete reporting.
PREV-6: Colorectal Cancer Screening	PREV-6 IS NOT complete. Please continue updating patients to complete reporting.
PREV-7: Preventive Care and Screening: Influenza Immunization	PREV-7 IS NOT complete. Please continue updating patients to complete reporting.
PREV-8: Pneumonia Vaccination Status for Older Adults	PREV-8 IS NOT complete. Please continue updating patients to complete reporting.
PREV-9: BMI Screening and Follow-Up Plan	PREV-9 IS NOT complete. Please continue updating patients to complete reporting.
PREV-10: Tobacco Use: Screening and Cessation Intervention	PREV-10 IS NOT complete. Please continue updating patients to complete reporting.
PREV-11: Screening for High Blood Pressure and Follow-Up	PREV-11 IS NOT complete. Please continue updating patients to complete reporting.
PREV-12: Screening for Clinical Depression and Follow-Up Plan	PREV-12 IS NOT complete. Please continue updating patients to complete reporting.

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.)

ACO GPRO Web Interface ----- The Submission Period for 2015 ends on March 11, 2016 at 5:00 PM PT

[Group Name] Accessibility | Help
Home Reports ▾ Export Data Upload Data Add/Edit ▾ Locked Records List Users Submit Preferences

Date and time the Submit Data to CMS button (on the Submit screen) was clicked.

Submit Status Report for [Group Name] - 01/15/2016 04:40:17 PM

[View Printable Report](#)

The data you have submitted has been received by CMS and MEETS the requirements for ACO GPRO Web Interface satisfactory reporting.

See table below for completion details.

Module	Comments
CARE-2: Falls	CARE-2 is complete.
CARE-3: Documentation of Current Medications in the Medical Record	CARE-3 is complete.
CAD: Coronary Artery Disease	CAD is complete.
DM: Diabetes Mellitus	DM is complete.
HF: Heart Failure	
HTN: Hypertension	
IVD: Ischemic Vascular Disease	
MH: Mental Health	
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: BMI Screening and Follow-Up Plan	
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	

[Refresh](#)

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

[Group Name] Accessibility | Help
Home Reports ▾ Export Data Upload Data Add/Edit ▾ Locked Records List Users Submit Preferences
Submit Status Report for [Group Name] - 01/15/2016 02:30:49 PM

[View Printable Report](#)

The data you have submitted has been received by CMS but DOES NOT meet the requirements for ACO GPRO Web Interface reporting. Please continue updating patients to complete reporting.

See table below for completion details.

Module	Comments
CARE-2: Falls	CARE-2 IS NOT complete. Please continue updating patients to complete reporting.
CARE-3: Documentation of Current Medications in the Medical Record	CARE-3 IS NOT complete. Please continue updating patients to complete reporting.
CAD: Coronary Artery Disease	CAD IS NOT complete. Please continue updating patients to complete reporting.
DM: Diabetes Mellitus	DM IS NOT complete. Please continue updating patients to complete reporting.
HF: Heart Failure	HF IS NOT complete. Please continue updating patients to complete reporting.
HTN: Hypertension	HTN IS NOT complete. Please continue updating patients to complete reporting.
IVD: Ischemic Vascular Disease	IVD IS NOT complete. Please continue updating patients to complete reporting.
MH: Mental Health	MH is complete.
PREV-5: Breast Cancer Screening	PREV-5 IS NOT complete. Please continue updating patients to complete reporting.
PREV-6: Colorectal Cancer Screening	PREV-6 IS NOT complete. Please continue updating patients to complete reporting.
PREV-7: Preventive Care and Screening: Influenza Immunization	PREV-7 IS NOT complete. Please continue updating patients to complete reporting.
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PREV-10: Tobacco Use: Screening and Cessation Intervention	PREV-10 IS NOT complete. Please continue updating patients to complete reporting.
PREV-11: Screening for High Blood Pressure and Follow-Up	PREV-11 IS NOT complete. Please continue updating patients to complete reporting.
PREV-12: Screening for Clinical Depression and Follow-Up Plan	PREV-12 IS NOT complete. Please continue updating patients to complete reporting.

[Refresh](#)

Presenter: Deb Kaldenberg, CMS Contractor

FREQUENT MEASURES QUESTIONS

Web Interface Measure Questions

Number	Question	Answer
1	<p>PREV-8</p> <p>If the pneumonia vaccine was given prior to 2015, the vaccine name did not need to be listed. But if it occurred in 2015, the vaccine name did need to be in medical record. Can you please confirm this?</p>	<p>NCQA (PREV-8 measure steward) has provided the following direction for GPRO Web Interface reporting: Either PCV13 or PPSV23 are considered numerator compliant for program year 2015.</p> <p>If documentation of past receipt of pneumococcal vaccination is found within the medical record, it may be used.</p> <p>If patient reported in 2015, the patient must provide the year and the type of vaccine.</p> <p>This information is currently posted within the 2015 GPRO Web Interface Quality Reporting Q & A document on the CMS website at the following url: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/QA_2015DataCollection_Final_psg.pdf</p>
2	<p>PREV-11</p> <p>Please confirm the information posted in the Q&A document is correct regarding PCPs and pre-HTN blood pressure readings.</p>	<p>Confirmed: If the patient is pre-hypertensive and is seen by a primary care physician at the time the pre-hypertensive blood pressure reading is recorded, an additional follow-up plan is not required.</p> <p>This information is currently posted within the 2015 GPRO Web Interface Quality Reporting Q & A document on the CMS website at the following url: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/QA_2015DataCollection_Final_psg.pdf</p>

Web Interface Measure Questions

Number	Question	Answer
4	MH-1 What time frame should be used to determine if the patient has a diagnosis of major depression disorder or dysthymia?	The diagnosis of depression / dysthymia needs to be documented as newly diagnosed or existing within the patients history during the INDEX measurement identification period (12-1-2013 through 11-30-2014).
3	MH-1 Is the time frame that should be used for the Denominator Exclusions the same as the diagnosis of depression disorder or dysthymia?	Exclusions can occur during the denominator identification period and during the denominator assessment period. The assessment period is the 13 months that occur after the patient's index date.
5	MH-1 Can I use any PHQ-9 less than 5 obtained during the 11-13 month remission window?	No, confirmation has been received from the measure developer (MNCM) that the most recent PHQ-9 result must be used during the 11-13 month remission window.

Web Interface Measure Questions

Number	Question	Answer
6	DM-7 Could you please define automated result? Would records from an eye care professional scanned into the EMR qualify as electronic system based data? Or does the measure require electronic communication between the EP and the eye care professional?	<p>“Automated results” is specific to administrative reporting. A print out of results is not required for hybrid reporting. The intent of the Diabetes Eye Exam measure is for the patient to have a retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist).</p> <p>The measure does permit the use of retinal imaging provided it includes the date when the fundus photography was performed and evidence that an eye care professional (optometrist or ophthalmologist) reviewed the results. Alternatively, results may be read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist.</p> <p>Patient reported data is acceptable as long as date (year) and result/finding are known. This information is necessary to ensure the exam was performed in the measurement period of the current reporting program year or performed in the year prior to the measurement period with NO evidence of retinopathy. Additionally, the information would need to meet the measure requirements and be collected by the end of the measurement period by the provider while taking the patient’s history. The information must be maintained in the patient’s legal medical record.</p> <p>This information is currently posted within the 2015 GPRO Web Interface Quality Reporting Q & A document on the CMS website at the following url: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/QA_2015DataCollection_Final_psg.pdf</p>

Presenter: Michael Kerachsky, Contractor

RESOURCES & WHERE TO GO FOR HELP

Educational Resources

- **GPRO Web Interface web page:** http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html
 - 2015 Web Interface XML Specification
 - 2015 Narrative Measure Specification, Supporting Documents, Flows
 - Data Guidance is included in each Supporting Document as a separate tab at the bottom of the Excel workbook
 - 2015 GPRO Web Interface Quality Reporting Q&A document
 - 2015 GPRO Web Interface Assignment Methodology Specification (for PQRS groups)
 - 2015 GPRO Web Interface Sampling Document
 - 2015 PQRS group practice and ACO Web Interface support call presentations
 - Educational Demonstrations
 - 2015 Web Interface Measures Overview
 - 2015 Assignment and Sampling
 - 2015 GPRO Web Interface Overview
 - 2015 Web Interface XML
 - 2015 Web Interface EIDM
- **PQRS Analysis and Payment web page (PQRS group practices only):** <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/AnalysisAndPayment.html>
 - EIDM User Guide
 - EIDM System Toolkit

Educational Resources (cont.)

- **Shared Savings Program web page:**
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html>
 - 2015 Shared Savings Program Shared Savings and Losses and Assignment Methodology
- **Shared Savings Program Portlet:** <https://portal.cms.gov/>
 - 2015 Quality Measurement, Reporting, and Scoring Quick Reference Guides
 - Shared Savings Program ACO EIDM Account and Role Set-up Guide
 - Guidance for Checking EIDM Role Status
- **Pioneer ACO Model web page:**
<http://innovation.cms.gov/initiatives/Pioneer-ACO-Model/>
 - 2015 Pioneer ACO Alignment and Financial Reconciliation Methods
- **Portal:** <https://www.qualitynet.org/pqrs>
 - EIDM Quick Reference Guides
 - Web Interface User Manual
 - “Sign In” button to access the Web Interface system

Portal Resources

The Web Interface User Guide is posted under User Guides

User Guides

- PQRS Portal User Guide
- PQRS SEVT User Guide
- PQRS Submissions User Guide
- PQRS Submission Reports User Guide
- PQRS GPRO Web Interface User Guide**
- PQRS Feedback Report User Guide
- eRx Feedback Report User Guide
- eRx Payment Adjustment Feedback User Guide
- PQRS Feedback Dashboard User Guide
- PQRS Enhanced Feedback Report 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. PQRS Feedback Reports for program year 2014 and later can be accessed (when available) from the PV-PQRS portal. For instructions on how to access these Feedback Reports, please go to Physician Feedback Program website.

☒ TIN ☐ NPI

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

PQRS Look Up

Enter a TIN, TIN/NPI or CPC Practice Site ID to check if your organization has received 2014 PQRS incentive or 2016 PQRS payment adjustment.

PQRS Eligible Professional

TIN: e.g. 012123234

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 EIDM accounts, review the [Quick Reference Guides](#).

PQRS Feedback Reports for program year 2014 and later can be accessed (when available) from the PV-PQRS portal. For instructions on how to access these Feedback Reports, please go to Physician Feedback Program website.

Notice: If you have not used your EIDM account within the past 60 days or more, your account will be disabled as required by the CMS security policy. You should have received an e-mail at the time of your EIDM account profile instructing you how to get your account re-enabled. If you need further assistance, please contact the QualityNet Help Desk at 1-866-288-8912, or qnetsupport@hcqis.org.

For support, please contact the QualityNet Help Desk at 866-288-8912, TTY 877-715-6222, or via email at qnetsupport@hcqis.org

The PQRS Portal will be unavailable tonight January 5, 2016 from 8:00 PM:ET until 10:00PM:ET, for scheduled maintenance. You may not be able to login to the portal to retrieve reports during this time. We apologize for any inconvenience.

Scheduled System Outages

PQRS Feedback Reports for program year 2014 and later can be accessed (when available) from the PV-PQRS portal. For instructions on how to access these Feedback Reports, please go to Physician Feedback Program website.

PQRS system and applications will be down for maintenance during the following times. For more information, please contact the QualityNet Helpdesk.

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

Upcoming Maintenance weekend schedule:

January (01/23 - 01/25)
February (02/20 - 02/22)
March (03/20 - 03/22)
April (04/17 - 04/19)
May (05/15 - 05/17)
June (06/26 - 06/28)
July (07/17 - 07/19)
August (08/21 - 08/23)
September (09/18 - 09/20)

Click "Sign In" to access the Web Interface System

The EIDM Quick Reference Guides are located below the "Sign In" button

The complete list of 2016 scheduled system outages is posted at the bottom of the web page

Where to Go for Help

- **QualityNet Help Desk**
 - Inquiries related to: EIDM, Web Interface Measures, Web Interface system, and PQRS group practice assignment and sampling
 - E-mail: qnetsupport@hcqis.org
 - Phone: (866) 288-8912 (TTY 1-877-715-6222)
 - Fax: (888) 329-7377
- **CAHPS for PQRS Survey Project Team**
 - Inquiries related to: CAHPS for PQRS survey measures, distribution
 - E-mail: pqrscahps@hcqis.org
- **EHR Incentive Program Information Center**
 - Inquiries related to: Meaningful Use, Attestation
 - Phone: (888) 734-6433 (TTY 888-734-6563)
- **Value Modifier Help Desk**
 - Inquiries related to: QRUR, Physician Compare
 - Phone: (888) 734-6433 Option 3 or pvhelpdesk@cms.hhs.gov

Where to Go for Help (cont.)

- **Medicare Shared Savings Program**
 - Inquiries related to: Shared Savings Program Assignment and Sampling, Program Inquiries
 - Email: sharedsavingsprogram@cms.hhs.gov
- **Pioneer ACO**
 - Inquiries related to: Pioneer Assignment and Sampling, Program Inquiries
 - E-mail: PIONEERQUESTIONS@cms.hhs.gov
- **CAHPS Survey for ACOs Project Team**
 - Inquiries related to: CAHPS Survey for ACOs, distribution
 - Phone: (855) 472-4746
 - E-mail: acocahps@HCQIS.org

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 electronic reporting]
- **EHR** – Electronic Health Record
- **EP** – Eligible Professional
- **FFS** – Fee-for-Service
- **GPRO** – Group Practice Reporting Option
- **MPFS** – Medicare Physician Fee Schedule
- **NPI** – National Provider Identifier
- **ONC** – Office of the National Coordinator for Health Information Technology
- **PQRS** – Physician Quality Reporting System
- **Value Modifier** – Value-based Payment Modifier

Time for

QUESTIONS & ANSWERS