



2015 GPRO Web Interface Reporting for PQRS Group Practices and ACOs



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

Program Year 2015

GPRO Web Interface Key Dates

- **Sampled beneficiaries available in the GPRO Web Interface for viewing and download:**
 - January 4 – 8, 2016
- **Training version of the GPRO Web Interface available:**
 - January 11 – 15, 2016
- **Enter and submit 2015 quality data through the GPRO Web Interface:**
 - Jan. 18 – March 11, 2016 (closes at 8pm EST)

Assignment and Sampling

INTRODUCTION

Assignment and Sampling Overview

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

Beneficiaries are assigned to the organization



Assigned beneficiaries are assessed for their quality reporting eligibility, including measure-specific denominator eligibility



Eligible beneficiaries are sampled into applicable measures and loaded into the GPRO Web Interface for quality reporting

Assignment and Sampling Overview (cont.)

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

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

- **Sample:** a predetermined (smaller) number of beneficiaries who are:
 1. Assigned to the organization;
 2. Eligible for quality reporting; and
 3. Meet the measure-specific denominator inclusion criteria.

Assignment: Overview

Assignment is the process of determining which beneficiaries are attributed to an organization that is based on a predetermined algorithm.

- Beneficiaries are assigned to a group practice or ACO if all of the following are true:
 - ☑ They have at least one (≥ 1) month of Part A and Part B enrollment;
 - ☑ They have zero (0) months of Medicare group health plan enrollment (i.e., Medicare Advantage);
 - ☑ They reside in the United States or U.S. territories; and
 - ☑ Receive the **plurality of primary care services** within the group practice or ACO.

Assignment: Plurality of Primary Care Services

Determining which organization provided the plurality of primary care services, by Medicare allowed charges, uses a two step process:

Step 1: Beneficiaries who have received a primary care service from a primary care physician

A beneficiary will be assigned if they:

Have received at least one (≥ 1) primary care service, from a primary care physician, in the participating organization; and
Received more primary care services from a primary care physician in the participating organization than from any other entity



Step 2: Beneficiaries who have not received a primary care service from any primary care physician

A beneficiary will be assigned if they:

Have received at least one (≥ 1) primary care service from other professionals in the participating organization: and
Have received more primary care services from professionals at the participating organization than any other entity

Assignment: Additional Information

A patient assigned to an organization in one reporting year may or may not be assigned to that same organization in the following reporting years.

For GPRO Web Interface purposes, CMS uses:

- Shared Savings Program assigned beneficiaries from the 3rd quarter assignment file
- Pioneer ACO Model aligned beneficiaries, updated for exclusions as of the 2nd quarter
- Group practice beneficiaries assigned using claims with dates of service from January 1, 2015 – October 30, 2015.

CMS assigns Medicare beneficiaries in accordance with current program rules. For more detailed information on these methodologies for each program, please refer to:

- [2015 Shared Savings Program Shared Savings and Losses and Assignment Methodology](#)
- [2015 Pioneer ACO Alignment and Financial Reconciliation Methods](#)
- [2015 PQRS GPRO CAHPS for PQRS and GPRO Web Interface Assignment Methodology](#)

GPRO Web Interface Sampling: Overview

Assigned beneficiaries may be sampled into one or more GPRO Web Interface measures.

The three step sampling process is described in the following slides:

Step 1: Determine if assigned beneficiaries are eligible for quality reporting



Step 2: Determine if beneficiaries eligible for quality reporting are denominator eligible



Step 3: Select a sample of denominator eligible beneficiaries for each module/measure.

GPRO Web Interface Sampling: Overview (cont.)

- CMS uses Medicare claims data submitted to and captured in the Integrated Data Repository (IDR).
- Sampling activities are restricted to the measurement period, except in cases where a different time period is indicated for a specific quality measure.
- CMS only has claims data from January 1, 2015 through October 30, 2015 available for sampling purposes, not claims for the entire 12 month measurement period.

GPRO Web Interface Sampling: Determine Eligibility for Quality Reporting

- Step 1: Determine if assigned beneficiaries are eligible for quality reporting.
- Assigned beneficiaries are eligible for quality reporting if all of the following are true:
 - ☑ They have full-year Part A and Part B enrollment;
 - ☑ They have zero (0) months of Medicare group health plan enrollment (i.e., Medicare Advantage);
 - ☑ They reside in the United States or U.S. territories;
 - ☑ They have not entered the Medicare hospice benefit; and
 - ☑ They have at least two (≥ 2) primary care visits billed by the organization (i.e., the two-visit rule).

GPRO Web Interface Sampling: Determine Eligibility for Quality Reporting (cont.)

Two Visit Rule CMS implements this as part of the sampling process to help ensure providers have had an opportunity to provide the required quality actions to their assigned beneficiaries.

- A primary care visit is determined by the type of visit, not the provider type.
- For ACOs, these visits may be provided either in an office or an outpatient setting.

GPRO Web Interface Sampling: Determine Denominator Eligibility

- Step 2: Determine if beneficiaries eligible for quality reporting are eligible for measure-specific denominators.
- Beneficiaries eligible for quality reporting are eligible for a measure-specific denominator if all of the following are true:
 - They meet measure-specific age criteria;
 - They meet measure-specific visit criteria;
 - They meet measure-specific diagnosis criteria, as applicable; and
 - They do not meet measure-specific exclusion criteria, as applicable.

GPRO Web Interface Sampling: Denominator Eligibility (cont.)

Measures Overview

- The GPRO Web Interface includes 17 measures, grouped in the six disease modules and 10 patient care measures
- For a more detailed list, please refer to the [2015 GPRO Web Interface Measures List](#)

Disease Modules

- Coronary Artery Disease (1 measure)
- Diabetes (2 component measures of 1 composite)
- Heart Failure (1 measure)
- Hypertension (1 measure)
- Ischemic Vascular Disease (1 measure)
- Mental Health (1 measure)

Patient Care Measures

- Screening for Future Fall Risk (Care Coordination/Patient Safety)
- Documentation of Current Medication in the Medical Record (Care Coordination/Patient Safety)
- Breast Cancer Screening (Preventive Care)
- Colorectal Cancer Screening (Preventive Care)
- Influenza Immunization (Preventive Care)
- Pneumonia Vaccination Status for Older Adults (Preventive Care)
- BMI Screening and Follow-up (Preventive Care)
- Tobacco Use Screening and Cessation Intervention (Preventive Care)
- Screening for High Blood Pressure and Follow-up Documented (Preventive Care)
- Screening for Depression and Follow-up Plan (Preventive Care)

GPRO Web Interface Sampling: Denominator Eligibility (cont.)

Notes on Denominator Eligibility:

- Age, visit, diagnosis, and exclusion criteria are defined for each measure in the [2015 GPRO Web Interface Supporting Documents](#).
- Not all data required to determine denominator eligibility are available in claims. Medical record data may indicate a sampled beneficiary is not eligible for a measure.
- For measure-specific information on how denominator eligibility is determined refer to the [2015 GPRO Web Interface Sampling Document](#).

GPRO Web Interface Sampling: Selecting the Sample

- Step 3: Randomly select a sample of beneficiaries into the measures for which there are eligible.
- Beneficiaries are eligible for sampling if all of the following are true:
 - They have been assigned to the organization (see slides 6-8);
 - They meet quality reporting eligibility criteria (see slides 11-12); and
 - They meet denominator eligibility criteria for at least 1 (\geq 1) measure (see slides 13-15).

GPRO Web Interface Sampling: Selecting the Sample (cont.)

- Each disease module and patient care measure will have its own sample of 616 beneficiaries (i.e., each organization will have 16 samples of 616 beneficiaries).
- The beneficiary's place in the sample (e.g., 1, 2, 3, etc.) is referred to as the beneficiary's rank.
- Each organization is required to confirm and complete data entry on 248 consecutive beneficiaries for each measure.

GPRO Web Interface Sampling: FAQs

Q: Why are there so many beneficiaries in each sample (an oversample) if we only need to report on 248?

A: CMS provides an oversample for each measure in case medical record data indicate some patients are not appropriate for the sample. An oversample allows those patient to be skipped and replaced with another sampled patient, so the 248 beneficiary requirement can still be reached.

Q: What if my organization doesn't have enough patients for a complete sample of 616?

A: Some organizations may not have 616 eligible beneficiaries for some measures. In those cases CMS provides all the eligible beneficiaries that are available. Similarly, if you do not have 248 beneficiaries to report on, you must report on all the eligible beneficiaries that are available to you.

GPRO Web Interface Sampling: FAQs (cont.)

Q: Will my organization really have 9,240 beneficiaries in its sample (616 beneficiaries for each of 17 measures)!?

A: No. In order to minimize the resource burden on practices, CMS samples in a way that maximizes beneficiary overlap between each measure's sample. This means a single beneficiary may be sampled for multiple measures.

To the extent possible, for a single beneficiary that is sampled into more than one measure, CMS assigns a similar rank to the beneficiary in each of those measures.

GPRO Web Interface Sampling: Beneficiary Overlap

CMS has implemented a two-step process to ensure beneficiary overlap between measure samples.

Step 1: An initial random sample of 9,000 beneficiaries is selected.

Each beneficiary is sampled into each measure for which they are eligible.

This is repeated until the sample size has been reached, or until no eligible beneficiaries remain in this initial sample

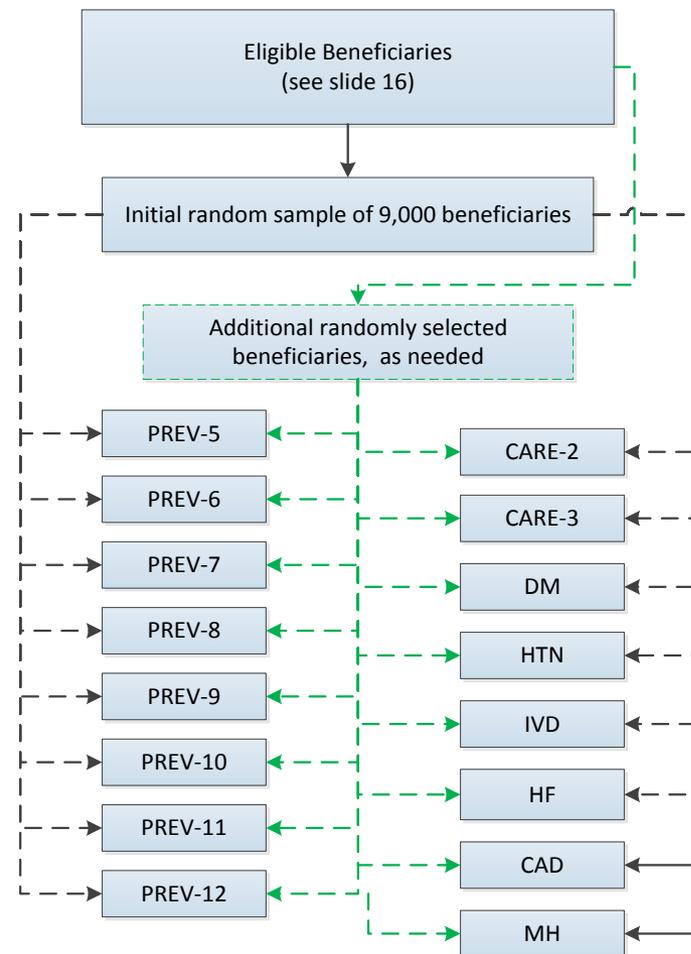


Step 2: If any sample does not yet have 616 beneficiaries, an additional beneficiary is randomly selected and sampled into each measure for which they are eligible.

This is repeated until the sample size has been reached or no eligible beneficiaries remain

GPRO Web Interface Sampling: Beneficiary Overlap (cont.)

- An eligible beneficiary from the initial random sample (the black line) is sampled into each measure for which he or she is eligible.
- If those 9,000 beneficiaries have been exhausted, and a measure needs more beneficiaries to reach a total of 616, an additional beneficiary is randomly selected (the green line). That beneficiary is sampled into each measure for which he or she is eligible that needs additional beneficiaries.
- This repeats until all the samples reach 616 beneficiaries, or until there are no eligible beneficiaries left.



GPRO Web Interface Sampling: Review

- Beneficiaries must be assigned, eligible for quality reporting, and denominator eligible to be in a sample
- Each measure will have a sample of 616 beneficiaries or, if an organization does not have 616 eligible beneficiaries, the maximum number of beneficiaries that are eligible.
- Organizations must confirm and completely report on 248 consecutive beneficiaries per measure, or the maximum number available if that number is less than 248.

GPRO Web Interface Sampling: Review (cont.)

- There may be beneficiaries in a sample that medical record data indicate are not eligible.
 - The GPRO Web Interface's patient confirmation function allows an organization to remove those beneficiaries from the sample.
 - An oversample is provided so additional eligible beneficiaries will be available to replace any removed beneficiary, allowing the organization to meet the reporting requirements
- The sampling method maximizes beneficiary overlap among measure samples.

Assignment and Sampling

HELPFUL DOCUMENTS

Helpful Documents

Assignment

- 2015 Shared Savings Program Savings and Losses Assignment Methodology:
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Financial-and-Assignment-Specifications.html>
- 2015 Pioneer ACO Alignment and Financial Reconciliation Methods:
<http://innovation.cms.gov/Files/x/PioneerACOBmarkMeghodoxy4to5.pdf>
- 2015 PQRS GPRO CAHPS for PQRS and GPRO Web Interface Assignment Methodology:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2015GPROWIAssignMethodSpecs.pdf>

Helpful Documents

GPRO Web Interface Measures

The following documents are available on the PQRS GPRO Web Interface page or the CMS PQRS website:

https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/pqrs/gpro_web_interface.html

- 2015 GPRO Web Interface Measures List
- 2015 GPRO Web Interface Narrative Specifications
- 2015 GPRO Web Interface Supporting Documents
- 2015 GPRO Web Interface Release Notes
- 2015 GPRO Web Interface Performance Calculation Flows

Helpful Documents

GPRO Web Interface Sampling

- 2015 GPRO Web Interface Sampling Methodology

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2015_WebInterfaceSamplingDoc.pdf

Assignment and Sampling

RESOURCES

Resources

Program Websites

GPRO Web Interface Section of CMS PQRS
Website:

http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html

Medicare Shared Savings Program Website:

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

Pioneer ACO Model Website:

<http://innovation.cms.gov/initiatives/Pioneer-ACO-Model/>

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