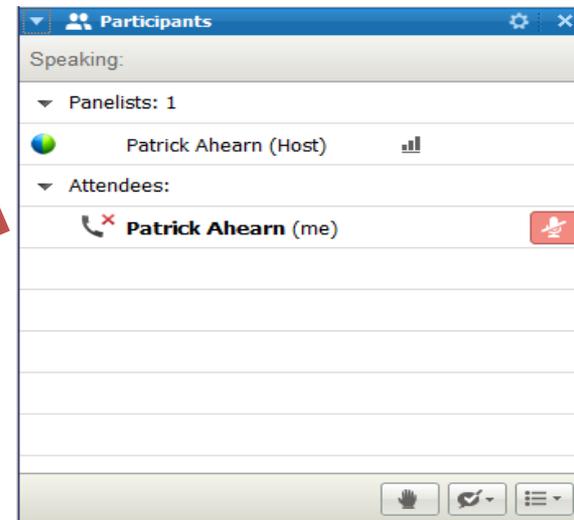


Joining The Webinar

- Click on the weblink found in the WebEx invitation email distributed by CMS. This will launch the WebEx software on your computer.
- The window to the right will pop up on your screen.
- Dial into the teleconference using the information provided.
 - Note: the access code and attendee ID will change for each webinar
- Once you are connected, you should see a phone icon next to your name in the WebEx.
 - The red 'X' indicates that your line is muted
 - If you do not see the phone icon, please hang up and try again





2013 Physician Quality Reporting System (PQRS) Group Practice Reporting Option (GPRO) and Accountable Care Organization (ACO) Web Interface



Program Year 2013

Q&A Session
February 20, 2014

Sandra Adams, RN
Center for Medicare

Announcements

- 1. Reminder about the upcoming planned system outages:** The Portal will be *unavailable* for scheduled maintenance; therefore, the Web Interface will not be accessible during the following periods:
 - ***NEW* Thursday, 2/20/2014**, starting at 8:00 pm ET and ending at 12:00 am ET
 - **Friday, 2/21/2014**, starting at 8:00 pm ET through **Monday, 2/24/2014**, ending at 6:00 am ET
 - ***NEW* Tuesday, 3/4/2014**, starting at 8:00 pm ET and ending at 12:00 am ET
- 2. Reminder to review the Support Call Q&A Materials:**
 - CMS has posted the presentations from the 1/31/2014 and 2/6/2014 support calls and the Cumulative Q&A document from the Daily Support Calls that were held 1/27 – 1/31/2014
 - We strongly encourage groups to reference these documents for information about submission and how to report GPRO Web Interface measures
- 3. Reminder about End of Web Interface Submission:**
 - Group practices will have until **3/21/2014** to submit data through the Web Interface

Announcements (cont.)

4. Reminder to utilize the reports in the Web Interface: Availability of reports in the Web Interface may be helpful during the submission process:

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

See the GPRO Web Interface Online Help guide for information about all of the available reports, at

<https://www.qualitynet.org/imageserver/pqri/gpro/GPROWebHelp/Default.htm>;

or search by the keyword “Reports” in the Search field, click the question mark (?) on any of the report screens, or go to the Table of Contents and select “Navigation” and then “Reports”.

Presenter: Maggie Cole-Beebe, CMS Contractor

Assignment & Sampling

ACO and PQRS GPRO Assignment

- CMS assigns a Medicare beneficiary to an ACO or PQRS GPRO based on current program rules
 - SSP ACO assignment algorithm
 - Use beneficiaries assigned for the 2013 3rd quarter report
 - PQRS GPRO (WI reporters) assignment algorithm
 - Use beneficiaries assigned using claims from 1/1/2013 through 10/31/2013
 - Pioneer ACO alignment algorithm
 - Use beneficiaries aligned with exclusions through the 2nd quarter
 - A patient assigned in one year of the program may or may not be assigned to the same ACO or PQRS GPRO in the following or preceding years

GPRO WI Sampling: Exclusions

- CMS determines assigned beneficiaries' eligibility for quality measurement:
 - Keep only assigned beneficiaries with two or more primary care office visits during the reporting period (by services, not provider type) billed by an ACO participant TIN or group practice TIN
 - Note: CMS only will have 10 months of data
 - Exclude assigned beneficiaries in the following cases:
 - Beneficiaries with partial-year Medicare Parts A and B enrollment or for whom Medicare is not the primary payer
 - Medicare Advantage enrollees
 - Entered the Medicare hospice benefit during the measurement period
 - Not living in the US during the measurement period

GPRO WI Sampling: Module Eligibility

CMS determines remaining quality-eligible assigned beneficiaries' eligibility for inclusion into each Web Interface module

- Beneficiaries are assessed for eligibility for each module using module-specific criteria
- Note that when looking for encounters necessary to confirm a diagnosis for disease modules or required visits/discharges for other modules, CMS considers all claims, not only those claims billed by the ACO or group
 - As a result, it is possible that CMS identified a beneficiary's diagnosis based on encounters with an entity outside of the ACO or group
 - ACOs and groups are still responsible for reporting on sampled patients if the patient's medical record is available
 - If the information necessary to confirm a diagnosis is not available the ACO or group should make every effort to obtain this information from the appropriate provider
 - If this is not possible, then it is appropriate to indicate that you cannot confirm the diagnosis

Assignment Specifications Documents

- 2013 GPRO Assignment Specifications (PQRS Only), available at: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html
- SSP ACO Shared Savings, Losses, and Assignment Document (SSP ACOs Only), available at: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Financial-and-Assignment-Specifications.html>
- Pioneer ACO Benchmark Methodology (Pioneer ACOs only), available at: <http://innovation.cms.gov/Files/x/PioneerACOBmarkMethodology.pdf>

Presenter: Carol Noyes, CMS Contractor

Pre-filled Elements

2013 Web Interface Pre-filled Elements

DM-2, DM-15, DM-14 and IVD-1

- If the required lab test was found then it is pre-filled with a “Yes” and the date of the test
- The GPRO *must* then add the value of the test
 - If there is a more recent value within the medical record, use the more recent value
 - In addition, the pre-filled date may be replaced with the most recent date of the test found in the medical record within the measurement period

PREV-5

- If a mammogram can be found in claims it will be pre-filled with a “Yes”
- The group practice will need to review the patient’s record to determine the date and the result of the mammography are documented in the medical record
 - If the date and result of the mammogram cannot be found then change the “Yes” to “No”

2013 Web Interface Pre-filled Elements

(cont.)

CARE-1

- Discharge dates will be pre-filled when a follow-up visit is found within 30 days of the discharge date
- The group practice must confirm the discharge date, that a follow-up occurred within 30 days and that the discharge medications were reconciled with the outpatient medication list

PREV-6, PREV-7, and PREV-8

- If the required information is pre-filled with a “Yes”, the group practice does not need to add or verify any additional information

Note: *The “2013 GPRO Web Interface Pre-filled Elements” tip sheet will be posted to the GPRO Web Interface page shortly.*

Presenter: Jane Schiemer, CMS Contractor

XML Files and Reports Submission

XML Files and Reports

- XML files generated for export from the Web Interface are static
 - The XML files will contain the data saved in or uploaded to the Web Interface at the time the file is generated
- Measure Rates Reports, Totals Reports, and Check Entries Reports are static
 - The calculations and data in the reports are based on the data saved in or uploaded to the Web Interface at the time the report is generated
- The XML file or Report must be regenerated **after** updating patient data to obtain a file or report with current data
- XML files or Reports are **only available** while the Web Interface is open between 1/27/2014 and 3/21/2014

XML Export Update for Care-2

- CARE-2 Confirmation and Falls Screening values are **not** pre-filled, so you are not missing data if you exported the file before entering data
- CARE-2 Confirmation and Falls Screening values are **not** included in the XML export **unless** the patient is also ranked in CARE-1
 - The Web Interface update to address this issue will be available on Thursday, **2/20/2014**
 - Updates will occur during the 2/20/2014 Portal scheduled maintenance period as indicated on slide 3
 - Request a new XML file on or after 2/21/2014 to include all the CARE-2 data
 - **Note:** Groups will need to be aware of the scheduled Portal maintenance weekend as noted on slide 3 and plan accordingly when accessing their new XML file

XML Export Update for PREV Comments

- PREV Comments *may not* be included in the XML export
- PREV Comments *are* saved in the database
- PREV Comments *are included* in the XML export when only *one* PREV module is selected for the export
- The Web Interface update to address this issue will be available on Tuesday, **3/4/2014**
 - Updates will occur during the 3/4/2014 Portal scheduled maintenance period as indicated on slide 3
- Request a new XML file on or after 3/5/2014 to include all the PREV comments

Skipping a Patient in all Modules

- Using the “Medical Record Found” to indicate the patient is not qualified for the sample is done at the **patient level**
- Using the “Medical Record Found” to indicate the patient’s medical record was not found is also done at the **patient level**
- If you are unable to find the patient’s medical record or the patient is not qualified for the sample for reasons of In Hospice, Moved out of Country, are Deceased, or HMO Enrollment, the patient is skipped in **all** modules in which they are ranked and you should stop abstraction for the patient
- You should not confirm the patient has the disease or the patient is qualified for one of the CARE or PREV measures if you are unable to find the patient’s medical record or you have indicated the patient is not qualified for the sample

Documentation on Skipping a Patient

- Additional information on skipping a patient in all modules in which they are ranked, or skipping the patient in individual modules, can be found in the following documentation available on the Web Interface website:
 - 2013 Web Interface XML Specification
 - 2013 Supporting Documents for ACO and PQRS GPRO Web Interface Users
 - 2013 Measure Flows for ACO and PQRS GPRO Web Interface Users
- Skipping a patient using the option “No – Other CMS Approved Reason” is used on a **case-by-case basis** and requires prior **CMS approval**
 - Approval to use the “No – Other CMS Approved Reason” is obtained by contacting the QualityNet Help Desk

Measure Rates Report

- If you are unable to find the patient's medical record or the patient is not qualified for the sample but also confirm the diagnosis in the CAD, DM, HF, HTN or IVD module or indicate the patient is qualified for the individually sampled CARE and PREV measures, the Measure Rates Report will show the patient as incomplete in the measure
- This is a result of providing inconsistent data in the Web Interface

Medicare ID	Last Name	First Name	Birth Date	Rank	Status	CARE-2 Confirmed	Provider Name 1	Provider Name
D84049137...	LNAME288946	FNAME288946	12/05/1928	1	Skipped	Not Qualified For Sample	PLNAME014851,...	PLNAME01491...
D88894074...	LNAME288947	FNAME288947	11/08/1933	2	Incomplete		PLNAME014892,...	
D42083018...	LNAME288954	FNAME288954	10/08/1925	3	Incomplete		PLNAME014917,...	
D41810936...	LNAME288955	FNAME288955	11/06/1928	4	Incomplete		PLNAME014849,...	PLNAME01481...

- The Web Interface makes it difficult to enter inconsistent data because the fields will be unavailable for entry, but inconsistent data has been included in the XML files

Totals Report - Summary

PREV-11: Screening for High Blood Pressure and Follow-Up

Report Title	Total	Details	Comments
All Ranked Patients	616	Details >>	
----All Confirmed and Complete	500	Details >>	
----All Skipped	61	Details >>	
----All Incomplete	55	Details >>	
Consecutively Completed or Skipped	13	Details >>	
----Medical Record Not Found	1	Details >>	7.69% - threshold of 10% not exceeded.
----Not Confirmed	0	Details >>	
----Not Qualified For Sample	0	Details >>	
-----In Hospice	0	Details >>	
-----Moved Out of Country	0	Details >>	
-----Deceased	0	Details >>	
-----HMO Enrollment	0	Details >>	
----Not Confirmed - Medical Reasons	0	Details >>	
----No - Other CMS Approved Reason	1	Details >>	7.69% - threshold of 10% not exceeded.
----For Analysis	11	Details >>	WARNING! Minimum requirement not met.

Totals Report - Details

Totals Summary

Details

Details for PREV-11: ----All Incomplete

Medicare ID	Last Name	First Name	Birth Date	Rank	Status	PREV-12 Confirmed	Provider Name 1	Provider Name
990055570E	LNAME373902	FNAME373902	10/15/1926	14	Incomplete	Not Qualified For Sample	PLNAME004937,...	PLNAME004736
990891174E	LNAME373921	FNAME373921	02/20/1931	15	Incomplete	Not Qualified For Sample	PLNAME004946,...	PLNAME004586
812491781E	LNAME375182	FNAME375182	12/10/1933	259	Incomplete	Not Qualified For Sample	PLNAME005046,...	PLNAME004546
099197396E	LNAME376037	FNAME376037	09/24/1963	425	Incomplete		PLNAME004423,...	PLNAME004481
902685520E	LNAME376136	FNAME376136	04/08/1943	447	Incomplete	Not Qualified For Sample	PLNAME004478,...	PLNAME004542
996412306E	LNAME376265	FNAME376265	05/17/1956	471	Incomplete	Not Qualified For Sample	PLNAME004826,...	PLNAME004395
966813480...	LNAME376368	FNAME376368	08/16/1986	484	Incomplete		PLNAME004393,...	PLNAME004593
996143750E	LNAME376432	FNAME376432	07/28/1966	492	Incomplete		PLNAME005025,...	PLNAME004445
607612480E	LNAME376436	FNAME376436	05/15/1944	493	Incomplete		PLNAME004478,...	PLNAME004938
991483298...	LNAME376446	FNAME376446	02/07/1989	495	Incomplete		PLNAME004821,...	PLNAME004481
980190236E	LNAME376450	FNAME376450	02/13/1965	496	Incomplete		PLNAME004470,...	PLNAME005016
985688621E	LNAME376472	FNAME376472	11/17/1944	500	Incomplete		PLNAME004659,...	PLNAME004884
996695861E	LNAME376488	FNAME376488	10/01/1944	504	Incomplete		PLNAME004445,...	PLNAME004444
904642987E	LNAME376496	FNAME376496	09/07/1944	506	Incomplete		PLNAME004938,...	PLNAME004512
987681234E	LNAME376512	FNAME376512	02/03/1945	509	Incomplete		PLNAME004946,...	PLNAME005047
996682454E	LNAME376516	FNAME376516	12/03/1944	510	Incomplete		PLNAME005050,...	PLNAME004871
126176032E	LNAME376520	FNAME376520	02/02/1945	511	Incomplete		PLNAME004593	PLNAME004580

Submit Your Data When Complete

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Submit

Navigate to Submit topic

Video on How to Submit

Search for a topic in Online Help

You are here: Navigation > Submit

Submit

The **Submit** action should be the last action taken during the submission period. The act of submitting your data notifies CMS that the updates to the patient sample are complete. In addition to notifying CMS that the data is complete, clicking the **Submit** button calculates and stores the Completeness and Performance Rates.

<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.

Module Completion Status for <Your Organization Name Here>

Module	Comments
CARE-1: Medication Reconciliation	OK! Minimum requirement met.
CARE-2: Falls	OK! Minimum requirement met.
CAD: Coronary Artery Disease	OK! Minimum requirement met.
DM: Diabetes Mellitus	OK! Minimum requirement met.
HF: Heart Failure	OK! Minimum requirement met.
HTN: Hypertension	OK! Minimum requirement met.
IVD: Ischemic Vascular Disease	OK! Minimum requirement met.
PREV-5: Breast Cancer Screening	OK! Minimum requirement met.
PREV-6: Colorectal Cancer Screening	OK! Minimum requirement met.
PREV-7: Influenza Immunization	OK! Minimum requirement met.
PREV-8: Pneumococcal Vaccination	OK! Minimum requirement met.
PREV-9: BMI Screening and Follow-Up	OK! Minimum requirement met.
PREV-10: Tobacco Use: Screening and Cessation Intervention	OK! Minimum requirement met.
PREV-11: Screening for High Blood Pressure and Follow-Up	OK! Minimum requirement met.
PREV-12: Depression Screening	OK! Minimum requirement met.

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.

Submit Cancel

Opens Online Help to Submit topic

Before submitting the final data, it is strongly advised that you review the **Totals Report** and the **Measure Rates Report**. The **Totals Report** will detail the Completeness for each module. The **Measure Rates Report** will detail the Performance Rate for each measure.

Submit Screen Table

A table of the modules with a comment for each indicating the completeness of the module is on the **Submit** screen. There are three possible comments:

- WARNING! There are no records for analysis.
- WARNING! Minimum requirement not met.
- OK! Minimum requirement met.

Done

Trusted sites | Protected Mode: Off 100%

Online Help for Submit Screen

Submit Screen Table

A table of the modules with a comment for each indicating the completeness of the module is on the **Submit** screen. There are three possible comments:

1. **WARNING!** There are no records for analysis.
2. **WARNING!** Minimum requirement not met.
3. **OK!** Minimum requirement met.

The comment **WARNING! There are no records for analysis** indicates that there are no consecutively confirmed and completed patients for the module.

The comment **WARNING! Minimum requirement not met** indicates that there are consecutively confirmed and completed patients, but the minimum number of patients for satisfactory reporting has not been reached for the module.

The comment **OK! Minimum requirement met** indicates that the minimum number of consecutively confirmed and completed patients for satisfactory reporting has been reached for the module.

In order to meet satisfactory reporting for the program year, all 15 modules must have the comment **OK! Minimum requirement met**.

How to Submit

1. Verify that all modules meet the minimum requirements
2. Read the certification text and click the **checkbox**
3. Click the **Submit** button below the certification text.

Generate and review the **Submission Status Report** to verify that the submission was received by CMS.

Patient data is saved to the database when you click the **Save** button after updating the patient on the **Home** page. Patient data is also saved to the database when an XML file is uploaded. The saved data calculates the Completeness and Performance Rates when you click the **Submit** button.

If any patient data is updated and saved to the database after you click Submit, the data must be re-submitted. Failure to resubmit after changing patient data will result in a mismatch between your final Completion and Performance Rates and the Completion and Performance Rates provided to CMS.

Related Links:

- [Totals Report](#)
- [Measure Rates Report](#)
- [Submission Status Report](#)

Centers for Medicare & Medicaid Services, 7500 Security Boulevard Baltimore, MD 21244

Presenter: Sandra Adams, CMS

UPCOMING SUPPORT CALLS RESOURCES

Upcoming ACO and GPRO Web Interface Support Calls

- 2/27/2014: Weekly Submission Support Call
- 3/6/2014: Weekly Submission Support Call
- 3/13/2014: Weekly Submission Support Call
- 3/17/2014: Submission Support Call
- 3/19/2014: Submission Support Call
- 3/21/2014: Submission Support Call
- 4/3/2014: Web Interface Lessons Learned Call

Resources

- **GPRO Web Interface website:** http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html
 - ACO and GPRO Support Call Q&A cumulative document and presentations
 - 2013 XML Specification
 - 2013 Supporting Documents (in the Downloads section)
 - *Data Guidance is included as a separate tab in each of the supporting documents' workbooks*
 - 2013 GPRO Assignment Specification and Sampling Supplement documents
- Pre-recorded webinars about GPRO topics: <http://go.cms.gov/GPROPlaylist>
- **Medicare Shared Savings Program:** <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html>
- **PQRS Portal:** <https://www.qualitynet.org/pqrs>
- **GPRO Web Interface Online Help:**
<https://www.qualitynet.org/imageserver/pqri/gpro/GPROWebHelp/Default.htm>
- **QualityNet Help Desk**
 - Monday – Friday: 7:00 am - 7:00 pm CT
 - **(866) 288-8912** (TTY 1-877-715-6222) or qnetsupport@sdps.org

Presenters: CMS and Contractors

QUESTIONS & ANSWER SESSION

Submitting a Question

- WebEx interaction takes place in various panels on the right-hand side of the screen
- Chat Box: use this window to post technical questions or issues for troubleshooting support
 - Use the drop-down arrow to address your question/comment to the appropriate party (i.e. “Host”, “All Panelists”, etc.)
- Q&A Box: use this window to post questions related to the presentation or webinar topic
 - Questions entered in the Q&A box are automatically directed to all panelists/presenters



The screenshot displays two overlapping windows from the WebEx interface. The top window is titled "Chat" and features a "Send to:" dropdown menu currently set to "All Participants". Below this is a text input field with the placeholder text "Select a participant in the Send to menu first, type chat message, and send..." and a "Send" button. The bottom window is titled "Q&A" and shows a tab labeled "All (0)". It contains a text input field with the placeholder text "Select a question, and then type your answer here. There is a 256 character maximum." and two buttons: "Send" and "Send Privately...".