



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



Program Year 2013

Q&A Session

March 13, 2014

Sandra Adams, RN

Performance-Based Payment Policy Group

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:
 - **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
2. **Reminder to review the Support Call Q&A Materials:**
 - The presentation from the 3/6/2014 Support Call is posted
 - The cumulative Q&A document for all Support Calls up through 2/27/2014 is posted
 - The last update to the cumulate Q&A document for all Support Calls up through 3/6/2014 will be posted shortly
3. **Reminder about End of Web Interface Submission:**
 - Group practices will have until **11:59 pm ET on Friday, 3/21/2014**, to submit data through the Web Interface

Note: *The scheduled Portal maintenance weekend in March will be postponed until after 12:00 am ET on Saturday, 3/22/2014, so it will not interfere with final Web Interface submissions.*

Announcements (cont.)

4. Join CMS on **3/18/2014** from **1:30 to 3:00 pm ET** for a National Provider Call about reporting across Medicare quality reporting programs in 2014
 - You must register to attend this National Provider Call, please visit the CMS MLN Connects Upcoming Calls registration website at <http://www.eventsvc.com/blhtechnologies>
 - Registration will close at 12:00 pm ET on the day of the call or when available space has been filled
 - This National Provider Call will provide an overview of how to report across PQRS, EHR Incentive Programs, Value-Based Payment Modifier (VM), and ACOs

Presenters: Jane Schiemer, Contractor

**MEASURE RATES REPORT AND
FINAL STEPS FOR SUBMISSION**

Submit Your Data When Complete

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Heart Failure
Hypertension
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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.

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](#)

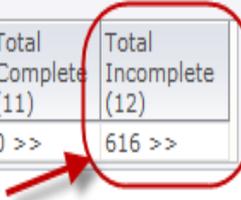
Centers for Medicare & Medicaid Services, 7500 Security Boulevard Baltimore, MD 21244

Measure Rates Report for ACO

- The Summary Report for PREV-11 and PREV-12 is showing a count of “Total Incomplete” patients and a hyperlink that should display the patients included in the count
- When clicked, the hyperlinks are not displaying the patients
- These hyperlinks are indicated below

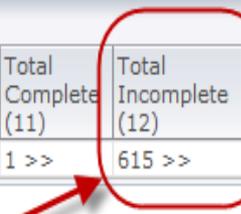
PREV-11: Screening for High Blood Pressure and Follow-Up

Measure Description	Total Eligible (1)	Denominator Exclusions(2)	Denominator (3)	Measure Not Met (4)	Measure Met(5)	Measure Rate(6)	Complete (7)	Incomplete (8)	Completion Rate(9)	Total Complete (11)	Total Incomplete (12)
PREV-11	0 >>	0 >>	0	0 >>	0 >>	0.00	0 >>	0 >>	0.00	0 >>	616 >>



PREV-12: Depression Screening

Measure Description	Total Eligible (1)	Denominator Exclusions(2)	Denominator (3)	Measure Not Met (4)	Measure Met(5)	Measure Rate(6)	Complete (7)	Incomplete (8)	Completion Rate(9)	Total Complete (11)	Total Incomplete (12)
PREV-12	0 >>	0 >>	0	0 >>	0 >>	0.00	0 >>	1 >>	0.00	1 >>	615 >>



Measure Rates Report for ACO (cont.)

- Because PREV-11 and PREV-12 each have one measure, the same information for the Measure Rates Report Total Incomplete patients is available on the Totals Report
- Click the “Details >>” hyperlink for the All Incomplete line for either module to get the list of patients missing measure data

PREV-12: Depression Screening

Report Title	Total	Details	Comments
All Ranked Patients	616	Details >>	
----All Confirmed and Complete	1	Details >>	
----All Skipped	0	Details >>	
----All Incomplete	615	Details >>	
Consecutively Completed or Skipped	0	Details >>	
----Medical Record Not Found	0	Details >>	
----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	0	Details >>	
----For Analysis	0	Details >>	WARNING! There are no records for analysis.

Footnotes

Presenter: Sophia Autrey, CMS

AVOIDING THE 2015 PQRS PAYMENT ADJUSTMENT

Avoiding the 2015 PQRS Payment Adjustment

- **2013 Group Practice Options**
 1. Meet the criteria for satisfactory reporting for the 2013 PQRS incentive payment under the GPRO; **OR**
 2. Report 1 valid measure; **OR**
 3. Elect to participate in the CMS-calculated administrative claims-based reporting mechanism during the 2013 GPRO registration period (July 15, 2013 through October 15, 2013)
 - Not available to ACOs

Avoiding 2015 PQRS Payment Adjustment (cont.)

- **Additional Information**

- Reference the “Payment Adjustment” section of the *2013 GPRO Web Interface Support Call Q&A Sessions* cumulative document on the Web Interface page of the CMS PQRS website at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html
- Reference the Payment Adjustment page of the CMS PQRS website at <http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Payment-Adjustment-Information.html>
- Reference the *2013 PQRS: 2015 Payment Adjustment* tip sheet at http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2013MLNSE13_AvoidingPQRSPaymentAdjustment_083013.pdf

Presenter: Sandra Adams, CMS

2013 LESSONS LEARNED & UPCOMING SUPPORT CALLS

2013 Lessons Learned

- CMS is requesting your feedback on your experience with the 2013 GPRO Web Interface
 - Please provide feedback on the following topics:
 - Web Interface Education and Outreach
 - Web Interface Features
 - Send feedback to PQRS_Vetting@mathematica-mpr.com by **COB 3/28/2014**
 - The 2013 GPRO Web Interface Lessons Learned call is scheduled for **4/3/2014, 2:00 – 3:00 pm ET**

Upcoming ACO and GPRO Web Interface Support Calls

- 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

* We have added 3 support calls during the last week of GPRO Web Interface submission for groups' and ACOs' convenience. **Please note: The cumulative GPRO support call Q&A document WILL NOT be updated after the 3/13/2014 support call, since all hands will be working to resolve QualityNet Help Desk tickets during the last week of submission.**

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 shows two overlapping windows from the WebEx interface. The top window is titled 'Chat' and has a 'Send to:' dropdown menu set to 'All Participants'. Below the dropdown 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 has a tab labeled 'All (0)'. Below the tab is 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...'.

Chat

Send to: All Participants

Select a participant in the Send to menu first, type chat message, and send...

Send

Q&A

All (0)

Select a question, and then type your answer here. There is a 256 character maximum.

Send Send Privately...