



**2013 Group Practice Reporting Option (GPRO)
Web Interface Support Call**

Q&A Sessions

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Purpose

This document is intended for group practices who self-nominated/registered and are participating in the 2013 Physician Quality Reporting System (PQRS) through the group practice reporting option (GPRO) and for Medicare Accountable Care Organization (ACO), including the Medicare Shared Savings Program (Shared Savings Program or SSP) and the Pioneer ACO Model.

The Centers for Medicare and Medicaid Services (CMS) will invite group practices participating through the 2013 PQRS GPRO, SSP ACO and Pioneer ACO programs to attend a series of support calls via webinar to provide educational support on various GPRO Web Interface-related topics. During the 2013 GPRO Support Calls, CMS will provide groups the opportunity to submit questions during the Question & Answer (Q&A) session, allowing CMS to answer the questions during the meeting. This document provides cumulative questions and answers from all of the 2013 GPRO Support Call Q&A sessions with CMS and should be used for reference by group practices participating in the 2013 PQRS GPRO, SSP ACO and Pioneer ACO programs.

This document contains questions and answers from the Q&A sessions of the following 2013 GPRO Support Calls:

- 11/7/2013 – Topic: GPRO Measures Specifications / Supporting Documents
- 12/5/2013 – Topic: Web Interface Support Call
- 12/12/2013 – Topic: XML Training

Pre-recorded webinars about the following GPRO topics can be accessed any time on the CMS YouTube site, <http://go.cms.gov/GPROPlaylist>:

- 2013 PQRS GPRO 101 Part 1
- 2013 PQRS GPRO 101 Part 2
- 2013 PQRS GPRO Which Reporting Method? Part 1
- 2013 PQRS GPRO Which Reporting Method? Part 2
- 2013 PQRS GPRO Value-Based Payment Modifier
- 2013 PQRS Group Practice Measures Overview
- 2013 PQRS GPRO Public Reporting
- 2013 PQRS GPRO and ACO Web Interface Submission -- IACS
- 2013 PQRS GPRO and ACO Web Interface Measure Specifications/ Supporting Documents Part 1
- 2013 PQRS GPRO and ACO Web Interface Measure Specifications/ Supporting Documents Part 2
- 2013 PQRS GPRO and ACO Web Interface Measure Specifications/ Supporting Documents Part 3
- 2013 PQRS GPRO and ACO Web Interface Assignment and Sampling
- 2013 PQRS GPRO and ACO CAHPS Overview
- 2013 ACO/PQRS GPRO Web Interface Overview

2013 GPRO SUPPORT CALLS Q&A AND FAQ

IACS

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
1	11/7/2013	Can the individual who has PQRS security official role also have a submitter role? I am a team of one person.	No – Security Official cannot have PQRS Submitter role. It is possible to transfer Security Official role to another person in your organization.	X	X	X
2	11/7/2013	When will authorization roles be available?	Once your Organization’s Security Official and your account with the PQRS Submitter role is setup within IACS, you can request your application role of GPRO Submission 2013 role /ACO Submission 2013 within the PQRS Portal at https://qualitynet.org/pqrs . The GPRO Submission 2013 and ACO Submission 2013 application roles will be available on November 18, 2013.	X	X	X
3	11/7/2013	What is the difference between a PQRS Submitter and an ACO Submission 2013 role? Can they be the same person?	Yes, they need to be the same person. Need both roles in order to login to the Web Interface. The PQRS Submitter role is requested in IACS. Once that role is obtained and it is 11/18/2013 or later the QRMS role of ACO Submission 2013 may be requested. The ACO Submission 2013 role is requested in the PQRS Portal Roles Management application.	X	X	X
4	11/7/2013	I have a PQRS Submitter role but need to request the GPRO Submission 2013 Role (GPRO). However, when I log into my account, I do not see that role in the drop-down list to choose. Where do I go to request the GPRO Submission 2013 role?	You don’t login to the IACS link for the GPRO submission role. The GPRO Submission 2013 role is requested in the PQRS Portal Roles Management application (https://qualitynet.org/pqrs) in the PQRS Portal. Please see the YouTube video on IACS accounts for more information.	X	NA	NA
5	11/7/2013	I utilize temp staff for this project and they will not be identified by Dec 2 to be able to initiate their IACS account request. Is that an issue?	As long as you have your Security Official set up by December 2, 2013 , when you bring in temp staff, you should be able to get them on board quickly.	X	X	X
6	11/7/2013	In addition to an IACS account, do we need to get a QualityNet account?	No, you do not need a QualityNet account. You just need an IACS account with the PQRS Submitter role and the ACO or GPRO Submission 2013 role.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
7	11/7/2013	Is the PV-PQRS role the same as the GPRO submission 2013 role?	No, the PV-PQRS role used during registration or to pull your QRUR reports is not the same as the GPRO Submission role. You will need to request a new role for GPRO Submission. Also, if the Security Officer for your group only has a PV-PQRS role, they will need to go through additional step and verification to have the PQRS Security Official role. This is outlined in the IACS presentation on the CMS YouTube site: http://go.cms.gov/GPROPlaylist . Please contact the QualityNet help desk if you have any additional questions on obtaining IACS accounts at 866-288-8912 , TTY 877-715-6222, or via email at qnetsupport@sdps.org .	X	NA	NA
8	11/7/2013	Can we find out which individuals in my ACO group have the PQRS submitter role active? We are unsure of this due to staff turnover.	Yes, please contact the QualityNet help desk at 866-288-8912 , TTY 877-715-6222, or via email at qnetsupport@sdps.org . They will be able to provide this information.	NA	X	X
9	11/7/2013	What is the role/responsibility of the Security Official in IACS?	The Security Official's primary responsibility is to first set-up your organization in the IACS system and then act in an approval role to approve the PQRS Submitter role requests in IACS and the ACO or GPRO Submission 2013 role in the Portal.	X	X	X
10	11/7/2013	We have two ACOs, one that participated last year and one new one. I have an IACS account under the existing ACO. How do I set up an IACS account for the new ACO?	You can have the new ACO added to your current IACS account under the ACO primary TIN. If you have issues adding the new ACO to your existing account, please contact the QualityNet help desk at 866-288-8912 , TTY 877-715-6222, or via email at qnetsupport@sdps.org .	NA	X	X
11	11/7/2013	If we had a PQRS submitter role last year (2012) and have maintained our IACS account by updating our password when requested, do we need to request it again for 2013?	No, you should be set as long as your password has been updated when requested.	X	X	X
12	11/7/2013	Will we login to GPRO via IACS or QNET? Last year we used our IACS credentials to login to QNET and access the GPRO [Web Interface].	You use your IACS account to login to the QualityNet PQRS Portal at https://www.qualitynet.org/pqrs so you will be using your IACS credentials to access GPRO Web Interface.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
13	11/7/2013	Regarding the GPRO Submission 2013 role on the submission portal: I set up my role last week and received confirmation that it was approved. When I look at the "Manage My Roles" nothing shows up. Is there some way (besides the emails) that I confirm what I did is correct?	Contact the QualityNet Help Desk at 866-288-8912 , TTY 877-715-6222, or via email at qnetssupport@sdps.org . GPRO Submission roles are not available until November 18, 2013 .	X	NA	NA
14	11/7/2013	Is there any flexibility with the limit of 10 IACS users for an ACO? Our ACO has 79 different organizations. Could the limit of users be raised for us?	We are limiting IACS to 15 users so please contact the Shared Savings Program to discuss your situation.	X	X	X
15	11/7/2013	If someone is a submitter for 2 organizations, can they do so with one IACS? If so how will they access one ACO versus the other's sample?	The ACO reporting goes by the ACO Primary TIN. Yes, if the submitter needs a role for two different ACO Primary TINs they would use the same IACS account and request to add the additional role/TIN to the existing IACS account.	NA	X	X
16	11/7/2013	To manually enter data in the Web Interface do we need to have a submitter or end user role?	The user must have the PQRS Submitter role within IACS and the ACO or GPRO Submission 2013 role within the PQRS Portal Roles Management Application. The PQRS Submitter role and the appropriate QRMS role are needed for utilizing the Web Interface.	X	X	X
17	11/7/2013	Has the issue of logging into multiple TINs been corrected?	2012 GPROs and ACOs were able to log in to multiple TINs, and users will be able to do so again in 2013. If additional information is needed, or if you have a particular concern, please contact the QualityNet Help Desk.	X	X	X
18	11/7/2013	Can we create generic IACS accounts for our submitters? (We will be hiring temps and will not have all of them hired by December 12, 2013.)	No, each IACS account may only be requested and accessed by the person who will use the account. The Security Official account is the only account that must be started by December 2. If the Security Official account is obtained by December 2, 2013, the process to have each additional or temp employee register for their account should be completed quickly, and can be started after December 2. Contact the QualityNet Help Desk for further assistance.	X	X	X

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19	11/7/2013	I am the IACS Security Official for the PQRS GPRO submission using my IACS account from last year. This year, I will also be the Security Official for a Shared Savings Program ACO submission. Do I modify my account to add the ACO?	Yes, since you already have existing account, you will need to modify your existing account if you want to add an additional TIN. IACS accounts for ACOs need to be associated to the Primary ACOs TIN. Contact the QualityNet help desk at 1-866-288-8912 or qnet-support@sdps.org for further assistance.	X	X	X
20	11/7/2013	Is it possible to create an ACO account December 15-31? (The reason is our new resources will be onboard on 3rd week of December)	<p>Please do not wait to set-up your ACO's IACS account. Account set-up is a multiple-step process and if you wait until late December you risk not having the account in place for quality reporting. Please see the IACS Account set-up and Maintenance document on the ACO portal. If you need to defer set-up the dual PQRS Submitter role within IACS, and ACO Submission 2013 role within QualityNet Roles Management System (QRMS) for the newly added staff that is preferred to waiting to set-up your account.</p> <p>The Security Official account is the only account that must be started by December 2. If the Security Official account is obtained by December 2, 2013, the process to have each additional or temp employee register for their account should be completed quickly, and can be started after December 2. Contact the QualityNet Help Desk for further assistance.</p>	X	X	X
21	12/5/2013	Do submitter roles require a CMS user ID?	To obtain the submitter role you need to obtain an IACS account. The IACS account is sometimes called CMS ID but you do need an IACS account that will give you access to a PQRS Submitter Role and the Web Interface. You will have an IACS User ID for the IACS account that will be needed for logging into the PQRS Portal to submit data.	X	X	X
22	12/5/2013	If I had the Submitter role last year, do I have to request it again this year?	No, as long as you kept your account active by changing your password when notified, your submitter role from 2012 will carry over to 2013.	X	X	X

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23	12/5/2013	We submit for 2 GPROs. Do we need to request the GPRO Submission 2013 role in the portal for each TIN? When I tried to request the role for both TINs, I was not presented with the role for the second TIN after requesting it for the first.	The user will need to have the IACS PQRS Submitter role for each TIN. After the IACS PQRS Submitter role is obtained for a specific TIN, the user should be able to have the Portal QRMS role of GPRO Submission 2013 added for the same TIN. The GPRO Submission 2013 role will need added for each of the PQRS Submitter TIN(s) the user has in order to be able to access the web interface for each of the TIN(s). If you are having trouble adding the role for another TIN, please contact the QualityNet Help Desk for assistance.	X	X	X
24	12/5/2013	Does the GPRO Submission 2013 role in the portal require Security Official approval?	Yes, it does if the submitter requests this role. However, the Security Official can also just manually add and approve this role to PQRS Submitter account.	X	NA	NA
25	12/5/2013	Can someone with an existing IACS account associated with one ACO, also associate with a second ACO?	Yes, you can associate a second ACO with same IACS account. Please remember that ACO reporting goes by the ACO primary TIN, so the IACS account must be associated with the ACO primary TIN.	NA	X	X
26	12/5/2013	We have had an issue with QualityNet and approving the ACO submitter role. Is this issue being investigated?	Yes, we are researching the issue but have identified a resolution. We will follow-up individually on this incident.	NA	X	X
27	12/5/2013	If you have a security official in one ACO, what is the process for requesting security official for the second ACO?	If you are using the same Security Official, you just modify the account in IACS to request that the additional TIN be added. Note that for ACO reporting, your IACS account needs to be registered for the primary TIN and not a child TIN.	NA	X	X
28	12/5/2013	Does every submitter need an IACS account to access the Portal?	When you register for an IACS, you receive a user ID, which is the user ID you will need to log in to the Portal. Staff who are submitting data will need an IACS account, which will be used to log-in to the portal. The Security Official will have their own user ID.	X	X	X
29	12/5/2013	If I am the Security Official for our account, can I also be the submitter role? And if not, how do I change someone else to the Security role?	You cannot be both the Security Official and the submitter for the same tax ID. Please give the Quality Net Help Desk a call to go over the steps on how to add a Security Official.	X	X	X
30	12/5/2013	If an IACS account has not been kept active, how do we re-apply?	Go to portalapplication.cms.hhs.gov . Then navigate to the new user registration link. If you need additional assistance, please contact the QualityNet Help Desk, who can walk you through the steps.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
31	12/5/2013	I have the PQRS Submitter role from last year, but when I try to request roles, I don't have the option to request the ACO submission 2013 role.	If you had the PQRS Submitter role last year and you obtained the ACO Submitter role last year, you will be able to use what you already have to submit data this year. If you did not have the ACO Submitter role last year, please contact the QualityNet Help Desk and we can walk you through how to request that.	NA	X	X
32	12/5/2013	After IACS access is obtained, are additional steps required to make the Web Interface available?	Yes, you will need to access the submitter role. The PQRS Submitter needs to go to PQRS portal under manage roles and request the QRMS role of ACO submission 2013 or GPRO submission 2013 and the SO will need to approve that role. Alternatively, the SO can manually add the submission role and approve for the role for the PQRS Submitter.	X	X	X
33	12/5/2013	To access GPRO Web Interface, will we login from the QNET webpage using our IACS login?	Yes, you will login to the QNet Portal using your IACS User ID. The Web Interface is not accessible at this time, but the Portal is available if you want to test your login and see what the Portal looks like. The QNet Portal can be accessed at https://www.qualitynet.org .	X	X	X
34	12/5/2013	To submit data for an ACO, do all PQRS submitters need to also have the QRMS ACO Submission 2013 role? Or, should only one PQRS submitter have the QRMS ACO Submission 2013 role?	Each submitter that wants to report ACO data in the Web Interface will need their own ACO Submission 2013 role.	NA	X	X
35	12/5/2013	What is the web link to access QRMS	To have the Portal QRMS role added to an IACS PQRS Submitter account, go to https://www.qualitynet.org/pqrs and login there. Once logged in, utilize the manage roles link. Please contact the QualityNet Help Desk for assistance if needed.	X	X	X
36	12/5/2013	What prompted CMS to change the submitter role from 10 to 15? Have you seen that most ACOs are having to perform more manual entry?	CMS increased the number of submitter roles in response to requests from the ACOs. We hope this will enable ACOs with multiple TINs to submit data efficiently while also maintaining internal controls to ensure data accuracy.	X	X	X
37	12/5/2013	What if the previous IACS account is not linked to the ACO TIN? Do we have to create a new account?	If the IACS account is not linked to the ACO primary TIN, then either the IACS user needs to request an SO and register the primary TIN on the existing account or a new user who wants to be the SO needs to register for the SO role under the ACO primary TIN as a new user. Please contact the QualityNet Help Desk if any assistance is needed.	X	X	X

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38	12/12/2013	If submitters are not changing from the 2012 Quality Reporting Submission, does the Security Official need to re-approve anything?	As long as everyone still has their active accounts that they had last year, and you have all of the submitters you want with active accounts, then no, there is no need for the Security Official to re-approve anything. There could be certification approvals coming in as IACS accounts need to be recertified every year in order to keep them active.	X	X	X
39	12/12/2013	Does each submitter require an IACS account? OR is the IACS account specific to the organization?	Yes to both. Each submitter will need an IACS account and each role you have with an IACS is specific to that organization. For example, your PQRS Submitter Role must be linked to the correct organization you wish you submit for. If you are submitting for two organizations, you would need PQRS submitter role associated to each of those organizations.	X	X	X
40	12/12/2013	Do the IT folks who will be doing the XML uploads need an IACS account?	Yes, anyone who needs to submit the data will need a PQRS Submitter IACS account of their own associated to the organization. You must have an IACS account to log into the Web Interface.	X	X	X
41	12/12/2013	We are an organization with multiple TINs. Please provide more information regarding the "QRMS" role.	Once an organization has a Security Official with two-factor in place, the next step is to have each submitter gain access to the PQRS Submitter role. In order to submit data and access Web Interface there is an additional role - the QRMS role. For ACO that's the ACO Submission 2013 role for GPRO that's the GPRO Submission 2013 role.	X	X	X
42	12/12/2013	Last year we had issues with submitting for multiple TINs. We submitted numerous tickets and it was never resolved, we ended up having to have one person register for one TIN and another person register for the other TIN. Will this happen to us again this year?	There shouldn't be an issue submitting for multiple TINs. You can test when the Web Interface opens on January 27th.	X	X	X
43	12/12/2013	Where do we find the Portal role in IACS?	That role is not in the IACS application. That role is in the PQRS portal itself. That's at www.qualitynet.org/pqrs . If you log in there with your IACS credentials, you will be able to request or add that role.	X	X	X
44	12/12/2013	Is there an impact to QRMS and PQRS Submitter roles at the current time being displayed?	No, both the PQRS Submitter role and QRMS role are available now.	X	X	X

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45	12/12/2013	We are having problems with changing passwords for our initial IACS account roles.	Please contact the QualityNet Help Desk.	X	X	X
46	12/12/2013	Can you elaborate on how we obtain the additional submitter role for the Web Interface?	At this point, it would be helpful to contact the QualityNet Help Desk and we will walk you through it.	X	X	X
47	12/12/2013	If submitting for more than one TIN, do I need to request the PORTAL GPRO Submission 2013 role for each TIN?	If you are submitting for multiple TINs, you need an IACS PQRS Submitter role for each of the TINs. Each of those PQRS Submitter roles under those TINs need the QRMS role attached to them.	X	X	X
48	12/12/2013	The QRMS role is not currently available on QualityNet.org	The QRMS role should be available. Please use the PQRS Portal link: qualitynet.org/PQRS . If you encounter issues adding the QRMS role, please contact the QualityNet Help Desk.	X	X	X
49	12/12/2013	What's the difference between the submitter role and the GPRO role?	The PQRS Submitter role is a role in IACS, which gives you access to the PQRS Portal. The ACO/GPRO Submission 2013 role is a role in the PQRS Portal and gives you access to the Web Interface.	X	X	X
50	12/12/2013	How many submitter roles would you recommend for a PQRS GPRO with 25-99 EPs that is new to the system?	We have a limit of 15 accounts per TIN submitting data to the system. It depends on your organization's structure and personnel, as well as if you're doing manual abstraction or using XML.	X	X	X
51	12/12/2013	What kind of role do we need to be able to import and export from the Web Interface?	In order to access the Web Interface, a person needs the IACS PQRS Submitter role and you will also need the portal role for that PQRS Submitter. After you get your PQRS Submitter role, you will need to go to the PQRS Portal and request a specific QRMS role. If you're a PQRS GPRO it will be the GPRO Submission 2013 Role OR if you're an ACO it will be the ACO Submission 2013. You can either request this role and your SO can approve it, or your SO can request it and approve the role all in one shot.	X	X	X
52	12/12/2013	What was the logic for CMS increasing the submitter roles from 10 to 15? Did you find that 2012 submissions were using this many resources? How many ACOs used the XML methodology?	The reason of the increase is because of user requests. Most of the GPROs and ACOs used a mixture of both XML and manual entry. There were a handful that used strictly XML or strictly manual entry.	X	X	X

MEASURES

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
1	11/7/2013	Please clarify how a zero percent performance will work. Is a zero percent not allowed for any of the measures' performance calculations or is it for each individual patient/beneficiary?	<p>A 2013 GPRO reporting individual measures via a registry needs to be concerned with a 0% performance. A 0% performance indicates all denominator-eligible patient events were reported as performance not met (8P modifiers or equivalent) or a combination of performance not met and exclusions. Measures reported with a 0% performance are not considered successful reporting.</p> <p>The 0% performance threshold doesn't apply to reporting through the GPRO Web Interface. The criteria for satisfactorily reporting PQRS via the GPRO Web Interface is outlined in the following manner: Report on all PQRS GPRO measures included in the Web Interface; AND Populate data fields for the first 218 (groups of 25-99) or 411 (ACOs or GPRO groups of 100+) consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or patient care measures. If the pool of eligible assigned beneficiaries is less than 218 (groups of 25-99) or 411 (ACOs of GPRO groups of 100+), then report on 100 percent of assigned beneficiaries.</p>	X	X	X
2	11/7/2013	Calculation of the measures when part of a composite: Will we submit the measures separately and CMS will calculate the performance for the composite OR Will we provide the Pass/Fail result directly to CMS?	GPRO/ACO will enter in data that is relevant to individual measures that comprise the composite. Web Interface will calculate the composite calculation.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
3	11/7/2013	In several of the quality measures, “patient declined/patient refuses” is an acceptable exclusion reason. Can we apply this exclusion generally to other measures? Is there a list of measures where this exclusion would apply?	No, the “patient declined/patient refuses” exclusion cannot be applied across all measures, as not all measures include a patient reason exclusion. Thoroughly review the Narrative Specifications for applicable exclusions. Also, use the Data Guidance within the Supporting Documents to help determine exclusions available for a measure in the Web Interface. The Data Guidance will let you know whether or not there is an exclusion for a measure, and if there’s an exclusion, it will show if “patient declined/patient refuses” is an acceptable exclusion. If a measure has an exclusion, the pull-down menu on the Web Interface will list allowable exclusions. If a measure has an exclusion, the XML Specification will list the corresponding values for the exclusion in the allowable values for the XML tag.	X	X	X
4	11/7/2013	Is the Supporting Documentation clear in where only codes listed in Resource Tables can be used as opposed to where the codes and medication lists are simply references to help those with EMRs (i.e. where the lists are not all inclusive)?	The coding provided is there to assist you and is based on measure owner recommendations. However, you will notice in the Narrative Specifications as well as the Supporting Documents, there are instances where specific direction is provided. For example, the heart failure measure only allows use of the three generic medications listed within the Narrative Specifications. Although not specifically listed, the brand name equivalents to the 3 generics also meet the numerator. Please use all of the documentation provided when entering data into the Web Interface.	X	X	X

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5	11/7/2013	Can any claims data be used to report on the preventive measures or do we need to find the information in the patient's record?	<p>You need information documented in your patient's record showing whether or not the service was provided. There are some measures that have pre-populated data from claims. In some instances, you don't have to have this information in the patient's record. For example, if influenza immunization information is pre-populated into the Web Interface, you do not need to check to see that this information is contained within your patient's medical record. However, if you have a patient that has a mammogram, you will need to be able to document the date of the mammogram and the results from the medical record.</p> <p>It depends on the measures that you are referencing so it is important that you seek direction from the Data Guidance contained in the Supporting Documents.</p>	X	X	X
6	11/7/2013	Will there be "paper tools" available for the measures?	It is recommended that you utilize all documents CMS has provided, such as the flows, the data guidance, the different tabs in the supporting documents and the other specifications. Everything has been provided for the process that the ACOs/GPROs will be going through. You may find that there are certain tools that you can create that will help you specifically as each entity may be different.	X	X	X
7	11/7/2013	Several measures note exclusions including "terminal illness" or "receiving palliative care." Can we apply this exclusion generally to other quality measures?	If you go to patient confirmation tab in supporting documents, there is a way to remove patients from the Web Interface if they are labeled as being in hospice. Definition of this says: select option if patient is not qualified for sample due to being in hospice care at any time during the measurement period. This includes non-hospice patients if receiving palliative or comfort care.	X	X	X
8	11/7/2013	Can you please define "hospice?" Does this include patients who are located in a nursing home?	Patients in a nursing home would be included if they are receiving palliative care or comfort care, but it would need to be specifically stated in the record that they are receiving either palliative or comfort care.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
9	11/7/2013	Previously the speaker mentioned mammogram measure as it relates to patient reporting. Is it acceptable if the patient reports the date and the results and it's recorded in the medical record, but there is no report?	The measure owner requires both the date of the mammogram and the results be documented. The Data Guidance for PREV-5 includes the following NOTE: Documentation in the medical record must include both of the following: A note indicating the date the breast cancer screening was performed AND The result of the findings	X	X	X
10	11/7/2013	There is a lot of dialogue concerning physical health measures of the identified patients (diabetes, etc). Are there quality measures specific for outpatient mental health clinics (like major depression etc)?	Review the 2013 PQRS GPRO Measures List posted on the CMS Web Interface website, http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html . Please call the QualityNet Help Desk if you have specific questions.	X	X	X
11	11/7/2013	Are we able to take documentation from the entire calendar year including November - December or only for the first 10 months of the year?	You are able to use documentation available for the entire measurement year (January 1 - December 31, 2013).	X	X	X
12	11/7/2013	Do you know which measures, or portion of measures, that groups in general, were able to do auto downloads via XML back in GPRO (vs. manual collection and entry?) Labs, other?	All measure data in the Web Interface may be updated with an XML upload. The XML Specs provide the tags and valid values for each of the measure components. For the 2012 Program Year, some of the GPROs and ACOs updated all their measure data using XML uploads and others updated all their measure data using manual entry. The majority of the GPROs and ACOs used a mix of XML uploads and manual entry for all measures.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
13	11/7/2013	Will the reported QM through claims be included in the numerator?	<p>Claims data is used when available to pre-populate fields in Prev-5 (mammogram), Prev-6 (colorectal screening), Prev-7 (flu shot), and Prev-8 (pneumococcal vaccination). For the flu shot, colorectal cancer screening and pneumococcal vaccination measures you do not need to take any additional steps if the information has been pre-filled for you. In cases where the elements for these measures have not been pre-filled you will need to access the patient's medical record to determine if it supports that the quality action was completed in the respective timeframe, i.e., different for influenza immunization than for colorectal cancer screening. You will also be required to provide this supporting medical record documentation if your ACO is selected for audit following the data collection period. This is not the case if the WI has been pre-filled with claims information.</p> <p>The breast cancer screening measure is treated differently because the measure requires that there be medical record documentation including both of the following:</p> <ul style="list-style-type: none"> • A note indicating the date the breast cancer screening was performed AND • The result of the findings of the date of the mammogram and the results of the mammogram. <p>The claims information will still be pre-filled; however, additional retrieval of information will be required to include these two components and that documentation will be required should the ACO be selected for audit.</p>	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
14	11/7/2013	Will GPRO have any pre-filled values for measures such as Influenza Immunization?	For the module that includes pre-filled fields the following will be pre-filled: Diabetes Module, Ischemic Vascular Disease Module, and Preventive Care Module (mammogram, colorectal screening, flu shot and pneumonia shot) in addition to the discharges for the GPRO CARE-1 medication reconciliation measure. As previously mentioned, the medication reconciliation measure is at every discharge so for sample patients we will provide the discharge date for each discharge that we can associate with an office visit up to 30 days following the discharge. For some measures, such as colorectal screening, flu and pneumonia shot, we will look in the claims but we may not find for some measures where the time period acceptable for screening is longer than claims we are analyzing.	X	X	X
15	11/7/2013	If our ACO can prove via claims data that breast cancer screening or colorectal cancer screening was performed but the results are not in the medical record, will this count as a numerator hit? For example, another provider outside the ACO ordered the test.	For PREV-5 Breast Cancer Screening, you have to have the date and result in the medical record. Even if it is pre-populated from claims in the Web Interface, you need to ensure that this information is also included in the medical record. For PREV-6, Colorectal Cancer Screening, the Data Guidance says that you need to have documentation in the medical record that screening is up to date or current.	X	X	X
16	11/7/2013	We have a question regarding the depression screening measure. Does the denominator include all patients or only those who were screened for depression? Is the goal to be screening all patients 12 and older for depression?	The denominator for NQF #0418 (PREV-12) does include all patients 12 years and older. Yes, this measure does comply with the latest guidance from the US Preventative Services Task Force which does recommend depression screening for those 12 years old and older.	X	X	X
17	11/7/2013	If a patient completes the depression screening questionnaire on the patient portal a day or more before the office visit and the provider reviews and follows up at the visit (days later), can this scenario be counted for the numerator of this measure?	According to the Inclusions/Synonyms tab of the PREV-12 Data Guidance, screening includes the following statement: This measure requires the screening to be completed in the office of the provider filing the code.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
18	11/7/2013	Please clarify the definition for Former Smoker that is addressed in ACO Measure 17 (PREV-10) and 25 (DM-17).	If you can show documentation that they are not a current smoker, you can mark them as "nonsmoker" regardless of former smoker status.	X	X	X
19	11/7/2013	Further clarification on the former smoker issue, there is no time frame associated with determining if they are non-smoker? That is, only if they are not smoking at the time of visit/assessment.	Specific to the DM-17 smoking measure – that screening means an identification during the measurement period so as long as you ask the question during that measurement period you're fine.	X	X	X
20	11/7/2013	Tobacco use: If you look at an EHR and notice that the patient is listed as "non-user" but there is no date listed is that acceptable or do we need to find office notes to make sure that the patient was questioned within the appropriate time period?	PREV-10: Tobacco Use Screening and Cessation Intervention and DM-17: Tobacco Non-Use both require that the patient was screened for tobacco use within a specific time period, therefore a screening date would be required.	X	X	X
21	11/7/2013	On the documentation for proving a beneficiary is no longer a smoker... Please define "documentation" - lab test?	If the lab test somehow identifies that the beneficiary is no longer a smoker that's fine. All that is really required is that the provider asks the patient if they're a smoker and they write it down to document that the patient is not a smoker.	X	X	X
22	11/7/2013	For medication reconciliation, what exactly needs to be stated in the note for a post acute care visit?	Guidance is provided in the Narrative Specification, Supporting Documents and CARE-1 performance calculation flow. There is not an exact note required, however the medical record must indicate the clinician is aware of the inpatient facility discharge medications and will either keep the inpatient facility discharge medications or change the inpatient facility discharge medications or the dosage of inpatient facility discharge medications. Also, if someone besides the PCP (physician PA, NP) or a clinical pharmacist performs the medication reconciliation there must be documentation that the PCP or clinical pharmacist is aware of the review.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
23	11/7/2013	In Medication Reconciliation, I think you need to clarify the documentation needed as we just had validation audit and auditors were very specific about what is needed.	For 2013 reporting of CARE-1, within the Supporting Documents under Inclusions / Synonyms column it reads: Medical records must indicate the clinician is aware of the inpatient facility discharge medications and will either keep the inpatient facility discharge medications or change the inpatient facility discharge medications or the dosage of the inpatient facility discharge medications. The medical record must show that the medications were reviewed from discharge to follow-up.	X	X	X
24	11/7/2013	GPRO CARE-1, ACO Measure 12: We have implemented a process by pharmacists to ensure that a patient's medication list is reconciled on the day of discharge. Is this acceptable?	In addition to having the reconciliation at discharge, you would also need to follow-up with a discharge or office visit reconciliation within 30 days of the discharge. When CMS looks for patients who are eligible for this measure we look in the claims data for the office visit to have occurred at least one day after and within 30 days of the discharge.	X	X	X
25	11/7/2013	The description for ACO-31 (GPRO HF-6) states within a 12-month period when seen in an outpatient setting OR at EACH hospital discharge. Will the GPRO Web Interface be configured like CARE-1, i.e. there is a discharge date where we could have many to one person encounters?	HF-6 is not configured like CARE-1. The Web Interface will not list all of the patients' discharges for the measurement period. This measure, the question has a yes/no answer unless the patient is excluded for medical, patient or system reasons.	X	X	X
26	11/7/2013	For medication reconciliation, in order to be counted in the denominator do the following three criteria need to be met: 65 or older AND Discharged from an inpatient facility AND seen within 30 days? Or is this also measuring the compliance of following up within 30 days?	For 2013 GPRO Web Interface reporting of CARE-1, if a patient is not seen within 30 days following an inpatient facility discharge, mark appropriately for completion and stop abstraction. This removes this particular discharge from the performance calculation.	X	X	X

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27	11/7/2013	For ACO 32 (GPRO CAD-2) (NQF #0074): Composite (All or Nothing Scoring): Coronary Artery Disease (CAD): Lipid Control, if the patient has been prescribed a statin but does not have a plan of care, does that still satisfy the measure?	According to measure owner, AMA, yes it would satisfy. According to the definition of a documented plan of care, found in the Narrative Specification for CAD-2, a plan of care includes the prescription of a statin. In other words, a statin is the minimum requirement for a plan of care.	X	X	X
28	11/7/2013	For GPRO CAD-2, the supporting documents do not state the LDL-c test had to come from 2013, does this mean if the LDL-c test was performed in 2012 and was less than 100, we answer YES?	No, the LDL-C test must be performed during the measurement year (12-mo period per specification) for the GPRO Web Interface reporting year. This is outlined in the Narrative Specifications and the Data Guidance. Within the instructions, we realize that “during the measurement period” is not stated directly after the < 100, but it is when it is referring to > 100 and we will review this language for 2014 reporting period to clarify.	X	X	X
29	11/7/2013	There is a 2013 GPRO CAD Data Guidance document and a 2013 ACO GPRO CAD Data Guidance document. Which should we be looking at? We are a Pioneer ACO.	All ACO GPRO Data Guidance documents are now aligned with PQRS GPRO documents, and can be found here: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html or simply follow the "GPRO Web Interface Page" link on the ACO Quality Measures and Performance Standards page. The document you need to reference is the first document located in the download section at the bottom of this page: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html	X	X	X
30	11/7/2013	For the diabetes measures, will patients only be pulled into the denominator if they have a diagnosis of diabetes during the measurement year, or will they be included if they have a prior diagnosis but no diagnosis in the measurement year?	This is a measure where CMS does look back to the prior year for a diagnosis in the administrative claims in addition to the measurement year.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
31	11/7/2013	Regarding the Diabetes Composite measure for LDL control. If the chart documentation reveals that the LDL has been controlled < 100 mg/gL throughout the last 12-24 months, but the "most recent" LDL is > 100, has the measure been met?	You must answer using the most recent test in the measurement period and provide the date and value.	X	X	X
32	11/7/2013	Regarding Measure #1 (NQF 0059): Diabetes Mellitus: Hemoglobin A1c Poor Control, which is considered satisfactory reporting: 1) patients with DM HgbA1c <20.9 or 2) patients with DM HgbA1c >9.	This measure is an inverse measure. To pass the measure, the patient would need to have HgbA1c > 9. Please reference the measure flows to better understand passing performance, especially in complex cases such as inverse measures.	X	X	X
33	11/7/2013	Regarding DM-2 and DM-15, patients aren't allows to have a HbA1c value of >8 and <9 to succeed in either measure. They fail performance on both measures. Is that correct?	Yes, that's correct. They would fail performance on both measures. The 2013 performance calculation flows will be helpful in clarifying passing and failure in performance for these measures.	X	X	X
34	11/7/2013	In relation to the measures that diabetes – non-tobacco use and Prevention – screening for tobacco use, how are we to answer these questions in relation to electronic cigarettes?	The measure owner does not consider e-cigarettes tobacco use.	X	X	X
35	11/7/2013	The Diabetes composite measures specify that patients must have "Two or more face-to face visits for diabetes" to qualify for the denominator. Can CMS provide any guidance on what qualifies as a visit for diabetes?	This is available in the Downloadable resources online. In the excel files that list the codes, there is a set of codes in a section that is grayed out and these are the codes CMS uses to identify the sample for the Diabetes module.	X	X	X

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36	11/7/2013	Follow up question regarding Diabetes Composite measure and the most recent" LDL > 100. If the documentation shows that patient is non-compliant with the plan of care, is there an exception or exclusion available?	There is no requirement for a plan of care based on an elevated LDL-C and there are NO exclusions available for this measure	X	X	X
37	11/7/2013	HbA1c in DM-2 and DM-15 do not allow MBs with a value of >8 and <9 to succeed in either measure. They fail performance on both measures. Is that correct?	Yes, that's correct. Take a look at the measure calculation flows for clarification on what meets performance requirements for those instances.	X	X	X
38	11/7/2013	The data guidance states DM pts need 2 face to face visits for the denominator but the supplemental documents for GPRO do not ask for this information. Are 2 face to face visits necessary for the GPRO submission?	The required 2 face to face visits are addressed during the sampling process. The Assignment and Sampling documents are located on the cms.gov website; http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html . These documents are specifically located in the Downloads section at the bottom of the page.	X	X	X
39	11/7/2013	Is CMS considering a change to HbA1c to include the MBs with value >8 and <9 so that they can meet performance on DM 15 or DM 2?	The GPRO Web Interface measures are reviewed on a regular basis and can be updated yearly based on measure owner edits. 2014 PQRS measures are in the last stage of finalization based on the PFS Final Rule due for posting November 2013.	X	X	X
40	11/7/2013	Can you verify the IVD dx codes? The IVD (ACO#s29 & 30) code includes 414.00-414.9 but the DM/IVD (ACO#26) code only has 414.01-414.9. Is that intentional?	Yes, each measure owner includes coding they feel is appropriate for the measure.	X	X	X
41	11/7/2013	For GPRO PREV-6 Colorectal Cancer Screening--Is the FIT (Fecal immunochemical test) considered to be an FOBT in your definitions. It is not listed in the Data Guidance information under Inclusions/Synonyms.	No, that information is not provided by the measure owner. Anything you do not see in the Inclusions or Synonyms column would not be acceptable. UPDATE: Post support call, PMBR contacted NCQA (measure steward for PREV-6). The Fecal Immunochemical Test (FIT) would be considered an FOBT. The FIT will be included in the 2014 PREV-6 Data Guidance, inclusions/synonyms tab.	X	X	X

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42	11/7/2013	Measure # 16- For the follow-up plan; is the documentation of a future visit enough to satisfy the measure? Does it have to be a specific type of visit?	It doesn't have to be a specific type of visit - it just has to be linked to the BMI. Documentation of a future visit does satisfy the 2013 measure.	X	X	X
43	11/7/2013	Back to the BMI follow-up visit - how does this need to be linked?	The follow up visit needs to be linked in some manner to the abnormal BMI visit. It would be anticipated that documentation would be available to establish the required link.	X	X	X
44	11/7/2013	For the Fall Screening- Is documentation of "No Walking or Balance Issue" or "has walking or balance issues" in measurement year sufficient for screening for future fall risk or just answering "Have you had a fall in the past 12 months"?	In the Data Guidance for CARE-2 a fall is defined as screening for future fall risk can include documentation of no falls within the last year OR documentation of one fall without injury in the past year OR documentation of two or more falls in the past year OR any fall with injury in the past year.	X	X	X
45	11/7/2013	For the influenza vaccine exclusion what qualifies as an "other system reason" and "vaccine not available"?	For example, if you went to a place that didn't have the supplies for the flu vaccine - that would be a system reason.	X	X	X
46	11/7/2013	Will the CPT codes for few of the quality measures like influenza, smoking status etc, sent through claims satisfy some of the quality measures for GPRO?	This is specified in the Data Guidance by measure.	X	X	X
47	11/7/2013	For the pneumonia vaccination measure, does the eligible exclusion need to be noted in the measurement period in order to exclude the patient from the measure, or can the exclusion be noted anywhere in the patient's history?	That can be noted anywhere in the patient's history.	X	X	X

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48	11/7/2013	For pneumococcal vaccination, the specs do not mention patient reported data. Since it is unlikely the pt received the vaccination during the Measurement Year, we assume we should be counting patient reported data? Is this acceptable?	Yes, for PREV-8 it would be acceptable to count patient reported data assuming it is documented.	X	X	X
49	11/7/2013	Are the release notes in the GPRO Web Interface supporting documents new this year?	No, they are not new for this year.	X	X	X
50	11/7/2013	Is the prefilled data elements list posted on the website?	The prefilled data elements list is not currently available but will be shared before the submission period begins.	X	X	X
51	12/5/2013	What is the proper age calculation for PREV-5: Breast Cancer Screening? The NQF specification has notes that imply it starts at 42 because of the two-year look back period. I thought the rule is the age is 40 on January 1st of the measurement year.	The 2013 denominator age requirement for PREV-5, Breast Cancer Screening, is 40 years of age as of the first day of the measurement period or Jan 1, 2013. Please do not refer to the NQF specifications for purposes of 2013 GPRO Web Interface reporting. Instead, please use the specifications specifically created for the GPRO Web Interface program.	X	X	X
52	12/5/2013	Regarding CARE-1: Medication Reconciliation, how are we to handle instances when a patient is re-admitted before their required 30-day follow-up? How is the provider able to reconcile medications from the first hospitalization when those medications would likely be changed within 30 days?	The 30-day follow-up office visit is part of the sampling process for 2013 CARE-1. Therefore, if a patient has two discharges, medication reconciliation will be based on the follow-up visit in an office within 30 days of discharge. If both hospitalizations are pre-filled in your Web Interface and the office visit is within 30 days of both hospital discharge dates you may use this follow up visit to determine medication reconciliation for both discharges.	X	X	X
53	12/5/2013	If a patient is in the hospital for rehabilitation, is that considered an inpatient status?	Yes, a rehabilitation stay is considered an acute stay or inpatient status.	X	X	X
54	12/5/2013	For ACO14, Influenza Immunization, please explain the reference to Previous Receipt in the 2013 specification manual.	2013 PREV-7: Influenza Immunization - As long as the patient reports they previously received a flu shot, that would be acceptable. Accurate and complete information would indicate the vaccine occurred during the flu season dating back to August 1, 2013.	X	X	X

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55	12/5/2013	For ACO18 (GPRO PREV-12) please advise who may perform the depression screening (i.e. who is considered qualified to perform it)	The depression screening for PREV-12 must be completed in the office of the provider filing the code.	X	X	X
56	12/5/2013	For ACO13 (GPRO CARE-2) please advise who may perform the fall screening (who is considered qualified).	The 2013 GPRO Web Interface Falls Assessment screening in CARE-2 must be completed at least once within 12 months but does not have to be completed in the office. The Falls Assessment can be completed over the phone, at a home health visit or a PT visit.	X	X	X
57	12/5/2013	In the measurement specifications, unless otherwise specified, is the "within measurement period" referring to the 12-month reporting period or an 18-month reporting period?	"Within measurement period" refers to the 12-month measurement period unless otherwise specified. For GPRO Web Interface submission in 2014 for program year 2013, within the measurement period would specifically be in reference to Jan 1, 2013 to Dec 31, 2013.	X	X	X
58	12/5/2013	Regarding Care-1: Medication Reconciliation, we understand that this needs to be linked to a specific discharge date; Is the implied date or timeframe acceptable for reporting?	When confirming the discharge date for 2013 reporting of CARE-1, the date used for verification can be plus or minus two days on either side of the pre-filled discharge date. The office visit where medication reconciliation was accomplished must be within 30 days of the discharge date.	X	X	X
59	12/5/2013	For the 2013 quality specifications, for the tobacco measure (PREV-10) when it says screening should be at least once within 24 months would it be accurate to tell our abstractors that screening must be in the record either in 2012 or 2013?	Yes, this is correct. The 2013 PREV-10 Data Guidance defines Within 24 months as: The 24-month look-back period of time from the measurement end date.	X	X	X
60	12/5/2013	If patient received an influenza immunization at an outside facility such as a CVS, does the documentation in the EP's medical record only need to indicate that the patient said they received outside, or does it also need to include exact date that patient indicated that they received it?	The exact date of receipt of the influenza immunization reported in PREV-7 is not needed. You will need to document that the immunization was received during the current flu season, which is August 1, 2012 through March 31, 2013 for the 2013 measurement period.	X	X	X

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61	12/5/2013	We have a number of independent providers. How does our group know if the Meaningful Use measure is satisfied by them in the required timeframe?	This is related to the ACO measure based on administrative claims that is the percentage of primary care providers that are incentive eligible under the EHR incentive program. The measure requires that screening be completed in the office of the provider filing the code. For the 2013 reporting year, the measure is run by April 2014. We suggest that you provide education and outreach to providers letting them know that they should attest as close to the end of the measurement period (December 31, 2013) as possible.	NA	X	X
62	12/5/2013	For Measure ACO 31 (GPRO HF-6) Heart Failure Beta-Blocker Therapy, supporting documents list metoprolol tartrate as one of the acceptable beta blockers. However, the narrative specifications list metoprolol succinate. Is either one acceptable?	For this Heart Failure beta-Blocker measure, there are three generic beta blockers that are allowable to meet the measures numerator criteria. The medication that was just listed is not recognizable as one of those medications. We went to the measure steward, the AMA, and asked for clarification. The medications are coded in RxNorm which is the standard clinical terminology used to report medications. Within the RxNorm terminology, metoprolol succinate extended release is identified as metoprolol tartrate extended release. Metoprolol tartrate alone, meaning not the extended release form, is not included on the medication list. In order to meet the measure, it needs to be the extended release form. The AMA has been assured by their pharmacy experts who helped them develop the value sets of the allowed medications that the metoprolol tartrate extended release maps to themetoprolol succinate extended release. Brand names that map to these three generic medications are acceptable to use to satisfy the numerator for this measure. We will be posting this answer on CMS's website as part of the frequently asked questions shortly.	X	X	X
63	12/5/2013	For IVD measures, if our supporting chart documentation does not contain any of the SSP codes for IVD how can we be certain to include or exclude a patient? Chart notes may sometimes use the verbiage 'CAD' 'stroke' 'CABG.'	The codes are provided in order to facilitate use of creating a XML directly from your EHR if that's your chosen method. If you are supplementing with some manual review, you can certainly utilize any verbiage that is written in the chart. That language would be appropriate to use as synonym for the IVD.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
64	12/5/2013	Regarding the measures requiring the use of aspirin (ex. DM-16), does aspirin need to be on the medication list or does the aspirin actually have to be prescribed in 2013?	As long as there is evidence in the medical record that the patient is taking daily aspirin, that is sufficient.	X	X	X
65	12/5/2013	If we are not billing a code for depression screening and fall screening, can the screening be done over the telephone?	Depression screening required for PREV-12 cannot be performed over the phone. The depression screening must be completed in the office of the provider filing the code. However, for further clarification the falls screening required for CARE-2 can be accomplished over the phone.	X	X	X
66	12/5/2013	Related to falls screening, does it need to be done in a provider office, or could it be a physical therapy office? Is a screening during a home care evaluation not acceptable?	The falls screening required for CARE-2 can be accomplished during a home care evaluation. You need to make sure to document in the medical record the results as well as the date of the screening.	X	X	X
67	12/5/2013	For the Heart Failure measure regarding the LVEF (HF-6), it states that if the ejection fraction is ever less than 40, how far back do we reasonably need to go to find this information?	You may go back as far as necessary in the patient's medical record to determine if the patient ever had an LVEF <40% or documentation of moderate or severe left ventricular systolic dysfunction.	X	X	X
68	12/5/2013	For ACO-21 (GPRO PREV-11), are all patients with an active diagnosis of hypertension excluded as a no for medical reason for this measure even if a BP is taken at the visit?	Yes, that's correct. The patient would be excluded from PREV-11 for medical reasons if there is an active diagnosis of hypertension.	X	X	X
69	12/5/2013	For the PREV-9: Body Mass Index (BMI) Screening and Follow-Up, does it require recording of BMI on the most recent office visit or any time in the 6 month preceding the most recent visit?	Yes, that's correct. The patient's BMI can be recorded at the most recent visit or any time within 6 months prior to the most recent visit.	X	X	X

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70	12/5/2013	I thought there were 22 ACO measures to report via GPRO but you mention 15 modules. How do these match up?	<p>There are 22 GPRO quality measures that span 3 of the domains of care and 15 modules. Modules are defined by the shared denominator criteria for the measure or measure groups (e.g., all patients with diabetes in the DM module; all patients with discharge + office visit within 30 days in CARE-1, etc.)</p> <p>Following are the GPRO measures: CARE - 2 measures that are their own module PREV - 8 measures that are their own module At Risk Population - 1 module for each disease category DM – 1 individual measure, DM-2 and 1 composite made up of 5 component measures scored as one composite measure, DM-13-DM-17 HTN - 1 measure IVD – 2 measures HF – 1 measure CAD - 2 component measures scored as one composite measure</p>	X	X	X
71	11/7/2013	When you say at the beginning of the measurement period, say the parameter is 18 or older, should we exclude someone that turned 18 during measurement period?	The age of a patient is determined on Jan 1, 2013 for 2013 GPRO Web Interface reporting. A patient who is not the correct age for a measure or module should not be pulled into the sample to begin with if they are not the age required for denominator inclusion.	X	X	X
72	12/5/2013	Has there been any further work done on creating some sort of further education on "lessons learned" related to Care 1: Medication Reconciliation measure?	To better understand the question being asked, we would like the group to submit this question to the QualityNet Help Desk. We make updates to the measure specifications and relief notes based not only on measure owner updates but also on feedback we receive from the groups and ACOs. We would like to know which aspect of the measure you are referring to.	X	X	X
73	12/5/2013	Are we going to get the list of NPIs that you count towards the EHR incentive payment measure, given there were perceived discrepancies in the calculated percentage?	We are looking into providing that information in future years.	NA	X	X

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74	12/5/2013	Are there implications for a “0” numerator for one or more modules?	When participating via the 2013 GPRO Web Interface, a 0% performance rate will not affect incentive eligibility. The implications of 0% performance may affect Physician Compare percentages for a group practice. Also, if quality tiering was elected, a 0% performance may affect the group.	X	X	X
75	12/5/2013	According to the Data Guidance sheets, there is an "HMO Enrollment" option for indicating a patient is not qualified for the sample. Does this mean that any patient who has an HMO supplement is required to be excluded from our sample?	Beneficiaries enrolled in a group health plan as their primary payer—including beneficiaries enrolled in Medicare Advantage (MA) plans under Part C, eligible organizations under section 1876 of the Social Security Act, and Program of All Inclusive Care for the Elderly (PACE) programs under section 1894—are not eligible for assignment. If an ACO/GPRO has more recent confirmation that a beneficiary was enrolled in an MA plan during the reporting year, they may exclude the beneficiary in the WI. Note that Medicare Secondary Payer (MSP) status doesn't exclude a beneficiary from assignment to an ACO/GPRO.	X	X	X
76	12/5/2013	Our entity performs all manual chart review (no EHR). How can we confirm a patient diagnosis to include or exclude from a measure if we do not have codes in the medical record? Does verbiage of DM, CAD, etc suffice or is there something else to confirm?	If you are performing manual abstraction it would be acceptable to confirm the patient's diagnosis by locating the verbiage of DM, CAD, etc. within the medical records. Please utilize all of the documentation provided to assist group practices reporting via the 2013 GPRO Web Interface. These documents include the 2013 GPRO Narrative Specifications, 2013 GPRO Web Interface Flows, 2013 GPRO Measures List, and the 2013 Supporting Documents.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
77	12/5/2013	Regarding the Fall Risk Assessment, earlier it was stated that this must be done within the primary care setting, and then later it was stated that it's ok to do over the phone. Which is correct?	<p>The falls screening required for CARE-2 can be accomplished over the phone. It can also be accomplished during a home care evaluation. Documentation needs to include the results of the screening as well as the date of the screening.</p> <p>From the Data Guidance Inclusions/Synonyms column</p> <p>Note: Screening for fall risk may include:</p> <ul style="list-style-type: none"> - Documentation of no falls in the past year or only one fall without injury in the past year or - Documentation of two or more falls in the past year or any fall with injury in the past year 	X	X	X
78	12/12/2013	For ACO-16/PREV-9: Body Mass Index (BMI) Screening and Follow-Up, if the patient has no visits with our organization during the calendar year, are they automatically part of the numerator? Or can we look at that most recent visit and see if BMI was charted then or 6 months prior?	If the patient has no visits in the reporting year, then the patient should not be included in your group's sample. If you find a patient that did not have an office visit at your group in the reporting year, please contact the QualityNet Help Desk.	X	X	X
79	12/12/2013	What are the measure values for CARE-1 and CARE-2?	Please refer to the CARE supporting documents posted on the GPRO Web Interface page of the CMS website for the criteria to confirm a patient. The allowable values for these measures are included in the XML specifications.	X	X	X
80	12/12/2013	For ACO-31/HF-6 (Beta blocker): If the patient is allergic to one of the beta blockers, are they excluded for medical reasons, or do we have to show allergies to all three medications (carvedilol, bisoprolol fumarate, metoprolol)?	It would be acceptable to medically exclude a patient based on an allergy to any beta-blocker.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
81	12/12/2013	For ACO-31/HF-6 (Beta blocker): We don't currently capture LVEF discretely, and we're finding only a handful of patients where anyone has ever charted the relevant HCPCS code. Thus our denominator is extremely small. Is this okay?	Yes, this is acceptable. If you have confirmed a diagnosis of heart failure but cannot determine if the patient has LVSD (LVEF < 40% or documented as moderate or severe) you will select "No: Select this option if the patient does not have LVSD".	X	X	X
82	12/12/2013	Will you be changing any of the measure specifications prior to the Web Interface opening?	No, the measures specifications will not change prior to the opening of the Web Interface.	X	X	X
83	FAQ	Where can we find a list of diagnosis, procedure, and exclusion codes (e.g. reasons for excluding for "medical reason" or "patient reason") that can be used for reporting?	This information can be found in the 2013 GPRO Supporting Documents and Release Notes, which is available for download from here: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html .	X	X	X
84	FAQ	Different measures define certain conditions differently. Why is that? Do we use just one of them?	We acknowledge there are differences in the coding in similar measures provided by these measure stewards. CMS is trying to encourage alignment of measures especially in regards to the coding used to represent various measure components. If you are using electronic medical records, then we advise that you follow the individual code list for each measure as they are listed. However, if the ACO or GPRO is using paper records, any documentation of pregnancy can be used.	X	X	X
85	FAQ	Can we use NQF's specifications for a measure when they are available?	On rare occasions, the NQF specifications will differ from the GPRO measure specifications (generally for logistic reasons). Please follow the GPRO specifications, which will reflect the intention of the NQF measure.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
86	FAQ	Can we use the claims data we received from CMS to confirm a diagnosis?	No, you may not use the CMS data to confirm a diagnosis. The confirmation is meant to be a confirmation by the ACO or GPRO based on information in the patient's medical record . We would like to know that you have a record of what you are trying to confirm. The confirmation can be from documentation anytime in the patient's history up through the last day of the measurement period (the exception being the diabetes modules, where documentation must be from the measurement period or the year prior to the measurement period).	X	X	X
87	FAQ	Are abstractors responsible for reporting actual values (e.g., HbA1c) or will CPT II codes that correspond to the measures suffice?	If the measure specifications indicate that a value must be entered (e.g., HbA1c), then the ACO or GPRO is expected to enter the value (e.g., 8.0). A CPT II code would not suffice. If you can confirm that the prefilled service date is correct, but you do not have the results from that (or any other) test done during the measurement period, then you should enter a "0" in the result field. This patient would be considered complete, but would not count toward the numerator of the performance rate.	X	X	X
88	FAQ	Can we add discharges to the pre-populated discharges in CARE-1?	No. You are only required to report on the discharges that are pre-populated in the GPRO Web Interface.	X	X	X
89	FAQ	What if our records indicate the patient's discharge happened a few days after the date pre-populated into the GPRO Web Interface?	You can confirm the discharge in the GPRO Web Interface if the discharge date in your records is within 2 days (before or after) the discharge date noted in the GPRO Web Interface.	X	X	X
90	FAQ	What if the patient did not have an office visit within 30 days of discharge?	Patients are sampled into this measure only if Medicare claims indicate an office visit within 30 days. If, however, you are unable to confirm an office visit, you would answer "no" under "Office Visit" in the GPRO Web Interface. This discharge will not be included in the denominator of the measure.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
91	FAQ	If we do not have access to our patient's discharge information (e.g., no information at all or only the date of admission), how do we validate the discharge date that is pre-filled in the GPRO Web Interface?	It is the ACO's or GPRO's responsibility to obtain this information to the best of its ability to account for the patient's care. If the documentation in the patient's medical record, registry, or other information (e.g., a list received from the hospital) does not reflect an inpatient hospital discharge on this date, or within 2 days prior or after this date , then you would need to answer "No". This will disable the medication reconciliation question. If the medical record documentation reflects a different discharge date, again answer "No".	X	X	X
92	FAQ	If a patient is discharged once and has three office visits within 30 days, will the patient appear in the denominator three times?	No. The patient would appear in the denominator once (for one discharge). In order to meet the numerator criteria, medication reconciliation would need to have been performed at one or more of the office visits.	X	X	X
93	FAQ	If a patient is discharged from a hospital to a skilled nursing facility (med rec performed) and then to a long term care facility (med rec performed), what should we report?	Patients who were sampled into this measure had evidence of a primary care visit within 30 days of their discharge. In these cases, a primary care encounter in the SNF or LTC setting can be considered an outpatient encounter.	X	X	X
94	FAQ	When the discharge dates pre-populated are a discharge from hospital to SNF and then back to hospital, is it correct to mark "No" for these discharges until the patient actually leaves the inpatient setting?	For each discharge that is pre-populated in the GPRO Web Interface, the abstractor is required to confirm whether or not a discharge occurred on that date and if so, whether or not a visit occurred within 30 days. In the situation you describe, where you are able to confirm both discharges occurred, you would mark "Yes" under "Discharge" and then move on to confirm whether or not a visit occurred within 30 days.	X	X	X
95	FAQ	Are patients only counted as numerator compliant for medication reconciliation if, after each discharge, their medications were reconciled?	Each of the patient's discharges is counted as a single observation. For each patient/discharge combination in the GPRO Web Interface, you will need to confirm the discharge, confirm an office visit within 30 days, and confirm that medication reconciliation was done. For example, if a patient has two discharges (each with an office visit within 30 days), but medication reconciliation was only done at one office visit after the first discharge, then the patient will contribute two observations to the denominator, but only one to the numerator.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
96	FAQ	Can medication reconciliation be performed over the phone?	As long as all of the criteria are met, the reconciliation does not need to be a traditional encounter. For example, telephone encounters are acceptable.	X	X	X
97	FAQ	For screening for Future Fall risk, should we look for a screening during the 12-month measurement period, or 12 months from the last visit?	The screening must be done during the measurement period in order to be included in the numerator.	X	X	X
98	FAQ	Do we only include vaccinations administered between January and March 2013? Or can we look back into 2012 for documentation of an influenza immunization?	The influenza immunization measure is one of the measures that allow you to look back to before 1/1/2013. If your medical record contains documentation that the patient was administered the influenza immunization between October 1, 2012 and March 31, 2013 OR if there is documentation that the immunization was done prior to October 1, 2012 (by a provider or at another setting), then you can select “Yes” to indicate that an influenza immunization was received. You do not have to verify that patient received influenza vaccine if this information is pre-populated into the Web Interface.	X	X	X
99	FAQ	For immunization measures, if our documentation only includes the month and year of the vaccination, should we fill in a default day of the month?	Neither of the immunization measures (Influenza and Pneumonia) require that a date be included as part of the abstraction. You need only indicate whether or not the vaccination was given during the timeframe specified in the measurement specifications.	X	X	X
100	FAQ	If the medical record does not indicate that the patient has been vaccinated for influenza and/or pneumonia and the patient is unable to recall, how would you recommend answering PREV-7 and PREV-8?	In this situation, you would answer “No” for both, unless documentation reflected a query of a caregiver that you consider to be a reliable historian for the patient.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
101	FAQ	For the BMI Screening measure, the description reads “Percentage of patients aged 18 and older with a calculated BMI in the past six months or during the current visit...” What does this mean in context of the measurement year?	For this measure, you are asked to look at calendar year 2013 (the measurement period) and find the last visit for that patient. You should then determine if a BMI was calculated at this visit. If a BMI was not calculated at this visit, then you should look back 6 months (from the most recent visit) to determine if a BMI was calculated. When you find a visit where the BMI was calculated, you will need to determine if it is normal or abnormal. If it was normal, then no further abstraction is necessary. If it was abnormal, then there needs to be documentation that a plan of care was in place. If you are unable to find a visit and recorded BMI within the 6 months preceding the most recent visit, you would indicate that a BMI was not calculated.	X	X	X
102	FAQ	If a patient’s medical record contains height and weight but not BMI, would we need to indicate that a BMI was not calculated? Similarly, what if the weight was measured during the measurement year, but the height was measured in February 2012?	This would not meet the BMI measurement requirements, which requires that both components of the BMI be measured during the measurement year.	X	X	X
103	FAQ	Does the calculated BMI need to be recorded in the GPRO Web Interface?	No. There is not a field in the GPRO Web Interface to record the actual BMI, so ACOs and GPROs do not need to record it.	X	X	X
104	FAQ	Is there any exclusion for patients whose BMI cannot be calculated (e.g., paraplegia)?	Paraplegia would be considered a medical reason for not calculating a BMI.	X	X	X
105	FAQ	One of our terminally ill patients has a BMI outside of normal parameters, but there was no follow-up plan. How do we complete this patient?	Terminal patients are excluded from this measure. The BMI measurement screen of the Web Interface is where you are able to indicate Not Screened for Medical Reason. Because you will have completed available fields for this patient for this measure, you will have completely reported on this patient for this measure.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
106	FAQ	If the medical record only indicates “smoking”, will that patient be numerator compliant for PREV-10?	We can deduce from this entry in the medical record that the patient was asked that they were a smoker and they answered positively. However, in order to be numerator compliant, there also needs to be indication that the patient received tobacco cessation counseling. In this case, there is no indication of tobacco cessation counseling, so the patient would not be numerator compliant.	X	X	X
107	FAQ	If a patient quit smoking in the last 3 months, will the patient be considered to be a non tobacco user?	Yes, they would be identified as a non-user of tobacco if they quit smoking in the last 3 months of the measurement period.	X	X	X
108	FAQ	Many of our patients have prescriptions for Bupropion SR 150 mg Extended Release and for Bupropion SR 200 mg Extended Release. The PREV Drug Code list of tobacco cessation agents includes Bupropion SR 150 mg Extended Release but NOT Bupropion SR 200 mg Extended Release. Could we answer “Yes” to the question determine if intervention was received when they are taking the 200 mg one?	Yes, this would be acceptable.	X	X	X
109	FAQ	What documentation is needed for depression screening?	The screening component of the measure is looking at whether or not an age-appropriate standardized screening tool was used. Although the specification provides examples of tools that can be used, use of a specific standardized tool is not required. If the tool used indicates a potential diagnosis of depression, the second part of the measure will require documentation of a follow-up plan. Please note that documentation from the provider that the patient does not have depression is not sufficient evidence of a screening. Note that the medical record does not need to include a copy of the standardized tool that was used.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
110	FAQ	If there is a notation in the patient record (in 2013) that the patient is under care of a mental health professional sufficient to exclude the patient from the depression measure?	If there is an indication that treatment by a mental health professional for depression or bipolar disorder began or a diagnosis was made prior to the measurement period, then yes, the patient may be excluded from the measure.	X	X	X
111	FAQ	If we have documentation that a colonoscopy was performed in 2009, would that count toward the numerator of the colorectal cancer screening measure?	Yes. You will need to indicate that there is documentation in the medical record of a colonoscopy being performed during the measurement year or during the nine years preceding the measurement year. Note that patient reported testing is allowable.	X	X	X
112	FAQ	If the physician recommends a colonoscopy, but the patient states they wish to receive the test elsewhere, can that be counted as a "yes"? What if the patient fails to follow up?	In neither of those cases will the patient "count" toward the numerator. The patient needs to have had the colonoscopy during the measurement period or during the 9 years prior to the measurement period, or a flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period, or an FOBT during the measurement period.	X	X	X
113	FAQ	Why do we need to have the mammogram and colon cancer screening reports in our medical records in order to satisfy the screening components of these measures?	To clarify, the measure steward requires that the date of the mammography and findings be present in the medical record for the Mammography Screening measure, but you need only have enough documentation to support that FOBT, flexible sigmoidoscopy or colonoscopy was performed within the respective timeframes as noted in the PREV Data Guidance.	X	X	X
114	FAQ	What dates for a mammography will be counted toward the numerator of PREV-5?	For this data collection period (reporting year 2013), a mammography performed between January 1, 2012 through December 31, 2013 (24 months) will be included in the numerator.	X	X	X
115	FAQ	If we are unable to find the <i>result</i> of a mammogram in the patient record, do we need to change the response to "No"? What if we can't find documentation of any mammogram in the past two years?	That is correct. The measure steward's specifications indicate that a mammogram must be accompanied by the results/findings of the mammogram. Because the record of the mammogram was not accompanied by the results/findings of the mammogram, then this case would not be included in the numerator and you would need to answer "No" in the GPRO Web Interface.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
116	FAQ	For the mammogram measure, will an MRI count for patients with implants? Will a sonogram count for patients with dense breast tissue?	The measure steward has not included any provision for including MRI or ultrasound testing as a substitute for mammography. We will share your comments with the measure owner for future evaluation.	X	X	X
117	FAQ	Are breast implants an approved medical reason for not having a mammography? What about terminal illness? What if the patient is currently undergoing treatment for breast cancer?	No. None of the above are currently approved medical reasons for not having a mammography. We will bring these suggestions to the measure steward for consideration.	X	X	X
118	FAQ	For documenting the follow-up visit for the Screening for High Blood Pressure measure, is a future appointment sufficient to satisfy the documentation follow-up?	In order for a future appointment to satisfy the follow-up requirement, there would need to be documentation that links the appointment to the fact that the patient has an elevated blood pressure and requires monitoring of this elevation. In addition, recommended lifestyle modifications, referrals to alternative/primary care provider, anti-hypertensive pharmacological therapy, laboratory tests, or an electrocardiogram are considered recommended follow-up depending on the BP reading. Specific direction is provided in the 2013 GPRO Preventive Care Data Guidance document.	X	X	X
119	FAQ	For Screening for High Blood Pressure measure, if a patient is screened by a specialist, does the specialist need to document a follow up or does this measure only apply to PCPs?	This measure applies to anyone who provides care to the patient. If the specialist notes an elevated blood pressure, then there should be a follow-up plan documented in the record in order to satisfy the numerator requirement.	X	X	X
120	FAQ	Are blood pressure readings done during a stress test acceptable?	A blood pressure taken under more normal circumstances would be more clinically appropriate.	X	X	X

ASSIGNMENT & SAMPLING

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
1	11/7/2013	How is patient age determined for who is in the measures? For example, is it age on Jan 1 of the measurement year? Thanks.	Yes, age is calculated on the first day of the measurement year. For this measurement period, it is January 1, 2013.	X	X	X
2	11/7/2013	If patient is enrolled in SSP from Jan-Oct 2013 and expires Nov 2013, can the patient be sampled for the quality measures?	We are using data through the end of October 2013; it is possible that the patient would be sampled if they died after that date or if their date of death was not updated in CMS' enrollment database prior to sampling. However, you do have an option in the Web Interface to indicate that the patient is not actually qualified for the sample because the patient is in hospice, has moved out of the country, is deceased, enrolled in an HMO, or for another CMS approved reason. See the 2013 Supporting Documents and Release Notes for ACO and PQRS GPRO Web Interface Users posted on the CMS Web Interface website, http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html .	NA	X	X
3	11/7/2013	What is the definition of a primary care service visit? Is the definition a visit by a Primary care physician or any physician (including a specialist) that may use primary care service codes?	There is more information on the primary care service visit on the CMS website and the YouTube videos. A list of primary service codes is available in the 2013 GPRO Sampling Supplement posted on the CMS Web Interface website, http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html .	X	X	X
4	11/7/2013	We have had a couple of PCP's resign from our ACO and HPMS shows this will be effective 12/31/2013. However, your attribution methodology of using Q3 2013 will still include these physicians. It will be difficult to get info from these docs.	From the point of care coordination, the Medicare beneficiaries assigned to your ACO did have the plurality of visits at your ACO, albeit the physicians may have left your practice. Additionally, we do have documentation on the SSP website about the affects of dropped or added TINs. Those providers that are participated, but left their ACO will receive a PQRS incentive if the ACO satisfactorily reports quality measures. See http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Updating-ACO-Participant-List.html for more information.	NA	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
5	11/7/2013	Please confirm the following eligibility rule for sampling: Patient must have claims for 2 primary care encounters at our ACO?	Yes, this is correct. The list of HCPCS codes used to identify claims for primary care encounters are presented in Appendices A and B in the 2013 GPRO Sampling Supplement posted on the CMS Web Interface website, http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html .	X	X	X
6	11/7/2013	Should there be patients attributed on our sampled patient file who by CMS are attributed to physicians outside of our ACO, can you provide us with the physician/practice name for the minimum of two visits they had within the network so we can chase the data	ACOs will receive the list of beneficiaries prior to the Web Interface opening. The list will include top TIN or CCN and up to three top NPIs based on the number of visits to each provider.	NA	X	X
7	11/7/2013	Are mental health providers exempt from PQRS reporting given the criteria for assigning and sampling patients is two primary care services?	In both the 2013 PQRS GPRO Assignment Specifications and the Medicare Shared Savings Program: Shared Savings and Losses and Assignment Methodology documents posted on the CMS website, tables 2, 3, and 4 provide list of specialties that are included in each assignment methodology. Mental health professional are included in the list of specialties used for assignment and sampling purposes, in particular geriatric and general psychiatry.	X	X	X
8	11/7/2013	Where could I find a physician specialty breakdown for GPROs? Are surgeons included?	Most surgical specialties included in the assignment methodology as well. Refer to tables 2, 3, and 4 in both the 2013 PQRS GPRO Assignment Specifications and the Medicare Shared Savings Program: Shared Savings and Losses and Assignment Methodology documents.	X	X	X
9	11/7/2013	How do we handle a patient who is sampled, but we can't identify an office visit during the reporting period?	If this happens to your group during abstraction, please submit ticket to the QualityNet help desk at 866-288-8912 , TTY 877-715-6222, or via email at qnetsupport@sdps.org .	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
10	11/7/2013	How will the 218 patients be chosen? Will it be the first 218 claims submitted or just a random 218 patients?	Patients are randomly sampled - see the Assignment and Sampling slide presentation at http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html . We initially sample from the universe of quality-eligible beneficiaries. PQRS GPROs with 25-99 EPs who are required to consecutively complete 218 patients will provide a sample whenever possible of 327. We do that first by identifying 500 beneficiaries who are eligible for the Preventive Care Modules in general. This random sample will then be populated into the each of the modules whenever possible and for those modules where we are not able to assign 327 particularly for the disease module then we will then randomly sample additional beneficiaries. See the Assignment and Sampling YouTube video at http://go.cms.gov/GPROPlaylist .	X	NA	NA
11	11/7/2013	Where can we find the encounter codes used for "primary care" visits?	There is more information on the primary care service visit on the CMS website and the YouTube videos. A list of primary service codes is available in the 2013 GPRO Sampling Supplement posted on the CMS Web Interface website, http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html .	X	X	X
12	11/7/2013	Why won't the Web Interface patient list for PQRS GPROs be released until January 27th?	ACOs receive the patient list prior the opening of submission because they are multi-TIN organizations, meaning that one ACO is made up of multiple group practices from multiple TINs across a wide variety of practice areas. They are given their patient sample in advance so they can gather the information needed for submission. PQRS GPROs are group practices comprised of only one TIN. Additionally, the ACO program has separate contracts with their groups and is able to provide this information securely whereas PQRS GPRO is not set up in the same way.	X	NA	NA

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
13	11/7/2013	In the list of patients that we will receive prior to the opening of the Web Interface (ACOs only), can you please confirm that the following information will be provided: Health Insurance Claim (HIC) number, date of birth, first name, and last name?	This is an ACO only related question. CMS will provide information to identify a patient including the patient's HIC number, date of birth, first name and last name. We will also provide which measures/modules the patient is sampled into and their rank in the measures/modules as well as their top providers. We plan to provide this approximately two weeks prior to the opening of the Web Interface.	NA	X	X
14	12/5/2013	What was the logic behind choosing 411 patients for submission?	A sample size 411 has been used historically in other programs such as HEDIS and the Physician Group Practice (PGP) Demonstration. It yields a 95% confidence interval, which is why we have continued to use it. To account for cases in which a patient must be skipped for a valid skip reason, whenever possible CMS will provide a 50% oversample. Therefore 616 patients will be populated into each module, or all eligible patients if fewer than 616 are available.	X	X	X
15	12/5/2013	What happens if we can't find a beneficiary that's assigned to us in any of our medical record systems?	You are able to skip patients if you cannot find them in the medical records as long as you completely report on 411 consecutively ranked patients in total per module. For example, if you skip one patient, you will need to report on an additional patient, patient 412.	X	X	X
16	12/5/2013	What is meant by "consecutively ranked" in relation to PQRS GPROs with 100 or more EPs reporting via the GPRO WI who must complete 411 consecutively ranked patients in each GPRO module?	When patients are sampled into a module, they are assigned a rank based on the order in which they were sampled. Consecutive means you start at the patient with rank #1 in that module and complete all the patients in the module ranked from 1-411. If you must skip a patient for one of the valid skip reason, you must complete additional patients on a one-to-one basis for each skipped patient. Each module will have a patient with a rank, and you will complete the patients ranked 1-411 in that module. It is possible that each patient will have a different rank throughout different modules. However, the sampling methodology that CMS will use increases the likelihood of a patient having a similar rank in each module into which they are sampled. In other words, a low ranked patient in one module is likely to have a low (though not identical) rank in other modules.	X	NA	NA

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
17	12/5/2013	If we do not participate in the elective ranking, do we need to include rank in our submission?	<p>Patients are ranked automatically as they are sampled into each module in the Web Interface for your group. They will already be ranked when you log into the Web Interface and you cannot change the rank order. In one module, the patient may be ranked #1 but in another module, they may be ranked something differently (though in most cases, we expect a similar rank in other modules). You do not need to enter data in the order the patient is ranked. For example, you may complete the data for a patient ranked #200 in the module before you complete the data for a patient ranked #1 in that module. As long as you complete the first 411 eligible patients for an ACO or PQRS GPRO with 100 or more EPs, or the first 218 eligible patients for a PQRS GPRO with 25-99 EPs, the order in which they are completed is your choice.</p> <p>If you are referring to the elective quality tiering under the Physician Value Program, please submit your question to the QualityNet helpdesk.</p>	X	X	X
18	12/5/2013	Is a "not-eligible beneficiary" considered a "skipped" beneficiary?	Yes, this is correct. You must enter all required information to confirm that a patient is not eligible for a particular module or measure.	X	X	X
19	12/5/2013	Can you explain the 10% skip rate? For example, if we have a 10% rate of those beneficiaries that are deceased, will we still have a successful submission?	If you find patients that you are unable to find medical records for or the proper diagnosis or another appropriate reason for skipping, you need to skip the patient and report on another patient. Once you run a report, you will see the skip rate in addition to how many patients you skipped and the reason. You will still have a successful submission as long as you complete additional patients. If you exhaust your list of eligible patients and report on 100%, you will be considered complete.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
20	12/5/2013	We have 6,000 patients aligned with our ACO. What if the first 411 hit only one EP? How do we ensure that all EPs are sampled?	The sampling is not done at an EP level. The sampling is completed for the entire ACO. There could potentially be EPs in your organization who do not have patients attributed to them in the sample. For SSP ACOs, all of the EPs under an ACO participant TIN satisfy PQRS requirements by virtue of the ACO successfully reporting ACO GPRO Web Interface measures. "Full" Pioneer participant TINs (participant TINs under which all providers participate in the ACO) will satisfy PQRS requirements by virtue of the ACO successfully reporting ACO-GPRO Web Interface measures.	NA	X	X
21	12/5/2013	We have two TINs registered under our ACO. Will the submission of data on the 411 satisfy reporting requirements for all providers, including those without specifically attributed patients?	Yes, it's 411 patients for each of the 15 measure modules. Sampling is completed for the entire ACO, so it is possible that an EP doesn't have any patients attributed in the Web Interface.	NA	X	X
22	12/5/2013	Will the CMS patient sample for GPRO include the confirmed/not confirmed for the disease modules? As an example, would we have to attest someone is diabetic, or is it pre-populated by CMS?	The sample will have been received from claims data submitted with the appropriate G-code. For example, the sample for diabetes would be pulled using claims data with diabetes G-code included on the claim. We ask that you then confirm that the patient does have diabetes documented in the medical record to complete the remaining data.	X	X	X
23	12/5/2013	Are ACOs encouraged to search providers outside of the given TIN and NPIs for quality measures on assigned beneficiaries?	Yes, the information CMS provides on the top TIN and top NPIs is to guide you in looking for patient records; however, as an ACO you have agreed to be accountable for you assigned beneficiaries. You will need to do your due diligence to find records.	NA	X	X
24	12/5/2013	If we have a patient in our sample for ACO GPRO reporting that was attributed by a physician who was rounding in a skilled nursing facility but who left and has provider outside of our ACO, do we use the SNF records for the data and is this acceptable?	In order for the patients who have been assigned to your ACO, the plurality of their primary care services would have been attributed to your ACO. When we identify your patients as eligible for quality sampling we look for two visits within the measurement period with one of the ACO participant TINs. Claims data provides record of patients being seen by an ACO provider during the measurement period; therefore, you should look for medical records for that patient.	NA	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
25	12/5/2013	Are the GPRO patients provided from CMS determined by encounter claims submissions so we would be able to find a patient by encounter for the measures?	Yes, patients are initially identified and assigned to the ACO or GPRO based on primary care service encounters provided by the organization. For GPROs, it is for primary care services under their specific TIN and for ACOs; it's for services under their participating TINs. We require a minimum of 2 visits at the TIN during the measurement year to be identified as eligible for quality sampling. Encounter codes for individual measure denominator criteria are available in the measure supporting documents.	X	X	X
26	12/5/2013	Would patients who have only seen an Urgent Care provider within our TIN still be required to report on, or would this be an eligible skip?	Based on assignment and sampling methodology the patient was assigned to your TIN. If you have the patient's medical record you would be required to report.	X	X	X
27	12/12/2013	If a provider leaves the ACO, what selection would be the appropriate choice for a patient?	If you still have access to the patient record, you should report data for the patient.	X	X	X
28	12/12/2013	Will beneficiaries who decline to share data be included in the random sampling?	Yes, they would be included in your sample.	NA	X	X
29	12/12/2013	If a provider is listed under an ACO, they are covered under the GPRO incentive. Do they still have to report on their non-ranked Medicare patients through PQRS?	The ACO should only report on the assigned patients in each module. You will need to populate the data fields for the first 411 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or patient care measures. If the pool of eligible assigned beneficiaries is less than 411, then you will need to report on 100% of assigned beneficiaries.	NA	X	X
30	12/12/2013	How are we going to know if a patient/beneficiary is a HMO Medicare enrollee for the previous year (measurement year)?	When we are sampling, if we find HMO enrollment as a primary payer, we will not sample those patients. However, if you find this information, then you can indicate that as a reason the patient is Not Qualified for Sample and provide a Reason of HMO Enrollment with a Date.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
31	FAQ	What is the significance of a patient's rank?	Each sampled patient in the module/measure is randomly assigned a rank order number for that module/measure. Patients will be ranked 1-616 for an ACO or PQRS GPRO with 100 or more EPs, or the maximum number of eligible beneficiaries if fewer than 616 are eligible for a given module. The purpose is to facilitate completion of 411 cases in consecutive order. For PQRS GPROs with 25-99 EPs, patients will be ranked 1-327 to facilitate completion of 218 cases in consecutive order.	X	X	X
32	FAQ	Will each ACO child (participant) TIN receive its own set of samples?	No. Quality data collection, measurement and reporting in the ACO program are conducted at the ACO-level. The 15 samples on which ACOs will need to submit clinical quality data will be drawn across all assigned/aligned beneficiaries across all the child TINs of the ACO. In other words, there will be one set of 15 samples drawn for the entire ACO, not for each TIN in the ACO.	NA	X	X
33	FAQ	What if one or more of our modules contains fewer than 411 (for ACOs and PQRS GPROs with 100 or more Eligible Professionals (EPs)) or 218 (for PQRS GPROs with 25-99 EPs) ranked patients?	Not every module or measure will have a sample of 616 patients (or even 411 patients) for ACOs and PQRS GPROs with 100 or more EPs or 327 (or even 218) for PQRS GPROs with 25-99 EPs; this is particularly true in modules with diseases that have low disease prevalence rates. If CMS' contractor was unable to identify 616/327 patients that met the module sampling criteria, then all patients who meet the criteria will be sampled. In past experience, we have seen low numbers of patients sampled into the Heart Failure module. If you have fewer than the minimum number of patients in a module, you must confirm and complete or provide a valid skip reason for all the patients in the module.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
34	FAQ	What will be populated into the GPRO Web Interface?	<p>The following information will be pre-populated by CMS using Medicare claims, enrollment, and provider information available in the Integrated Data Repository (IDR) as of October 31 of the measurement year.</p> <ul style="list-style-type: none"> • Medicare HIC ID of the patient. • First and last name of the patient. • Gender • Patient Date of birth • Patient Rank in each module, if applicable • The 3 Providers that provided the most primary care services to the patient • Clinic at which the patient received the most primary care services • Date of HbA1c test (DM module) • Date of LDL-C test (DM module) • Date of LDL-C test (IVD module) • Mammogram (PREV-5) • Colorectal Screening (PREV-6) • Flu Shot (PREV-7) • Pneumococcal Vaccination (PREV-8) • Discharge dates (CARE-1) 	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
35	FAQ	What if pre-populated demographic information is not accurate?	<p>While the end-user can modify the demographic information pre-filled into the GPRO Web Interface, we expect little need for ACOs and GPROs to modify this information. However, if the patient's demographic information in your records and in the GPRO Web Interface does not match, then the abstractor may need to correct the information in the GPRO Web Interface. The most common issue may be a patient's date of birth. Medicare claims may not have the accurate date of birth for a patient, and your ACO or GPRO should correct this information since all measures have an age criteria for which the patient may be affected (e.g., patient may be removed from the denominator). If any changes to demographic information (such as age or sex) result in the patient no longer being qualified for the measure, you should select "Other CMS Approved Reason".</p> <p>Note that any demographic information you change in the GPRO Web Interface cannot be fed back into the CMS claims system. You should urge your patient to contact the Social Security Administration directly to have that information</p>	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
36	FAQ	Is the ACO or GPRO responsible for validating the data that is pre-populated into the Web Interface?	<p>You will need to look at the data guidance for specific measures to answer this question. For example, if an HbA1c lab test date is pre-filled for a particular patient, the ACO or GPRO will need to identify the HbA1c value from that test. If, in your medical records, you do not find documentation of an HbA1c test performed on that date or cannot find an associated HbA1c value, you can then change the date to one that is within the measurement period for which you do have the HbA1c value.</p> <p>Claims data is used when available to pre-populate fields in Prev-5 (mammogram), Prev-6 (colorectal screening), Prev-7 (flu shot), and Prev-8 (pneumococcal vaccination). For the flu shot, colorectal cancer screening and pneumococcal vaccination measures you do not need to take any additional steps if the information has been pre-filled for you. In cases where the elements for these measures have not been pre-filled you will need to access the patient's medical record to determine if it supports that the quality action was completed in the respective timeframe, i.e., different for influenza immunization than for colorectal cancer screening. You will also be required to provide this supporting medical record documentation if your organization is selected for audit following the data collection period. This is not the case if the WI has been pre-filled with claims information.</p> <p>The breast cancer screening measure is treated differently because the measure requires that there be medical record documentation including both of the following:</p> <ul style="list-style-type: none"> • A note indicating the date the breast cancer screening was performed AND • The result of the findings of the date of the mammogram and the results of the mammogram. <p>The claims information will still be pre-filled; however, additional retrieval of information will be required to include these two components and that documentation will be required should the organization be selected for audit.</p>	X	X	X

PAYMENT ADJUSTMENT

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
1	11/7/2013	We are a group of more than 100 providers. We understand that we can submit one measure through the Web Interface for all our providers and that will satisfy the requirement for the PQRS and also the value based modifier to avoid the penalty. Is that correct?	<p>There are two sets of criteria for reporting 2013 PQRS Web Interface reporting to avoid the 2015 PQRS and Value-based Payment Modifier (VM) adjustment:</p> <p>1.) Meet the criteria to avoid payment adjustment. To avoid the PQRS payment adjustment, your group must submit one valid measure through the GPRO Web Interface. Please note, if your group registered for the Value-based Payment Modifier (VM) quality tiering, then reporting only one valid measure may subject the TIN to a downward VM adjustment in 2015. Please also note that certain data for 2013 Web Interface reporting will be posted on Physician Compare. Additionally, CMS encourages all groups to learn how to satisfactorily report during the 2013 reporting period in order to prepare for participation in future program years.</p> <p>2.) Satisfactory report to earn the 2013 PQRS incentive by reporting on all measures included in the Web Interface and populate data for the first 218 consecutively ranked and assigned beneficiaries if you are a group of 25-99EPs or on the first 411 consecutively ranked and assigned beneficiaries if you are a group of 100+ EPs, or if there are less than that number, to report on 100% of assigned beneficiaries.</p>	X	NA	NA
2	11/7/2013	Do ACO TINs still need to report one measure to avoid the PQRS payment adjustment or does all reporting for the ACO take care of that requirement?	The PQRS payment adjustment is applied to ACOs in the same way as for PQRS GPROs. In order to earn the PQRS incentive, you would still have to meet minimum Web Interface ACO requirements for PQRS reporting.	NA	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
3	11/7/2013	Is there another way that we can use to report one measure for one patient in order to avoid the 2015 PQRS payment adjustment? For example, is submitting via claims an acceptable way to report the one measure for one patient to avoid the PQRS payment adjustment?	<p>There is no opportunity to change reporting methods since the registration period has closed. So, if you selected the GPRO Web Interface as your reporting mechanism, you must submit one valid measure for one patient in the Web Interface to avoid the payment adjustment. In order to earn the PQRS incentive in 2013 (and if applicable, to meet the Shared Savings Program Requirements), you must report on all measures/modules for your patient threshold (411 patients for ACOs and PQRS GPROs with 100 or more EPs, and 216 patients for PQRS GPROs with 25-99 EPs per measure/module).</p> <p>If you're a group practice, you cannot report via claims. Claims reporting is only for individual PQRS reporters.</p>	X	X	X
4	11/7/2013	Please clarify the criteria to avoid the PQRS payment adjustment for 2013 claims. Is it correct that the group must report on one measure successfully, for each NPI associated with that tax identification number (TIN)?	If your group is reporting as individuals (i.e., each EP in your group is reporting individually), they can submit one measure via a G-Code on their claim to avoid the payment adjustment.	X	X	X
5	11/7/2013	We need clarification on this other piece [payment adjustment], if the complete ACO reporting also takes care of avoiding the PQRS pay adjustment, for all participating TINS with the ACO. Please clarify. Thanks.	That does count for all participating TINs within and ACO if the ACO satisfactorily reports on behalf of the participating TINs.	NA	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
6	11/7/2013	So if I have 300 providers, I merely need to submit a successful Web Interface measure for just one beneficiary in the sample?	<p>There are two sets of criteria for reporting 2013 PQRS Web Interface reporting to avoid the 2015 PQRS and Value-based Payment Modifier (VM) adjustment:</p> <p>1.) Meet the criteria to avoid payment adjustment. To avoid the PQRS payment adjustment, your group must submit one valid measure through the GPRO Web Interface. Please note, if your group registered for the Value-based Payment Modifier (VM) quality tiering, then reporting only one valid measure may subject the TIN to a downward VM adjustment in 2015. Please also note that certain data for 2013 Web Interface reporting will be posted on Physician Compare. Additionally, CMS encourages all groups to learn how to satisfactorily report during the 2013 reporting period in order to prepare for participation in future program years.</p> <p>2.) Satisfactory report to earn the 2013 PQRS incentive by reporting on all measures included in the Web Interface and populate data for the first 218 consecutively ranked and assigned beneficiaries if you are a group of 25-99 EPs or on the first 411 consecutively ranked and assigned beneficiaries if you are a group of 100+ EPs, or if there are less than that number, to report on 100% of assigned beneficiaries.</p>	X	X	X
7	11/7/2013	While the ACO Quality Measures are Primary Care related, all participant TINs including Behavioral Health and Specialists who are in our ACO are eligible for the PQRS incentive and avoidance of penalty, right?	<p>When the ACO satisfactorily reports quality measures, the ACO participant TINs with PQRS eligible professionals receive credit for PQRS reporting on behalf of all eligible professionals that are part of the TIN, PCPs and specialists. Please see http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/PQRS_List-of-EligibleProfessionals_022813.pdf for a list of EPs.</p>	NA	X	X
8	11/7/2013	Are ACOs provided with the amount of PQRS bonus money paid to every TIN, by TIN, in their ACO?	Incentive payments are paid to the participant TIN not primary TIN.	NA	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
9	11/7/2013	How does the participant TIN within an ACO get the PQRS incentive bonus amount by individual NPI? We are a participant TIN and cannot locate a report that delineates the bonus distribution.	ACOs do not get PQRS feedback reports which provide the NPI break down.	NA	X	X
10	12/5/2013	To avoid the payment adjustment, do you have to select one measure and complete 411 beneficiaries?	You must report on one patient for one measure to avoid the PQRS Payment Adjustment through the Web Interface.	X	X	X
11	12/12/2013	To avoid the PQRS payment adjustment, it is required that at least one measure is reported via the Web Interface. If our group reports only 1 measure, will we receive error messages because not all measures are submitted?	Yes, the Web Interface will show errors because it is missing data. However, if you are only submitting one patient for one measure to avoid the payment adjustment, this is acceptable. You must go to the Submit Screen on the Web Interface and click the Submit button to notify CMS that your submission is complete.	X	X	X
12	12/12/2013	If our organization did not choose quality tiering, is it still possible for our organization to incur CMS penalties if our organization still submits everything required on the Web Interface?	For PQRS and Value-based Modifier (VM) purposes, if you submit satisfactorily in the GPRO Web Interface, your group will not be subject to a payment adjustment.	X	NA	NA

TIMELINE

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
1	11/7/2013	I noticed on the email that the Web Interface is scheduled to open January 27-March 21, 2014. I would like to point out that the deadline for submission of data for the EHR Incentive program for the 2013 program year is February 28, 2014. My group, like many others, is tasked with submitting data for both of these programs. Providers beyond their first year of demonstrating meaningful use have to report data for the entire 2013 calendar year. We will not be able to begin compiling their data (~400 eligible providers) until after January 1, 2014. It is time consuming to pull the data and submit via the attestation system.	<p>We understand and agree with your concerns. We are working to align the program timelines where possible, and while we understand compiling data can be burdensome, we need to receive quality data as close to the end of the reporting period as possible in order to perform calculations and provide timely feedback.</p> <p>Please note submitting data for EHR incentive pilot is done through the PQRS data warehouse.</p>	X	X	X
2	11/7/2013	When will Web Interface open?	January 27, 2014 – March 21, 2014	X	X	X
3	11/7/2013	Will ACOs be provided the beneficiary list (sample of patients selected) for quality reporting prior to January 27th?	Yes, two weeks prior to the opening of the Web Interface, the ACOs will be provided with an excel spreadsheet containing this information.	NA	X	X
4	11/7/2013	To clarify, will the beneficiary lists be provided 2 weeks in advance of 1/27 to both ACOs and GPRO Web Interface participants? How will the lists be distributed? When will the exact date these lists will be available be announced?	The target date for distributing the list is January 13, 2014 and it will be available on MFT and the ACO portal. GPROs will receive their participant list when the Web Interface opens on January 27, 2014.	NA	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
5	11/7/2013	When will the measure specs (not XML) and Web Interface User Manual for 2013 be posted?	There are a couple different user manuals, the one that is posted on the portal (https://www.qualitynet.org/portal/pqrs Physician and Other Health Care Professionals Quality Reporting Portal) will be available after January 9, 2014 [we do not have the exact date]. This manual will show you how to login to the Web Interface. The online help within the Web Interface has information on using the Web Interface. This manual will be available when the Web Interface is open. Measure specs were posted in December 2012.	X	X	X
6	12/5/2013	When will the Shared Savings payments be made to an ACO for the 2013 year (i.e. for an ACO starting 1/1/2013)?	For an ACO with a January 2013 start date, the financial reconciliation results will be available in the spring/summer of 2014.	NA	X	X
7	12/5/2013	In a past Webinar, we were made aware that ACO GPRO files will be available 1/13/2014. What files can we expect to receive on 1/13/2014? How will these be delivered?	The file that will be delivered on 1/13/2014 is a file that identifies all beneficiaries that are ranked and sampled into the Web Interface for your ACO. The file consists of the patient's HIC number, first name, last name, birth date, gender, the patient's rank in each of the modules into which they are sampled, the TIN that provided the patients with the most primary care services in 2013, and the NPI, first name, and last name of the three EPs that provided the most primary care services for the patient. The goal is to help you get started ahead of time in identifying patient records both in terms of which patients and where you might look for them. These will be delivered via your MFT or EFT mailboxes.	NA	X	X
8	12/5/2013	Last year, we received a file on 2/4/2013 that appears to be a key file. This is a supplemental file that was received 11 days before the portal was open. When can we expect to receive this file for 2014?	This is the file that will be delivered via your MFT or EFT mailboxes on 1/13/2014.	NA	X	X
9	12/5/2013	When will physicians receive their PQRS payments?	For 2013, the payments will go out by summer or fall of 2014.	X	X	X
10	12/5/2013	When will we receive our retrospective year end assignment list?	ACOs participating in SSP will receive your retrospective list at the time you receive your financial reconciliation. We anticipate that ACOs with Program Year 1 ending 12/31/2013 receive these reports in summer of 2014.	NA	X	NA

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
11	12/5/2013	Will the file sent on 1/13/2014 include date of which Medication Reconciliation date is needed?	No, it won't. The file will not contain measure specific information. It will contain only patient identifiers and patient rank in each module.	NA	X	X
12	12/5/2013	Is the only file we will not receive on 1/13 the Discharge file?	The only file you will receive is the basic information identifying the patient and their rank in each module. The rest of the information, including all measure-specific information, will be available on the Web Interface when it is opened on 1/27/2014.	NA	X	X
13	12/12/2013	Are the sample files available January 9th?	The XML sample files are currently available on the GPRO Web Interface page of the CMS website under the Downloads section	X	X	X
14	12/12/2013	Will the sample lists be available 2 weeks prior to GPRO opening?	For the ACOs, your patient sample will be available on January 13, 2014 and can be accessed through your MSP or ESP mailbox. For PQRS GPROs, your patient sample will be available on January 27, 2014, when the Web Interface opens.	NA	X	X
15	12/12/2013	What is the final deadline for submission of the XML?	The final deadline for submission is March 21, 2014. When you are finished updating your data in the Web Interface, please ensure that you press the Submit button on the Submit screen of the Web Interface. This notifies CMS that the data submission is complete. We are encouraging groups to begin submission as early as possible.	X	X	X

CG-CAHPS SURVEY

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
1	11/7/2013	In the videos, it states a video will be shared soon on CG-CAHPS. When can we expect that information to be available? Will this be a requirement in 2014, and will CMS administer the survey?	The video will be posted shortly and we will send a notice when it is available. CG-CAHPS survey is a 2013 requirement and CMS will administer that survey to those groups that 100 or more. The 2014 PFS final rule has not been posted so CMS cannot comment on 2014 requirements.	X	X	X
2	11/7/2013	Is the CAHPS survey going to count for or against quality tiering? What are the results like, i.e. are they presented as patient names or just percentages? Is there a sample of the survey available?	The CG-CAHPS will not count for purposes of quality tiering based on 2013 performance (2015 payment adjustment period). The results are provided by the survey vendor. No patient names are given. This is an anonymous survey, so only percentages are released. There is a copy of the survey on the website (http://acocahps.cms.gov/) that was set up for vendors that will be administering the survey.	X	X	X
3	11/7/2013	What happens if you plan to report through GPRO and already have implemented the CG-CAHPS survey? Can CMS take the data from our survey vendor?	For this year, CMS cannot take data from your survey vendor. For 2013, CMS will administer the survey for ACOs and PQRS GPROs with 100 or more EPs. You can view the CAHPS survey at this address: http://acocahps.cms.gov/ . The survey is the same for both ACOs and PQRS GPROs with 100 or more EPs.	X	X	X

2012 GPRO REPORTING

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
1	11/7/2013	We are an ACO who successfully reported all quality measures via the GPRO Web Interface for 2012. We are trying to identify the PQRS incentive amount for each of our physicians' NPI, but cannot locate the QRUR report on the Portal. Please advise.	For ACOs, the PQRS incentive payment is made at the participating TIN level. There is no report available which defines the amount of PQRS incentive per NPI for ACOs.	NA	X	X
2	11/7/2013	Is there a way to find out which of our providers did not meet the EHR measure?	Please send your question to the ACO help desk.	NA	X	X
3	11/7/2013	We cannot find a report to identify the PQRS incentive bonus amount for each NPI under the participating TINs in our ACO, either via the ACO portal or the PQRS feedback reports. How do I get this info?	ACOs do not get PQRS feedback reports which provide the NPI break down.	NA	X	X
4	11/7/2013	We submitted as a GPRO in 2012. We will know you received data because we received confirmation of transmission, and we have a QRUR report based on 2012 data, but we have no PQRS feedback report for 2012. Please explain.	The 2012 PQRS GPRO feedback on reporting information is combined in the 2012 QRUR report.	X	X	X
5	11/7/2013	Can you tell us how many ACOs used the XML Upload versus the Web Portal?	Based on our experience last year, we found that most of the ACOs and PQRS GPROs used a mixture of both XML upload and manual entry in the Web Interface. There are situations where it is possible to extract a date from an electronic health records system, but they might have to look up the value and we've heard examples of that. The majority of the patient updates were done with XML last year.	NA	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
6	12/5/2013	I was able to see last year's QRUR report and noticed that there are inclusions/exclusions with the disease modules. Will these automatically be included in the patient sample, or would we identify them as null value?	Questions related to QRUR reports should be directed to the QualityNet Help Desk.	X	X	X

REPORTING REQUIREMENTS

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
1	11/7/2013	We have 20 out of our 105 EPs participating in the CPC Initiative; can we still qualify for the 0.5% incentive payment if we submit data on all required metrics via the Web Interface?	If your group satisfactorily reports via Web Interface you will receive 0.5% PQRS incentive, but CPC providers in your group must also be sure to submit their data to the CPC program.	X	X	X
2	11/7/2013	What is the definition of a large ACO? What is the definition of a medium ACO?	ACOs are not designated as medium or large. All ACOs are required to report on 411 consecutively ranked beneficiaries in each module. "Medium" and "large" refer to group practices participating in PQRS GPRO. Medium GPROs are those with 25-99 eligible professionals. Large GPROs are those with 100 or more eligible professionals.	X	X	X
3	11/7/2013	For GPRO submission, do you recommend only completing data for the 411 consecutive patients required or should we submit data for all eligible patients?	This is a personal preference for your group. For satisfactory reporting, we require that your group report 411 consecutive patients (for ACOs and PQRS GPROs with 100 or more EPs) or 218 consecutive patients (for PQRS GPROs with 25-99 EPs) for each of the 15 measures/modules. Some groups do choose to report on all patients eligible for their measures/modules. This could be for internal use for quality checking or for other group reasons. All of the patients that are consecutively confirmed and completed will be included in your performance data.	X	X	X
4	11/7/2013	If many of our locales do not perform primary care does this mean this particular location needs to complete all measures on 100% of their patients for Web Interface GPRO over 100 providers?	Each ACO needs to complete reporting on the first 411 consecutive patients in each of the 15 measures/modules. We have links to ACO GPRO reporting resources on the SSP website; this includes information on assignment and sampling.	NA	X	X
5	11/7/2013	We are July 2012 starters and we have participants who will become effective January 1, 2014. Do these participants need to report through GPRO for 2013?	Contact the QualityNet Help Desk 866-288-8912 , TTY 877-715-6222, or via email at qnetsupport@sdps.org . Participant TINs that become part of the ACO effective 2014 will need to report PQRS by another option for 2013 reporting period.	NA	X	X
6	12/5/2013	Are physician specialists in an SSP ACO deemed to meet PQRS reporting by the SSP submission of GPRO measures?	It doesn't matter if EP is a specialist or a primary care provider. If an ACO satisfactorily reports, all EPS within the ACO will qualify for PQRS reporting.	NA	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
7	12/5/2013	When do we sign up as a GPRO for the 2014 program year? Since we are an ACO for 2014, do we need to submit any additional paperwork?	If you are an SSP ACO in 2014, you cannot participate in PQRS GPRO in 2014. You must report through your SSP ACO	NA	X	X
8	12/5/2013	Our ACO went live in January 2013. Do we report on GPRO for the 2013 period? We were told we do not report as an ACO on GPRO until Program Year 2 which in our case would be 2014 to be reported January - March 2015.	Any ACOs that began their agreement period starting on 1/1/2013 will report for the 2013 reporting period. This reporting period begins on January 27, 2014. ACOs that started after 1/1/2014 will begin reporting as an ACO in early 2015.	X	X	X
9	12/5/2013	How do we verify which of our providers are covered in GPRO? We had several acquisitions this year and all of our GPROs are under the same Tax ID?	For the PQRS GPRO we assess at the Tax ID level. As long as all providers report under your Tax ID, they are covered. The same goes for ACOs.	X	X	X
10	12/5/2013	What happens if a participating physician reports PQRS outside of the ACO if he/she belongs to the ACO?	If an EP from a SSP ACO reports PQRS individually via claims or other method, we will not evaluate them separately from their SSP ACO PQRS participation. However, if a Pioneer ACO is part of a split TIN, then the group can participate as an entire group (both ACO and non-ACO participating providers) by reporting as a group in PQRS GPRO or the non-participating ACO EPs within the group can report PQRS individually via claims, registry or EHR reporting.	NA	X	X
11	12/5/2013	On slide 13, you state that PQRS GPROs with less than 24 EPs are not eligible for reporting. Can you clarify?	PQRS GPROs with 2-24 EPs cannot report via the Web Interface. They can however report via registry for the 2013 program year.	X	NA	NA
12	12/5/2013	Can you clarify the definition and impact of the GPRO sizes? If an SSP ACO has fewer than 100 TINS or fewer than 100 participants, are they only to report 218 patients per module?	The “medium” and “large” GPRO size does not apply to SSP or Pioneer ACOs. GPRO size only applies to PQRS GPROs. An ACO will report on 411 consecutively ranked patients per module to satisfactorily report PQRS.	NA	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
13	12/5/2013	If an EP joins a single-TIN ACO after the participant list has been confirmed, does the ACO still need to report PQRS for the new EP even though he/she is currently affiliated with the ACO TIN?	Any participant TIN that was on the ACO participant list at the beginning of the reporting year will be included in quality reporting and eligible for the PQRS incentive if the TIN satisfactorily reports. If an EP joins a participant TIN and is billing under that TIN, then that EP will be part of reporting for those claims that were submitted under the ACO participant TIN.	NA	X	X
14	12/5/2013	What if a participant group or individual ACO EP pulls out of the ACO and we no longer have access to the patient record, would we still have to report GPRO results on these patients?	Yes, if possible you would want to report GPRO results on any patient that is in your sample. The participants will be eligible for the PQRS incentive and avoid the Payment Adjustment if the ACO satisfactorily reports. It is to their benefit to cooperate with ACO quality reporting. If there is no way to locate the medical records, there is a mechanism in the Web Interface to skip that patient and move on the next patient.	NA	X	X
15	12/5/2013	We have several TINs within our ACO. Will reporting in GPRO on all measures satisfy reporting requirements for all participating TINs in order for them to receive incentive payments regardless of the number of patients associated with the respective TINs?	ACO participate as a group for quality reporting. The ACO as an entire group will be successful and report satisfactorily or not. All providers and participant TINs will receive the PQRS incentive if the ACO satisfactorily reports. If the ACO does not satisfactorily report, the subject to the PA if the ACO does not satisfactorily report.	NA	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
16	12/5/2013	If we have not elected quality tiering for 2013 reporting, can we choose one measures group and report on that completely for the year? Are there any particular measures that are required for 2013?	<p>There are two sets of criteria for reporting 2013 PQRS Web Interface reporting to avoid the 2015 PQRS and Value-based Payment Modifier (VM) adjustment:</p> <p>1.) Meet the criteria to avoid payment adjustment. To avoid the PQRS payment adjustment, your group must submit one valid measure through the GPRO Web Interface. Please note, if your group registered for the Value-based Payment Modifier (VM) quality tiering, then reporting only one valid measure may subject the TIN to a downward VM adjustment in 2015. Please also note that certain data for 2013 Web Interface reporting will be posted on Physician Compare. Additionally, CMS encourages all groups to learn how to satisfactorily report during the 2013 reporting period in order to prepare for participation in future program years.</p> <p>2.) Satisfactory report to earn the 2013 PQRS incentive by reporting on all measures included in the Web Interface and populate data for the first 218 consecutively ranked and assigned beneficiaries if you are a group of 25-99 EPs or on the first 411 consecutively ranked and assigned beneficiaries if you are a group of 100+ EPs, or if there are less than that number, to report on 100% of assigned beneficiaries.</p>	X	X	X
17	12/5/2013	For a GPRO, if an EP reports via claims and the GPRO does not meet the incentive through the Web Interface, will the EP be eligible for an individual incentive?	No, PQRS GPRO will only be analyzed at the TIN-level for Web Interface reporting. If the GPRO doesn't meet the reporting requirements for incentive eligibility, even though the EP may have satisfactorily reporting via claims they will not receive that incentive.	X	NA	NA

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
18	12/5/2013	Will MU PQRS Measures need to be reported for 2013 if the group is reporting through GPRO? If so, will GPRO eventually take the place of all PQRS reporting?	<p>For 2013, PQRS GPRO reporting will get you PQRS GPRO credit. There are additional steps the individuals NPIs within the group practice will need to take to meet all the requirements for MU. Web Interface reporting is not the same as reporting with Certified Electronic Health Record Technology (CEHRT).</p> <p>See the EHR Incentive Program website for information about Meaningful Use requirements at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/MLN_MedicareEHRProgram_PQRS_eRXComparison.pdf.</p>	X	NA	NA
19	12/5/2013	When the physician receives the incentive payment for PQRS, will it state PQRS payment on it?	<p>To clarify all payment are made at the TIN level. For PQRS GPROs the group will receive the payment. For ACOs each participant TIN under the ACO will receive the payment for the providers within that group. It will be one lump-sum payment made at the TIN level.</p> <p>Yes, it should state that it is a PQRS payment on the Remittance Advice with indicator of LE ("Levy") to indicate an incentive payment, along with PQ13 to identify that payment as the 2013 PQRS incentive payment.</p>	X	X	X
20	12/5/2013	We have 29 PCP in our ACO and just completed PY 2012. The PCP who "get it" are already reporting on PQRS. Does this mean that their patients will not appear in the list of 411?	<p>Since they have enrolled in ACO, they can only participate through the ACO if we are talking about a SSP ACO. Therefore, any reporting they have been doing as individuals through other methods (claims, registry, EHR) will not count for PQRS incentive or avoiding the payment adjustment. They must report through the ACO.</p>	NA	X	X
21	12/5/2013	Do we report on exactly 411 patients per module or greater than or equal to 411 patients per module?	<p>It is greater than or equal to 411 patients per module. 411 consecutively confirmed and complete patients per module (or 100% if fewer than 411 patients are available in a module) is the minimum to report to receive the incentive but you can report more than 411 as well. Skipped patients do not count toward the 411 count. When a patient is skipped for a valid reason, an additional consecutively ranked patient must be completed.</p>	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
22	12/5/2013	Are we required to report on 411 patients per module? How many modules are there?	There are 15 modules and you are required to report on 411 consecutively ranked patients or if you have less than 411 patients sampled, then you will report on 100% of your patients for each module. If your group practice has 25-99 EPs they would be required to report on 218 consecutively ranked patients for each module or 100% of your patients if there are less than 218 patients sampled.	X	X	X
23	12/12/2013	As an ACO, will more than 411 patients be included in the denominator of the measures?	All patients who are consecutively confirmed and completed will be included in the measure denominator for performance rate calculation.	NA	X	X
24	FAQ	How many unique patients should we expect to need to abstract?	There are 15 GPRO Web Interface modules, but many modules have similar criteria. For ACOs and GPROs with 100 or more EPs, CMS will sample no more than 616 patients for each of the 15 modules. For GPROs with 25-99 EPs, CMS will sample no more than 327 patients for each of the 15 modules. In 2012, patients were sampled using a method that would increase the likelihood that they would be sampled into multiple modules (if they were eligible for multiple modules). Typically we saw sample sizes between 4,000 and 6,000 unique patients, but ACOs or GPROs could potentially see over 9,000 (15 samples x 616 beneficiaries). We would expect a smaller number of unique beneficiaries for GPROs with 25-99 EPs. A similar sampling methodology will be used for 2013. The methodology is described in the 2013 GPRO Sampling Supplement available for download from the GPRO Web Interface Website. ACOs and GPROs with 100 or more EPs are required to completely report on the first 411 consecutively ranked patients in each module. GPROs with 25-99 EPs are required to completely report on the first 218 consecutively ranked patients in each module. The additional sampled patients allow for cases in which some lower ranked patients may not be eligible for quality reporting. In such cases, the patient may be “skipped” and an additional consecutively ranked patient must be reported for each “skipped” patient until the ACO or GPRO has completely reported on 411 (or all, if there are fewer than 411) consecutively ranked patients.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
25	FAQ	For modules and measures in the Web Interface, what makes the patient “complete”?	Complete means that you have found the medical record, confirmed the disease diagnosis (for CAD, DM, HF, HTN, IVD samples) and provided all the required information under that module/measure (e.g., for a DM patient, that includes but is not limited to HbA1c value, most recent BP, tobacco use, etc.); or, for those measures that do not require confirmation of a diagnosis (CARE and PREV), that you have found the medical record, confirmed the patient is eligible for the measure, and provided all the required information (e.g., indicate whether or not the patient received a mammography screening).	X	X	X
26	FAQ	What does “consecutively complete” mean?	Patients are numbered 1-616 (or 1 to the maximum number available if less than 616), and 411 of these patients need to be completed in the GPRO Web Interface. If you need to skip a patient (e.g., due to “medical record not found”, or the diagnosis could not be confirmed), you must complete the next record that follows consecutively. For example, if you had to skip one patient your final completed patient should be ranked 412 instead of 411. For several examples, see Appendix A . These numbers are for an ACO or PQRS GPROs with 100 or more EPs. See the examples for the number of patients for PQRS GPROs with 25-99 EPs.	X	X	X

WEB INTERFACE

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
1	11/7/2013	If we upload data from the EMR into the portal, do we still need to go into the portal and choose the drop-down menu to select whether patient was eligible for the measure?	You must confirm whether the patient is eligible for the measure either on the screen using the drop-down menu or by including the confirmation value in the uploaded XML file. The XML specs define the tag and allowable values to confirm whether the patient was eligible for the measure. You may upload all required information using the XML files, which means you do not need to go into the portal and choose the drop-down menu. Any measure data that can be entered using the drop-down menu or text fields on the screen may also be uploaded in the XML file. You would only need to choose a value from the drop-down menu or enter data in a text field if you do not include the information in the XML file.	X	X	X
2	11/7/2013	Is there a user manual online for help with the GPRO Web Interface system? This will be the first year we report using the GPRO Web Interface System and we have no idea how to use it.	Currently, there is no user manual available online. When you get into the system there will be full information along with videos on how to use the Web Interface. On the PQRS portal (https://www.qualitynet.org/pqrs) there is a quick start guide that will show you how to login to the Web Interface. We will be putting more information into the built-in online help feature of the Web Interface.	X	X	X
3	11/7/2013	I understand that if one uploads data via an XML, the report or status screen will show which measures are still incomplete. At this point, one can go into the GPRO Web Interface and update the information, is that correct?	Yes, that is correct. Anything you upload, you will be able to view in the Web Interface and you can do additional entry if needed.	X	X	X
4	11/7/2013	Is there a PDF version of the XML specifications? the version online is not easily exported	Yes, if you go to the introduction in the XML spec there is a link to download a PDF version of the spec. However, this PDF version is not 508 compliant, but the online version is 508 compliant.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
5	11/7/2013	Is there currently a template available for viewing in the GPRO Web Interface?	There will not be a test period for Web Interface reporting. There will be a high-level overview of the Web Interface, which will be a future YouTube video. There will also be a detailed training as we approach submission. These will give you insight in terms of what submission will be like and what the screens will look like. The Supporting Documents provide additional information on each of the measures and the required data that can be entered in the Web Interface.	X	X	X
6	11/7/2013	We are creating an information collection sheet for each measure. Will there be an opportunity to preview the Web Interface prior to the opening of submission?	Yes, there will be a high-level overview webinar that will be posted on the CMS YouTube website the next month. This will give a preview of how all of the data entry screens look. The Supporting Documents describe each of the measures and the measure components with the values that can be entered in the Web Interface. The Supporting Documents can aid in setting up the information collection sheet.	X	X	X
7	11/7/2013	Do the IT staff who are uploading our XML files need an IACS account?	Yes, you need to login to the Web Interface to perform the upload so you will need an IACS account. If you're gathering the information offline and compiling a single XML file, only the person uploading the file would need an IACS account.	X	X	X
8	11/7/2013	Will the GPRO allow us to export the reports this year in either XML or CSV?	No, CMS security does not allow exporting the reports because they contain PHI and PII.	X	X	X
9	11/7/2013	Can the abstractors be in the tool entering data at the same time as our IT people are uploading data?	You could have two people working at the same time, but you want to be careful if someone is uploading XML data for a patient that is being abstracted manually. They could overwrite one or another so you'll want to exercise caution when doing this. We recommend that if you are uploading an XML, which should only take a few minutes, you would not want to have people extracting at the same time.	X	X	X
10	11/7/2013	In prior years, there was an option in GPRO to export patient list with clinical data into XML, there was then instructions to convert the XML into Excel, we fill out the Excel and there was instruction to convert the Excel to XML for upload. Is this option available this year?	Yes, this option is available this year. You can export patient data from Web Interface into an XML file and then you can use excel. We included instructions in the XML specification on how you would do this using Excel 2013, 2010, and 2007. These instructions are available in the XML specification – you will see the link to the XML XSD files on the left-hand side of the specification. Everything you need is posted on the CMS PQRS website under the GPRO Web Interface page at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html .	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
11	11/7/2013	When will the ACO GPRO Web Interface user manual for Program Year 2013 be released? Last year's was released on Jan 18, 2013	There are a couple different user manuals, the one that is posted on the portal (https://www.qualitynet.org/portal/pqrs Physician and Other Health Care Professionals Quality Reporting Portal) will be available after January 9, 2014 [we do not have the exact date]. This manual will show you how to login to the Web Interface. The online help within the Web Interface has information on using the Web Interface. This manual will be available when the Web Interface is open.	X	X	X
12	11/7/2013	Is there any possibility that the GPRO specs will be modified between now and the 2014 reporting period beginning January 27th?	No, the 2013 documents that include 2013 Narrative Specifications, Flows, and Supporting Documents, will not be modified between now and the submission period	X	X	X
13	11/7/2013	Will the test files in January be specific for each module and disease, so they will be a true test?	The file that will be provided in January prior to the Web Interface opening is the file of beneficiaries sampled into the ACO GPRO Web Interface and the top three TIN/NPI combinations where the beneficiary received care. It is not a test file.	X	X	X
14	11/7/2013	Want to confirm that if we use the Web Interface do we still need to submit the QRDA XML files?	If you're submitting in the Web Interface, CMS allows manual entering of data in the Web Interface and XML uploads using the Web Interface XML format. If your question about QRDA relates to the EHR Incentive Program- Meaningful Use submission you will need to submit a QRDA file. QRDA submission is not related to Web Interface reporting. Contact the QualityNet Help Desk if you have additional questions.	X	X	X
15	12/5/2013	It was stated the PQRS GPROs with 100 or more EPs have to report on all measures and all patients to meet requirements. In the 2013 Physician Fee Service final rule, it states you must report at least one measure. Which is the correct answer?	There are 2 criteria for PQRS reporting in the Web Interface: 1) In order to avoid the payment adjustment, the GPRO must report one patient on one measure and click "submit" in the Web Interface. 2) In order to receive the PQRS incentive, you must successfully report on greater than or equal to 411 consecutively ranked patients within the Web Interface for each module.	X	X	X
16	12/5/2013	Are you going to have a test system to practice in for a week before go live?	No, there will not be a test system before going live.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
17	12/5/2013	In the GPRO XML sample files posted, there were a number of null values included. Is a group penalized for including null values?	There were two sets of sample files provided; one was exported from a group that hadn't completed any abstraction. This shows how your XML file will look the first time you log into the Web Interface. It will have your patients, the patient's demographic information and any pre-filled data. There will be null values because no abstraction has been performed yet. When you upload a file, if it should have a null value for something, it is ignored in the Web Interface, and you will still need to enter the value into the Web Interface after you upload the file.	X	X	X
18	12/5/2013	Will we be able to pull ranked patients out of GPRO into an xml file, convert it to an Excel file, update the file and convert back to an xml file and upload in GPRO?	Yes, you can do this. On 12/12/2013 we will be hosting XML training. In addition, the XML specs posted on the CMS website has details on how to convert XML to Excel and create XML files from Excel.	X	X	X
19	12/5/2013	Is there going to be an instruction document with screen shots from PQRS that we will have in advance of the go live date?	A high-level Web Interface training including screenshots has been posted on the CMS YouTube site: http://www.youtube.com/watch?v=LFOIw4S7NnI&feature=share&list=UUhHTRPxz8awulGaTMh3SAkA&index=4 .	X	X	X
20	12/5/2013	When will the XML be provided by CMS to the GPRO submitters?	If you are referencing the XML sample files or XML specs, they are available and posted on the CMS website. They are located on the GPRO Web Interface page. This page can be located by typing in "GPRO Web Interface" into the search box on the CMS website or by referencing the link on slide 16 of this presentation. When the submission period is open, you will be able to export the XML files for your TIN's patients.	X	NA	NA
21	12/5/2013	Do we need to make null the pre-filled data if we are unable to complete the measure, or can we leave it? For instance, if an A1c is pre-filled with yes, and the date, but we have no record of an A1c, we will change the taken to no, do we null the date?	You do not need to null the date. When we look at the data to determine whether it's needed or not to complete the measure, if you answer "no, the test was not performed" then we are going to ignore the date it was taken. Otherwise, you can leave the pre-filled "Yes", but put a "0" in the field that is asking for the value of that lab test. This will be reviewed during the ACO / PQRS GPRO Web Interface XML training on 12/12/2013.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
22	11/7/2013	Was it just said that there is no option to export from GPRO? I believe this option was available last year.	XML files for the patient ranking, patient measure data, discharge data, clinics, and providers can be exported from the Web Interface.	X	X	X
23	12/5/2013	To whom do the modules get sent when there are numerous submitters?	If your IACS account is tied to the TIN, you will be able to see that TIN when you log in to the Web Interface and you'll be able to see all modules and measures. When they log in to portal they will have access to all modules and patients for the TIN.	X	X	X
24	12/5/2013	We only have to report on 411 consecutive patients in each module. We manually abstract 100% of the patients so it's hard to carve out just the applicable ones (and we end up doing 100% of the sample, 616 patients). Are there any analysis implications for just doing the 411 as opposed to completing oversample too?	The Web Interface automatically consecutively ranks the first 411 patients of the total 616 patients. As you complete patients into the Web Interface, you can look at the Totals Report, which will tell which patients are completed for a module and the rank of the completed patients in that module. If you are doing Manual extraction, the patient list can be sorted by patients in rank order so you can easily identify the first 411 ranked patients in each module. As far as an impact on an analysis, it will not matter. When you complete 411 patients, you are finished in terms of satisfactorily reporting for PQRS.	X	X	X
25	12/5/2013	For pre-populated field data from CMS, can we update those fields with current information?	You should use the most recent data for the patient. The patient sampling goes through the end of October so if you have more recent data, you will want to update the Web Interface with that information. The supporting documents will provide additional information indicating when you should use the latest result for the patient. Any information documented in the patient's medical record should be used to update the Web Interface. The only exception to this will be CARE-1: Medication Reconciliation, where the information for this measure is pre-filled with the discharge date of any inpatient hospital stay for the patient who also had a visit within 30 days, so you do not add additional discharges that would have occurred late in 2013.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
26	12/5/2013	Is it possible that an ACO would be asked to respond to a data request for a patient who is in our ACO but got the services in question from a provider who is not in our ACO?	Yes. Patients are assigned to an ACO or GPRO if they received the plurality of their primary care services from that ACO or GPRO during the measurement period. Further, each patient who is sampled into the GPRO Web Interface was found to have at least 2 primary care service visits with an ACO or GPRO provider during the measurement period. However, particular services related to individual quality measures may have been obtained at an outside organization. In those cases, it may be necessary to look for information with providers outside of the ACO or GPRO.	X	X	X
27	12/12/2013	What version of Java is supported in the Web Interface?	The Web Interface is not Java dependent, so your Java version does not matter for the purposes of submitting your GPRO data.	X	X	X
28	12/12/2013	Did you experience technical issues last year with the Web Interface?	There were a few short and unplanned outages in addition to planned maintenance weekends. If an unplanned outage occurs, we will notify the ACOs and GPROs as soon as possible. There is a maintenance weekend planned during submission, February 21, 2014 beginning at 8:00 pm ET through February 24, 2014 ending at 6:00 am ET.	X	X	X
29	12/12/2013	Can you please repeat the URL for GPRO Web Interface?	The GPRO Web Interface will be accessible via the PQRS Portal: https://www.qualitynet.org/portal .	X	X	X
30	12/12/2013	Is IE 8.0 still a requirement? Or can IE 9.0 and above be used?	This year we are recommending you use Internet Explorer (IE) 9.0. Although we have done some testing in IE 8.0, most of our testing and development tests have been done in IE 9.0.	X	X	X
31	12/12/2013	What data may be prefilled? Where can we find a list of prefilled elements?	We had a slide in the presentation that had a list of the prefilled elements. This information is also in Q&A and in the Web Interface presentation that is posted at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html .	X	X	X
32	12/12/2013	Are there any implications if our organization uses multiple versions of Internet Explorer?	I don't know of any implications of using different versions. We have tested using IE8 and IE9, but do not support other browsers.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
33	12/12/2013	If the Medicare ID does not match for a patient but we confirm the patient based on date of birth and name, do we skip the patient? If not, are we required to update the Medicare ID manually in the Web Interface?	The Medicare ID cannot be changed in the Web Interface. The Medicare ID is the linking field for the patient. If you can't find the patient in your medical records systems then we would say medical record not found and proceed to the next ranked patient.	X	X	X
34	12/12/2013	Will any of the GPROs who are on Internet Explorer 8 be given an opportunity to test the portal before the submission period opens?	No, there is not a test period for the Web Interface prior to the start of submission on January 27, 2013. The Web Interface was fully tested with IE8 and well as the recommended IE9.	X	X	X
35	12/12/2013	Will there be any testing of the portal and/or uploading of XML files to the portal before the submission period begins?	No, there is not a test period for the Web Interface prior to the start of submission on January 27, 2013.	X	X	X
36	FAQ	Can you please clarify the terms "for analysis" means?	The For Analysis count on reports and screens reflects patients that are consecutively confirmed and completed. If some of your patients have not been consecutively confirmed and completed, you may see a different count of completed patients and For Analysis patients. The For Analysis line is on the Home page in the Group Status section. The Home is the initial page seen when logging on or when the "Home" option is selected from the global navigation. The For Analysis line also appears on the Totals Report. The line the question refers to is in the Totals Report, which has a comment indicating whether or not they have met the minimum requirement.	X	X	X
37	FAQ	When should we click the "submit" button?	In order to be marked as complete for reporting, you do need to go to the Submit screen and press the "Submit" button. This will indicate to CMS that your data collection is complete. If you need to enter additional data after you have pressed "Submit", you may do so, but you will need to press "Submit" again once you have finished data collection.	X	X	X
38	FAQ	Do you lose data when the system logs you out after a period of inactivity?	Yes, if you are editing a patient and do not save the information, the edits on that patient will be lost if the system logs you out for inactivity. The system will also lock the patient with the user account that last updated the information. The Locked Records screen can be used to unlock a patient so any use can edit the patient.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
39	FAQ	Can you edit information in the patient record after saving it?	Yes. The user can save the record multiple times and edit it at any time before the data collection period closes.	X	X	X
40	FAQ	Can we provide the data all modules for a given patient even if the patient is not ranked in all modules?	Yes, you could upload data for patients where it is not appropriate. Only the patients ranked in the module containing the measure will be updated. The data will be discarded for patients not ranked in the module containing the measure.	X	X	X
41	FAQ	One of our measure specific reports shows no data. Is this normal?	Yes, this report will be blank if you do not have any consecutively confirmed and completed patients. The final percentage is calculated on consecutively confirmed and completed patients who meet the measure criteria.	X	X	X
42	FAQ	How can we tell when we have completed data collection (i.e. satisfied the complete reporting requirements)?	The For Analysis line on the Totals Report reflects patients that have been consecutively confirmed and completed. If your report indicates that 411 or more patients for an ACO or PQRS GPROs with 100 or more EPs, or 218 or more patients for PQRS GPROs with 25-99 EPs, are considered “For Analysis”, then you have successfully consecutively completed all necessary patients in the module. If you have fewer than the minimum number of eligible patients in the module and you have completed 100% of your sample, you also meet the reporting requirements. The comments on the For Analysis line will indicate “OK! Minimum Requirement Met”. The Analysis line on the Group Status line on the Home page will have a green checkmark next to each module that satisfies the reporting requirements. Alternatively, the “Submit” screen and the “Submit Status Report” will indicate “OK! Minimum Requirement Met” for each module that has been satisfactorily reported. If you see this message for each of the 15 modules, then you have met the satisfactory reporting requirements.	X	X	X
43	FAQ	How do we export all pre-populated patient information?	Downloading the Patient file and the Patient Discharge file will contain all information that was pre-populated into the GPRO Web Interface.	X	X	X
44	FAQ	Which reports do you recommend we print and keep?	Though this is not required, you may want to print the Measure Rates Report (shows performance on each of the measures and modules) and the Totals Report, which will give you a sense of how many patients were skipped, etc.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
45	FAQ	Does reporting on the GPRO Web Interface measures require manual chart abstraction? Is there any alternate method of data submission?	GPRO Web Interface measures must be reported via the Web Interface. However, some data can be uploaded from your EHR using XML. Training on this process will be provided prior to the start of the GPRO Web Interface reporting period.	X	X	X
46	FAQ	Can we use the GPRO Web Interface with Internet Explorer 7 or Google Chrome?	No, we recommend Internet Explorer 9, but you may use Internet Explorer 8 in order to use the GPRO Web Interface.	X	X	X
47	FAQ	Is it possible to use data from multiple sources for abstraction?	Yes, any documentation the physician has available to them at the point of care is eligible for use in data collection.	X	X	X
48	FAQ	Do we have to enter our data in rank order? Or can we abstract information on patients out of rank order?	The actual order of data entry does not matter, however, the ACO or GPRO must consecutively report on at least the first 411 ranked beneficiaries (or all sampled beneficiaries if fewer than 411 are ranked) in order to satisfy the reporting requirement for each measure or module.	X	X	X
49	FAQ	What if one of our sampled patients was not seen at our facility during the measurement period?	Though the patient may not have been seen at your facility, the patient has to have been seen at least twice at one of the organizations (or facilities) affiliated with your ACO during the measurement period in order to be included in the samples. Specifically, beneficiaries were assigned to your ACO based on 3rd quarter 2013 assignment or alignment and must have had two or more primary care services visits at one of the ACO's Primary or Child TINs to be sampled into the module. Since your organization is deemed accountable for such a case, you may not select 'not qualified for sample' under this circumstance.	NA	X	X
50	FAQ	What if one of our sampled patients is no longer being seen at one of the ACO's organization (e.g. patient moved or the provider is no longer with the ACO participant TIN)?	By the assignment/alignment algorithm, the patient was assigned/aligned to your ACO as they were deemed to have the plurality of their Medicare services with your ACO. Further, patients sampled into the GPRO Web Interface had at least 2 E&M visits with your ACO between January 1 and October 31, 2013. As an ACO, you will need to be accountable for this patient's care, and should do your best to obtain the needed quality of care information to complete the GPRO Web Interface.	NA	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
51	FAQ	What are reasons to select “Not Qualified for Sample”?	<p>An ACO or GPRO may select “Not Qualified for Sample” in the GPRO Web Interface if:</p> <ul style="list-style-type: none"> • The patient was in hospice during the measurement period • The patient moved out of the country during the measurement period The patient was deceased during the measurement period (if patient died after the measurement period, you should still abstract information on them) • The patient had HMO Enrollment during the measurement period 	X	X	X
52	FAQ	Some of our beneficiaries have opted out of data sharing. Will they be eligible for sampling into the GPRO Web Interface?	Quality data collection is not related to the data sharing processes that have been established for the Claims and Claims Line Feed data. A beneficiary opting out of data sharing does not exempt them from quality reporting.	NA	X	X
53	FAQ	Can we exclude a sampled patient if they were only seen by a specialist at our facility?	No, this patient was assigned to your ACO, so you will need to be accountable for his/her care. Please refer to the Medicare Shared Savings Program: Shared Savings and Losses and Assignment Methodology Specifications (http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharesavingsprogram/Downloads/Shared-Savings-Losses-Assignment-Spec-v2.pdf) for more information on how beneficiaries are assigned to an SSP ACO. For Pioneer ACOs please see the Pioneer ACO Benchmarking Methodology.	NA	X	X
54	FAQ	Is there any benefit or harm to abstracting additional ranks in the module than what is required?	Some organizations may choose to upload more records for their own quality tracking or quality improvement efforts. If you enter the beneficiaries consecutively, only the first 411 patients will be used in the completeness determination, but all 616 beneficiaries will used in the measure rate calculations.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
55	FAQ	Are there repercussions for skipping a lot of patients in our sample (i.e., if we are not able to locate their medical records)?	<p>Patients for which the ACO or GPRO has selected no medical record found, diagnosis not confirmed or not qualified for the sample (for CMS approved reasons, deceased, entered hospice, enrolled in an HMO, moved out of the country) are considered “skips”. The GPRO Web Interface will produce a warning when 10% of a given sample has been skipped. However, this warning is only a system warning. ACOs and GPROs will not be penalized for skipping 10% of a module’s sampled patients and as long as you have met the minimum requirement of 411 consecutively completed patients (or 100% of the sample if fewer than 411 are available), then you will have completely reported on the module.</p> <p>However, if there seems to be a consistent unexplainable pattern that CMS observes in your skips, then it may raise a flag, and that may be one of the selection criteria for a targeted audit or for targeted education with your ACO or GPRO.</p>	X	X	X
56	FAQ	For services where the date of a test has been pre-populated into the GPRO Web Interface, do we need to find the result of that day’s test?	For each of the measures that require a test value, the latest test in the measurement period is the test to be extracted/abstracted. While CMS has identified to the best of its ability the latest test date captured in Medicare claims, it is possible that is not the most recent service date. If you have more updated information in the patient’s medical record, you can insert the date of the latest test (in the reporting period) for which you have a value to collect in the date field.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
57	FAQ	Are there any requirements for who can enter data into the Web Interface?	While CMS does not require specific clinical backgrounds for clinical quality of care data abstraction, several factors should be considered when making this staffing decision. If information for certain measures is frequently stored in the same location and is a straightforward data collection, a non-clinical person is appropriate. An example of this would be the laboratory measures when you are looking for the most recent date and the corresponding value or result. If a measure has denominator exclusions that may require clinical knowledge to make the connection between the documentation and the reason for not providing a service or drug, then this needs to be considered as well, and a person with more solid clinical background may be better suited for abstracting this measure.	X	X	X

MISCELLANEOUS

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
1	11/7/2013	Will First year ACO 2013 Cohort scores be publically reported by individual ACOs?	ACO scores will be posted on Physician Compare by ACO.	NA	X	X
2	11/7/2013	I can't find videos when I go to YouTube ...are there any more specific variables I can search to find the videos?	You can access the videos at http://go.cms.gov/GPROPlaylist .	X	X	X
3	11/7/2013	Are there any plans for offering training on the GPRO interface and reporting on the measures in general outside of these Q/A's. More like an instructor led training class.	Yes, there will be trainings for the Web Interface in January 2014. During these sessions we will walk through the application and allow time for Q&A.	X	X	X
4	12/5/2013	My group chose Administrative Claims; does this protect us from the penalty? With this election, is it correct that we do not need to submit any special codes on claims? If our EPs want to earn the PQRS incentive, they can report individually, correct?	Yes, this is correct. However, these calls are for the GPROs reporting via the Web Interface; therefore you do not need to attend these calls.	X	NA	NA
5	12/5/2013	Is there a plan to have a Q&A session where we can actually ask questions as opposed to just typing them in?	No, this is the format that will be used moving forward.	X	X	X
6	12/5/2013	The 2012 GPRO reports for groups with more than 100 providers stratify groups into low, mid, or high quality and low, mid, or high efficiency categories. One standard deviation is used for the cut points. Yet, we see about half of the expected number of groups.	This group should contact the QualityNet Help Desk for more information on their 2012 reports.	X	NA	NA

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
7	12/5/2013	Is this call for practices that are submitting by registry? If not, will any of the webinars address questions about registry reporting?	This support call is for GPROs submitting via the Web Interface only. If you are submitting via registry, please work directly with your registry. A list of qualified registries can be found on the Registry page of the CMS website: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Registry-Reporting.html .	X	NA	NA
8	12/5/2013	Is the calculated performance rate publicly reported? Does it impact anything for SSP? I am asking because it was stated that if we report on all 616 patients all are used to determine the performance rate and we are trying to determine our best course of action.	For ACOs that began their agreement start date in 2012, there will be public reporting on Physician Compare website in early 2014. The diabetes component measures and CAB measures will be reported.	NA	X	X
9	12/5/2013	Are we being judged on performance for each module? What implications are there for a measure where we have a "0" for the numerator	ACO will need to completely and accurately report for 2013. This is the quality standard for the 2013 reporting period. In 2014, we move to pay for performance and you can find which measures go to pay for performance both in the SSP rule and supplement documents that are on the ACO quality page on the CMS website.	NA	X	X
10	12/5/2013	Will a list of questions and answers from this program be available for future reference, as well as the slides?	Yes, we will post the Q&A document and slides on the GPRO Web Interface page of the CMS website within two weeks of support calls: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html .	X	X	X
11	12/5/2013	Regarding the Quality Tier Reporting option, can you go in depth regarding how the standard deviation is being used to determine the performance levels for quality and cost?	This is a Value-based Payment Modifier (VM) question, please contact the QualityNet Help Desk for information at 1-866-288-8912 (TTY: 1-877-715-6222) or Qnetsupport@sdps.org . Information about VM is available on the CMS Physician Feedback Program website at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html .	X	NA	NA
12	12/5/2013	What is the audit process after submission?	Additional information on the audit will be provided after the close of the reporting period to ACOs that are selected to participate in the Medicare Shared Savings Program quality measures validation audit.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
13	12/12/2013	We have users who still need to be added to the listserv for all these notifications and meetings; how do we add people to the PQRS GPRO listserv?	If you are a PQRS GPRO, please send your request to: PQRS_Vetting@mathematica-mpr.com . If you are an ACO, you can update your contacts in HPMS.	X	X	X
14	12/12/2013	Can you restate how we will receive these slides? Will they be sent to all invitees, or do we have to go to a CMS site to retrieve them?	The slides will be posted on the GPRO Web Interface page of the CMS website within two weeks of the call.	X	X	X
15	12/12/2013	By saying the PDF is "not 508 compliant" does that mean you would not recommend us printing them and using them to develop our XML?	No. You can still download the PDF and use it as a reference. However, a screen reader may not read the information accurately to a visually impaired user, and some of the built in navigational features (table of contents, bookmarks, and hyperlinks) may not be fully functional. If you click on the link, the online version is 508 compliant and the navigational features are fully functional.	X	X	X
16	FAQ	What information will the Beneficiary Provider Supplemental File include?	The file will include: <ul style="list-style-type: none"> • HICNO • Patient first name • Patient last name • Sex • Birth Date • Patient Rank for each of the samples • The TIN or CCN that provided the patient with the most primary care service visits NPIs, first names, and last names of the 3 providers who provided the highest number of primary care services to the patient	NA	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
17	FAQ	What are we supposed to do with the Beneficiary Provider Supplemental File?	The purpose of the beneficiary-provider file is to give the ACOs a list of the assigned beneficiaries who have been sampled for GPRO data collection, the TIN or CCN at which the beneficiary received the most primary care services, and the names and NPIs of the three providers who provided the plurality of primary care services visits to the beneficiary – all based on Medicare claims data. The purpose of this list is to assist the ACOs in finding patient records. It is possible, however, that the patient’s record is located with none of these providers. If that is the case, the ACO should make every effort to search your own systems of network of providers to locate the patient’s record in order to collect data on this patient.	NA	X	X

XML

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
1	12/12/2013	From the file we receive from CMS, what if we believe the date of birth is wrong?	If you need to change the date of birth (DOB), you can do that from the Web Interface. You won't be able to do this in XML, but you can update the date in the Web Interface. The DOB is an alterable field that can be corrected manually in the Web Interface. In terms of patient status, you may want to consider what impact that would have on some of the measures that are age dependent.	X	X	X
2	12/12/2013	Can we provide updated NPI's in the XML, or do we have to use the NPI's provided by CMS?	No, if you choose to update the NPI you can use XML to do that. If you want to change the NPI to make it easier to either find a patient or correct an association you can do that on the Web Interface or you can do that in the XML. Just ensure that the NPI does exist in your database. You can do this by looking on your screen or by exporting your providers XML file. The Add/Edit Providers screen displays a list of all providers for your TIN. If you update the provider on the patient's demographics page in the Web Interface you can select the new provider from a pre-populated list.	X	X	X
3	12/12/2013	When was it mentioned that the XSD files were changed?	The XSD file that was changed is the patient ranking file which is embedded in the XML specification. We have the updated specification and they will be available 12/13/2013 on the CMS website. The other XSD files were not changed.	X	X	X
4	12/12/2013	Will CMS be providing an Excel to XML template like they did last year?	No, we are not going to give you a template as we have given you step-by-step instructions in the XML Specifications on to how to create your own template in Excel 2007, 2010, and 2013.	X	X	X
5	12/12/2013	If we enter some information in the Web Interface, then upload an XML file, will the XML information overwrite what was previously manually entered?	If you have a value in the XML tag, for example, if you entered "yes the patient had a mammography screening" in the Web Interface and then you upload an XML file that says "no the patient did not have a mammography screening," then yes, the XML file will overwrite what you originally entered into the Web Interface. If, however, you upload an XML file that does not contain the mammography screening tag or if you upload an empty mammography screening tag, then it will not overwrite what you have in the Web Interface.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
6	12/12/2013	If we are making our submission through an XML upload file is it only the complete patient XML file that we upload or are there multiple XML files that need to be created and uploaded?	It is entirely up to how your organization would like to upload the XML files. The data can be in one submission or in multiple files. As noted in the question above, if you upload multiple XML files, the latest file will overwrite any previously loaded files. But again, you can upload one module at a time, one office's patients at a time, one measure at a time, etc. It really depends on what is best for your workflow.	X	X	X
7	12/12/2013	If you upload a file, do you have the capability to back out that file in case you upload incorrect data by error?	You do have the opportunity to correct an error. Backing out incorrect data, would essentially either overwrite the data with the new correct value or if you just put it in the wrong place, you could use a "-1" in your XML value. This is described as one of the valid values in the XML specification. A "-1" will blank out as a null the value that is currently in the database for the patient. For example you were only uploading dates for HbA1c and you accidentally put them under LDL-C dates. If you wanted to remove the HbA1c dates from the LDL-C dates, you could modify the uploaded file to replace the dates with "-1" upload the file again. All dates with a "-1" in the XML file will now have a null in the database. Please use extreme cautious while doing this because it will remove data from the database, however we did put this option in just to cover this situation.	X	X	X
8	12/12/2013	Can we test an upload with one patient?	Yes, once the Web Interface is open you may upload one patient as a test. Whatever data you enter will be saved for this patient.	X	X	X
9	12/12/2013	We were planning to use the Excel spreadsheet tool from last year to upload into the GPRO tool. Will this work or is there a new version, and if so, is it located on the above referenced cms.gov website?	If you used Excel last year, you can't use that same template this year because some of the measures and associated tags have changed for 2013. This especially goes for GPROs, as you will see significant changes in your measures. In addition, because the medical record found now applies to all of the modules in which the patient is ranked instead of being on a module by module basis, you can't use last year's template. We have given you instructions as to how to create a new template in Excel 2007, 2010, and 2013 with the supplied XSD files. The format for the template this year is not significantly differently from last year, but there are new and removed tags. Please use the format for this year or your tags will not be valid. The XML Spec contains a Release Notes section detailing the changes for this year.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
10	12/12/2013	Are the NPI and Clinic IDs optional?	Yes, they are optional. You will have a pre-populated clinic and up to three NPIs. If you're happy with what you've got and you don't want to change them, you don't need to include them in the XML file.	X	X	X
11	12/12/2013	Is there a test system for us to upload a test patient's XML file?	No there is not a test system.	X	X	X
12	12/12/2013	If you submit an NPI that was not on the list of NPIs that was originally given to us for that beneficiary will that be accepted?	An XML file containing an NPI that is not on the list of NPIs for your TIN will not be processed. Other valid NPIs will be processed. You will have a pre-populated list of NPIs and you can add NPIs in the Web Interface during the submission period. All NPIs associated to a patient will be pre-populated. All of the available NPI's will be available on a screen and drop down That will be demonstrated in January. If you want to use additional NPIs, you can go into the Web Interface and add new NPI's and then upload your XML files.	X	X	X
13	12/12/2013	If we change a patient's date of birth and the patient is no longer in age range for a measure, what do we do?	That may fall under other CMS approved reasons so we ask that you submit a QualityNet Help Desk ticket for this question.	X	X	X
14	12/12/2013	How will CMS notify users of XSD updates? Or is the user responsible for checking the website and dates on documents	If we find any need to update the XSD, there are different avenues for updating the users. Should we need to change one, we will notify you immediately. How you will be notified depends on your program. It will not be your responsibility to check, we will ensure you are notified.	X	X	X
15	12/12/2013	As a follow up question to the XSD file change, will the sample files be updated as well?	The sample files did not need to be updated. What was found was that the version in the header did not match what was in the sample file. The sample file was correct which pointed out the difference in the XSD.	X	X	X
16	12/12/2013	What is the purpose of the clinic file?	This file is more useful for ACOs as they have a number of participating TINs. The information in the clinic file will help the organization see which participating TIN or CCN is associated to a patient. It can help them filter out their patients by each participating TIN.	X	X	X
17	12/12/2013	If you are new to the PQRS Web Interface, do you have to upload the HTML file in order to view the measures?	When the Web Interface opens, you will see the different measures. If you are new to the Web Interface, we suggest viewing the overview presentations that are available to you. These resources will show you what the different measures are. If you upload an XML file, the values that are uploaded will be visible in the Web Interface.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
18	12/12/2013	When using the XML option, how can we ensure our patient sample stops at patient #411? In other words, if our file contains 616 patients, how can we ensure our performance is only tied to the first 411 patients via the file?	When you export your patients, either in the patient ranking or patient discharge file, the file will contain the patient's rank in all modules in which they were sampled. Depending on how you create your XML file, you would want to use that rank and only provide data for the first 411 patients. Just remember if you are uploading additional patients above 411, the count will stop at the first patient that is incomplete.	X	X	X
19	12/12/2013	If I am using XML and submit a different NPI, it sounds like from RTI's answer it would be accepted? What do the NPI's listed in the patient file represent?	As long as the NPI is already in the Web Interface when you upload the XML file you can submit a different NPI for a patient and it will be accepted. The NPIs for your TIN will be pre-populated and you can also add NPIs using the Web Interface. The top 3 NPIs for the patient are an additional way you can look up your patient, or filter your list of patients.	X	X	X
20	12/12/2013	Will prefilled elements be included in the download export file?	Yes, when you first log on to the Web Interface, if you were to do an export of the patient and the patient discharge data it will contain all of the prefilled elements for you as soon as you log in to the Web Interface.	X	X	X
21	12/12/2013	If you substitute an NPI that differs from the three NPI's supplied. Does that work for TIN as well? Is there any benefit in submitting NPI's?	If you are changing an NPI for a patients, that's just going to be changing the association to that single patient in the Web Interface. The top three NPIs for a patient were provided to help you find a patient. The Clinic TINs or CCNs are provided to help you find patients. It is for your use and will not be submitted to CMS. CMS will not use the clinics or providers associate to a patient for calculations or measurements.	X	X	X
22	12/12/2013	Can we generate one XML file per measure and upload data using one XML file per measure?	Yes, you can.	X	X	X
23	12/12/2013	Is it acceptable if we don't include the "provider NPI", "patient first and last names", "gender", "birth-date", "clinic-identifier", "rank" in the XML file? Do we get an error by not using these elements?	No, you won't get an error for not including this information in the XML file. The first/last name, gender, birth-date, and rank will all be pre-populated in the Web Interface. If you need to change any of the fields, you cannot do so in your XML file; you must update them directly in the Web Interface.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
24	12/12/2013	Is an Excel template of the XML file is posted on the CMS Web Interface website? I can't seem to find it under the Download section.	No, the XML specifications have been posted on the GPRO Web Interface page of the CMS website under the <i>2013 GPRO Web Interface XML Specification</i> header: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html . There are step-by-step instructions in the XML specifications for creating an Excel to XML template. The XSD files used to create the Excel template are included in the XML specifications.	X	X	X
25	12/12/2013	Can you clarify if these slides and/or an online manual for GPRO can be accessed within the link you provided?	The slides will be posted on the GPRO Web Interface page of the CMS website within two weeks of the call. The XML specifications have been posted and can be also be found at this website.	X	X	X
26	12/12/2013	Can you provide a link to the most current XML GPRO specifications?	You can find the XML specifications and other documentation for the GPRO Web Interface on the GPRO Web Interface web site: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html	X	X	X
27	12/12/2013	Do you have a recommended workflow for a new group, with 4-5 staff performing data abstraction? Should we abstract by patient or by modules?	It's a personal choice. You may want to consider staff with particular expertise to complete certain modules. In addition, for the sampling of the Preventive Care measures, we tried to reuse patients as much as possible. So, it would make sense to complete these together at the patient level.	X	X	X
28	12/12/2013	Can you review again the process for removing a value from a prior submission with a subsequent file submission (i.e. "removing" vs. "modifying" the previously submitted value)	Backing out incorrect data, would essentially either overwrite the data with the new correct value or if you just put it in the wrong place, you could use a "-1" in your XML value. This is described as one of the valid values in the XML specification. A "-1" will blank out as a null the value that is currently in the database for the patient. For example you were only uploading dates for HbA1c and you accidentally put them under LDL-C dates. If you wanted to remove the HbA1c dates from the LDL-C dates, you could modify the uploaded file to replace the dates with "-1" upload the file again. All dates with a "-1" in the XML file will now have a null in the database. Please use extreme cautious while doing this because it will remove data from the database, however we did put this option in just to cover this situation.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
29	12/12/2013	Is this XML tag correct: <submission> tag has attribute xmlns="gov/cms/pqrs/patient/v1"? Should it be ACO instead of PQRS?	The tag as written is correct. The ACO and GPRO measures were aligned for 2013 so there is only one submission attribute for PQRS reporting in the Web Interface.	X	X	X
30	12/12/2013	Will you provide a checklist to ensure we don't miss anything on the Web Interface for submission?	<p>If you are performing manual abstraction, when you save a patient, you will receive an errors/warnings message if applicable. If you are using XML, you can use the check entries report to check for inconsistencies and missing information.</p> <p>The Totals Report will also help you make sure everything is complete in the Web Interface. It includes detailed information on the completeness of data shown in the Group Status section of the Home page.</p> <p>This report helps you determine if the requirements for reporting have been met. If they have not been met, the report helps you determine which patients are missing and the data that is needed to qualify them for the reporting requirements.</p>	X	X	X
31	12/12/2013	There's a typo found in the XML Specification.	<p>The available values and appropriate XML format for the Not Qualified for Sample date should be changed from <care-not-qualified-date> to <medical-not-qualified-date> in the body of the specification. Appendix A, which lists the valid tags and values, is correct.</p> <p>The XML specifications will be updated to correct the typo and you will be notified when the version is available.</p>	X	X	X
32	12/12/2013	When an ACO has multiple participant TINs do we need to upload one set of results (patient, patient discharge) per TIN?	You can choose to combine all of your TINs into one upload or multiple uploads. Whatever works best for you is how you should upload your patients. The Web Interface will allow multiple uploads.	X	X	X
33	FAQ	After entering some data into the GPRO Web Interface, will that data be available immediately for XML export?	Yes. When you request an XML file, it will contain all information that is currently saved in the GPRO Web Interface.	X	X	X

NO.	DATE OF SUPPORT CALL	QUESTION	ANSWER	PQRS GPRO	SSP ACO	PIONEER ACO
34	FAQ	If we upload data via XML, will it erase any data that was entered manually by another user?	If you have a value in the XML tag that is associated with data entered by another user, then yes, your XML upload would overwrite that value. However, if, for example, one user entered information in the diabetes module and you are uploaded data for the CAD module, then your upload of CAD data would not overwrite the previously-entered diabetes data.	X	X	X
35	FAQ	Can we upload all of our sampled patients in one XML file?	We would recommend you try the upload with a few patients to make sure that there are no errors, but you can also upload all of your sampled patients in one file.	X	X	X
36	FAQ	Does the XML upload automatically "save" the patient's information?	Yes. Uploading of the XML automatically saves the patient's information. Note that you still need to submit your data to CMS by going to the Submit screen and clicking the Submit button.	X	X	X

Additional Information

PQRS GPRO

- 2013 PQRS GPRO information is available on the CMS PQRS website under the “Group Practice Reporting Option” page, or directly at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/CMS-Selected-Group_Practice_Reporting_Option.html.
- 2013 PQRS GPRO Web Interface reporting information is available on the CMS PQRS website under the “GPRO Web Interface” page, or directly at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html.
- Any questions regarding this document, PQRS or participation in the PQRS GPRO should be referred to the **QualityNet Help Desk** at desk at **866-288-8912**, TTY 877-715-6222, or via email at qnetssupport@sdps.org.

ACO

- 2013 ACO GPRO [SSP] information is available on the SSP website at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html>.

PIONEER ACO

- Any questions regarding this document or participation in PQRS through the Pioneer ACO should contact the CMS at PIONEERQUESTIONS@cms.hhs.gov.

APPENDIX A: CONSECUTIVE COMPLETION REQUIREMENT

Patients are numbered 1-616 (or 1 to the maximum number available if less than 616), and 411 of these patients need to be completed in the GPRO Web Interface by ACOs and PQRS GPROs with 100 or more EPs. For PQRS GPROs with 25-99 EPs, up to 327 patients will be ranked in a module and 218 must be completed. The 616 number represents a 50% oversampling to provide additional patients if you need to skip a patient in order to allow completion of 411 patients. Complete means that you have found the medical record, confirmed the disease diagnosis (for CAD, DM, HF, HTN, IVD), and provided all the required information; or, for those measures that do not require confirmation of a diagnosis (CARE and PREV), that you have found the medical record, confirmed the patient is eligible for the measure, and provided all the required information.

The minimum number for satisfactory reporting is 411 (ACO or PQRS GPRO with 100 or more EPs), or 218 (PQRS GPRO with 25-99 EPs) consecutively confirmed and completed patients, starting with the patient ranked #1 in the disease module or patient care/coordination measure. If you skip a patient because the medical record was not found, the patient is no longer qualified for the sample, the patient is not eligible for the disease module or patient care measure, **or** the diagnosis could not be confirmed then an additional patient, *on a one to one basis*, must be completed according to the criteria noted above.

Following are three examples of completing patients in consecutive order in the Web Interface.

EXAMPLE #1

In this example, 2 patient ranks need to be skipped. An additional patient is eligible for a clinical exclusion per the measure specifications.

Patient Rank	Disease Confirmation (not applicable to all measures) or patient care eligibility confirmation	Abstracted all information required in the module	Will patient count towards 411 required?	Notes
1	Yes - confirmed	Yes – complete	Yes	
2	Yes – confirmed	Yes – complete	Yes	
3	Yes - confirmed	Yes – complete	Yes	
4	N/A	N/A	No	Medical Record not found
5	Yes – confirmed	Yes – complete	Yes	Patient was eligible for one of the clinical exclusions in the specifications.
6	N/A	Yes (input date of death under “Not Qualified for Sample”)	No	Deceased during 2013
7 through 411	Yes – confirmed	Yes – complete	Yes	
412	Yes – confirmed	Yes – complete	Yes	Must complete additional patient to make up for skipping Rank #4
413	Yes - confirmed	Yes – complete	Yes	Must complete additional patient to make up for skipping Rank #6

Note: No additional abstraction required: consecutively completed 411 ranked patients. Module considered complete.

EXAMPLE #2

In this example, 2 patient ranks need to be skipped, but there are fewer than 411 patients available for abstraction.

Patient Rank	Disease Confirmation (not applicable to all measures) or patient care eligibility confirmation	Abstracted all information required in the module	Will patient count towards 411 required?	Notes
1	Yes - confirmed	Yes – complete	Yes	
2	Yes – confirmed	Yes – complete	Yes	
3	Yes - confirmed	Yes – complete	Yes	
4	N/A	N/A	No	Medical Record not found
5	Yes – confirmed	Yes – complete	Yes	
6	N/A	Yes (input date of death under “Not Qualified for Sample”)	No	Deceased during 2013
7 through 386	Yes – confirmed	Yes – complete	Yes	
387	Yes – confirmed	Yes – complete	Yes	No additional patients available for abstraction.

Note: No additional patients available for abstraction: consecutively completed all available ranked patients. Module considered complete.

EXAMPLE #3

In this example, laboratory result data for patient rank #2 was not provided and causes the count of consecutively completed ranks to stop at rank #1.

Patient Rank	Disease Confirmation (not applicable to all measures) or patient care eligibility confirmation	Abstracted all information required in the module	Will patient count towards 411 required?	Notes
1	Yes - confirmed	Yes – complete	Yes	
2	Yes – confirmed	No – didn’t abstract information on lab test	No	If this patient is not completed, you will have consecutively completed only 1 patient (Rank #1). Once Rank #2 is completed, it will be considered consecutively completed.
3	Yes - confirmed	Yes - complete	No	Once Rank #2 is completed, this will be considered consecutively completed.
4	Yes - confirmed	Yes - complete	No	Once Rank #2 is completed, this will be considered consecutively completed.
5	N/A	Yes (input date of death under “Not Qualified for Sample”)	No	Deceased during 2013
6 through 411	Yes – confirmed	Yes - complete	No	Once Rank #2 is completed, this will be considered consecutively completed.
412	Yes – confirmed	Yes - complete	No	Must complete additional patient to make up for skipping Rank #5. Once Rank #2 is completed, this will be considered consecutively completed.

Note: Module considered incomplete until Rank #2 is completed.