



**2013 Group Practice Reporting Option (GPRO)
Support Call Minutes**

Q&A Session

November 7, 2013

	QUESTION	ANSWER
IACS		
1	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.
2	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.
3	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.
4	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.
5	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.
6	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.

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7	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 qnet-support@sdps.org
8	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 qnet-support@sdps.org . They will be able to provide this information.
9	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.
10	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. 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 qnet-support@sdps.org .
11	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.
12	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.

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13	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 qnetsupport@sdps.org . GPRO Submission roles are not available until November 18, 2013 .
14	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 10 users so please contact the Shared Savings Program to discuss your situation.
15	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 TIN's they would use the same IACS account and request to add the additional role/TIN to the existing IACS account.
16	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 is needed for utilizing the Web interface.
17	Has the issue of logging into multiple TIN's 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.
18	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.
19	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 an 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 qnetsupport@sdps.org for further assistance.

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20	<p>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>	<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>

	QUESTION	ANSWER
MEASURES		
1	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. Measure 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 (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 (groups of 100+), then report on 100 percent of assigned beneficiaries.</p>
2	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.
3	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.

	QUESTION	ANSWER
4	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.
5	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?	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 provide that information. 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. It depends on the measures that you are referencing.
6	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 docs and the 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.
7	General measure question: 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.

	QUESTION	ANSWER
8	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.
9	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
10	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.
11	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 - December of 2013)
12	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.

	QUESTION	ANSWER
13	Will the reported QM through claims be included in the numerator?	<p>Claims data is used when available to prepopulate 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>

	QUESTION	ANSWER
14	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.
15	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 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.
16	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 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.
17	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.
18	Please clarify the definition for Former Smoker that is addressed in ACO Measure 17 and 25.	If you can show documentation that they are not a current smoker, you can mark them as "nonsmoker" regardless of former smoker status.

	QUESTION	ANSWER
19	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.
20	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.
21	On the documentation for proving a beneficiary is no longer a smoker... Please definite "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.
22	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 med rec there must be documentation that the PCP or clinical pharmacist is aware of the review.
23	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, 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.

	QUESTION	ANSWER
24	ACO CARE-1, 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.
25	The description for ACO-31 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. In regards to this measure, the question has a yes/no answer unless the patient is excluded for medical, patient or system reasons.
26	For med rec, 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.
27	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.
28	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.

	QUESTION	ANSWER
29	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
30	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 measures where CMS does look back to the prior year for a diagnosis in the administrative claims in addition to the measurement year.
31	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.
32	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.
33	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.
34	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.
35	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.

	QUESTION	ANSWER
36	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
37	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.
38	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.
39	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.
40	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.
41	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.
42	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.
43	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.

	QUESTION	ANSWER
44	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.
45	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.
46	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.
47	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.
48	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.
49	Are the release notes in the GPRO Web Interface supporting documents new this year?	No, they are not new for this year.
50	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.

	QUESTION	ANSWER
ASSIGNMENT & SAMPLING		
1	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.
2	If patient is enrolled in MSSP 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, 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 .
3	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 .
4	We have had a couple of PCP's resign from our ACO and HPMS shows this will be effective 12/31/13. 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 MSSP 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.

	QUESTION	ANSWER
5	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 .
6	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	Someone that is not of the correct age will not be pulled into the sample to begin with. Age is based on the patient age as of the 1st day of the measurement period [which will be January 1, 2013 for the 2013 reporting period].
7	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.
8	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.
9	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.
10	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 .

	QUESTION	ANSWER
11	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. Medium GPROs 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 .
12	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 .
13	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 are able to provide this information securely whereas PQRS GPRO is not set up in the same way.

	QUESTION	ANSWER
14	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.
15	Was it just said that there is no option to export from GRPO? I believe this option was available last year.	XML files for the patient data, clinics, and providers can be exported from the Web Interface.

	QUESTION	ANSWER
PAYMENT ADJUSTMENT		
1	<p>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>	<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>
2	<p>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?</p>	<p>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.</p>

	QUESTION	ANSWER
3	<p>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>	<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 large GPROs and 216 patients for medium GPROs per measure/module).</p> <p>If you're a group practice, you cannot report via claims. Claims is only for individual PQRS reporters.</p>
4	<p>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)?</p>	<p>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.</p>
5	<p>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.</p>	<p>That does count for all participating TINs within and ACO if the ACO satisfactorily reports on behalf of the participating TINs.</p>

	QUESTION	ANSWER
6	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 25-99EPs 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>
7	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?	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.
8	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.
9	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.

	QUESTION	ANSWER
TIMELINE		
1	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 are 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>
2	When will Web Interface open?	January 27, 2014 – March 21, 2014
3	Will ACO's 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.
4	To clarify, will the bene 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.
5	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.

	QUESTION	ANSWER
CG-CAHPS SURVEY		
1	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.
2	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.
3	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 GPROs with 100 or more eligible professionals (large GPROs). You can view the CAHPS survey at this address: http://acocahps.cms.gov/ . The survey is the same for both ACOs and large GPROs.
2012 GPRO REPORTING		
1	We are an ACO who successfully reported all quality measures via the GRPO 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.
2	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.
3	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.
4	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.

	QUESTION	ANSWER
5	Can you tell us how many ACO's 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.
REPORTING REQUIREMENTS		
1	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.
2	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 PQRS GPROs. Medium GPROs are those with 25-99 eligible professionals. Large GPROs are those with 100 or more eligible professionals.
3	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 large GPROs and ACOs) or 218 consecutive patients (for medium GPROs). 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.
4	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.
5	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 qnetssupport@sdps.org Participant TINs that become part of the ACO effective 2014 will need to report PQRS by another option for 2013 reporting period.

	QUESTION	ANSWER
WEB INTERFACE		
1	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.
2	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.
3	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.
4	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.
5	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.

	QUESTION	ANSWER
6	We are creating a 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.
7	Do our IT staff 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.
8	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.
9	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 it 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, that you would not want to have people extracting at the same time.
10	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 EX 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

	QUESTION	ANSWER
11	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.
12	Is there any possibility that the GRPO 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
13	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.
14	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.
MISCELLANEOUS		
1	Will First year ACO 2013 Cohort scores be publically reported by individual ACOs?	ACO scores will be posted on Physician Compare by ACO.
2	I can't find videos when I go to www.youtube.com/playlists ...are there any more specific variables I can search to find the videos?	You can access the videos at http://go.cms.gov/GPROPlaylist .
3	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.