



Physician Quality Reporting System
Accountable Care Organization
Group Practice Reporting Option
Web Interface User Manual
Program Year 2012
Last Modified: January 18, 2013

DISCLAIMER

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1 INTRODUCTION

On October 20, 2011, the Centers for Medicare & Medicaid Services (CMS) finalized new rules under the Patient Protection and Affordable Care Act (Affordable Care Act) to help doctors, hospitals, and other health care providers better coordinate care for Medicare patients through Accountable Care Organizations (ACO). Coordinated care helps to ensure that patients, especially the chronically ill, get the right care at the right time, with the goal of avoiding unnecessary duplication of services and preventing medical errors. When an Accountable Care Organization succeeds in both delivering high-quality care and spending health care dollars more wisely, the Medicare Shared Savings Program (Shared Savings Program) will reward Accountable Care Organizations that lower their growth in health care costs while meeting performance standards on quality of care and putting patients first.

The Affordable Care Act allows CMS to incorporate the Physician Quality Reporting System (PQRS) reporting requirements and incentive payments into the Shared Savings Program. Accountable Care Organization participants that include providers/suppliers who are also eligible professionals for purposes of the Physician Quality Reporting will earn PQRS incentive as an ACO practice under the Shared Savings Program, by reporting required clinical quality measures through the Accountable Care Organization Group Practice Reporting Option Web Interface (ACO GPRO Web Interface). For 2012, the ACO GPRO measures will be used for Physician Quality Reporting incentive purposes and eligible professionals in ACOs must participate in the Physician Quality Reporting through the Shared Savings Program if they wish to earn a Physician Quality Reporting incentive payment.

The Pioneer Accountable Care Organization Model adopted the same quality measures reporting criteria and PQRS incentive eligibility criteria as the Shared Savings Program.

PQRS eligible Taxpayer Identification Numbers (TIN) within an ACO will be eligible to receive the PQRS incentive payments for each calendar year in which their ACO fully and completely report the ACO GPRO measures, regardless of the ACO's start date or generation of shared savings, allowing ACOs joining the Pioneer ACO Model in January of 2012 or the Shared Savings Program in April or July of 2012 the opportunity to participate. ACO providers/suppliers who are eligible professionals within an ACO may only participate under their ACO participant Taxpayer Identification Number as an ACO practice under the Shared Savings Program or Pioneer ACO Model for purposes of receiving an incentive payment under the PQRS. No separate self-nomination for GPRO participation is required by an ACO or individual Taxpayer Identification Number. To ensure no duplication in PQRS incentive payments, Centers for Medicare & Medicaid Services will notify the PQRS of Taxpayer Identification Numbers that become part of an Accountable Care Organization.

An ACO, on behalf of its providers/suppliers who are eligible professionals, must satisfactorily report the ACO GPRO quality measures during the reporting period in order to receive a Physician Quality Reporting incentive payment under the Shared Savings Program. Eligible professionals within an ACO who qualify for a Physician Quality Reporting incentive payment in each ACO participant Taxpayer Identification Number will receive an incentive, for those years an incentive is available, based on the allowed Medicare Part B charges under the physician fee schedule for that Taxpayer Identification Number.

Each Physician Quality Reporting eligible Taxpayer Identification Number will receive its own payment. The payment will be based on all eligible professional allowed Medicare Part B charges under the Taxpayer Identification Number, regardless of whether the eligible professional is participating as an ACO provider/supplier. That is, an individual healthcare professional who is eligible to participate in Physician Quality Reporting, has re-assigned billing rights to a Taxpayer Identification Number that is a Pioneer ACO, but as an individual provider has decided not to be affiliated with the Pioneer Accountable Care Organization, is not eligible to earn a separate PQRS incentive under the same Taxpayer Identification Number.

For both Pioneer ACO and Medicare Shared Savings Program ACO, the first year of quality reporting (2012) through the ACO GPRO Web Interface for Physician Quality Reporting incentive payments purpose will be in 2013.

The ACO GPRO Web Interface is a method of data submission that incorporates some characteristics and methods from CMS demonstration projects, including the Physician Group Practice Demonstration for large ACO practices and the Medicare Care Management Performance (MCMP) Demonstration for solo to medium-sized practices. More importantly, it is another (almost identical) version of the portal that is currently used in the PQRS GPRO. In the Web Interface, a database pre-populated with an assigned beneficiary sample under each condition module (e.g., Diabetes, Heart Failure, etc.) will serve as a data collection tool for groups to use in collecting and submitting quality measures data to CMS. While an ACO's first performance year for shared savings purposes would be either 18 or 21 months, depending on the start date, quality data will be collected for, and quality performance standards based on, the calendar year, beginning with the reporting period ending December 31, 2012. Similarly, the first data collection for Pioneer ACO will take place after the reporting period ending December 31, 2012.

Each ACO selected to participate in 2012 will be assigned a patient sample that includes the patients' demographic and utilization information. The sample of patients is a subset of the ACO's assigned/aligned beneficiaries who are included in the third-quarter report.

The selected patients' data will be populated in the ACO practices' Web Interface page. The ACO must access the system using its Web Interface to add missing quality measure data on each patient who received services during the 2012 reporting year (i.e., between January 1, 2012 and December 31, 2012). To add this data, ACOs have options:

- Enter the data directly into the system through its Web Interface.
- Download the patient list and create an Extensible Markup Language (XML) file for those patients containing quality data using another resource. Upload the XML file to the system using its Web Interface.
- Data that has been uploaded can be viewed and updated through the Web Interface for accuracy and completeness.

ACOs will be required to submit data for 22 quality measures using the ACO GPRO Web Interface. The quality measures are grouped into disease modules (Coronary Artery Disease, Diabetes Mellitus, Heart Failure, Hypertension, Ischemic Vascular Disease), plus patient care modules (Care Coordination/Patient Safety and Preventive Care), which have separately sampled measures. Note that for the diabetes-related measures, five of the six measures are grouped into

one “all-or-nothing” composite performance rate. Similarly, the two coronary artery disease measures are also grouped into one “all-or-nothing” composite rate for reporting purpose.

For each disease module or preventive care measure, the ACO practice must submit data for the first 411 consecutively sampled and ranked Medicare patients (with an over-sample of 616 patients). Sampled patients will be limited to those Medicare Fee-for-Service patients with Medicare Parts A and/or B for whom Medicare is the primary payer. If the pool of eligible assigned patients is less than 411 for any module/measure, then the ACO practice must report on 100% (all) of the assigned patients for that module.

For more information on the ACO GPRO, please visit the ACO section of the [Centers for Medicare & Medicaid Services](http://cms.hhs.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Quality_Measures_Standards.html) http://cms.hhs.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Quality_Measures_Standards.html website.

2 REFERENCED DOCUMENTS

[Medicare Shared Savings Program Website](http://cms.hhs.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html), <http://cms.hhs.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html>.

Table 2-1. Referenced Documents

Document Name	Document Number	Issuance Date
ACO GPRO XML Specification	N/A	January 2013

3 OVERVIEW

This document describes how to use the ACO GPRO Web Interface to view, change, upload, and export patient data, as well as how to view and print reports on data stored in the system that is used in the Physician Quality Reporting System.

3.1 Conventions

This document provides screen prints and corresponding narrative to describe how to use the ACO GPRO Web Interface.

Fields or buttons to be acted upon are indicated in **bold** in the action statement; links to be acted upon are indicated as links in underlined blue text in the action statement.

The term “user” is used throughout this document to refer to a person who requires and/or has acquired access to the ACO GPRO Web Interface.

3.2 Cautions & Warnings

When signing into the application, a warning screen will appear with **Terms and Conditions of Use** of the QualityNet Portal, content, and applications. Be sure to read the message completely, which explains the penalties and consequences of misusing the system(s) and its contents.

Screen shots are evolving during development. The screens that you see as you use the system may differ slightly from the sample images that appear in this document.

4 GETTING STARTED

4.1 Set-Up Considerations

4.1.1 General Set-up Considerations

The minimum system requirements to effectively access the PQRS Portal are:

- Hardware: 233 MHZ Pentium processor with a minimum of 150 MB free disk space
- 64 MB Ram (128MB is recommended) Software:
 - Microsoft® Internet Explorer Version 8.0
 - Before starting the GPRO Web Interface
 - The Internet Option **Enable native XMLHTTP Support** must be activated.
 - The Internet Option **Display all websites in Compatibility View** must be deselected.

4.1.2 Section 508 Accessibility Set-Up Considerations

In order to use the ACO GPRO Web Interface with Accessible technologies, the following must be available:

- JAWS 11 (or higher)
- ACO GPRO Web Interface User Preference Settings

If the ACO GPRO Web Interface will be used with screen reading software, you must change a setting in the Application's Preferences menu. Once the setting is configured, the setting will apply for all subsequent logins until it is changed.

To enable the Application Preferences to support screen reading software:

1. Log on to the ACO GPRO Web Interface as instructed in Section 4.3.
2. On the global navigation bar, click **Preferences**. The **User Preferences** window opens to the **General Preferences** screen (Figure 4-1).
3. For the **Enable screen reader mode** option, click **Yes**. This will make ACO GPRO Web Interface content accessible for users with visual impairments and enable the use of screen reader software such as JAWS.
4. Click **Save**, and then click **OK** on the confirmation pop-up. If you selected **Enable Screen Reader Mode**, the screens will be changed reflect that setting after navigating away from the **User Preferences** screen.

Figure 4-1 shows the **User Preferences** screen.

Figure 4-1. User Preferences Screen

ACO GPRO Web Interface

Home Reports Export Data Upload Data Add/Edit Locked Records List Users Submit Preferences Help

User Preferences

Show patients under these module(s):

- ☐ CARE-1: Medication Reconciliation
- ☐ CARE-2: Falls
- ☒ CAD: Coronary Artery Disease
- ☐ DM: Diabetes Mellitus
- ☐ HF: Heart Failure
- ☐ HTN: Hypertension
- ☐ IVD: Ischemic Vascular Disease
- ☐ PREV-5: Screening Mammography
- ☐ PREV-6: Colorectal Cancer Screening
- ☐ PREV-7: Influenza Immunization
- ☐ PREV-8: Pneumonia Vaccination
- ☐ PREV-9: BMI Screening and Follow-Up
- ☐ PREV-10: Tobacco Use: Screening and Cessation Intervention
- ☐ PREV-11: Screening for High Blood Pressure
- ☐ PREV-12: Depression Screening

Show errors (if any) after saving ☒ Yes ☐ No

Enable screen reader mode ☐ Yes ☒ No

Save

When the screen reader mode is enabled, the ACO GPRO Web Interface screens will be modified to optimize the use of screen reader software such as JAWS. The screen changes include:

- Expanded menu items in the global navigation
- Link Icons, such as the Online Help icon, will be changed to plain text links
- Row selection radio buttons in lists
- Information icons containing alternate text will replace the popup hints

Examples of how enabling the screen reader mode will change the appearance of the ACO GPRO Web Interface are shown in Figure 4-2. To see what the Home page, Patient List, and Demographics tab look like without the screen reader mode enabled (Figure 4-2).

Figure 4-2. Home Page with Screen Reader Options Enabled

ACO GPRO Web Interface

Home Menu Item Disabled Reports Menu Export Data Menu Item Upload Data Menu Item Add/Edit Menu Locked Records Menu Item List Users Menu Item Submit

Patient List for Chinese Community Accountable Care Organization, Inc. [Refresh Patient List](#) [GPRO Web Help](#)

Previous 1-25 of 616 Next 25

No Filter

Select	Medicare ID	First Name	Last Name	Gender	Birth Date	CARE-1 Rank	CARE-1 Complete	CARE-2 Rank	CARE-2 Complete	CAD Rank	CAD Complete
<input checked="" type="radio"/>	222S	ACO	L_NAME97...	Female	11/23/1945	0	NR	0	NR	1	✓
<input type="radio"/>	223S	ACO	L_NAME97...	Female	02/19/1945	0	NR	0	NR	2	S

Patient Status [Group Status](#) [Save Patient](#) [Cancel](#) [Check Entries](#) 00:00:15 [GPRO Web Help](#)

First Name ACO Last Name L_NAME97262 Gender Female Date of Birth 11/23/1945 Medicare ID 50015222S Medical Record Number ---

Current Mode: Browsing Locked By --- Updated 11/15/2012 Updated By JANE SCHIEMER

	CARE-1	CARE-2	CAD	DM	HF	HTN	IVD	PREV-5	PREV-6	PREV-7	PREV-8	PREV-9	PREV-10	PREV-11	PREV-12
Complete Rank	NR	NR	✓	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Dx	---	---	Yes	No	No	No	No	---	---	---	---	---	---	---	---

Selected Item: Demographics Item: CARE Item: CAD Item: DM Item: HF Item: HTN Item: IVD

Abstraction Date [GPRO Web Help](#)

* Required Abstraction Date 11/15/2012 [i](#)

Demographics [GPRO Web Help](#)

Medicare ID 222S

* Required First Name ACO [i](#)

* Required Last Name L_NAME97262 [i](#)

Gender Female [i](#)

* Required Date of Birth 11/23/1945 [i](#)

Medical Record Number (Optional) [i](#)

Other ID (Optional) [i](#)

Provider Name (Optional) [i](#)

Clinic Name (Optional) [i](#)

General Comments (Optional) [GPRO Web Help](#)

[i](#)

* Required field

4.1.2.1 Data Abstraction for Accessible technologies

Data abstraction for the selected patients in the ACO GPRO Web Interface should be done using the XML export and upload functionality. **Export Data** screen is detailed in Figure 5-14 and the **Upload Data** screen is detailed in Figure 5-16.

The XML files containing the data exported from the ACO GPRO Web Interface may be imported into Excel spreadsheets for modification. The modified data may then be exported from the Excel spreadsheet into the correct XML format so it may be uploaded into the Web Interface. The *ACO GPRO XML Specification* details the XML format and the steps on how to use Excel to abstract the patient data.

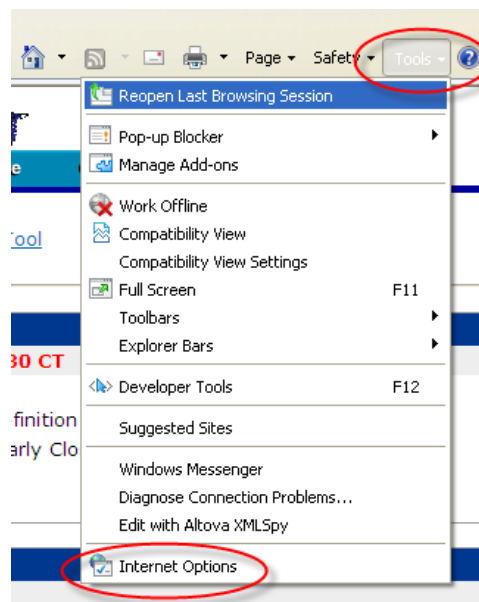
4.1.3 Web Browser Set-Up Considerations

4.1.3.1 Enable Native XMLHTTP Support

Before starting the ACO GPRO Web Interface, the web browser must be configured to support XMLHTTP. Failure to activate this option will prevent navigation to the tabs on the ACO GPRO Web Interface.

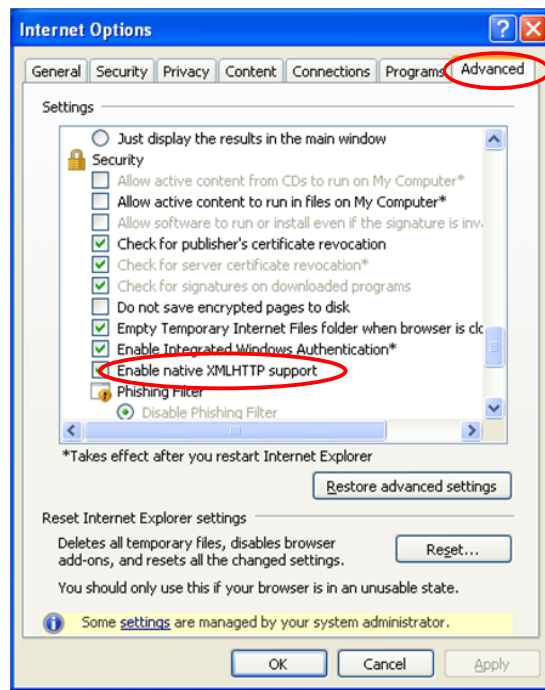
1. Click the **Tools** option on the Internet Explorer 8 toolbar (See Figure 4-3).

Figure 4-3. Select Internet Options



2. Click **Internet Options** from the drop-down menu.
3. Click **Advanced** tab and verify the **Enable native XMLHTTP support** checkbox under the **Security** heading is checked. If it is not checked, please check the box. Click **OK**.

Figure 4-4 shows the Internet options on the **Advanced** tab with the **Enable native XMLHTTP support** circled.

Figure 4-4. Enable Native XMLHTTP Support

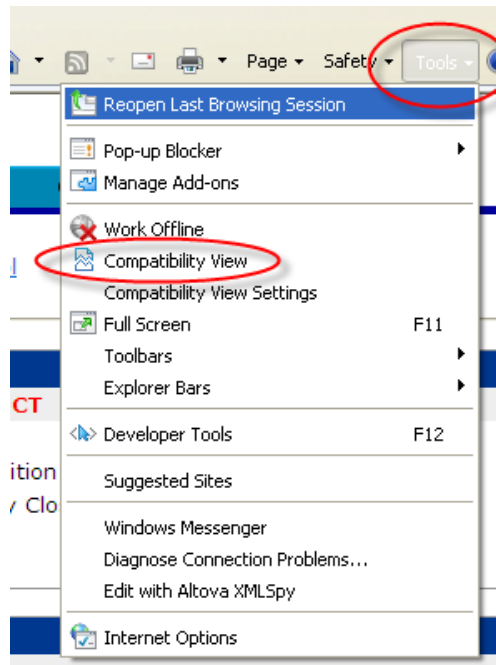
4.1.3.2 Disable Compatibility View

Before starting the ACO GPRO Web Interface, the Compatibility View Internet Option must be deactivated. Failure to deactivate this option will prevent some text from being displayed on the tabs on the ACO GPRO Web Interface.

1. Select the **Tools** option on Internet Explorer 8 toolbar.
2. Click **Compatibility View** if it is displayed with a checkmark indicating it is turned on.
3. The Browser will be refreshed with the **Compatibility View** option turned off for the current browsing session.

Figure 4-5 shows the **Tools** menu with the **Compatibility View** circled.

Figure 4-5. Compatibility View for Current Session

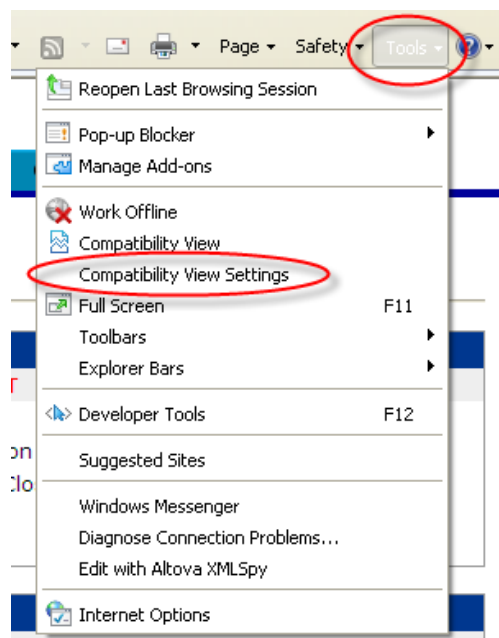


The **Compatibility View** for all browser sessions can be turned off from the **Tools** menu.

1. Click the **Tools** option on the Internet Explorer 8 toolbar.
2. Click **Compatibility View Settings**.

Figure 4-6 shows the Tools menu with the **Compatibility View Settings** circled.

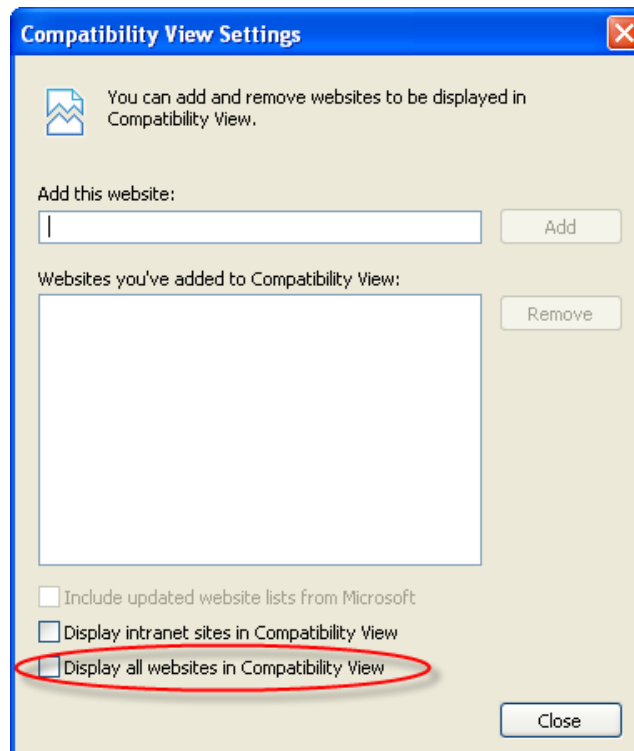
Figure 4-6. Tools Menu on Internet Explorer Toolbar



3. If the **Display all websites in Compatibility View** checkbox is checked, click the checkbox to turn off the option.
4. Click **Close**.

Figure 4-7 shows the **Compatibility View Settings** with the **Display all websites in Compatibility View** setting circled.

Figure 4-7. Compatibility View Settings



4.1.3.3 Expand ALT Text for Images

If the Internet Option for **Show pictures** setting is turned off, the ALT text must be expanded so text will replace the pictures. Both settings are available on the Internet Options Advanced tab. Figure 4-8 shows the Internet Options with the **Show pictures** setting turned off.

Figure 4-8. Internet Options – Show Pictures

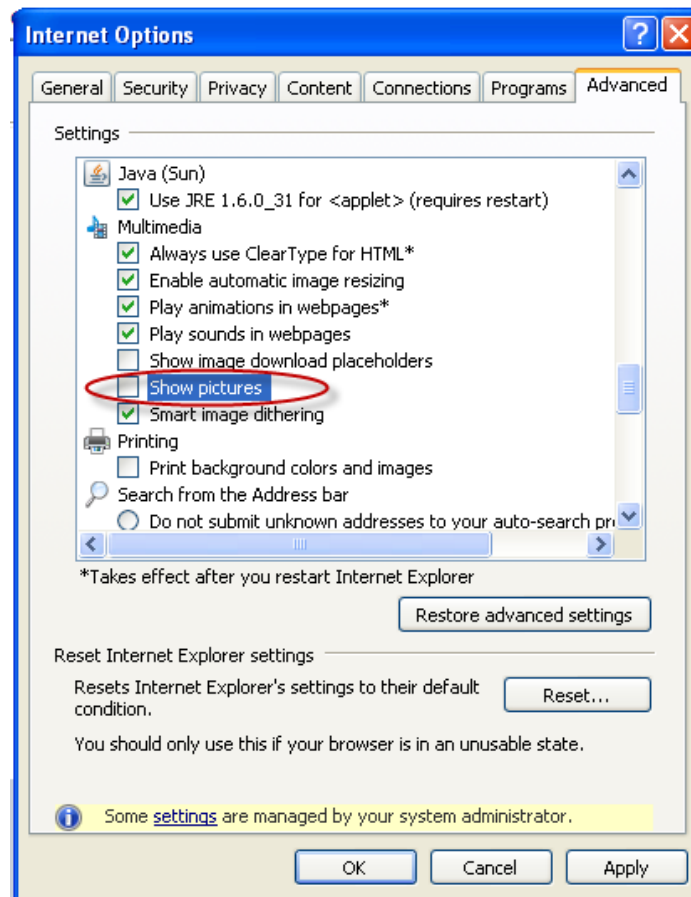
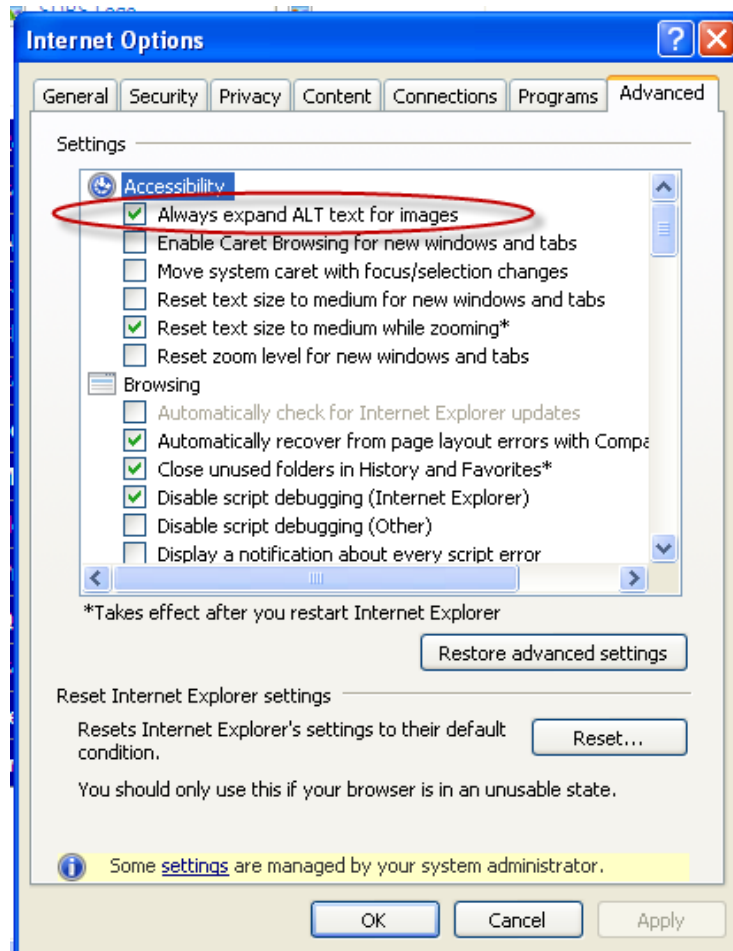


Figure 4-9 shows the Internet Options with the **Always expand ALT Text for images** setting selected.

Figure 4-9. Internet Options - Expand ALT Text



4.2 User Access Considerations

The ACO GPRO Web Interface will be used by ACOs to submit quality measure data on an assigned beneficiary sampling.

4.3 Accessing the System

To sign in to the portal, you must have an Individuals Authorized Access to Centers for Medicare & Medicaid Computer Services (IACS) account. If you have an account but have forgotten your password, go to Section 4.3.2 of this document. To access the system, from your web browser, go to the [QualityNet Portal](https://www.qualitynet.org/portal/server.pt), (<https://www.qualitynet.org/portal/server.pt>). The home page of the ACO Portal appears below (Figure 4-10).

Figure 4-10. PQRS Portal Home Page

QualityNet

Related Links

- CMS
- Quality Improvement Resources
- Measure Development
- Consensus Organizations for Measure Endorsement/Approval
- Communication Support Page

Guest Instructions

Welcome to the Physician and Other Health Care Professionals Quality Reporting Portal. Please click on the Sign In button located in the center of the page.

User Guides

- PQRS Portal User Guide
- PQRS/eRx SEVT User Guide
- PQRS/eRx Submission User Guide
- PQRS/eRx Submission Report User Guide
- 2011 PQRS Feedback Report User Guide
- 2012 PQRS GPRO Web Interface User Manual
- 2012 ACO GPRO Web Interface User Manual

Verify Report Portlet

This tool is used to verify if a feedback report exists for your organization's TIN or NPI.

NOTE: The TIN or NPI must be the one used by the eligible professional to submit Medicare claims and valid PQRS quality data codes.

☒ TIN ☐ NPI

TIN: e.g. 01-2123234 or 012123234

NPI: e.g. 0121232345

Guest Announcement

Information in the Taxpayer Identification Number (Tax ID or TIN-level) PQRS feedback reports is confidential. Your report is safely stored online and accessible only to you (and those you authorize) through the web application. TIN-level reports should be shared only with others within the practice who have a vested interest in the summarized quality data. Sharing of other PQRS participants' information is acceptable only if the individual EP has authorized the TIN to do so. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

Physician and Other Health Care Professionals Quality Reporting Portal

to your Portal

If you do not have an account, please [register](#).

[Forgot your password?](#)

For assistance with new & existing IACS accounts, review the [Quick Reference Guides](#).

Notice: If you have not used your IACS account within the past 60 days or more, your account has been temporarily disabled as required by the CMS security policy. You should have received an e-mail at the e-mail address associated with your IACS account profile instructing you how to get your account re-enabled. If you need further assistance, please contact the EUS Help Desk at 1-866-484-8049 or TTY: 1-866-523-4759.

NOTICE: The new 'PQRS Alternative Feedback Report Request Process' can be used by all EPs who participated in PQRS (for whom a feedback report is available). This process does not require an IACS user ID and password. The EP (TIN and NPI) can call their respective Carrier and A/B MAC Provider Contact Center to request an individual NPI level feedback report. Additional information about the PQRS Alternative Feedback Report Request Process can be found by accessing special edition Medicare Learning Network (MLN) article (SE0922) "Alternative Process for Individual Eligible Professionals to Access Physician Quality Reporting Initiative (PQRI) and Electronic Prescribing (E-Prescribing) Feedback Reports." Visit <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0922.pdf> on the CMS website. The TIN will not receive an aggregate report that includes all of the NPIs who have designated their billings under a TIN. This aggregated TIN level feedback report must be retrieved from the PQRS Portal, which requires an IACS user ID and password.

For additional configuration help, review the Quick Reference Guides:

1. In your web browser, go to the [QualityNet Portal](https://www.qualitynet.org/portal/server.pt/community/pqri_home/212).
https://www.qualitynet.org/portal/server.pt/community/pqri_home/212. The home page of the PQRS Portal appears (see Figure 4-10).
2. In the middle of the page, locate the following link: **Quick Reference Guides**. Click **Quick Reference Guides**. Links to the guides will be displayed; the guides provide instructions for IACS account setup, customized based on your role.

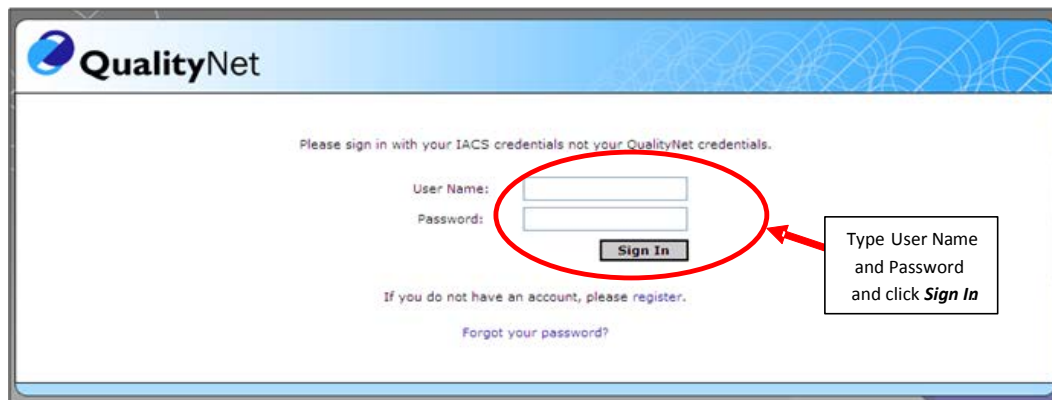
For registration assistance, call the QualityNet Help Desk at 866-288-8912 for IACS.

4.3.1 Signing In to the Portal

To sign in to the portal:

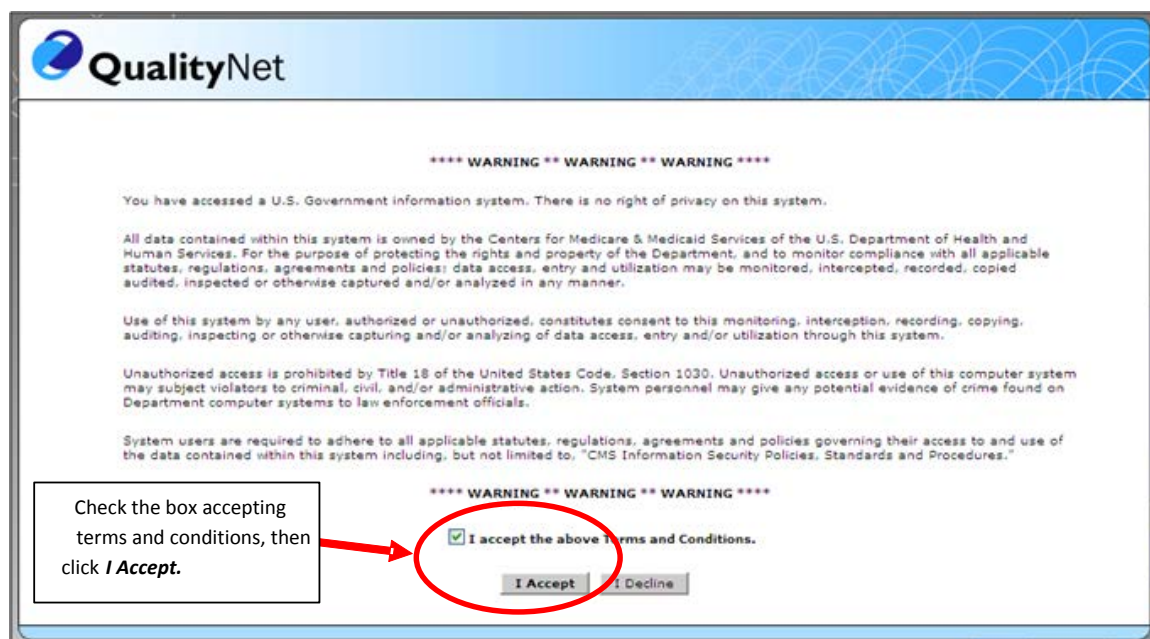
1. In your web browser, go to the [QualityNet Portal](https://www.qualitynet.org/portal/server.pt/community/pqri_home/212), https://www.qualitynet.org/portal/server.pt/community/pqri_home/212. The PQRS Portal home page is displayed (see Figure 4-10).
2. From the home page, click **Sign In**. The **Sign In** screen appears (see Figure 4-11).

Figure 4-11. PQRS Login Screen



3. Type your **IACS User Name** and **Password** (not any QualityNet credentials you may have) in the **User Name** and **Password** fields and click **Sign In**. A **Warning** screen is displayed describing the terms and conditions associated with portal use (Figure 4-12)

Figure 4-12. PQRS Warning Screen



4. After reading the text, first click the box next to **I Accept the above Terms and Conditions** and then click **I Accept**. The **Welcome Page** screen appears.

If your IACS account is associated to multiple roles or to multiple Taxpayer Identification Numbers, select the role and organization.

If you are a first time users, you will need to select the Tax Identification Number/Organization. Once you select the Tax Identification Number/Organization, you will then go to go to the Roles Management community and request a GPRO Submission Role. After the request is approved by the Security Officer assigned to that TIN/Organization, the next time you log in, the Warning Screen will appear with the Terms and Conditions associated with portal use (Figure 4-12).

Figure 4-13 shows the screen to select the role and organization.

Figure 4-13. Profile Selection

5. If your IACS account is associated to multiple communities, you must select the GPRO Submission link. If the ACO community is the only community associated to your IACS account, you will be taken directly to the ACO GPRO Web Interface. If the ACO community is not the only community associated to your IACS account, the Site Navigation will display.

Figure 4-14 shows where to select GPRO Submission in the header of the PQRS Portal page.

Figure 4-14. Site Navigation

6. From the Site Navigation section of the screen (above), select **GPRO Submission**. The **Data Use Agreement** screen is displayed (see Figure 4-15).

7. After reading the Warning and Reminder text, click **Accept** to continue. The **Home** page is displayed. (see Figure 5-1)

Figure 4-15 shows Data Use Agreement disclaimers and warnings.

Figure 4-15. Data Use Agreement

***** WARNING *****

Unauthorized Access
Unauthorized access to this United States Government Computer System and software is prohibited by Title 18 United States Code, Chapter 47 Section 1030, fraud and related activity in connection with computers. Knowingly accessing a Federal information system inappropriately is a punishable offense subject to fines and up to 20 years imprisonment.
Do not disclose or lend your IDENTIFICATION NUMBER AND/OR PASSWORD to someone else. They are for your use only and serve as your electronic signature. This means that you will be held responsible for the consequences of unauthorized or illegal transactions.

Computer Usage
The Standards of Ethical Conduct for the Employees of the Executive Branch (5 CFR 2635.704) do not permit the use of government property, including computers, for other than authorized purposes. In addition, users must adhere to CMS Information Security Policies, Standards, and Procedures.

Monitoring
Users usage may be monitored, recorded, and audited. The use of the information system establishes their consent to any and all monitoring and recording of their activities.

Local System Requirements
The Federal Information Security Management Act (FISMA) of 2002 requires that the local system used to access CMS Computer Systems has up to date operating system patches and is running anti-virus software.

***** REMINDER *****

Sensitive Information
Do not file sensitive information (e.g., information concerning an individual) in electronic files in a way that allows unauthorized persons to access the information.

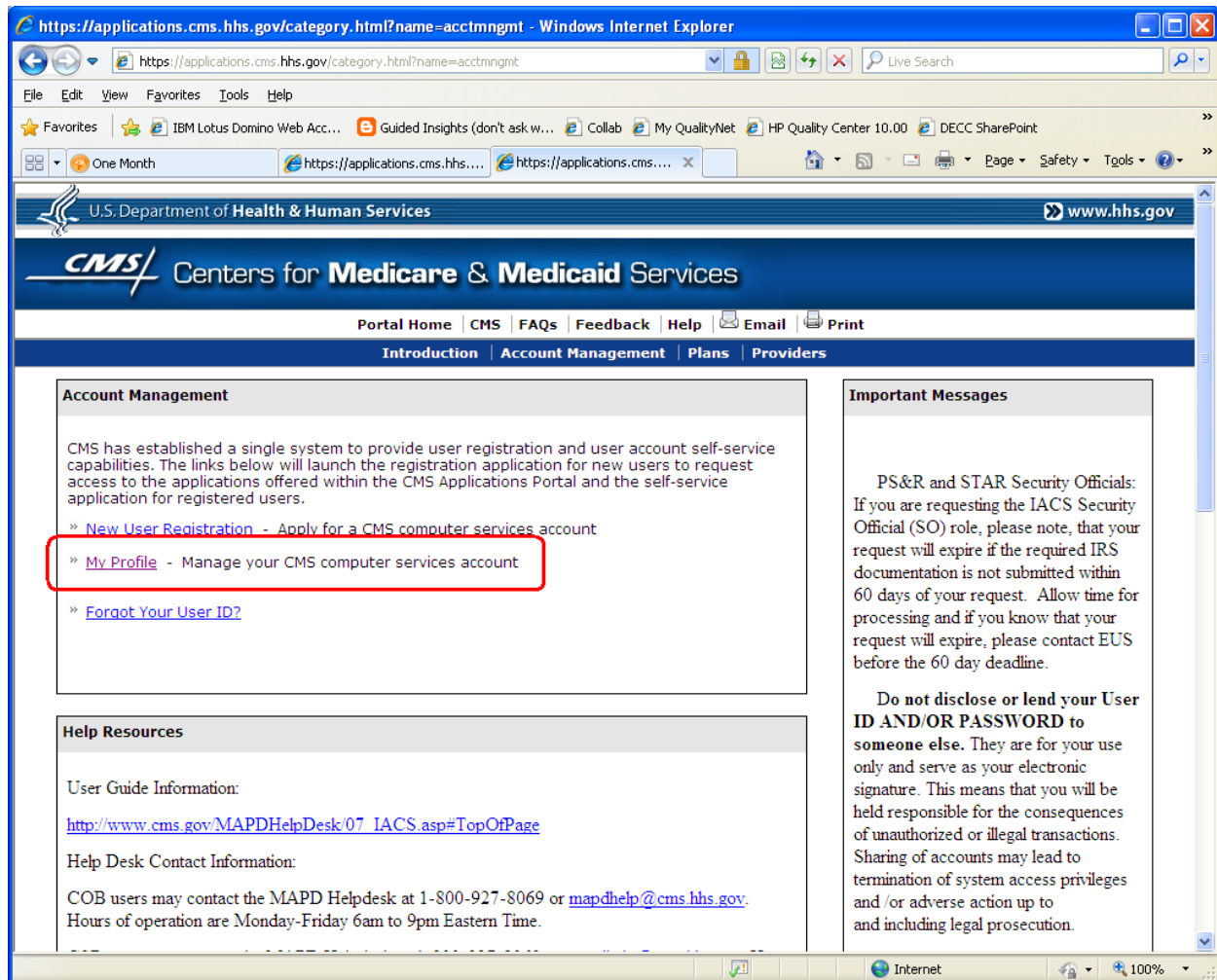
Retention Of Records
Documents that you create electronically, including electronic mail, may be governed by the Federal Records Act (Title 44 United States Code 3314) just as hard-copy records can be. Do not destroy electronic records that are subject to the Act except pursuant to an approved records disposition schedule.

4.3.2 Changing Your Password

If you have an account but have forgotten your password, you can retrieve it through the portal home page. To retrieve your password:

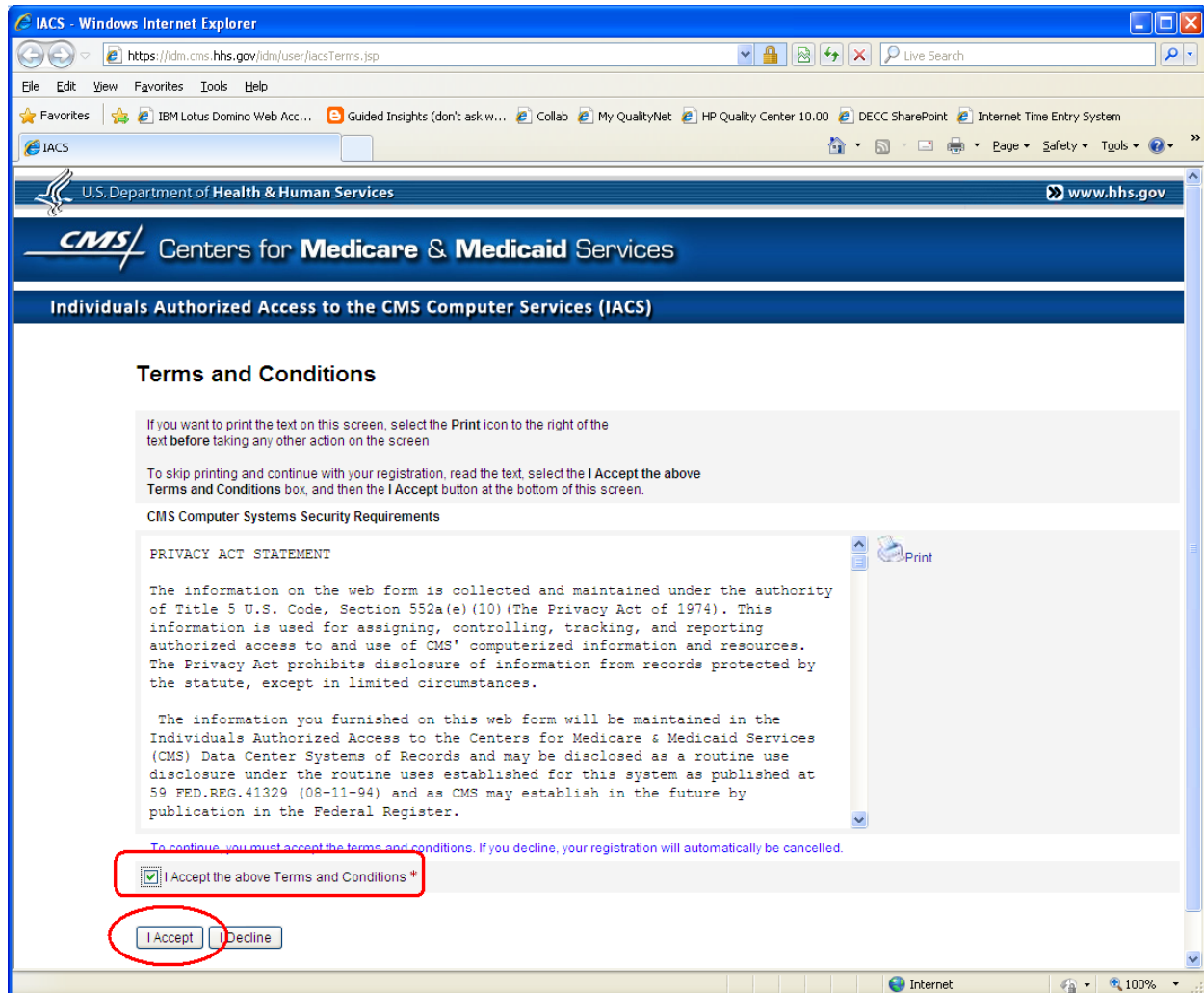
1. In your web browser, go to the [QualityNet Portal](https://www.qualitynet.org/portal/server.pt/community/pqri_home/212), https://www.qualitynet.org/portal/server.pt/community/pqri_home/212 The PQRS Portal home page is displayed (see Figure 4-10).
2. In the upper center of the screen, click **Forgot your password?** The [CMS Account Management Website](https://applications.cms.hhs.gov/category.html?name=acctmngmt), <https://applications.cms.hhs.gov/category.html?name=acctmngmt>, appears (Figure 4-16).

Figure 4-16. CMS Account Management Website



3. Under Account Management, on the upper left side of the screen, click My Profile. The Terms and Conditions Screen is displayed (Figure 4-17).

Figure 4-17. My Profile Terms and Conditions Page



4. After reading the text on the **Terms and Conditions** page, check the box next to **I accept the above Terms and Conditions*** (Figure 4-17).

5. To accept the terms and conditions, click **I Accept**. The **Login to IACS** screen appears (Figure 4-18). Follow directions on the **Login to IACS** screen to recover your **Password** and/or **User ID**.

Figure 4-18. Login to IACS Page

The screenshot shows a Windows Internet Explorer browser window titled "IACS - Windows Internet Explorer". The address bar displays "https://idm.cms.hhs.gov/idm/user/login.jsp". The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The Favorites bar shows several links, including "IACS", "IBM Lotus Domino Web Acc...", "Guided Insights (don't ask w...", "Collab", "My QualityNet", and "HP Quality Center 10.00". The main content area displays the "U.S. Department of Health & Human Services" header with the "www.hhs.gov" logo. Below this is the "CMS Centers for Medicare & Medicaid Services" logo and a "HELP" button. A blue banner reads "Individuals Authorized Access to the CMS Computer Services (IACS)". The main heading is "Login to IACS". The text explains that the Federal Information Security Management Act (FISMA) of 2002 requires the local system to be up to date and running anti-virus software. It states that users must have an IACS User ID and Password to login. For first-time users, it instructs them to use the User ID and the one-time password emailed to them. It also mentions that passwords expire every 60 days and provides instructions on how to recover a password or User ID using the "Forgot Your Password?" and "Forgot Your User ID?" buttons. Below this text are input fields for "User ID" and "Password", and three buttons: "Log In", "Forgot Your User ID?", and "Forgot Your Password?". A red asterisk note at the bottom states: "* Enter your User ID before selecting the 'Forgot Your Password?' button." The status bar at the bottom shows "Done" and "Internet" with a 100% zoom level.

IACS - Windows Internet Explorer

https://idm.cms.hhs.gov/idm/user/login.jsp

File Edit View Favorites Tools Help

U.S. Department of Health & Human Services www.hhs.gov

CMS Centers for Medicare & Medicaid Services HELP

Individuals Authorized Access to the CMS Computer Services (IACS)

Login to IACS

The Federal Information Security Management Act (FISMA) of 2002 requires that the local system used to access CMS Computer Systems has up to date operating system patches and is running anti-virus software.

You must have an IACS User ID and Password to login to the Communities and Applications. If this is your first time logging in, please use the User ID and the one-time password that was emailed to you by IACS.

Effective September 29, 2006, your password will be set to expire every sixty (60) days. In the event your password does expire, you will be prompted to change your password. If you cannot remember your password, you may recover it by using the "Forgot Your Password?" button. Before selecting the "Forgot Your Password?" button, be sure to enter your User ID. If you cannot remember your User ID, recover it first by selecting the "Forgot Your User ID?" button.

To change your password, first login and then select "Change Password".

User ID

Password

* Enter your User ID before selecting the "Forgot Your Password?" button.

Done Internet 100%

4.4 System Organization & Navigation

The left column of the portal home page contains features that can be accessed without signing in, such as the User Guides.

4.5 Exiting the System

To log out of the portal, click **Log Off** in the upper left hand corner of any screen (see Figure 4-19).

Figure 4-19. Physician Quality Reporting System Log Off



5 USING THE SYSTEM

The following sections and subsections provide detailed, step-by-step instructions describing how to use the various functions or features of the ACO GPRO Web Interface.

While in the ACO GPRO Web Interface do not use the standard browser navigation toolbar to refresh or go back to a previous page. Use of these options on the navigation toolbar will cause the current session to end. Only the application buttons should be used.

5.1 View/Change Data on the Home Page

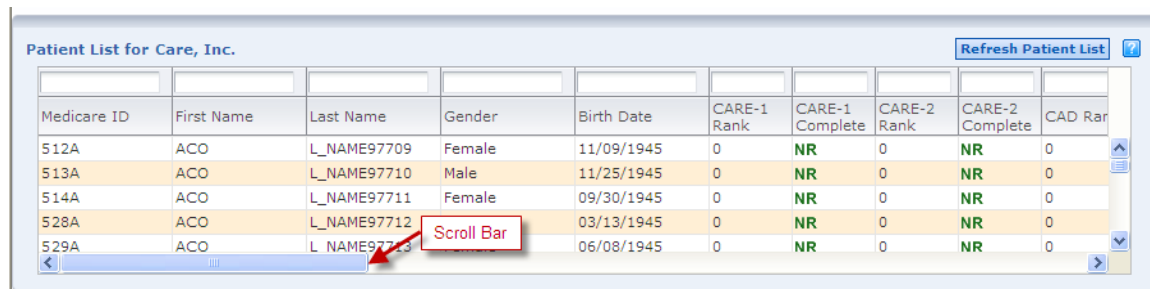
The **Home Page** has a list of all patients sampled for the ACO in the top section of the screen. The middle section will display the ACO's completeness status by module as well as the number completed. The lower section will display the modules for a selected patient.

After a patient is highlighted (selected) from the patient list, the middle section will change to Patient Status.

5.1.1 Patient List

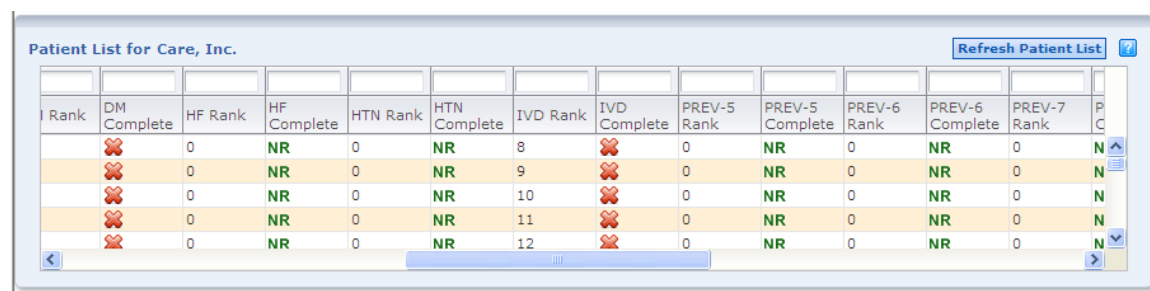
The **Home Page** is depicted in the screen shots shown below. Please note that the **Home Page** is too large to be depicted by a single figure; therefore, the screen is represented by three figures. Figure 5-1 shows the left most columns, Figure 5-2 shows the center columns, and Figure 5-3 shows the right most columns. Use the horizontal scroll bar, at the bottom of the Patient List, to move from one view to the next.

Figure 5-1. Patient Data – Home Page (View 1 of 3)



Medicare ID	First Name	Last Name	Gender	Birth Date	CARE-1 Rank	CARE-1 Complete	CARE-2 Rank	CARE-2 Complete	CAD Rank
512A	ACO	L_NAME97709	Female	11/09/1945	0	NR	0	NR	0
513A	ACO	L_NAME97710	Male	11/25/1945	0	NR	0	NR	0
514A	ACO	L_NAME97711	Female	09/30/1945	0	NR	0	NR	0
528A	ACO	L_NAME97712		03/13/1945	0	NR	0	NR	0
529A	ACO	L_NAME97713		06/08/1945	0	NR	0	NR	0

Figure 5-2. Patient Status - Patient Tab (View 2 of 3)



Rank	DM Complete	HF Rank	HF Complete	HTN Rank	HTN Complete	IVD Rank	IVD Complete	PREV-5 Rank	PREV-5 Complete	PREV-6 Rank	PREV-6 Complete	PREV-7 Rank	P
	✗	0	NR	0	NR	8	✗	0	NR	0	NR	0	N
	✗	0	NR	0	NR	9	✗	0	NR	0	NR	0	N
	✗	0	NR	0	NR	10	✗	0	NR	0	NR	0	N
	✗	0	NR	0	NR	11	✗	0	NR	0	NR	0	N
	✗	0	NR	0	NR	12	✗	0	NR	0	NR	0	N

Figure 5-3. Patient Status - Patient Tab (View 3 of 3)

PREV-9 Rank	PREV-9 Complete	PREV-10 Rank	PREV-10 Complete	PREV-11 Rank	PREV-11 Complete	PREV-12 Rank	PREV-12 Complete	Provider Name	Clinic Name	Medical Record Number
0	NR	0	NR	0	NR	0	NR			
0	NR	0	NR	0	NR	0	NR			
0	NR	0	NR	0	NR	0	NR			
0	NR	0	NR	0	NR	0	NR			
0	NR	0	NR	0	NR	0	NR			

To access a patient's record:

1. The **Patient List** will be empty when the user first logs on. The list of patients to display can be customized for the user with the User Preferences (see Section 5.10).
2. Click the row associated with the desired patient's name. The selected row is then highlighted and the patient's data is retrieved and populated in the data fields.
3. With a row highlighted, click any of the other tabs to display elements of the patient's quality record. The available tabs are as follows:
 - Demographics
 - CARE (Care Coordination/Patient Safety)
 - CAD (Coronary Artery Disease)
 - DM (Diabetes Mellitus)
 - HF (Heart Failure)
 - HTN (Hypertension)
 - IVD (Ischemic Vascular Disease)
 - PREV (Preventive Care)


The **Patient List** and **Patient Status** are refreshed when one of the following activities is performed:

- User presses **Refresh Patient List**.
- User navigates away from the screen and returns.
- User logs on and accesses the screen.
- User presses **Cancel** to discard patient edits.

5.1.2 Group Status

Figure 5-4 shows the status of the group in each module to satisfy the reporting requirement.

Figure 5-4. Home Page – Group Status

Group Status															Refresh Status	Patient Status	
	CARE-1	CARE-2	CAD	DM	HF	HTN	IVD	PREV-5	PREV-6	PREV-7	PREV-8	PREV-9	PREV-10	PREV-11	PREV-12		
Analysis	1 ❌	1 ❌	1 ❌	1 ❌	0 ❌	421 ✓	411 ✓	1 ❌	1 ❌	1 ❌	0 ❌	1 ❌	1 ❌	1 ❌	1 ❌		
Complete	2	1	2	5	0	421	411	2	2	1	1	2	2	2	1		
Skipped	0	0	0	0	0	29	0	0	0	11	411	0	0	0	0		

The **Group Status** area allows the user to view and refresh the status for each of the modules. The **Group Status** will show the number of patients counting toward the minimum requirements for satisfactory reporting in each module.

The first row of data for each module, **Analysis**, contains the number of consecutively confirmed and completed patients in the module. The count of **Analysis** patients starts with the patient ranked #1 and increments until an incomplete patient is found. If the ACO has met the minimum reporting requirements for the module, a green check mark will be displayed next to the count. If the ACO has not met the minimum reporting requirements for the module, a red ❌ will be displayed next to the count.

The second row, **Complete**, is the number of confirmed and complete patients in the module. The count of complete patients includes any patient in the module, in any order.

The third row, **Skipped**, is the number of patients in the module that have been skipped because their record is marked as **Medical Record Not Found**, **Not Confirmed**, or **Not Qualified for Sample**. The count of skipped patients includes any patient in the module, in any order.

5.1.3 Patient Status

Figure 5-5 shows the **Patient Status** with demographics data and module ranking.

Figure 5-5. Home Page – Patient Status

Patient Status

Group Status

Save Patient

Cancel

Check Entries

00:01:28

First Name

ACO

Last Name

L_NAME97709

Gender

Female

Date of Birth

11/09/1945

Medicare ID

512A

Medical Record Number

Current Mode

Browsing

Locked By

Updated

11/15/2012

Updated By

FakeFirst FakeLast

Complete

Rank

Dx

CARE-1

NR

0

CARE-2

NR

0

CAD

NR

0

No

DM

8

Yes

HF

NR

0

No

HTN

NR

0

No

IVD

8

Yes

PREV-5

NR

0

PREV-6

NR

0

PREV-7

NR

0

PREV-8

NR

0

PREV-9

NR

0

PREV-10

NR

0

PREV-11

NR

0

PREV-12

NR

0

The **Patient Status** area will show the rank of the patient for the module(s) in which they were qualified and selected during random sampling. If the patient is not selected for a module, a green **NR** (Not Ranked), will be displayed indicating that no action is needed by the user. If the module is complete for a patient, a green check mark will be displayed. If the patient was skipped because the medical record was not found, they were marked as not confirmed for a disease diagnosis, or they were marked as not qualified for the sample, a green **S** (Skipped) will

disease diagnosis, or they were marked as not qualified for the sample, a green **S** (Skipped) will be displayed. If there is a red **X** this indicates that the module is incomplete and the user will need to update the information.

Table 5-1 details the information in the **Patient Status** area.

Table 5-1. Patient Status Descriptions

Data Element	Description
Group Status	This allows the user to switch between the Patient Status and the Group Status dashboard.
Save Patient	Click to save patient record modifications.
Cancel	Click to cancel patient record modifications.
Check Entries	Allows the user to see the completeness of a patient record and validate the entered data.
Timer	Tracks the amount of time used to complete the patient's quality record.
First Name	Displays the first name of the selected patient.
Last Name	Displays the last name of the selected patient.
Gender	Displays the gender of the selected patient.
Date of Birth	Displays the date of birth of the selected patient.
Medicare ID	Displays the Health Insurance Claim Number of the selected patient; cannot be modified.
Medical Record Number	Displays the user provided medical record number of the selected patient. The default value is blank.
Current Mode	Displays the indicator if the current user has made modifications to the selected patient. If changes have not been made, the Current Mode is Browsing. If changes have been made, but not saved, the Current Mode is Editing.

Data Element	Description
Locked By	Displays the name of any user who has the selected patient's record locked. A patient's record is locked when modifications are made to the record. This is done to prevent multiple users from editing the patient concurrently. Default value is "---" when the record is not locked.
Updated	Displays the last date that the selected patient's record was saved to the database. Default value is "---" when the record has not been saved.
Updated By	Displays the name of the last user to save the selected patient's record to the database. Default value is "---" when the record has not been saved.

5.1.3.1 Demographics

The **Abstraction Date** will default to the current date the first time the patient data is saved. After the data has been saved for the first time, the abstraction date is not updated unless changed by the user (Figure 5-6). The **Demographics Tab** shows the abstraction date, demographics, and a Comments field.

Figure 5-6. Patient Status - Demographic Tab

ACO GPRO Web Interface

Home Reports Export Data Upload Data Add/Edit Locked Records List Users Submit Preferences Help

Patient List for Care, Inc. [Refresh Patient List](#)

CAD Complete	DM Rank	DM Complete	HF Rank	HF Complete	HTN Rank	HTN Complete	IVD Rank	IVD Complete	PREV-5 Rank	PREV-5 Complete	PREV-6 Rank	PREV-6 Complete
NR	28		0	NR	0	NR	28		0	NR	0	NR
NR	29		0	NR	0	NR	29		0	NR	0	NR
NR	30		0	NR	0	NR	30		0	NR	0	NR
NR	31		0	NR	0	NR	31		0	NR	0	NR

Patient Status

Group Status Save Patient Cancel Check Entries 00:00:00

First Name ACO Last Name L_NAME97712 Gender Male Date of Birth 03/13/1945 Medicare ID 28A Medical Record Number ---

Current Mode Browsing Locked By --- Updated --- Updated By ---

	CARE-1	CARE-2	CAD	DM	HF	HTN	IVD	PREV-5	PREV-6	PREV-7	PREV-8	PREV-9	PREV-10	PREV-11	PREV-12
Complete	NR	NR	NR		NR	NR		NR	NR	NR	NR	NR	NR	NR	NR
Rank	0	0	0	11	0	0	11	0	0	0	0	0	0	0	0
Dx	---	---	No	Yes	No	No	Yes	---	---	---	---	---	---	---	---

Demographics

Abstraction Date

Abstraction Date 11/15/2012

Demographics

Medicare ID 28A

* First Name ACO

* Last Name L_NAME97712

Gender Male

* Date of Birth 03/13/1945

Medical Record Number (Optional)

Other ID (Optional)

Provider Name (Optional)

Clinic Name (Optional)

General Comments (Optional)

* Required field

Table 5-2 shows the type and description of the data on the **Demographics Tab**.

Table 5-2. Demographics Field Description

Data Element	Description
Abstraction Date	The date the patient quality record was first updated and saved. The initial abstraction date is retained until changed by the user.
Medicare ID	Health Insurance Claim Number; cannot be modified.
First Name	Patient's first name.
Last Name	Patient's last name.
Gender	Valid values are: <ul style="list-style-type: none">• Male• Female• Unknown
Date of Birth	Valid values are between 01/01/1890 and 06/30/2012
Medical Record Number (Optional)	Allows for input of the medical record number for the specific patient. This field is optional.
Other ID (Optional)	Any other identifier used by the group for the patient. This field is optional.
Provider Name (Optional)	Allows for update or input of the provider name. This field is optional.
Clinic Name (Optional)	Allows for update or input of the provider name. This field is optional.
General Comments (Optional)	Allows for additional comments. This field is optional.

5.1.4 Patient Status - CARE Tab

The **CARE Tab** contains separately sampled modules. The **Medical Record Found** answer applies to each module in which the patient is ranked. If the patient is only ranked in one module, only the answers associated to that module will be available for selection once the **Medical Record Found** is confirmed.

Select the **CARE Tab**. The patient's Care Coordination/Patient Safety data is displayed for review and update (Figure 5-7). The **Care Tab** also shows CARE-1 and CARE-2 Measures, and a Comments field.

Figure 5-7. Patient Status - CARE Tab

ACO GPRO Web Interface

Home Reports Export Data Upload Data Add/Edit Locked Records List Users Submit Preferences Help

Patient List for Chinese Community Accountable Care Organization, Inc. Refresh Patient List

CARE-1 Rank	CARE-1 Complete	CARE-2 Rank	CARE-2 Complete	CAD Rank	CAD Complete	DM Rank	DM Complete	HF Rank	HF Complete	HTN Rank	HTN Complete	IVD Rank
218		0	NR	0	NR	0	NR	0	NR	0	NR	0
219		0	NR	0	NR	0	NR	0	NR	0	NR	0
220		0	NR	0	NR	0	NR	0	NR	0	NR	0
266		0	NR	0	NR	0	NR	0	NR	0	NR	0
267		0	NR	0	NR	0	NR	0	NR	0	NR	0

Patient Status

Group Status Save Patient Cancel Check Entries 00:00:00

First Name ACO Last Name L_NAME105713 Gender Male Date of Birth 11/05/1945 Medicare ID 28S Medical Record Number ---

Current Mode Browsing Locked By --- Updated --- Updated By ---

Complete	CARE-1	CARE-2	CAD	DM	HF	HTN	IVD	PREV-5	PREV-6	PREV-7	PREV-8	PREV-9	PREV-10	PREV-11	PREV-12
Rank		NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Dx	266	---	0	0	0	0	0	0	0	0	0	0	0	0	0
	---	---	No	No	No	No	No	---	---	---	---	---	---	---	---

Demographics CARE CAD DM HF HTN IVD PREV

Medical Record Found

Medical Record Found Reason Date

ACO-CARE-2: Falls

Screening for Future Fall Risk

ACO-CARE-1: Medication Reconciliation

Discharge Date	Discharge	Office Visit	Reconciliation
01/16/2012			
02/22/2012			
04/19/2012			

Comments (Optional)

Table 5-3 describe the allowable values for the fields on the **CARE Tab**:

Table 5-3. CARE Field Descriptions

Data Element	Description
Medical Record Found	Valid values are: <ul style="list-style-type: none"> • Yes • No • Not Qualified for Sample
Reason	When the Medical Record Found value is Not Qualified for Sample , this field becomes active. Valid values are: <ul style="list-style-type: none"> • In Hospice • Moved out of Country • Deceased • Other CMS Approved Reason Note that Other CMS Approved Reason is reserved for future use and at this time remains to be determined.
Date	When the Medical Record Found value is Not Qualified for Sample , and the Reason is not Other CMS Approved Reason , this field becomes active. The format is MM/DD/YYYY.
Discharge Date	Pre-filled discharge dates. This field is not available to edit or update.
Discharge	Valid values are: <ul style="list-style-type: none"> • Yes • No
Office Visit	When the Discharge value is Yes for the associated date, this field becomes active. Valid values are: <ul style="list-style-type: none"> • Yes • No
Reconciliation	When the Office Visit value is Yes for the associated date, this field becomes active. Valid values are: <ul style="list-style-type: none"> • Yes • No

Data Element	Description
ACO-CARE-2 Falls Risk Screening	Valid values are: <ul style="list-style-type: none"> • Yes • No • No - Medical Reasons
Comments	Allows for additional comments. This field is optional. This field is active when a selection has been made in Medical Record Found.

5.1.5 Patient Status – CAD Tab

Select the **CAD Tab**. The patient's Coronary Artery Disease (CAD) data is displayed for review and update (Fig). This tab includes CAD Confirmation, CAD Measures, and a general Comments field.

Figure 5-8. Patient Status – CAD Tab

ACO GPRO Web Interface

Home Reports Export Data Upload Data Add/Edit Locked Records List Users Submit Preferences Help

Patient List for Care, Inc. [Refresh Patient List](#)

CARE-1 Rank	CARE-1 Complete	CARE-2 Rank	CARE-2 Complete	CAD Rank	CAD Complete	DM Rank	DM Complete	HF Rank	HF Complete	HTN Rank	HTN Complete	IVD Rank
0	NR	0	NR	145		0	NR	0	NR	0	NR	0
0	NR	0	NR	329		0	NR	0	NR	0	NR	0
0	NR	0	NR	330		0	NR	0	NR	0	NR	0
0	NR	0	NR	331		0	NR	0	NR	0	NR	0
0	NR	0	NR	332		0	NR	0	NR	0	NR	0

Patient Status [Group Status](#) [Save Patient](#) [Cancel](#) [Check Entries](#) 00:01:10

First Name ACO Last Name L_NAME97362 Gender Male Date of Birth 12/08/1945 Medicare ID 803A Medical Record Number ---

Current Mode Browsing Locked By --- Updated 11/15/2012 Updated By FakeFirst FakeLast

Complete	CARE-1	CARE-2	CAD	DM	HF	HTN	IVD	PREV-5	PREV-6	PREV-7	PREV-8	PREV-9	PREV-10	PREV-11	PREV-12
NR	NR	NR		NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
0	0	0	329	0	0	0	0	0	0	0	0	0	0	0	0
Dx	---	---	Yes	No	No	No	No	---	---	---	---	---	---	---	---

Demographics CARE **CAD** DM HF HTN IVD PREV

CAD Confirmation

CAD Confirmed Yes [v](#)

Reason [v](#)

Date [v](#)

ACO-CAD-2: Lipid Control

LDL-C Controlled Yes [v](#)

ACO-CAD-7: Diabetes/LVSD and ACE-I/ARB

Has Diabetes No [v](#)

Has LVSD Yes [v](#)

ACE-I/ARB Yes [v](#)

Comments (Optional)

Table 5-4 describe the allowable values for the fields on the **CAD Tab**:

Table 5-4. CAD Field Descriptions

Data Element	Description
CAD Confirmed	Valid values are: <ul style="list-style-type: none">• Yes• Medical Record Not Found• Not Confirmed• Not Qualified for Sample
Reason	When the CAD Confirmed value is Not Qualified for Sample, this field becomes active. Valid values are: <ul style="list-style-type: none">• In Hospice• Moved out of Country• Deceased• Other CMS Approved Reason
Date	When the CAD Confirmed value is Not Qualified for Sample, and the Reason is not Other CMS Approved Reason, this field becomes active. The format is MM/DD/YYYY.
LDL-C Controlled	Valid values are: <ul style="list-style-type: none">• Yes• No• No - Medical Reasons• No - Patient Reasons• No - System Reasons
Has Diabetes	Valid values are: <ul style="list-style-type: none">• Yes• No
Has LVSD	Valid values are: <ul style="list-style-type: none">• Yes• No

Data Element	Description
ACE-I/ARB	When either the Has Diabetes or Has LVSD value is Yes, this field becomes active. Valid values are: <ul style="list-style-type: none">• Yes• No• No - Medical Reasons• No - Patient Reasons• No - System Reasons
Comments	Allows for additional comments. This field is optional. This field is active when a selection has been made in CAD Confirmed.

5.1.6 Patient Status - DM Tab

Select the **DM Tab**. The patient's Diabetes Mellitus (DM) data is displayed for review and update (Figure 6-9). The **DM Tab** provides fields to update DM Confirmation and DM measures and has a general Comments field.

Figure 5-9. Patient Status - DM Tab

ACO GPRO Web Interface

Home Reports ▾ Export Data Upload Data Add/Edit ▾ Locked Records List Users Submit Preferences Help

Patient List for Care, Inc. [Refresh Patient List](#) ?

	CARE-1 Rank	CARE-1 Complete	CARE-2 Rank	CARE-2 Complete	CAD Rank	CAD Complete	DM Rank	DM Complete	HF Rank	HF Complete	HTN Rank	HTN Complete	IVD R
0	NR	0	NR	0	NR	8	✓	0	NR	0	NR	8	
0	NR	0	NR	0	NR	9	✗	0	NR	0	NR	9	
0	NR	0	NR	0	NR	10	✗	0	NR	0	NR	10	
0	NR	0	NR	0	NR	11	✗	0	NR	0	NR	11	
0	NR	0	NR	0	NR	12	✗	0	NR	0	NR	12	

Patient Status [Group Status](#) [Save Patient](#) [Cancel](#) [Check Entries](#) 00:01:10 ?

First Name ACO Last Name L_NAME97710 Gender Male Date of Birth 11/25/1945 Medicare ID 13A Medical Record Number ---

Current Mode Browsing Locked By --- Updated --- Updated By ---

	CARE-1	CARE-2	CAD	DM	HF	HTN	IVD	PREV-5	PREV-6	PREV-7	PREV-8	PREV-9	PREV-10	PREV-11	PREV-12
Complete Rank	NR	NR	NR	✗	NR	NR	✗	NR	NR	NR	NR	NR	NR	NR	NR
Dx	---	---	No	Yes	No	No	Yes	---	---	---	---	---	---	---	---

Demographics CARE CAD **DM** HF HTN IVD PREV

DM Confirmation ?

DM Confirmed

Reason

Date

ACO-DM-14: Most Recent LDL-C Result ?

LDL-C Test

Date Drawn

LDL-C Value

ACO-DM-2 and ACO-DM-15: Most Recent HbA1c Result ?

HbA1c Test

Date Drawn

HbA1c Value

ACO-DM-16: IVD/Aspirin Use ?

Has IVD

Daily Aspirin Use

ACO-DM-13: Blood Pressure Management ?

Most Recent BP

Date Taken

Systolic

Diastolic

ACO-DM-17: Tobacco Non Use ?

Tobacco Use

Comments (Optional) ?

Table 5-5 describe the allowable values for the fields on the **DM Tab**:

Table 5-5. DM Field Descriptions

Data Element	Description
DM Confirmed	Valid values are: <ul style="list-style-type: none">• Yes• Medical Record Not Found• Not Confirmed• Not Qualified for Sample
Reason	When the DM Confirmed value is Not Qualified for Sample, this field becomes active. Valid values are: <ul style="list-style-type: none">• In Hospice• Moved out of Country• Deceased• Medical Reasons• Other CMS Approved Reason
Date	When the DM Confirmed value is Not Qualified for Sample, and the Reason is not Other CMS Approved Reason or Medical Reasons, this field becomes active. The format is MM/DD/YYYY.
HbA1c Test	Valid values are: <ul style="list-style-type: none">• Yes• No
Date Drawn	When the HbA1c Test value is Yes, this field becomes active. Valid values are any date between 01/01/2012 and 12/31/2012. The format is MM/DD/YYYY.
HbA1c Value	When the HbA1c Test value is Yes, this field becomes active. Valid values are any number between 0 and 25, with one or two optional decimal places.
Most Recent BP	Valid values are: <ul style="list-style-type: none">• Yes• No

Data Element	Description
Date Taken	When the Most Recent BP value is Yes, this field becomes active. Valid values are any date between 01/01/2012 and 12/31/2012.
Systolic	When the Most Recent BP value is Yes , this field becomes active. Valid values are any number between 0 and 200.
Diastolic	When the Most Recent BP value is Yes , this field becomes active. Valid values are any number between 0 and 350.
LDC-Test	Valid values are: <ul style="list-style-type: none"> • Yes • No
Date Drawn	When the LDL-C Test value is Yes, this field becomes active. Valid values are any date between 01/01/2012 and 12/31/2012.
LDC-C Value	When the LDL-C Test value is Yes, this field becomes active. Valid values are any number between 0 and 500.
Has IVD	Valid values are: <ul style="list-style-type: none"> • Yes • No
Daily Aspirin Use	When the Has IVD value is Yes , this field becomes active. Valid values are: <ul style="list-style-type: none"> • Yes • No
Tobacco Use	Valid values are: <ul style="list-style-type: none"> • Yes • No
Comments	Allows for additional comments. This field is optional. This field is active when a selection has been made in DM Confirmed.

5.1.7 Patient Status - HF Tab

Select the **HF Tab**. The patient's Heart Failure (HF) data is displayed for review and update (Figure 5-10). The **HF Tab** allows update to HF Confirmation, HF Measures, and a general Comments field.

Figure 5-10. Patient Status - HF Tab

ACO GPRO Web Interface

Home Reports ▾ Export Data Upload Data Add/Edit ▾ Locked Records List Users Submit Preferences Help

Patient List for Care, Inc. Refresh Patient List

PRE-1 Complete	CARE-2 Rank	CARE-2 Complete	CAD Rank	CAD Complete	DM Rank	DM Complete	HF Rank	HF Complete	HTN Rank	HTN Complete	IVD Rank	IVD Complete	PREV-12 Rank
0	NR	0	NR	0	NR	163	✗	0	NR	0	NR	0	0
0	NR	0	NR	0	NR	164	✓	0	NR	0	NR	0	0
0	NR	0	NR	0	NR	165	✗	0	NR	0	NR	0	0
0	NR	0	NR	0	NR	166	✗	0	NR	0	NR	0	0
0	NR	0	NR	0	NR	167	✗	0	NR	0	NR	0	0

Patient Status Group Status Save Patient Cancel Check Entries 00:00:00

First Name ACO Last Name L_NAME96357 Gender Female Date of Birth 08/20/1945 Medicare ID .58A Medical Record Number ---

Current Mode Browsing Locked By --- Updated --- Updated By ---

Complete	CARE-1	CARE-2	CAD	DM	HF	HTN	IVD	PREV-5	PREV-6	PREV-7	PREV-8	PREV-9	PREV-10	PREV-11	PREV-12
NR	NR	NR	NR	NR	✗	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Rank	0	0	0	0	163	0	0	0	0	0	0	0	0	0	0
Dx	---	---	No	No	Yes	No	No	---	---	---	---	---	---	---	---

Demographics CARE CAD DM **HF** HTN IVD PREV

HF Confirmation

HF Confirmed

Reason

Date

ACO-HF-6: LVSD and BB

Has LVSD

Beta Blocker

Comments (Optional)

Table 5-6 describe the allowable values for the fields on the **HF Tab**:

Table 5-6. HF Field Descriptions

Data Element	Description
HF Confirmed	Valid values are: <ul style="list-style-type: none">• Yes• Medical Record Not Found• Not Confirmed• Not Qualified for Sample
Reason	When the HF Confirmed value is Not Qualified for Sample, this field becomes active. Valid values are: <ul style="list-style-type: none">• In Hospice• Moved out of Country• Deceased• Other CMS Approved Reason
Date	When the HF Confirmed value is Not Qualified for Sample, and the Reason is not Other CMS Approved Reason, this field becomes active. The format is MM/DD/YYYY.
Has LVSD	Valid values are: <ul style="list-style-type: none">• Yes• No
Beta Blocker	When the Has LVSD value is Yes, this field becomes active. Valid values are: <ul style="list-style-type: none">• Yes• No• No - Medical Reasons• No - Patient Reasons• No - System Reasons
Comments	Allows for additional comments. This field is optional. This field is active when a selection has been made in HF Confirmed.

5.1.8 Patient Status - HTN Tab

Select the **HTN Tab**. The patient's Hypertension (HTN) data is displayed for review and update (Figure 5-11). The **HTN Tab** has HTN Confirmation, HTN Measure, and a general Comments field.

Figure 5-11. Patient Status - HTN Tab

ACO GPRO Web Interface

Home Reports Export Data Upload Data Add/Edit Locked Records List Users Submit Preferences Help

Patient List for Care, Inc. Refresh Patient List

CARE-1 Complete	CARE-2 Rank	CARE-2 Complete	CAD Rank	CAD Complete	DM Rank	DM Complete	HF Rank	HF Complete	HTN Rank	HTN Complete	IVD Rank	IVD Complete	PREV-12 Rank
0	NR	0	NR	0	NR	0	NR	215	✗	0	NR	0	
0	NR	0	NR	0	NR	0	NR	216	✗	0	NR	0	
0	NR	0	NR	0	NR	0	NR	217	✗	0	NR	0	
0	NR	0	NR	0	NR	0	NR	218	✗	0	NR	0	
0	NR	0	NR	0	NR	0	NR	219	✗	0	NR	0	

Patient Status Group Status Save Patient Cancel Check Entries 00:00:00

First Name: ACO Last Name: L_NAME98124 Gender: Female Date of Birth: 01/22/1945 Medicare ID: 73A Medical Record Number: ---

Current Mode: Browsing Locked By: --- Updated: --- Updated By: ---

Complete	CARE-1	CARE-2	CAD	DM	HF	HTN	IVD	PREV-5	PREV-6	PREV-7	PREV-8	PREV-9	PREV-10	PREV-11	PREV-12
NR	NR	NR	NR	NR	NR	✗	NR	NR	NR	NR	NR	NR	NR	NR	NR
0	0	0	0	0	0	218	0	0	0	0	0	0	0	0	0
Dx	---	---	No	No	No	Yes	No	---	---	---	---	---	---	---	---

Demographics CARE CAD DM HF **HTN** IVD PREV

HTN Confirmation

HTN Confirmed

Reason

Date

ACO-HTN-2: Controlling High Blood Pressure

Most Recent BP

Date Taken

Systolic

Diastolic

Comments (Optional)

Table 5-7 describes the allowable values for the fields on the **HTN Tab**:

Table 5-7. HTN Field Descriptions

Data Element	Description
HTN Confirmed	Valid values are: <ul style="list-style-type: none">• Yes• Medical Record Not Found• Not Confirmed• Not Qualified for Sample
Reason	When the HTN Confirmed value is Not Qualified for Sample, this field becomes active. Valid values are: <ul style="list-style-type: none">• In Hospice• Moved out of Country• Deceased• Other CMS Approved Reason
Date	When the HTN Confirmed value is Not Qualified for Sample, and the Reason is not Other CMS Approved Reason, this field becomes active. The format is MM/DD/YYYY.
Most Recent BP	Valid values are: <ul style="list-style-type: none">• Yes• No No - Medical Reasons
Date Taken	If Most Recent BP is “Yes” this field becomes available. Valid values are between 01/01/2012 and 12/31/2012. The format is MM/DD/YYYY.
Systolic Value	If Most Recent BP is “Yes” this field becomes available. The blood pressure systolic reading for latest office visit. Valid value is any number between 0 and 350.
Diastolic Value	If Most Recent BP is “Yes” this field becomes available. The blood pressure diastolic reading for latest office visit. Valid value is any number between 0 and 200.

Data Element	Description
Comments	Allows for additional comments. This field is optional. This field is active when a selection has been made in HTN Confirmed.

5.1.9 Patient Status – IVD Tab

Select the **IVD** tab. The patient's Ischemic Vascular Disease (IVD) data is displayed for review and update (Figure 5-12). The **IVD Tab** shows the IVD Confirmation, IVD Measures, and the general Comments fields.

Figure 5-12. Patient Status

ACO GPRO Web Interface

Home Reports Export Data Upload Data Add/Edit Locked Records List Users Submit Preferences Help

Patient List for Care, Inc. [Refresh Patient List](#)

CARE-1 Rank	CARE-2 Rank	CAD Rank	CAD Complete	DM Rank	DM Complete	HF Rank	HF Complete	HTN Rank	HTN Complete	IVD Rank	IVD Complete	PREV-12 Rank
0	NR	0	NR	8	✓	0	NR	0	NR	8	✗	0
0	NR	0	NR	9	✗	0	NR	0	NR	9	✗	0
0	NR	0	NR	10	✗	0	NR	0	NR	10	✗	0
0	NR	0	NR	11	✗	0	NR	0	NR	11	✗	0
0	NR	0	NR	12	✗	0	NR	0	NR	12	✗	0

Patient Status

First Name: ACO Last Name: L_NAME97712 Gender: Male Date of Birth: 03/13/1945 Medicare ID: 28A Medical Record Number: ---

Current Mode: Browsing Locked By: --- Updated: --- Updated By: ---

Complete	CARE-1 Rank	CARE-2 Rank	CAD Rank	DM Rank	HF Rank	HTN Rank	IVD Rank	PREV-5 Rank	PREV-6 Rank	PREV-7 Rank	PREV-8 Rank	PREV-9 Rank	PREV-10 Rank	PREV-11 Rank	PREV-12 Rank
NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
0	0	0	0	11	0	0	11	0	0	0	0	0	0	0	0
---	---	---	No	Yes	No	No	Yes	---	---	---	---	---	---	---	---

Demographics CARE CAD DM HF HTN **IVD** PREV

IVD Confirmation

IVD Confirmed: Reason: Date:

ACO-IVD-1: Complete Lipid Panel and LDL-C Control

Lipid Profile Performed: Date Drawn: 05/15/2012 LDL-C Value:

ACO-IVD-2: Use of Aspirin or Another Antithrombotic

Aspirin/Antithrombotic Therapy:

Comments (Optional)

Table 5-8 describes the allowable values for the fields on the **IVD Tab**:

Table 5-8. IVD Field Descriptions

Data Element	Description
IVD Confirmed	Valid values are: <ul style="list-style-type: none">• Yes• Medical Record Not Found• Not Confirmed• Not Qualified for Sample
Reason	When the IVD Confirmed value is Not Qualified for Sample, this field becomes active. Valid values are: <ul style="list-style-type: none">• In Hospice• Moved out of Country• Deceased• Other CMS Approved Reason
Date	When the IVD Confirmed value is Not Qualified for Sample, and the Reason is not Other CMS Approved Reason, this field becomes active. The format is MM/DD/YYYY.
Lipid Profile Performed	Valid values are: <ul style="list-style-type: none">• Yes• No
Date Drawn	When the LDL-C Test value is Yes, this field becomes active. Valid values are any date between 01/01/2012 and 12/31/2012. The format is MM/DD/YYYY.
LDL-C Value	When the LDL-C Test value is Yes, this field becomes active. Valid values are any number between 0 and 500.
Aspirin/Antithrombotic Therapy	Valid values are: <ul style="list-style-type: none">• Yes• No
Comments	Allows for additional comments. This field is optional. This field is active when a selection has been made in IVD Confirmed.

5.1.10 Patient Status - PREV Tab

The **PREV Tab** contains separately sampled modules. The Medical Record Found answer applies to all modules that a patient is ranked.

Select the **PREV Tab**. The patient's Preventive Care (PREV) data is displayed for review and update (Figure 5-13). The **PREV Tab** shows Medical Record Found, PREV measures, and Comments.

Figure 5-13. Patient Status - PREV Tab

ACO GPRO Web Interface

Home Reports ▾ Export Data Upload Data Add/Edit ▾ Locked Records List Users Submit Preferences Help

Patient List for Care, Inc. [Refresh Patient List](#) ?

PREV-7 Rank	PREV-7 Complete	PREV-8 Rank	PREV-8 Complete	PREV-9 Rank	PREV-9 Complete	PREV-10 Rank	PREV-10 Complete	PREV-11 Rank	PREV-11 Complete	PREV-12 Rank	PREV-12 Complete	Provider N
NR	0	NR	137	✖	0	NR	0	NR	0	NR	0	
NR	0	NR	138	✖	0	NR	0	NR	0	NR	0	
NR	0	NR	139	✖	0	NR	0	NR	0	NR	0	
NR	0	NR	140	✖	0	NR	0	NR	0	NR	0	
NR	0	NR	141	✖	0	NR	0	NR	0	NR	0	

Patient Status [Group Status](#) [Save Patient](#) [Cancel](#) [Check Entries](#) 00:00:23 ?

First Name ACO Last Name L_NAME94614 Gender Female Date of Birth 01/03/1945 Medicare ID 3A Medical Record Number ---

Current Mode: Editing Locked By FakeFirst FakeLast Updated --- Updated By ---

	CARE-1	CARE-2	CAD	DM	HF	HTN	IVD	PREV-5	PREV-6	PREV-7	PREV-8	PREV-9	PREV-10	PREV-11	PREV-12
Complete	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	✖	NR	NR	NR	NR
Rank	0	0	0	0	0	0	0	0	0	0	139	0	0	0	0
Dx	---	---	No	No	No	No	No	---	---	---	---	---	---	---	---

Demographics CARE CAD DM HF HTN IVD **PREV**

Medical Record Found ?

Medical Record Found Yes ▾

Reason ▾

Date ▾

ACO-PREV-5: Screening Mammography ?

Mammography Performed ▾

ACO-PREV-6: Colorectal Cancer Screening ?

Screening Is Current ▾

ACO-PREV-7: Influenza Immunization ?

Immunization Received ▾

ACO-PREV-8: Pneumonia Vaccination ?

Vaccination Received ▾

ACO-PREV-9: BMI Screening and Follow-Up ?

Calculated BMI ▾

BMI Normal ▾

Follow-Up Plan ▾

ACO-PREV-10: Tobacco Use: Screening and Cessation Intervention ?

Tobacco Use ▾

Cessation Counseling Intervention ▾

ACO-PREV-11: Screening for High Blood Pressure ?

Blood Pressure Screening ▾

ACO-PREV-12: Depression Screening ?

Clinical Depression Screening ▾

Positive for Clinical Depression ▾

Follow-Up Plan ▾

Comments (Optional) ?

Table 5-9 describes the allowable values for the fields on the **PREV Tab**:

Table 5-9. PREV Field Definitions

Data Element	Description
Medical Record Found	When a patient is ranked in one of the PREV modules, this field becomes active. Valid values are: <ul style="list-style-type: none">• Yes• No• Not Qualified for Sample
Reason	When Medical Record Found value is Not Qualified for Sample, this field becomes active. Valid values are: <ul style="list-style-type: none">• In Hospice• Moved out of Country• Deceased• Other CMS Approved Reason
Date	When the Medical Record Found value is Not Qualified for Sample, and the Reason is not Other CMS Approved Reason, this field becomes active. The format is MM/DD/YYYY.
Mammogram Performed	Valid values are: <ul style="list-style-type: none">• Yes• No• No - Medical Reasons The field will only be available when the patient is ranked in the PREV-5 module.
Screening is Current	Valid values are: <ul style="list-style-type: none">• Yes• No• No - Medical Reasons The field will only be available when the patient is ranked in the PREV-6 module.

Data Element	Description
Immunization Received	<p>Valid values are:</p> <ul style="list-style-type: none"> • Yes • No • No - Medical Reasons • No - Patient Reasons • No - System Reasons <p>The field will only be available when the patient is ranked in the PREV-7 module.</p>
Vaccination Received	<p>Valid values are:</p> <ul style="list-style-type: none"> • Yes • No • No - Medical Reasons <p>The field will only be available when the patient is ranked in the PREV-8 module.</p>
Calculated BMI	<p>Valid values are:</p> <ul style="list-style-type: none"> • Yes • No • No - Medical Reasons • No - Patient Reasons • No - System Reasons <p>The field will only be available when the patient is ranked in the PREV-9 module.</p>
BMI Normal	<p>When the Calculated BMI value is Yes, this field is active. Valid values are:</p> <ul style="list-style-type: none"> • Yes • No
Follow-Up Plan	<p>When the BMI Normal value is No, this field is active. Valid values are:</p> <ul style="list-style-type: none"> • Yes • No

Data Element	Description
Tobacco Use	<p>Valid values are:</p> <ul style="list-style-type: none">• Yes• No• Not Screened <p>The field will only be available when the patient is ranked in the PREV-10 module.</p>
Cessation Counseling Intervention	<p>When the Tobacco Use value is “Yes” this field becomes active. Valid values are:</p> <ul style="list-style-type: none">• Yes• No
Blood Pressure Screening	<p>Valid values are:</p> <ul style="list-style-type: none">• Yes• No• No - Medical Reasons• No - Patient Reasons <p>The field will only be available when the patient is ranked in the PREV-11 module.</p>
Clinical Depression Screening	<p>Valid values are:</p> <ul style="list-style-type: none">• Yes• No• No - Medical Reasons• No - Patient Reasons• No - System Reasons <p>The field will only be available when the patient is ranked in the PREV-12 module.</p>
Positive for Clinical Depression	<p>When the Screened for Clinical Depression value is Yes, this field is active. Valid values are:</p> <ul style="list-style-type: none">• Yes• No

Data Element	Description
Follow-Up Plan	When the Positive for Clinical Depression value is Yes, this field is active. Valid values are: <ul style="list-style-type: none"> • Yes • No
Comments	Allows for additional comments. This field is optional. This field is active when a selection has been made in Medical Record found.

5.2 Export Data

The Export function of the ACO GPRO Web Interface enables you to download the patient list or the entire patient sample so that you can use another program or resource to create an XML file containing the patient data. You can then complete the data abstraction by uploading the XML file using the Upload Data function, described in Section 5.3. A sample Export Data screen with export options in the file list is shown in Figure 5-14.

Figure 5-14. Export Data

ACO GPRO Web Interface

Home Reports Export Data Upload Data Add/Edit Locked Records List Users Submit Preferences Help

Export Data

* Export Data Set Export Data Set is required.

Note: When Patient Ranking or Patients option is selected from the Export Data Set drop-down, at least one module needs to be checked in Export Patients In Module(s) checkbox list below.

Export Patients In Module(s):

- ☐ CARE-1: Medication Reconciliation
- ☐ CARE-2: Falls
- ☐ CAD: Coronary Artery Disease
- ☐ DM: Diabetes Mellitus
- ☐ HF: Heart Failure
- ☐ HTN: Hypertension
- ☐ IVD: Ischemic Vascular Disease
- ☐ PREV-5: Screening Mammography
- ☐ PREV-6: Colorectal Cancer Screening
- ☐ PREV-7: Influenza Immunization
- ☐ PREV-8: Pneumonia Vaccination
- ☐ PREV-9: BMI Screening and Follow-Up
- ☐ PREV-10: Tobacco Use: Screening and Cessation Intervention
- ☐ PREV-11: Screening for High Blood Pressure
- ☐ PREV-12: Depression Screening

[Generate XML](#)

* Required field

Export Data Results [Refresh](#)

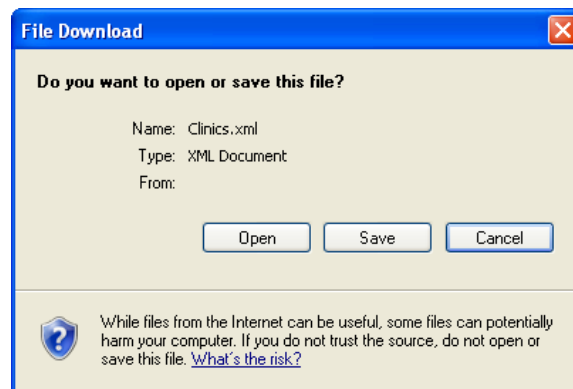
Date	User ID	File Name	Status	Comments
11/14/2012 03:39PM	J9	Patients.xml	Complete	DM
11/14/2012 02:02PM	J9	Patients.xml	Request Received	DM
11/14/2012 11:46AM	J9	Patients.xml	Complete	HF
11/14/2012 10:01AM	J9	Patients.xml	Complete	HF,HTN
11/13/2012 01:37PM	J9	Patients.xml	Complete	CARE-1

To Export Data:

1. From the Global Navigation, click **Export Data**.
2. Under Export Data Set, click the type of data to be uploaded, **Patient Ranking**, **Patient**, **Patient Discharge**, **Providers**, or **Clinics**.
3. If the data set to be exported is **Patient Ranking** or **Patient**, click the checkbox to check or uncheck the modules to be included in the generated XML file.
4. Click **Generate XML**.
5. The table on the **Export Data** page will display the status of the files that have been generated.
6. When the file status is **Complete**, the text will be a hyperlink. Click on the **Filename** to export the file.
7. Click **Save** to save the file to your computer or click **Open** to open the file when the **File Download** window opens.

Figure 5-15 shows the **File Download** window with the name of the file to be downloaded.

Figure 5-15. Windows File Download Pop-Up



5.3 Upload Data

The Upload function of the ACO GPRO Web Interface allows you to upload an XML file containing patient data created using another program or resource.

Figure 5-16 shows the **Upload Data** screen with the list of uploaded files and the status of the files.

Figure 5-16. Upload Data

ACO GPRO Web Interface

Home Reports ▾ Export Data Upload Data Add/Edit ▾ Locked Records List Users Submit Preferences Help

Upload Data

* Upload Data Set
 Patients
 Patient Discharge

Note: No other user can access the database while data is being uploaded.

* Source File

Note: The name of the file can not exceed 35 characters.

* Required field

Upload Data Results

Date	User ID	File Name	File Type	Status
------	---------	-----------	-----------	--------

Before attempting to export data, review the information on uploading and exporting in this document, the Online Help feature, and/or the XML Specifications.

The following rules for Patient data must be adhered to in order for upload to be successful:

- The upload process only updates existing patient records; no new patients are added. If the Medicare ID of the patient (PatIDHIC) to be uploaded is not found in the database, the information for that patient will not be uploaded. Details on the invalid Medicare ID will be provided in the Activity Logs.
- If the Medicare ID to be uploaded exists in the database, the existing record is updated with the uploaded values.

The following rules for Patient Discharge data must be adhered to in order for upload to be successful:

- If the Medicare ID number of the patient to be uploaded is not found in the database, the discharge data will not be uploaded. Details on the invalid Medicare ID will be provided in the Activity Logs.
- If the Medicare ID number of the patient to be uploaded is found in the database but the Discharge Date does not exist for the patient, the data will not be uploaded. Details on the invalid date will be provided in the Activity Logs.
- If the values of the Medicare ID and Discharge Date to be uploaded exist in the database, the existing record is updated with the uploaded values.
- There must be no duplicate Discharge Dates for each patient in the XML file. That is, the combination of Medicare ID and Discharge Date must be unique for each patient.

To Upload Data:

1. From the Global Navigation, click **Upload Data**. The **Upload Data Screen** appears.
2. Under Upload Data Set, Select the type of data to be uploaded, Patient or Patient Discharge.
3. In the Source File field, use the **Browse...** or **Update...** button to select the file to be uploaded. If a file name does not exist in the
4. Click **Upload Data**.
5. The table on the **Upload Data** page will display the status of the files that have been uploaded.
6. If there were errors in the file, the Status column in the table can be selected to display the errors.

No other users from your group practice (i.e., with the same Tax Identification Number in their IACS user profile) should use your group's database while data is being uploaded.

5.4 Add/Edit

This Add/Edit Option is available to add a clinic or a provider that is not in the database, or to edit clinics or providers that were pre-populated.

1. From the Global Navigation, click on **Add/Edit**
2. Select **Clinic** (Figure 5-17) or **Provider** (Figure 5-18) in the displayed drop-down menu.

Figure 5-17. Add/Edit Screen - Clinic

Figure 5-18. Add/Edit Screen - Provider

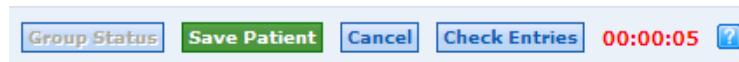
5.5 Data Validation

Any time you click the **Check Entries** or **Save Patient** button, the system confirms that any user-entered data is valid. Data may be saved even if it is inconsistent between modules. See the Online Help for consistency checks.

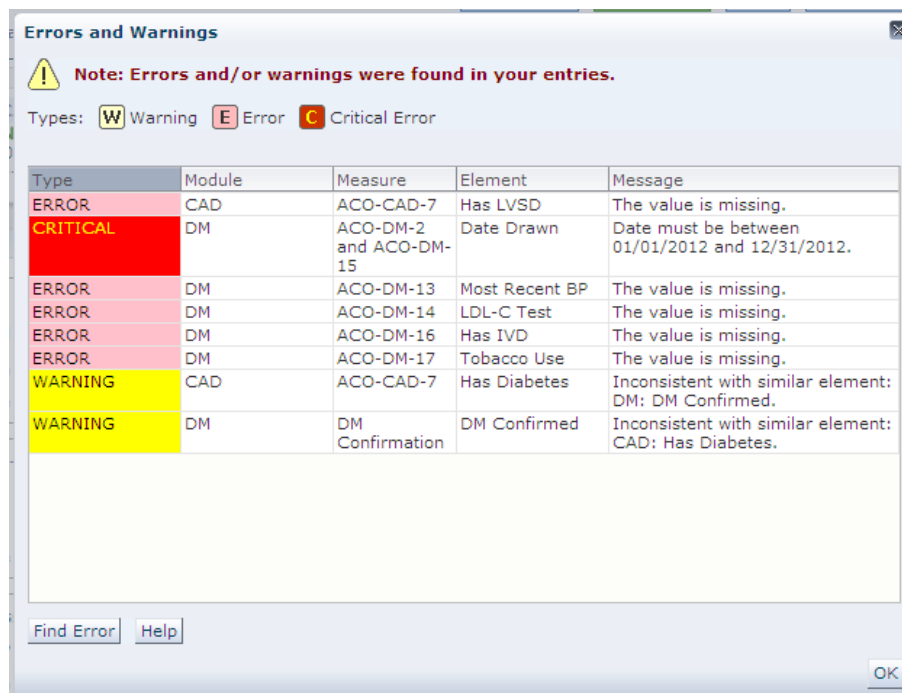
To display a list of errors and warnings:

1. Click either the **Check Entries** or **Save Patient** button. The display of the Errors and Warnings can be disabled when saving patient data in the User Preferences Settings.

Figure 5-19 shows the data validation buttons available on the Patient Status.

Figure 5-19. Data Validation Buttons

2. Error and Warnings will be displayed anytime the **Check Entries** button is selected. When the **Save Patient** button is selected, the Errors and Warnings are displayed if there are errors or warnings, and if the Show Errors and Warnings option is selected in the User Preferences.
 3. To go to the error, highlight the error and click on **Find Error**, or double click on the line containing the error.
 4. To close the **Errors and Warnings** report, click **OK** or the **X** in the upper right corner.
- Figure 5-20 shows the grid where the errors, warnings and critical errors are displayed.

Figure 5-20. Data Validation – Grid**Table 5-10. Errors and Warnings Field Descriptions**

Data Element	Description
Type	Valid values are: <ul style="list-style-type: none"> Warning Error Critical Error

Data Element	Description
Module	The tab on which the error can be found. Valid values are: <ul style="list-style-type: none">• CARE• CAD• DM• HF• HTN• IVD• PREV
Measure	The specific individual measure that contains the error.
Element	The element within the measure with the error.
Message	Explanation of the error.

Note: When saving changes to patient data, your changes will only be saved to the database and the user action logged if no critical errors are present.

5.6 Reports

This section provides information on a variety of reports are accessible to users.

From the Global Navigation Menu ribbon located at the top of the page, select the report you wish to run from the Reports drop-down.

5.6.1 Patient Summary Report

The **Patient Summary Report** displays all information provided for a selected patient. A patient must be currently selected from the list for the report to run. You may print several **Patient Summary Reports** at a time by selecting multiple patients in the list. The data displayed will contain the data saved as of the time the report was generated.

Figure 5-21 shows the **Patient Summary Report** for a patient ranked in CAD.

Figure 5-21. Patient Summary Report List and Details

ACO GPRO Web Interface

Home Reports ▾ Export Data Upload Data Add/Edit ▾ Locked Records List Users Submit Preferences Help

Patient Summary Report

Medicare ID	First Name	Last Name	Birth Date
29S	ACO	L_NAME97362	12/08/1945
30S	ACO	L_NAME97363	01/11/1945
31S	ACO	L_NAME97364	05/12/1945
32S	ACO	L_NAME97365	07/31/1945
33S	ACO	L_NAME97366	03/15/1945
34S	ACO	L_NAME97367	05/20/1945
35S	ACO	L_NAME97368	08/27/1945
36S	ACO	L_NAME97369	04/08/1945
65S	ACO	L_NAME97452	10/05/1945
66S	ACO	L_NAME97453	10/05/1945
67S	ACO	L_NAME97454	05/19/1945
68S	ACO	L_NAME97455	03/19/1945
69S	ACO	L_NAME97456	06/14/1945
70S	ACO	L_NAME97457	09/12/1945
71S	ACO	L_NAME97458	12/17/1945
72S	ACO	L_NAME97459	09/02/1945
73S	ACO	L_NAME97460	02/02/1945
74S	ACO	L_NAME97461	12/20/1945

[Preview](#) [Print Selected](#)

NOTE: If problems occur while trying to preview or print several reports, try to select fewer records.

[View Printable Report](#)

PATIENT SUMMARY REPORT

Patient L_NAME97362, ACO Total Time 00:00:00 Patient Data Incomplete

Demographics

Module	Rank	Status
CARE-1	0	Not Ranked
CARE-2	0	Not Ranked
CAD	329	Incomplete
DM	0	Not Ranked
HF	0	Not Ranked
HTN	0	Not Ranked
IVD	0	Not Ranked
PREV-5	0	Not Ranked
PREV-6	0	Not Ranked
PREV-7	0	Not Ranked
PREV-8	0	Not Ranked
PREV-9	0	Not Ranked
PREV-10	0	Not Ranked
PREV-11	0	Not Ranked
PREV-12	0	Not Ranked

CAD: Coronary Artery Disease

CAD Confirmation

CAD Confirmed ---

Reason ---

Date ---

ACO-CAD-2: Lipid Control

LDL-C Controlled ---

ACO-CAD-7: Diabetes/LVSD and ACE-I/ARB

Has Diabetes ---

Has LVSD ---

ACE-I/ARB ---

CAD Comments

1. From the Global Navigation, click on **Reports**.
2. Click **Patient Summary Report** in the displayed drop-down menu.
3. The **Patient Summary Report** screen is displayed with a list of the patients in the modules selected in the user's Preferences.
4. Click one or more patients in the list at the top of the screen.
5. To view the report for the selected patient(s), click the **Preview** button.
6. To print the report for selected patient(s), click the **Print Selected** button.
7. To print a report displayed on the screen, select the **View Printable Report** button.
8. A new screen or tab, dependent on user's browser settings, will display a report that can be printed using standard browser print options.
9. Use the browsers print options to print the displayed report.

The patient's demographic data is displayed at the top of the report; beneath it is the data from each tab of the patient's record.

- If the patient is not ranked under a disease module or patient care module (i.e., tab), that module will not be shown in the report.
- The information displayed in the Patient Status dashboard on the Home page is included in the Demographics group in the **Patient Summary Report**.
- A Status column is added to the right of the Rank column indicating the data status of each module. Valid values are **Complete**, **Incomplete**, **Not Ranked**, or **Skipped**.

5.6.2 Totals Report Summary

The **Totals Report** provides the overall status of completeness for the patient sample. If the **Totals Report** summary shows that a measure has not met the completion threshold, the **Totals Report Details** can help identify which records need to be completed. The Details section of the **Totals Summary Report** lists all ranked patients with rank and status. The figures below show the top and bottom of the report as an example of the format. All modules will be included in the full report.

Figure 5-22 shows the **Totals Summary** and **Details Tabs** with the top of a **Summary Report**.

Figure 5-22. Totals Report Summary – CARE-1 and CARE-2

ACO GPRO Web Interface

Home Reports Export Data Upload Data Add/Edit Locked Records List Users Submit Preferences Help

Totals Report [View Printable Report](#)

Totals Summary Details

CARE-1: Medication Reconciliation

Report Title	Total	Details	Comments
All Ranked Patients	616	Details >>	
----All Confirmed and Complete	7	Details >>	
----All Skipped	0	Details >>	
----All Incomplete	609	Details >>	
Consecutively Completed or Skipped	6	Details >>	
----Medical Record Not Found	0	Details >>	
----Not Confirmed	0	Details >>	
----Not Qualified For Sample	0	Details >>	
-----In Hospice	0	Details >>	
-----Moved Out of Country	0	Details >>	
-----Deceased	0	Details >>	
-----Medical Reasons	0	Details >>	
-----Other CMS Approved Reason	0	Details >>	
----For Analysis	6	Details >>	WARNING! Minimum requirement not met.

CARE-2: Falls

Report Title	Total	Details	Comments
All Ranked Patients	616	Details >>	
----All Confirmed and Complete	4	Details >>	
----All Skipped	0	Details >>	
----All Incomplete	612	Details >>	
Consecutively Completed or Skipped	1	Details >>	
----Medical Record Not Found	0	Details >>	
----Not Confirmed	0	Details >>	
----Not Qualified For Sample	0	Details >>	
-----In Hospice	0	Details >>	
-----Moved Out of Country	0	Details >>	
-----Deceased	0	Details >>	
-----Medical Reasons	0	Details >>	
-----Other CMS Approved Reason	0	Details >>	
----For Analysis	1	Details >>	WARNING! Minimum requirement not met.

Figure 5-23 shows the summary for **PREV-12** and footnotes that are displayed at the end of the report.

Figure 5-23. Totals Report Summary – PREV-12 and Footnotes

PREV-12: Depression Screening			
Report Title	Total	Details	Comments
All Ranked Patients	616	Details >>	
----All Confirmed and Complete	1	Details >>	
----All Skipped	0	Details >>	
----All Incomplete	615	Details >>	
Consecutively Completed or Skipped	1	Details >>	
----Medical Record Not Found	0	Details >>	
----Not Confirmed	0	Details >>	
----Not Qualified For Sample	0	Details >>	
-----In Hospice	0	Details >>	
-----Moved Out of Country	0	Details >>	
-----Deceased	0	Details >>	
-----Medical Reasons	0	Details >>	
-----Other CMS Approved Reason	0	Details >>	
----For Analysis	1	Details >>	WARNING! Minimum requirement not met.

Footnotes

1. The total for All Ranked Patients is the number of patients in the module. All Ranked Patients is also the sum of All Confirmed and Complete + All Skipped + All Incomplete.
2. The total for All Confirmed and Complete is the number of patients confirmed and complete, in any order, in the module.
3. The total for All Skipped is the number of patients skipped for an approved reason, in any order, in the module. Approved reasons are Medical Record Not Found, Not Confirmed, or Not Qualified for Sample.
4. The total for All Incomplete is the number of patients not meeting the requirements to be counted as confirmed and complete or skipped, in any order, in the module.
5. The total for Consecutively Completed or Skipped is the number of patients, starting at rank #1, meeting the requirements to be counted as Confirmed and Complete or Skipped. The count stops with the first incomplete patient in the module. Consecutively Completed or Skipped is also the sum of Medical Record Not Found + Not Confirmed + Not Qualified for Sample + For Analysis.
6. The total for Medical Record Not Found is the number of patients, starting at rank #1, skipped because the module confirmation is set to Medical Record Not Found or because the CARE or PREV Medical Record Found is set to No. The count stops with the first incomplete patient in the module.
7. The total for Not Confirmed is the number of patients, starting at rank #1, skipped because the module confirmation is set to Not Confirmed. The count stops with the first incomplete patient in the module.
8. The total for Not Qualified for Sample is the number of patients, starting at rank #1, skipped because the module confirmation is set to Not Qualified for Sample or because the CARE or PREV Medical Record Found is set to Not Qualified for Sample. The count stops with the first incomplete patient in the module. Not Qualified for Sample is the sum of In Hospice + Moved Out of Country + Deceased + Medical Reasons + Other CMS Approved Reason.
9. The total for For Analysis is the number of patients, starting with rank #1, where the record is confirmed and complete. The count stops with the first incomplete patient in the module.

To display **Totals Report** detail:

1. Highlight a row (e.g., CAD: All Incomplete: 1).
2. Click the **Details** tab (next to the Totals Summary tab).
3. An alternate method to display the Totals Report Details is to double click the row containing the data to be displayed.
4. A third method to display the Totals Report Details is to click the Details >> hyperlink in the Details column for the row.

Figure 5-24 shows the **Totals Report Details** for the confirmed and complete patients in CAD.

5.6.3 Pre-filled Elements Report

The **Pre-filled Elements Report** lists the values that were pre-filled in the database during the beneficiary sampling. This report shows all of the fields that have been changed from their system default values. It shows what the system default value was, what the current value is, and indicates whether they are different. All possible pre-filled values are included on the report, but the report will not contain values if the patient is not ranked in the associated module.

Figure 5-25 shows the **Pre-filled Elements Report** screen with a patient list and an individual patient's report.

Figure 5-25. Pre-Filled Elements Report

ACO GPRO Web Interface

Home Reports Export Data Upload Data Add/Edit Locked Records List Users Submit Preferences Help

Pre-filled Elements Report [View Printable Report](#)

Medicare ID	Last Name	First Name	Birth Date
S12A	L_NAME97709	ACO	11/09/1945
S13A	L_NAME97710	ACO	11/25/1945
S14A	L_NAME97711	ACO	09/30/1945
S28A	L_NAME97712	ACO	03/13/1945
S29A	L_NAME97713	ACO	06/08/1945
S30A	L_NAME97714	ACO	07/21/1945
S55A	L_NAME97776	ACO	03/01/1945
S59A	L_NAME97954	ACO	09/18/1945
S60A	L_NAME97955	ACO	03/12/1945
S61A	L_NAME97956	ACO	12/18/1945

Measure	Element	Pre-filled Value	Current Value	Changed
	First Name	ACO	ACO	No
	Last Name	L_NAME97709	L_NAME97709	No
	Gender	Female	Female	No
	Birth Date	11/09/1945	11/09/1945	No
	Provider Name			No
ACO-DM-2 and ACO-DM-15	HbA1c Test	Yes	Yes	No
ACO-DM-2 and ACO-DM-15	Date Drawn	08/14/2012	10/24/2012	Yes
ACO-DM-14	LDL-C Test	Yes	Yes	No
ACO-DM-14	Date Drawn	07/12/2012	07/21/2012	Yes
ACO-IVD-1	Lipid Profile Performed	Yes	Yes	No
ACO-IVD-1	Date Drawn	05/15/2012	05/15/2012	No
ACO-PREV-5	Mammography Performed			No
ACO-PREV-7	Immunization Received			No
ACO-PREV-12	Clinical Depression Screening			No

To run the **Pre-filled Elements Report**:

1. From the Global Navigation, click on **Reports**.
2. Click **Pre-filled Elements Report** in the displayed drop-down menu.
3. The Pre-filled Elements Report screen is displayed with a list of patients in the modules selected in the user's Preferences.
4. Click a patient from the list of patients. The pre-filled data for the selected patient will be displayed below the list.
5. To print a report, select the **View Printable Report** button.
6. A new screen or tab, dependent on user's browser settings, will display a report that can be printed using standard browser print options.
7. Use the browsers print options to print the viewable report.

5.6.4 Measure Rates Report

The **Measure Rates Report** displays the performance rates of all the clinical quality measures for an ACO practice. The definitions of each column are listed in the footnotes of the report. The figures below show the top and bottom of the report as an example of the format. All modules will be included in the full report.

Figure 5-26 shows the top of the **Measure Rates Report** and the tabs to select **Detail** or **Summary** data.

Figure 5-26. Measure Rates Report - Top

ACO GPRO Web Interface

Home Reports Export Data Upload Data Add/Edit Locked Records List Users Submit Preferences Help

Measure Rates Report [View Printable Report](#)

Summary Details

CARE-1: Medication Reconciliation

Measure Description	Total Eligible(1)	Denominator Exclusions(2)	Denominator (3)	Measure Not Met(4)	Measure Met(5)	Measure Rate(6)	Complete(7)	Incomplete (8)	Completion Rate(9)
* ACO-CARE-1: Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility	9 >>	0 >>	9	3 >>	6 >>	66.67	6 >>	3 >>	66.67

CARE-2: Falls

Measure Description	Total Eligible(1)	Denominator Exclusions(2)	Denominator (3)	Measure Not Met(4)	Measure Met(5)	Measure Rate(6)	Complete(7)	Incomplete (8)	Completion Rate(9)
ACO-CARE-2: Falls: Screening for Future Fall Risk	1 >>	0 >>	1	0 >>	1 >>	100.00	1 >>	0 >>	100.00

CAD: Coronary Artery Disease

Measure Description	Total Eligible(1)	Denominator Exclusions(2)	Denominator (3)	Measure Not Met(4)	Measure Met(5)	Measure Rate(6)	Complete(7)	Incomplete (8)	Completion Rate(9)
ACO-CAD-2: Lipid Control	33 >>	0 >>	33	3 >>	30 >>	90.91	411 >>	0 >>	100.00
ACO-CAD-7: ACE Inhibitor or ARB Therapy for Patients with CAD and Diabetes and/or LVSD	23 >>	6 >>	17	6 >>	11 >>	64.71	33 >>	411 >>	8.03
ACO-CAD-COMP: CAD Composite: All or Nothing Scoring	33 >>	0 >>	33	8 >>	25 >>	75.76	33 >>	411 >>	8.03

Figure 5-27 shows the end of the **Measure Rates Report** with footnotes.

Figure 5-27. Measure Rates Report - Bottom

PREV-9: BMI Screening and Follow-Up									
Measure Description	Total Eligible(1)	Denominator Exclusions(2)	Denominator (3)	Measure Not Met(4)	Measure Met(5)	Measure Rate(6)	Complete(7)	Incomplete (8)	Completion Rate(9)
ACO-PREV-9: Body Mass Index (BMI) Screening and Follow-Up	0 >>	0 >>	0	0 >>	0 >>	0.00	0 >>	0 >>	0.00

PREV-10: Tobacco Use: Screening and Cessation Intervention									
Measure Description	Total Eligible(1)	Denominator Exclusions(2)	Denominator (3)	Measure Not Met(4)	Measure Met(5)	Measure Rate(6)	Complete(7)	Incomplete (8)	Completion Rate(9)
ACO-PREV-10: Tobacco Use: Screening and Cessation Intervention	0 >>	0 >>	0	0 >>	0 >>	0.00	0 >>	0 >>	0.00

PREV-11: Screening for High Blood Pressure									
Measure Description	Total Eligible(1)	Denominator Exclusions(2)	Denominator (3)	Measure Not Met(4)	Measure Met(5)	Measure Rate(6)	Complete(7)	Incomplete (8)	Completion Rate(9)
ACO-PREV-11: Screening for High Blood Pressure	0 >>	0 >>	0	0 >>	0 >>	0.00	0 >>	0 >>	0.00

PREV-12: Depression Screening									
Measure Description	Total Eligible(1)	Denominator Exclusions(2)	Denominator (3)	Measure Not Met(4)	Measure Met(5)	Measure Rate(6)	Complete(7)	Incomplete (8)	Completion Rate(9)
ACO-PREV-12: Screening for Clinical Depression and Follow-Up Plan	0 >>	0 >>	0	0 >>	0 >>	0.00	0 >>	0 >>	0.00

Footnotes

1. Total Eligible = the number of consecutively completed and confirmed Patients/Discharges eligible for the measure (meets inclusion criteria).
2. Denominator Exclusions = the number of eligible patients that were taken out of the Denominator for medical, patient or system exclusion reasons (where applicable).
3. Denominator = total Patients/Discharges minus Denominator Exclusions.
4. Measures Not Met = the number of eligible Patients/Discharges that did not meet the measure criteria.
5. Measure Met = the number of eligible Patients/Discharges that met the measure criteria.
6. Measure Rate = Measure Met divided by Denominator multiplied by 100%.
7. Complete = the number of consecutively confirmed Patients that have been completed for the measure.
8. Incomplete = the number of consecutively confirmed Patients that are incomplete for the measure.
9. Completion Rate = the number of consecutively confirmed Patients that have been completed for the measure divided by the total number of consecutively confirmed patients for the measure multiplied by 100%.
10. For DM-2, a lower rate indicates better performance/control.

* Discharge measure.

To run the **Measure Rates Report**:

1. From the Global Navigation, click on **Reports**.
2. Click **Measure Rates Report** in the displayed drop-down menu.
3. The **Summary Report** will be displayed.
4. Each row in the report contains detailed information for the count displayed. Numbers with >> are hyperlinks to the detail. Click on any count that is followed by >> to view the details on the patients included in the count.
5. To print a report, select the **View Printable Report** button.
6. A new screen or tab, dependent on user's browser settings, will display a report that can be printed using standard browser print options.

5.6.5 Activity Logs Report

Actions performed by each user of the ACO GPRO Web Interface are recorded and stored in the database. Actions recorded include logging in and making changes to patient records. The log stores dates and times of all actions along with the username of the user who performed them, and the patient name, if the action was on a specific patient. You can display the actions taken by a specific user, by all users on a single patient, or by all actions for all users on all patients.

Figure 5-28 Shows the **Activity Logs Report** with the **All** option selected.

Figure 5-28. Activity Logs Report

ACO GPRO Web Interface

Home Reports Export Data Upload Data Add/Edit Locked Records List Users Submit Preferences Help

Activity Logs Report [View Printable Report](#)

Filter: All

Name

Log Date	IACS ID	Patient	Action	Description
11/14/2012 03:55:53...	J9		User Logged On	
11/15/2012 11:41:52:05...	J9		User Logged On	
11/15/2012 12:12:36:72...	J9	L_NAME97709, ACO - 11/09/1945	Record Updated	Data Status Incomplete
11/15/2012 12:14:44:81...	J9	L_NAME97709, ACO - 11/09/1945	Record Updated	Data Status Incomplete
11/15/2012 12:20:42:03...	J9		User Logged On	
11/15/2012 12:33:07:97...	J9		Preferences Changed	
11/15/2012 12:38:01:04...	J9		Preferences Changed	
11/15/2012 12:40:39:52...	J9	L_NAME97362, ACO - 12/08/1945	Record Updated	Data Status Complete
11/15/2012 12:43:48:45...	J9		Preferences Changed	
11/15/2012 12:46:39:25...	J9		Preferences Changed	
11/15/2012 01:23:36:85...	J9		User Logged On	
11/15/2012 01:36:33:06...	J9	L_NAME94614, ACO - 01/03/1945	Record Updated	Data Status Incomplete
11/15/2012 01:43:27:92...	J9		Record Updated	Clinic Name: CLINIC1
11/15/2012 01:44:46:02...	J9		Record Updated	Provider: DEMO,ACO
11/15/2012 01:57:11:04...	J9		User Logged On	
11/15/2012 02:00:11:67...	J9		Preferences Changed	
11/15/2012 02:03:21:99...	J9	L_NAME97709, ACO - 11/09/1945	Record Updated	Data Status Incomplete

To run the **Activity Logs Report**:

1. From the Global Navigation, click on **Reports**.
2. Click **Activity Logs Report** in the displayed drop-down menu.
3. To filter the data displayed click on the **Filter** menu.
4. Click on **All** to display all the activity for all users.
5. Click on **Patients**, and then click on a patient in the list of patient names to display all activity on a single patient.
6. Click on **Users**, and then click on a user in the list of user names to display all activity taken by a single patient.
7. To print a report, select the **View Printable Report** button.

8. A new screen or tab, dependent on user's browser settings, will display a report that can be printed using standard browser print options.

5.6.6 Submit Status Report

A report showing the date time the final data was submitted to CMS can be generated and printed. The report will show the completion status of each module at the time the data was submitted.

Figure 5-29 shows the **Submit Status Report**.

Figure 5-29. Submit Status Report

Home Reports ▼ Export Data Upload Data Add/Edit ▼ Locked Records List Users Submit Preferences Help	
Submit Status Report - 09/12/2012 11:09:29 AM View Printable Report	
Module	Comments
CARE-1: Medication Reconciliation	WARNING! Minimum requirement not met.
CARE-2: Falls	WARNING! There are no records for analysis.
CAD: Coronary Artery Disease	WARNING! Minimum requirement not met.
DM: Diabetes Mellitus	WARNING! There are no records for analysis.
HF: Heart Failure	WARNING! There are no records for analysis.
HTN: Hypertension	WARNING! There are no records for analysis.
IVD: Ischemic Vascular Disease	WARNING! Minimum requirement not met.
PREV-5: Screening Mammography	WARNING! There are no records for analysis.
PREV-6: Colorectal Cancer Screening	WARNING! There are no records for analysis.
PREV-7: Influenza Immunization	WARNING! There are no records for analysis.
PREV-8: Pneumonia Vaccination	WARNING! There are no records for analysis.
PREV-9: BMI Screening and Follow-Up	WARNING! There are no records for analysis.
PREV-10: Tobacco Use: Screening and Cessation I...	WARNING! There are no records for analysis.
PREV-11: Screening for High Blood Pressure	WARNING! There are no records for analysis.
PREV-12: Depression Screening	WARNING! There are no records for analysis.

To run the **Submit Status Report**:

1. From the Global Navigation, click on Reports.
2. Select Submit Status Report in the displayed drop-down menu.
3. To print a report, select the View Printable Report button.
4. A new screen or tab, dependent on user's browser settings, will display a report that can be printed using standard browser print options.

5.7 Locked Records

This is available to unlock a patient's record so it may be edited. A patient's record is locked when a user makes any changes to the record. It remains locked until the user selects **Save Patient** or **Cancel**. A record may remain locked if the browser is closed before saving or discarding the changes to the record.

A user may continue to edit a patient's record without unlocking the record from the Locked Records screen if they are the locking user. The **Locked Records** screen is available to unlock a

record owned by a user who is not available to unlock the record, or to unlock a record when additional edits are not needed.

Figure 5-30 shows the **Locked Records** with a list of patients with locked records.

Figure 5-30. Locked Records Screen

ACO GPRO Web Interface

Home Reports ▾ Export Data Upload Data Add/Edit ▾ Locked Records List Users Submit Preferences Help

Locked Records Refresh Unlock

Medicare ID	Last Name	First Name	Birth Date	Locked By	Locked At	Minutes Lapsed
550A	L_NAME96359	ACO	11/20/1945	FAKEFIRST FAK...	11/12/2012 14:09:07	4,319

To access a locked record:

1. From the Global Navigation, click on **Locked Records**.
2. Select a row in the displayed table.
3. Select **Unlock** to unlock the selected patient.
4. If the user is listed in the *Locked By* column, that user may unlock the record at any time. If the *Minutes Lapsed* exceeds 1440 (24 hours), any user may unlock the record.

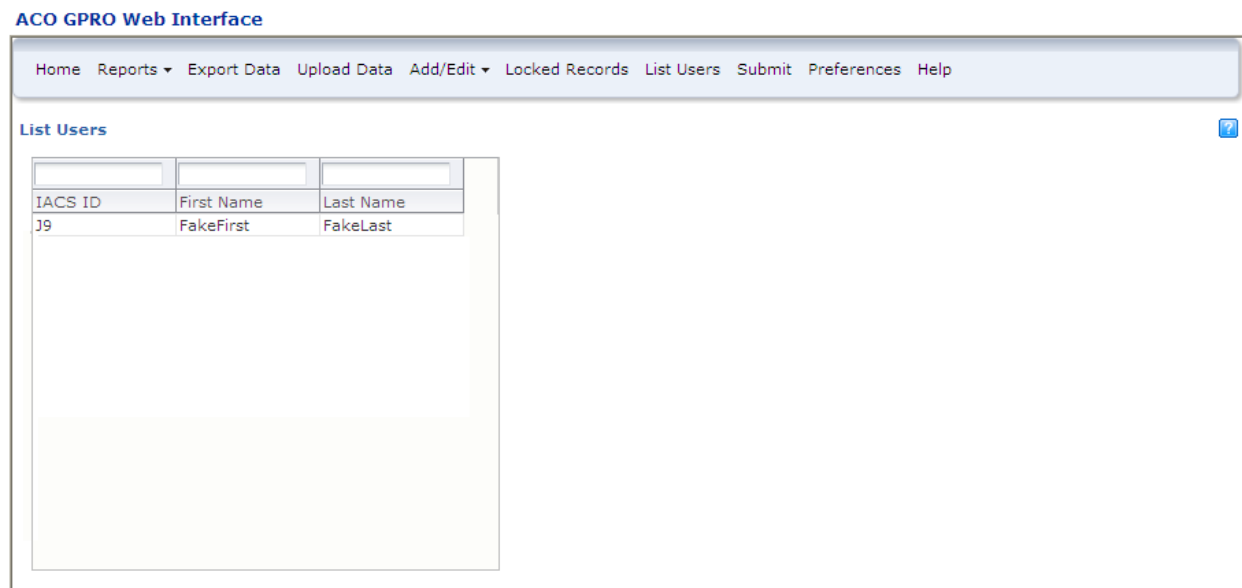
5.8 List Users

This is available to provide a list of users associated to the ACO's Taxpayer Identification Number through their IACS ID who have logged into the ACO GPRO Web Interface. The list provides the IACS ID and User's first and last name in a list that can be sorted and filtered.

From the Global Navigation Menu ribbon located at the top of the page, click on **List Users**.

Figure 5-31 shows the **List Users** screen and the list of users who have accessed the Web Interface.

Figure 5-31. List Users Screen



5.9 Submit Screen

This is available to submit module completeness and measure performance data to CMS. Detailed information on the module completeness is available on the **Totals Report** (Figure 5-24). Detailed information on the measure performance is available on the Measure Rates Report (Figure 5-26). The status of the Submission is available on the **Submission Status Report** (Figure 5-29).

Figure 5-33 shows the **Submit** screen with the completeness status for each module.

Figure 5-32. Submit Screen

Module	Comments
CARE-1: Medication Reconciliation	WARNING! Minimum requirement not met.
CARE-2: Falls	WARNING! Minimum requirement not met.
CAD: Coronary Artery Disease	WARNING! Minimum requirement not met.
DM: Diabetes Mellitus	WARNING! There are no records for analysis.
HF: Heart Failure	WARNING! There are no records for analysis.
HTN: Hypertension	WARNING! There are no records for analysis.
IVD: Ischemic Vascular Disease	WARNING! Minimum requirement not met.
PREV-5: Screening Mammography	WARNING! Minimum requirement not met.
PREV-6: Colorectal Cancer Screening	WARNING! Minimum requirement not met.
PREV-7: Influenza Immunization	WARNING! There are no records for analysis.
PREV-8: Pneumonia Vaccination	WARNING! There are no records for analysis.
PREV-9: BMI Screening and Follow-Up	WARNING! There are no records for analysis.
PREV-10: Tobacco Use: Screening and Cessation Intervention	WARNING! There are no records for analysis.
PREV-11: Screening for High Blood Pressure	WARNING! There are no records for analysis.
PREV-12: Depression Screening	WARNING! There are no records for analysis.

I certify that I have been duly authorized to submit this data, and I certify that the data submitted is true, accurate, and complete. I understand that the knowing, reckless, or willful omission, misrepresentation, or falsification of any information contained in this submission or any communication supplying information to Medicare may be punished by criminal, civil, or administrative penalties, including fines and imprisonment.

☐ **Submit** **Cancel**

To run this report:

1. From the Global Navigation, click on **Submit**.
2. Review the data for each module.
3. Select the checkbox certifying authorization to submit data.
4. Select **Submit** to submit the module completeness data.
5. Selecting **Cancel** will not submit data to CMS and will return the user to the Home page.

5.10 Preferences

This is available to allow the user to select which patients are displayed in the **Patient List** on the **Home Page** (Section 5.1.1), in the **Patient Summary Report List** (Section 5.6.1), and the **Pre-filled Elements Report List** (Section 5.6.3). It also allows the user to disable the **Errors and Warnings** window when saving patient record modifications (Section 5.5) and indicate if a screen reader is being used.

Figure 5-33 shows the **User Preferences** screen.

Figure 5-33. Preferences Screen

ACO GPRO Web Interface

Home Reports Export Data Upload Data Add/Edit Locked Records List Users Submit Preferences Help

User Preferences

Show patients under these module(s):

- ☐ CARE-1: Medication Reconciliation
- ☐ CARE-2: Falls
- ☒ CAD: Coronary Artery Disease
- ☐ DM: Diabetes Mellitus
- ☐ HF: Heart Failure
- ☐ HTN: Hypertension
- ☐ IVD: Ischemic Vascular Disease
- ☐ PREV-5: Screening Mammography
- ☐ PREV-6: Colorectal Cancer Screening
- ☐ PREV-7: Influenza Immunization
- ☐ PREV-8: Pneumonia Vaccination
- ☐ PREV-9: BMI Screening and Follow-Up
- ☐ PREV-10: Tobacco Use: Screening and Cessation Intervention
- ☐ PREV-11: Screening for High Blood Pressure
- ☐ PREV-12: Depression Screening

Show errors (if any) after saving ☒ Yes ☐ No

Enable screen reader mode ☐ Yes ☒ No

Save

To access the **User Preferences** screen and make modifications:

1. From the Global Navigation, click on **Preferences**.
2. Click the checkbox to check or uncheck the module in which patients are to be displayed. Only patients ranked in the checked modules will be displayed in the list of patents for the **Patient List** (Section 5.1.1), Patient Summary Report list (Section 5.6.1), and **Pre-filled Elements Report** list (Section 5.6.3). The initial setting for all users is to have all modules unchecked.
3. Click the **Yes** or **No** to indicate if the Errors and Warnings popup should be displayed if there are any errors when saving patient data. Default setting for all users is **Yes**.
4. Select the **Yes** or **No** radio button to indicate if a screen reader is being used. The default setting for all users is **No**.
5. Click **Save** to save and apply the User Preference settings.
6. Click **OK** on the confirmation message when it appears indicating the user preferences were saved.

6 TROUBLESHOOTING & SUPPORT

A variety of resources are available that offer more information about any module, from Quality Measures and Performance Standards (available on the [CMS Web page dedicated to the Shared Savings Program program](http://cms.hhs.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Quality_Measures_Standards.html), http://cms.hhs.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Quality_Measures_Standards.html to screen element explanations (available in the Online Help feature built into the ACO GPRO Web Interface).

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6.2 Support

To access the Online Help feature

1. To navigate to specific information, select a **Topic** from the Table of Contents (TOC).
2. To search for help modules, click **Search** and enter a keyword or phrase in the search field.

Additional technical support resources:

Table 6-1. Points of Contact

Contact	Organization	Phone	Email	Role	Responsibility
QualityNet Help Desk	CMS	Phone: (866) 288-8912 TTY: (877) 715-6222) Fax: (888) 329-7377 7:00am - 7:00pm CT Monday – Friday	QNet Support. qnet.support@sdp.s.org	Help desk support	1st level user support & problem reporting

APPENDIX A – ACRONYMS

This section describes the acronyms used in this document.

Acronym	Description
ACO	Accountable Care Organization
CAD	Coronary Heart Disease
CMS	Centers for Medicare & Medicaid Services
DM	Diabetes Mellitus
GPRO	Group Practice Reporting Option
HF	Heart Failure
HTN	Hypertension
IACS	Individuals Authorized Access to CMS Computer Services
IVD	Ischemic Vascular Disease
PQRS	Physician Quality Reporting System
PREV	Preventative Care

GLOSSARY

Accountable Care Organizations - ACOs are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to their Medicare patients.

Advance Payment Initiative - a supplementary incentive program for selected participants in the Shared Savings Program.

Electronic Health Record – Electronic Health Records are electronic records of patient health information gathered and/or generated in any care delivery setting. This information includes patient demographics, progress notes, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports. This provides the ability to pass information from care point to care point providing the ability for quality health management by physicians.

Group Practice Reporting Option (GPRO) –Group Practice Reporting Option describes the Group Practices that are participating in this reporting option. To qualify for this reporting option, Group Practices must go through a vetting process.

Physicians Quality Reporting System (PQRS) – Physician Quality Reporting System: A quality reporting system that includes an incentive payment for eligible professionals who satisfactorily report data on quality measures for covered professional services provided during the specified program year.

Performance Rate – The percent of cases where appropriate care was delivered.

Pioneer ACO Model – a population-based payment incentive for health care organizations and providers already experienced in coordinating care for patients across care settings.

Preventive Care – Preventive Care is one of the modules for the Group Practice Reporting Option Web Interface.

Rank – A read-only numeric value assigned to a patient that indicates his/her order in a disease module or Preventive Care measure.

Reporting Period – The reporting period of time eligible for the 2012 Physicians Quality Reporting System program (healthcare services provided by eligible professionals during January 1, 2012 – December 31, 2012).

Tax Identification Number – An identification number used by the Internal Revenue Service in the administration of tax laws.