Physician Quality Reporting System (PQRS) and Electronic Prescribing Incentive (eRx) Program Data Assessment, Accuracy and Improper Payments Identification Support Contract

Sponsored by:
U.S. Department of Health and Human Services,
Centers for Medicare & Medicaid Services

Participation in this Survey

Your participation is requested on an important survey. As a GPRO/Registry that submits data to the Centers for Medicare & Medicaid Services (CMS) as part of the Physician Quality Reporting System (PQRS)/eRx program, we require your assistance in evaluating features of these programs. This survey consists of 43 GPRO questions and 44 Registry questions regarding how GPROs/Registries collect, validate, and submit data that are reported through the PQRS/eRx program. The questions will guide you through a systematic assessment of your data handling practices and help you identify opportunities for improvement and more accurate future reporting. The survey includes both an online and an interview component. We estimate that participation can be accomplished in less than 2 hours, inclusive of minimal time for preparation and follow up.

This is a voluntary survey. It is designed to measure the (1) data handling by GPROs (or Registries) and CMS and its contractors, (2) clinical quality measures results accuracy, and (3) payment error.   Information from participating GPROs and Registries will help formulate PQRS program integrity features that could result in clearer information shared by CMS for future reporting periods**.** We are genuinely interested in your candid observations of the way your program operates today. If you are willing to participate in this activity, please complete this survey by **_____, 2014.** If you have difficulty or questions when completing this survey, please contact _____ or xxx-xxx-xxxx.

The Questions in this Survey
This survey asks how your organization currently manages data errors and, inconsistencies that are due to data handling, program requirements or changes in measures or specifications. The questions are organized into six sections:

> **Section 1: Corporate Information** asks you to identify demographic and organizational characteristics..
> **Section 2: Training** asks what knowledge, skills, behavior or other learned capabilities are required of your staff or presented in structured training programs**.**
> **Section 3: Data handling** asks you to describes your process for the transfer of data from one system to another, such as from the provider or the intermediary to CMS, or from the provider to the intermediary.
> **Section 4: Quality Assurance**   asks you to describe and comment on your quality assurance processes and your approach to improving quality.
> **Section 5: eRX**
>
> **Section 6: Feedback**: This section was created for you to provide feedback on the program to CMS. Use this section to enter evaluative or corrective comments.

GPRO Survey

The questions for the GPRO Survey appear in Table 1.

GPRO Survey Questions		
Item #	**Question**	**Question Type**
Corporate Information		
1	Name	Text input
2	Practice or Company Name	Auto populate
3	Address	Auto populate
4	Telephone	Auto populate
5	E-mail address	Auto populate
6	GPRO name	Auto populate
7	GPRO TIN	Auto populate with Last 4 digits of the TIN only
8	Did you participate as an eRx GPRO?	Auto populate, if possible, otherwise: Yes or No. If Yes, select the eRx reporting option: • Claims • Qualified Registry • Qualified direct EHR product • Qualified EHR data submission vendor If the EHR reporting option was not selected, please explain why your organization has not used it. If the answer is "Yes", the eRx tab will be accessible. If the answer is "No", the eRx tab will be inaccessible.
9	Number of eligible professionals?	Drop down list: • 25-99 Eligible Professionals • >100 Eligible Professionals
Training		
10	Do you have education and credentialing requirements for staff that perform chart abstraction?	Yes or No.
11	How do you train staff to understand measures and perform chart abstraction?	Check all that apply: • Vendor-supplied training. • Group or classroom setting. • One-on-one. • Virtual class room. • Individual online training. • If selecting virtual classroom or individual online training, specify name of training program and URL. • Other, specify __

Item #	Question	Question Type
		• Do not provide training.
12	Do you have written processes and procedures for chart abstraction training?	Yes or No. If Yes, please upload a copy of your training policy and procedure document.

13	During the training, how do you validate that the chart abstraction done by the trainee is accurate?	Check all that apply:
		• Practice cases performed during training.
		• Abstractor over-reads (i.e., re-review of abstracted data) in the training environment.
		  ▪ What percentage of over-reads are performed (numeric input)?
		  ▪ What is your organization's acceptable error rate (numeric input)?
		  ▪ How are records selected for over-reads (numeric input)?
		  ▪ Other, specify ___
		  ▪ None

14	Do you have written process and procedures for data conversion (e.g. converting data abstracted from paper medical record to GPRO Web Interface) training?	Yes or No. If Yes, please upload a copy of your training policy and procedure document.
15	Do you have written processes and procedures for data reporting (e.g. populating the GPRO Web Interface) training?	Yes or No. If Yes, please upload a copy of your training policy and procedure document.
16	Do you use any written training material on the eRx Incentive Program?	Yes or No. If Yes, please upload document.
17	What training did you provide to **eligible professionals/staff** on the eRx program requirements (e.g. both the electronic prescribing denominator CPT codes and the numerator G-code (G8553) must be reported and the provider must have adopted a qualified electronic prescribing (eRx) system)?	Check all that apply: • Group or classroom setting. • One-on-one. • Virtual class room. • Individual online training. • Email. • Other, specify __. • Do not provide training.
Data Handling		
18	Do you import the beneficiary list from	Yes or No.

GPRO Survey Questions		
Item #	Question	Question Type
	the GPRO web interface to assist with chart abstraction?	If yes, Do you convert the XML file to excel? Yes or No.
19	Do you verify that the beneficiary assignment matches your information?	Yes or No.
20	What are your methods of chart abstraction?	Check all that apply: • Manual paper chart abstraction • Automated EHR query • Web portal • Medical Record Abstraction Tool • Database • Other, specify
21	How many information systems do you need to access for chart abstraction (e.g., EHRs, paper charts, lab systems, registries)?	Insert numeric input ___
22	Do you use a tool to collect and store abstracted data prior to entering it into the XML file and/or GPRO Web Interface? a) Electronic tool name (or vendor) b) Does the tool do validations and calculate performance? c) For NO, please select how you input abstracted data?	Yes or No. If Yes, continue to question 22a & 22b. If No, continue to: a)Tool name or vendor _____. b)Yes or No c)Check all that apply • Electronically import into XML file • Manually key in data into XML file • Manually input data into the Web Interface • Other
23	Do you exclude members for any reason other than what is in the technical specifications?	Yes or No. If Yes, explain by measure your reason for excluding members.
24	Do you manually enter or upload data into the GRPO Web Interface?	Drop down list • Manually enter • Upload data • Both
25	If you encounter errors uploading data to the GPRO Web Interface, what type are they?	Input types of errors.
26	Have you enabled the data validation Errors and Warning in the GPRO Web Interface?	Yes or No

GPRO Survey Questions		
Item #	Question	Question Type
27	Do you encounter data validation Errors and Warning in the GPRO Web Interface?	Check all that apply: Populate missing values Correct reporting period Investigate inconsistencies between similar elements Other, please specify
28	If you have not enabled the data validation Errors and Warning in the GPRO Web Interface, then how do you resolve the error?	Please describe
29	Are there measures that consistently have Errors and Warning messages in the GPRO Web Interface?	Yes or No If yes, please describe the type of Error and Warnings messages associated with these measures
Quality Assurance		
30	Do you have written processes and procedures to ensure that accurate data is abstracted? If Yes, is the process followed consistently?	Yes or No. Yes or No. If Yes, please upload a copy of your policy and procedure document.
31	Do you have written processes and procedures to ensure that accurate data is uploaded into the Web Interface? If, Yes, is the process followed consistently?	Yes or No. Yes or No. If Yes, please upload a copy of your policy and procedure document.
32	Do you have written processes and procedures to ensure that accurate data is reported to CMS? If, Yes, is the process followed consistently?	Yes or No. If Yes, please upload a copy of your policy and procedure document.
33	Is there someone at your practice supporting quality assurance to ensure that the data is validated before transmission to CMS?	Yes or No. If Yes, what is that person's position in your practice?
34	Do you provide any oversight for chart abstraction done in the field?	Check all that apply: • Abstractor over-reads (i.e., re-review of abstracted data) in the field. 　▪ What percentage of over-reads are performed (numeric input)? 　▪ What is your organization's acceptable error rate (numeric

Item #	Question	Question Type
		input)?
		▪ How are records selected for over-reads (numeric input)?
		• Other, specify ___
		• None.
35	Describe how you provide technical assistance and/or train staff on how to respond to questions that arise during chart abstraction.	Check all that apply: • One-on-one consultation • Ask a supervisor or super-user • Online training manual • Help line • Other, specify ___ • None
eRx		
36	Do you have a process in place to verify that a qualified electronic prescribing (eRx) system was adopted by eligible professionals who report meeting the eRx Incentive Program requirements?	Yes/No If Yes, please describe your process or upload your document.
37	Do you have any audit checks in place to ensure that eligible professionals have actually generated and transmitted an electronic prescription when they report G-code G8553?	Yes/No If Yes, please describe your process or upload your document.
GPRO Feedback		
38	What do you perceive to be the biggest challenge in reporting accurate and complete data to CMS?	Fill in the blank, or upload document.
39	Describe any process improvement activities used to increase your organization's reporting accuracy.	Fill in the blank.
40	Describe the issues you have observed with the feedback reports	Fill in the blank.
41	Do you find the informal review process beneficial for resolving any issues? If no, describe the difficulties.	Fill in the blank.
42	Describe the issues and challenges you have faced with the GPRO Web Interface.	Fill in the blank.
43	Which measures were the most problematic for your chart abstractors?	Check all that apply: List GPRO measures in drop down list.

Table 1: GPRO Survey Questions

Registry Survey

The questions for the Registry Survey appear in Table 2.

Item #	Question	Question Type
Registry Information		
1	Name	Text input
2	Practice or Company Name	Auto populate
3	Address	Auto populate
4	Telephone	Auto populate
5	E-mail address	Auto populate
6	Registry name	Auto populate
7	Registry TIN	Auto populate with Last 4 digits of the TIN only
8	Number of eligible providers reporting for PQRS?	Numeric input.
Training Information		
9	How do you train staff to understand clinical measure specifications?	Check all that apply: • Group or classroom setting. • One-on-one. • Virtual class room. • Individual online training. • If selecting virtual classroom or individual online training, specify name of training program and URL. • Other, specify ___ • Do not train staff.
10	How do you train staff to understand calculated results?	Please describe process or upload document
11	How do you train staff to transfer data to XML	Please describe process or upload document

Item #	Question	Question Type
12	Do you have written processes and procedures for training staff to support eligible professionals' who submit data to your registry?	Yes or No. If Yes, please upload a copy of your policy and procedure document.
13	Do you have written process and procedures for calculating performance results using the PQRS measure specifications?	Yes or No. If Yes, please upload a copy of your training policy and procedure document.
14	Do you have written processes and procedures for transferring results to XML?	Yes or No. If Yes, please upload a copy of your training policy and procedure document.
15	What type of education do you provide **to eligible professionals** on the clinical measure specifications?	Check all that apply: • Group or classroom setting. • One-on-one. • Virtual class room. • Individual online training. • If selecting virtual classroom or individual online training, specify name of training program and URL. • Other, specify __ • None
16	What training did you provide to **eligible professionals** on the eRx program requirements?	Check all that apply: • Group or classroom setting • One-on-one • Virtual class room • Individual online training • Email

Item #	Question	Question Type
		Other, specify __ None
17	What training did you provide to staff that submit results for the eRx Incentive Program?	Check all that apply: • Group or classroom setting • One-on-one • Virtual class room • Individual online training • Other, specify __ • Do not train staff
Data Handling		
18	What type of tool do you use to collect data from eligible professionals?	Check all that apply: • Web Interface • XML • Direct data query • EHR • Other, specify ___
19	Do you use a tool to do validation checks and display performance for the eligible professional to confirm that the information is accurate? if no, answer question 20.	Yes or No.
20	How do you perform validation checks and display performance for the eligible professional to confirm that the information is accurate?	Please describe your process
21	Did your registry successfully pass use	Yes or No.

Item #	Question	Question Type
	cases for all measures?	If No, please describe steps taken to address use case errors.
22	Did your organization use the 2012 SEVT tool to test XML files?	Yes or No.
23	Are members excluded for any reason other than what is in the technical specifications?	Yes or No. If Yes, explain by measure your reason for excluding members.
24	How many different file formats do EPs use to submit data?	Insert numeric input ___
25	What is the ETL process to aggregate patient level data into XML?	Fill in blank and upload data.
26	Do you analyze and update the XML specification changes for each program year?	Yes or No. If yes, upload documentation that describes that process.
27	Do you analyze and update the measure specification changes for each program year?	Yes or No. If yes, upload documentation that describes that process.
Quality Assurance		
28	Do you validate accurate data is collected from eligible professionals? If Yes, is the process followed consistently?	Yes or No. Yes or No. If Yes, please upload a copy of your policy and procedure document.
29	Do you validate that results are calculated correctly using the correct measure specifications? If Yes, is the process	Yes or No. If Yes, please upload a copy of your policy and procedure document.

Item #	Question	Question Type
	followed consistently?	
30	Do you validate that results are accurately transferred to XML? If Yes, is the process followed consistently?	Yes or No. If Yes, please upload a copy of your policy and procedure document.
31	Do you validate to identify anomalies before you submit your data (e.g. numerator is greater than denominator)? If Yes, is the process followed consistently?	Yes or No. If Yes, please upload a copy of your policy and procedure document.
32	Is there someone at your organization who analyzes XML changes?	Yes or No. If Yes, what is that person's position in your practice?
33	Is there someone at your organization supporting quality assurance to ensure that the data is validated before transmission to CMS?	Yes or No. If Yes, what is that person's position in your practice?
34	Do you provide any oversight for calculating and maintaining measure specifications and algorithms?	Yes or No If Yes, please describe that process.
35	How do you provide technical assistance and/or train staff on how to respond to questions that arise on measure specifications, measure calculations, and converting	Check all that apply: • One-on-one consultation • Ask a supervisor or super-user • Online training manual • Help line • Other, specify ___

Item #	Question	Question Type
	results to XML format.	• None.
eRx		
36	Do you have a process in place to verify that a qualified electronic prescribing (eRx) system was adopted by eligible professionals who report meeting the eRx Incentive Program requirements?	Yes/No If Yes, please describe your process or upload your document.
37	Do you have any audit checks in place to ensure that eligible professionals have actually generated and transmitted an electronic prescription when they report G-code G8553?	Yes/No If Yes, please describe your process or upload your document.
Registry Feedback		
38 39	What do you perceive to be the biggest challenge in reporting accurate and complete data to CMS?	Fill in the blank, or upload document.
40 41	Describe any process improvement activities used to increase your organization's reporting accuracy.	Fill in the blank.
42 43	Describe the issues you have observed with the feedback	Fill in the blank.

Item #		Question	Question Type
		reports	
44		Do you find the informal review process beneficial for resolving any issues? If no, describe the difficulties.	Fill in the blank.
	45		
46		Describe the issues and challenges you have faced transferring data to XML.	Fill in the blank.
	47		
48		Which measures did eligible professionals find the most difficult to understand?	Fill in the blank.
	49		
50		Which measures did staff find the most difficult to program?	Fill in the blank.
	51		

Table 2: Registry Survey Questions