

Medicare ID: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

# POM ACO GPRO Reporting 2016

## Demographics

Medicare ID

First Name

Last Name

Gender

Date of Birth

General Comments

Medical Record Number

Other ID

Provider Name 1

Provider Name 2

Provider Name 3

Clinic ID

## Patient Medical Record

Medical Record Found

Yes

No

Not Qualified for Sample

Reason Not Qualified

In Hospice

Moved Out of Country

Deceased

HMO Enrollment

Date Not Qualified:

## CARE-2 : Falls

Help Desk Ticket #

Rank: \_\_\_\_\_

Comments:

CARE-2 Confirmed

Yes

No-Other CMS approved reason

Screening for Future Fall Risk

Yes

No

No-Denom Ex-Medical Reasons

## CARE-3 : Documentation of Current Medications

Rank: \_\_\_\_\_

CARE-3 Confirmed

Yes

No-Other CMS approved reason

Help Desk Ticket #

Visit Date

Patient Seen

Medications Documented,  
Updated or Reviewed

Comments:

<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No-Visit outside practice	<input type="checkbox"/> No
		<input type="checkbox"/> No-Denom Ex Medical Reasons

<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No-Visit outside practice	<input type="checkbox"/> No
		<input type="checkbox"/> No-Denom Ex Medical Reasons

<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No-Visit outside practice	<input type="checkbox"/> No
		<input type="checkbox"/> No-Denom Ex Medical Reasons

Medicare ID: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**CARE-3 : Documentation of Current Medications-Continued**

Visit Date	Patient Seen	Medications Documented, Updated or Reviewed	Comments:
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No-Visit outside practice	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No-Denom Ex Medical Reasons	
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No-Visit outside practice	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No-Denom Ex Medical Reasons	
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No-Visit outside practice	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No-Denom Ex Medical Reasons	
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No-Visit outside practice	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No-Denom Ex Medical Reasons	

Medicare ID: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**CAD**

Rank: \_\_\_\_\_

Help Desk Ticket #

CAD Confirmed

- Yes
- Not Confirmed-Diagnosis
- No-Other CMS approved reason

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

Has Diabetes or LVSD

ACE-I/ARB

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes                         |
| <input type="checkbox"/> No  | <input type="checkbox"/> No                          |
|                              | <input type="checkbox"/> No-Denom Ex-Medical Reasons |
|                              | <input type="checkbox"/> No-Denom Ex-Patient Reasons |
|                              | <input type="checkbox"/> No-Denom Ex-System Reasons  |

**Comments:**

**DM**

Rank: \_\_\_\_\_

**DM-2 : HbA1c Control**

DM Confirmed

HbA1c Test

- Yes
- Not Confirmed - Diagnosis
- No-Other CMS approved reason

- Yes
- No

Date Drawn:

HbA1c Value:

**DM-7 : Retinal Eye Exam**

**Comments:**

- Yes
- No

Help Desk Ticket #

Medicare ID: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**HF**

Rank: \_\_\_\_\_

**HF-6 : LVSD and Beta Blocker**

HF Confirmed

Has Has LVSD

Beta Blocker

Yes

Yes

Yes

No-Denom Ex-Medical Reasons

Not Confirmed-Diagnosis

No

No

No-Denom Ex-Patient Reasons

No-Other CMS approved reason

No-Denom Ex-System Reasons

Help Desk Ticket #

Comments:

**HTN**

Rank: \_\_\_\_\_

Help Desk Ticket #

**HTN-2 : Controlling High BP**

HTN Confirmed

Most Recent BP

Yes

Yes

Not Confirmed-Diagnosis

No

Denominator Exclusion

Date Taken:

No-Other CMS approved reason

Systolic:

Diastolic:

Comments:

**IVD**

Rank: \_\_\_\_\_

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

IVD Confirmed

Aspirin/Antithrombotic Therapy

Yes

Yes

Not Confirmed-Diagnosis

No

No-Other CMS approved reason

Help Desk Ticket #

Comments:

Medicare ID: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**MH**

Rank: \_\_\_\_\_

Help Desk Ticket #

**Comments:**

MH Confirmed

- Yes
- Not Confirmed-Diagnosis
- Denominator Exclusion
- No-Other CMS approved reason

**MH-1 : Depression Remission at 12 Months**

PHQ-9 Performed	PHQ-9 Index Date
<input type="checkbox"/> Yes	<input type="text"/>
<input type="checkbox"/> No	
PHQ-9 Index Test > 9	PHQ-9 Index Test Score
<input type="checkbox"/> Yes	<input type="text"/>
<input type="checkbox"/> No	

PHQ-9 Follow-Up Performed	PHQ-9 Follow-Up Date
<input type="checkbox"/> Yes	<input type="text"/>
<input type="checkbox"/> No	
PHQ-9 Follow-Up < 5	PHQ-9 Follow-Up Score
<input type="checkbox"/> Yes	<input type="text"/>
<input type="checkbox"/> No	

**PREV-5 : Breast Cancer Screening**

Rank: \_\_\_\_\_

Help Desk Ticket #

- PREV-5 Confirmed
- Yes
  - Denominator Exclusion
  - No-Other CMS approved reason

- Screening Performed?
- Yes
  - No

**Comments:**

**PREV-6 : Colorectal Cancer Screening**

Rank: \_\_\_\_\_

Help Desk Ticket #

- PREV-6 Confirmed
- Yes
  - Denominator Exclusion
  - No-Other CMS approved reason

- Screening is Current
- Yes
  - No

**Comments:**

**PREV-7 : Influenza Immunization**

Rank: \_\_\_\_\_

Help Desk Ticket #

- PREV-7 Confirmed
- Yes
  - No-Other CMS approved reason

- Immunization Received
- Yes
  - No
  - No-Denom Ex-Medical Reasons
  - No-Denom Ex-Patient Reasons
  - No-Denom Ex-System Reasons

**Comments:**

Medicare ID: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**PREV-8 : Pneumonia Vaccination Status for Older Adults**

Help Desk Ticket #

Rank: \_\_\_\_\_

Comments:

PREV-8 Confirmed

Vaccination Received

- Yes
- No-Other CMS approved reason

- Yes
- No

**PREV-9 : BMI Screening and Follow-up**

Help Desk Ticket #

Rank: \_\_\_\_\_

PREV-9 Confirmed

Calculated BMI

BMI Normal

Follow-Up Plan

- Yes
- Denom Exclusion
- No-Other CMS approved reason

- Yes
- No
- No-Denom Ex-Medical Reasons
- No-Denom Ex-Patient Reasons

- Yes
- No

- Yes
- No

Comments:

**PREV-10 : Tobacco Use: Screening and Cessation Intervention**

Help Desk Ticket #

Rank: \_\_\_\_\_

PREV-10 Confirmed

Tobacco Use

Cessation Counseling Intervention

- Yes
- No-Other CMS approved reason

- Yes
- No
- Unscreened/Unknown
- No-Denom Ex-Medical Reasons

- Yes
- No

Comments:

**PREV-11 : Screening for High BP**

Help Desk Ticket #

Rank: \_\_\_\_\_

PREV-11 Confirmed

Blood Pressure Screening

Blood Pressure Normal

Follow Up Plan

- Yes
- Denom Exclusion
- No-Other CMS approved reason

- Yes
- No
- No-Denom Ex-Medical Reasons
- No-Denom Ex-Patient Reasons

- Yes
- No

- Yes
- No

Comments:

Medicare ID: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**PREV-12 : Depression Screening**

Help Desk Ticket #

Rank: \_\_\_\_\_

PREV-12 Confirmed

Clinical Depression Screening

Positive for Depression

Follow-up Plan

- Yes
- Denom Exclusion
- No-Other CMS approved reason

- Yes
- No
- No-Denom Ex-Medical Reasons
- No-Denom Ex-Patient Reasons

- Yes
- No

- Yes
- No

Comments:

**PREV-13 : Statin Therapy**

Help Desk Ticket #

Rank: \_\_\_\_\_

ASCVD Confirmed

LDL-C  $\geq$  190 mg/dL

Type 1 or 2 Diabetes

LDL-C 70-189 mg/dL

- Yes
- No-Other CMS approved reason

- Yes
- No

- Yes
- No

- Yes
- No

Prescribed / Taking Statin

- Yes
- No
- No-Denom Ex-Medical Reasons

Comments:

Medicare ID: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

# POM ACO GPRO Reporting 2016

## Demographics

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First Name

Last Name

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Date of Birth

General Comments

Medical Record Number

Other ID

Provider Name 1

Provider Name 2

Provider Name 3

Clinic ID

## Patient Medical Record

Medical Record Found

Yes

No

Not Qualified for Sample

Reason Not Qualified

In Hospice

Moved Out of Country

Deceased

HMO Enrollment

Date Not Qualified:

## CARE-2 : Falls

Rank: \_\_\_\_\_

Help Desk Ticket #

Comments:

CARE-2 Confirmed

Yes

No-Other CMS approved reason

Screening for Future Fall Risk

Yes

No

No-Denom Ex-Medical Reasons

## CARE-3 : Documentation of Current Medications

Rank: \_\_\_\_\_

CARE-3 Confirmed  Yes  No-Other CMS approved reason

Help Desk Ticket #

Visit Date

Patient Seen

Yes

No - Visit outside practice

Medications Documented Updated or Reviewed

Yes

No

No-Denom Ex Medical Reasons

Comments:

Yes

No - Visit outside practice

Yes

No

No-Denom Ex Medical Reasons



Medicare ID: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**CARE-3 : Documentation of Current Medications - Continued**

Visit Date	Patient Seen	Medications Documented Updated or Reviewed	Comments:
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No - Visit outside practice	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No-Denom Ex Medical Reasons	
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No - Visit outside practice	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No-Denom Ex Medical Reasons	
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No - Visit outside practice	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No-Denom Ex Medical Reasons	
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No - Visit outside practice	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No-Denom Ex Medical Reasons	
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No - Visit outside practice	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No-Denom Ex Medical Reasons	

Medicare ID: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

# POM ACO GPRO Reporting 2016

## Demographics

Medicare ID

First Name

Last Name

Gender

Date of Birth

General Comments

Medical Record Number

Other ID

Provider Name 1

Provider Name 2

Provider Name 3

Clinic ID

## Patient Medical Record

Medical Record Found

Yes

No

Not Qualified for Sample

Reason Not Qualified

In Hospice

Moved Out of Country

Deceased

HMO Enrollment

Date Not Qualified:

## CAD

Rank: \_\_\_\_\_

CAD Confirmed

Yes

Not Confirmed-Diagnosis

No-Other CMS approved reason

Help Desk Ticket #

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

Has Diabetes or LVSD

Yes

No

ACE-I/ARB

Yes

No

No-Denom Ex-Medical Reasons

No-Denom Ex-Patient Reasons

No-Denom Ex-System Reasons

Comments:

Medicare ID: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

# POM ACO GPRO Reporting 2016

## Demographics

Medicare ID

First Name

Last Name

Gender

Date of Birth

General Comments

Medical Record Number

Other ID

Provider Name 1

Provider Name 2

Provider Name 3

Clinic ID

## Patient Medical Record

Medical Record Found

Yes

No

Not Qualified for Sample

Reason Not Qualified

In Hospice

Moved Out of Country

Deceased

HMO Enrollment

Date Not Qualified:

## DM

Rank: \_\_\_\_\_

DM Confirmed

Yes

Not Confirmed

No-Other CMS approved reason

## DM-2 : HbA1c Control

HbA1c Test

Yes

No

Date Drawn:

HbA1c Value:

## DM-7 : Retinal Eye Exam

Yes

No

Help Desk Ticket #

## Comments:

Medicare ID: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

# POM ACO GPRO Reporting 2016

## Demographics

Medicare ID

First Name

Last Name

Gender

Date of Birth

General Comments

Medical Record Number

Other ID

Provider Name 1

Provider Name 2

Provider Name 3

Clinic ID

## Patient Medical Record

Medical Record Found

Yes

No

Not Qualified for Sample

Reason Not Qualified

In Hospice

Moved Out of Country

Deceased

HMO Enrollment

Date Not Qualified:

## HF

Rank: \_\_\_\_\_

### HF-6 : LVSD and Beta Blocker

HF Confirmed

Yes

Not Confirmed-Diagnosis

No-Other CMS approved reason

Has Has LVSD

Yes

No

Beta Blocker

Yes

No

No-Denom Ex-Medical Reasons

No-Denom Ex-Patient Reasons

No-Denom Ex-System Reasons

Help Desk Ticket #

Comments:

Medicare ID: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

# POM ACO GPRO Reporting 2016

## Demographics

Medicare ID	<input type="text"/>
First Name	<input type="text"/>
Last Name	<input type="text"/>
Gender	<input type="text"/>
Date of Birth	<input type="text"/>
General Comments	<input type="text"/>

Medical Record Number	<input type="text"/>
Other ID	<input type="text"/>
Provider Name 1	<input type="text"/>
Provider Name 2	<input type="text"/>
Provider Name 3	<input type="text"/>
Clinic ID	<input type="text"/>

## Patient Medical Record

Medical Record Found

Yes

No

Not Qualified for Sample

Reason Not Qualified

In Hospice

Moved Out of Country

Deceased

HMO Enrollment

Date Not Qualified:

## HTN

Rank: \_\_\_\_\_

HTN Confirmed

Yes

Not Confirmed-Diagnosis

Denominator Exclusion

No-Other CMS approved reason

## HTN-2 : Controlling High BP

Most Recent BP

Yes

No

Date Taken:

Systolic:

Diastolic:

Help Desk Ticket #

Comments:

Medicare ID: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

# POM ACO GPRO Reporting 2016

## Demographics

Medicare ID	<input type="text"/>
First Name	<input type="text"/>
Last Name	<input type="text"/>
Gender	<input type="text"/>
Date of Birth	<input type="text"/>
General Comments	<input type="text"/>

Medical Record Number	<input type="text"/>
Other ID	<input type="text"/>
Provider Name 1	<input type="text"/>
Provider Name 2	<input type="text"/>
Provider Name 3	<input type="text"/>
Clinic ID	<input type="text"/>

## Patient Medical Record

Medical Record Found

- Yes  
 No  
 Not Qualified for Sample

Reason Not Qualified

- In Hospice  
 Moved Out of Country  
 Deceased  
 HMO Enrollment

Date Not Qualified:

## IVD

Rank: \_\_\_\_\_

IVD Confirmed

- Yes  
 Not Confirmed-Diagnosis  
 No-Other CMS approved reason

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

Aspirin/Antithrombotic Therapy

- Yes  
 No

Help Desk Ticket #

Comments:

Medicare ID: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

# POM ACO GPRO Reporting 2016

## Demographics

Medicare ID

First Name

Last Name

Gender

Date of Birth

General Comments

Medical Record Number

Other ID

Provider Name 1

Provider Name 2

Provider Name 3

Clinic ID

## Patient Medical Record

Medical Record Found

Yes

No

Not Qualified for Sample

Reason Not Qualified

In Hospice

Moved Out of Country

Deceased

HMO Enrollment

Date Not Qualified:

## MH

Rank: \_\_\_\_\_

MH Confirmed

Yes

Not Confirmed-Diagnosis

Denominator Exclusion

No-Other CMS approved reason

Help Desk Ticket #

Comments:

## MH-1 : Depression Remission at 12 Months

PHQ-9 Performed

Yes

No

PHQ-9 Index Date

PHQ-9 Index Test > 9

Yes

No

PHQ-9 Index Test Score

PHQ-9 Follow-Up Performed

Yes

No

PHQ-9 Follow-Up Date

PHQ-9 Follow-Up < 5

Yes

No

PHQ-9 Follow-Up Score

Medicare ID: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

# POM ACO GPRO Reporting 2016

## Demographics

Medicare ID

First Name

Last Name

Gender

Date of Birth

General Comments

Medical Record Number

Other ID

Provider Name 1

Provider Name 2

Provider Name 3

Clinic ID

## Patient Medical Record

Medical Record Found

Yes

No

Not Qualified for Sample

Reason Not Qualified

In Hospice

Moved Out of Country

Deceased

HMO Enrollment

Date Not Qualified:

## PREV-5 : Breast Cancer Screening

Rank: \_\_\_\_\_

Help Desk Ticket #

Comments:

PREV-5 Confirmed

Yes

Denominator Exclusion

No-Other CMS approved reason

Screening Performed?

Yes

No

## PREV-6 : Colorectal Cancer Screening

Rank: \_\_\_\_\_

Help Desk Ticket #

Comments:

PREV-6 Confirmed

Yes

Denominator Exclusion

No-Other CMS approved reason

Screening is Current

Yes

No

## PREV-7 : Influenza Immunization

Rank: \_\_\_\_\_

Help Desk Ticket #

PREV-7 Confirmed

Yes

No-Other CMS approved reason

Immunization Received

Yes

No

No-Denom Ex-Medical Reasons

No-Denom Ex-Patient Reasons

No-Denom Ex-System Reasons

Comments:



Medicare ID: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**PREV-8 : Pneumonia Vaccination Status for Older Adults**

Rank: \_\_\_\_\_

Help Desk Ticket #

Comments:

PREV-8 Confirmed

Yes

No-Other CMS approved reason

Vaccination Received

Yes

No

**PREV-9 : BMI Screening and Follow-up**

Rank: \_\_\_\_\_

PREV-9 Confirmed

Yes

Denom Exclusion

No-Other CMS approved reason

Calculated BMI

Yes

No

No-Denom Ex-Medical Reasons

No-Denom Ex-Patient Reasons

BMI Normal

Yes

No

Follow-up Plan

Yes

No

Help Desk Ticket #

Comments:

**PREV-10 : Tobacco Use: Screening and Cessation Intervention**

Rank: \_\_\_\_\_

PREV-10 Confirmed

Yes

No-Other CMS approved reason

Tobacco Use

Yes

No

Unscreened/Unknown

No-Denom Ex-Medical Reasons

Cessation Counseling Intervention

Yes

No

Help Desk Ticket #

Comments:

**PREV-11 : Screening for High BP**

Rank: \_\_\_\_\_

PREV-11 Confirmed

Yes

Denom Exclusion

No-Other CMS approved reason

Blood Pressure Screening

Yes

No

No-Denom Ex-Medical Reasons

No-Denom Ex-Patient Reasons

Blood Pressure Normal

Yes

No

Follow Up Plan

Yes

No

Help Desk Ticket #

Comments:

**PREV-12 : Depression Screening**

Rank: \_\_\_\_\_

PREV-12 Confirmed

Yes

Denom Exclusion

No-Other CMS approved reason

Clinical Depression Screening

Yes

No

No-Denom Ex-Medical Reasons

No-Denom Ex-Patient Reasons

Positive for Depression

Yes

No

Follow-up Plan

Yes

No

Help Desk Ticket #

Comments:

Medicare ID: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**PREV-13 : Statin Therapy**

**Rank:** \_\_\_\_\_

ASCVD Confirmed

Yes

No-Other CMS

approved reason

LDL-C  $\geq$  190 mg/dL

Yes

No

Type 1 or 2 Diabetes

Yes

No

LDL-C 70-189 mg/dL

Yes

No

Help Desk Ticket #

Prescribed / Taking Statin

Yes

No

No-Denom Ex-Medical Reasons

**Comments:**