Diabetes Recognition Program Data Collection Tool Instructions (Updated January 2016)



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January 1, 2015

Introduction

Thank you for your interest in NCQA's Diabetes Recognition Program (DRP). This document provides instructions for gathering data, assessing your practice's performance on the program requirements and applying to NCQA for recognition.

DRP is NCQA's Recognition Program to identify clinicians who provide high-value, patient-centered care for Diabetes.

The DRP requirements were selected based on scientific evidence supporting their relevancy to improve care for people with diabetes. Clinicians who demonstrate high-quality performance based on these key requirements will help their patients avoid additional complications from diabetes.

To fully understand the program and to gather data accurately, you will need these three items:

- 1. The DRP Data Collection Tool (DCT), a user friendly, Web-based tool where you can access *DRP Requirements* and *Instructions*, enter and submit data on clinical measures required for Recognition. Applicants are required to use and submit the Web-based DCT to apply for Recognition.
- 2. These *Instructions* provide guidance on how to collect data, how the measures correspond with the data and how to enter data into the DCT. The *Instructions* should be used in conjunction with the *DRP Requirements*.
- 3. The *DRP Requirements,* which include details and specifications not found in these instructions, are necessary to apply for Diabetes Recognition. They contain the following information.
 - DRP Policies and Procedures. How NCQA scores applications; what level of performance is required for Recognition; and other procedures, such as the NCQA evaluation process.
 - *Clinical Measures.* Detailed specifications for each measure and standard, including required level of performance.
 - Patient Sample Size Requirements, Eligibility Criteria and Identification Methodology. How to select a sample; how the program determines patient eligibility; codes that indicate a diagnosis of diabetes.
 - Glossary. Terms used in the Instructions, DRP Requirements and DCT.

The *DCT Instructions* and *DRP Requirements* are intended to make DRP data submission more efficient. They each contain information about how to contact NCQA, take advantage of NCQA's free informational programs, get your questions answered, and resolve any difficulties you may have with the program materials. NCQA looks forward to working with you to create a productive and successful experience.

Table of Contents

About the Instructions	1 1
Instruction Conventions	1
Who Can Seek Recognition?	1
Catting Started	2
	ວ
Log III	
License Agreement	
Account Manager and User Information	5
Edit Account Information	5
Add/Edit/Delete Users & Administrator	6
Complete Legal Agreements	7
Administrative Steps and Document Submission	11
Data Entry Specione	
Data Entry Sessions	
Completing Practice Site Information	12
Edit a Practice Site	13
Setting Up Data Collection Tool, Completing BAA, and Entering Clinician Information	14
Setting Up a Data Collection Tool	14
Adding Clinicians to a Practice Site without Adding a Data Collection Tool	19
Clinical Macauraa: Datiant Spacific Information	20
Detient Chapitie Information	
Chart Start Date	
Entering Patient Information	
Abstraction Messages	
Uploading Data Collection Tool through XML	29
Preliminary Results	32
Dractice Site and Clinician Desults	31
Proliminary Populte Table	
Disclaimar	ວາ
	32
Submitting Data	
Facely	00
reeuback	

About the Instructions

The DCT is a Web-based tool that DRP applicants use to submit all data and materials necessary to seek NCQA Recognition in Diabetes care. The *Diabetes Recognition Program Data Collection Tool Instructions* guides applicants through the process of entering the following information directly into the DCT and interpreting the preliminary results.

- Account/User information enter once per account-there may be multiple users per account
- Practice site information—enter once per practice site—there may be multiple practice sites per account
- Clinician information—enter once per clinician—there may be multiple clinicians per practice site
- Patient information—enter once per patient, up to the number required per clinician and based on the program

Applicants must identify and extract data from a set of medical records for a sample of patients treated for Diabetes. Some applicants transfer data directly from medical records to the Web-based DCT.

NCQA only accepts submissions that have been entered into the Web-based DCT.

Web-Based DCT

Instruction Conventions

NCQA uses the following conventions in these instructions.

- References to documents (e.g., DRP Requirements) are in italics
- References to tabs of the Web-based DCT (e.g., *Practice Sites*) are in *bold italics*
- References to links (e.g., Add Practice Site) are in bold underline
- References to drop-down menu choices (e.g., "Yes" and "No") are in "quotations"
- References to buttons (e.g., Login are in a clear Box
- Important notes are in bold and are in shaded boxes

Who Can Seek Recognition?

NCQA recognizes group practices and individual clinicians. Prior to entering patient specific information into the DCT, you will be asked your desired level of Recognition. Refer to the *DRP Requirements* for more details.

- **Clinicians only:** Represents one clinician practicing in any setting who provides continuing care for patients with Diabetes.
- Group Practice (Practice Site and its Clinicians): Represents one or more clinicians who, by formal arrangement, share responsibility for a common panel of patients and practice at the same site, defined

as a physical location or street address. Clinicians are not individually recognized in a group level recognition.

• Alternate methodology for practice site and its clinicians: Represents practice sites with 9 or more clinicians who can achieve recognition for all of their individual clinicians with a reduced sampling method and chart abstraction burden.

Getting Started

This section provides instructions that pertain only to the Web-based DCT.

Log In

Follow these steps after you have received an e-mail from NCQA with your User Name and Password.

- Step 1 Navigate to <u>https://recognitionportal.ncqa.org</u>.
- **Step 2** Enter your User Name and Password located in the e-mail you received from publications@ncqa.org when you purchased the DRP Package.

Step 3 Click Login.

Mana Antonia Contraction Contr	
	Welcome to the IICOA Recognition Portat
Welcome to NCQA's Clinical (DRP and HSRP) Portal.	Important !! • INCOA has supdated the DRP and HSRP. The enhancements align the programs with clinical and reporting developments. INCOA has also updated the Pricing & Fee Schedule for todit programs. For more information, crick-large and submission.
Proswidt bested voir bested off?	HistP 2012 submissions will no longer be accepted after Jamaiary 31, 2016. Kicca has supdated the Bessises Associate Agemeent and may and PCMI2 2014 Recognition Program Agreement (BAA) and PCMI2 2014 Recognition Program Agreement. For more information, <u>click here</u> .
(NCQA)	(NCCA)
62012-2015 National Committee Use of this Web sketoppiculini constitues acception	e for Guality Assurance. ce of the Lossee Agreement and Privacy Policy

License Agreement

The Software License Agreement is a legal agreement between your organization and NCQA. It permits you to access and use the RP Portal.

You will be required to accept the License Agreement each time you log into the RP Portal.

Step 1 Read the entire license agreement.

Step 2 Click **I agree** to confirm acceptance of this agreement.

Note: If you click I disagree, you will not have access to the RP Portal.

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Account Manager and User Information

Edit Account Information

- Step 1 Click Account Manager on tool bar.
- Step 2 Click Edit in Account Information box.

	For more information, submit a question to <u>Program Clarification Support</u> . Select [Recognition Programs]. Has your question been answered already? Access FAQs and other information before you submit your question: <u>DRP</u> / <u>HSRP</u>							^		
Improving health care.	Submit Data Account	t Managor - Dopouro	oo Switch Account		4:			Lloor I	Loqout	
Home > Account Manager		i manayer kesourc	es Switch Account	NCWA Administra	luon	You	ı have one or more	e <u>DCTs</u> ready	to be submitted	
Instructions - Click here to S	how									
Account Information - Edit			Legal Document	Status	Pro	oducts for this Account	Order Number	Status		
NCQA_Workshop Account	Contact Information		BAA	Signed	DR	P 2012		Active		
1100 13th Street, NW Suite 1000	Workshop Account drp@ncqa.org		DRP 2012 Agreement	Signed	DR	P 2015		Active		
Washington, DC 20005	(202) 555-5555		DRP 2015 Agreement	Signed	HS	RP 2012		Active		
			HSRP 2012 Agreement	Signed						
NCQA has updated the Bus User List - The users listed	NCQA has updated the Business Associate Agreement (BAA) and may require your practice to resign the agreement. For more information, <u>click here</u> . User List - The users listed below have access to this account and its practice site information. Only administrators (Admin) can add or delete users.								r	
User Name						Role	Modified		Modify	
boye@ncqa.org						Admin	11/4/2009		Edit User	
chisholm@ncqa.org						Admin	2/11/2008		Edit User	
cmartin@ncqa.org						Admin	5/2/2008		Edit User	
Icarter@ncga.org						Admin	1/19/2010		Edit User	
Lopatnikov@ncga.org						User, Admin	7/20/2010		Edit User	
mokpidie@ncga.org						User Admin	7/16/2012		Edit User	

Step 3 Enter information into the fields.

Step 4 Click Save/Close to save account information.

Account Information Webpage Dialog					
	Edit Account In	Iformation			
Account Name:	NCQA - Workshop Acct.				
Address Line 1:	1100 13th Street, NW				
Address Line 2:	Suite 1000				
Address Line 3:					
City:	Washington	State: District of Columbia 🗸			
Zip Code:	20005 -	Tax ID (TIN)			
Phone Number:	(202) 955 - 3500	Fax Number: (202) 955 - 3599			
Primary Contact Ir	nformation				
First Name:	Workshop	Last Name: Account			
Email:	drp@ncqa.org				
Title:	Recognition Programs				
Contact Phone:	(202) 555 - 3500	Extension:			
	Save / Update	Cancel			

Add/Edit/Delete Users & Administrator

Multiple users are able enter information into the Web-based DCT. You are able to set-up multiple users with their own unique username and password to access the account.

Step 1 On the Account Manager page, Click Add Users.

Field Name	Data Format	Instructions
User Name	Text Field; must include @	Enter a user's e-mail address for User Name
Password	Text Field	Enter a password that meets the following requirements:
		 8-20 characters in length
		 Contain at least one digit, at least one upper- case letter, at least one lower-case letter, and at least one symbol such as \$
Password (confirm)	Text Field	Re-enter password.
E-mail	Text Field; must include @	Enter e-mail address of user.

Step 2 Click Save/Update

Step 3 Check proper roles are assigned to the user. The roles that can be assigned are:

RpPortalUser - a user able to view/edit DCT **RpPortalAmin** - administrator of account

If you need to change the role of user select role and click >,< buttons to change role status.

Step 4 To save and close a user, click the <u>X</u> button at the top right hand of box.

 http://recognitionportal.ncqa.org.v3.0/ncqa.rp.portal.web/UserEdi User Manager To Add a User: Enter user's email address for User Name
User Manager To Add a User: • Enter user's email address for User Name
To Add a User: Enter user's email address for User Name
 Enter a password that meets the following requirements: 8-20 characters in length Contains at least one digit, one upper-case letter, one lower-case letter, one symbol such as \$ Confirm Password Assign a role to user by highlighting the role and using arrows to move roles to appropriate side Click Save/Update Click X to exit To Delete a User: Move all roles to the Roles box Click X to exit
User Name: * Password: * Password (confirm): * Email: * Save / Update Cancel * Required field Roles Roles Assigned to User

Step 5 To edit a user click <u>Edit</u> next to username under **Modify**.

Complete the Legal Documents

Before you can enter Patient Abstraction Data for the first time in a DCT, you must sign a Business Associate Agreement (BAA) electronically or on a printed copy sent to NCQA. In order to submit any DCTs you must sign the DRP Agreement electronically or on a printed copy sent to NCQA.

The BAA will pop up before you can continue to set up your DCT.

If you choose not to sign the BAA electronically, you will not have access to enter Patient Abstraction Data until a signed hard copy of the agreement is received by NCQA. If you choose not to sign the DRP Agreement electronically, you will not be able to submit any DCTs until a signed hard copy of the DRP Agreement is received by NCQA. To obtain an appropriate hard copy of the agreement, submit your request through the Policy/Program Clarification System (PCS) – <u>http://ncqa.force.com/pcs/login</u>.

Mail the signed copy to NCQA at the following address. You will be notified by email when access is released and a counter signed copy will be returned to you.

NCQA Diabetes Recognition Program 1100 13th Street NW, Suite 1000 Washington, DC 20005

Follow these steps to complete and sign your legal documents electronically. Below are the screen shots and steps for the BAA. The screen shots and steps are similar for the DRP Agreement.

Step 1 Click **BAA** in the Legal Document box on the Account Manager page.

	For more information, submit a question to <u>Program Clarification Support</u> , Select [Recognition Programs], Has your question been answered already? Access FAQs and other information before you submit your question: <u>DRP</u> / <u>HSRP</u>							í			
Improving health care.										Logout	.
Home Practice Sites	Submit Data Ac	count Manager	Resources	Switch Account	NCQA Administrati	n			User: L	.Carter@ncqa.org	
Home > Account Manage	r						Yo	u have one or mor	e <u>DCTs</u> ready	to be submitted	
Instructions - Click here to	Show										
Account Information - Edi	<u>t</u>		Legal D	ocument	Status	Pr	oducts for this Account	Order Number	Status		
NCQA Test	Contact Information	'n	BAA		Signed	DF	RP 2012		Active		
1100 13th Street, NW Suite 1000	Jane Doe drp@ncqa.org		DRP 20	12 Agreement	Signed	DF	RP 2015		Active		
Washington, DC 20005	shington, DC 20005 (202) 555-5555		DRP 20	15 Agreement	Signed	HS	SRP 2012		Active		
			HSRP 2	2012 Agreement	Signed						
NCQA has updated the Business Associate Agreement (BAA) and may require your practice to resign the agreement. For more information, <u>click here</u> . User List - The users listed below have access to this account and its practice site information. Only administrators (Admin) can add or delete users. Add User											
User Name							Role	Modified		Modify	
boye@ncqa.org							Admin	11/4/2009		Edit User	
chisholm@ncqa.org							Admin	2/11/2008		Edit User	
cmartin@ncga.org							Admin	5/2/2008		Edit User	
Icarter@ncga.org							Admin	1/19/2010		Edit User	
Lopatnikov@ncga.org							Admin, User	7/20/2010		Edit User	
mokpidie@ncga.org							Admin User	7/16/2012		Edit User	

Step 2 Read through *Business Associate Agreement* starting screen.

Step 3 Click Begin Electronic BAA.

BUSINESS ASSOCIATE AGREEMENT	^
NCQA needs a signed Business Associate Agreement(BAA) before it can review your organization's application for recognition. The following screens allow an authorized representative to complete this agreement electronically. You can print or save a copy of the electronically signed agreement for your records and you can generate and print a copy of the agreement for review before the agreement is signed electronically. You DO NOT need to send a copy of the electronically signed agreement to NCQA.	
The parties acknowledge that it is their intent to enter into this BAA by means of an electronic signature. The person signing this BAA on behalf of the Covered Entity represents that by typing and submitting their electronic signature to NCQA, they hereby bind Covered Entity to the terms of this BAA; and further, that the individual signing on behalf of the Covered Entity is authorized to enter into and bind Covered Entity to the terms of this BAA. You may need to add the authorized representative as a user and have them log in so their name appears as signer of the agreement.	
Begin Electronic BAA	
If you choose not to sign the BAA electronically, your application cannot be submitted until a signed, printed copy of the agreement is received by NCQA. To obtain an appropriate hard copy of the agreement, email <u>dprp@ncqa.org</u> . Identify the Organization and have the Authorized Person sign the agreement. Do NOT use the electronic version of the agreement to sign and send to NCQA.	
Mail the signed copy to NCQA at the following address. You will be notified by email when access is released and a counter signed copy will be returned to you.	~

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Step 4 Enter information into the fields. (Required fields are denoted by *.)

Step 5 Click Generate Agreement PDF.

> Assessment Management			NCOA Administration			Liser: hove@nr
Accountimanager	> BAA (Business Associa	ate Agreement)	HCQX Adminiatration			Oser. Doye@nc
		dentify Authorized Repr	resentative:			
Author	ized Representative Name			•		
	Title of Representative			•		
Identify the	Covered Entity's contact infor	mation for any notice, co	onsent, request or waiver, or o	other communications:		
0	ganization (Covered Entity)			*		
	Covered Entity Attention To			•		
Covered E	ntity Mailing Address/Street			•		
Covered	Entity Mailing City/State/Zip	· /	× •/	•		
Co	/ered Entity E-Mail Address			*		
		Generate BAA F	PDF			
		Y	You must complete the *Req	uired fields to continu	Je.	
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- Step 6 Read through the Business Associate Agreement.
- Step 7 Select Click to E-Sign the Document.
- **Step 8** You can *Print* or *Save* the document by selecting the print or save icons at the top of the agreement.
- **Step 9** You can access your BAA at anytime by clicking **Account Manager** on the toolbar.

(NCQA	
ZUYEARS	Logout
Home > Account Manager > BAA (Business Associate Agreement)	Oser. Doregincia.org
Select & Zoom	
Messauring breakly	
2 C C	
BUSINESS ASSOCIATE ACREEMENT	
This Business Associate Agreement (the "BAA") is entered into between the National	
Committee for Quality Assurance ("NCQA") and the individual or entity designated below whose electronic signature is submitted as evidence of agreement to these the terms hereinafter	
referred to as "Covered Entity." This BAA and any agreement for accreditation, certification or	
E-signed by boye@ncqa.org on 12/22/2010 1:52:05 PM. Print or save this document.	
@2002-2011 National Committee for Quality Assurance, Patent Pending	
Use of this Web site/application constitutes acceptance of the License Agreement and Privacy Policy	
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Administrative Steps and Document Submission

You may enter data into the DCT to assess your performance against the *DRP Requirements* at any time, but in order for your data to be reviewed by NCQA, your payment must be submitted and received by NCQA.

The mailing address is listed below.

NCQA Diabetes Recognition Program 1100 13th Street NW, Suite 1000 Washington, DC 20005

Data Entry Sessions

Separate data entry sessions: You may work on the Web-based DCT in as many time periods as you like; the tool saves your data from one work session to the next.

Multiple users for data entry: You may set up multiple users to access and to enter data into the DCT.

Logout: When you are finished with a session, click Logout to close the DCT.

Completing Practice Site Information

You must complete the *Practice Site Information* first for each application, whether you are entering data for an individual clinician or group recognition. You only need to enter information for each practice site once.

If your practice site is part of a larger parent organization, *Practice Site Name* should include the name of the parent organization. For example, if Johnson Clinic is your parent organization, *Practice Site Names* could be Johnson Clinic—West; Johnson Clinic—North, and so on. Your Account name should reflect the parent organization name.

Step 1 Click Add Practice Site.

Field Name	Data Format	Instructions
Your Practice Site Name *	Text Field	Enter the legal name of the practice. If the applicant is a solo practice or an individual clinician applicant, enter the clinician's name.
Sponsor Name	Text Field	Enter the legal name of the sponsor.
Tax ID *	Text Field	Enter the Tax Identification number of the practice
Certificate Name	Text Field	Enter the name of the practice as it will appear on the certificates
Address 1, 2, 3 *	Text Field	Enter the number and street mailing address of the practice.
City *	Text Field	Enter the city name.
State *	Drop-Down	Select the state from the list in the drop-down menu.
Zip *	Number	Enter the zip code.
Practice Telephone Number	Number (XXX) XXX-XXXX	Enter the telephone number of the practice.
FAX	Number (XXX) XXX-XXXX	Enter the fax number of the practice.
Mailing Address	Check Box	Select box if the mailing address is the same as the practice site address.
Address 1, 2, 3	Text Field	Enter the number and street mailing address of the practice.
City	Text Field	Enter the city name.
State	Drop-Down	Select the state from the list in the drop-down menu.
Zip	Number	Enter the zip code.
Primary Contact Information		
Contact Person *	Text Field (First, Last)	Enter first and last name for the person whom NCQA can contact regarding the application.
E-mail *	Text Field; must include @	Enter the e-mail of the contact person.
Contact Title	Text Field	Enter the title of the contact person.
Contact Phone Number *	Number (XXX) XXX-XXXX	Enter the telephone number of the contact person.

Step 2 Enter information into the fields (required fields are denoted by *).

Step 3 Click Save/Update.

Practice Site Inform	ation Webpage Dialog	X
	Add Practice Site	
Practice Site Name:		*
Tax ID (TIN):		*
Certificate Name:		
	(Name of the practice site as it will appear on NCQA Recognition Certificate)
Address Line 1:		*
Address Line 2:		
Address Line 3:		
City:		*
State:	▼ * Zip Code: _	*
Phone Number:	() - Fax Number: () - (
Mailing Address	Click here if mailing address is the same as practice site address.	
Address Line 1:		
Address Line 2:		
Address Line 3:		
City:		
State:	✓ Zip Code:	
Primary Contact Info	rmation	
First Name:	* Last Name:	*
E-Mail:		*
Title:		
Contact Phone:	()* *- * Extension:	
	Save / Update Cancel * Required F	ield

Edit a Practice Site

- Step 1 Click on the [Site Name] under the Name column.
- Step 2 Click Edit in Practice Site Information box.
- Step 3 Edit information.
- Step 4 Click Save/Update.

Setting Up Data Collection Tool, Completing Legal Documents, and Entering Clinician Information

You must complete the *Clinician Information* for each clinician applying for DRP Recognition. Individual clinician applicants only need to complete the information once. Practice sites with multiple clinicians must complete information for each clinician.

The Practice Site clinicians work a majority of their clinical time at the practice site.

- Step 1 Click the [Site Name] under the Name column to add a DCT.
- Step 2 Click Add Data Collection Tool.

Note: Once you have started/completed a data collection tool, enter your prepaid code or discount code in the "Pricing Code" field pictured below, if you have been provided such code by your sponsoring organization.

omit Data Account Manager 2% Sep 2015-3 ow <u>iit</u> Contact Information F3 L3 Iopatnikov@ncqa.org (202) 235-3534	r Resources Switch Accoun	t	NCQA Administration		You ha Clinicians at this Practice S	uve one or more <u>DCTs</u> re Site - <u>Add / Edit / Remove</u>	Lonour Jser: Lcarter@ncqa.org ady to be submitted
Account manages S Sep 2015-3 ow Contact Information F3 L3 Iopatnikov@ncqa.org (202) 235-3534					You ha	ive one or more <u>DCTs</u> re Site - <u>Add / Edit / Remove</u>	ady to be submitted
ow iit Contact Information F3 L3 Iopatnikov@ncqa.org (202) 235-3534					Clinicians at this Practice S	Site - <u>Add / Edit / Remove</u>	
iit Contact Information F3 L3 Iopatnikov@ncqa.org (202) 235-3534					Clinicians at this Practice S	Site - <u>Add / Edit / Remove</u>	
Contact Information F3 L3 lopatnikov@ncqa.org (202) 235-3534							
							Û
s) - Active online workbo	ooks to collect clinical abstraction	ı data.				Ad	dd Data Collection Tor
linicians	Preliminary Result	Eligible	Submit Status	Pricing Code 🕻)	Modified	Delete
fultiple (Group)	86 out of 100 possible points	1		Empty		Delete	
fultiple (Group)	0 out of 100 possible points	1		Empty		Delete	
			mmittee for Quality Assura	ance			
111	tiple (Group)	0 out of 100 possible points	(Group) 0 out of 100 possible points 1 @2002-2016 National Cc	tiple (Group) 0 out of 100 possible points 1 62002-2016 National Committee for Quality Assur	Each of the Web ablance/order of the Linear of th	Empty 0 out of 100 possible points 1 Empty @2002-2016 National Committee for Quality Assurance Use of this Web steletapplication constitutes acceptance of the License Agreement and Privacy Policy	©2002-2016 National Committee for Quality Assurance Use of this Web site/application constitutes acceptance of the License Agreement and Privacy Policy Delete

Setting Up a Data Collection Tool

- Step 1 Click Practices Sites on toolbar.
- Step 2 To add a Data Collection Tool, click the [Site Name] under the Name column.

Measuring quality.							
Home Practice Sites Submit Data	Account Manager	Resources	Switch Account				User: javed@ncga.org
Home > Practice Sites							
Practice Sites							
Instructions - Click here to Show							
							Add Practice Site
Name				Address	Primary Contact	Modified	Delete
ABC PQRS2012 Medical Center				1282 Main Street, Sterling, VA 20166	Peter Navis	06/30/2012 - javed	Delete
H1 Medical Center 2012				9882 Faragut Street, Washington, VA 20171	Peter Navis	06/30/2012 - panimayam	Delete
NCQA- Test Site- Bilal				1100 13th Street N.W., Washington D.C., DC 20005	John Snow	06/30/2012 - javed	Delete
			Use of this Web altrapplication constitutes accept	lance of the License Agreement and Privacy Policy			

Step 3 Click Add Data Collection Tool.

If you are directed to a screen for the Business Associate Agreement you must sign the BAA before you can start entering Patient Abstraction Data into your DCT. Refer to page # 5 for instructions.

			For more info	rmation aubmit a quastion to	Brogrom Clarification	Support Colort IBr	ongrition Brogromol		
Measuring, quality.		Has yo	our question been	answered already? Access F/	AQs and other information	tion before you sub	mit your question: DR	<u>P / HSRP</u>	
Improving health care.									Logout
me Practice Sites	Submit Data	Account Manager	Resources	Switch Account	NCQA Administra	ation			User: LCarter@ncqa.org
me > Practice Sites > A	BCD Medical A	ssociates						You have one or more [<u>DCTs</u> ready to be submitted
tructions - Click here to S	Show								
actice Site Information -	Edit						Clinicians at this P	ractice Site - Add / Edit / Rei	nove
BCD Medical Associates ast 0 Floor lavor, DC 40000	Contact Info Raven DDD ddd@ncpt.o (000) 000-0	ormation org 000					D J H H	FF	
Collection Tools (DCTs)	- Active online w	orkbooks to collect	clinical abstractio	on data.					Add Data Collection Too
CTs	Clinician	5	1	Preliminary Result	Eligible	Submit Status	Discount Code	Modified	Delete
RP Group 2012	Multiple (G	roup)	ŧ	5 out of 100 possible points	2		Empty	07/22/2014 - cmartin	Delete

- Step 4 Select which program applies to the DCT ("DRP" or "HSRP").
- Step 5 Select Individual or Group Recognition.

Select *Provider* for single clinician Recognition. Select *Group* for multiple clinicians located at a single site.

- If you select *Provider*, NCQA awards Recognition to individual clinicians. The names of recognized clinicians are then listed on NCQA website.
- If you select *Group*, NCQA awards Recognition to the practice site only. The names of the clinicians associated with the practice site will <u>not</u> be listed on the website.

• If the practice site has 9 or more clinicians and would like to consider an alternate scoring methodology, please contact Customer Support before entering data.

- **Step 6** If you selected *Provider*, select from the drop down menu the "Type of Recognition for Abstraction."
 - "DRP 2015 Individual"
 - "DRP 2015 Individual with Multiple Submissions"

Note: If applying for group recognition, this step does not apply.

Step 7 Click Next-Select Applicants.

	For more information, submit a question to Program Clarification Support. Select [Recognition Programs]. Has your question been answered already? Access FAQs and other information before you submit your question: DRE / HSRP	
Home Practice Sites Submit Data Account Manager Resources	Switch Account NCQA Administration	User: cmartin@ncqa.org
Home > Practice Sites > LaToya's Diabetic Center > Data Collection Choice		You have one or more <u>DCTs</u> ready to be submitted.
	Select the product for this abstraction:	
	DRP	
	Select the type:	
	Recognition PORS is not accepted at this time	
	Select the Version:	
	○ DRP 2012 ● DRP 2015	
	Will this be an Individual or Group Recognition	
	Provider (MD, Do, NP, PA) Group (more than one clinician practicing together at the same site)	
	Select the Individual Recognition Category:	
	DRP 2015 Individual	
	Next - Select Applicant	

Step 8 Select check box for one or more Applicants for recognition.

- If applicants are already listed, select check box for ONE clinician if applying for Individual Recognition.
- If a group is applying, select check boxes for all clinicians in the group.
- Step 9 If the applicant is not on the list, click Add Clinician.

Home Applican	In a could be for the second s	sount				L User, javed@nci	A gaoot
1 Se 2 If ti 3 Cli	tect the box next to the clinician's name for this DCT. Select only ONE clinician he Clinician is not listed below click <u>Add Clinician</u> ck <u>Start Entering Data</u> to enter patient data into the DCT.	an for this Individual Recognition.					
						Add Clin	ician
	Clinician	NPI	Tax ID	License Number	State	Action	
	Bill Johns	1699778340	12-3456789	134183923-43	NC	Edit	
<u>Start Ent</u>	ering Data	©2002-2011 National Com Use of this Web site/application constitute	mittee for Quality Assurance, Patent Pendin is acceptance of the License Agreement an	g d Privacy Policy			

Step 10 Enter information into the fields (required fields are denoted by *).

Step 11 Click Save/Update.

🖉 Clinician Information ۱	∦ebpage Dialog	×
http://recognitionportal.ncqa.c Enter Clinician's National Prov	rg.v3.0/ncqa.rp.portal.web/ApplicantEdit.aspx?sitec /ider ID then Click [Validate NPI]. The fields belo	- w
will be released when a valid N clinician their in	IPI # is entered. If we have any information on t formation will be populated below.	he
NPI Number:	Validate NPI	
First Name:		*
Middle Name:		
Last Name:		*
E-Mail Address:		
Credentials:	MD	
Tax ID # / DEA #:	*	
Gender / DOB (mm/dd/yyyy) :	Male	
License Number:		*
License State:	~	*
Primary Board Specialty:	~	
Primary Board Number:		
Secondary Board Specialty:	~	
Secondary Board Number:		
* Required / Invalid Data	Save / Lindata Cancal	
http://recognitionportal.ncqa.org.v	3.0/ncqa.rp.port 😜 Internet	

- Step 12 Click <u>Edit</u> to edit clinician information. Click **Save/Update** after changes are made.
- Step 13 Click Add Clinician to enter more clinician applicants.
- *Step 14* Select box for clinician(s) applying for recognition.
- Start 15 Click Start Entering Data.

Adding Clinicians to a Practice Site without Adding a Data Collection Tool

You can add or edit one or all your applicants tied with a particular practice site before and after adding your DCT by following these steps.

Step 1 Navigate to the Data Collection Tool page.

**You can do this by selecting the practice site that you would like to add or edit applicants to on the *Practice Sites* screen.

- Step 2 Click Add/Edit/Remove in the Clinicians at this Practice Site box.
- Step 3 Click Add Clinician, if you would like to add an applicant.
- Step 4 Enter information into the fields.
- Step 5 Click Save/Update to save data.
- Step 6 Click Add Clinician to enter more applicants.
- **Step 7** Click <u>Edit</u> under the Action column to edit clinician information. Click <u>Save/Update</u> after changes are made.
- *Step 8* Click <u>Delete</u> under the Action column to delete a clinician and then confirm your choice by clicking <u>Yes</u> or <u>No</u>.

**Deleting a clinician will delete all completed or started DCTs that are tied to the clinician.

Clinical Measures: Patient-Specific Information

Enter data for individual patients in *Clinical Measures: Patient Group Information*—25 eligible patients for an individual clinician applicant and 25 eligible patients per clinician for applicants with 2–8 clinicians. Applicants with 9 or more clinicians at a practice site should refer to the *DRP Requirements*.

This data demonstrates how each clinician meets the clinical measures.

Pra	actice Sites Submit D	lata Accou	int Manager Resources	Switch Acc	ount		NCQA Administ	tration							User: Icarter@nci
> Prac	ctice Sites > ABCD Med	dical Associat	tes > D J										You have one	or more <u>DCTs</u> re	ady to be subr
						DRP II	ndividual v2015 - Al	bstraction Data for	ABCD Medical A	ssociates - D J					
ł	Add New Patient	View Score	Submit Data	Print											
ient nber	Ci Patient's Last Visit Date	Eligibility	Gender	Date of HbA1c Test	HbA1c Value	Date of Most Recent Blood Pressure Test	Systolic Reading	Diastolic Reading	Eye Exam Showing Retinopathy?	Date of Most Recent EyeExam	Smoking / Tobacco User Status	Date of Most Recent Smoking / Tobacco Use Cessation Counseling	Date of Most Recent Nephropathy Test	Had Amputation of Both Feet or Legs?	Date of Most Recent Foot Examinatio
						Use of this W	©2002-2014	National Committee for	Quality Assurance	ement and Privacy Policy					
						Use of this W	©2002-2014 eb site/application con	National Committee for Istitutes acceptance of	Quality Assurance the License Agree	ce ement and Privacy Policy					
						Use of this W	©2002-2014 eb site/application con	National Committee for stitutes acceptance of	Quality Assuranc	28 ement and Privacy Policy					
						Use of this W	©2002-2014 eb site/sppication con	National Committee for	Quality Assuranc	ce ement and Privacy Policy					
						Use of this W	©2002-2014 eb site/application con	National Committee for	Quality Assuranc	ce ement and Privacy Policy					
						Use of this W	62002-2014 eb alte/application con	National Committee for	Cualty Assurance	28 ement and Privacy Policy					
						Use of this W	62002-2014	National Committee for	Quality Assurance the License Agree	28 ement and Privacy Policy					

Patient-Specific Information

Chart Start Date

Follow the steps below in the Web-based DCT.

Start 1 Click Modify next to Chart Start Date.

- Step 2 Enter the date that will be used to start to identify eligible patients.
- Step 3 Click Save& Close.

🧉 Chart Start Dat	e Webpage Dialog
Chart Start Date	
	Save & Close Cancel
Must submit comple Chart Start Date.	eted DCT to NCQA within 180 calendar days of the

Go backward from the Starting Date using appointment logs, billing data or any data source or list that includes all patients seen in the practice site for Diabetes.

Begin entering patients who saw the clinician during which at least one diagnosis or presenting complaint was Diabetes. For example, if the Starting Date is May 31, 2015, enter all patients seen on May 30 for Diabetes, moving backward to patients seen on May 29, May 28, and so on. The date of this first encountered visit for each patient is the Last Visit Date.

The date used to identify the patients—which may be different for each patient—is the Last Visit Date (refer to Appendix 2 of the *DRP Requirements* for more details). Use the data sources or medical records to find the information for the following table, Columns C–I.

Note: One screen for every potential eligible patient.

Entering Patient Information

Step 3 Click Add New Patient.

Step 4 Follow the format and instructions below to enter information.

The table below describes requirements for each potential patient for each field in the Web-based DCT.

- Type of data required (e.g., number, date, selection from a drop-down box)—Data Format Column
- · Patients for whom you should complete the field--#1 in the Instructions column
- How to complete each column including when to select "Yes," and when to select "No" from a dropdown box
- Where to find more information in the DRP Requirements-the Reference column

Continue to enter and save patient information in the Web-based DCT until you have enough eligible patients for your sample.

If you do not collect the data that is required for any of the patient specific data fields then <u>leave that</u> <u>field blank</u>. Patient specific data fields are not required fields, except the ones required for eligibility that are marked with a * in the table below. While patient specific data fields are not required fields, lack of data will effect your score.

Note, the required fields are denoted by * in the table below. The rest of fields will remained locked until the required fields are completed. If the patient is determined ineligible after completing the required fields, the rest of the fields will remained locked. Click Save/Close and continue to enter other patients.

Step 5 Click on the label, such as <u>Patient Number</u>, in the *DRP Data Record Screen* or <u>Help</u> to view more information on what data to enter into each field for a patient.

	Hel
NCQA- Practice- Bilal -	Bob Smith
Patient Number	
Diabetes Diagnosis	Not Known
Date of Birth	
Abstraction End Date (Read Only)	
Patient's Last Visit Date	
Patient Under Care for 12 Months	Not Known
Eligibility (Read Only)	
Gender	
HbA1c Test Date	
HbA1c Value	
Blood Pressure Measurement Date	
Systolic Reading	
Diastolic Reading	
Eye Exam Showing Retinopathy?	
Date of Eye Exam	
Smoking Status	
Date of Smoking Cessation Counseling or Treatment	
LDL Test Date	
LDL Level	
Nephropathy Assessment Date	
Had Amputation of Both Feet or Legs?	
Foot Exam Date	
Foot Exam Date * All dates must be in 'mm/	dd/yyyy' format Save & Close Cancel

Field Name	Data Format	Instructions	Reference
Patient Number *	Number, Letter or Combination	 All patients. Enter ID information of your choice. Use a system that will allow you to refer back to a patient's medical record for auditing or if NCQA has a question about the patient's data. Some practice sites use an internally assigned medical record number. The ID should not include any identifiable patient information and should be different for each patient. 	
Diabetes Diagnosis*	Drop-down list ("Not Known," "Yes," "No")	 For each patient entered, indicate if they have a diagnosis of Diabetes using the following options on the drop down list: Not Known Yes No 2. Refer to the <u>Diabetes Value Set</u> which is available in the Resources section of the DRP Recognition data collection tool for applicable Diabetes diagnosis codes. For additional information refer to the DRP 2015 Requirements, Appendix 2: Patient Eligibility Criteria, Patient Identification and Sample Size 	DRP 2015 Requirements, Appendix 2: Patient Eligibility Criteria, Patient Identification and Sample Size Requirements
Date of Birth *	Date	Requirements 1. All patients.	
		2. Enter date of birth as of the Index Visit Date.	
Date (Read Only)	(MM/DD/YYYY)	 All Patients This will be calculated for you based on what is entered for Patient's Last Visit Date 	
Patient's Last Visit Date *	Date (MM/DD/YYYY)	 All patients. Enter patient's most recent visit that occurred <i>prior</i> to the start date. 	DRP 2015 Requirements, Appendix 2.
Under Care for 12 Months *	Drop-down ("Not Known," "Yes," "No")	Has the patient been under the care of the applicant for at least 12 months? Not Known Yes No	
Eligibility (Read Only		 All patients. Once all the above fields are entered, the Web-based DCT then determines if the patient is eligible and displays "Eligible" or "Ineligible" in this column. If the Web-based DCT answered "Eligible" for Eligibility, the rest of the fields will be unlocked and you can continue entering information for the patient. If the Web-based DCT answered "Ineligible" for Eligibility, the rest of the fields will remained locked. You do not need to enter any more 	

Field Name	Data Format	Instructions	Reference
		information for this patient. Select Save/Close button to continue to enter other patients.	
Gender	Drop-down ("Female," "Male")	1. All patients.	
HbA1c Test Date	Date (MM/DD/YYYY)	 All patients. Enter the date of the patient's most recent HbA1c test done within the 12-month abstraction period. If an HbA1c test was not completed during the 12-month abstraction period, leave the field blank. For additional information refer to the DRP Requirements, CM1: Hemoglobin A1c (HbA1c) Control. 	DRP 2015 Requirements, CM1: Glycated Hemoglobin (HbA1c) Control.
HbA1c Value	Number	 All patients. Enter the value of the patient's most recent HbA1c test done within the 12-month abstraction period. Do not enter a % symbol after the value. If an HbA1c test was not completed during the 12-month abstraction period, leave the field blank. 	
Blood Pressure Measurement Date	Date (MM/DD/YYYY)	 All patients. Enter the date of the patient's most recent blood pressure measurement done within the 12-month abstraction period. If a blood pressure measurement was not completed during the 12-month abstraction period, leave the field blank. For additional information refer to the DRP Requirements, CM 2: Blood Pressure Control. 	DRP 2015 Requirements, CM 2: Blood Pressure Control.
Systolic Reading	Number	 All patients Enter the systolic value of the patient's most recent blood pressure measurement done within the 12-month abstraction period. If a blood pressure measurement was not completed during the 12-month abstraction period, leave the field blank. If there are multiple blood pressure readings recorded for a single date, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure 	
Diastolic Reading	Number	 All patients Enter the diastolic value of the patient's most recent blood pressure measurement done within the 12-month abstraction period. If a blood pressure measurement was not completed during the 12-month abstraction period, leave the field blank. If there are multiple blood pressure readings recorded for a single date, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure. 	

Field Name	Data Format	Instructions	Poforonco
	Data Format		Kelerence
Showing Retinopathy?	("Not Known," "Yes," "No")	 All patients. During the 12 months prior to the abstraction period, did a retinal or dilated eye exam show evidence of retinopathy? Choose from the following on the drop down list: 	
		 Yes (the patient showed evidence of retinopathy) No (the patient showed no evidence of retinopathy) Not Known 	
Date of Eye Exam	Date (MM/DD/YYYY)	 All patients. Enter the date of patient's most recent retinal or dilated eye exam during the 12-month abstraction period. An exam performed in the 12 months prior to the abstraction period is acceptable if the patient showed no evidence of retinopathy. 	DRP 2015 Requirements, CM 3: Eye Examination.
Smoking and Tobacco Use Status	Drop-down list ("Not Known," "Smoker," "Non- Smoker"	 All patients Enter the patient's smoking/tobacco use status by choosing from the following on the drop down list: Choose from the following on the drop down list: 	DRP 2015 Requirements, CM 4: Smoking Status and Cessation Advice and Treatment.
		 Not Known Smoker/Tobacco User Non-Smoker/Non-Tobacco User 	
Date of Smoking Cessation Counseling or Treatment	Date (MM/DD/YYYY)	 All patients. Smoking status - Non-Smoker/Non-Tobacco User: If the patient is a non-smoker/non-tobacco user no date is required. Leave the field blank. Smoking status – Smoker, Tobacco User or Unknown: Enter the date within the 12-month 	DRP 2015 Requirements, CM 4: Smoking Status and Cessation Advice and Treatment.
		abstraction period that documents counseling or treatment for smoking cessation. If no date for counseling or treatment is found, leave the field blank.	
Nephropathy Assessment Date	Date (MM/DD/YYYY)	 All patients. Enter the date of the patient's most recent nephropathy assessment done within the 12- month abstraction period. If a nephropathy assessment was not completed during the 12- month abstraction period, leave the field blank. Documentation of a nephropathy assessment must include one of the methods below. 	DRP 2015 Requirements, CM 5: Nephropathy.
		 Microalbuminuria test Positive urinalysis for protein test Medical attention for nephropathy Evidence of ACE inhibitor/ARB therapy 	
		For additional information refer to the DRP Requirements, CM 5: Nephropathy Assessment.	

Field Name	Data Format	Instructions	Reference
Had Amputation of Both Feet and Legs?	Drop-down list ("Not Known," "Yes," "No")	 All patients. Has the patient had amputation of both feet or legs? Choose from the following on the drop down list: Yes (patient has had both feet or legs amputated) No Not Known 	
Foot Exam Date	Date (MM/DD/YYYY)	 All patients. Amputation status – Yes: If the patient has had both feet or legs amputated no date is required. Leave the field blank. Amputation status – No or Unknown: Enter the date of the patient's most recent foot exam during the 12-month abstraction period. If a foot exam was not completed during the 12- month abstraction period, leave the field blank. 	DRP 2015 Requirements, CM 6: Foot Examination

Step 6 Click Save/Close.

Step 7 Click Add New Patient to enter the next patient's information.

Abstraction Messages

Red *Abstraction Messages* may appear at the top of the page if certain conditions that are required for recognition are not met. These abstraction messages are based on required information for a particular patient entered. You must correct ALL of abstraction messages in order to submit for recognition.

Step 8 View **Abstraction Messages** at the top of the screen. Click on Patient Number link to correct/edit error.

Abstract	ion Issues	Patient	1												
		HbA1c (Control			nvalid HbA1c Value.	Values of 20 or high	her is abnormal. Cu	rrent HbA1c Value = '1	10000"					
		Patient	: <u>2</u>												
		HbA1c 0	Control			IbA1c Value must b	e left blank when Hb	A1c Date is blank.	Current HbA1c Value •	- '5.1'					
		Patient	:3												
		Blood P	ressure Control			Systolic Reading mus	st be left blank when	there is no Blood P	ressure Date. Current	Reading = "120"					
		Blood P	ressure Control			Diastolic Reading mu	st be left blank when	h there is no Blood I	Pressure Date. Current	t Diastolic Reading -	.80.				
		Patient	4						-						
		HbA1c	Control			IbA1c Value must b	e left blank when Hb	A1c Date is blank.	Current HbA1c Value	- 117					
		Patient	2												
		Eye Exa	im showing Retind	opathy		cye Exam Date must	be within the 12 mor	nth abstraction peri	od or must be left blan	K. Current Value = 1	1/09/2010				
		Padend	: 0 nathu Taat			lashmaathy Tast D	to must be within the	a 12 month abotrac	tion period or must be	laft black. Current D	te - 104/02/2000				
		Patient	:Z			vephropathy reacion	te must be within th	e 12-month abou ac	con period or most be	fort blank. Corrent D	110 - 04/03/2000				
		Smokin	ng Status			Smoking Cessation D	late must be within th	he 12-month abstra	ction period or must be	e left blank. Current [ate = '02/08/2000'				
		Patient	8												
		Foot Ex	am			Foot Exam Date mus	t be within the 12-mo	onth abstraction per	iod or must be left blar	nk. Current Date = '0	3/08/2011"				
		Patient	- <u>11</u>												
		Eye Exa	m Showing Retine	opathy		Eye Exam Date mus	t be within the 24 mo	onths of Patient's las	st visit date or must be	left blank. Current V	alue = '02/05/2012'				
						DRP Individual v	2015 - Abstractio	n Data for LL tes	t in Nov 2012 and D	ec 2014 - Gene C	rist				
Add	1 New Patient	View Score	Submit Data	Print											
		Chart Start Date	11/12/2014	Modify											
Patient Number	Patient's Last Visit Date	Eligibility	Gender	Date of HbA1c Test	HbA1c Value	Date of Most Recent Blood Pressure Test	Systolic Reading	Diastolic Reading	Eye Exam Showing Retinopathy?	Date of Most Recent EyeExam	Smoking / Tobacco User Status	Date of Most Recent Smoking / Tobacco Use Cessation Counseling	Date of Most Recent Nephropathy Test	Had Amputation of Both Feet or Legs?	Date of Most Recent Foot Examination
1	11/11/2014	Eligible	м	10/09/2014	10000	11/11/2014	140	70	Yes	12/22/2013	Non-Smoker/Non- Tobacco User		02/01/2014	No	09/09/2014
2	11/11/2014	Eligible	М		5.1	11/11/2014	130	80	No		Non-Smoker/Non- Tobacco User			No	11/11/2014
3	11/10/2014	Eligible	F	11/10/2014			120	80	No	08/29/2013	Smoker/Tobacco User		11/10/2014	No	11/10/2014
4	11/09/2014	Eligible	F		11	11/09/2014	132	73	No	07/02/2014	Smoker/Tobacco User	01/01/2014	05/05/2014	No	10/01/2014
5	11/09/2014	Eligible	F	07/14/2014	6	11/09/2014	126	76	Yes	11/09/2010	Non-Smoker/Non- Tobacco User		02/01/2014	No	11/09/2014
6	11/09/2014	Eligible	м	11/09/2014	8	11/09/2014	139	89	Yes	04/01/2014	Smoker/Tobacco User	06/12/2014	04/03/2000	No	11/09/2014
Z	11/08/2014	Eligible	м	11/08/2014	9	11/08/2014	140	90	Yes	12/12/2013	Smoker/Tobacco User	02/08/2000	11/02/2014	Yes	
8	11/07/2014	Eligible	F	11/07/2014	8.3	11/07/2014	126	17	No	05/13/2014	Smoker/Tobacco User	03/30/2014	06/07/2014	Not Known	08/08/2011
9	11/05/2014	Eligible	м	04/21/2014	6	11/05/2014	140	90	No	05/05/2014	Non-Smoker/Non- Tobacco User		08/16/2014	No	11/05/2014
10	11/02/2014	Eligible	F	04/13/2014	3.2	11/02/2014	127	81	Yes	04/03/2014	Smoker/Tobacco User	10/01/2014	10/01/2014	No	11/02/2014
11	10/29/2014	Eligible	м	10/29/2014	8	10/29/2014	130	80	No	02/05/2012	Non-Smoker/Non- Tobacco User		10/29/2014	Not Known	10/29/2014

Step 9 Continue to add patients to your DCT.

Step 10 Check the number of eligible patients at the bottom of the screen for the number of eligible patients you have entered out of the total number required.

Home	> Practice Site	<u>es</u> > <u>Nov2010 Tes</u>	<u>tt Practice</u> > Fi	rstName_LastN	lame_													1
						DRP In	dividual v2012	- Abstraction Da	ata for Nov2010 Te	st Practice - Firs	tName_LastNam	e_						
Add	New Patient	View Score	Submit Data	Print														
		Chart Start Date	03/20/2012	Modify														
Patient Number	Patient's Last Visit Date	Eligibility	Gender	Date of HbA1c Test	HbA1c Value	Date of Most Recent Blood Pressure Test	Systolic Reading	Diastolic Reading	Eye Exam Showing Retinopathy?	Date of Most Recent EyeExam	Smoking Status	Date of Most Recent Smoking Cessation Counseling	Date of Most Recent LDL Test	LDL Level	Date of Most Recent Nephropathy Test	Had Amputation of Both Feet or Legs?	Date of Most Recent Foot Examination	
2048293	03/19/2012	Eligible	F	03/14/2012	6.6	03/19/2012	114	72	Not Known		Non-Smoker		04/27/2011	138		No	03/19/2012	
2079139	03/16/2012	Eligible	F	11/17/2011	8.3	03/16/2012	164	72	Not Known		Smoker		11/17/2011	148	11/17/2011	Not Known		
2075603	03/15/2012	Eligible	F	03/08/2012	6.6	03/15/2012	118	78	Not Known		Non-Smoker		03/08/2012	71	09/16/2011	No	12/16/2011	
2158298	03/15/2012	Eligible	F	03/03/2012	6.7	03/15/2012	110	72	No	04/12/2011	Non-Smoker		03/03/2012	101	06/01/2011	No	12/28/2011	
2127557	03/14/2012	Eligible	М	03/14/2012	7.1	03/14/2012	126	86	Not Known		Non-Smoker		12/21/2011	88	12/21/2011	No	12/07/2011	
2023203	03/14/2012	Eligible	F	04/11/2011	11.6	03/14/2012	132	74	Not Known		Smoker				04/11/2011	Not Known		
2026522	03/13/2012	Eligible	М	03/13/2012	7	03/13/2012	126	66	Not Known		Non-Smoker		12/12/2011	60	12/12/2011	No	09/23/2011	
1011652	03/09/2012	Eligible	М	03/07/2012	8.4	03/09/2012	110	62	Not Known		Smoker		08/03/2011	85	08/03/2011	No	08/05/2011	
2160109	03/09/2012	Eligible	F	03/07/2012	6.3	03/09/2012	144	72	Not Known		Non-Smoker		03/07/2012	154	03/07/2012	Not Known		
1074438	03/08/2012	Eligible	F	03/02/2012	6.1	03/08/2012	118	68	No	11/03/2011	Non-Smoker		07/19/2011	99	10/28/2011	No	11/03/2011	
2084582	03/08/2012	Eligible	F	03/01/2012	6.1	03/08/2012	152	90	Not Known		Non-Smoker		03/01/2012	100	03/01/2012	No	08/05/2011	
2293739	03/07/2012	Eligible	М	10/01/2011	7	03/07/2012	142	76	Not Known		Non-Smoker					Not Known		
2045585	03/07/2012	Eligible	F	03/07/2012	7.2	03/07/2012	126	70	Not Known		Non-Smoker		03/07/2012	117	11/09/2011	No	11/09/2011	
2089715	03/07/2012	Eligible	F	02/01/2012	10				Not Known		Not Known					Not Known		
2043884	03/07/2012	Eligible	М	01/27/2012	5.8	03/07/2012	128	78	Not Known		Non-Smoker		03/10/2011	76	01/27/2012	No	03/07/2012	1
2146607	03/06/2012	Eligible	F	03/06/2012	7.8	03/06/2012	206	84	Yes	02/27/2012	Smoker	03/06/2012	03/06/2012	91	03/06/2012	No	09/01/2011	
2029728	03/02/2012	Eligible	F	02/03/2012	11.3	03/02/2012	128	74	Not Known		Non-Smoker		02/03/2012	63	02/03/2012	No	12/20/2011	
2126254	02/29/2012	Eligible	F	01/25/2012	8.5	02/29/2012	134	70	Not Known		Non-Smoker		01/25/2012	57	01/25/2012	No	07/21/2011	
2077329	02/28/2012	Eligible	F	01/03/2012	6.9	02/28/2012	126	62	Not Known		Non-Smoker		02/24/2012	122	05/17/2011	No	09/30/2011	
2075248	02/24/2012	Eligible	М	01/11/2012	6.8	02/24/2012	134	82	No	05/19/2011	Non-Smoker		01/11/2012	69	01/11/2012	No	07/01/2011	
2073566	03/02/2012	Ineligible							Not Known		Not Known					Not Known		
2304360	02/24/2012	Ineligible							Not Known		Not Known					Not Known		
2053736	02/23/2012	Eligible	F	02/09/2012	6.8	02/23/2012	136	60	Not Known		Non-Smoker		02/09/2012	95	07/25/2011	No	08/02/2011	
2030233	02/23/2012	Eligible	F	02/17/2012	6.5	02/23/2012	122	60	Not Known		Non-Smoker		01/04/2012	92	02/17/2012	No	08/15/2011	
2070873	02/23/2012	Eligible	М	02/16/2012	6.6	02/23/2012	162	80	Not Known		Non-Smoker		11/04/2011	65	11/04/2011	No	08/26/2011	
2106355	02/23/2012	Eligible	F	01/26/2012	6.5	02/23/2012	130	70	Not Known		Non-Smoker		03/24/2011	58	03/24/2011	No	08/05/2011	
2128584	02/23/2012	Eligible	F	02/16/2012	6	02/23/2012	124	72	No	05/18/2011	Non-Smoker		11/08/2011	85	11/08/2011	No	08/30/2011	
25 of the I	required 25 eligib	le patients entered -	<u>Add New Patien</u>	2		Use	©2002 of this Web site/	-2011 National Cor application constitu	nmittee for Quality As tes acceptance of the	surance, Patent Pe License Agreeme	nding nt and Privacy Policy							

Uploading Data Collection Tool through XML

You can add a Data Collection Tool through XML schema for individuals and group recognitions. By following the steps below you can upload practice sites and workbooks for applicants through XML to your account.

- Step 1 Click on Resources on the toolbar.
- Step 2 Select the XML Information & Tools blue tab.
- **Step 3** Download XML materials provided for reference and for definitions by clicking <u>Download</u> under **Download** column.

December 2	s Jubinit Data	Account manager	Resources	Switch Account	NCQA Administration	User: LCaner@ncqa
Resources >	DRP 2012 XML Inf	ormation & Tools				You have one or more DCTs ready to be submi
Download	latorials	XIII Information 8	Tools	Fromontly Asked Questions	Glossan	
Dominouu	nutoriulo	Xiii E information o		Trequency Asked Questions	olossury	
XML Data Co	llection					
allows you to im your file is uple	port to your account aded you will be abl	your entire submission le to submit your DCTs	n or parts of you as well as edit	ur application including: Practice t any application information or p	Sites, Applicants, and Abstraction atient abstraction data.	Data.
process should	only be done by an	IT professional that is tr	rained with XM	L. Please follow the parameters	isted below before importing your	KML file.
The file forma	t can be XML or ZIP.	and then import the 7IP f	File			
A zip file can	ontain only one XML	, file in it.	me.			
For large files	it might take 15 to 2	20 minutes to import ba	ised on the file	size and internet speed.		
Please wait fo	r the process to cor	mplete before doing any	thing else.			
 Please wait fi We recommended with the link below 	r the process to cor nd to use Internet E) w to begin importing	mplete before doing any xplorer browser*. g your XML data. Also be	thing else. elow you can d	ownload the XML Schema, Data	Dictionary or Program Sample File	3.
 Please wait f. We recomme k on the link belo u have any quest 	r the process to cor nd to use Internet E) w to begin importing ions please email [nplete before doing any oplorer browser*. g your XML data. Also be <u>DRP@NCQA.org</u> for an a	thing else. elow you can d appointment.	ownload the XML Schema, Data	Dictionary or Program Sample File	3.
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Please wait f We recomme con the link belo have any ques in XML Impor Name Portal XML Sche P 2012 Data Dio	r the process to corn nd to use Internet Ex w to begin importing ions please email g ma	nplete before doing any uplorer browser*. your XML data. Also be NRP@NCOA.org for an a	thing else. elow you can d appointment.	Type Last Updated XML 09/04/2009 Excel 06/10/2012	Dictionary or Program Sample File Download Download Download	3.
Please wait f We recomme k on the link belo u have any ques in XML Impor Name Portal XML Sche P 2012 Data Dic P 2012 Sample	r the process to cor d to use internet E) w to begin importing ions please email [ma tionary KML File (Individual	nplete before doing any uplorer browser*. gyour XML data. Also be <u>URP@NCOA.org</u> for an a <u>URP@NCOA.org</u> for an a	thing else. elow you can d appointment.	Type Last Updated XML 09/04/2009 Excel 06/10/2012 XML 06/27/2012	Dictionary or Program Sample File Download Download Download Download Download	3.
Please wait f We recomme k on the link belo u have any ques in XML Impor Name Portal XML Sche P 2012 Data Dic P 2012 Sample P 2012 Sa	r the process to cor d to use internet E: w to begin importing ons please email E ma ma ionary KML File (Individual KML File (Group Ref	nplete before doing any uplorer browser*. g your XML data. Also be <u>RRP@NCOA.org</u> for an a <u>Recognition</u>) cognition)	thing else. alow you can d appointment.	Type Last Updated XML 09/04/2009 Excel 06/10/2012 XML 06/27/2012	Dictionary or Program Sample File Download Download Download Download Download Download Download	3.
Please wait f We recomme k on the link belo un have any ques jin XML Impor Portal XML Sche Portal XML Sche P 2012 Data Dic P 2012 Sample P 2012 Sample	r the process to cor d to use Internet w to begin import ions please email of ma tionary KML File (Individual KML File (Group Ref	nplete before doing any uplorer browser*. your XML data. Also be NPP@NCQA org for an a NPP@NCQA org for an a Recognition) cognition)	thing else. elow you can d appointment.	Type Last Updated XML 99/04/2009 Excel 06/10/2012 XML 06/27/2012 XML 06/27/2012	Dictionary or Program Sample File Download Download Download Download Download Download Download	3.
Please wait f We recomme work the link belo un have any ques <u>shark Limpor</u> Portal XML Impor Portal XML Sche Port	r the process to cor d to use Internet Fin w to begin imposed please email of ma donary ML File (droup Ref	nplete before doing any uplorer browser*. your XML data. Also be NRP@NCQA org for an a NRP@NCQA org for an a Recognition) cognition)	thing else. elow you can d appointment.	Type Last Updated XML 09/04/2009 Excel 06/10/2012 XML 06/27/2012 XML 06/27/2012	Dictionary or Program Sample File Download Download Download Download Download Download	3.
Please wait f We recomme ck on the link belk of have any ques gin XML Impor le Name P Portal XML Sche RP 2012 Data Dic RP 2012 Sample RP 2012 Sample	r the process to cor d to use Internet El w to begin importing innos please email ma tionary ML File (Group Ref	nplete before doing any opror browser*. your XML data. Also be IRP@NCOA.org for an a IRP@NCOA.org for an a Recognition) cognition)	thing else. Plow you can d	Type Last Updated XML 09/04/2009 Excel 06/10/2012 XML 09/27/2012 XML 06/27/2012 XML 06/27/2012	Dictionary or Program Sample File Download Download Download Download Download Download Download	3.

- The file format can be XML or ZIP.
- ZIP any XML file larger than 4MB and then import the ZIP file.
- A zip file can contain only one XML file in it.
- For large files, it might take 15 to 20 minutes to import based on the file size and internet speed.
- Please wait for the process to complete before doing anything else.
- Step 4 When ready click Begin XML Import.
- **Step 5** You will be navigated to **Data Collection Import Page**. Click **Browse** to select your XML file on your computer.
- Step 6 Select XML file and click **Open** when Choose File popup appears.
- Step 7 Click Import Data Collection.

Kennen and State		Logout
Home Practice Sites Submit Data Account Manager Resources	Switch Account	User: javed@ncqa.org
Home > Resources > XML Information & Tools > XML Data Import		
	Data Collection Tool	
	Select Data Collection File Browse	
	Import Data Cancel	
	@2002.2011 National Committee for Quality Assurance, Patent Pending Use of this Web site/application constitutes acceptance of the License Agreement and Privacy Policy	
		-

- **Step 8** The **Data Collection Import Status** box will appear showing the practice site name(s) and the number applicants at each practice site(s) that were imported.
- Step 9 Select Click here to view your own imported data.

- Step 10 You will be navigated to the Submit page where you can submit DCTs and view DCTs to correct Abstraction Messages (see page # 26) and View Scores (see page # 32). To view DCT click on DRP under Program column for practice appropriate practice.
- *Step 11* Continue to page # 36 for information and requirements to submit a workbook.

Preliminary Results

From the DRP DCT screen, click on View Score to view the following information:

- Your rate and score for Clinical Measures
- Your total points
- Step 1 Click View Score to see Preliminary Results.

Step 2 Click <u>Print</u> in the upper right hand corner of the Preliminary Results box.

Practice Site and Clinician Results

The *Preliminary Results* box allows you to view results by individual clinician or group.

To view results of another group or individual clinician, follow these steps.

- Step 1 Click Practices Sites on toolbar.
- **Step 2** Select [Practice Site Name] for the preliminary results of the individual clinician or group recognition you would like to view.
- **Step 3** Select the [Data Collection Tool] under the Program column that you would like to view preliminary results for.
- Step 4 Click <u>View Score</u> to see preliminary results.
- Step 5 Click Print in the upper right hand corner of the Preliminary Results box.

Preliminary Results Table

Table columns read, from left to right:

- Clinical Measure/Goal/Performance Criteria/Assigned Point Value -
 - Note: The performance criteria are the percentage of patients that must satisfy the requirements of the measure.
- Patient Count The number of patients meeting the numerator requirements.
- Percentage of Patients The percentage of patients meeting the numerator requirements.
- Awarded Points Number of points received for the measure.
- Total Points The total number of points received for all measures.

Refer to DRP Requirements for more information.

32

Recognition Programs - Preliminary Results -- Webpage Dialog

HbA1c Control > 9.0 % (Goal <= 15% - Max 15 Points) HbA1c Control < 8.0 % (Goal >= 65% - Max 10 Points) HbA1c Control < 7.0 % (Goal >= 40% - Max 7 Points)	3	13.64% 72.73%	15
HbA1c Control < 8.0 % (Goal >= 65% - Max 10 Points) HbA1c Control < 7.0 % (Goal >= 40% - Max 7 Points)	16	72.73%	40
HbA1c Control < 7.0 % (Goal >= 40% - Max 7 Points)	-		10
	8	36.36%	0
Blood Pressure Control >= 140/90 mm Hg (Goal <= 35% - Max 30 Points)	6	27.27%	30
Retinal Screening (Goal >= 60% - Max 12 Points)	21	95.45%	12
noking and Tobacco Use and Cessation and Treatment Assistance (Goal >= 85% - Max 1 Points)	2 21	95.45%	12
Nephropathy Assessment (Goal >= 85% - Max 7 Points)	21	95.45%	7
Foot Examination (Goal >= 80% - Max 7 Points)	21	95.45%	7
Total Points (Goal 70 out of 100 Possible)			93

Disclaimer

Results generated or otherwise received from use of the Web-based DCT are preliminary and do not constitute a final score or Recognition from NCQA. NCQA makes a decision about awarding Recognition based on an applicant's overall performance as measured against the DRP criteria.

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Submitting Data

To submit your complete data to NCQA, follow the instructions below.

The four requirements for NCQA to review your data are:

- Sign both BAA and DRP Agreement
- Receipt of application fee
- Complete data including appropriate patient sample size. Please review the **Preliminary Results** before submission to verify that each clinician or group completes the criteria for the Recognition. See page # 32. For more information on the criteria, refer to the *DRP Requirements*.
- You must correct all **Abstraction Messages** on the DCT before submitting. See page # 26 for instructions

How to submit your DCT:

- NCQA has integrated the HSRP data submission process with electronic payment. For instructions on submitting your DCT and the electronic payment system, refer to the DRP/HSRP, Instructions for Electronic Payment and Submission of Data Collection Tools (DCTs).
- NCQA will review your application and notify you of your Recognition Status by e-mail within 30 60 days. Once a Recognition decision is completed, the DCT is no longer available to un-submit.

Feedback

NCQA welcomes any suggestions or comments you may have about the DRP. Submit comments by e-mail to DRP@ncqa.org.