RESOURCE AND PATIENT MANAGEMENT SYSTEM

Clinical Reporting System

(BGP)

User Manual

Version 26.0
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Office of Information Technology
Division of Information Technology

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Preface

The Government Performance and Results Act (GPRA) requires federal agencies to report annually on how the agency measured against the performance targets set in its annual plan. The Indian Health Service (IHS) GPRA measures include clinical prevention and treatment, quality of care, infrastructure, and administrative efficiency functions.

The IHS Clinical Reporting System (CRS) is a Resource and Patient Management System (RPMS) software application designed for national reporting, as well as Area Office and local monitoring of clinical GPRA and developmental measures. CRS was first released for Fiscal Year (FY) 2002 performance measures (as GPRA+) and is based on a design by the Aberdeen Area Office (GPRA2000).

This manual provides instructions on using the CRS. Version 26.0 adds FY 2026 clinical performance measures to existing FY 2002 through FY 2025 measures.

CRS is the reporting tool used by the IHS Office of Planning and Evaluation to collect and report clinical performance results annually to the Department of Health and Human Services and to Congress.

Each year, an updated version of CRS software is released to reflect changes in the logic descriptions of the different denominators and numerators. Additional performance measures may also be added. Local facilities can run reports as often as they want and can also use CRS to transmit data to their Area Office. The Area Office can use CRS to produce an aggregated Area Office report for either annual GPRA or Area Office director performance reports.

CRS produces reports on demand from local RPMS databases for both GPRA and developmental clinical performance measures that are based on RPMS data, thus eliminating the need for manual chart audits for evaluating and reporting clinical measures.

To produce reports with comparable data across every facility, the GPRA measures definitions were “translated” into programming code with the assistance of clinical subject matter experts. CRS uses predefined taxonomies to find data items in the RPMS Patient Care Component (PCC) to determine if a patient meets the performance measure criteria. Taxonomies contain groups of codes (e.g., diagnoses or procedures) or site-specific terms. Each performance measure topic has one or more defined denominator and numerator.

Administrative and clinical users can review individual or all measures at any time to:

- Identify potential data issues in their RPMS, for example, missing or incorrect data.

- Monitor their site's performance against past national performance and upcoming agency goals.
- Identify specific areas where the facility is not meeting the measure to initiate business-process or other changes.
- Quickly measure impact of process changes on performance measures.
- Identify IHS Area Offices meeting or exceeding measures to provide lessons learned.

Users of the RPMS CRS include the following:

- Area Office and site quality improvement staff
- Compliance officers
- GPRA coordinators
- Clinical staff, such as physicians, nurses, nurse practitioners, and other providers
- Area Office directors
- Any staff involved with quality assurance initiatives
- Staff who run the various CRS reports

1.0 Introduction

This manual provides user instructions for the CRS v26.0 (FY 2026 Clinical Performance Measures).

The sections included in this manual cover the main components of this system:

- Set up the CRS application, including taxonomies and site parameters
- Use the report option to produce different reports:
  - GPRA and GPRA Modernization Act (GPRAMA)
  - Selected Measures
  - GPRA/GPRAMA Performance
  - Elder Care
  - Improving Patient Care (IPC)/ Patient-Centered Medical Home (PCMH) Measures
  - Laboratory and Medication Taxonomies
- Export and aggregate Area Office-level data for:
  - National GPRA/GPRAMA reports
  - GPRA/GPRAMA Performance reports

Refer to the *CRS Clinical Performance Measure Logic Manual* for information on the logic used and sample output for each individual performance measure.

1.1 Key Changes in v26.0

1.1.1 Logic Changes to National GPRA/GPRAMA Report Measures

- GPRA Developmental Measures:
  - Added the following GPRA Developmental measures:
    - Age-appropriate immunization combination for ages 19-50, and 51 and older (51 and older includes Pneumo).
    - Hepatitis B, (2-3 doses), for ages 19-59
  - Removed all Dental measures: Access to Dental Service, Dental Sealants, Topical Fluoride, Carries Risk Assessment.
  - Updated codes and/or logic in the following topics: Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes; Influenza; Adult Immunizations; Childhood Immunizations.
- Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes:

  - Updated the following SNOMED data sets: PXRM BGP ECQM ARTERIAL DIS, PXRM BGP ECQM ANGINA, PXRM BGP ECQM BREASTFEED, PXRM BGP EXCM CABG, PXRM BGP ECQM LIVER DIS, PXRM BGP ECQM RHABDO
  - Added ICD10 codes I24.81, I25.2, I25.85 to and removed ICD10 code I24.8 from Ischemic Heart Disease or Other Related Diagnoses definition.
  - Added ICD10 codes I20.2, I20.81 to and removed ICD10 code I20.8 from Stable and Unstable Angina definition.
  - Added CPT codes 92972, C9600 through C9608 to PCI Procedure definition.
- Influenza:
  - Added CVX code 333 to Influenza Vaccine definition.
- Adult Immunizations:
  - Removed Immune Deficiency from Shingrix Contraindication definition.
  - Added CVX code 333 to Influenza Vaccine definition.
- Childhood Immunizations:
  - Added CVX code 333 to Influenza Vaccine definition.
- Statin Therapy for the Prevention and Treatment of Cardiovascular Disease:
  - Updated the following SNOMED data sets: PXRM BGP ECQM ARTERIAL DIS, PXRM BGP ECQM ANGINA, PXRM BGP ECQM BREASTFEED, PXRM BGP EXCM CABG, PXRM BGP ECQM LIVER DIS, PXRM BGP ECQM RHABDO
  - Added ICD10 code I24.81, I25.2, I25.85 to and removed ICD10 code I24.8 from Ischemic Heart Disease or Other Related Diagnoses definition.
  - Added ICD10 codes I20.2, I20.81 to and removed ICD10 code I20.8 from Stable and Unstable Angina definition.
  - Added CPT codes 92972 and C9600 through C9608 to PCI Procedure definition.

1.1.2 Key Logic Changes to Non-GPRA Measures

For key logic changes to non-GPRA measures, please refer to the *CRS 2026 (Version 26.0) Selected Measures Report Performance Measure List and Definitions* document located on the CRS website:

https://www.ihs.gov/crs/software/fy26/.

1.1.3 Additional Key Enhancements and Revisions

None.

2.0 Orientation

See the Glossary and Acronym List for terms and abbreviations used throughout this manual.

3.0 Clinical Reporting System

The CRS is an RPMS software application designed for local and Area Office monitoring of clinical performance measures in a timely manner. Because definitions of clinical performance measures can change every year, CRS is updated and released annually. The current v26.0 adds FY 2026 clinical performance measures to existing FY 2002 through FY 2025 measures.

3.1 Clinical Performance Assessment and GPRA

Performance assessment measures what an organization does and how well it does it. For a healthcare organization such as the IHS, this means measuring how well we deliver healthcare services to our population with documentable improvement in various standard health measures. Standardized clinical performance measures provide a systematic approach to health improvement for our organization. Results from performance assessment are used internally within the IHS, at national and local levels, to support and guide performance improvement in those clinical areas that need it.

Performance results are also needed externally to demonstrate accountability to an organization's stakeholders; for IHS, this means Congress and the current administration. Since clinical care is provided in the field, understanding and reporting on clinical performance measures can no longer be solely the concern of IHS Headquarters (HQ) staff.

3.1.1 What Is GPRA?

Since 1955, the IHS has demonstrated the ability to utilize limited resources to improve the health status of American Indian/Alaska Native (AI/AN) people by focusing on preventive and primary care services. The IHS, like all federal agencies, is under increasing pressure to demonstrate progress in a measurable way toward its mission and goals. Our clinical GPRA measures are and continue to be the mainstay in performance-reporting for the IHS. The current administration is actively working toward the goal of building a transparent, high-performance government with health reform as one of its highest national priorities.

The GPRA requires federal agencies to demonstrate that they are using their funds effectively toward meeting their missions. The law requires agencies to have both a five-year Strategic Plan in place and to submit annual performance plans specifically describing what the agency intends to accomplish toward those goals with their annual budget. Every year, the agency reports on how the agency measured against the performance targets set in the plan.

Appropriately for a healthcare organization, most IHS GPRA measures describe clinical treatment and prevention measures. The performance measures address the most significant health problems facing the AI/AN population as identified by representatives of the local Indian, Tribal, and Urban (I/T/U) programs, as well as management areas of the President's Management Agenda. For FY 2026, the IHS has 26 GPRA measures in two main categories: GPRAMA measures (two measures) and RPMS/CRS Budget measures (24 measures).

Performance measures are further characterized by type, where:

- Outcome measures directly relate to reducing mortality or morbidity relative to a disease or condition that programs address. All clinical GPRA measures are outcome measures. Examples include reducing prevalence of obesity, diabetic complications, and unintentional injury.
- Output measures describe the level of activity that will be provided over a period of time; the internal activities of a program (i.e., the products and services delivered), for example, maintaining accreditation rate for Youth Regional Treatment Centers or conducting at least three community injury prevention projects in each area.
- Efficiency measures track the ratio of total outputs or outcomes to total inputs (federal plus non-federal). Examples include average project duration from project Memorandum of Agreement execution to construction completion and percent of replacement health centers completed on time.

All GPRA measures are determined annually by the GPRA Coordinating Committee, with input from specific subject matter experts in various subject areas. Teleconferences and meetings are held regularly to review, discuss, and edit or add performance measures. The Office of Management and Budget (OMB) has requested that IHS reduce process measures and increase outcome measures. Potential (developmental) measures for emerging areas of clinical concern to IHS, such as HIV, are proposed, discussed, and refined over several months and may change definition several times before being included as a formal GPRA measure. One of the criteria for adding new measures is that they are measurable; for clinical measures, this means that performance data can be gathered by using RPMS data.

Further information about GPRA performance reporting, including results for FY 2004 through FY 2024, can be found at the following website:

https://www.ihs.gov/crs/index.cfm?module=crs_gpra_reporting

3.1.2 Clinical Performance Measures

Most of the 26 IHS GPRA measures are clinical. The majority of the GPRA performance measures have a denominator and a numerator defined. The denominator is the total population being reviewed; the numerator is the number of patients from the denominator who meet the definition of the measure.

The Treatment category includes measures covering diabetes, cancer, behavioral health (BH), oral health, accreditation, and medications. An example of a treatment measure is Diabetic Retinopathy. The FY 2026 goal for this measure is to maintain the proportion of patients with diagnosed diabetes who receive an annual retinal examination at a rate of 47.6%. The previous year's national rate can be found at the GPRA website: https://www.ihs.gov/quality/government-performance-and-results-act-gpra/ (see Section 3.2.4).

The Prevention category includes measures covering Public Health Nursing (PHN), immunization, injury prevention, BH, cardiovascular disease, obesity, tobacco use, and human immunodeficiency virus (HIV). An example of a prevention measure is Tobacco Cessation. The FY 2026 goal for this measure is to maintain the rate of 27.5% for the proportion of tobacco-using patients who receive tobacco cessation intervention or quit tobacco use.

3.1.2.1 Measure Example

GPRA Measure Cancer Screening: Mammogram Rates: During FY 2026, achieve the target rate of 40.5% for the proportion of female patients 52–74 years old who have had mammography screening within the last two years.

The denominator is the total population that is being reviewed for a specific measure. For the Mammogram measure, the denominator is all female patients at least 52 years old at the beginning of the report period and under 75 years old at the end of the report period. The numerator is the number of patients in the denominator who meet specific criteria. For Mammogram, the numerator is the number of patients in the denominator who had a mammogram, defined by certain codes and documented in RPMS any time in the two years prior to the end of the report period. For a detailed description of performance measure logic, see Section 3.2.4.

In addition to the formal denominator and numerator for a GPRA measure, there may be other denominators and numerators clinically related to the topic. For the Treatment measure cited above, Diabetic Retinopathy, three separate denominators (patient populations) are examined. The GPRA denominator is User Pop Diabetic patients. The other two denominators reviewed for any Diabetes measure are Active Diabetic and Active Adult Diabetic patients. For detailed logic definitions of the denominators, see the *CRS Clinical Performance Measure Logic Manual*, *Section 2.0*.

In addition to the GPRA numerator, for patients with retinal evaluation, two related numerators are tracked:

- Patients with diabetic retinal exam
- Patients with other eye exam

Reviewing all the denominators and numerators for the Diabetic Retinopathy measure topic gives a site's clinical staff a more comprehensive picture of the status of retinal evaluation among diabetic patients.

Because the number of formal GPRA measures for the IHS is limited by direction from the OMB, not all healthcare issues relevant to the AI/AN patient population are defined. Developmental measures that address emerging healthcare issues within the IHS have been defined for the agency. Some of these developmental measures may become formal GPRA measures in future years.

Required performance reporting provides the agency with a rationale and timeline to establish and maintain an ongoing process to identify, measure, and evaluate performance-measure results. By establishing a feedback loop of results evaluation and performance measure refinement or redefinition based on evidence-based criteria, we can ensure that IHS clinical measures mirror key areas of concern for the AI/AN population and contribute to improving health of individuals, as well as populations.

3.1.3 Comparing Ourselves to National Guidelines

Appropriately for a healthcare organization, most IHS GPRA measures describe clinical treatment and prevention measures. In order to improve health status, the I/T/U system must be able to make comparisons both within the I/T/U system and the larger medical community. The adoption of comparable health outcome measures that are used by others, such as HP2030, will help in this endeavor.

IHS uses HP2030, in addition to other clinical guidelines, to define clinical performance measures and set levels for performance. CRS provides HP2030 target information on the report for as many of the measures included in CRS as are available.

3.2 CRS Overview

Collecting and reporting comparable data across all I/T/Us, as well as to the larger healthcare community, is essential to the process of measuring and communicating health status and performance improvement. Improved data collection and quality provide consistent data across all I/T/Us and are critical to providing better patient care, as well as timely and accurate performance measures.

The CRS is a software tool that provides reports for local site and Area Office use specifically on clinical performance measures that are based on data from the IHS RPMS. For FY26, CRS includes 26 performance measure topics included in the National GPRA/GPRAMA Report and 44 developmental/other clinical measure topics included in the Selected Measures (Local) Report and other reports.

Each measure topic has one or more denominator and numerator defined. The denominator is the total population being reviewed; the numerator is the number of patients from the denominator who meet the logic criteria. Detailed logic for each performance measure is described in the *CRS Clinical Performance Measure Logic Manual, Section 2.0, Performance Measure Logic.*

3.2.1 How Does CRS Work?

Upon demand from local RPMS databases, CRS produces a printed or electronic report for any or all of over 300 GPRA and developmental clinical performance measures, representing 67 clinical topics based on RPMS data. Reports display the total numbers (count) in both the denominator (total patient population evaluated) and numerator (patients who meet the measure criteria), as well as the percentage of total patients in the numerator.

Reports also compare the site's performance numbers in the current report period (user defined) to the previous period and to a user-defined baseline period. The purpose of having three time periods for comparison is always to compare exactly the same logic across time periods. Since the details of performance measure logic may change somewhat each year, it is not accurate to compare a performance measure from CRS FY25 to the same measure from CRS FY26. The three time periods allow truly comparable data.

The National GPRA/GPRAMA Report provides a summary of the local GPRA measure results compared to national performance and agency goals. The report contains a section of GPRA Developmental measures as well. Users can request patient lists for each of the measures, displaying patients who do or do not meet the measure criteria. In addition, a comprehensive report is available that lists all of the measures each patient did not meet.

A facility also can produce a data file for the National GPRA/GPRAMA Report for transmission to the Area Office where an area-wide aggregate report can be generated. For detailed descriptions of the different report types, see Section 5.0.

Because GPRA measures can change annually, CRS is updated and released annually to reflect any changes. The current v26.0 adds FY 2026 performance measures to the existing FY 2002 through FY 2025 clinical performance measures.

The CRS is intended to eliminate the need for manual chart audits to evaluate and report the IHS clinical GPRA and developmental measures based on RPMS data. To produce reports with comparable data across every facility using CRS, the GPRA measure definition must be translated into programming code. This means an English text expression must be defined specifically in terms of which RPMS fields to look at and which values to look for to fit the definition.

The logic provided to the CRS application programmer was developed in conjunction with various clinical subject matter experts for the different types of measures, i.e., the Diabetes Program reviewed and approved the logic for diabetes measures.

CRS has been described as a scavenger hunt for data that looks at as many RPMS applications and as many fields as may be applicable to meet the measure. To ensure comparable data within the agency, as well as to external organizations, as much performance measure logic as possible is based on standard national codes. These codes include ICD-9, ICD-10, CPT, (Logical Observation Identifiers Names and Codes) LOINC, and national IHS standard code sets (e.g., health factors, patient education codes).

For terminology that is not standardized across each facility, such as lab tests or medications, CRS uses taxonomies that can be populated by each individual facility with its own codes. For detailed information about taxonomies, see Section 4.4.

> **Note:** Facilities that develop and use their own codes for IHS-specific functions, such as health factors and patient education, will find that these entries do not count toward meeting the measure.

3.2.2 CRS Security Keys

In order to access the CRS application, the user must be assigned the BGPZMENU security key in RPMS.

Other security keys that a user may need are as follows:

- BGPZ PATIENT LISTS: Enables a user to run lists of patients that contain patient identifiers and medical information
- BGPZ SITE PARAMETERS: Enables a user to edit the site parameters
- BGPZ TAXONOMY EDIT: Enables a user to edit the site-populated lab and medication taxonomies
- BGPZAREA: Provides user access to the Area Office menu, where Area Aggregate reports may be run

3.2.3 CRS Key Denominator Definitions

Each performance measure topic has one or more defined denominators and numerators. The denominator is the total population being reviewed for a specific measure.

The Active Clinical population is the denominator definition that was used for most GPRA measures until 2018. This denominator was developed in FY 2003 specifically for clinical measures because it is more representative of the Active Clinical population.

Prior to FY 2003 and since 2018, the User Population denominator definition is used for GPRA measures. The User Population definition is similar to the agency IHS User Population definition, but not identical to the definition used by IHS HQ for annual user population statistics. GPRA "visits" are not required to be workload reportable, as defined by IHS HQ. The GPRA User Population is used as a denominator in the local reports, as it represents a broader public health definition of a site's population.

For national GPRA reporting, only one denominator for each topic is reported. For Selected Measures reports for local facility use (Section 5.11), multiple denominators may be reported to provide a complete picture of clinical performance. Users also have additional options available to further refine denominator definitions.

3.2.3.1 Active Clinical Population for National GPRA/GPRAMA Reporting

- Patient records with the name of "DEMO,PATIENT", those who have a SSN that begins with five zeros, or who are included in the RPMS Demo/Test Patient Search Template (option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.
- Patient must have *two* visits to *medical* clinics in the past three years prior to the end of the Report Period. At least one visit must be to one of the following core medical clinics:

Table 3-1: Core medical clinics–codes and descriptions

Clinic Code	Clinic Description
01	General
06	Diabetic
10	GYN
12	Immunization
13	Internal Medicine
20	Pediatrics
24	Well Child
28	Family Practice
57	EPSDT
70	Women's Health
80	Urgent Care
89	Evening

The second visit can be *either* to one of the core medical clinics in the previous list *or* to one of the following additional medical clinics:

Table 3-2: Additional medical clinics–codes and descriptions

Clinic Code	Clinic Description
02	Cardiac
03	Chest And TB
05	Dermatology
07	ENT
08	Family Planning
16	Obstetrics
19	Orthopedic
23	Surgical
25	Other
26	High Risk
27	General Preventive
31	Hypertension
32	Postpartum
37	Neurology
38	Rheumatology
49	Nephrology
50	Chronic Disease
69	Endocrinology
75	Urology
81	Men's Health Screening
85	Teen Clinic
88	Sports Medicine
B8	Gastroenterology–Hepatology
B9	Oncology–Hematology
C3	Colposcopy

- Patient must be alive on the last day of the report period.
- Patient must be AI/AN (defined as Beneficiary 01). This data item is entered and updated during the patient registration process.
- Patient must reside in a community included in the site's official GPRA community taxonomy, defined as all communities of residence in the Purchased and Referred Care (PRC) catchment area specified in the community taxonomy that is specified by the user.

3.2.3.2 Active Clinical Plus Behavioral Health Population for National GPRA/GPRAMA Reporting

- Patient records with the name of "DEMO,PATIENT", those who have a SSN that begins with five zeros, or who are included in the RPMS Demo/Test Patient Search Template (option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.
- Patient must have *two* visits to *medical* clinics in the past three years prior to the end of the Report Period. At least one visit must be to one of the core medical clinics as listed in Table 3-1.

  The second visit can be *either* to one of the core medical clinics in the previous list *or* to one of the following additional medical clinics:

Table 3-3: Additional medical clinics–codes and descriptions

Clinic Code	Clinic Description
02	Cardiac
03	Chest And TB
05	Dermatology
07	ENT
08	Family Planning
14	Mental Health
16	Obstetrics
19	Orthopedic
23	Surgical
25	Other
26	High Risk
27	General Preventive
31	Hypertension
32	Postpartum
37	Neurology
38	Rheumatology
43	Alcohol & Substance Abuse
48	Medical Social Services
49	Nephrology
50	Chronic Disease
69	Endocrinology
75	Urology
81	Men's Health Screening
85	Teen Clinic

Clinic Code	Clinic Description
88	Sports Medicine
B8	Gastroenterology–Hepatology
B9	Oncology–Hematology
C3	Colposcopy
C4	Behavioral Health
C9	Telebehavioral Health

- Patient must be alive on the last day of the report period.
- Patient must be AI/AN (defined as Beneficiary 01). This data item is entered and updated during the patient registration process.
- Patient must reside in a community included in the site's official GPRA community taxonomy, defined as all communities of residence in the PRC catchment area specified in the community taxonomy that is specified by the user.

3.2.3.3 User Population for National GPRA/GPRAMA Reporting

- Patient records with the name of "DEMO,PATIENT", those who have a SSN that begins with five zeros, or who are included in the RPMS Demo/Test Patient Search Template (option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.
- Patient must have been seen at least once in the three years prior to the end of the Report Period, regardless of the clinic type, and the visit must be either ambulatory (including day surgery or observation), a hospitalization or a telemedicine visit; the rest of the service categories are excluded.
- Patient must be alive on the last day of the report period.
- Patient must be AI/AN (defined as Beneficiary 01). This data item is entered and updated during the patient registration process.
- Patient must reside in a community included in the site's official GPRA community taxonomy, defined as all communities of residence in the PRC catchment area specified in the community taxonomy that is specified by the user.

3.2.3.4 Active Clinical Population for Local Reports

- Patient records with name "DEMO,PATIENT", those who have a SSN that begins with five zeros, or who are included in the RPMS Demo/Test Patient Search Template (option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.
- Patient must have *two* visits to *medical* clinics in the past three years prior to the end of the Report Period. At least one visit must be to one of the core medical clinics as listed in Table 3-1.

  The second visit can be *either* to one of the core medical clinics in the previous list *or* to one of the following additional medical clinics:

Table 3-4: Additional medical clinics–codes and descriptions

Clinic Code	Clinic Description
02	Cardiac
03	Chest And TB
05	Dermatology
07	ENT
08	Family Planning
14	Mental Health
16	Obstetrics
19	Orthopedic
23	Surgical
25	Other
26	High Risk
27	General Preventive
31	Hypertension
32	Postpartum
37	Neurology
38	Rheumatology
43	Alcohol & Substance Abuse
48	Medical Social Services
49	Nephrology
50	Chronic Disease
69	Endocrinology
75	Urology
81	Men's Health Screening
85	Teen Clinic
88	Sports Medicine

Clinic Code	Clinic Description
B8	Gastroenterology–Hepatology
B9	Oncology–Hematology
C3	Colposcopy

- Patient must be alive on the last day of the report period.
- User defines population type: AI/AN patients only, non-AI/AN, or both. This data item is typed and updated during the patient registration process.
- User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patients (patient panel); or all patients, regardless of community of residence.

3.2.3.5 Active Clinical Plus Behavioral Health Population for Local Reports

- Patient records with name "DEMO,PATIENT", those who have a SSN that begins with five zeros, or who are included in the RPMS Demo/Test Patient Search Template (option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.
- Patient must have *two* visits to *medical* clinics in the past three years prior to the end of the Report Period. At least one visit must be to one of the core medical clinics as listed in Table 3-1.

  The second visit can be *either* to one of the core medical clinics in the previous list *or* to one of the following additional medical clinics:

Table 3-5: Additional medical clinics–codes and descriptions

Clinic Code	Clinic Description
02	Cardiac
03	Chest And TB
05	Dermatology
07	ENT
08	Family Planning
14	Mental Health
16	Obstetrics
19	Orthopedic
23	Surgical
25	Other
26	High Risk
27	General Preventive
31	Hypertension

Clinic Code	Clinic Description
32	Postpartum
37	Neurology
38	Rheumatology
43	Alcohol & Substance Abuse
48	Medical Social Services
49	Nephrology
50	Chronic Disease
69	Endocrinology
75	Urology
81	Men's Health Screening
85	Teen Clinic
88	Sports Medicine
B8	Gastroenterology–Hepatology
B9	Oncology–Hematology
C3	Colposcopy

- Patient must be alive on the last day of the report period.
- User defines population type: AI/AN patients only, non-AI/AN, or both. This data item is typed and updated during the patient registration process.
- User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patients (patient panel); or all patients, regardless of community of residence.

3.2.3.6 User Population for Local Reports

- Patient records with the name of "DEMO,PATIENT", those who have a SSN that begins with five zeros, or who are included in the RPMS Demo/Test Patient Search Template (option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.
- Patient must have been seen at least once in the three years prior to the end of the Report Period, regardless of the clinic type, and the visit must be either ambulatory (including day surgery or observation), a hospitalization, or a telemedicine visit; the rest of the service categories are excluded.
- Patient must be alive on the last day of the report period.
- User defines population type: AI/AN patients only, non-AI/AN, or both.
- User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patients (patient panel); or all patients, regardless of community of residence.

3.2.3.7 IPC User Population for Local Reports

- Patient records with name "DEMO,PATIENT", those who have a SSN that begins with five zeros, or who are included in the RPMS Demo/Test Patient Search Template (option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.
- Patient must have at least *one* visit to a *medical* clinic during the Report Period. This visit must be to one of the medical clinics as listed in Table 3-6 and the visit must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded.

Table 3-6: IPC User Population medical clinics–codes and descriptions

Clinic Code	Clinic Description
01	General
06	Diabetic
10	GYN
12	Immunization
13	Internal Medicine
20	Pediatrics
24	Well Child
28	Family Practice
57	EPSDT
70	Women's Health
80	Urgent Care
89	Evening
02	Cardiac
03	Chest And TB
05	Dermatology
07	ENT
08	Family Planning
14	Mental Health
16	Obstetrics
19	Orthopedic
23	Surgical
25	Other
26	High Risk
27	General Preventive
31	Hypertension
32	Postpartum

Clinic Code	Clinic Description
37	Neurology
38	Rheumatology
43	Alcohol & Substance Abuse
48	Medical Social Services
49	Nephrology
50	Chronic Disease
69	Endocrinology
75	Urology
81	Men's Health Screening
85	Teen Clinic
88	Sports Medicine
B8	Gastroenterology–Hepatology
B9	Oncology–Hematology
C3	Colposcopy

- Patient must be alive on the last day of the report period.
- User defines population type: AI/AN patients only, non-AI/AN, or both. This data item is typed and updated during the patient registration process.
- User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patients (patient panel); or all patients, regardless of community of residence.

3.2.4 Performance Measure Logic Example

The GPRA measure example used in Section 3.1.2 was Cancer Screening: Mammogram Rates: During FY 2026, achieve the target rate of 40.5% for the proportion of female patients 52 through 74 years old who have had mammography screening within the last two years.

For CRS, the GPRA measure definition is:

- Denominator (total number of patients evaluated): User Population female patients ages 52–74 years, excluding those with documented history of bilateral mastectomy. (The clinical owner of the measure has determined based on current medical guidelines that eligible women are defined as ages 52–74 years.)
- Numerator (those from the denominator who meet the criteria for the measure): patients with documented mammogram in past two years.

For the programmer, the Mammogram measure is described in terms of the following logic:

1. Begin with the User Population definition (see Section 3.2.3.3).
    a. Exclude any patient records with the name of "DEMO,PATIENT."
    b. Exclude any patient records with a SSN that begins with five zeros.
    c. Exclude any patient records that are included in the RPMS Demo/Test Patient Search Template.
    d. Exclude any patient records with a date of death in the Patient Registration file.
    e. Exclude any patient records that do *not* have value 01 (AI/AN) in the Beneficiary field of the Patient Registration file.
    f. Exclude any patient records whose Community of Residence is not included in the site's defined GPRA Community Taxonomy for this report.
    g. For the remaining patients, search Visit files for the three years prior to the selected report end date; exclude any patient records whose visits do not meet the "one visit" definition.
2. From these patients, identify the subset that are female and at least age 52 years on the first day of the current report period and less than age 75 years on the last day of the report period.
3. Exclude patients with documented bilateral mastectomy by searching the V Procedure file for Procedure Codes ICD-9: 85.42, 85.44, 85.46, 85.48; ICD-10: 0HBV0ZZ, 0HCV0ZZ, 0HDV0ZZ, 0HTV0ZZ , V CPT for CPT Codes M1280, 19300.50-19307.50 *or* 19300-19307 w/modifier 09950 (50 and 09950 modifiers indicate bilateral), or old codes 19180, 19200, 19220, 19240, w/modifier of 50 or 09950, or POV or Problem List entry where the status is not Deleted of ICD-10: Z90.13 or SNOMED data set PXRM BGP BILAT MASTECTOMY (Problem List only) any time before the end of the report period; *or* who have two separate occurrences for either (1) one code that indicates a right mastectomy and one code that indicates a left mastectomy or (2) one code that indicates a mastectomy on unknown side and one code that indicates either a right or left mastectomy, or two codes that indicate a mastectomy on unknown side on two different dates of service.
    a. Right Mastectomy: Diagnosis (POV or Problem List entry where the status is not Deleted) ICD-10: Z90.11; SNOMED data set PXRM BGP RIGHT MASTECTOMY (Problem List only); Procedure ICD-10: 07T50ZZ, 07T80ZZ, 0HBT0ZZ, 0HCT0ZZ, 0HDT0ZZ, 0HTT0ZZ.

b. Left Mastectomy: Diagnosis (POV or Problem List entry where the status is not Deleted) ICD-10: Z90.12; SNOMED data set PXRM BGP LEFT MASTECTOMY (Problem List only); Procedure ICD-10: 07T60ZZ, 07T90ZZ, 0HBU0ZZ, 0HCU0ZZ, 0HDU0ZZ, 0HTU0ZZ.

c. Mastectomy on unknown side: 1) CPT 19300-19307, or old codes 19180, 19200, 19220, 19240; 2) Procedure ICD-9: 85.41, 85.43, 85.45, 85.47.

4. For these patients (the denominator), check for a mammogram in the past two years in the following order:

   a. Check V Radiology or V CPT for the following CPT Codes: 77046 through 77049, 77052 through 77059, 77061 through 77063, 77065 through 77067, 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202, G0279.

   b. Check the Purpose of Visit file (V POV) for a diagnosis of ICD-9: V76.11 Screening Mammogram for High Risk Patient; V76.12 Other Screening Mammogram; 793.80 Abnormal Mammogram, Unspecified; 793.81 Mammographic Microcalcification; 793.89 Other Abnormal Findings On Radiological Exam of Breast or ICD-10: R92.0, R92.1, R92.8, Z12.31.

   c. Check V Procedures for a procedure of ICD-9: 87.36 Xerography of Breast, 87.37 Other Mammography or ICD-10: BH00ZZZ, BH01ZZZ, BH02ZZZ.

   d. Check the Women's Health Tracking package for documentation of a procedure called Mammogram Screening, Mammogram Dx Bilat, or Mammogram Dx Unilat and where the result does *not* have "ERROR/DISREGARD."

If a visit with any of the specified codes is found, the patient is considered to have met the measure, and the program checks the next patient.

For a detailed description of the logic for each performance measure included in CRS, see the *CRS Clinical Performance Manual, Section 2.0, "Performance Measure Logic."*

3.2.5 CRS Report Time Periods

For each measure, the following three time periods are displayed:

- **Current or Report Period**: A user-specified time period. For a typical National GPRA/GPRAMA Report, the time period is October 1 through September 30, which has been defined by the Office of Planning and Evaluation as the performance year.
- **Previous Year Period**: Same time period as report period for the previous year.

- **Baseline Period**: Same time period as report period for any year specified by the user. For a typical National GPRA/GPRAMA Report, the baseline year is October 1, 2015 through September 30, 2016.

The data for the report period is compared to the data for the previous year and the baseline periods. The percentage of change between current and previous year and current and baseline periods is calculated.

The purpose of having three time periods for comparison is to compare exactly the same logic across time periods. Since the details of measure logic may change somewhat each year, it is not accurate to compare a performance from CRS FY25 to the same measure from CRS FY26. The three time periods allow for truly comparable data.

3.3 FY26 Clinical Measures Included in CRS

The clinical measures reported by CRS include formal IHS GPRA measures the agency is currently reporting to Congress, other GPRA-related measure topics, and developmental measure topics being evaluated as possible future GPRA measures.

> **Note:** CRS only includes clinical performance measures that can be derived from RPMS data.

For detailed descriptions of the measure logic, including specific codes and taxonomies used, and formats for each topic and patient list, see the *CRS Clinical Performance Manual, Section 2.0*.

For the performance measurement logic included in the National GPRA/GPRAMA, GPRA/GPRAMA Performance, Selected Measures, Elder Care, and IPC/PCMH reports, see the specific Performance Measure Definitions and Logic documents on the CRS website, CRS 2026 page at https://www.ihs.gov/crs/software/fy26/.

4.0 Getting Started: System Setup

Before a site can use the CRS for FY2026 to run reports, the site's system parameters and taxonomies must be set up.

System Setup Task Summary:

1. Create the official community taxonomy for national GPRA reporting using Q-Man (Section 4.1).
2. Set up the CRS system parameters for the site (Section 4.2).
3. Run the taxonomy check for all reports (Section 4.5).
4. Set up the lab and medication taxonomies used by CRS (Section 4.6).

4.1 Community Taxonomy

The community taxonomy is used to define the range of community names where your facility's patients reside and is included in your reports. Most likely, your facility has one or more community taxonomies already set up for use with other RPMS applications. For the National GPRA/GPRAMA Report, a community taxonomy should be used that includes all communities served by the facility.

> **Note:** The GPRA Area Coordinators decided in January 2004 at their national meeting that all Area Offices would use their defined PRC catchments as their default community taxonomies for the yearly GPRA report, with the exception of the Oklahoma City Area (all of OK is in the Purchased and Referred Care Delivery Area).

Individuals may want to run local reports of selected measures for a specific subset of the population, which may use a different community taxonomy than the community taxonomy used to run the National GPRA/GPRAMA Report. Use Q-Man to set up the community taxonomy. If you do not have access to Q-Man, see your RPMS site manager.

> **Note:** If the **Q-Man** menu option is not listed in your main menu, contact your site manager to receive the Q-Man access keys.

To define the Community taxonomy:

1. At the Main Menu prompt, choose the **QMAN** menu option and press Enter to display the **Q-Man** menu.
2. At the "Enter Return to continue or caret (^) to Exit" prompt, press Enter.

3. At the “Your Choice” prompt, type **1** (Search PCC Database) and press Enter. The steps that follow are illustrated by Figure 4-1.
4. At the “What is the subject of your search?” prompt, press Enter to accept the default (**LIVING PATIENTS**).
5. At the “Attribute of Living Patients” prompt, type **Community** and press Enter.
6. At the “Enter Community” prompt, type the name of the first community of interest.
7. At the “Enter Another Community” prompt, type the name of the next community of interest. Repeat until all communities are entered.
8. When finished, press Enter at a blank “Enter Another Community” prompt.
9. At the “Want to save this community group for future use?” prompt, type **Y** and press Enter.
10. At the “Group Name” prompt, type a name for the taxonomy and press Enter.
11. At the “Are you adding '[*group name*]' as a new Taxonomy (the #TH)?” prompt, verify your group name and type **Y** to save it or **N** to cancel the save and press Enter.
12. (Optional) At the “Taxonomy Brief Description” prompt, type a short description of the taxonomy and press Enter.
13. (Optional) At the “1>” prompt, type the information for the extended description for the taxonomy; otherwise press Enter.
14. At the “Attribute of Living Patients” prompt, type a caret (^) and press Enter.
15. At the “What is the subject of your search?” prompt, type a caret (^) and press Enter to return to the **Q-Man** main menu.

```
What is the subject of your search?  LIVING PATIENTS // <Enter> LIVING PATIENTS

   Subject of search: PATIENTS
      ALIVE TODAY

Attribute of LIVING PATIENTS: COMMUNITY <Enter>

Enter COMMUNITY: ANADARKO <Enter>           CADDO     OKLAHOMA     140     4008140
Enter ANOTHER COMMUNITY: CARNEGIE <Enter>   CADDO     OKLAHOMA     144     4008144
Enter ANOTHER COMMUNITY: WALTERS <Enter>    COTTON    OKLAHOMA     263     4017263
Enter ANOTHER COMMUNITY: <Enter>

The following have been selected =>

     ANADARKO
     CARNEGIE
     WALTERS
```

```
Want to save this COMMUNITY group for future use? No// Y <Enter> (Yes)
Group name: SWOK GPRA REPORT COMMUNITIES <Enter>
  Are you adding 'SWOK GPRA REPORT COMMUNITIES' as
    a new TAXONOMY (the 890TH)? No// Y <Enter> (Yes)

   TAXONOMY BRIEF DESCRIPTION: <Enter>
EXTENDED DESCRIPTION:
  No existing text
  Edit? NO// NO <Enter>
Computing Search Efficiency Rating

   Subject of search: PATIENTS
      ALIVE TODAY
      CURRENT COMMUNITY (ANADARKO/CARNEGIE...)
```

Figure 4-1: Setting up a community taxonomy in Q-Man

16. To exit the **Q-Man** main menu, type **0** (zero) at the prompt and press Enter.

4.2 Site Parameters

CI26 > SET > **SP**

> **Note:** Users must have the BGPZ SITE PARAMETERS security key to display the Site Parameters menu option and set up the CRS site parameters.

Setting site parameters eliminates the need to set those values that are often used throughout the CRS system. CRS site parameters are:

- **BGP Site Parameters Location** (i.e., facility location): Defines your facility location.
- **Default Community taxonomy**: Defines the community taxonomy name your site is most likely to use when identifying the population for reports.

> **Note**: If your RPMS server has multiple databases representing multiple facilities, you may not want to set a default Community taxonomy to ensure users will define a specific Community taxonomy each time a report is run.

- **Definition of Home**: Used by PHN measures to identify PHN visits in a home location, in addition to Clinic Code 11. Generally, but not always, a site's home location is called Home.
- **Directory for Area files**: Defines the directory in which Area Export files will be created.

> **Warning**: Check with the site manager before editing this field. If the path entered does not exist, then the Area Export files will not be created.

To edit the Site Parameters starting from the **CRS** main menu (Figure 4-2), follow the steps below:

```
             **************************************************
             **    IHS/RPMS CLINICAL REPORTING SYSTEM (CRS)    **
             **************************************************
                              Version 26.0

                           DEMO INDIAN HOSPITAL

   CI26    CRS 2026 ...

Select IHS Clinical Reporting System (CRS) Main Menu Option: CI26 <Enter>
CRS 2026
```

Figure 4-2: **CRS** main menu

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI26** and press Enter. The **CRS 2026** menu (Figure 4-3) displays.

```
                       ********************************
                       **      IHS/RPMS CRS 2026     **
                       **  Clinical Reporting System **
                       ********************************
                                Version 26.0

                             DEMO INDIAN HOSPITAL

   RPT    Reports ...
   SET    System Setup ...
   AO     Area Options ...

Select CRS 2026 Option: SET <Enter>  System Setup
```

Figure 4-3: **CRS 2026** menu

2. At the "Select CRS 2026 Option" prompt, type **SET** and press Enter. The **CRS Setup** menu (Figure 4-4) displays.

```
                          **************************
                          **   IHS/RPMS CRS 2026  **
                          **       Setup Menu     **
                          **************************
                                Version 26.0

                             DEMO INDIAN HOSPITAL

   SP     Site Parameters
   RA     Report Automation ...
   TC     Taxonomy Check ...
   TS     Taxonomy Setup ...

Select System Setup Option:  SP <Enter>  Site Parameters
```

Figure 4-4: **CRS Setup** menu

3. At the "Select System Setup Option" prompt, type **SP** and press Enter. The steps that follow are illustrated in Figure 4-5.

> **Note**: The **SP Site Parameters** menu option displays only for users with security access to this function.

4. At the "Select BGP Site Parameters Location" prompt, type the name of your site location.

5. At the "Please enter your site's Default Community Taxonomy" prompt, type the name of the community taxonomy your site is most likely to use for performance reporting.

> **Note**: The Community taxonomy default can be overridden at the time an individual report is run. Setting a default taxonomy ensures that any user running a report is using the same population definition.

6. At the "Enter Your Site's Home location" prompt, type the name of your home location, or press Enter to accept the default response. Type **HOME** at this prompt to display a list of all home locations. Follow the prompts to select the appropriate location.

> **Warning**: The home location is for reporting PHN home visits only and should not be confused with your facility or site location.

7. At the "Directory for Export Files" prompt, type the path of the directory in which the Area Export files are created. Edit this parameter only if you want Area Export files to be created in a directory other than where they are currently created. If the current directory in the system is 20 or more characters in length, it will not be followed by double slashes (//). Instead, it is presented with a "Replace" prompt. To replace the entire directory at this prompt, type three periods (**…**) and press Enter. You can then type in the new directory.

> **Warning**: Check with the site manager before editing this field. If the path entered does not exist, then the Area Export files will not be created.

8. When the "Select BGP Site Parameters Location" prompt displays again, press Enter to return to the **System Setup** menu.

```
Select System Setup Option: SP  Site Parameters

Select BGP SITE PARAMETERS LOCATION: DEMO INDIAN HOSPITAL <Enter>
OKLAHOMA       TAHLEQUAH       01              OK            2582
         ...OK? Yes//  <Enter>  (Yes)
Please enter your site's DEFAULT COMMUNITY taxonomy: DEMO GPRA
COMMUNITIES//
<Enter>
Please enter your site's HOME location: HOME// HOME  <Enter>
     1   HOME       OKLAHOMA       TAHLEQUAH       89    OK
     2   HOME       CALIFORNIA TRIBE/638       UIHS-TSURAI       89
     3   HOME       MONTANA URB       ROCKY BOY'S       95
     4   HOME       CALIFORNIA URBAN       AMERICAN IND FREE CLINIC
89
     5   HOME       CALIFORNIA URBAN       SAN DIEGO A.I.H.C.      89

Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1  <Enter> HOME     OKLAHOMA       TAHLEQUAH       89    OK

If you want your files to be placed in a directory other than the
pub directory, please enter the directory name here.

DIRECTORY FOR EXPORT FILES: Q:\// Q:\AreaReports\
Select BGP SITE PARAMETERS LOCATION:
```

Figure 4-5: Setting up site parameters

4.3 Taxonomies

Taxonomies are used to find data items in PCC and determine if a patient or visit meets the criteria for which the software is looking.

To ensure comparable data within the agency as well as to external organizations, as much performance measure logic as possible is based on standard national codes. These codes include ICD-9, ICD-10, CPT, LOINC, and national IHS standard code sets (e.g., health factors, patient education codes).

For terminology that is not standardized across each facility, such as lab tests or medications, CRS uses taxonomies that can be populated by each individual facility with its own codes.

4.3.1 What Is a Taxonomy?

Taxonomies are groupings of functionally related data elements, such as specific codes, code ranges, or terms, that are used by various RPMS applications to find data items in PCC and determine if a patient meets certain criteria. Two types of taxonomies are distributed with the CRS:

- Software-defined ("hard-coded")
- Site-populated

Codes and terms contained in a taxonomy are referred to as "members" of the taxonomy.

For data elements like diagnoses, procedures, or lab tests identified by LOINC codes, the taxonomy identifies the standard codes a software program should look for. These codes are hard-coded by the programmer into several *software-defined taxonomies* distributed with the CRS software. These taxonomies can be updated *only* by the CRS programmer. For a complete list of software-defined taxonomies, see the *Clinical Reporting System (BGP) Technical Manual*.

Site-populated taxonomies are used to mitigate the variations in terminology for data elements that vary from one facility to another, including medications and lab tests. This means that one site's Pap smear data can be compared to another site's data, even though the same term is not used for the Pap smear lab test. Or, one site's beta-blocker data can be compared to another site's data, even though the same names are not used for beta-blocker drugs.

For example, one site's Lab table might contain the term "Glucose Test," while another site's table may contain the term "Glucose" for the same test. PCC programs have no means for dealing with variations in spelling, spacing, and punctuation. Rather than attempting to find all potential spellings of a particular lab test, the application would look for a predefined taxonomy name installed at every facility. The contents of the taxonomy are determined by the facility. In this example, the application would use DM AUDIT GLUCOSE TESTS TAX, and the individual facility would enter all varieties of spelling and punctuation for glucose tests used at that facility.

4.3.2 Site-Populated Clinical Taxonomies Used by CRS

During the initial installation of CRS, the site's CRS Implementation Team reviews the taxonomies that must be populated by the site to ensure that all appropriate entries exist or are entered. After that, the GPRA Coordinator or other persons responsible for maintaining the lab and drug taxonomies should review the taxonomies at least each quarter before running the quarterly reports to ensure the taxonomies are up to date.

The CRS site-populated taxonomies include both lab tests and drugs. The tables in Sections 4.4.3 and 4.4.4 can be used as checklists.

CRS also uses hard-coded, predefined taxonomies for CPT, ICD (diagnosis and procedure), LOINC, American Dental Association (ADA), National Drug Code (NDC), and Veterans Affairs (VA) Drug Class codes, as identified in the performance measure logic. *These taxonomies cannot be altered by the site*.

To view a list of all predefined taxonomies, type **VT** (View Taxonomy) at the **Taxonomy Setup** menu. The *Clinical Reporting System (BGP) Technical Manual* also includes a list of all predefined taxonomies.

Detailed instructions on how to check and set up these taxonomies are included in Sections 4.5 and 4.6.

Reports can be run for the lab tests and medications, including the site-populated taxonomies. For information on running these reports, see Sections 5.15 and 5.16.

4.3.3 Site-Populated Lab Taxonomies

The following site-defined lab taxonomies are used by CRS. No taxonomies were added, and none were deleted for this version.

> **Note**: To provide accurate counts, you must include *all* test names that were used by your facility at least since 2015, even if these codes are currently inactive. Some measures search for tests as far back as 10 years.
>
> Many sites designate inactive lab tests by adding one of the following characters at the beginning of the test name: "z," "Z," "xx," "X," or "*." Search for these characters in your lab file and include these tests in your site-populated taxonomies because these tests may have been in use at the time.

In the Table 4-1, one asterisk (*) precedes the taxonomies that had changes to the topics using the taxonomy. Report additions are also preceded by one asterisk (*), and deletions are noted.

Table 4-1: Site-Populated Lab Taxonomies

Taxonomy Name	Description	Examples of Members	Topics Used In	Reports Used In
BGP CD4 TAX	All CD4 laboratory tests used to evaluate immune system status (also known as T4 count, T-helper cells)	CD4	• HIV Quality of Care • HIV Screening	• GPRA Developmental • Selected Measures
BGP CHLAMYDIA TESTS TAX	All chlamydia trachomatis laboratory tests	CHLAMYDIA CULTURE; CHLAMYDIA IGG; CHLAMYDIA IGM; CHLAMYDIA SCREEN; CHLAMYDIA; DNA PROBE; CHL/GC COMBO	• Chlamydia Testing • STI Screening	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Examples of Members	Topics Used In	Reports Used In
BGP CREATINE KINASE TAX	All creatine kinase laboratory tests (excluding CK isoenzymes)	CK; CPK; CREATINE KINASE; CREATINE PHOSPHOKINASE	• Appropriate Medication Therapy after a Heart Attack	• GPRA Developmental • Selected Measures
BGP FIT-DNA TESTS TAX	All FIT-DNA Lab Tests	NONINVASIVE COLORECTAL CANCER DNA	• Colorectal Cancer Screening • Colorectal Cancer Screening (CMS130)	• National GPRA/GPRAMA • GPRA Developmental • IPC/PCMH Measures
BGP GPRA ESTIMATED GFR TAX	All estimated GFR laboratory tests	ESTIMATED GFR; EST GFR	**Diabetes:** • Nephropathy Assessment • Diabetes Comprehensive Care	• National GPRA/GPRAMA • GPRA/GPRAMA Performance • GPRA Developmental • Selected Measures • Elder Care • IPC/PCMH Measures
BGP GPRA FOB TESTS	All fecal occult blood laboratory tests	OCCULT BLOOD; FECAL OCCULT BLOOD; FOBT	• Colorectal Cancer Screening • Colorectal Cancer Screening (CMS130)	• National GPRA/GPRAMA • GPRA/GPRAMA Performance • GPRA Developmental • Selected Measures • Elder Care • IPC/PCMH Measures
BGP HEP C TEST TAX	All Hepatitis C Lab Tests	HEP C TESTS	• Hepatitis C Screening	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Examples of Members	Topics Used In	Reports Used In
BGP HEP C CONF TEST TAX	All Hepatitis C Confirmatory Lab Tests	HEP C RNA TESTS	• Hepatitis C Screening	• GPRA Developmental • Selected Measures
BGP HIV TEST TAX	All HIV laboratory tests; should not include viral load or genotype tests	HIV TESTS HIV SCREEN	• HIV Screening • STI Screening	• National GPRA/GPRAMA • GPRA/GPRAMA Performance • GPRA Developmental • Selected Measures
BGP HIV VIRAL LOAD TAX	All HIV viral load laboratory tests (as measured by PCR or comparable test)	HIV VIRAL LOAD	• HIV Quality of Care	• GPRA Developmental • Selected Measures
BGP HPV TAX	All HPV laboratory tests	HPV TESTS HPV SCREEN	• Cervical Cancer Screening • Cervical Cancer Screening (CMS124)	• National GPRA/GPRAMA • GPRA/GPRAMA Performance • IPC/PCMH Measures
BGP HPV PRIMARY TAX	All HPV Primary (high risk) laboratory tests	HPV PRIMARY TESTS HPV PRIMARY SCREEN	• Cervical Cancer Screening	• National GPRA/GPRAMA • GPRA/GPRAMA Performance
BGP PAP SMEAR TAX	All Pap smear laboratory tests	PAP SMEAR; THIN PREP PAP	• Cervical Cancer Screening • Cervical Cancer Screening (CMS124)	• National GPRA/GPRAMA • GPRA/GPRAMA Performance • Selected Measures • IPC/PCMH Measures

Taxonomy Name	Description	Examples of Members	Topics Used In	Reports Used In
BGP SYPHILIS TEST TAX	All Syphilis Lab Tests	SYPHILIS TESTS; REAGIN AB; TREPONEMA PALLIDUM AB	• Syphilis Screening	• GPRA Developmental • Selected Measures
BGP QUANT UACR TESTS	All urine albumin-to-creatinine laboratory tests	ACR; A/C RATIO; ALBUMIN/ CREATININE; ALBUMIN/CREATININE RATIO; MICROALBUMIN/ CREATININE RATIO	**Diabetes:** • Nephropathy Assessment • Diabetes Comprehensive Care	• National GPRA/GPRAMA • GPRA/GPRAMA Performance • GPRA Developmental • Selected Measures • Elder Care • IPC/PCMH Measures
DM AUDIT ALT TAX	All Alanine Transaminase (ALT) laboratory tests	ALT; SGPT; ALT (SGPT)	• Appropriate Medication Therapy after a Heart Attack	• GPRA Developmental • Selected Measures
DM AUDIT AST TAX	All Aspartate Aminotransferase (AST) laboratory tests	AST; SGOT; AST (SGOT)	• Appropriate Medication Therapy after a Heart Attack	• GPRA Developmental • Selected Measures
DM AUDIT CREATININE TAX	All creatinine laboratory tests **Note**: Do not include names of panels that creatinine test may be part of, e.g., BMP	CREATININE	• All Diabetes Measures for Active Adult Diabetic denominator	• Selected Measures
DM AUDIT HGB A1C TAX	All HGB A1C laboratory tests	HGBA1C; A1C; HBA1C; HEMOGLOBIN A1C; GLYCOSYLATED HEMOGLOBIN; GLYCOHEMOGLOBIN A1C	• Diabetes: Glycemic Control • Diabetes Comprehensive care • Diabetes: Glycemic Control (CMS122)	• National GPRA/GPRAMA • GPRA/GPRAMA Performance • Selected Measures • Elder Care • IPC/PCMH Measures

Taxonomy Name	Description	Examples of Members	Topics Used In	Reports Used In
DM AUDIT LDL CHOLESTEROL TAX	All LDL cholesterol laboratory tests **Note**: Do not include lipid panels	LDL; LDL-C	• Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes • Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	• National GPRA/GPRAMA • GPRA/GPRAMA Performance • Selected Measures

4.3.4 Site-Populated Drug Taxonomies

All of the taxonomies in Table 4-1 that begin with "BGP" will be prepopulated by the CRS software, as indicated in the **Drugs** column. However, you should compare the indicated list of drugs with the drugs CRS actually found in your site's drug file and prepopulated, since there may be drugs that CRS could not locate that should be included in your site-populated taxonomy. You can add those drugs that should be included by editing your site-populated drug taxonomy.

> **Note**: The actual members are too numerous to list and are included in the spreadsheet *CRS 2026 Medication Taxonomies v26.0*. The NDCs or VA Drug Classes used to prepopulate many of the taxonomies are included in this spreadsheet for each medication.

There are no new medication taxonomies for CRS v26.0 and none were deleted.

In Table 4-2 a single asterisk (*) precedes any taxonomy where drugs were added or removed. The drugs that were added are also preceded by a single asterisk (*), and the drugs that were deleted are noted.

Table 4-2: Site-Populated Drug Taxonomies

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP ANTI-PLATELET DRUGS	All antiplatelet medications used in CMS measures	Prepopulated by VA Drug Class BL117 • Aspirin & Dipyridamole (Aggrenox) • Cilostazol (Pletal) • Clopidogrel (Plavix) • Dipyridamole (Persantine) • Heparin • Ticlopidine (Ticlid) (Warfarin is included in BL110)	• Appropriate Medication Therapy after a Heart Attack • Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation	• GPRA Developmental • Selected Measures
BGP ECQM DEMENTIA MEDS	All dementia medications developed by CQM • Memantine hydrochloride • Donepezil hydrochloride • Donepezil hydrochloride/ Memantine hydrochloride • Galantamine • Galantamine hydrobromide • Rivastigmine	Developed by eCQM measure.	• Diabetes: Glycemic Control (CMS122) • Breast Cancer Screening (CMS125) • Colorectal Cancer Screening (CMS130) • Controlling High Blood Pressure (CMS165)	• IPC/PCMH Report

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP ECQM TOB CESSATION MEDS	All smoking cessation medications used in CRS measures	Developed by eCQM measure.	• Tobacco Cessation	• National GPRA/GPRAMA • GPRA/GPRAMA Performance • Selected Measures
BGP HEDIS ACEI MEDS	All ACE inhibitor medications	Prepopulated by NDC. **Angiotensin Converting Enzyme Inhibitors and Combinations:** • Benazepril (+/- amlodipine, hydrochlorothiazide) • Captopril (+/- hydrochlorothiazide) • Enalapril (+/- hydrochlorothiazide) • Fosinopril (+/- hydrochlorothiazide) • Lisinopril (+/- hydrochlorothiazide) • Moexipril (+/- hydrochlorothiazide) • Perindopril (+/- amlodipine) • Quinapril (+/- hydrochlorothiazide) • Ramipril • Trandolopril (+/-verapamil)	• Appropriate Medication Therapy after a Heart Attack	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS ANTICHOLINERGIC MEDS	All anticholinergic medications	Prepopulated by NDC. **First-generation antihistamines (Includes combination drugs):** • Brompheniramine • Carbinoxamine • Chlorpheniramine • Clemastine • Cyproheptadine • Dexbrompheniramine • Dexchlorpheniramine • Dimenhydrinate • Diphenhydramine (oral) • Doxylamine • Hydroxyzine • Meclizine • Promethazine • Pyrilamine • Triprolidine **Antiparkinson agents:** • Benztropine (oral) • Trihexyphenidyl ***(Continued on next page)***	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS ANTICHOLINERGIC MEDS *(Continued)*	All anticholinergic medications	**Antispasmodics:** • Atropine (excludes ophthalmic) • Belladonna alkaloids • Clidinium-Chlordiazepoxide • Dicyclomine • Hyoscyamine • Methscopalamine • Propantheline • Scopolamine	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care
BGP HEDIS ANTI-INFECTIVE MEDS	All anti-infective medications	Prepopulated by NDC. • Nitrofurantoin	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care
BGP HEDIS ANTI-DEPRESSANT MEDS	All antidepressant medications	Prepopulated by NDC. • Tricyclic antidepressants (TCA) and other cyclic antidepressants • Selective serotonin reuptake inhibitors • Monoamine oxidase inhibitors • Serotonin-norepinephrine reuptake inhibitors • Other antidepressants.	• Antidepressant Medication Management	• Selected Measures
BGP HEDIS ANTITHROMBOTIC MEDS	All antithrombotic medications	Prepopulated by NDC. • Dipyridamole, oral short-acting	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS ARB MEDS	All angiotensin receptor blocker (ARB medications	Prepopulated by NDC. **Angiotensin II Inhibitors and Combinations:** • Azilsartan (+/- chlorthalidone) • Candesartan (+/- hydrochlorothiazide) • Eprosartan (+/- hydrochlorothiazide) • Irbesartan (+/- hydrochlorothiazide) • Losartan (+/- hydrochlorothiazide) • Olmesartan (+/- amlodipine, hydrochlorothiazide) • Telmisartan (+/- amlodipine, hydrochlorothiazide) • Valsartan (+/- aliskiren, amlodipine, hydrochlorothiazide, sacubitril)	• Appropriate Medication Therapy after a Heart Attack	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS ASTHMA INHALED MEDS	All inhaled asthma medications for the denominator in the CRS asthma measures	Prepopulated by NDC. **Inhaled Steroid Combinations:** • Budesonide-formoterol • Fluticasone-salmeterol • Mometasone-Formoterol • Fluticasone-vilanterol **Inhaled Corticosteroids:** • Beclomethasone • Budesonide • Ciclesonide • Flunisolide • Fluticasone CFC free • Mometasone **Short-acting, inhaled beta-2 agonists:** • Albuterol • Levalbuterol • Pirbuterol	• Asthma Assessments	• Selected Measures
BGP HEDIS ASTHMA LEUK MEDS	All asthma leukotriene modifier medications for the denominator in the CRS asthma measures	Prepopulated by NDC. • Montelukast, Zafirlukast, Zileuton	• Asthma Assessments	• Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS ASTHMA MEDS	All asthma medications that are not inhalers, leukotriene modifiers, or nedocromil for the denominator in the CRS asthma measures. Inhalers and nedocromil are included in BGP HEDIS ASTHMA INHALED MEDS, and leukotriene modifiers are included in BGP HEDIS ASTHMA LEUK MEDS.	Prepopulated by NDC. **Antiasthmatic combinations:** • Dyphylline-guaifenesin • Guaifenesin-theophylline **Antibody inhibitor:** • Omalizumab **Methylxanthines:** • Dyphylline • Theophylline **Anti-interleukin-5:** • Mepolizumab • Reslizumab	• Asthma Assessments	• Selected Measures
BGP HEDIS CARDIOVASCULAR MEDS	All cardiovascular medications	Prepopulated by NDC. **Alpha blockers, central:** • Guanfacine • Guanabenz • Methyldopa • Reserpine **Cardiovascular, other:** • Digoxin • Disopyramide • Nifedipine, immediate release	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care

BGP HEDIS CENTRAL NERVOUS MEDS	All central nervous system medications	Prepopulated by NDC. **Antidepressants (Includes combination drugs):** • Amitriptyline • Amoxapine • Clomipramine • Desipramine • Doxepin • Imipramine • Nortriptyline • Paroxetine • Protriptyline • Trimipramine **Barbiturates:** • Amobarbital • Butabarbital • Butalbital • Mephobarbital • Pentobarbital • Phenobarbital • Secobarbital **Central Nervous System, other:** • Meprobamate **Nonbenzodiazepine Hypnotics:** • Eszopiclone • Zolpidem • Zaleplon ***(Continued on next page)***	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS CENTRAL NERVOUS MEDS *(Continued)*	All central nervous system medications	**Vasodilators** • Ergoloid mesylates • Isoxsuprine	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care
BGP HEDIS CONTRACEPTION MEDS	All contraceptive medications	Prepopulated by NDC. • Desogestrel-ethinyl estradiol • Dienogest-estradiol multiphasic • Drospirenone-ethinyl estradiol • Drospirenone-ethinyl estradiol-levomefolate biphasic • Ethinyl estradiol-ethynodiol • Ethinyl estradiol-etonogestrel • Ethinyl estradiol-folic acid-levonorgestrel • Ethinyl estradiol-levonorgestrel • Ethinyl estradiol-norelgestromin • Ethinyl estradiol-norethindrone • Ethinyl estradiol-norgestimate • Ethinyl estradiol-norgestrel • Etonogestrel • Levonorgestrel • Medroxyprogesterone • Mestranol-norethindrone • Norethindrone • Diaphragm • Nonxynol 9	• Chlamydia Testing	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS ENDOCRINE MEDS	All endocrine medications	Prepopulated by NDC. **Endocrine:** • Desiccated thyroid • Estrogens with or without progesterone–oral, topical patch, and topical gel products only • Megestrol **Sulfonylureas, long-duration:** • Chlorpropamide • Glimepiride • Glyburide	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care
BGP HEDIS ISOTRETINOIN MEDS	All isotretinoin medications	Prepopulated by NDC. • Isotretinoin	• Chlamydia Testing	• GPRA Developmental • Selected Measures
BGP HEDIS NONBENZODIAZ MEDS	All nonbenzodiazepine hypnotic medications	Prepopulated by NDC. • Eszopiclone • Zolpidem • Zaleplon	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care
BGP HEDIS PAIN MEDS	All pain medications	Prepopulated by NDC. **Other:** • Meperidine **Non-COX-selective nonsteroidal anti-inflammatory drugs (NSAID):** • Indomethacin • Ketorolac (includes parenteral)	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS SKL MUSCLE RELAX MED	All skeletal muscle relaxant medications	Prepopulated by NDC. (Includes combination drugs) • Carisoprodol • Chlorzoxazone • Cyclobenzaprine • Metaxalone • Methocarbamol • Orphenadrine	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care
BGP IPC ABOVE NORMAL MEDS	All medications for above normal BMI developed by CQM	Developed by eCQM measure. • Diethylpropion HCL • Lorcaserin HCL • Orlistat • Phentermine HCL • Phentermine/Topiramate	• Body Mass Index (BMI) Screening and Follow-Up Plan (CMS69)	• IPC/PCMH Report
BGP IPC BELOW NORMAL MEDS	All medications for below normal BMI developed by CQM	Developed by eCQM measure. • Megestrol Acetate • Tetrahydrocannabinol	• Body Mass Index (BMI) Screening and Follow-Up Plan (CMS69)	• IPC/PCMH Report

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP IPC DEPRESSION MEDS	All medications for positive depression screen follow-up developed by CQM	Developed by eCQM measure. • 5-Hydroxytryptophan • Amitriptyline HCL • Amitriptyline HCL/Chlordiazepoxide • Amitriptyline HCL/Perphenazine • Amoxapine • Bupropion HCL • Citalopram • Clomipramine HCL • Desipramine HCL • Desvenlafaxine • Doxepin • Duloxetine • Escitalopram • Fluoxetine • Fluvoxamine Maleate • Imipramine HCL • Imipramine pamoate • Lamotrigine • Maprotiline HCL • Mirtazapine • Nefazodone HCL • Nortriptyline • Paroxetine HCL • Paroxetine mesylate ***(Continued on next page)***	• Screening for Depression and Follow-Up Plan (CMS2)	• IPC/PCMH Report

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP IPC DEPRESSION MEDS ***(Continued)***	All medications for positive depression screen follow-up developed by CQM	• Phenelzine • Protriptyline HCL • Selegiline • Sertraline • Tranylcypromine • Trazodone HCL • Trimipramine • Venlafaxine • Vilazodone HCL	• Screening for Depression and Follow-Up Plan (CMS2)	• IPC/PCMH Report

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA ANTIRETROVIRAL MEDS	All antiretroviral medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Antiretrovirals:** • Abacavir • Atazanavir • Bictegravir • Darunavir • Didanosine • Dolutegravir • Doravirine • Efavirenz • Elvitegravir • Emtricitabine • Enfuvirtide • Etravirine • Fosamprenavir • Indinavir • Lamivudine • Lopinavir • Maraviroc • Nelfinavir • Nevirapine • Raltegravir • Rilpivirine • Ritonavir • Saquinavir ***(Continued on next page)***	• Proportion of Days Covered by Medication Therapy • HIV Quality of Care	• GPRA Developmental • Selected Measures

*BGP PQA ANTIRETROVIRAL MEDS ***(Continued)***	All antiretroviral medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Antiretrovirals (*Continued*):** • Stavudine • Tenofovir • Tipranavir • Zidovudine **Antiretroviral Combinations:** • Abacavir-dolutegravir-lamivudine • Abacavir-lamivudine • Abacavir- Lamivudine-Zidovudine • Atazanavir-Cobicistat • Bictegravir-emtricitabine-tenofovir • Darunavir-Cobicistat • Darunavir-cobicistat- emtricitabine-tenofovir • Dolutegravir- lamivudine • Dolutegravir-rilpivirine • Doravirine-lamivudine-tenofovir • Efavirenz-emtricitabine-tenofovir • Efavirenz-lamivudine-tenofovir • Elvitegravir-cobicistat-emtricitabine-tenofovir • Emtricitabine-rilpivirine-tenofovir • Emtricitabine-tenofovir • Lamivudine-tenofovir • Lamivudine- nevirapine-zidovudine • Lamivudine-zidovudine • Lopinavir-Ritonavir	• Proportion of Days Covered by Medication Therapy • HIV Quality of Care	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA ARB NEPRILYSIN INHIB	All ARB/Neprilysin Inhibitor Combination medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **ARB/Neprilysin Inhibitor Combinations:** • Sacubitril-Valsartan	• Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures
*BGP PQA ASTHMA INHALED STEROIDS	All asthma inhaled steroid medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. • Beclomethasone • Budesonide • Budesonide-formoterol • Budesonide-formoterol-glycopyrrolate • Ciclesonide • Fluticasone • Fluticasone-salmeterol • Fluticasone-umeclidinium-vilanterol • Fluticasone-vilanterol • Mometasone •	• Primary Medication Non-adherence	• Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP PQA BENZODIAZ OP MEDS	All benzodiazepine medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Excludes injectable formulations:** • Alprazolam • Chlordiazepoxide • Clobazam • Clonazepam • Clorazepate • Diazepam • Estazolam • Flurazepam • Lorazepam • Midazolam • Oxazepam • Quazepam • Temazepam • Triazolam	• Concurrent Use of Opioids and Benzodiazepines	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA BETA BLOCKER MEDS	All beta-blocker medications for the CRS PQA-based Beta-Blocker measures	Pre-populated by NDC; developed by PQA **Beta Blocker Medications and Combinations:** • Acebutolol • Atenolol (+/- chorthalidone) • Betaxolol • Bisoprolol (+/- hydrochlorothiazide) • Carvedilol • Labetalol • Metoprolol (+/- hydrochlorothiazide) • Nadolol (+/- bendroflumethiazide) • Nebivolol (+/- valsartan) • Pindolol • Propranolol (+/- hydrochlorothiazide) • Timolol Maleate	• Proportion of Days Covered by Medication Therapy • Appropriate Medication Therapy after a Heart Attack	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP PQA CCB MEDS	All calcium channel blocker medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Calcium Channel Blockers and Combinations:** • Amlodipine (+/- atorvastatin, benazepril, celecoxib, hydrochlorothiazide, olmesartan, perindopril, telmisartan, valsartan) • Diltiazem • Felodipine • Isradipine • Levoamlodipine • Nicardipine • Nifedipine (long acting only) • Nisoldipine • Verapamil (+/- trandolapril)	• Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures
BGP PQA BIGUANIDE MEDS	All biguanide medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Biguanides and Combinations:** • Metformin (+/- alogliptin, canagliflozin, dapagliflozin, empagliflozin, ertugliflozin, glipizide, glyburide, linagliptin, pioglitzone, repaglinide, rosiglitazone, saxagliptin, sitagliptin)	• Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures

*BGP PQA CONTROLLER MEDS	All controller therapy medications used in CRS PQA-based measures	Pre-populated by NDC; provided by measure owner. • Accolate • Advair (+/- Diskus, HFA) • AirDuo RespiClick • Airsupra • Alvesco • Anoro Ellipta • ArmonAir Digihaler • Arnuity Ellipta • Asmanex (+/- HFA) • Breo Ellipta • Breyna • Breztri • Budesonide (+/-Formoterol Fumarate Dihydrate, Inhalation) • Cinqair • Dulera • Dupixent • Elixophyllin • Fasenra • Fovent • Fluticasone (+/-Furoate and Vilanterol, Furoate Ellipta, Propionate, propionate and salmeterol, propionate and salmeterol HFA) • Incruse Ellipta ***(Continued on next page)*** • Montelukast (+/- Sodium)	• Medication Therapy for Persons with Asthma	• IPC/PCMH Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA CONTROLLER MEDS (***Continued***)	All controller therapy medications used in CRS PQA-based measures	• Nucala • Pulmicort (+/- Flexhaler, Respules) • Qvar Redihaler • Singulair • Symbicort • Tezxpire • Theo 24 • Theophylline • Umeclidinium and Vilanterol Ellipta • Wixela Inhub	• Medication Therapy for Persons with Asthma	• IPC/PCMH Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA COPD	All COPD medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **COPD medications:** • Aclildinium • Aclildinium-formoterol • Budesonide-formoterol • Budesonide-formoterol-glycopyrrolate • Fluticasone-salmeterol • Fluticasone-umeclidinium-vilanterol • Fluticasone-vilanterol • Formoterol • Glycopyrrolate-formoterol • Ipratropium • Ipratropium-albuterol • Olodaterol • Roflumilast • Salmeterol • Tiotropium • Tiotropium-olodaterol • Umeclidinium • Umeclidinium-vilanterol	• Primary Medication Non-adherence	• Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA DIABETES ALL CLASS	All diabetes medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Biguanides and Combinations:** • Metformin (+/- alogliptin, canagliflozin, dapagliflozin, empagliflozin, ertugliflozin, glipizide, glyburide, linagliptin, pioglitzone, repaglinide, rosiglitazone, saxagliptin, sitagliptin) **Sulfonylureas and Combinations:** • Glimepiride (+/- pioglitazone, rosiglitazone) • Glipizide (+/- metformin) • Glyburide (+/- metformin) • Tolazamide **Thiazilidinediones and Combinations:** • Pioglitazone (+/- alogliptin, glimiperide, metformin) • Rosiglitazone (+/- glimiperide, metformin) **DiPeptidyl Peptidase (DPP)-IV Inhibitors and Combinations:** • Alogliptin (+/- metformin, pioglitazone) • Linagliptin (+/-empagliflozin, metformin) • Saxagliptin (+/-dapagliflozin, metformin) • Sitagliptin (+/- metformin, ertugliflozin) ***(Continued on next page)***	• Primary Medication Non-adherence • Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA DIABETES ALL CLASS ***(Continued)**	All diabetes medications used in CRS PQA-based measures	**GIP/GLP-1 Receptor Agonists:** • Dulaglutide • Exenatide • Liraglutide • Lixisenatide • Semaglutide • Tirzepatide **Meglitinides:** • Nateglinide • Repaglinide (+/-metformin) **Sodium glucose co-transporter2 Inhibitors and Combinations:** • *Bexagliflozin • Canagliflozin (+/-metformin) • Dapagliflozin (+/-metformin, saxagliptin) • Empagliflozin (+/-metformin, linagliptin) • Ertugliflozin (+/-sitagliptin, metformin)	• Primary Medication Non-adherence • Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures
BGP PQA DPP IV MEDS	All DPP-IV Inhibitor medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **DPP-IV Inhibitors and Combinations:** • Alogliptin (+/- metformin, pioglitazone) • Linagliptin (+/-empagliflozin, metformin) • Saxagliptin (+/-dapagliflozin, metformin) • Sitagliptin (+/- metformin, ertugliflozin)	• Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA INFUSED MS MEDS	All infused multiple sclerosis medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. • Alemtuzumab • Cladribine • Mitoxantrone • Natalizumab • Ocrelizumab • Ocrelizumab/Hyaluronidase	• Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures
*BGP PQA LA INHALED BRONCHO MEDS	All long-acting inhaled bronchodilator agent medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. • Aclidinium (+/- formoterol) • Formoterol (+/- aclidinium, budesonide, glycopyrrolate) • Olodaterol (+/-tiotropium) • Salmeterol (+/- fluticasone) • Tiotropium (+/- olodaterol) • Unmeclidinium (+/- fluticasone, vilanterol) • Vilanterol (+/- fluticasone, unmeclidinium)	• Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures
BGP PQA NEBULIZED BRONCHO MEDS	All nebulized bronchodilator medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. • Arformoterol • Formoterol • Glycopyrrolate • Revefenacin	• Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA NON-INFUSED MS MEDS	All non-infused multiple sclerosis medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Beta-Interferons:** • Interferon beta 1a • Interferon beta 1b • Peginterferon beta-1a **Immunomodulators:** • Glatiramer **Pyrimidine Synthesis Inhibitors:** • Teriflunomide **Nrf2 Activators:** • Dimethyl Fumerate • Diroximel • Monomethyl Fumarate **Anti-CD20 Antibodies:** • Ofatumumab ***Sphingosine 1-Phosphate:** • Fingolimid • Ozanimod • Ponesimod • Siponimod	• Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures
BGP PQA NON-WARFARIN ANTICOAG	All non-warfarin anticoagulant medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. • Apixaban • Dabigatran • Edoxaban • Rivaroxaban	• Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA OPIOID MEDS	All opioid medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Excludes injectable formulations:** • Benzhydrocodone • Buprenorphine (excludes single-agent and combination buprenorphine products used to treat opioid use disorder) • Butorphanol • Codeine • Dihydrocodeine • Fentanyl • Hydrocodone • Hydromorphone • Levorphanol • Meperidine • Methadone • Morphine • Opium • Oxycodone • Oxymorphone • Tapentadol • Pentazocine	• Concurrent Use of Opioids and Benzodiazepines	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP PQA RASA MEDS	All RAS Antagonist medications developed by PQA	Pre-populated by NDC; developed by PQA. **ACE Inhibitors and Combinations:** • Benazepril (+/- amlodipine, hydrochlorothiazide) • Captopril (+/- hydrochlorothiazide) • Enalapril (+/- hydrochlorothiazide) • Fosinopril (+/- hydrochlorothiazide) • Lisinopril (+/- hydrochlorothiazide) • Moexipril (+/- hydrochlorothiazide) • Perindopril (+/- amlodipine) • Quinapril (+/- hydrochlorothiazide) • Ramipril • Trandolopril (+/- verapamil) **ARB Medications and Combinations:** • Azilsartan (+/- chlorthalidone) • Candesartan (+/- hydrochlorothiazide) • Eprosartan (+/- hydrochlorothiazide) • Irbesartan (+/- hydrochlorothiazide) • Losartan (+/- hydrochlorothiazide) • Olmesartan (+/- amlodipine, hydrochlorothiazide) • Telmisartan (+/- amlodipine, hydrochlorothiazide) • Valsartan (+/- amlodipine, hydrochlorothiazide, nebivolol) **Direct Renin Inhibitors and Combinations:** • Aliskiren (+/- hydrochlorothiazide)	• Primary Medication Non-adherence • Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP PQA STATIN MEDS	All statin (HMG CoA reductase inhibitors) medications developed by PQA	Pre-populated by NDC; developed by PQA. **Statins and Combinations:** • Atorvostatin (+/- amlodipine, ezetimibe) • Fluvastatin • Lovastatin (+/- niacin) • Pitavastatin • Pravastatin • Rosuvastatin (+/- ezetimibe) • Simvastatin (+/- ezetimibe, niacin)	• Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes • Statin Therapy for the Prevention and Treatment of Cardiovascular Disease • Appropriate Medication Therapy after a Heart Attack • Primary Medication Non-adherence • Proportion of Days Covered by Medication Therapy	• National GPRA/GPRAMA • GPRA/GPRAMA Performance • GPRA Developmental • Selected Measures
*BGP PQA SULFONYLUREA MEDS	All sulfonylurea medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Sulfonylureas and Combinations:** • Glimepiride (+/- pioglitazone, rosiglitazone) • Glipizide (+/- metformin) • Glyburide (+/- metformin) • Tolazamide •	• Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP PQA THIAZOLIDINEDIONE MEDS	All thiazilidinedione medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Thiazilidinediones and Combinations:** • Pioglitazone (+/- alogliptin, glimiperide, metformin) • Rosiglitazone (+/- glimiperide, metformin)	• Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures
BGP PQA WARFARIN MEDS	All warfarin, low molecular weight heparin or heparin medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. • Dalteparin • Enoxaparin • Fondaparinux • *Heparin (except heparin lock flush) • Warfarin	• Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures
DM AUDIT ASPIRIN DRUGS	All aspirin medications	Any aspirin/acetylsalicylic acid (ASA) product used for antiplatelet therapy, aspirin and dipyridamone (aggrenox)	• Appropriate Medication Therapy after a Heart Attack • Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HCV DAA MEDS	This medication is a combination of glecaprevir and pibrentasvir and is used to treat chronic (long-lasting) hepatitis C	This list contains NDC codes provided by the measure owner for Hepatitis C Screening • Glecaprevir and Pibrentasvir • Sofosbuvir • Ledipasvir and Sofosbuvir • Velpatasvir and Sofosbuvir • Sofosbuvir, Velpatasvir, and Voxilaprevir	• Medication Therapy for Persons with Hepatitis C	• GPRA Developmental • Selected Measures
BGP SYPHILIS MEDS	This medication, Bicillin C-R should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria	This list contains NDC codes provided by the measure owner for Syphilis Screening • Bicillin	• Medication Therapy for Persons with Syphilis	• GPRA Developmental • Selected Measures

4.4 Taxonomy Check

CI26 > SET > **TC**

Use the **Taxonomy Check Setup Menu** option to scan for missing taxonomies or those taxonomies with no entries. The first time you use CRS 2026 v26.0, you should expect to see a list of those taxonomies that are new to the 2026 software, because they will have no members. Taxonomies that previously existed will retain the members previously associated to them and will not be overwritten with blank taxonomies.

Taxonomies can be checked for each of the following reports:

- National GPRA/GPRAMA, GPRA/GPRAMA Performance Reports
- Selected Measures Reports
- Elder Care Report
- IPC/PCMH Measures Report

Run the taxonomy check for each report that the facility will run. If there are reports the facility will not run, do not run the taxonomy check for that report. For example, if the facility does not run the Elder Care report, skip that taxonomy check.

The steps for running the taxonomy check are the same for all of the reports.

> **Note**: When you have completed the taxonomy setup for your site, rerun the **Taxonomy Check** option to ensure that all taxonomies have entries.

To check the site taxonomies:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI26** and press Enter to display the **CRS 2026** main menu.
2. At the "Select CRS 2026 Option" prompt, type **SET** and press Enter to display the **Setup Menu**.
3. At the "Select System Setup Option" prompt, type **TC** and press Enter to display the **Taxonomy Check Menu**, as in the following example:

```
                          **************************
                          **   IHS/RPMS CRS 2026   **
                          **  Taxonomy Check Menu  **
                          **************************
                                  Version 26.0

                              DEMO INDIAN HOSPITAL
```

```
   NGTC   Taxonomy Check-National GPRA/GPRA Performance Rpts
   LRTC   Taxonomy Check-Selected Measures Reports
   ELTC   Taxonomy Check-Elder Care Report
   IPTC   Taxonomy Check-IPC/PCMH Report

Select Taxonomy Check Option: NGTC <Enter>
```

Figure 4-6: **Taxonomy Check** menu–selecting taxonomy to check

4. At the "Select Taxonomy Check Option" prompt, type the menu option of the taxonomy check you want to run; for example, **NGTC**.

   A message displays that gives the name of the report for which the taxonomies are being checked.

```
Checking for Taxonomies to support the National GPRA/GPRA Performance Reports.
Please enter the device for printing.

DEVICE: HOME//   VIRTUAL TERMINAL    Right Margin: 80//

Checking for Taxonomies to support the National GPRA/GPRA Performance Reports...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 4-7: Checking taxonomies (Step 5)

5. Press Enter to continue. At the "Device" and "Right Margin" prompts, press Enter to display the information to the screen.

   The system checks if all taxonomies used in the report are present (Figure 4-15). The name of any taxonomy that is either missing or that has no members displays.

6. Review the list of taxonomies that need to be set up or populated.

   - For instructions on setting up these taxonomies, see Section 4.6.
   - If your taxonomies have all been set up and populated, the message "All taxonomies are present" displays.

   Note: All taxonomies should be reviewed for completeness, even though many of the taxonomies used by CRS have already been established and populated by other RPMS applications (e.g., Diabetes Management) or by CRS 2026 v26.0.

7. To return to the **Taxonomy Check** menu, press Enter at the "End of taxonomy check. PRESS ENTER" prompt.

4.5 Taxonomy Setup

CI26 > SET > **TS**

> **Note**: Users must have the BGPZ TAXONOMY EDIT security key to edit lab and medication taxonomies used by CRS.

Use the **Taxonomy Setup (TS)** option on the **Setup Menu** to add to or edit members in the required taxonomies used in CRS, or to view the taxonomies. All taxonomies should be present after CRS 2026 is loaded, even taxonomies with no members yet.

Users without access can view a list of site-populated taxonomies and view tests and drugs contained within taxonomies; however, they cannot edit the taxonomies.

> **Note**: *All* taxonomies should be reviewed for completeness before running the first CRS report.
> Add new test names, but do not delete the old test names.

The Taxonomy Setup Menu options are by report:

- National GPRA/GPRAMA, GPRA/GPRAMA Performance Reports
- All CRS Reports
- IPC/PCMH Report
- All CRS Taxonomies (including site-populated and software-defined, i.e., hard-coded)

You should set up the taxonomies for each report that your facility will run. If there are reports your facility will not run, you do not need to set up taxonomies for that report.

To set up the taxonomies for a site:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI26**. The **CRS 2026** menu (Figure 4-3) displays.
2. At the "Select CRS 2026 Option" prompt, type **SET** and press Enter. The **CRS Setup** menu (Figure 4-4) displays.
3. At the "Select System Setup Option" prompt, type **TS** and press Enter. The **Taxonomy Setup** Menu (Figure 4-16) displays.

```
                          **************************
                          **   IHS/RPMS CRS 2026   **
                          **  Taxonomy Setup Menu  **
                          **************************
                                 Version 26.0

                              DEMO INDIAN HOSPITAL

   NGTS   Taxonomy Setup-National GPRA/GPRA Performance Rpts
   CRTS   Taxonomy Setup-All CRS Reports
   IPCS   Taxonomy Setup-IPC/PCMH Report
   VT     View All CRS Taxonomies

Select Taxonomy Setup Option:
```

Figure 4-8: **Taxonomy Setup Menu**

4. At the "Select Taxonomy Setup Option" prompt, type the menu option of the taxonomy setup option to run; for example, **CRTS** or **NGTS**. A list of the site-populated taxonomies for the selected report displays.

   For example, selecting the **CRTS** option displays the list of lab and drug taxonomies included for all CRS reports (Figure 4-17).

```
2026 CRS TAXONOMY UPDATE      Oct 08, 2026 15:50:41          Page:    1 of    5
TAXONOMIES TO SUPPORT 2026 ALL CRS REPORTS REPORTING

1)  BGP ANTI-PLATELET DRUGS          DRUGS       Anti-Platelet Drugs.
2)  BGP CD4 TAX                      LAB         CD4 Tests for HIV Quality of Ca
3)  BGP CHLAMYDIA TESTS TAX          LAB         Chlamydia Lab Tests.
4)  BGP CMS SMOKING CESSATION MEDS   DRUGS
5)  BGP CMS WARFARIN MEDS            DRUGS       Contains Warfarin Drugs.
6)  BGP CREATINE KINASE TAX          LAB
7)  BGP FIT-DNA TESTS                LAB
8)  BGP GPRA ESTIMATED GFR TAX       LAB         Estimated GFR Lab Tests
9)  BGP GPRA FOB TESTS               LAB         Fecal Occult Blood Lab Tests
10)  BGP HEDIS ACEI MEDS             DRUGS
11)  BGP HEDIS ANTI-INFECTIVE MEDS   DRUGS
12)  BGP HEDIS ANTICHOLINERGIC MEDS  DRUGS
13)  BGP HEDIS ANTIDEPRESSANT MEDS   DRUGS       Anti-Depressant Drugs
14)  BGP HEDIS ANTITHROMBOTIC MEDS   DRUGS
15)  BGP HEDIS ARB MEDS              DRUGS
16)  BGP HEDIS ASTHMA INHALED MEDS   DRUGS
+         Enter ?? for more actions                                        >>>
S    Select Taxonomy to Edit           Q    Quit
D    Display a Taxonomy
Select Action:+//
```

Figure 4-9: Example list of site-populated taxonomies for all CRS reports

Selecting the **NGTS** option displays the list of lab and drug taxonomies included for the National GPRA/GPRAMA Report (Figure 4-18).

```
2026 CRS TAXONOMY UPDATE      Oct 08, 2026 16:12:58          Page:   1 of    1
TAXONOMIES TO SUPPORT 2026 NATIONAL GPRA REPORT REPORTING

1)  BGP ANTI-PLATELET DRUGS          DRUGS       Anti-Platelet Drugs.
```

```
2)  BGP CD4 TAX                        LAB         CD4 Tests for HIV Quality of Ca
3)  BGP CHLAMYDIA TESTS TAX            LAB         Chlamydia Lab Tests.
4)  BGP CMS SMOKING CESSATION MEDS     DRUGS
5)  BGP CMS WARFARIN MEDS              DRUGS       Contains Warfarin Drugs.
6)  BGP CREATINE KINASE TAX            LAB
7)  BGP FIT-DNA TESTS                  LAB
8)  BGP GPRA ESTIMATED GFR TAX         LAB         Estimated GFR Lab Tests
9)  BGP GPRA FOB TESTS                 LAB         Fecal Occult Blood Lab Tests
10)  BGP HEDIS ACEI MEDS               DRUGS
11)  BGP HEDIS ARB MEDS                DRUGS
12)  BGP HEDIS CONTRACEPTION MEDS      DRUGS
13)  BGP HEDIS ISOTRETINOIN MEDS       DRUGS
14)  BGP HEP C CONF TEST TAX           LAB
15)  BGP HEP C TESTS TAX               LAB
16)  BGP HIV TEST TAX                  LAB         HIV Screening Lab Tests
          Enter ?? for more actions                                        >>>
S    Select Taxonomy to Edit            Q    Quit
D    Display a Taxonomy
Select Action:+//
```

Figure 4-10: Example list of site-populated taxonomies for the National GPRA/GPRAMA Report

5. To view the members of a taxonomy in the selected CRS report:

   a. At the "Select Action" prompt, type **D** and press Enter.

   b. At the "Which Taxonomy" prompt, type the number of the taxonomy to view and press Enter.

      For example, using the list displayed for the National GPRA/GPRAMA Report (Figure 4-18), typing **9** displays the BGP GPRA FOB TESTS taxonomy and its associated members (Figure 4-19).

```
TAXONOMY VIEW               Oct 08, 2026 16:15:08         Page:   1 of    1
Display of the BGP GPRA FOB TESTS taxonomy
* View Taxonomies

1)  _CRSU Fecal Occult Blood
2)  _iFOB sample #1
3)  POC FECAL OCCULT BLOOD

          Select the Appropriate Action   Q to Quit
Q    Quit
Select Action: +//
```

Figure 4-11: Example of displaying taxonomy members

   c. To return to the taxonomy list, type **Q** and press Enter at the "Select Action" prompt.

6. To edit the members of a taxonomy in the selected CRS report:

   a. At the "Select Action" prompt, type **S** and press Enter.

   b. At the "Which Taxonomy" prompt, type the number of the taxonomy you want to edit, and press Enter.

For example, using the list displayed for the National GPRA/GPRAMA Report (Figure 4-18), typing **42** displays the BGP QUANT UACR TESTS taxonomy and its associated members, which include two lab tests, ALBUMIN/CREATININE and MICROALBUMIN/CREATININE RATIO. The action bar displays below the taxonomy members, as in the following example:

```
CRS TAXONOMY UPDATE          Oct 08, 2026 16:19          Page:   1 of    1
Updating the BGP QUANT UACR TESTS taxonomy

1)  ALBUMIN/CREATININE
2)  MICROALBUMIN/CREATININE RATIO

          Enter ?? for more actions
A    Add Taxonomy Item    R    Remove an Item       Q    Quit
Select Action:+// A   Add Taxonomy Item

Which LAB Test: MICRO
     1   MICRO  MICROBIOLOGY TEST LIST
     2   MICRO TOTAL PROTEIN
     3   MICROALBUMIN
     4   MICROALBUMIN PANEL
     5   MICROALBUMIN/CREATININE RATIO PANEL
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 4 <Enter> MICROALBUMIN/CREATININE RATIO PANEL
```

Figure 4-12: Example of adding items to a lab taxonomy

7. To add an item to the selected taxonomy:

   a. At the “Select Action” prompt, type **A** and press Enter.

   b. At the “Which LAB Test” prompt, type the first few characters of the test you want to add, and press Enter to view a list of tests beginning with those characters.

   c. At the “CHOOSE 1–<number>” prompt, press Enter to view more tests, or type the number of the test you want to add to the taxonomy and press Enter.

      The test you added is now displayed as part of the taxonomy (Figure 4-21).

   d. To add more items to a taxonomy, repeat Steps 7a through 7c.

Note: Your taxonomies must include *all* test names that have been used by your facility since at least 1995, even if these codes are currently inactive. Some measures search for tests as far back as 10 years.

Many sites designate inactive lab tests by adding one of the following characters at the beginning of the test name: "z," "Z," "xx," "X," or "*." Search for these characters in your lab file.

Your taxonomies must also include all lab tests that are sent out and performed by another lab/reference lab. The names of these lab tests are often prefixed with the reference lab name, such as "TRICORE A1c."

```
CRS TAXONOMY UPDATE           Oct 08, 2026 16:57:29       Page:   1 of    1
Updating the BGP QUANT UACR TESTS taxonomy

1)  ALBUMIN/CREATININE
2)  MICROALBUMIN/CREATININE RATIO
3)  MICROALBUMIN/CREATININE RATIO PANEL

          Enter ?? for more actions
A    Add Taxonomy Item    R    Remove an Item       Q    Quit
Select Action:+//
```

Figure 4-13: Example of lab taxonomy with added test

8. To remove an item from the selected taxonomy:

   a. At the "Select Action" prompt, type **R** and press Enter.

   b. At the "Remove Which Item" prompt, type the number of the test you want to remove, and press Enter.

   c. At the "Are you sure you want to remove the <NAME> lab test" prompt, type **Y** and press Enter to continue removing the test, or press Enter to accept the default **N** (No) and retain the test in the taxonomy.

      The test you remove will no longer display as part of the taxonomy.

   d. To remove more items from a taxonomy, repeat Steps 8a through 8c.

9. When you finish adding and removing your site's tests in the selected taxonomy, review the displayed list of taxonomy members.

   If the list is complete and correct, type **Q** and press Enter at the "Select Action" prompt to save changes to the selected taxonomy and return to the list of taxonomies for the selected report.

10. To edit more taxonomies in the selected report, repeat Steps 6 through 9.

11. When you finish editing taxonomies in the selected report, type **Q** and press Enter at the "Select Action" prompt to return to the **Taxonomy Setup Menu**.

12. To edit taxonomies in other reports, repeat Steps 4 through 9.

13. When you finish editing taxonomies for all reports that your facility uses, type a caret (^) at the "Select Taxonomy Setup Option" prompt to return to the **Setup Menu**.

14. At the "Select System Setup Option" prompt, type **TC** and press Enter to select the **Taxonomy Check** option (see Section 4.5) to perform a final check of taxonomies needed for CRS in this report.

> **Note**: You must include *all* test names that have been used by your facility since at least 2015, even if these codes are currently inactive. Some measures search for tests as far back as 10 years.
>
> Many sites designate inactive lab tests by adding one of the following characters at the beginning of the test name: "z," "Z," "xx," "X," or "*." Search for these characters in your laboratory file.

4.6 Using Q-Man to Populate a Taxonomy

Q-Man is the RPMS query utility. Q-Man builds queries through a series of elements. The Q-Man User Manual provides detailed and easy-to-follow instructions for constructing queries. Download a PDF version of the Q-Man manual from the following RPMS website:

https://www.ihs.gov/rpms/applications/infrastructure/.

4.7 Update the Demo/Test Patient Search Template

CORE APPLICATIONS > PCCR > OTH > **DPST**

As of v11.0, CRS will use the RPMS Demo/Test Patient Search Template to determine which demo patients to exclude from reports. This can be found in the **PCC Management Reports**, **Other PCC Management Reports/Option**s menu and requires the APCLZ UPDATE DEMO TEMPLATE key to access.

If this RPMS Demo/Test Patient Search Template is empty, the following message will display when running CRS reports:

```
Your RPMS DEMO PATIENT NAMES Search Template has no entries.
If you have 'DEMO' patients whose names begin with something
other than 'DEMO,PATIENT' they will not be excluded from this report
unless you update this template.
Do you wish to continue to generate this report? Y//
```

Figure 4-14: Empty template message

5.0 Reports and Patient Lists

The CRS is a reporting tool that provides local facilities and Area Offices with a straightforward way to monitor their progress toward clinical performance goals. This chapter describes the different types and formats of reports and patient lists.

CRS accommodates both national (GPRA/GPRAMA) reporting and local, customized performance tracking.

All reports review and calculate data for a minimum one-year time period, i.e., searching patient records for data matching the numerator criteria for the entire year prior to the selected report end date. A few measures review data for more than one year, such as Cancer Screening: Mammogram Rates, which looks for a mammogram in past two years.

The National GPRA/GPRAMA and GPRA/GPRAMA Performance report data files can be exported to the Area Office and aggregated for an Area Office report.

This application uses the AUPN DISPLAY PPN parameter functionality and is defaulted to OFF until Patient Preferred Name (PPN) is available across the enterprise.

> **Note**: While this parameter is turned off, the Patient Preferred Name will not display in this application. This allows the Patient Preferred Name display to be turned on at once without requiring a coordinated release of all applications. Once all applications support the display of the PPN, instructions will be sent out on how to enable this parameter system-wide.

5.1 Report and Patient List Overview

Several output options are included in CRS 2026. In addition to the predefined National GPRA/GPRAMA Report, users have many choices for customizing reports for local facility use by selecting different populations or specific measure topics.

Report options include:

- National GPRA/GPRAMA Reports:
  - National GPRA/GPRAMA Report (menu option **GP**; without patient lists)
  - National GPRA/GPRAMA Patient List (menu option **LST**)
  - National GPRA/GPRAMA Clinical Performance Summaries (menu option **SUM**)
  - National GPRA/GPRAMA Report by Designated Provider (menu option **DPRV**)

  - National GPRA Dashboard (menu option **DSH**)
  - Create Search Template for National Patient List (menu option **NST**)
  - GPRA/GPRAMA Forecast Patient List (menu option **FOR**)
  - GPRA/GPRAMA Forecast Denominator Definitions (menu option **FORD**)
  - Comprehensive National GPRA Patient List (menu option **CMP**)
- Reports for Local Use:
  - Selected Measures w/Community Specified (menu option **COM**)
  - Selected Measures w/Patient Panel Population (menu option **PP**)
  - Selected Measures with All Communities (menu option **ALL**)
- Other National Reports:
  - GPRA/GPRAMA Performance Report (menu option **GPU**; National GPRA/GPRAMA Report with user-defined report parameters)
  - Elder Care Report (menu option **ELD**)
  - IPC/PCMH Measures Report (menu option **IPC**)
- Taxonomy Reports:
  - Lab Taxonomy Report (menu option **TXL**)
  - Medication Taxonomy Report (menu option **TXM**)

Table 5-1, Table 5-2, and Table 5-3 show the population options available with each report type. Note that the two taxonomy reports are not included in the tables because they report on site-populated taxonomies only and not patients. Also, the GPRA/GPRAMA Forecast Denominator Definitions report is not listed because it merely defines the denominators used in the GPRA/GPRAMA Forecast Patient List.

Table 5-1: Population Options with National GPRA/GPRAMA Reports

Population Options	GP	LST	SUM	DPRV	DSH	NST	FOR	CMP
GPRA Community Taxonomy	YES	YES	YES	YES	YES	YES	NO	YES
Other Site-Populated Community Taxonomy	YES*	YES	YES*	YES*	YES*	YES	NO	YES
AI/AN Patients only	YES	YES	YES	YES	YES	YES	NO	YES
Non-AI/AN Patients	NO	YES	NO	NO	NO	YES	NO	YES
Both AI/AN and Non-AI/AN Patients	NO	YES	NO	NO	NO	YES	YES	YES
All RPMS patients (any community of residence)	NO	NO	NO	NO	NO	NO	YES	NO
Patient panel/Search Template (user specified list of patients)	NO	NO	NO	NO	NO	YES	YES	NO

> **Note**: *Although users may change the community taxonomy to a non-GPRA taxonomy, the GPRA taxonomy must be used for submitting the quarterly reports to the Area Office.

Table 5-2: Population Options with Local Reports

Population Options	COM	PP	ALL
GPRA Community Taxonomy	YES	NO	NO
Other Site-Populated Community Taxonomy	YES	NO	NO
One Community	YES	NO	NO
AI/AN Patients only	YES	NO	YES
Non-AI/AN Patients	YES	NO	YES
Both AI/AN and Non-AI/AN Patients	YES	NO	YES
All RPMS patients (any community of residence)	NO	NO	YES
Patient panel/Search Template (user specified list of patients)	NO	NO	NO
Patient List	YES	NO	YES

Table 5-3: Population Options with Other National Reports

Population Options	GPU	ELD	IPC
GPRA Community Taxonomy	YES	YES	YES
Other Site-Populated Community Taxonomy	YES	YES	YES
One Community	YES	NO	YES
AI/AN Patients only	YES	YES	YES
Non-AI/AN Patients	YES	YES	YES
Both AI/AN and Non-AI/AN Patients	YES	YES	YES
All RPMS patients (any community of residence)	NO	NO	YES
Patient panel/Search Template (user specified list of patients)	NO	NO	YES
Patient List	NO	YES	YES

5.2 National GPRA/GPRAMA Report

CI26 > RPT > NTL > **GP**

5.2.1 Overview

Sites will run the National GPRA/GPRAMA Report when they are ready to submit annual GPRA and GPRAMA data to their respective Area Offices for 2026 GPRA and GPRAMA reporting. This is also the report option used for quarterly GPRA and GPRAMA reporting.

National reporting for clinical performance measures is accomplished with the National GPRA/GPRAMA Report. The National GPRA/GPRAMA Report includes measures (specific denominators and numerators) described in the current IHS Performance Plan to Congress, for example, diabetic patients with controlled blood pressure (BP) (see Section 5.2.3 for specific content), as well as other measures representing potential new GPRA measures or other strategic agency clinical focus (for example, Statin Therapy for the Prevention and Treatment of Cardiovascular Disease).

The population for the National GPRA/GPRAMA Report should include only patients with a community of residence that is listed in the site's official GPRA Community taxonomy. The Area Office GPRA Coordinators have defined the existing PRC catchment areas[i] as the GPRA Community[ii]. The default community taxonomy is selected in the Site Parameters setup (see Section 4.1).

The National GPRA/GPRAMA Report is predefined to include only the AI/AN patient-type population, defined as Beneficiary 01 in the Patient Registration file.

The National GPRA/GPRAMA Report is required to be run at least quarterly, to review progress toward meeting critical agency goals.

The National GPRA/GPRAMA Report can be exported to the Area Office by the site for aggregation into an Area-Office-wide report. Patient lists for this report can be created by running the National GPRA/GPRAMA Patient List (menu option **LST**).

5.2.2 Running the Report

> **Note**: Before running the National GPRA/GPRAMA Report for national (GPRA reporting) use, you should know the name of the community taxonomy to be used, if it is different from the default.

To run the National GPRA/GPRAMA Report:

1. Navigate to the **CLINICAL REPORTING SYSTEM (CRS)** menu.

[i] A catchment area includes patients who are registered within a particular service unit *and* who reside in one of the communities assigned to the service unit.

[ii] The exception to this definition is Oklahoma City Area Office, which will inform its sites directly as to which communities to include.

```
              ************************************************
              **    IHS/RPMS CLINICAL REPORTING SYSTEM (CRS)    **
              ************************************************
                           Version 26.0

                         DEMO INDIAN HOSPITAL

   CI26    CRS 2026 ...

Select IHS Clinical Reporting System (CRS) Main Menu Option: CI26 <Enter>
CRS 2026
```

Figure 5-1: **CRS** main menu options

2. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI26** and press Enter to display the **CRS 2026 Clinical Reporting System** menu.

```
                      ********************************
                      **      IHS/RPMS CRS 2026      **
                      **  Clinical Reporting System  **
                      ********************************
                               Version 26.0

                             DEMO INDIAN HOSPITAL

   RPT    Reports ...
   SET    System Setup ...
   AO     Area Options ...

Select CRS 2026 Option: RPT <Enter>  Reports
```

Figure 5-2: **CRS 2026 Clinical Reporting System** menu: selecting **Reports** option

3. At the "Select CRS 2026 Option" prompt, type **RPT** and press Enter to display the **CRS 2026 Reports** menu.

```
                         *************************
                         **   IHS/RPMS CRS 2026  **
                         **     Reports Menu     **
                         *************************
                               Version 26.0

                            DEMO INDIAN HOSPITAL

   NTL    National GPRA/GPRAMA Reports ...
   LOC    Reports for Local Use: IHS Clinical Measures ...
   OTH    Other National Reports ...
   TAX    Taxonomy Reports ...

Select Reports Option: NTL <Enter>  National GPRA/GPRAMA Reports ...
```

Figure 5-3: **CRS 2026 Reports Menu**: selecting **National GPRA/GPRAMA Reports** option

4. At the "Select Reports Option" prompt, type **NTL** and press Enter to display the **National GPRA Reports** menu.

```
                        ********************************
                        **      IHS/RPMS CRS 2026      **
                        **    National GPRA Reports    **
                        ********************************
                               Version 26.0

                            DEMO INDIAN HOSPITAL

   GP     National GPRA/GPRAMA Report
   LST    National GPRA/GPRAMA Patient List
   SUM    National GPRA/GPRAMA Clinical Perf Summaries
   DPRV   National GPRA/GPRAMA Report by Designated Provider
   DSH    National GPRA Dashboard
   NST    Create Search Template for National Patient List
   FOR    GPRA/GPRAMA Forecast Patient List
   FORD   GPRA/GPRAMA Forecast Denominator Definitions
   CMP    Comprehensive National GPRA/GPRAMA Patient List

Select National GPRA/GPRAMA Reports Option: GP <Enter>  National
GPRA/GPRAMA Report
```

Figure 5-4: **National GPRA Reports** menu–selecting the National GPRA/GPRAMA Report

5. At the "Select National GPRA/GPRAMA Reports Option" prompt, type **GP** and press Enter to display the following information about the National GPRA/GPRAMA report:

```
                     IHS 2026 National GPRA/GPRAMA Report

This will produce a National GPRA/GPRAMA report.
You will be asked to provide the community taxonomy to determine which
patients will be included. This report will be run for the Report Period
October 1, 2025 through September 30, 2026 with a Baseline Year of October
1, 2015 through September 30, 2016. This report will include beneficiary
population of American Indian/Alaska Native only.

You can choose to export this data to the Area office. If you
answer yes at the export prompt, a report will be produced in export format
for the Area Office to use in Area aggregated data. Depending on site
specific configuration, the export file will either be automatically
transmitted directly to the Area or the site will have to send the file
manually.

Press enter to continue: <Enter>
```

Figure 5-5: National GPRA/GPRAMA Report–report description

6. At the prompt, press Enter to continue.
7. The system checks the site-populated taxonomies.
   - If the following message displays, press Enter.

```
Checking for Taxonomies to support the National GPRA/GPRAMA Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-6: Checking taxonomies message

- If the following message displays, your report results for the measure that uses the taxonomy specified are likely to be inaccurate.

```
The taxonomies are missing or have no entries
```

Figure 5-7: Missing taxonomies message

To exit from the report and edit your taxonomies, type a caret (^) at each prompt until you return to the main menu.

```
Specify the community taxonomy to determine which patients will be
included in the report. You should have created this taxonomy using QMAN.

Enter the Name of the Community Taxonomy: DEMO GPRA COMMUNITIES//
Do you wish to export this data to Area? Y <Enter>  YES
```

Figure 5-8: Selecting the community taxonomy and exporting area data

8. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

   - Press Enter to accept the default taxonomy if it is your official GPRA community taxonomy. (The default community taxonomy can be set in Site Parameters.)
   - Type the name of your official GPRA community taxonomy and press Enter.
   - Type the first few letters of the taxonomy name and press Enter to view a list of taxonomies beginning with those letters or type two question marks (**??**) and press Enter to view the entire list. Then type the number of the taxonomy you want to use, and press Enter.

   Note: Use your site's official GPRA community taxonomy if you are running the National GPRA/GPRAMA Report for national (GPRA reporting) use.

9. At the "Do you wish to export this data to Area?" prompt, type **Y** (Yes) and press Enter *only* if you are ready to send the final data to your Area Office.

   If you are not ready to send the final data to your Area Office, type **N** (No) and press Enter.

10. A summary of the report displays, as shown in Figure 5-9. If any information is incorrect, type a caret (^) at the prompt to return to the previous menu. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

```
            SUMMARY OF NATIONAL GPRA/GPRAMA REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:           Oct 01, 2025 to Sep 30, 2026
     Previous Year Period:    Oct 01, 2024 to Sep 30, 2025
     Baseline Period:         Oct 01, 2015 to Sep 30, 2016

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES

Include Measure Logic Text in the Output Report? Y//
```

Figure 5-9: Summary of Report to be generated

```
Please choose an output type. For an explanation of the delimited
file please see the user manual.

     Select one of the following:

          P         Print Report on Printer or Screen
          D         Create Delimited output file (for use in Excel)
          B         Both a Printed Report and Delimited File

Select an Output Option: P//
```

Figure 5-10: Choosing an output type

11. At the "Select an Output Option" prompt, type the letter that corresponds to the type of output you want, and press Enter.

    - **P** (Print) sends the report file to your printer, your screen, or an electronic file (Section 5.2.2.1).
    - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation (Section 5.2.2.2). For detailed instructions, see Appendix A.
    - **B** (Both) produces both a printed report and a delimited file.

    Note: If you want to print to a file or you do not know your printer name, check with your site manager.

    After selecting report options, you will be given the opportunity to queue your report to run at a later time.

> **Note**: You should generally plan to queue your report to run during off hours, when the network is not as busy. At most sites, you can queue your report to print by typing **Q** at the prompt and pressing Enter.
>
> Check with your site manager if you need further information about how to specify these options.

5.2.2.1 Print Option

1. At the "Select an Output Option" prompt, type **P** and press Enter.
2. At the "DEVICE: HOME" prompt (which may vary at different sites), do one of the following:
   - To print the report on a printer, type the name of the printer at the "Home" prompt and press Enter. If you do not know your printer name, check with your site manager.
   - To print the report to your screen, press Enter at the default "Home" prompt. Depending on the software you are using to access RPMS, you may need to turn on your logging or screen capture program *before* printing to the screen.
     – At most sites, to print a report to your screen without multiple "Enter Return to continue" prompts, type **0;P-OTHER80** at the "Home" prompt and press Enter, as in the following example:

```
Select an Output Option: P// <Enter>  Print Report on Printer or Screen
DEVICE: HOME// 0;P-OTHER80  VT    Right Margin: 80//
```

Figure 5-11: "Home" prompt

     – To print the report to a file, type **Host** or **HFS** at the "Home" prompt, then specify the file location and name at the "HOST FILE NAME" prompt as in the following example:

```
Select an Output Option: P// <Enter>  Print Report on Printer or Screen
DEVICE: HOME// HFS <Enter>  HFS
HOST FILE NAME: C:\TMP\TMP.HFS// C:\lb_test.doc <Enter>
ADDRESS/PARAMETERS: "WNS"//
```

Figure 5-12: Specify the file location

     – At the "Won't you queue this?" prompt, type **Y** to queue your report to run at another time or **N** to run the report now, and press Enter.
     – If you choose to queue the report, type the time you want it to run at the "Requested Start Time" prompt. Type the time in HH:MM:SS format using 24-hour time.

5.2.2.2 Delimited Output Option

The following sequence illustrates Steps 1 through 3 of this process:

```
Select an Output Option: P// D <Enter>  Create Delimited output file (for
use in Excel)

You have selected to create a delimited output file. You can have this
output file created as a text file in the pub directory,
OR you can have the delimited output display on your screen so that
you can do a file capture. Keep in mind that if you choose to
do a screen capture you CANNOT Queue your report to run in the background!!

     Select one of the following:
          S         SCREEN - delimited output will display on screen for
capture
          F         FILE - delimited output will be written to a file in
pub

Select output type: S// F <Enter>  FILE - delimited output will be written
to a file in pub
Enter a filename for the delimited output (no more than 40 characters):
mytestfile <Enter>

When the report is finished your delimited output will be found in the
q:\ directory. The filename will be mytestfile.txt

Won't you queue this ? Y// <Enter>  YES
Requested Start Time: NOW// 20:00:00 <Enter>  (OCT 08, 2026@20:00:00)
```

Figure 5-13: Selecting the Delimited Output option

1. At the “Select an Output Option” prompt, type **D** and press Enter.
2. At the “Select output type” prompt, do one of the following:
   - To display the delimited output on your screen, press Enter to accept the default (SCREEN).
   - To print the delimited output to a text file, type **F** (FILE) and press Enter.
     – At the “Enter a filename for the delimited output” prompt, type the name of the file.

       File names cannot exceed 40 characters and are given the extension .txt automatically. Most sites are set up to print the file to your network’s Public directory, so you may need to use File Transfer Protocol (FTP) to move the delimited file from the Public directory to your computer. Ask your site manager for additional information about retrieving files from your local network.

       If the report will take several hours to run, it is recommended that you print to a file.
3. At the “Won’t you queue this?” prompt, do one of the following:

- To queue your report to run at another time, press Enter to accept the default (Y). At the "Requested Start Time" prompt, type the time for the report to run in HH:MM:SS format using 24-hour time and press Enter.
- To run the report now, type **N** and press Enter.

5.2.3 Report Content

The contents of both the National GPRA/GPRAMA and GPRA/GPRAMA Performance reports are exactly the same and are defined in Table 5-4. Performance measures included in the current GPRA Performance Plan to Congress (e.g., GPRA measures) are preceded by one asterisk (*). Developmental GPRA measures are preceded by two asterisks (**). GPRAMA measures are preceded by three asterisks (***).

Table 5-4: Content of the National GPRA/GPRAMA and GPRA/GPRAMA Performance Reports

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
Diabetes Prevalence	User Population, broken down by sex and age groups	1) Diabetes diagnosis ever 2) Diabetes diagnosis during Report Period
*Diabetes (DM): Glycemic Control	*User Population Diabetic patients	1) With Hemoglobin A1c, any value *2) With Poor control 3) With A1c greater than or equal to (≥) 7 and less than (<) 8 4) With Good control
*DM: Blood Pressure Control	1) Active Diabetic patients *2) User Population Diabetic patients	1) With BP assessed *2) With Controlled BP **3) With BP less than (<) 130/80 **4) With BP greater than or equal to (≥) 130/80 and less than (<) 140/90

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
*Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes	*1) User Population Diabetic patients, ages 40–75 years or any age with documented ASCVD or age 20 through 75 with an LDL greater than or equal to (≥) 190 or familial hypercholesterolemia or age 40 through 75 with a 10-year ASCVD risk score of greater than or equal to (≥) 20%, broken down by age groups **2) User Population Diabetic patients, ages 40–75 years or any age with documented ASCVD, broken down by age groups	*1) With Statin Therapy 2) With denominator exclusion A) With documented allergy, intolerance, or other adverse effect to statin medication
*DM: Nephropathy Assessment	1) Active Diabetic patients *2) User Population Diabetic patients **3) User Population Diabetic patients with no ESRD	*1) With estimated GFR *and* a urine albumin-to-creatinine ratio or with ESRD **2) With estimated GFR *and* a urine albumin-to-creatinine ratio
*DM: Retinopathy	1) Active Diabetic patients *2) User Population Diabetic patients	*1) With qualified retinal evaluation and no bilateral blindness (no refusals) A) Patients with validated teleretinal visit B) Patients with Ophthalmology visit C) Patients with Optometry visit
*Access to Dental Services	*1) User Population, broken down by age groups	*1) With documented dental visit (no refusals)
*Dental Sealants	*1) User Population patients ages 2–15 years, broken down by age groups 2) User Population patients ages 5–19 years 3) No denominator. This measure is a total count only, not a percentage.	*1) With intact dental sealants 2) Total number of dental sealants provided (no refusals)
*Topical Fluoride	*1) User Population patients ages 1–15 years, broken down by age groups 2) No denominator. This measure is a total count only, not a percentage.	*1) With topical fluoride application 2) Total number of patients with at least one topical fluoride application (no refusals)

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
*Influenza	1) Active Clinical patients ages 6 months through 17 years 2) Active Clinical patients ages 18 years and older *3) User Population patients ages 6 months through 17 years *4) User Population patients 18 years and older 5) User Population patients ages 65 years and older **6) User Population patients ages 6 months through 17 years, calculated as of three months prior to the beginning of the report period. **7) User Population patients ages 18 and older, calculated as of three months prior to the beginning of the report period.	*1) With influenza vaccination in past year or contraindication ever (no refusals) A) With contraindication or a documented NMI refusal **2) With influenza vaccine documented three months prior to the report period through the first nine months of the report period or with a contraindication documented at any time before nine months into the report period.
*Adult Immunizations	1) Active Clinical patients ages 19 years and older 2) User Population patients ages 19–50 years 3) User Population patients ages 51–65 years 4) User Population patients 66 years and older *5) User Population patients ages 19 years and older **6) User Population patients ages 19 years and older, broken down by age groups. **7) User Population patients ages 19 and older with cerebrospinal fluid leak or cochlear implant **8) User Population patients ages 19 and older with immunocompromising condition **9) User Population patients ages 19 and older with other underlying medical condition or risk factor	1) With Tdap/Td in the past 10 years (no refusals) 2) With Tdap ever (no refusals) 3) With influenza vaccine in past year (no refusals) 4) With 2 Shingrix ever (no refusals) 5) With up-to-date pneumococcal vaccine (no refusals) 6) With 1:1:1 combo (1 Tdap/Td in past 10 years, 1 Tdap ever, 1 Influenza in past year) (no refusals) 7) With 1:1 combo (1 Tdap/Td in past 10 years, 1 Tdap ever) (no refusals) 8) With 1:1:2:1 combo (1 Tdap/Td in past 10 years, 1 Tdap ever, 1 Influenza in past year, 2 Shingrix) (no refusals) 9) With 1:1:2 combo (1 Tdap/Td in past 10 years, 1 Tdap ever, 2 Shingrix) (no refusals) 10) With 1:1:1:2:1 combo (1 Tdap/Td in past 10 years, 1 Tdap ever, 1 Influenza in past year, 2 Shingrix, 1 up-to-date Pneumo) (no refusals)

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
Adult Immunizations ***(Continued)***	**10) User Population patients ages 19 and older considered high-risk for zoster **11) User Population patients ages 19 through 59 years. **12) Pregnant female Active Clinical patients **13) Pregnant female Active Clinical patients with visit during the third trimester	11) With 1:1:2:1 combo (1 Tdap/Td in past 10 years, 1 Tdap ever, 2 Shingrix, 1 up-to-date PPSV23) (no refusals) *12) With age-appropriate immunization combinations **13) Patients who have received all age-appropriate immunization combinations. **14) Patients who have received the 1:1:2:1 combination. **15) Patients with high-risk up-to-date Pneumococcal vaccine **16) Patients who have received 2 doses of Shingrix ever, including contraindications **17) Patients who have received 2 or 3 doses of Hepatitis B vaccine. **18) Pregnant patients with 1 dose of Tdap in the past 20 months **A) With contraindication or a documented not medically indicated (NMI) refusal **B) With Tdap during the first trimester. **C) With Tdap during the second trimester. ***(Continued below)***
*Adult Immunizations ***(Continued)***	(Con't)	**D) With Tdap during the third trimester. **E) With Tdap during unknown trimester. **19) Pregnant patients with influenza vaccine in the past year **A) With contraindication or a documented not medically indicated (NMI) refusal **20) Pregnant patients with 1 dose of Tdap in the past 20 months and influenza vaccine in the past year **21) Pregnant patients with Tdap during the third trimester

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
*Childhood IZ	1) Active Clinical patients ages 19–35 months 2) Active Immunization Package patients ages 19–35 months *3) User Population patients ages 19–35 months	*1) With 4:3:1:3*:3:1:4 combo (i.e., 4 DTaP, 3 Polio, 1 MMR, 3–4 HiB, 3 Hepatitis B, 1 Varicella, 4 Pneumococcal), including NMI refusals, contraindications and evidence of disease 2) With 4 doses of Diphtheria, Tetanus, And Pertussis (DTaP) 3) With 3 doses of Polio 4) With 1 doses of Measles, Mumps. And Rubella (MMR) 5) With 3–4 doses of Haemophilus influenzae type b (HiB) 6) With 3 doses of Hepatitis B 7) With 1 dose of Varicella 8) With 4 doses of Pneumococcal **9) With 1 dose of Hep A **10) With 2–3 doses of Rotavirus **11) With 2 doses of Influenza
**Adolescent IZ	**User Population patients ages 13–17 years	**1) With 1:1:2* combination (i.e., 1 Tdap/Td, 1 Meningococcal, 2 or 3 HPV) **2) With 1:1 combination (i.e., 1 Tdap/Td, 1 Meningococcal) B) With 1 Tdap ever **3) With 1 Meningococcal **4) With 2 or 3 HPV
*Cervical Cancer Screening	1) Female Active Clinical patients ages 24–64 years *2) Female User Population patients ages 24–64 years	*1) With documented Pap smear in past 3 years, or if patient is age 30–64, either a Pap Smear in past 3 years or a Pap Smear and HPV DNA on the same day in past 5 years or HPV Primary in the past 5 year A) Patients ages 24–29 years with a documented Pap Smear in past 3 years B) Patients ages 30–64 years with a documented Pap Smear in past 3 years C) Patients ages 30–64 years with a documented Pap Smear 3–5 years ago and HPV DNA on the same day in past 5 years D) Patients ages 30–64 years with HPV Primary in the past 5 years

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
*Cancer Screening: Mammogram Rates	1) Female Active Clinical patients ages 52–74 years *2) Female User Population patients ages 52–74 years **3) Female User Population patients ages 42–74 years	*With documented mammogram in past 2 years (no refusals)
*Colorectal Cancer Screening	*1) Active Clinical patients ages 45–75 years 2) User Population patients ages 45–75 years **3) User Population patients ages 40–75 years	*1) With CRC screening (time period dependent upon type of CRC screening) (no refusals) 2) With Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) in past year
Tobacco Use and Exposure Assessment	User Population patients ages 5 years and older	1) Screened for tobacco use 2) Tobacco users A) Smokers B) Smokeless C) ENDS 3) Exposed to environmental tobacco smoke (ETS)
*Tobacco Cessation	1) Active Clinical patients identified as current tobacco users prior to the report period *2) User Population patients identified as current tobacco users prior to the report period, broken down by age and sex groups	1) With tobacco cessation counseling or received a prescription for cessation medication (no refusals) 2) Quit tobacco use *3) With tobacco cessation counseling or received a prescription for a smoking cessation aid, or who quit their tobacco use (no refusals)
*Alcohol Screening	1) Active Clinical Plus BH patients ages 9–75 years 2) Female Active Clinical patients ages 14–46 years 3) Female Active Clinical patients ages 14–46 years screened for alcohol use *4) User Population patients ages 9–75 years 5) User Population patients ages 9–75 years screened for alcohol use	*1) With documented alcohol screening (no refusals) 2) With alcohol-related patient education 3) With positive alcohol screen

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
*Screening, Brief Intervention, and Referral to Treatment	1) Active Clinical Plus BH patients ages 9–75 years screened positive for risky or harmful alcohol use 2) User Population patients ages 9–75 years *3) User Population patients ages 9–75 years screened positive for risky or harmful alcohol use	1) Patients screened for risky or harmful alcohol use A) Patients screened positive for risky or harmful alcohol use B) Patients provided a brief negotiated interview (BNI) or Brief Intervention (BI) within 7 days of screen *2) Patients provided a brief negotiated interview (BNI) or Brief Intervention (BI) within 7 days of screen A) Patients who received a BNI/BI on same day as screen B) Patients who received a BNI/BI 1–3 days after screen C) Patients who received a BNI/BI 4–7 days after screen D) Patients who were referred treatment within 7 days of screen
**Screening for Substance Use	**1) Active Clinical patients ages 12 and older **2) User Population patients ages 12 and older	**1) With substance use screening, diagnosis or procedure **A) With positive substance use screen **2) With alcohol use risk screening or diagnosis **A) With positive alcohol use risk screen **3) With drug use risk screening or diagnosis **A) With positive drug use risk screen

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
**Substance Use Disorder (SUD) in Women of Childbearing Age	**1) Female Active Clinical patients age 14–46 **2) Female User Population patients age 14–46 **3) Female User Population patients age 14–46 years who screened positive for substance abuse **4) Pregnant User Population patients **5) Pregnant User Population patients screened positive for substance abuse	**1) Patients screened for Substance Use Disorder (SUD) **2) Patients screened for pregnancy intention assessment **3) Patients screened for both Substance Use Disorder (SUD) and pregnancy intention assessment **4) Patients screened positive for pregnancy intention **5) Patients provided a Brief Intervention (BI) in Ambulatory Care within 7 days of positive screen **A) Patients who received a BI on same day as screen **B) Patients who received a BI 1–3 days after screen **C) Patients who received a BI 4–7 days after screen **D) Patients who were referred treatment within 7 days of screen **6) Patients with a diagnosis of substance use disorder
***IPV/DV Screening	1) Female Active Clinical patients ages 14–46 years ***2) Female User Population patients ages 14–46 years	***1) With documented IPV/DV screen (no refusals) A) With IPV/DV exam B) With IPV/DV-related diagnosis C) With IPV/DV education
*Depression Screening	1) Active Clinical patients ages 12–17 years 2) Active Clinical patients ages 18 years and older, broken down by sex *3) User Population patients ages 12–17 years, broken down by sex *4) User Population patients ages 18 years and older 5) Active Diabetic patients	*1) With depression screening or diagnosed with mood disorder (no refusals) A) With depression screening B) With mood disorder diagnosis
**Suicide Risk Assessment	**User Population patients ages 8 and older who were seen in the Emergency Department or Urgent Care	**With suicide risk assessment on the day of the ED/Urgent Care visit

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
**Weight Assessment and Counseling for Nutrition and Physical Activity	**Active Clinical patients ages 3–17 years, broken down by sex and age groups.	**1) With comprehensive assessment 2) With BMI documented 3) With nutrition counseling 4) With physical activity counseling
**Physical Activity Assessment	**1) User Population patients ages 5 and older. **2) Numerator 1 (User Population Patients assessed for physical activity during the Report Period).	**Patients assessed for physical activity during the Report Period **A) Patients from Numerator 1 who have received exercise education following their physical activity assessment. **B) Patients from Numerator 1 who have set at least one exercise goal following their physical-activity assessment
**Cardiovascular Disease and Blood Pressure Control	**1) Active Clinical patients ages 18 and older **2) Active Clinical Pts w/ coronary heart disease (CHD)	**With BP documented
*Controlling High Blood Pressure–Million Hearts	*User Population ages 18–85 years diagnosed with hypertension and no documented history of ESRD or current diagnosis of pregnancy	*Patients with BP less than (<) 140/90
*Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	*1) User Population patients ages 40–75 years with diabetes or a 10-year ASCVD risk score of greater than or equal to (≥) 20% or any age with documented ASCVD or age 20 through 75 with an LDL greater than or equal to (≥) 190 or familial hypercholesterolemia, broken down by age groups	*1) With Statin Therapy 2) With denominator exclusion A) With documented allergy, intolerance, or other adverse effect to statin medication
**Appropriate Medication Therapy after a Heart Attack	**Active Clinical patients 35 and older discharged for an AMI	**1) With beta-blocker Rx//contraindication (no refusals) **2) With ASA Rx/contraindication (no refusals) **3) With ACEI/ARB Rx/contraindication (no refusals) **4) With statin Rx/contraindication (no refusals) **5) With all above meds

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
*HIV Screening	1) Pregnant Active Clinical female patients with no documented miscarriage, abortion, or HIV diagnosis *2) User Population patients ages 13–64 years with no recorded diagnosis of HIV ever **3) User Population patients ages 13–64 years with first recorded HIV diagnosis during the Report Period **4) User Population patients ages 13–64 years **5) No denominator. This measure is a total count only, not a percentage	1) With HIV test in past 20 months (no refusals) *2) With HIV screening ever **3) With HIV screening during the Report Period (no refusals) **4) With HIV screening within the past 5 years **5) With positive result **6) With negative result **7) With no result **8) With CD4 count **A) With CD4 less than (<)200 **B) With CD4 greater than or equal to (≥) 200 and less than or equal to (≤) 350 **C) With CD4 greater than (>) 350 and less than or equal to (≤) 500 **D) With CD4 greater than (>) 500 **E) With no CD4 result **9) With HIV diagnosis ever **10) With first HIV diagnosis during the report period **11) Total number of HIV screens for User Population patients with no prior HIV diagnosis
**HIV Quality of Care	**User Population patients ages 13 and older with at least two direct care visits (i.e., not Contract/PRC) with HIV diagnosis during the Report Period, including one HIV diagnosis in last six months	**1) With CD4 test only **2) With viral load only **3) With CD4 and viral load **4) With CD4 and/or viral load **5) With prescription for antiretroviral medication

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
**Hepatitis C Screening	**1) User Population patients born between 1945–1965 with no recorded Hep C diagnosis **2) User Population patients with documented positive Ab result or Hep C diagnosis ever **3) User Population patients born between 1945–1965 with documented positive Ab result or Hep C diagnosis ever **4) User Population patients with positive Ab result or Hep C diagnosis and with positive Hepatitis C confirmation result ever **5) User Population patients born between 1945–1965 with positive Ab result or Hep C diagnosis and with positive Hepatitis C confirmation result ever **6) User Population patients ages 18 and older with no recorded Hep C diagnosis **7) User Population patients ages 13–64 years **8) Pregnant User Population patients with no recorded Hep C diagnosis **9) User Population patients ages 18 months and older with new Hep C diagnosis 6 months prior to the reporting period through the first 6 months of the reporting period	**1) With Hep C Screening **A) With positive result **B) With negative result **2) With documented positive Ab result ever **3) With documented Hep C diagnosis ever **4) With Hepatitis C confirmation test **A) With positive result **B) With negative result **5) Patients who ever had a negative confirmation test twelve weeks or greater after a positive confirmation test (cured). **A) Patients who had a negative confirmation test twelve weeks or greater after their most recent positive confirmation test (currently cured) **6) With Hepatitis C diagnosis ever **7) With first Hepatitis C diagnosis during the report period **8) With Hepatitis C treatment

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
**Chlamydia Testing	**1) Female Active Clinical patients ages 16–29 years, broken down by age groups **2) Female User Population patients ages 16–29 years, broken down by age groups **3) Female Active Clinical patients ages 16–29 years who are identified as sexually active, broken down by age groups **2) Female User Population patients ages 16–29 years who are identified as sexually active, broken down by age groups	**1) Patients tested for Chlamydia during the Report Period. **2) With chlamydia test refusal
**Syphilis Screening	**1) User Population patients ages 13 and older **2) User Population patients ages 13–64 with a new syphilis diagnosis 60 days prior to the beginning of the Report Period through 60 days before the end of the Report Period	**1) With Syphilis screen **2) With Syphilis treatment
**Sexually Transmitted Infection (STI) Screening	**1) HIV/AIDS screenings needed for key STI incidents for Active Clinical patients **2) HIV/AIDS screenings needed for key STI incidents for User Population patients	**1) With needed HIV/AIDS screenings performed **2) With HIV screening refusal
**Proportion of Days Covered by Medication Therapy	**All denominators	**All numerators
**Concurrent Use of Opioids and Benzodiazepines	**Active Clinical patients ages 18 years and older who had two or more prescriptions for opioids	**With two or more prescriptions for benzodiazepines with concurrent use of opioids and benzodiazepines for 30 or more cumulative days
**Medication Therapy Management Services	**Active Clinical patients ages 18 and older with medications dispensed at their facility	**With medication therapy management

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
Breastfeeding Rates	1) Active Clinical patients who are 30–394 days old who were screened for infant feeding choice at the age of two months (45–89 days). 2) User Population patients who are 30–394 days old *3) User Population patients who are 30–394 days old who were screened for infant feeding choice at the age of two months (45–89 days). 4) User Population patients who are 30–394 days old who were screened for infant feeding choice at the age of six months (165–209 days). 5) User Population patients who are 30–394 days old who were screened for infant feeding choice at the age of nine months (255–299 days). 6) User Population patients who are 30–394 days old who were screened for infant feeding choice at the age of 1 year (350–394 days).	1) With infant feeding choice (IFC) screening at least once 2) With IFC screen at 2 months 3) With IFC screen at 6 months 4) With IFC screen at 9 months 5) With IFC screen at 1 year *6) With IFC screen at 2 months and exclusively/mostly breastfed 7) With IFC screen at 6 months and exclusively/mostly breastfed 8) With IFC screen at 9 months and exclusively/mostly breastfed 9) With IFC screen at 1 year and exclusively/mostly breastfed
**Optometry	**Active Clinical patients 18 years and older with primary open-angle glaucoma	**With optic nerve head evaluation

5.3 National GPRA/GPRAMA Patient List

CI26 > RPT > NTL > **LST**

5.3.1 Overview

Patient Lists are available for performance measures included in the National GPRA/GPRAMA Report and the GPRA/GPRAMA Performance Report. You may choose whether to display those patients who meet or do not meet a measure, for example, a list of patients with or without mammograms.

For some measures, more options are available. For example, the Diabetes: Glycemic Control topic includes the following patient list performance measure options:

- List of diabetic patients with a documented A1c

- List of diabetic patients without a documented A1c
- List of diabetic patients with poor glycemic control (A1c greater than [>] 9)
- List of diabetic patients with A1c equal to or greater than (>) 7 and less than (<) 8
- List of diabetic patients with good glycemic control (A1c less than [<] 8)

The following patient list options are available:

- Random list (10% of the total list)
- List by designated primary care provider
- Entire patient list

5.3.2 Running the Patient List

To run the National GPRA/GPRAMA Patient List, use the following steps:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI26** and press Enter to display the **CRS 2026** main menu.
2. At the "Select CRS 2026 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** menu.
3. At the "Select Reports Option" prompt, type **NTL** and press Enter to display the **National GPRA Reports Menu**.
4. At the "Select National GPRA/GPRAMA Reports Option" prompt, type **LST** and press Enter to display the following information about the National GPRA/GPRAMA Patient List:

```
                IHS GPRA/GPRAMA Performance Report Patient List
                         CRS 2026, Version 26.0

This will produce a list of patients who either met or did not meet a
National GPRA/GPRAMA Report performance measure or a list of both those
patients who met and those who did not meet a National GPRA/GPRAMA Report
performance measure. You will be asked to select one or more performance
measure topics and then choose which performance measure numerators you
would like to report on.

You will also be asked to provide the community taxonomy to determine
which patients will be included, the beneficiary population of the
patients, and the Report Period and Baseline Year.
Press enter to continue: <Enter>
```

Figure 5-14: Running the National GPRA/GPRAMA Patient List–patient list description

5. At the "Press enter to continue" prompt, press Enter.
6. The system checks the site-populated taxonomies.
   - If the following message displays, press Enter.

```
Checking for Taxonomies to support the National GPRA/GPRAMA Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-15: Checking taxonomies message

- If the following message displays, the report results for the measure that uses the taxonomy specified are likely to be inaccurate.

```
The taxonomies are missing or have no entries
```

Figure 5-16: Missing taxonomies message

To exit from the report and edit your taxonomies, type a caret (^) at any prompt until you return to the main menu.

7. The **Performance Measure Selection** list of available topics displays, as in the following example:

```
PERFORMANCE MEASURE SELECTION Oct 08, 2026 15:27:17       Page:   1 of   2
IHS GPRA/GPRAMA Clinical Performance Measures
* indicates the performance measure has been selected

 1)  Diabetes Prevalence
 2)  Diabetes: Glycemic Control
 3)  Diabetes: Blood Pressure Control
 4)  Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabet
 5)  Diabetes: Nephropathy Assessment
 6)  Diabetic Retinopathy
 7)  Access to Dental Service
 8)  Dental Sealants
 9)  Topical Fluoride
 10) Influenza
 11) Adult Immunizations
 12) Childhood Immunizations
 13) Adolescent Immunizations
 14) Cervical Cancer Screening
 15) Cancer Screening: Mammogram Rates
 16) Colorectal Cancer Screening
+         Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//
```

Figure 5-17: Performance Measure Selection screen

8. The action bar appears at the bottom of the screen. At the “Select Action” prompt, do one of the following:

   - To view multiple pages:
     - Press Enter to accept the default (+) and to view the next page.
     - Type a minus sign/hyphen (-) and press Enter to return to the previous page.

- To select measure topics:
  - Type **S** and press Enter.
  - At the "Which Measure Topic?" prompt, type the numbers preceding the target measures and press Enter. To select multiple topics, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of ranges and numbers (e.g., 1 through 4, 8, 12).

    After pressing Enter, each measure selected is marked with an asterisk (*) before its number (Figure 5-18).

- To deselect measure topics:
  - At the "Select Action" prompt, type **D** and press Enter.
  - At the "Which item(s)" prompt, type the numbers preceding the measures you want to remove.

    After pressing Enter, each measure you deselected is no longer marked with an asterisk (*) before its number.

- To save your selected topics, type **Q** (Quit) and press Enter.

```
PERFORMANCE MEASURE SELECTION Oct 08, 2026 15:31:38        Page:   1 of   2
IHS GPRA/GPRAMA Clinical Performance Measures
* indicates the performance measure has been selected

*1)  Diabetes Prevalence
 2)  Diabetes: Glycemic Control
*3)  Diabetes: Blood Pressure Control
 4)  Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabet
 5)  Diabetes: Nephropathy Assessment
 6)  Diabetic Retinopathy
 7)  Access to Dental Service
 8)  Dental Sealants
 9)  Topical Fluoride
 10) Influenza
 11) Adult Immunizations
 12) Childhood Immunizations
 13) Adolescent Immunizations
 14) Cervical Cancer Screening
 15) Cancer Screening: Mammogram Rates
 16) Colorectal Cancer Screening
+         Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//
```

Figure 5-18: Selected performance measure topics

9. For each performance measure you selected, the patient lists available for that topic are displayed, as in the following example:

```
Please select one or more of these report choices within the
Diabetes Prevalence performance measure topic.

     1)  Diabetes DX Ever
Which item(s): (1-1): 1  <Enter>
```

```
Please select one or more of these report choices within the
Diabetes: Blood Pressure Control performance measure topic.

     1)  BP Assessed
     2)  BP Not Assessed
     3)  Controlled BP
     4)  Not Controlled BP
     5)  Controlled BP (GPRA Dev)
     6)  Not Controlled BP (GPRA Dev)
     7)  BP <=130/80 and >140/90 (GPRA Dev)

Which item(s): (1-4): 1,3  <Enter>
```

Figure 5-19: Selecting patient lists for each topic

10. At the "Which item(s)" prompt, type the number of the items on which you want to report.

```
Select List Type.
NOTE: If you select All Patients, your list may be
hundreds of pages and take hours to print.

     Select one of the following:

          R         Random Patient List
          P         Patient List by Provider
          A         All Patients

Choose report type for the Lists: R// P <Enter> List by Provider
Enter Designated Provider Name: PROVIDER1,FIRST  <Enter>
```

Figure 5-20: Selecting Patient List by Provider report type

11. At the "Choose report type for the Lists" prompt, type the letter corresponding to the report type you want, and press Enter, where:

    - **R** (Random Patient List) produces a list containing 10% of the entire patient list.
    - **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.
    - **A** (All Patients) produces a list of all patients.

    If you select **P** (Patient List by Provider), type the name of a provider at the "Enter Designated Provider Name" prompt and press Enter.

> **Notes**: Printed patient lists are likely to require a great deal of paper, even when you are producing a random list. Ensure that your selected printer has enough paper, particularly if you are running the report overnight.
>
> Print patient lists only when you need them or print to an electronic file.

12. At the "Enter the date range for your report" prompt, do one of the following:

    - To select a predefined date range, type **1**, **2**, **3**, or **4** and press Enter.

      At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2026) and press Enter.

    - To define a custom report period, type **5** and press Enter.

      At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2026) and press Enter.

13. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

14. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

    - Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)
    - Type the name of a community taxonomy and press Enter.
    - Type the first few letters of the taxonomy name and press Enter to view a list of taxonomies beginning with those letters, or type two question marks (**??**) and press Enter to view the entire list. Then type the number of the taxonomy you want to use, and press Enter.

```
     Select one of the following:

          1         Indian/Alaskan Native (Classification 01)
          2         Not Indian Alaskan/Native (Not Classification 01)
          3         All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1// <Enter>
Indian/Alaskan Native (Classification 01)
```

Figure 5-21: Selecting beneficiary population

15. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include, and press Enter, where:

    - **1** (Indian/Alaskan Native) reports only on AI/AN patients.
    - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
    - **3** (All) reports on your entire patient population.

16. A summary of the report displays, as shown in Figure 5-22. If any information is incorrect, type a caret (^) at the prompt to return to the previous menu. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

```
             SUMMARY OF NATIONAL GPRA/GPRAMA REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:           Oct 01, 2025 to Sep 30, 2026
     Previous Year Period:    Oct 01, 2024 to Sep 30, 2025
     Baseline Period:         Oct 01, 2015 to Sep 30, 2016

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES

Include Measure Logic Text in the Output Report? Y//
```

Figure 5-22: Summary of Report to be generated

17. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want, and press Enter, where:

    - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
    - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.
    - **B** (Both) produces both a printed report and a delimited file.

    Detailed instructions for the **Print** and **Delimited Output** options are found in Step 11 of Section 5.2.2.

> **Note**: Depending on a variety of factors—the number of performance measures selected, the size of your database, your server configuration (RAM, processor speed, etc.)—the report may take 6–8 hours to run. *Always test your first report at night or on the weekend*.

5.3.3 Patient List Content

Table 5-5 lists the following information for the National GPRA/GPRAMA and GPRA/GPRAMA Performance Reports:

- Performance measure topics
- Associated met/not met measures
- Content of the patient lists

A search template may be created for any of the measures listed in the table using the **NST** menu option of the National GPRA Reports menu.

> **Note**: Not every performance measure topic will have a **Met** and **Not Met** patient list option. For example, for patients assessed as obese, only a patient list containing patients meeting the measure is available. Developmental GPRA measures are denoted by a single asterisk (*).

Table 5-5: Content of the National GPRA/GPRAMA Patient List Report by Performance Measure Topic and Performance Measure

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
Diabetes Prevalence	Diabetes DX Ever	List of patients ever diagnosed with diabetes
Diabetes: Glycemic Control	Documented A1c	List of diabetic patients with a documented A1c
Diabetes: Glycemic Control	No Documented A1c	List of diabetic patients without a documented A1c
Diabetes: Glycemic Control	Poor Glycemic Control	List of diabetic patients with poor glycemic control (A1c greater than [>] 9)
Diabetes: Glycemic Control	A1c greater than or equal to (≥) 7 and less than (<) 8	List of diabetic patients with A1c equal to or greater than (>) 7 and less than (<) 8
Diabetes: Glycemic Control	Good Glycemic Control	List of diabetic patients with good glycemic control (A1c less than [<] 8)
Diabetes: Glycemic Control	Without Good Glycemic Control	List of diabetic patients without good glycemic control (A1c greater than or equal to [≥] 8)
Diabetes: Blood Pressure Control	BP Assessed	List of diabetic patients who had their BP assessed
Diabetes: Blood Pressure Control	BP Not Assessed	List of diabetic patients who did not have their BP assessed
Diabetes: Blood Pressure Control	Controlled BP	List of diabetic patients with controlled BP, defined as less than (<) 140/90
Diabetes: Blood Pressure Control	Not Controlled BP	List of diabetic patients with BP that is not controlled, defined as greater than (>) 140/90
*Diabetes: Blood Pressure Control	*Controlled BP	*List of diabetic patients with controlled BP, defined as less than (<) 130/80
*Diabetes: Blood Pressure Control	*Not Controlled BP	*List of diabetic patients with BP that is not controlled, defined as greater than (>)130/80
*Diabetes: Blood Pressure Control	*BP greater than or equal to (≥) 130/80 and less than (>)140/90	*List of diabetic patients with BP at or above 130/80 and below 140/90.
Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes	With Statin Therapy	List of diabetic patients ages 40–75 years or any age with ASCVD or age 20–75 with LDL greater than or equal to 190 or familial hypercholesterolemia or 40–75 w/risk score greater than or equal to (≥) 20% with statin therapy
Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes	Without Statin Therapy	List of diabetic patients ages 40–75 years or any age with ASCVD or age 20–75 with LDL greater than or equal to 190 or familial hypercholesterolemia or 40–75 w/risk score greater than or equal to (≥) 20% without statin therapy

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes	With Denominator Exclusions	List of patients with denominator exclusions
*Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes	*With Statin Therapy	*List of diabetic patients 40-75 or any age with ASCVD with statin therapy
*Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes	*Without Statin Therapy	*List of diabetic patients 40-75 or any age with ASCVD without statin therapy
*Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes	*With Denominator Exclusions	*List of patients with denominator exclusions
Diabetes: Nephropathy Assessment	Nephropathy Assessed	List of diabetic patients with nephropathy assessment
Diabetes: Nephropathy Assessment	Nephropathy Not Assessed	List of diabetic patients without nephropathy assessment
*Diabetes: Nephropathy Assessment	*Nephropathy Assessed	*List of diabetic patients with no ESRD with nephropathy assessment
*Diabetes: Nephropathy Assessment	*Nephropathy Not Assessed	*List of diabetic patients with no ESRD without nephropathy assessment
Diabetic Retinopathy	Retinopathy Assessed	List of diabetic patients who received any retinal screening
Diabetic Retinopathy	Retinopathy Not Assessed	List of diabetic patients who did not receive any retinal screening
Diabetic Retinopathy	Validated Teleretinal Visit	List of diabetic patients with a validated teleretinal visit
Diabetic Retinopathy	Ophthalmology Visit	List of diabetic patients with an ophthalmology visit
Diabetic Retinopathy	Optometry Visit	List of diabetic patients with an optometry visit

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
Access to Dental Services	Documented Dental Visit	List of patients with documented dental visit
Access to Dental Services	No Documented Dental Visit	List of patients without documented dental visit
Dental Sealants	With Intact Dental Sealants	List of User Pop patients 2–15 years old with intact dental sealant
Dental Sealants	No Intact Dental Sealants	List of User Pop patients 2–15 years old without intact dental sealant
Dental Sealants	With Dental Sealants	List of patients who received dental sealants during Report Period
Topical Fluoride	With Topical Fluoride Application	List of User Pop patients 1–15 years old with topical fluoride application
Topical Fluoride	No Topical Fluoride Application	List of User Pop patients 1–15 years old without topical fluoride application
Topical Fluoride	With Topical Fluoride Application	List of patients who received at least one topical fluoride application during Report Period
Influenza	User Population Patients ages 6 months through 17 years with documented Influenza Immunization	List of patients ages 6 months through 17 years with influenza vaccination, contraindication, or NMI refusal
Influenza	User Population Patients 6 months through 17 years without documented Influenza immunization	List of patients 6 months through 17 years without influenza vaccination, contraindication, or NMI refusal
Influenza	User Population Patients 18 years and older with documented Influenza immunization	List of patients 18 years and older with influenza vaccination, contraindication, or NMI refusal
Influenza	User Population Patients 18 years and older without documented Influenza immunization	List of patients 18 years and older without influenza vaccination, contraindication, or NMI refusal
*Influenza	*User Population Patients ages 6 months through 17 years with documented Influenza Immunization three months prior to the report period through the first nine months of the report period	*List of patients ages 6 months through 17 years with influenza vaccination, contraindication, or NMI refusal

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Influenza	*User Population Patients 6 months through 17 years without documented Influenza immunization three months prior to the report period through the first nine months of the report period	*List of patients 6 months through 17 years without influenza vaccination, contraindication, or NMI refusal
*Influenza	*User Population Patients 18 years and older with documented Influenza immunization three months prior to the report period through the first nine months of the report period	*List of patients 18 years and older with influenza vaccination, contraindication, or NMI refusal
*Influenza	*User Population Patients 18 years and older without documented Influenza immunization three months prior to the report period through the first nine months of the report period	*List of patients 18 years and older without influenza vaccination, contraindication, or NMI refusal
Adult Immunizations	User Population Patients With 1:1:1	List of patients ages 19–50 years with 1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period)
Adult Immunizations	User Population Patients Without 1:1:1	List of patients ages 19–50 years without 1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period)
Adult Immunizations	User Population Patients With 1:1	List of patients ages 19–50 years with 1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever)
Adult Immunizations	User Population Patients Without 1:1	List of patients ages 19–50 years without 1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever)
Adult Immunizations	User Population Patients With 1:1:1:2	List of patients ages 51–65 years with 1:1:1:2 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, 2 Shingrix)
Adult Immunizations	User Population Patients Without 1:1:1:2	List of patients ages 51–65 years without 1:1:1:2 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, 2 Shingrix)

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
Adult Immunizations	User Population Patients With 1:1:2	List of patients ages 51–65 years with 1:1:2 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 2 Shingrix)
Adult Immunizations	User Population Patients Without 1:1:2	List of patients ages 51–65 years without 1:1:2 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 2 Shingrix)
Adult Immunizations	User Population Patients With 1:1:1:2:1	List of patients ages 66 years and older with 1:1:1:2:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, 2 Shingrix, 1 up-to-date Pneumo)
Adult Immunizations	User Population Patients Without 1:1:1:2:1	List of patients ages 66 years and older without 1:1:1:2:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, 2 Shingrix, 1 up-to-date Pneumo)
Adult Immunizations	User Population Patients With 1:1:2:1	List of patients ages 66 years and older with 1:1:2:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 2 Shingrix, 1 up-to-date Pneumo)
Adult Immunizations	User Population Patients Without 1:1:2:1	List of patients ages 66 years and older without 1:1:2:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 2 Shingrix, 1 up-to-date Pneumo)
Adult Immunizations	With age-appropriate immunizations	List of User Population patients ages 19 years and older with age-appropriate immunizations
Adult Immunizations	Without age-appropriate immunizations	List of User Population patients ages 19 years and older without age-appropriate immunizations
*Adult Immunizations	*User Population patients ages 19 and older with all age appropriate IZ Combo.	*List of patients 19+ yrs with all age appropriate immunization combinations or NMI refusal
*Adult Immunizations	*User Population patients ages 19 and older without all age appropriate IZ Combo.	*List of patients 19+ yrs without all age appropriate immunization combinations or NMI refusal
*Adult Immunizations	*User Population Patients 19+ with Cerebrospinal Fluid Leak or Cochlear Implant With Pneumo	*List of User Population patients 19+ years with cerebrospinal fluid leak or cochlear implant with up-to-date Pneumococcal vaccine for high-risk patients
*Adult Immunizations	*User Population Patients 19+ with Cerebrospinal Fluid Leak or Cochlear Implant Without Pneumo	*List of User Population patients 19+ years with cerebrospinal fluid leak or cochlear implant without up-to-date Pneumococcal vaccine for high-risk patients

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Adult Immunizations	*User Population Patients 19+ with Immunocompromising Condition With Pneumo	*List of User Population patients 19+ years with immunocompromising condition with up-to-date Pneumococcal vaccine for high-risk patients
*Adult Immunizations	*User Population Patients 19+ with Immunocompromising Condition Without Pneumo	*List of User Population patients 19+ years with immunocompromising condition without up-to-date Pneumococcal vaccine for high-risk patients
*Adult Immunizations	*User Population Patients 19+ with Other Medical Condition With Pneumo	*List of User Population patients 19+ years with other underlying medical condition or risk factor with up-to-date Pneumococcal vaccine
*Adult Immunizations	*User Population Patients 19+ with Other Medical Condition Without Pneumo	*List of User Population patients 19+ years with other underlying medical condition or risk factor without up-to-date Pneumococcal vaccine
*Adult Immunizations	*User Population Patients 19+ High Risk With 2 Shingrix	*List of User Population patients 19+ years considered high-risk for Zoster with 2 doses of Shingrix ever
*Adult Immunizations	*User Population Patients 19+ High Risk Without 2 Shingrix	*List of User Population patients 19+ years considered high-risk for Zoster without 2 doses of Shingrix ever
*Adult Immunizations	*User Population Patients 19 through 59 with 2 or 3 doses of Hep B	*List of User Population patients age 19–59 years with 2 or 3 doses of Hepatitis B vaccine
*Adult Immunizations	*User Population Patients 19 through 59 without 2 or 3 doses of Hep B	*List of User Population patients age 19–59 years without 2 or 3 doses of Hepatitis B vaccine
*Adult Immunizations	*Pregnant Active Clinical Patients with Tdap	*List of pregnant Active Clinical Patients with Tdap documented in the past 20 months
*Adult Immunizations	*Pregnant Active Clinical Patients without	*List of pregnant Active Clinical Patients without Tdap documented in the past 20 months
*Adult Immunizations	*Pregnant Active Clinical Patients with Influenza	*List of pregnant Active Clinical Patients with Influenza documented during the Report Period
*Adult Immunizations	*Pregnant Active Clinical Patients without Influenza	*List of pregnant Active Clinical Patients without Influenza documented during the Report Period
*Adult Immunizations	*Pregnant Active Clinical Patients with Tdap and Influenza	*List of pregnant Active Clinical Patients with Tdap documented in the past 20 months and Influenza documented during the Report Period
*Adult Immunizations	*Pregnant Active Clinical Patients without Tdap and Influenza	*List of pregnant Active Clinical Patients without Tdap documented in the past 20 months and Influenza documented during the Report Period

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Adult Immunizations	*Pregnant Active Clinical Patients with Visit in Third Trimester and Tdap in Third Trimester	*List of pregnant AC patients with a visit during the third trimester with Tdap documented during the third trimester
*Adult Immunizations	*Pregnant Active Clinical Patients with Visit in Third Trimester and without Tdap in Third Trimester	*List of pregnant AC patients with a visit during the third trimester without Tdap documented during the third trimester
Childhood Immunizations	User Population Patients With 4:3:1:3*:3:1:4	List of User Population Patients ages 19–35 months who received the 4:3:1:3*:3:1:4 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 or 4 HiB, 3 Hep B, 1 Varicella, 4 Pneumococcal) **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be 7–23 months.
Childhood Immunizations	User Population Patients Without 4:3:1:3*:3:1:4	List of User Population patients ages 19–35 months who have not received the 4:3:1:3*:3:1:4 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 or 4 HiB, 3 Hep B, 1 Varicella, 4 Pneumococcal). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP. **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be 7–23 months.
Childhood Immunizations	Active Immunization Package Patients with 4:3:1:3*:3:1:4	List of Active Immunization Package patients 19–35 months who received the 4:3:1:3*:3:1:4 combination (4 DTaP, 3 Polio, 1 MMR, 3 or 4 HiB, 3 Hep B, 1 Varicella, and 4 Pneumococcal) **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be 7–23 months.
Childhood Immunizations	Active Immunization Package Patients without 4:3:1:3*:3:1:4	List of patients Active Immunization Package patients ages 19–35 months who have not received the 4:3:1:3*:3:1:4 combination (4 DTaP, 3 Polio, 1 MMR, 3 or 4 HiB, 3 Hep B, 1 Varicella, and 4 Pneumococcal). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP. **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be 7–23 months.

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
Childhood Immunizations	Patients in Active Clinical denominator who are not in Active Immunization Package Patients denominator	List of patients ages 19–35 months who are in Active Clinical denominator but who are not in Active Immunization Package Patients denominator, with IZ, if any.
*Childhood Immunizations	*Active Immunization Package Patients with 1 dose of Hep A	*List of Active Immunization Package patients ages 19–35 months who received 1 dose of the Hep A vaccine **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be 7–23 months.
*Childhood Immunizations	*Active Immunization Package Patients without 1 dose of Hep A	*List of Active Immunization Package patients ages 19–35 months who have not received 1 dose of the Hep A vaccine **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be 7–23 months.
*Childhood Immunizations	*Active Immunization Package Patients with 2 or 3 doses of Rotavirus	*List of Active Immunization Package patients 19–35 months who received two or three doses of the rotavirus vaccine **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be 7–23 months.
*Childhood Immunizations	*Active Immunization Package Patients without 2 or 3 doses of Rotavirus	*List of Active Immunization Package patients 19–35 months who have not received 2 or 3 doses of the rotavirus vaccine **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be 7–23 months.
*Childhood Immunizations	*Active Immunization Package Patients with 2 doses of Influenza	*List of Active Immunization Package patients ages 19–35 months who received 2 doses of the influenza vaccine. **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be 7–23 months.
*Childhood Immunizations	*Active Immunization Package Patients without 2 doses of Influenza	*List of Active Immunization Package patients 19–35 months who have not received 2 doses of the influenza vaccine **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be 7–23 months.
*Adolescent Immunizations	*User Population 13 through 17 with 1:1:2*	*List of User Population patients 13–17 with 1:1:2* combination (i.e., one Tdap/Td, one Meningococcal, two or three HPV)

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Adolescent Immunizations	*User Population 13 through 17 without 1:1:2*	*List of User Population patients 13–17 without 1:1:2* combination (i.e., one Tdap/Td, one Meningococcal, two or three HPV). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had one HPV, no IZ will be listed for HPV
*Adolescent Immunizations	*User Population 13 through 17 with 1:1	*List of User Population patients 13–17 with 1:1 combination (i.e., one Tdap/Td, one Meningococcal)
*Adolescent Immunizations	*User Population 13 through 17 without 1:1	*List of User Population patients 13–17 without 1:1 combination (i.e., one Tdap/Td, one Meningococcal)
*Adolescent Immunizations	*User Population 13 through 17 with one Tdap	*List of User Population patients 13–17 with one Tdap ever
*Adolescent Immunizations	*User Population 13 through 17 without one Tdap	*List of User Population patients 13–17 without one Tdap ever
*Adolescent Immunizations	*User Population 13 through 17 with one Meningococcal	*List of User Population patients 13–17 with one Meningococcal ever
*Adolescent Immunizations	*User Population 13 through 17 without one Meningococcal	*List of User Population patients 13–17 without one Meningococcal ever
*Adolescent Immunizations	*Female User Population 13 through 17 with 2 or 3 HPV	*List of female User Population patients 13–17 with two or three doses of HPV ever
*Adolescent Immunizations	*User Population 13 through 17 without 2 or 3 HPV	*List of User Population patients 13–17 without two or three doses of HPV ever. If a patient did not have all doses, the IZ will not be listed
Cervical Cancer Screening	Documented Pap Smear or Pap Smear and HPV	List of female patients with a Pap smear documented in the past 3 years or Pap and HPV in the past 5 years or HPV Primary in past 5 years
Cervical Cancer Screening	No Documented Pap Smear or Pap Smear and HPV	List of female patients without a Pap smear documented in the past 3 years or Pap and HPV in the past 5 years or HPV Primary in past 5 years
Cancer Screening: Mammogram Rates	User Population 52-74 with Documented Mammogram	List of female patients with a Mammogram documented in the past 2 years
Cancer Screening: Mammogram Rates	User Population 52-74 with No Documented Mammogram	List of female patients without a Mammogram documented in the past 2 years
*Cancer Screening: Mammogram Rates	*User Population 42-74 with Documented Mammogram	*List of female patients with a Mammogram documented in the past 2 years

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Cancer Screening: Mammogram Rates	*User Population 42-74 with No Documented Mammogram	*List of female patients without a Mammogram documented in the past 2 years
Colorectal Cancer Screening	CRC Screening	List of patients ages 45–75 years with CRC screening
Colorectal Cancer Screening	No CRC Screening	List of patients ages 45–75 years without CRC screening
*Colorectal Cancer Screening	*UP 40 through 75 with CRC screen	*List of patients 40-75 with CRC screening.
*Colorectal Cancer Screening	*UP 40 through 75 with no CRC screen	*List of patients 40-75 without CRC screening.
Tobacco Use and Exposure Assessment	Documented Tobacco Screening	List of patients with documented tobacco screening
Tobacco Use and Exposure Assessment	No Documented Tobacco Screening	List of patients without documented tobacco screening
Tobacco Use and Exposure Assessment	Documented Tobacco Screening and Assessed as Tobacco User	List of patients identified as current tobacco users, both smokers and smokeless users
Tobacco Cessation	Tobacco Users w/cessation intervention or quit tobacco use	List of tobacco users with documented tobacco cessation intervention or who quit tobacco use
Tobacco Cessation	Tobacco Users without cessation intervention and did not quit tobacco use	List of tobacco users without documented tobacco cessation intervention and did not quit tobacco use
Tobacco Cessation	Tobacco Users w/cessation intervention	List of tobacco users with documented tobacco cessation intervention
Tobacco Cessation	Tobacco Users w/o documented cessation intervention	List of tobacco users without documented tobacco cessation intervention
Tobacco Cessation	Tobacco Users who quit tobacco use	List of tobacco users who quit tobacco use
Tobacco Cessation	Tobacco Users who did not quit tobacco use	List of tobacco users who did not quit tobacco use
Alcohol Screening	Documented Alcohol Screening 9–75	List of User Population patients 9–75 years old with documented alcohol screening.
Alcohol Screening	Without Documented Alcohol Screening 9–75	List of User Population patients 9–75 years old without documented alcohol screening
Alcohol Screening	With Positive Alcohol Screen	List of User Population patients 9–75 years old with a positive alcohol screen

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
Alcohol Screening	With Negative Alcohol Screen	List of User Population patients 9–75 years old with a negative alcohol screen or no result
Alcohol Screening	Documented Alcohol Screening	List of female Active Clinical patients 14–46 years old with documented screening
Alcohol Screening	No Documented Alcohol Screening	List of female Active Clinical patients 14–46 years old without documented screening
Alcohol Screening	With Positive Alcohol Screen (FAS Prevention)	List of female Active Clinical patients 14–46 years old with a positive alcohol screen
Alcohol Screening	With Negative Alcohol Screen (FAS Prevention)	List of female Active Clinical patients 14–46 years old with a negative alcohol screen or no result.
Screening, Brief Intervention, and Referral to Treatment	User Population Patients 9–75 with alcohol screen	List of User Population patients 9–75 years old who were screened for risky or harmful alcohol use
Screening, Brief Intervention, and Referral to Treatment	User Population Patients 9–75 without alcohol screen	List of User Population patients 9–75 years old who were not screened for risky or harmful alcohol use
Screening, Brief Intervention, and Referral to Treatment	User Population Patients 9–75 with positive alcohol screen	List of User Population patients 9–75 years old who screened positive for risky or harmful alcohol use
Screening, Brief Intervention, and Referral to Treatment	User Population Patients 9–75 with BNI/BI	List of User Population patients 9–75 years old who received a BNI/BI within 7 days of screen
Screening, Brief Intervention, and Referral to Treatment	User Population Pts 9–75 without BNI/BI	List of User Population patients 9–75 years old who did not receive a BNI/BI within 7 days of screen
Screening, Brief Intervention, and Referral to Treatment	User Population Patients 9–75 with positive alcohol screen with referred treatment	List of User Population patients 9–75 years old who screened positive for risky or harmful alcohol use and who were referred treatment within 7 days of screen
Screening, Brief Intervention, and Referral to Treatment	User Population Patients 9–75 with positive alcohol screen without referred treatment	List of User Population patients 9–75 years old who screened positive for risky or harmful alcohol use and who were not referred treatment within 7 days of screen
Screening, Brief Intervention, and Referral to Treatment	User Population Patients 9–75 with positive alcohol screen with BNI/BI	List of UP patients ages 9–75 years who screened positive for risky or harmful alcohol use and who received a BNI/BI within 7 days of screen
Screening, Brief Intervention, and Referral to Treatment	User Population Patients 9–75 with positive alcohol screen without BNI/BI	List of UP patients ages 9–75 years who screened positive for risky or harmful alcohol use and who did not receive a BNI/BI within 7 days of screen
*Screening for Substance Use	*Active Clinical 12 and older with substance use screen	List of Active Clinical patients 12 and older screened for substance use.

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Screening for Substance Use	*Active Clinical 12 and older without substance use screen	List of Active Clinical patients 12 and older not screened for substance use.
*Screening for Substance Use	*Active Clinical 12 and older with positive substance use screen	List of Active Clinical patients 12+ with a positive substance screen.
*Screening for Substance Use	*Active Clinical 12 and older with negative substance use screen/no result	List of Active Clinical patients 12+ with a negative substance screen/no result.
*Screening for Substance Use	*User Population 12 and older with substance use screen (GPRA Dev)	*List of User Population patients 12 and older screened for substance use.
*Screening for Substance Use	*User Population 12 and older without substance use screen	*List of User Population patients 12 and older not screened for substance use.
*Screening for Substance Use	*User Population 12 and older with alcohol use risk screen	*List of User Population patients 12 and older with an alcohol use risk screen.
*Screening for Substance Use	*User Population 12 and older without alcohol use risk screen	*List of User Population patients 12 and older without an alcohol use risk screen.
*Screening for Substance Use	*User Population 12 and older with drug use risk screen	*List of User Population patients 12 and older with a drug use risk screen.
*Screening for Substance Use	*User Population 12 and older without drug use risk screen	*List of User Population patients 12 and older without a drug use risk screen.
*Screening for Substance Use	*User Population 12 and older with positive substance use screen	*List of User Population patients 12 and older with a positive substance screen.
*Screening for Substance Use	*User Population 12 and older with negative substance use screen/no result	*List of User Population patients 12 and older with a negative substance screen/no result.
*Substance Use Disorder (SUD) in Women of Childbearing Age	*Female User Population Patients 14–46 with SUD screen	*List of female User Pop patients 14–46 with SUD screening.
*Substance Use Disorder (SUD) in Women of Childbearing Age	*Female User Population Patients 14–46 without SUD screen	*List of female User Pop patients 14–46 without SUD screening.

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Substance Use Disorder (SUD) in Women of Childbearing Age	*Female User Population Patients 14–46 with pregnancy intention assessment	*List of female User Pop patients 14–46 with pregnancy intention assessment.
*Substance Use Disorder (SUD) in Women of Childbearing Age	*Female User Population Patients 14–46 without pregnancy intention assessment	*List of female User Pop patients 14-46 without pregnancy intention assessment.
*Substance Use Disorder (SUD) in Women of Childbearing Age	*Female User Population Patients 14–46 with SUD screen and pregnancy intention	*List of female User Pop patients 14–46 with SUD screening and pregnancy intention assessment.
*Substance Use Disorder (SUD) in Women of Childbearing Age	*Female User Population Patients 14–46 without SUD screen and pregnancy intention assessment	*List of female User Pop patients 14–46 without SUD screening and pregnancy intention assessment.
*Substance Use Disorder (SUD) in Women of Childbearing Age	*Female User Population Patients 14–46 with positive SUD screen with pregnancy intention assessment	*List of female User Pop patients 14–46 with positive SUD screen with pregnancy intention assessment.
*Substance Use Disorder (SUD) in Women of Childbearing Age	*Female User Population Patients 14–46 with positive SUD screen without pregnancy intention assessment	*List of female User Pop patients 14–46 with positive SUD screen without pregnancy intention assessment.
*Substance Use Disorder (SUD) in Women of Childbearing Age	*Female User Population Patients 14–46 with positive SUD screen with BI	*List of female User Pop patients 14–46 with positive SUD screen with BI within 7 days of screen.
*Substance Use Disorder (SUD) in Women of Childbearing Age	*Female User Population Patients 14–46 with positive SUD screen without BI	*List of female User Pop patients 14–46 with positive SUD screen without BI within 7 days of screen.
*Substance Use Disorder (SUD) in Women of Childbearing Age	*Pregnant User Population Patients with SUD diagnosis	*List of pregnant User Pop patients with SUD diagnosis.
*Substance Use Disorder (SUD) in Women of Childbearing Age	*Pregnant User Population Patients with positive SUD screen with BI	*List of pregnant User Pop patients with positive SUD screen with BI within 7 days of screen.

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Substance Use Disorder (SUD) in Women of Childbearing Age	*Pregnant User Population Patients with positive SUD screen without BI	*List of pregnant User Pop patients with positive SUD screen without BI within 7 days of screen.
*Suicide Risk Assessment	*With Suicide Risk Assessment	*List of User Pop patients seen in the ED or Urgent Care who have a documented suicide risk assessment.
*Suicide Risk Assessment	*No Suicide Risk Assessment	*List of User Pop patients seen in the ED or Urgent Care who do not have a documented suicide risk assessment.
IPV/DV Screening	Documented IPV/DV Screening	List of female patients ages 14–46 years with documented IPV/DV screening
IPV/DV Screening	No Documented IPV/DV Screening	List of female patients ages 14–46 years without documented IPV/DV screening
Depression Screening	Documented Depression Screening (User Population ages 12–17)	List of User Population patients ages 12–17 years screened for depression/diagnosed with mood disorder
Depression Screening	No Documented Depression Screening (User Population ages 12–17)	List of User Population patients ages 12–17 years not screened for depression/diagnosed with mood disorder
Depression Screening	Documented Depression Screening (User Population greater than or equal to [≥] 18)	List of User Population patients ages 18 years and older screened for depression/diagnosed with mood disorder
Depression Screening	No Documented Depression Screening (User Population greater than or equal to [≥]18)	List of User Population patients ages 18 years and older not screened for depression/diagnosed with mood disorder
Depression Screening	Documented Depression Screening (Active Diabetic)	List of Active Diabetic patients screened for depression/diagnosed with mood disorder.
Depression Screening	No Documented Depression Screening (Active Diabetic)	List of Active Diabetic patients not screened for depression/diagnosed with mood disorder.
Childhood Weight Control	With BMI greater than or equal (≥) to 95th Percentile	List of patients ages 2–5 years with BMI at or above the 95th percentile.
*Weight Assessment and Counseling for Nutrition and Physical Activity	*With Comprehensive Assessment	*List of Active Clinical patients ages 3–17 years with comprehensive assessment

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Weight Assessment and Counseling for Nutrition and Physical Activity	*Without Comprehensive Assessment	*List of Active Clinical patients ages 3–17 years without comprehensive assessment
*Physical Activity Assessment	*User Population 5 and older with physical activity assessment	*List of User Population patients 5 and older who had a physical activity assessment
*Physical Activity Assessment	*User Population 5 and older without physical activity assessment	*List of User Population patients 5 and older who did not have a physical activity assessment.
*Physical Activity Assessment	*User Population 5 and older with physical activity assessment and exercise education	*List of User Population patients 5 and older who had a physical activity assessment and received exercise education
*Physical Activity Assessment	*User Population 5 and older with physical activity assessment and without exercise education	*List of User Population patients 5 and older who had a physical activity assessment and did not receive exercise education
*Physical Activity Assessment	*User Population 5 and older with physical activity assessment and exercise goal	*List of User Population patients 5 and older who had a physical activity assessment and set at least one exercise goal
*Physical Activity Assessment	*User Population 5 and older with physical activity assessment and without exercise goal	*List of User Population patients 5 and older who had a physical activity assessment and did not set at least one exercise goal
*Cardiovascular Disease and Blood Pressure Control	*Active Clinical 18 and older with BP Assessed	*List of Active Clinical patients 18 years and older who had their blood pressure assessed
*Cardiovascular Disease and Blood Pressure Control	*Active Clinical 18 and older w/o BP Assessment	*List of Active Clinical patients 18 years and older who have not had their blood pressure assessed
*Cardiovascular Disease and Blood Pressure Control	*Active Clinical with CHD with BP Assessed	*List of Active Clinical patients who have CHD who had their blood pressure assessed
*Cardiovascular Disease and Blood Pressure Control	*Active Clinical with CHD w/o BP Assessment	*List of Active Clinical patients who have CHD who have not had their blood pressure assessed
Controlling High Blood Pressure–Million Hearts	With BP less than (<) 149/90	List of hypertensive patients with BP less than (<) 140/90
Controlling High Blood Pressure–Million Hearts	With BP greater than or equal to (≥) 140/90	List of hypertensive patients with BP greater than or equal to (≥) 140/90

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	User Pop Patients ages 21 and older with statin therapy	List of patients aged 40–75 with diabetes or with risk score greater than or equal to (≥) 20% or any age with ASCVD or age 20 and older with LDL greater than or equal to (≥) 190 or familial hypercholesterolemia with statin therapy
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	User Pop Patients ages 21 and older without statin therapy	List of patients aged 40–75 with diabetes or with risk score greater than or equal to (≥) 20% or any age with ASCVD or age 20 and older with LDL greater than or equal to (≥) 190 or familial hypercholesterolemia without statin therapy
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	User Pop Patients ages 21 and older with denominator exclusions	List of patients with denominator exclusions
*Appropriate Medication Therapy after a Heart Attack	*Active Clinical 35 and older with Beta-Blocker Therapy	*List of Active Clinical patients age 35 years and older discharged for AMI with beta-blocker therapy
*Appropriate Medication Therapy after a Heart Attack	*Active Clinical 35 and older without Beta-Blocker Therapy	*List of Active Clinical patients age 35 years and older discharged for AMI without beta-blocker therapy
*Appropriate Medication Therapy after a Heart Attack	*Active Clinical 35 and older with ASA Therapy	*List of Active Clinical patients age 35 years and older discharged for AMI with ASA therapy
*Appropriate Medication Therapy after a Heart Attack	*Active Clinical 35 and older without ASA Therapy	*List of Active Clinical patients age 35 years and older discharged for AMI without ASA therapy
*Appropriate Medication Therapy after a Heart Attack	*Active Clinical 35 and older with ACEI/ARB Therapy	*List of Active Clinical patients age 35 years and older discharged for AMI with ACEI/ARB therapy
*Appropriate Medication Therapy after a Heart Attack	*Active Clinical 35 and older without ACEI/ARB Therapy	*List of Active Clinical patients age 35 years and older discharged for AMI without ACEI/ARB therapy
*Appropriate Medication Therapy after a Heart Attack	*Active Clinical 35 and older with Statin Therapy	*List of Active Clinical patients age 35 years and older discharged for AMI with statin therapy
*Appropriate Medication Therapy after a Heart Attack	*Active Clinical 35 and older without Statin Therapy	*List of Active Clinical patients age 35 years and older discharged for AMI without statin therapy
*Appropriate Medication Therapy after a Heart Attack	*Active Clinical 35 and older with All Meds	*List of Active Clinical patients age 35 years and older discharged for AMI with all appropriate medications
*Appropriate Medication Therapy after a Heart Attack	*Active Clinical 35 and older without All Meds	*List of Active Clinical patients age 35 years and older discharged for AMI without all appropriate medications

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
HIV Screening	Documented HIV Test for Pregnant Patients	List of pregnant patients with documented HIV test in past 20 months
HIV Screening	No Documented HIV Test for Pregnant Patients	List of pregnant patients without documented HIV test in past 20 months
HIV Screening	With HIV Screening Ever	List of User Population patients ages 13–64 years with documented HIV test ever
HIV Screening	Without HIV Screening Ever	List of User Population patients ages 13–64 years without documented HIV test ever
*HIV Screening	*With HIV Screening During Report Period (13–64 years)	*List of User Population patients ages 13–64 years with documented HIV test during the Report Period
*HIV Screening	*Without HIV Screening During Report Period (13–64 years)	*List of User Population patients ages 13–64 years without documented HIV test during the Report Period
*HIV Screening	*Positive Result	*List of User Population patients ages 13–64 years with documented HIV test and positive result
*HIV Screening	*Negative Result	*List of User Population patients ages 13–64 years with documented HIV test and negative result
*HIV Screening	*No Result	*List of User Population patients ages 13–64 years with documented HIV test and no result
*HIV Screening	*With HIV Screening in Past 5 Years	*List of User Population patients ages 13–64 years with documented HIV test in past 5 years.
*HIV Screening	*Without HIV Screening in Past 5 Years	*List of User Population patients aged 13–64 years without documented HIV test in past 5 years
*HIV Screening	*With HIV Test for User Population	*List of User Population patients with documented HIV test
*HIV Screening	*Newly HIV Positive Patients with CD4 Count	*List of HIV positive User Population patients ages 13–64 years with CD4 count
*HIV Screening	*Newly HIV Positive Patients without CD4 Count	*List of HIV positive User Population patients ages 13–64 years without CD4 count
*HIV Screening	*Male UP Patients 25–45 with positive HIV result	*List of Male User Population patients ages 25–45 years with positive HIV result
*HIV Screening	*Male UP Patients 25–45 without positive HIV result	*List of Male User Population patients ages 25–45 years without positive HIV result
*HIV Screening	*Male UP Patients 25–45 with HIV Test Ever	*List of Male User Population patients ages 25–45 years with documented HIV test ever
*HIV Screening	*Male UP Patients 25–45 without HIV Test Ever	*List of Male User Population patients ages 25–45 years without documented HIV test ever
*HIV Screening	*User Population Patients 13–64 with HIV Diagnosis Ever	*List of User Population patients 13–64 with documented HIV diagnosis ever.

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*HIV Screening	*User Population Patients 13–64 with First HIV Diagnosis	*List of User Population patients 13–64 with first documented HIV diagnosis during the Report Period.
*HIV Quality of Care	*Patients 13 and older with HIV Dx with CD4 test only	*List of patients age 13 and older with HIV diagnosis during the Report Period who received CD4 test only
*HIV Quality of Care	*Patients 13 and older without HIV Dx with CD4 test	*List of patients age 13 and older with HIV diagnosis during the Report Period who did not receive CD4 test only
*HIV Quality of Care	*Patients 13 and older with HIV Dx with HIV viral load only	*List of patients age 13 and older with HIV diagnosis during the Report Period who received HIV viral load only
*HIV Quality of Care	*Patients 13 and older with HIV Dx without HIV viral load	*List of patients age 13 and older with HIV diagnosis during the Report Period who did not receive HIV viral load only
*HIV Quality of Care	*Patients 13 and older with HIV Dx with CD4 and HIV viral load	*List of patients age 13 and older with HIV diagnosis during the Report Period who received CD4 and HIV viral load
*HIV Quality of Care	*Patients 13 and older with HIV Dx without CD4 and HIV viral load	*List of patients age 13 and older with HIV diagnosis during the Report Period who did not receive CD4 and HIV viral load
*HIV Quality of Care	*Patients 13 and older with HIV Dx with CD4 or HIV viral load	*List of patients age 13 and older with HIV diagnosis during the Report Period who received CD4 or HIV viral load
*HIV Quality of Care	*Patients 13 and older with HIV Dx without CD4 or HIV viral load	*List of patients age 13 and older with HIV diagnosis during the Report Period who did not receive CD4 or HIV viral load
*HIV Quality of Care	*Patients 13 and older with HIV Dx with prescription for antiretroviral medication	*List of patients age 13 and older with HIV diagnosis during the Report Period who received a prescription for an antiretroviral medication
*HIV Quality of Care	*Patients 13 and older with HIV Dx without prescription for antiretroviral medication	*List of patients age 13 and older with HIV diagnosis during the Report Period who did not receive a prescription for an antiretroviral medication
*Hepatitis C Screening	*Patients with no Hepatitis C Diagnosis with Hepatitis C Screening	*List of patients born between 1945 and 1965 with no prior Hep C diagnosis who were ever screened for Hep C
*Hepatitis C Screening	*Patients with no Hepatitis C Diagnosis with no Hepatitis C Screening	*List of patients born between 1945 and 1965 with no prior Hep C diagnosis or screening who were ever screened for Hep C
*Hepatitis C Screening	*Patients with Positive Hepatitis C Screen	*List of patients with Hep C screening and positive result

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Hepatitis C Screening	*Patients with Negative Hepatitis C Screen	*List of patients with Hep C screening and negative result
*Hepatitis C Screening	*Patients with Positive Ab Result	*List of patients with positive Ab result
*Hepatitis C Screening	*Patients with Hepatitis C Diagnosis	*List of patients with Hep C diagnosis
*Hepatitis C Screening	*Patients with Hepatitis C Diagnosis and Confirmatory Test	*List of patients with Hep C diagnosis/positive Ab result who were given Hep C confirmatory test
*Hepatitis C Screening	*Patients with Hepatitis C Diagnosis and no Confirmatory Test	*List of patients with Hep C diagnosis/positive Ab result who were not given Hep C confirmatory test
*Hepatitis C Screening	*Patients with Positive Confirmatory Test Result	*List of patients with Hep C confirmatory test and positive result
*Hepatitis C Screening	* Patients with Negative Confirmatory Test Result	*List of patients with Hep C confirmatory test and negative result
*Hepatitis C Screening	*Patients with Positive Confirmatory Test who were Ever Cured	*List of patients with positive confirmatory test who were ever cured
*Hepatitis C Screening	*Patients with Positive Confirmatory Test who were Never Cured	*List of patients with positive confirmatory test who were never cured
*Hepatitis C Screening	*Patients with Positive Confirmatory Test who are Currently Cured	*List of patients with positive confirmatory test who are currently cured
*Hepatitis C Screening	*Patients with Positive Confirmatory Test who are not Currently Cured	*List of patients with positive confirmatory test who are not currently cured
*Hepatitis C Screening	*User Population Patients 18+ with no Hepatitis C Diagnosis with Hepatitis C Screening	*List of User Population patients 18+ with no prior Hep C diagnosis who were ever screened for Hep C.
*Hepatitis C Screening	*User Population Patients 18+ with no Hepatitis C Diagnosis with no Hepatitis C Screening	*List of User Population patients 18+ with no prior Hep C diagnosis who were never screened for Hep C.
*Hepatitis C Screening	*User Population Patients 18+ with Positive Hepatitis C Screen	*List of User Population patients 18+ with Hep C screening and positive result.
*Hepatitis C Screening	*User Population Patients 18+ with Negative Hepatitis C Screen	*List of User Population patients 18+ with Hep C screening and negative result.

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Hepatitis C Screening	*User Population Patients 13–64 with Hepatitis C Diagnosis Ever	*List of User Population patients 13–64 with documented Hep C diagnosis ever.
*Hepatitis C Screening	*User Population Patients 13–64 with First Hepatitis C Diagnosis	*List of User Population patients 13–64 with first documented Hep C diagnosis during the Report Period.
*Hepatitis C Screening	*Pregnant Patients with no Hepatitis C Diagnosis with Hepatitis C Screening	*List of pregnant patients with no prior Hep C diagnosis who were screened for Hep C in the past 20 months
*Hepatitis C Screening	*Pregnant Patients with no Hepatitis C Diagnosis with no Hepatitis C Screening	*List of pregnant patients with no prior Hep C diagnosis who were not screened for Hep C in the past 20 months
*Hepatitis C Screening	*Pregnant Patients with Positive Hepatitis C Screen	*List of pregnant patients with Hep C screening and positive result
*Hepatitis C Screening	*User Population Patients 18 months+ with new Hepatitis C Diagnosis with Treatment	*List of User Population patients 18 months and older with new Hep C diagnosis who received treatment within 6 months.
*Hepatitis C Screening	*User Population Patients 18 months+ with new Hepatitis C Diagnosis with no Treatment	*List of User Population patients 18 months and older with new Hep C diagnosis who did not receive treatment within 6 months.
*Chlamydia Testing	*Active Clinical ages 16–29 years with Chlamydia screening	*List of Active Clinical patients with documented chlamydia screening
*Chlamydia Testing	*Active Clinical ages 16–29 years without Chlamydia screening	*List of Active Clinical patients without documented chlamydia screening
*Chlamydia Testing	*With Chlamydia screening refusal	*List of Active Clinical patients with documented chlamydia screening refusal
*Chlamydia Testing	*Active Clinical sexually active ages 16–29 years with Chlamydia screening	*List of Active Clinical patients who are sexually active with documented chlamydia screening
*Chlamydia Testing	*Active Clinical sexually active ages 16–29 years without Chlamydia screening	*List of Active Clinical patients who are sexually active without documented chlamydia screening
*Syphilis Screening	*User Population 13 and older with Syphilis screen	*List of User Population patients ages 13 and older with documented Syphilis screening.
*Syphilis Screening	*User Population 13 and older without Syphilis screen	*List of User Population patients ages 13 and older without documented Syphilis screening.

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Syphilis Screening	*User Population Patients 13–64 with new Syphilis Diagnosis with Treatment	*List of User Population patients ages 13-64 with new syphilis diagnosis who received treatment within 60 days.
*Syphilis Screening	*User Population Patients 13–64 with new Syphilis Diagnosis with no Treatment	*List of User Population patients ages 13-64 with new syphilis diagnosis who did not receive treatment within 60 days.
*STI Screening	*Diagnosed with an STI with HIV screen	*List of Active Clinical patients diagnosed with an STI who were screened for HIV
*STI Screening	*Diagnosed with an STI without HIV screen	*List of Active Clinical patients diagnosed with an STI who were not screened for HIV
*STI Screening	*With HIV screening refusal	*List of Active Clinical patients diagnosed with an STI with HIV screening refusal
*STI Screening	*Diagnosed with an STI with HIV screen	*List of User Population patients diagnosed with an STI who were screened for HIV
*STI Screening	*Diagnosed with an STI without HIV screen	*List of User Population patients diagnosed with an STI who were not screened for HIV
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Beta-blockers greater than or equal to (≥) 80%	*List of User Population patients age 18 years and older whose proportion of days covered for beta-blockers is greater than or equal to (≥) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Beta-blockers less than (<) 80%	*List of User Population patients age 18 years and older whose proportion of days covered for beta blockers is less than (<) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with Beta-blocker Gap greater than or equal to (≥) 30 Days	*List of User Population patients age 18 years and older who had a gap greater than or equal to (≥) 30 days in their beta-blocker medication therapy
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for RAS Antagonists greater than (>) 80%	*List of User Population patients age 18 years and older whose proportion of days covered for RAS Antagonists is greater than or equal to (≥) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for RAS Antagonists less than (<) 80%	*List of User Population patients age 18 years and older whose proportion of days covered for RAS Antagonists is less than (<) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with RAS Antagonist Gap greater than or equal to (≥) 30 Days	*List of User Population patients age 18 years and older who had a gap greater than or equal to (≥) 30 days in their RAS Antagonist medication therapy

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for CCBs greater than or equal to (≥) 80%	*List of User Population patients age 18 years and older whose proportion of days covered for calcium channel blockers is greater than or equal to (≥) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for CCBs less than (<) 80%	*List of User Population patients age 18 years and older whose proportion of days covered for calcium channel blockers is less than (<) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with CCB Gap greater than or equal to (≥) 30 Days	*List of User Population patients age 18 years and older who had a gap greater than or equal to (≥) 30 days in their calcium channel blocker medication therapy
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Biguanides greater than or equal to (≥) 80%	*List of User Population patients age 18 years and older whose proportion of days covered for biguanides is greater than or equal to (>) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Biguanides less than (<) 80%	*List of User Population patients age 18 years and older whose proportion of days covered for biguanides is less than (<) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with Biguanide Gap greater than or equal to (≥) 30 Days	*List of User Population patients age 18 years and older who had a gap greater than or equal to (≥) 30 days in their biguanide medication therapy
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Sulfonylureas greater than or equal to (≥) 80%	*List of User Population patients age 18 years and older whose proportion of days covered for sulfonylureas is greater than or equal to (≥) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Sulfonylureas less than (<) 80%	*List of User Population patients age 18 years and older whose proportion of days covered for sulfonylureas is less than (<) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with Sulfonylurea Gap greater than or equal to (≥) 30 Days	*List of User Population patients age 18 years and older who had a gap greater than or equal to (≥) 30 days in their sulfonylurea medication therapy
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Thiazolidinediones greater than or equal to (≥) 80%	*List of User Population patients age 18 years and older whose proportion of days covered for thiazolidinediones is greater than or equal to (≥) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Thiazolidinediones less than (<) 80%	*List of User Population patients age 18 years and older whose proportion of days covered for thiazolidinediones is less than (<) 80%

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with Thiazolidinedione Gap greater than or equal to (≥) 30 Days	*List of User Population patients age 18 years and older who had a gap greater than or equal to (≥) 30 days in their thiazolidinedione medication therapy
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for DPP-IVs greater than or equal to (≥) 80%	*List of User Population patients age 18 years and older whose proportion of days covered for DPP-IV is greater than or equal to (≥) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for DPP-IVs less than (<) 80%	*List of User Population patients age 18 years and older whose proportion of days covered for DPP-IV is less than (≤) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with DPP-IVs Gap greater than or equal to (≥) 30 Days	*List of User Population patients age 18 years and older who had a gap greater than or equal to (≥) 30 days in their DPP-IV medication therapy
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Diabetes All Classes greater than or equal to (≥) 80%	*List of User Population patients age 18 years and older whose proportion of days covered for Diabetes All Class is greater than or equal to (≥) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Diabetes All Classes less than (<) 80%	*List of User Population patients age 18 years and older whose proportion of days covered for Diabetes All Class is less than (<) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with Diabetes All Class Gap greater than or equal to (≥) 30 Days	*List of User Population patients age 18 years and older who had a gap greater than or equal to (≥) 30 days in their Diabetes All Class medication therapy
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Statins greater than or equal to (≥) 80%	*List of User Population patients age 18 years and older whose proportion of days covered for statins is greater than or equal to (≥) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Statins less than (<) 80%	*List of User Population patients age 18 years and older whose proportion of days covered for statins is less than (<) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with Statin Gap greater than or equal to (≥) 30 Days	*List of User Population patients age 18 years and older who had a gap greater than or equal to (≥) 30 days in their statin medication therapy
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Non-warfarin Anticoagulants greater than or equal to (≥) 80%	*List of User Population patients age 18 years and older whose proportion of days covered for non-warfarin anticoagulants is greater than or equal to (≥) 80%

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Non-warfarin Anticoagulants less than (<) 80%	*List of User Population patients age 18 years and older whose proportion of days covered for non-warfarin anticoagulants is less than (<) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with Non-warfarin Anticoagulant Gap greater than or equal to (≥) 30 Days	*List of User Population patients age 18 years and older who had a gap greater than or equal to (≥) 30 days in their non-warfarin anticoagulant medication therapy
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Antiretroviral Agents greater than or equal to (≥) 90%	*List of User Population patients age 18 years and older whose proportion of days covered for antiretroviral agents is greater than or equal to (≥) 90%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Antiretroviral Agents less than (<) 90%	*List of User Population patients age 18 years and older whose proportion of days covered for antiretroviral agents is less than (<) 90%
*Proportion of Days Covered by Medication Therapy	*User Population with COPD with PDC for Long-acting inhaled bronchodilators greater than or equal to(≥) 80%	*List of User Population patients with COPD whose proportion of days covered for long-acting inhaled bronchodilators is greater than or equal to (≥) 80%
*Proportion of Days Covered by Medication Therapy	*User Population with COPD with PDC for Long-acting inhaled bronchodilators less than (<) 80%	*List of User Population patients with COPD whose proportion of days covered for long-acting inhaled bronchodilators is less than (<) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18+ with PDC for Non-infused disease modifying agents greater than or equal to (≥) 80%	*List of User Population patients age 18 years and older whose proportion of days covered for non-infused disease modifying agents is greater than or equal to (≥) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18+ with PDC for Non-infused disease modifying agents less than (<) 80%	*List of User Population patients age 18 years and older whose proportion of days covered for non-infused disease modifying agents is less than (<) 80%
*Concurrent Use of Opioids and Benzodiazepines	*With concurrent use of opioids and benzodiazepines	*List of Active Clinical patients 18 years and older with 2 or more prescriptions for opioids with 30 or more days of concurrent use of benzodiazepines
*Concurrent Use of Opioids and Benzodiazepines	*Without concurrent use of opioids and benzodiazepines	*List of Active Clinical patients 18 years and older with 2 or more prescriptions for opioids without 30 or more days of concurrent use of benzodiazepines

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Medication Therapy Management Services	*Active Clinical 18 and older with MTM	*List of Active Clinical patients age 18 and older receiving medications with medication therapy management
*Medication Therapy Management Services	*Active Clinical 18 and older without MTM	*List of Active Clinical patients age 18 and older receiving medications without medication therapy management
Breastfeeding Rates	Patients 30–394 days with IFC Screening	List of patients 30–394 days old who were screened for IFC at least once
Breastfeeding Rates	Patients 30–394 days without IFC Screening	List of patients 30–394 days old who were not screened for IFC at least once
Breastfeeding Rates	At 2 months of age, were Exclusively or Mostly Breastfed	List of User Population patients screened at the age of 2 months (38–89 days) and were either exclusively or mostly breastfed
Breastfeeding Rates	At 2 months of age, were Not Exclusively or Mostly Breastfed	List of User Population patients screened at the age of 2 months (38–89 days) old and were not exclusively or mostly breastfed
*Optometry	*Active Clinical ages 18 and older with Primary Open-Angle Glaucoma and Optic Nerve Head Evaluation	*List of Active Clinical patients ages 18 years and older with primary open-angle glaucoma and optic nerve head evaluation
*Optometry	*Active Clinical ages 18 and older with Primary Open-Angle Glaucoma and no Optic Nerve Head Evaluation	*List of Active Clinical patients ages 18 years and older with primary open-angle glaucoma and no optic nerve head evaluation

5.4 National GPRA/GPRAMA Clinical Performance Summaries Report

CI26 > RPT > NTL > **SUM**

5.4.1 Overview

The Clinical Performance Summary contains three sections:

- Selected Non-GPRA Measures
- GPRA Developmental Measures
- Official GPRA Measures

> **Note**: You will not be able to export this data to the Area Office. Use the **GP** menu option to export your data to the Area Office.

To run the National GPRA/GPRAMA Clinical Performance Summaries Report, use the following steps.

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI26** and press Enter to display the **CRS 2026** main menu.
2. At the "Select CRS 2026 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** menu.
3. At the "Select Reports Option" prompt, type **NTL** and press Enter to display the **National GPRA Reports** menu.
4. At the "Select National GPRA/GPRAMA Reports Option" prompt, type **SUM** and press Enter to display the following information about the National GPRA/GPRAMA Clinical Performance Summaries Report.

```
      IHS 2026 National GPRA/GPRAMA Report Clinical Performance Summaries

This will produce ONLY the clinical performance summaries for the
National GPRA/GPRAMA Report for the 2026 GPRA year. If you want the
detailed information included in the report, including performance measure
definitions and number of patients in each denominator and numerator you
need to run the GP menu option.

You will be asked to provide the community taxonomy to determine which
patients will be included. This report will be run for the Report Period
October 1, 2025 through September 30, 2026 with a Baseline Year of July 1,
2015 through June 30, 2016. This report will include beneficiary population
of American Indian/Alaska Native only.

You will NOT be able to export this data to the Area Office; use the GP
menu option to export your data to the Area Office.

Press enter to continue: <Enter>
```

Figure 5-23: National GPRA/GPRAMA Clinical Performance Summaries Report–description

5. At the "Press Enter to continue" prompt, press Enter. The system checks to see if all taxonomies required for this report are present and have associated members.

```
Checking for Taxonomies to support the National GPRA/GPRAMA Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-24: Checking taxonomies

6. At the "PRESS ENTER" prompt, press Enter to continue. The date ranges for this report are hard-coded. The system displays the dates, as in the following example:

```
The date ranges for this report are:
     Report Period:           Oct 01, 2025 to Sep 30, 2026
     Previous Year Period:    Oct 01, 2024 to Sep 30, 2025
     Baseline Period:         Oct 01, 2015 to Sep 30, 2016
```

Figure 5-25: Displaying date ranges

7. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

   - Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)
   - Type the name of a community taxonomy and press Enter.
   - Type the first few letters of the taxonomy name and press Enter to see a selection of taxonomies beginning with those letters, or type two question marks (**??**) and press Enter to view the entire list. Then type the number of the taxonomy you want to include, and press Enter.

8. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want, and press Enter, where:

   - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
   - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.
   - **B** (Both) produces both a printed report and a delimited file.

   Detailed instructions for the **Print** and **Delimited Output** options are in Section 5.2.2, Step 11.

The National GPRA/GPRAMA Clinical Performance Summaries Report includes all of the clinical performance summaries contained in the GP National GPRA/GPRAMA Report.

Note: The BG260 file is *not* created when this report is run.

5.5 National GPRA/GPRAMA Report by Designated Provider

CI26 > RPT > NTL > **DPRV**

5.5.1 Overview

This report will produce a National GPRA/GPRAMA Report for a selected designated primary care provider. This report includes only patients assigned to the selected provider, but the patients must still meet the definitions of the denominators used in the report.

> **Note**: You will not be able to export this data to the Area Office; use the **GP** menu option to export your data to the Area Office.

To run the National GPRA/GPRAMA Report by Designated Provider:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI26** and press Enter to display the **CRS 2026** main menu.
2. At the "Select CRS 2026 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** menu.
3. At the "Select Reports Option" prompt, type **NTL** and press Enter to display the **National GPRA Reports** menu.
4. At the "Select National GPRA Reports Option" prompt, type **DPRV** and press Enter to display the following information about the National GPRA/GPRAMA Report by Designated Provider.

```
         IHS 2026 National GPRA/GPRAMA Report by Designated Provider

This will produce a National GPRA/GPRAMA Report for a selected designated
primary care provider. Your facility must be using the designated
primary care provider functionality that assigns a panel of patients to a
primary care provider; otherwise, you will not be able to run this
report. The report will include only the patients assigned to the
selected provider but the patients must still meet the definitions of the
denominators used in the report.

This report will be run for the Report Period of October 1, 2025 through
September 30, 2026 with a Baseline Year of October 1, 2015 through
September 30, 2016.

You will NOT be able to export this data to the Area Office; use the GP
menu option to export your data to the Area Office.

Press enter to continue: <Enter>
```

Figure 5-26: National GPRA/GPRAMA Report by Designated Provider–description

5. Press Enter to continue. The system checks if all taxonomies required for this report are present and have members associated to them.

```
Checking for Taxonomies to support the National GPRA/GPRAMA Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>

Which Designated Provider: PROVIDER,DEMO <Enter>
```

Figure 5-27: Checking taxonomies

6. At the "End of taxonomy check" prompt, press Enter to continue.

```
You can enter individual provider names or a TAXONOMY of providers.

     Select one of the following:

          P         Provider's Names
          T         Taxonomy of Providers

Do you want to enter: P//
```

Figure 5-28: Selecting provider names or a taxonomy

7. At the prompt, do one of the following:

   - To enter provider names, press Enter, and then follow these steps:
     - Type the name of the designated primary care provider you want to report on, and press Enter.
     - Type the first few letters of a provider's name and press Enter to view a selection of available providers beginning with those letters, or type two question marks (**??**) and press Enter to view the entire list. Then type the number of the provider you want to report on, and press Enter.
     - Repeat the above steps until all provider names are entered, then press Enter.
   - To enter a taxonomy of providers, type **T** and press Enter, and then follow this step:
     - At the "Enter Provider Taxonomy name" prompt, type the name of the taxonomy and press Enter.
8. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

   - Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)
   - Type the name of a community taxonomy and press Enter.
   - Type the first few letters of the taxonomy name and press Enter to view a selection of taxonomies beginning with those letters, or type two question marks (**??**) and press Enter to view the entire list. Then type the number of the taxonomy you want to include, and press Enter.

   The hard-coded date ranges for this report display:

```
The date ranges for this report are:
     Report Period:           Oct 01, 2025 to Sep 30, 2026
     Previous Year Period:    Oct 01, 2024 to Sep 30, 2025
     Baseline Period:         Oct 01, 2015 to Sep 30, 2016

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES

Include Measure Logic Text in the Output Report? Y//
```

Figure 5-29: Displaying date ranges

9. At the "Include Measure Logic Text in the Output Report" prompt, do one of the following:
   - Press Enter to accept the default (include the printed logic text in the report).
   - Type **N** (No) and press Enter to not print the logic text in the report.
10. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want, and press Enter, where:
    - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
    - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.
    - **B** (Both) produces both a printed report and a delimited file.

    Detailed instructions for the **Print** and **Delimited Output** options are found in Step 11 of Section 5.2.2.

The National GPRA/GPRAMA Report by Designated Provider includes the same content as the National GPRA/GPRAMA Report except that the rates are based on the designated primary care provider only.

Note: The BG260 file is *not* created when a user runs this report.

5.6 National GPRA Dashboard

CI26 > RPT > NTL > **DSH**

5.6.1 Overview

To run the National GPRA Dashboard Report:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI26** and press Enter. The **CRS 2026** main menu displays.
2. At the "Select CRS 2026 Option" prompt, type **RPT** and press Enter. The **CRS Reports Menu** displays.
3. At the "Select Reports Option" prompt, type **NTL** and press Enter. The **National GPRA Reports** menu displays.
4. At the "Select National GPRA/GPRAMA Reports Option" prompt, type **DSH** and press Enter. The following information about the National GPRA Dashboard Report displays.

```
                        IHS 2026 National GPRA Dashboard

This will produce a National GPRA dashboard that will show current rates
for GPRA measures compared to National GPRA targets. The report can be run
for your entire facility or a single primary provider. You will be asked to
provide the community taxonomy to determine which patients will be
included.  This report will be run for the Report Period October 1, 2025
through September 30, 2026 with a Baseline Year of October 1, 2015 through
September 30, 2016.  This report will include beneficiary population of
American Indian/Alaska Native only.
```

Figure 5-30: National GPRA Dashboard Report–description

5. The system checks whether all taxonomies required for this report are present and have members associated to them. At the prompt, press Enter to continue.

```
Checking for Taxonomies to support the National GPRA/GPRAMA Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-31: Checking taxonomies

```
     Select one of the following:

          F         Entire Facility
          P         One Designated Provider

Run report for: F//
```

Figure 5-32: National GPRA Dashboard Report–selecting entire facility or one provider

6. At the "Run report for" prompt, do one of the following:

   - To run the report for the entire facility, press Enter to accept the default (**F**).
   - To run the report for one designated provider, type **P** and press Enter. Then follow these steps:
     - To enter provider names, press Enter. Then follow these steps:
       - Type the name of the designated primary care provider you want to report on, and press Enter.
       - Type the first few letters of a provider's name and press Enter to view a selection of available providers beginning with those letters, or type two question marks (**??**) and press Enter to view the entire list. Then type the number of the provider you want to report on, and press Enter.
       - Repeat the above steps until all provider names are entered, then press Enter.

– To enter a taxonomy of providers, type **T** and press Enter. At the "Enter Provider Taxonomy name" prompt, type the name of the taxonomy and press Enter.

```
You can enter individual provider names or a TAXONOMY of providers.

     Select one of the following:

          P         Provider's Names
          T         Taxonomy of Providers

Do you want to enter: P//
```

Figure 5-33: Selecting provider names or a taxonomy

7. At the "Run report for GPRA year 2026 or 2027" prompt, enter the GPRA year for which you would like to run the report.

8. The system displays the predefined date ranges for the report, including the Report Period (current) and the Previous Year Period, as in the following example:

```
The date ranges for this report are:
     Report Period:           Oct 01, 2025 to Sep 30, 2026
     Previous Year Period:    Oct 01, 2024 to Sep 30, 2025
```

Figure 5-34: Displaying date ranges

9. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

   - Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)
   - Type the name of a community taxonomy and press Enter.
   - Do one of the following:
     – Type the first few letters of the taxonomy name and press Enter to view a selection of taxonomies beginning with those letters.
     – Type two question marks (**??**) and press Enter to view the entire list.

     Then type the number of the taxonomy you want to include, and press Enter.

10. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want, and press Enter, where:

    - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
    - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.
    - **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the **Print** and **Delimited Output** options are found in Step 11 of Section 5.2.2.

The National GPRA Dashboard Report includes all of the National GPRA measures and their status as compared to the current targets.

Note: The BG260 file is *not* created when a user runs this report.

5.7 Search Template for National Patient List

CI26 > RPT > NTL > **NST**

5.7.1 Overview

A search template may be created from a National GPRA/GPRAMA Patient List for patients meeting or not meeting a performance measure included in the National GPRA/GPRAMA Report.

You can select the performance measure, such as Pap smear in the past four years, and then choose the list you want; for example, patients without a Pap smear. You select the community taxonomy to determine which patients will be included and choose the report period.

The following patient list options are available:

- A random list (10% of the total list)
- A list by designated primary care provider
- The entire patient list

When the **Search Template for National Patient List** option is run, the National GPRA/GPRAMA Report for the selected performance measure is included, but the patient list is not.

5.7.2 Creating a Search Template

To create a search template for a national patient list:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI26** and press Enter to display the **CRS 2026** main menu.
2. At the "Select CRS 2026 Option" prompt, type **RPT** and press Enter to display the **CRS 2026 Reports Menu**.
3. At the "Select Reports Option" prompt, type **NTL** and press Enter to display the **National GPRA Reports** menu.

4. At the "Select National GPRA/GPRAMA Reports Option" prompt, type **NST** and press Enter to display the following information about the search template:

```
          IHS GPRA/GPRAMA Performance Patient Search Template Creation
                        CRS 2026, Version 26.0

This will produce a search template of patients who either met or did not
meet a National GPRA/GPRAMA Report performance measure. You will be asked
to select one performance measure topic and then to choose which
performance measure numerators you would like to create a search template
for. For example, you can create a search template of all patients who
did not meet the measure for having a Pap Smear in the past 3 years.

You will also be asked to provide the community taxonomy to determine
which patients will be included, the beneficiary population of the
patients, and the Report Period and Baseline Year.

Press enter to continue: <Enter>
```

Figure 5-35: Creating a Search Template for a National Patient List–description

5. At the prompt to continue, press Enter.

6. The system checks the site-populated taxonomies.

   - If the following message displays, press Enter.

```
Checking for Taxonomies to support the National GPRA/GPRAMA Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-36: Checking taxonomies

   - If the following message displays, your report results for the measure that uses the specified taxonomy are likely to be inaccurate.

```
The taxonomies are missing or have no entries
```

Figure 5-37: Checking taxonomies

To exit from the report and edit your taxonomies, type a caret (^) at any prompt until you return to the main menu.

7. The Performance Measure Selection list of available topics displays, as in the following example:

```
PERFORMANCE MEASURE SELECTION Oct 08, 2026 09:33:40       Page:   1 of    2
IHS GPRA/GPRAMA Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Prevalence
2)  Diabetes: Glycemic Control
3)  Diabetes: Blood Pressure Control
```

```
4)  Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with
Diabt
5)  Diabetes: Nephropathy Assessment
6)  Diabetic Retinopathy
7)  Access to Dental Service
8)  Dental Sealants
9)  Topical Fluoride
10) Influenza
11) Adult Immunizations
12) Childhood Immunizations
13) Adolescent Immunizations
14) Cervical Cancer Screening
15) Cancer Screening: Mammogram Rates
16) Colorectal Cancer Screening
+         Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//
```

Figure 5-38: Performance Measure Selection screen

8. The action bar displays at the bottom of the screen. At the "Select Action" prompt, do one of the following:

   - To view multiple pages:
     - Type a plus sign (+) and press Enter to view the next page.
     - Type a minus sign/hyphen (-) and press Enter to return to the previous page.
   - To select a specific performance measure topic:

   a. Type **S** and press Enter.

   b. At the "Select Only One Measure" prompt, type the number corresponding to the performance measure topic you want, and press Enter.

> **Note**: Only one topic may be selected when creating a search template.

The measure you selected is marked with an asterisk (*) before its number, as in the following example:

```
PERFORMANCE MEASURE SELECTION Oct 08, 2026 09:35:41        Page:   1 of   2
IHS GPRA/GPRAMA Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Prevalence
2)  Diabetes: Glycemic Control
*3)  Diabetes: Blood Pressure Control
4)  Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with
Diabt
5)  Diabetes: Nephropathy Assessment
6)  Diabetic Retinopathy
7)  Access to Dental Service
8)  Dental Sealants
9)  Topical Fluoride
10) Influenza
11) Adult Immunizations
```

```
12) Childhood Immunizations
13) Adolescent Immunizations
14) Cervical Cancer Screening
15) Cancer Screening: Mammogram Rates
16) Colorectal Cancer Screening
+         Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//
```

Figure 5-39: Selected performance measure topic

9. To save your selected topic, type **Q** and press Enter.

   The patient lists available for the performance measure topic you selected are displayed, as in the following example:

```
Please select one or more of these report choices within the
Diabetes: Blood Pressure Control performance measure topic.

     1)  BP Assessed
     2)  BP Not Assessed
     3)  Controlled BP
     4)  Not controlled BP
     5)  Controlled BP (GPRA Dev)
     6)  Not controlled BP (GPRA Dev)
     7)  BP <=130/80 and >140/90 (GPRA Dev)
Which item(s): (1-7): 3 <Enter>
```

Figure 5-40: Selecting patient lists

10. At the "Which item(s)" prompt; type the numbers of the items on which you want to report.

11. At the "Patient Search Template" prompt, do one of the following:

    - Type the name of the search template to which you want to save the patient list and press Enter.
    - Type the first few letters of a search template name and press Enter to view a list of templates beginning with those letters, or type two question marks (**??**) and press Enter to view the entire list. Then type the name of the template you want to use, and press Enter.

    If a search template with the name you type does not currently exist, you are asked to confirm that you want to add it as a new search template. Type **Y** to add the new template, or type **N** to return to the "Patient Search Template" prompt to type another template name.

    If a search template with the name you typed already exists, you are asked if you want to overwrite an existing search template (Figure 5-41). Type **Y** to overwrite the exiting template, or type **N** to return to the "Patient Search Template" prompt to type another template name.

```
      Enter a search template name for the following list of patients:
List of diabetic patients with controlled BP, defined as <140/90.
```

```
Patient Search Template: DEMO_DM_CONTROLLED_BP
  Are you adding 'DEMO_DM_CONTROLLED_BP' as
    a new SORT TEMPLATE? No// Y  (Yes)
     An unduplicated PATIENT list resulting from this report
     will be stored in the DEMO_DM_CONTROLLED_BP Search Template.
```

Figure 5-41: Specifying patient search template name

12. Repeat Step 11 to provide a search template name for each selected patient list.

```
Select List Type.

     Select one of the following:

          R         Random Patient List
          P         Patient List by Provider
          A         All Patients

Choose report type for the Lists: R// <Enter>  Random Patient List
```

Figure 5-42: Selecting the list report type

13. At the "Choose report type for the Lists" prompt, type the letter corresponding to the report type you want, and press Enter, where:

    - **R** (Random Patient List) produces a list containing 10% of the entire patient list.
    - **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.
    - **A** (All Patients) produces a list of all patients.

    If you select P (Patient List by Provider), type the name of a provider at the "Enter Designated Provider Name" prompt and press Enter.

> **Note**: Printed patient lists will likely require a great deal of paper, even when you are producing a Random list. Ensure that your selected printer has enough paper, particularly if you are running the report overnight.
>
> Print patient lists only when you need them or print to an electronic file.

```
     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30
          5         User-Defined Report Period
```

```
Enter the date range for your report:
```

Figure 5-43 Selecting report date range

14. At the "Enter the date range for your report" prompt, do one of the following:

    - To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4)** and press Enter.

      At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2026) and press Enter.

    - To define a custom report period, type **5** and press Enter.

      At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2026) and press Enter.

15. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

16. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

    - Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)
    - Type the name of a community taxonomy and press Enter.
    - Type the first few letters of the taxonomy name and press Enter to view a selection of taxonomies beginning with those letters, or type two question marks (**??**) and press Enter to view the entire list. Then type the number of the taxonomy and press Enter.

```
     Select one of the following:

          1         Indian/Alaskan Native (Classification 01)
          2         Not Indian Alaskan/Native (Not Classification 01)
          3         All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1// <Enter>
Indian/Alaskan Native (Classification 01)
```

Figure 5-44: Selecting beneficiary population

17. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include, and press Enter, where:

    - **1** (Indian/Alaskan Native) reports only on AI/AN patients.
    - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
    - **3** (All) reports on your entire patient population.

18. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want, and press Enter, where:

    - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
    - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.
    - **B** (Both) produces both a printed report and a delimited file.

    Detailed instructions for the **Print** and **Delimited Output** options are found in Step 11 of Section 5.2.2.

> **Note**: The output contains only the National GPRA/GPRAMA Report for the selected performance measure topic and will not include the lists of patients. The lists of patients will be stored in the search templates you created.

5.7.3 Search Template Content

The content of the National Search Template is the same as the content for the National GPRA/GPRAMA Patient List, except that it is saved to a search template.

5.8 GPRA/GPRAMA Forecast Patient List

CI26 > RPT > NTL > **FOR**

5.8.1 Overview

The GPRA/GPRAMA Forecast Patient List is linked to the Scheduling package and produces a list of patients with or without scheduled appointments that identifies all of the GPRA and GPRAMA measures each patient has not yet met.

The list may be run using several different options:

- By specified clinic and appointment date range
- For a selected patient and appointment date range
- All appointments for an entire facility or division to all clinics or specified clinics
- Any selected set of patients regardless of appointment status

This can be used to create a list of all GPRA and GPRAMA screenings or tests that a patient is due for at his or her next visit.

The denominator logic for this list is different than the denominator logic used in the National GPRA/GPRAMA Report. The definitions are different because, although a patient may not meet the GPRA or GPRAMA definition of "User Population" or "User Pop Diabetic" at a particular appointment, the patient may meet one of those definitions later in the GPRA year. Thus, it was necessary to develop a separate set of denominator definitions for this patient list. The numerator logic, however, is the same. You can use the **GPRA/GPRAMA Forecast Denominator Definitions (FORD)** menu option to print these definitions.

This report is based on the CRS clinical logic and, consequently, may produce different results from the current clinical reminders available in the EHR package.

5.8.2 Running the Patient List

To run the GPRA/GPRAMA Forecast Patient List:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI26** and press Enter to display the **CRS 2026** main menu.
2. At the "Select CRS 2026 Option" prompt, type **RPT** and press Enter to display the **CRS 2026 Reports** Menu.
3. At the "Select Reports Option" prompt, type **NTL** and press Enter to display the **National GPRA Reports** menu.
4. At the "Select National GPRA/GPRAMA Reports Option" prompt, type **FOR** and press Enter to display the following information about the GPRA/GPRAMA Forecast Patient List:

```
This patient list is linked to the Scheduling Menu and enables users to
run a list of patients that are scheduled for appointments during a
user-defined time period to list of clinics at the facility defined by the
user and shows the GPRA/GPRAMA measures the patient will not meet as of
the date of the appointment. The list uses revised CRS logic for the GPRA/
GPRAMA measures, which is defined in the report, and also includes
information for the provider on how to fulfill the GPRA/GPRAMA measures.
PRESS ENTER: <Enter>
```

Figure 5-45: GPRA/GPRAMA Forecast Patient List–description

5. At the prompt, press Enter.

```
     Select one of the following:

          C         by CLINIC NAME for a specified appointment date range
          P         Selected Patient w/Appointments
          D         One Facility's or Divisions Appointments
          A         Any selected set of patients regardless of appt status

Create List/Sort by: C//  C <Enter>
```

Figure 5-46: Selecting report criteria

6. At the "Create List/Sort by" prompt, type the letter corresponding to the report selection criterion you want to use, and press Enter, where:

   - **C** (By clinic name) creates a list for all clinics or for one or more selected clinics at a facility sorted by a specified appointment date range (default).
   - **P** (Selected patient) creates a list for one selected patient's appointments.
   - **D** (One facility's or division's appointments) creates a list for all of a facility's or division's appointments.
   - **A** (Any selected set of patients) creates a list for any selected set of patients, regardless of whether they had a scheduled appointment status. This option should be used for walk-in patients.

   Detailed instructions for each of the report selection criteria are found below.

5.8.2.1 C (By Clinic Name)

1. At the "Create List/Sort by" prompt, type **C** and press Enter, as shown in the following example:

```
Create List/Sort by: C// C by CLINIC NAME for a specified appointment date
range

Run report for GPRA year 2026 or 2027:  2026  (2026) <Enter>

     Select one of the following:

          A         ANY Clinic
          S         One or more selected Clinics

Include patients with Appointments to: A// S <Enter> One or more selected
Clinics

Select CLINIC: 01 GENERAL <Enter>

Select CLINIC: <Enter>

     Select one of the following:

          R         Forecast Report for the Patients
          S         Search Template of the Patients

Do you wish to create: R// R  Forecast Report for the Patients

Enter Beginning Appointment Date: 11/1/26 <Enter> (NOV 01, 2026)
Enter Ending Appointment Date: 11/2/26 <Enter> (NOV 02, 2026)

     Select one of the following:

          A         ALL Patients with Appointments in the date range
          O         ONLY Patients added on since a specified date
```

```
Run the forecast report for: A// ONLY Patients added on since a specified
date
Patients 'Added On' on or after what date:  10/29/26  (OCT 29, 2026)
```

Figure 5-47: Patient list by clinic

2. At the "Run report for GPRA year 2026 or 2027" prompt, enter the GPRA year for which you would like to run the report.
3. At the "Include patients with Appointments to" prompt, do one of the following:
   - To include patients with appointments to all clinics, type **A** and press Enter.
   - To include patients with appointments to one or more selected clinics, type **S** and press Enter, then follow these steps:
     – At the "Select CLINIC" prompt, do one of the following:
       - Type the name of a clinic and press Enter for each clinic you want to include.
       - Type the first few letters of a clinic name and press Enter to view a selection of clinics beginning with those letters, or type two question marks (**??**) and press Enter to view the entire list. Then type the number of the clinic and press Enter.
     – When you have selected all the clinics you want to include, press Enter without typing a clinic name.
4. At the "Do you wish to create" prompt, do one of the following:
   - To run a Forecast Report for the patients, type **R** and press Enter.
   - To create a Search Template of the patients in the report, type **S** and press Enter.
5. At the "Enter Beginning Appointment Date" prompt, type the beginning date of the period for which you want to create the list and press Enter.
6. At the "Enter Ending Appointment Date" prompt, type the ending date of the period for which you want to create the list and press Enter.

> **Note**: You should only enter an appointment date range for a short duration, such as a day but no more than a week. For larger facilities, use an appointment date range of one day, since there could be thousands of appointments scheduled during the week, resulting in a very large report.

7. At the "Run the forecast report for:" prompt, do one of the following:
   - To include all patients with appointments in the date range entered, type **A** and press Enter.

- To include only patients whose appointments were added on since a specified date, type **O** and press Enter, and then follow these steps:
  - At the "Patients 'Added On' on or after what date" prompt, type the date on or after which patients were added to the appointment schedule.

8. Instructions for the "Device" prompt are found in Step 6 below.

5.8.2.2 P (Selected Patient)

1. At the "Create List/Sort by" prompt, type **P** and press Enter.

```
Create List/Sort by: C// P  Selected Patient w/Appointments

Run report for GPRA year 2026 or 2027:  2026  (2026) <Enter>

Select PATIENT NAME: PATIENT <Enter>
   1    PATIENT,CRJF                    M 05-14-1980             WW 900259
   2    PATIENT,CRS                     F 01-01-1985 XXX-XX-4444 WW 23456
   3    PATIENT,CRSA                    F 06-01-1970             WW 900000
   4    PATIENT,CRSAA                   F 02-01-1956             WW 900027
   5    PATIENT,CRSAB                   M 03-01-1957             WW 900028
ENTER '^' TO STOP, OR
CHOOSE 1-5: 1 <Enter>
  PATIENT,CRJF                         M 05-14-1980             WW 900259

     Select one of the following:

          R         Forecast Report for the Patients
          S         Search Template of the Patients

Do you wish to create: R// R  Forecast Report for the Patients

Enter Beginning Appointment Date: 11/1/26 <Enter>  (NOV 01, 2026)
Enter Ending Appointment Date: 11/2/26 <Enter> (NOV 02, 2026)
```

Figure 5-48: Patient list by patient

2. At the "Run report for GPRA year 2026 or 2027" prompt, enter the GPRA year for which you would like to run the report.
3. At the "Select PATIENT NAME" prompt, do one of the following:
   - Type the name of a patient and press Enter.
   - Type the first few letters of a patient name and press Enter to view a selection of patients beginning with those letters, or type two question marks (**??**) and press Enter to view the entire list. Then type the number of the patient and press Enter.
4. At the "Do you wish to create" prompt, do one of the following:
   - To run a Forecast Report for the patients, type **R** and press Enter.
   - To create a Search Template of the patients in the report, type **S** and press Enter.

5. At the "Enter Beginning Appointment Date" prompt, type the beginning date of the period for which you want to create the list and press Enter.
6. At the "Enter Ending Appointment Date" prompt, type the ending date of the period for which you want to create the list and press Enter.
7. Instructions for the "Device" prompt are found in Step 6 below.

5.8.2.3 D (One Facility's or Division's Appointments)

1. At the "Create List/Sort by" prompt, type **D** and press Enter.

```
Create List/Sort by: C// D  One Facility's or Divisions Appointments
Select MEDICAL CENTER DIVISION NAME: DEMO INDIAN HOSPITAL       2582

Run report for GPRA year 2026 or 2027:  2026  (2026) <Enter>

     Select one of the following:

          A         ANY Clinic
          S         One or more selected Clinics

Include patients with Appointments to: A// S <Enter>  One or more selected
Clinics

Select CLINIC: 01 GENERAL <Enter>

Select CLINIC: <Enter>

     Select one of the following:

          R         Forecast Report for the Patients
          S         Search Template of the Patients

Do you wish to create: R// R  Forecast Report for the Patients

Enter Beginning Appointment Date: 11/1/26 <Enter> (NOV 01, 2026)
Enter Ending Appointment Date: 11/2/26 <Enter> (NOV 02, 2026)

     Select one of the following:

          A         ALL Patients with Appointments in the date range
          O         ONLY Patients added on since a specified date

Run the forecast report for: A// ONLY Patients added on since a specified
date
Patients 'Added On' on or after what date:  10/29/26  (OCT 29, 2026)
```

Figure 5-49: Running the GPRA/GPRAMA Forecast Patient List by facility or division

2. At the "Run report for GPRA year 2026 or 2027" prompt, enter the GPRA year for which you would like to run the report.
3. At the "Select MEDICAL CENTER DIVISION NAME" prompt, do one of the following:

- Type the name of a facility or division and press Enter.
- Type the first few letters of a facility or division name and press Enter to view a selection beginning with those letters, or type two question marks (**??**) and press Enter to view the entire list. Then type the number of the facility or division and press Enter.

4. At the "Include patients with Appointments to" prompt, do one of the following:
   - To include patients with appointments to all clinics, type **A** and press Enter.
   - To include patients with appointments to one or more selected clinics:
     – Type **S** and press Enter.
     – At the "Select CLINIC" prompt, do one of the following:
       - Type the name of a clinic and press Enter for each clinic that you want to include.
       - Type the first few letters of a clinic name and press Enter to view a selection of clinics beginning with those letters, or type two question marks (**??**) and press Enter to view the entire list. Then type the number of the clinic and press Enter.
     – When you have selected all the clinics that you want to include, press Enter without typing a clinic name.
5. At the "Do you wish to create" prompt, do one of the following:
   - To run a Forecast Report for the patients, type **R** and press Enter.
   - To create a Search Template of the patients in the report, type **S** and press Enter.
6. At the "Enter Beginning Appointment Date" prompt, type the beginning date of the period for which you want to create the list and press Enter.
7. At the "Enter Ending Appointment Date" prompt, type the ending date of the period for which you want to create the list and press Enter.

> **Note**: You should only enter an appointment date range for a short duration, such as a day but no more than a week. For larger facilities, an appointment date range of one day should be used, since there could be thousands of appointments scheduled during the week and the report would be very large.

8. At the "Run the forecast report for:" prompt, do one of the following:
   - To include all patients with appointments in the date range entered, type **A** and press Enter.

- To include only patients whose appointments were added on since a specified date, type **O** and press Enter, then follow these steps:
  - At the "Patients 'Added On' on or after what date" prompt, type the date on or after which patients were added to the appointment schedule.

9. Instructions for the "Device" prompt are found in Step 6 below.

5.8.2.4 A (Any Selected Set of Patients)

1. At the "Create List/Sort by" prompt, type **A** and press Enter.

```
Create List/Sort by: C// A <Enter>  Any selected set of patients regardless
of appt status

Run report for GPRA year 2026 or 2027:  2026  (2026) <Enter>

Select patient(s): PATIENT <Enter>
   1    PATIENT,CRJF                M 05-14-1980                WW 900259
   2    PATIENT,CRS                 F 01-01-1985 XXX-XX-4444    WW 23456
   3    PATIENT,CRSA                F 06-01-1970                WW 900000
   4    PATIENT,CRSAA               F 02-01-1956                WW 900027
   5    PATIENT,CRSAB               M 03-01-1957                WW 900028
ENTER '^' TO STOP, OR
CHOOSE 1-5: 1 <Enter>
  PATIENT,CRJF                      M 05-14-1980                WW 900259
Select patient(s): <Enter>

     Select one of the following:

          R         Forecast Report for the Patients
          S         Search Template of the Patients

Do you wish to create: R// R  Forecast Report for the Patients
```

Figure 5-50: Running the GPRA/GPRAMA Forecast Patient List by patient name

2. At the "Run report for GPRA year 2026 or 2027" prompt, enter the GPRA year for which you would like to run the report.

3. At the "Select patient(s)" prompt, do one of the following:

   - To select individual patients, do one of the following:
     - Type the name of each patient and press Enter for each patient.
     - Type the first few letters of a patient name and press Enter to view a selection of patients beginning with those letters. Then type the number of a patient and press Enter.

       When you have selected all the patients you want to include, press Enter without typing a patient name or number.

   - To run the list for patients included in a search template, do one of the following:

- Type a left bracket ([) followed by the name of the search template and press Enter.
- Type a left bracket ([) followed by one or more letters in the search template name and press Enter to view a list of search templates beginning with those letters. Then type the number of a search template and press Enter.

  In Figure 5-51, all search templates containing "D" in the name are displayed and the third template named DEMO_VISITS_MALE_21-55 was selected. It contains 32 patients; therefore, the patient list will be run only for those 32 patients included in the search template.

4. At the "Do you wish to create" prompt, do one of the following:
   - To run a Forecast Report for the patients, type **R** and press Enter.
   - To create a Search Template of the patients in the report, type **S** and press Enter.
5. Instructions for the "Device" prompt are found in Step 6 below.

```
Create List/Sort by: C// Any selected set of patients regardless of appt status
Select patient(s): [D
     1   DEMO_2003VISITS_MALE_21-55
                              (Jun 01, 2026)     User #6213 File #9000001
     2   DEMO_MALE_VISITS_21-55
                              (Jun 09, 2026)     User #6213 File #9000001
     3   DEMO_VISITS_MALE_21-55
                              (May 22, 2026)     User #6213 File #9000001  INQ

  4   DM_A1c_Test060110    (Jun 01, 2026)     User #6213 File #9000001
CHOOSE 1-4: 3  DEMO_VISITS_MALE_21-55
                              (May 22, 2026)     User #6213 File #9000001  INQ

32 entries added.
Select patient(s):
```

Figure 5-51: Running the GPRA/GPRAMA Forecast Patient List by search template

6. At the "Device" prompt, type a printer name or a file name.

Note: This report is *only* available in the printed format.

- To print to the screen, press Enter to accept the default prompt, "Home" (which may vary at different sites)

  To print a report to the screen without multiple "Enter Return to continue" prompts, type **0;P-OTHER80** at the "Home" prompt, as shown below.

  Depending on the software you are using to access RPMS, turn on your logging or screen capture program *before* printing to the screen.

```
Select an Output Option: P// <Enter>  Print Report on Printer or Screen
DEVICE: HOME// 0;P-OTHER80 <Enter>  VT    Right Margin: 80// <Enter>
```

Figure 5-52: Printing a report without multiple prompts

- To print to a file, type **Host** or **HFS** at the "Home" prompt, then specify the file location and name at the "Host File Name" prompt, as in the following example:

```
Select an Output Option: P// <Enter>  Print Report on Printer or Screen
DEVICE: HOME// HFS <Enter>  HFS
HOST FILE NAME: C:\TMP\TMP.HFS// C:\lb_test.doc <Enter>
```

Figure 5-53: Specifying the file location

5.9 GPRA/GPRAMA Forecast Denominator Definitions

CI26 > RPT > NTL > **FORD**

5.9.1 Overview

This option is used to print the denominator definitions used in the GPRA/GPRAMA Forecast Patient List (**FOR**).

5.9.2 Running the Forecast Denominator Definitions

To print the GPRA/GPRAMA Forecast Denominator Definitions:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI26** and press Enter to display the **CRS 2026** main menu.
2. At the "Select CRS 2026 Option" prompt, type **RPT** and press Enter to display the **CRS 2026 Reports** Menu.
3. At the "Select Reports Option" prompt, type **NTL** and press Enter to display the **National GPRA Reports** menu.
4. At the "Select National GPRA/GPRAMA Reports Option" prompt, type **FORD** and press Enter.
5. At the "Device" prompt, type a printer name or a file name.

Note: This report is *only* available in printed format.

- To print to the screen, press Enter to accept the default prompt, "Home" (which may vary at different sites).

  To print a report to your screen without multiple "Enter Return to continue" prompts, type **0;P-OTHER80** at the "Home" prompt, as shown below.

Depending on the software you use to access RPMS, turn on your logging or screen capture program *before* printing to the screen.

```
Select an Output Option: P// <Enter>  Print Report on Printer or Screen
DEVICE: HOME// 0;P-OTHER80  VT    Right Margin: 80//
```

Figure 5-54: Printing a report without multiple prompts

- To print to a file, type **Host** or **HFS** at the "Home" prompt, specify the file location and name at the "Host File Name" prompt, as in the following example:

```
Select an Output Option: P// <Enter>  Print Report on Printer or Screen
DEVICE: HOME// HFS <Enter>  HFS
HOST FILE NAME: C:\TMP\TMP.HFS// C:\lb_test.doc <Enter>
```

Figure 5-55: Specifying the file location

5.10 Comprehensive National GPRA/GPRAMA Patient List

CI26 > RPT > NTL > **CMP**

5.10.1 Overview

This option produces a patient list that displays all of the patients included in the National GPRA/GPRAMA Report and all of the performance measures reported to Congress and the OMB that each patient did not meet. This report option also displays the name and discipline of the provider the patient last saw and the date of the visit with the provider. For a list of the performance measures included in this report, see Section 5.10.3.

The following **Patient List** options are available:

- A random list (10% of the total list)
- A list by designated primary care provider
- The entire patient list of patients and the measures they did not meet

5.10.2 Running the Patient List

To print the Comprehensive National GPRA/GPRAMA Patient List:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI26** and press Enter to display the **CRS 2026** main menu.
2. At the "Select CRS 2026 Option" prompt, type **RPT** and press Enter to display the **CRS 2026 Reports** Menu.

3. At the "Select Reports Option" prompt, type **NTL** and press Enter to display the **National GPRA Reports** menu.

4. At the "Select National GPRA/GPRAMA Reports Option" prompt, type **CMP** and press Enter to display the following information about the Comprehensive National GPRA/GPRAMA Patient List:

```
                Comprehensive National GPRA/GPRAMA Patient List
                            CRS 2026, Version 26.0
This report will enable users to run a patient list that shows all of the
National GPRA/GPRAMA Report performance measures in which
a patient was included but did not meet. Performance measures
not relevant to a patient will not be listed. For example, if a male
patient who is 30 years old, he would not be listed as having not met
the Child Immunizations or Cervical Cancer Screening measures.

The list will include the National GPRA/GPRAMA Report logic and performance
measure rates for Report Period, Previous Year, and Baseline Year for all
the measures, followed by a list of patients that shows which
measures each patient did not meet.

You will be asked to provide the community taxonomy to determine
which patients will be included, the beneficiary population of the
patients,
and the Report Period and Baseline Year.

Press ENTER to Continue: <Enter>
```

Figure 5-56: Comprehensive National GPRA/GPRAMA Patient List–information display

5. At the prompt, press Enter.

   A message displays warning about the number of pages the report could potentially include and recommending that you select the delimited output option.

6. Type **Y** and press Enter to continue or type a caret (^) to return to the previous menu.

7. The system checks the site-populated taxonomies.

   - If the following message displays, press Enter.

```
Checking for Taxonomies to support the National GPRA/GPRAMA Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-57: Checking taxonomies

- If the following message displays, your report results for the measure that uses the specified taxonomy are likely to be inaccurate.

```
The taxonomies are missing or have no entries
```

Figure 5-58: Taxonomies message

To exit from the report and edit your taxonomies, type a caret (^) at any prompt until you return to the main menu.

```
Select List Type.
NOTE: If you select All Patients, your list may be
hundreds of pages and take hours to print.

     Select one of the following:

          R         Random Patient List
          P         Patient List by Provider
          A         All Patients

Choose report type for the Lists: R// A <Enter>  All Patients
```

Figure 5-59: Selecting list for all patients

8. At the "Choose report type for the Lists" prompt, type the letter corresponding to the report type you want, and press Enter, where:

   - **R** (Random Patient List) produces a list containing 10% of the entire patient list.
   - **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.
   - **A** (All Patients) produces a list of all patients.

   If you select P (Patient List by Provider), type the name of a provider at the "Enter Designated Provider Name" prompt and press Enter.

> **Notes**: Printed patient lists are likely to require a great deal of paper, even when you are producing a random list. Ensure that your selected printer has enough paper, particularly if you are running the report overnight.
>
> Print patient lists only when you need them or print to an electronic file.

9. The system displays the date range options for the patient list, as in the following example:

```
     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30
          5         User-Defined Report Period

Enter the date range for your report: 1 <Enter> January 1 - December 31
```

Figure 5-60: Selecting report date range

10. At the "Enter the date range for your report" prompt, do one of the following:

    - To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

      At the "Enter Year" prompt, type the four-digit calendar year of the report end date (for example, 2026) and press Enter.

    - To define a custom report period, type **5** and press Enter.

      At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2026) and press Enter.

11. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

12. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

    - Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)
    - Type the name of a community taxonomy and press Enter.

      Type the first few letters of the taxonomy name and press Enter to view a selection of taxonomies beginning with those letters, or type two question marks (**??**) to view the entire list. Type the number of a taxonomy and press Enter.

```
     Select one of the following:

          1         Indian/Alaskan Native (Classification 01)
          2         Not Indian Alaskan/Native (Not Classification 01)
          3         All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1//  <Enter>
Indian/Alaska Native (Classification 01)
```

Figure 5-61: Selecting beneficiary population

13. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include, and press Enter, where:

    - **1** (Indian/Alaskan Native) reports only on AI/AN patients.
    - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
    - **3** (All) reports on your entire patient population.

14. A summary of the Comprehensive National GPRA/GPRAMA Patient List Report displays.

15. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

16. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want, and press Enter, where:

    - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
    - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.
    - **B** (Both) produces both a printed report and a delimited file.

    Detailed instructions for the **Print** and **Delimited Output** options are found in Step 11 of Section 5.2.2.

> **Note**: Depending on a variety of factors — the number of performance measures selected, the size of your database, your server configuration (RAM, processor speed, etc.) — the report may take 6–8 hours to run. *Always test your first report at night or on the weekend*.

5.10.3 Patient List Content

The following table shows the National GPRA/GPRAMA Report performance measures that are included in the GPRA Performance Plan to Congress (e.g., GPRA measures) that are applicable to each patient and will be included in this report.

Performance measures that are counts and not rates, such as Dental Sealants, are not included in this report. In addition, measures that report on patients with documented health issues, such as Poor Glycemic Control, are also not included in this report.

Table 5-6: Content of the Comprehensive National GPRA/GPRAMA Patient List Report by Performance Measure Topic

Performance Measure Topic	Performance Measure	Abbreviation for Patient List, "Measures Not Met" Column
Diabetes (DM): Poor Glycemic Control	Poor Glycemic Control	DM Poor Control
DM: Blood Pressure Control	Controlled BP	DM Control BP
DM: Statin Therapy	With Statin Therapy	DM Statin Therapy
DM: Nephropathy Assessment	Nephropathy Assessed	DM Nephropathy
DM: Retinopathy	Retinopathy Assessed	DM Retinopathy
Access to Dental Services	Documented Dental Visit	Dental Visit
Dental Sealants	Intact Dental Sealants	Intact Sealants
Topical Fluoride	Documented Topical Fluoride	Doc Top Fluoride
Influenza 6 months through 17 years	Documented Influenza Immunization 6 months through 17 years	User Population 6 mos through 17 yrs Influenza IZ
Influenza 18 and older	Documented Influenza Immunization 18 and older	User Population 18 and older Influenza IZ
Adult Immunizations	User Pop 19 and older with age-appropriate IZ	User Population 19 and older age-appropriate IZ
Childhood Immunizations	User Population Patients With All Documented Childhood Immunizations 4:3:1:3*:3:1:4	User Population Child IZ
Cervical Cancer Screening	Documented Cervical Cancer Screen	User Population Cervical Cancer Screen
Cancer Screening: Mammogram Rates	Documented Mammogram	User Population Mammogram
Colorectal Cancer Screening	Documented CRC Screening	User Population CRC Scrn
Tobacco Cessation	Documented Tobacco Cessation/Quit	User Population Tobacco Cess/Quit
Alcohol Screening	Documented Alcohol Screening	User Population Alcohol Scrn
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Documented BI/BNI	User Population SBIRT
Intimate Partner (Domestic) Violence Screening	Documented IPV/DV Screening	User Population IPV/DV Scrn
Depression Screening	Documented Depression Screening	User Population Depr Scrn 12 through 17
Depression Screening	Documented Depression Screening	User Population Scrn 18 and older

Performance Measure Topic	Performance Measure	Abbreviation for Patient List, "Measures Not Met" Column
Childhood Weight Control	BMI less than (<) 95th Percentile	Child Weight Control
Controlling High Blood Pressure - Million Hearts	Controlled High BP	Control High BP
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	With Statin Therapy	CVD Statin Therapy
HIV Testing	Documented HIV Test	UP HIV Test Ever
Breastfeeding Rates	Documented IFC Screening	User Population Feed Choice Scrn

5.11 Selected Measures Reports for Local Facility Use

CI26 > RPT > **LOC**

5.11.1 Overview

The following reports are intended for local use by a facility for specific public health or performance improvement initiatives. Each report allows selection of one or more performance measure topics and different populations. All Selected Measures reports include the option to run patient lists.

- **Selected Measures with Community Specified (COM)** includes *all* selected denominators and numerators for performance measure topics. The report displays *both* Active Clinical and GPRA User Population denominators, in addition to any other measure-specific denominators, for example, Active Adult Diabetic patients. For any selected topic, this report displays *all* numerators, including any breakdowns by sex and age where defined.

  This report uses a community taxonomy to define the population. If this report is used to review and improve local data for national GPRA reporting, the site's "official" GPRA Community taxonomy should be used. Other community taxonomies can also be specified for other local uses, such as comparing one community to another.

  This report also provides an option for selecting different patient-type populations: AI/AN, non-AI/AN, or both. For comparison to national reporting, only the AI/AN population can be selected.

- **Selected Measures with Patient Panel Population (PP)** includes *all* numerators, including any breakdowns by sex and age where defined, for selected performance measure topics. The report displays *only* one denominator, the number of patients in the user-defined patient panel.

The population for this report is defined by a user-specified list (panel) of patients and includes only those communities of which the patients are residents. For detailed instructions see Appendix B.

- **Selected Measures with All Communities (ALL)** includes *all* denominators and numerators for selected performance measure topics. The report displays both Active Clinical and GPRA User Population denominators, in addition to any other measure-specific denominators, for example, Active Adult Diabetic patients. For any selected topic, this report displays *all* numerators, including any breakdowns by sex and age where defined.

  The population for this report is *any* patient in the database, regardless of the community of residence. This report also provides an option for selecting different patient-type populations: AI/AN, non-AI/AN, or both.

5.11.2 Running the Reports with Patient Lists

To run the Selected Measures Reports with Patient Lists:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI26** and press Enter to display the **CRS 2026** main menu.
2. At the "Select CRS 2026 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** menu.
3. At the "Select Reports Option" prompt, type **LOC** and press Enter to display the **Reports for Local Use, IHS Clinical Measures** menu, as in the following example:

```
             ******************************************************
             **                IHS/RPMS CRS 2026                 **
             **   Reports for Local Use: IHS Clinical Measures   **
             ******************************************************
                           Version 26.0

                           DEMO INDIAN HOSPITAL

   COM    Selected Measures w/Community Specified
   PP     Selected Measures w/Patient Panel Population
   ALL    Selected Measures w/All Communities

Select Reports for Local Use: IHS Clinical Measures Option:
```

Figure 5-62: **CRS Reports for Local Use: IHS Clinical Measures** menu options

The following reports are the CRS reports for local use:

- **COM**. Selected Measures w/Community Specified reports only on patients residing in a community of residence that is included in the selected Community Taxonomy.

- **PP**. Selected Measures w/Patient Panel Population reports only on patients included in a selected patient panel. See Appendix B for detailed instructions.
- **ALL**. Selected Measures w/All Communities reports on all patients in the site's RPMS database, regardless of community of residence.

> **Note**: To stop at any time during the report setup, type a caret (^) at any prompt until you return to your desired location.

5.11.2.1 Running the Selected Measures Community Specified Report

CI26 > RPT > LOC > **COM**

To run the Selected Measures Community Specified Report:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI26** and press Enter to display the **CRS 2026** main menu.
2. At the "Select CRS 2026 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** menu.
3. At the "Select Reports Option" prompt, type **LOC** and press Enter to display the **Reports for Local Use, IHS Clinical Measures** menu, as in the following example:

```
             **************************************************
             **                IHS/RPMS CRS 2026               **
             **   Reports for Local Use: IHS Clinical Measures   **
             **************************************************
                             Version 26.0

                          DEMO INDIAN HOSPITAL

   COM    Selected Measures w/Community Specified
   PP     Selected Measures w/Patient Panel Population
   ALL    Selected Measures w/All Communities

Select Reports for Local Use: IHS Clinical Measures Option: COM <Enter>
Selected Measures with Community Specified
```

Figure 5-63: **CRS Reports for Local Use** menu–selecting the **Selected Measures with Community Specified** option

4. At the "Select Reports for Local Use: IHS Clinical Measures Option" prompt, type **COM** and press Enter to display information about the report option and a list of the available report types.

```
     IHS 2026 CRS - Clinical Performance Measure Report (Selected Measures)

This will produce a Performance Measure Report for one or more measures for
a year period you specify. You will be asked to provide: 1) the
reporting period, 2) the baseline period to compare data to, and 3) the
Community taxonomy to determine which patients will be included.

   Select one of the following:

          DM        Diabetes-Related Measures
          CVD       Cardiovascular Disease Prevention for At-Risk Patients
          WH        Women's Health-Related Measures
          PQA       Pharmacy Quality Alliance Measures
          SEL       Selected Performance Measures (User Defined)

Which set of Performance measures should be included in this report: SEL
<Enter>
Selected Performance Measures (User Defined)
```

Figure 5-64: Selected Measures with Community Specified–information display

Select from five predefined reports that contain topics specific to diabetes (**DM**), cardiovascular disease (**CVD**), women's health (**WH**), or Pharmacy Quality Alliance (**PQA**), or you may choose your own topics (**SEL**) for the report.

5. At the "Which set of Performance measures should be included in this report" prompt, do one of the following:

   - To run one of the predefined reports, type **DM**, **CVD**, **WH**, or **PQA** and press Enter, then go to Step 8 for the taxonomy check.
   - To include user-defined performance measures in this report, type **SEL** and press Enter, then continue with Step 6.

6. The **Performance Measure Selection** screens display, as in the following examples:

```
PERFORMANCE MEASURE SELECTION Oct 08, 2026 11:01:09       Page:   1 of    5
IHS Clinical Performance Measures
* indicates the performance measure has been selected

 1)  Diabetes Prevalence
 2)  Diabetes Comprehensive Care
 3)  Diabetes: Glycemic Control
 4)  Diabetes: Blood Pressure Control
 5)  Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabet
 6)  Diabetes: Nephropathy Assessment
 7)  Diabetic Retinopathy
 8)  Diabetes: Access to Dental Services
 9)  Access to Dental Service
 10) Dental Sealants
 11) Topical Fluoride
 12) Influenza
 13) Adult Immunizations
 14) Childhood Immunizations
 15) Adolescent Immunizations
 16) Cervical Cancer Screening
+         Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//
```

Figure 5-65: Performance Measure Selection screen, Page 1

```
PERFORMANCE MEASURE SELECTION Oct 08, 2026 11:03:23       Page:   2 of    5
IHS Clinical Performance Measures
* indicates the performance measure has been selected
+
 17) Cancer Screening: Mammogram Rates
 18) Colorectal Cancer Screening
 19) Tobacco Use and Exposure Assessment
 20) Tobacco Cessation
 21) Alcohol Screening
 22) Screening, Brief Intervention, and Referral to Treatment (SBIRT)
 23) Screening for Substance Use
 24) Substance Use Disorder (SUD) in Women of Childbearing Age
 25) Intimate Partner (Domestic) Violence Screening
 26) Depression Screening
 27) Suicide Risk Assessment
 28) Antidepressant Medication Management
 29) Obesity Assessment
 30) Childhood Weight Control
 31) Weight Assessment and Counseling for Nutrition and Physical Activity
 32) Nutrition and Exercise Education for At Risk Patients   +         Enter ?? for
more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//
```

Figure 5-66: Performance Measure Selection screen, Page 2

```
PERFORMANCE MEASURE SELECTION Oct 08, 2026 11:04:32       Page:   3 of    5
IHS Clinical Performance Measures
* indicates the performance measure has been selected
+
 33) Physical Activity Assessment
 34) Cardiovascular Disease and Blood Pressure Control
 35) Controlling High Blood Pressure - Million Hearts
 36) Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
 37) Appropriate Medication Therapy after a Heart Attack
 38) Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atria
 39) Heart Failure and Evaluation of LVS Function
 40) HIV Screening
 41) HIV Quality of Care
 42) Hepatitis C Screening
 43) Chlamydia Testing
 44) Syphilis Screening
 45) Sexually Transmitted Infection (STI) Screening
 46) Asthma
 47) Asthma Assessments
 48) Proportion of Days Covered by Medication Therapy
+         Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//
```

Figure 5-67: Performance Measure Selection screen, Page 3

```
PERFORMANCE MEASURE SELECTION Oct 08, 2026 11:05:33       Page:   4 of    5
IHS Clinical Performance Measures
* indicates the performance measure has been selected
+
 49) Primary Medication Non-adherence
 50) Concurrent Use of Opioids and Benzodiazepines
 51) Medications Education
 52) Medication Therapy Management Services
 53) Public Health Nursing
 54) Breastfeeding Rates
 55) Use of High-Risk Medications in the Elderly
 56) Functional Status Assessment in Elders
 57) Fall Risk Assessment in Elders
 58) Palliative Care
 59) Annual Wellness Visit
 60) Optometry
 61) Goal Setting
 62) Rate of User Population Patients Receiving Patient Education
 63) Rate of Documentation of Education Topics
 64) Rate of Education by Provider
+         Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//
```

Figure 5-68: Performance Measure Selection screen, Page 4

7. The action bar displays at the bottom of the screen. At the "Select Action" prompt, do one of the following:

   a. To view multiple pages:

      - Type a plus sign (+) and press Enter to view the next page.

- Type a minus sign/hyphen (-) and press Enter to return to the previous page.

b. To select performance measure topics:

- Type **S** and press Enter.
- At the "Which item(s)" prompt, type the numbers preceding the measures you want. To select multiple measures, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of numbers and ranges (e.g., 1 through 4, 8, 12).

After pressing Enter, each selected performance measure is marked with an asterisk (*) before its number (Figure 5-69).

c. To save your selected topics, type **Q** (Quit) and press Enter.

```
PERFORMANCE MEASURE SELECTION Oct 08, 2026 11:08:01       Page:   1 of    4
IHS Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Prevalence
*2)  Diabetes Comprehensive Care
3)  Diabetes: Glycemic Control
4)  Diabetes: Blood Pressure Control
5)  Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabt
*6)  Diabetes: Nephropathy Assessment
7)  Diabetic Retinopathy
8)  Diabetes: Access to Dental Services
9)  Access to Dental Service
10) Dental Sealants
11) Topical Fluoride
12) Influenza
13) Adult Immunizations
*14) Childhood Immunizations
15) Adolescent Immunizations
16) Cervical Cancer Screening
+         Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//  Q <Enter> Quit
```

Figure 5-69: Selected Measures Reports–showing selected performance measure topics

8. If **Rate of Education by Provider** topic is chosen, do one of the following:

- To enter provider names, press Enter, and then follow these steps:
  - Type the name of the primary care provider you want to report on, and press Enter.
  - Type the first few letters of a provider's name and press Enter to view a selection of available providers beginning with those letters, or type two question marks (**??**) and press Enter to view the entire list. Then type the number of the provider you want to report on, and press Enter.
  - Repeat the above steps until all provider names are entered, then press Enter.

- To enter a taxonomy of providers, type **T** and press Enter, and then follow this step:
  - At the "Enter Provider Taxonomy name" prompt, type the name of the taxonomy and press Enter.

9. The system checks the taxonomies required to run the report. At the prompt, press Enter to continue.

```
     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30
          5         User-Defined Report Period

Enter the date range for your report: 4  Oct 1 - Sep 30

Enter the Calendar Year for the report END date. Use a 4 digit
year, e.g. 2026
Enter Year: 2026 <Enter> 2026
```

Figure 5-70: Selected Measures Reports–selecting report date range

10. At the "Enter the date range for your report" prompt, do one of the following:

    a. To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

       At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2026) and press Enter.

    b. To define a custom report period, type **5** and press Enter.

       At the "Enter End Date for the Report" prompt, type the end date in **MM/DD/CCYY** format (for example, 04/30/2026) and press Enter.

       All reports review and calculate data for at least a one-year time period by searching patient records for data matching the numerator criteria for the entire current report period selected.

       If you pick a report period end date that is later than the date you are running the report, a warning message displays. At the "Do you want to change your Current Report Dates?" prompt, do one of the following:

       - To continue with the report, press Enter to accept the default answer (No).
       - To change your report date range, type **Y** and press Enter.

11. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

    The date ranges you selected for the report, including Report Period, Previous Year Period, and Baseline Period are displayed, as in the following example,

```
The date ranges for this report are:
     Report Period:           Oct 01, 2025 to Sep 30, 2026
     Previous Year Period:    Oct 01, 2024 to Sep 30, 2025
     Baseline Period:         Oct 01, 2015 to Sep 30, 2016
```

Figure 5-71: Selected Measure Reports–display of selected report date ranges

12. At the "Run Report for One Community?" prompt, do one of the following:

    - To run the report using a community taxonomy, press Enter to accept the default answer (No) and go to Step 13.
    - To run the report for only one community, type **Y** and press Enter. Type the name of a community and press Enter. Skip to Step 14.

13. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

    - Press Enter to accept the default taxonomy. (The default community taxonomy can be set in Site Parameters.)
    - Type the name of a community taxonomy and press Enter.
    - Type the first few letters of the taxonomy name and press Enter to view a selection of taxonomies, or type two question marks (**??**) to view the entire list. Type the number of the taxonomy you want to include, and press Enter.

14. Your **HOME** location (as defined in Section 4.2) displays.

15. At the "Do you want patient lists for any of the measures?" prompt, do one of the following:

> **Note**: You must have security access to run any patient list. This prompt will not display if you do not have security access.

    - To include patient lists in addition to the report, type **Y** (Yes) and press Enter to display the Measure List Selection screen. Only patient lists for the topics you have selected for your report are listed (Figure 5-72).

      Continue with Step 14 to select the lists.

    - To run the report without including patient lists, press Enter to accept the default, "No." Go to Step 17 to select the beneficiary (patient) population for the report.

```
Do you want patient lists for any the measures? N// Y <Enter>  Yes

MEASURE LIST SELECTION        Oct 08, 2026 12:16:49          Page:   1 of 1
IHS 2026 Clinical Performance Measure Lists of Patients
* indicates the list has been selected

1)  DM Comprehensive Care: List of diabetic pts w/documented tests, if any
```

```
2)  DM Nephropathy: List of diabetic patients w/nephropathy assessment, if
any
3)  Childhood Imm: List of Pts 19-35 months with IZ, if any

          Enter ?? for more actions
S    Select List                        D    De Select List
A    All Lists                          Q    Quit
Select Action:+// Q <Enter> Quit
```

Figure 5-72: Selected Measures Report–choosing patient lists

16. To select patient lists:

    a. At the "Select Action" prompt, type **S** and press Enter.

    b. At the "Which item(s)" prompt, type the numbers preceding the lists you want to include.

       After pressing Enter, each selected measure is marked with an asterisk (*) before its number.

    c. To save your selected lists, type **Q** (Quit) and press Enter.

```
Select List Type.
NOTE: If you select All Patients, your list may be
hundreds of pages and take hours to print.

     Select one of the following:

          R         Random Patient List
          P         Patient List by Provider
          A         All Patients

Choose report type for the Lists: R// A <Enter>  All Patients
```

Figure 5-73: Selected Measures Report–patient list type

17. At the "Choose report type for the Lists" prompt, type the letter corresponding to the report type you want, and press Enter, where:

    - **R** (Random Patient List) produces a list containing 10% of the entire patient list.
    - **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.
    - **A** (All Patients) produces a list of all patients.

    If you select P (Patient List by Provider), type the name of a provider at the "Enter Designated Provider name" prompt and press Enter.

```
     Select one of the following:

          1         Indian/Alaskan Native (Classification 01)
          2         Not Indian Alaskan/Native (Not Classification 01)
          3         All (both Indian/Alaskan Natives and Non 01)
```

```
Select Beneficiary Population to include in this report: 1// <Enter>
Indian/Alaskan Native (Classification 01)
```

Figure 5-74: Selected Measures Report–selecting beneficiary population

18. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include, and press Enter, where:

    - **1** (Indian/Alaskan Native) reports only on AI/AN patients.
    - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
    - **3** (All) reports on your entire patient population.

    A summary of the Selected Measures report displays, as in the following example:

```
      SUMMARY OF 2026 CLINICAL MEASURE PERFORMANCE REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:           Oct 01, 2025 to Sep 30, 2026
     Previous Year Period:    Oct 01, 2024 to Sep 30, 2025
     Baseline Period:         Oct 01, 2015 to Sep 30, 2016

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES
The HOME location is: HOME 505989

These performance measures will be calculated: Diabetes Comprehensive Care
;      Diabetes: Nephropathy Assessment ; Childhood Immunizations ;

Lists will be produced for these measures: Diabetes Comprehensive Care ;
Diabetes: Nephropathy Assessment ; Childhood Immunizations ;

Include Measure Logic Text in the Output Report? Y//
```

Figure 5-75: Summary Screen for Selected Measures Report

19. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

```
Please choose an output type. For an explanation of the delimited
file please see the user manual.

     Select one of the following:

          P         Print Report on Printer or Screen
          D         Create Delimited output file (for use in Excel)
          B         Both a Printed Report and Delimited File

Select an Output Option: P// B <Enter> Both a Printed Report and Delimited
File

You have selected to create a delimited output file. You can have this
output file created as a text file in the pub directory,
```

```
OR you can have the delimited output display on your screen so that
you can do a file capture. Keep in mind that if you choose to
do a screen capture you CANNOT Queue your report to run in the background!!

     Select one of the following:

      S         SCREEN - delimited output will display on screen for
capture
      F         FILE - delimited output will be written to a file in pub

Select output type: S// F <Enter> FILE - delimited output will be written
to a file in pub
Enter a filename for the delimited output (no more than 40 characters):
STST3-6 <Enter>

When the report is finished your delimited output will be found in the
Q:\ directory. The filename will be STST3-6.txt

DEVICE: HOME//
```

Figure 5-76: Running the Selected Measures Report–output options

20. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want, and press Enter, where:

    - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
    - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.
    - **B** (Both) produces both a printed report and a delimited file.

    Detailed instructions for the **Print** and **Delimited Output** options are found in Step 11 of Section 5.2.2.

> **Note**: This is the last point at which you can exit before starting the report process. *If you have included patient lists, the report may take 6–10 hours to run.* Always test your first report at night or on the weekend.
>
> To exit, type a caret (^) at the "Device" prompt.

5.11.2.2 Running the Selected Measures with Patient Panel Report

CI26 > RPT > LOC > **PP**

To run the Selected Measures with Patient Panel Report:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI26** and press Enter to display the **CRS 2026** main menu.
2. At the "Select CRS 2026 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** menu.

3. At the "Select Reports Option" prompt, type **LOC** and press Enter to display the **Reports for Local Use, IHS Clinical Measures** menu, as in the following example:

```
             ******************************************************
             **                IHS/RPMS CRS 2026                 **
             **   Reports for Local Use: IHS Clinical Measures   **
             ******************************************************
                              Version 26.0

                           DEMO INDIAN HOSPITAL

   COM    Selected Measures w/Community Specified
   PP     Selected Measures w/Patient Panel Population
   ALL    Selected Measures w/All Communities

Select Reports for Local Use: IHS Clinical Measures Option: PP  <Enter>
Selected Measures w/ Patient Panel Population
```

Figure 5-77: **CRS Reports for Local Use** menu–Selected Measures with Patient Panel Population option

4. At the "Select Reports for Local Use: IHS Clinical Measures Option" prompt, type **PP** and press Enter to display information about the Selected Measures report (Figure 5-78). Press Enter to continue.

   The system checks the taxonomies required for this report, as in the following example:

```
          2026 Clinical Performance Measure Report (Selected Measures)
            Report on all Patients in a User Defined Search Template

This will produce a Performance Measure Report for one or more measures for
a year period you specify. You will be asked to provide: 1) the
reporting period and 2) the baseline period to compare data.

NOTE: With this option all patients in a user defined search template
will be included in the report. The user population and Active Clinical
user logic will NOT be applied.
You can create a search template using Q-MAN, PGEN, VGEN or other
RPMS options.

Checking for Taxonomies to support the Selected Measures Report

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-78: Running the Selected Measures Patient Panel Report–display of report information and taxonomy check

5. At the "End of taxonomy check" prompt, press Enter.

6. At the "Enter Search Template name" prompt, do one of the following:

- Type the name of the search template (i.e., the patient panel) you want to use, and press Enter.

  For instructions on creating search templates, see Appendix B.

- Type the first few letters of the search template name and press Enter to view a selection of search templates beginning with those letters, or type two question marks (**??**) to view the entire list. Then type the number of a search template and press Enter.

> **Note**: This field is *case-sensitive*. Therefore, if the Caps Lock key is on and you enter the first few letters of the search template name, you will only see a list of search templates that are named in all capital letters; search templates with names in lower case letters will not display.

7. At the "Which set of Measures should be included in this report" prompt, do one of the following:

   - To run one of the predefined reports, type **DM**, **CVD**, **WH**, or **PQA** and press Enter, then follow these steps:

   a. Select a date range and baseline year (see Steps 13 and 14 in this section).

   b. Select patient lists to include if desired (see Step 9 in this section), and a report type for the lists (see Step 12 in this section).

   c. Select an output type (see Step 16 in this section).

      For a list of the topics contained in the predefined topic reports, see Section 5.11.3.

   - To include user-defined performance measures in this report, type **SEL** and press Enter, then continue with Step 8.

8. The Performance Measure Selection screen displays with the action bar at the bottom of the screen. At the "Select Action" prompt, do one of the following:

   - To view multiple pages of available topics:
     - Type a plus sign (+) and press Enter to view the next page.
     - Type a minus sign/hyphen (-) and press Enter to return to the previous page.
   - To select performance measure topics:
     - Type **S** and press Enter.
     - At the "Which item(s)" prompt, type the numbers preceding the performance measures you want. To select multiple measures, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of numbers and ranges (e.g., 1 through 4, 8, 12).

  - After pressing Enter, each selected performance measure is marked with an asterisk (*) before its corresponding number.
- To save your selected measures, type **Q** (Quit) and press Enter.

9. If **Rate of Education by Provider** topic is chosen, do one of the following:

   - To enter provider names, press Enter, and then follow these steps:
     - Type the name of the primary care provider you want to report on, and press Enter.
     - Type the first few letters of a provider's name and press Enter to view a selection of available providers beginning with those letters, or type two question marks (**??**) and press Enter to view the entire list. Then type the number of the provider you want to report on, and press Enter.
     - Repeat the above steps until all provider names are entered, then press Enter.
   - To enter a taxonomy of providers, type **T** and press Enter, and then follow this step:
     - At the "Enter Provider Taxonomy name" prompt, type the name of the taxonomy and press Enter.

10. At the "Do you want patient lists for any of the measures?" prompt, do one of the following:

> **Note**: You must have security access to run any patient list. This prompt will display if you do not have security access.

   - To include patient lists in addition to the report, type **Y** (Yes) and press Enter to display the Measure List Selection screen. Only patient lists for the topics you have selected for your report are displayed.

     Continue with Step 11 to select the lists.

   - To run the report without including patient lists, press Enter to accept the default (No). Go to Step 13 to select the date range for the report.

11. To select patient lists:

    a. At the "Select Action" prompt, type **S** and press Enter.

    b. At the "Which item(s)" prompt, type the numbers preceding the lists you want to include.

       After pressing Enter, each selected measure is marked with an asterisk (*) before its number.

    c. To save your selected lists, type **Q** (Quit) and press Enter.

12. At the "Choose report type for the Lists" prompt, type the letter corresponding to the report type you want, and press Enter, where:

    - **R** (Random Patient List) produces a list containing 10% of the entire patient list.
    - **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.
    - **A** (All Patients) produces a list of all patients.

    If you select **P** (Patient List by Provider), type the name of a provider at the "Enter Designated Provider Name" prompt and press Enter.

13. At the "Enter the date range for your report" prompt, do one of the following:

    - To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

      At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2026) and press Enter.

    - To define a custom report period, type **5** and press Enter.

      At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2026) and press Enter.

    All reports review and calculate data for at least a one-year time period by searching patient records for data matching the numerator criteria for the entire current report period selected.

    If you pick a report period end date that is later than the date you are running the report, a warning message displays. At the "Do you want to change your Current Report Dates?" prompt, do one of the following:

    - To continue with the report, press Enter to accept the default answer, "No."
    - To change your report date range, type **Y** and press Enter.

14. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

    A summary of the Selected Measures report displays, as in the following example:

```
      SUMMARY OF 2026 CLINICAL MEASURE PERFORMANCE REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:           Jan 01, 2026 to Dec 31, 2026
     Previous Year Period:    Jan 01, 2025 to Dec 31, 2025
     Baseline Period:         Jan 01, 2016 to Dec 31, 2016

The following search template of patients will be included in
this report: DEMO_MALE_VISITS_21-55
The HOME location is: HOME 505989
```

```
These measures will be calculated: Diabetes Prevalence ; Diabetes
Comprehensive Care ;

Lists will be produced for these measures: Diabetes Prevalence ; Diabetes
Comprehensive Care ;

Include Measure Logic Text in the Output Report? Y//
```

Figure 5-79: Selected Measures Patient Panel Report–summary of report

15. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

16. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want, and press Enter, where:

    - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
    - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.
    - **B** (Both) produces both a printed report and a delimited file.

    Detailed instructions for the **Print** and **Delimited Output** options are found in Step 11 of Section 5.2.2.

> **Note**: This is the last point from which you can exit before starting the report process. *The report may take 6–10 hours to run*. Always test your first report at night or on the weekend.
>
> To exit, type a caret (^) at the "Device" prompt.

5.11.2.3 Running the Selected Measures with All Communities Report

CI26 > RPT > LOC > **ALL**

To run the Selected Measures with All Communities Report:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI26** and press Enter to display the **CRS 2026** main menu.

2. At the "Select CRS 2026 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** menu.

3. At the "Select Reports Option" prompt, type **LOC** and press Enter to display the **Reports for Local Use, IHS Clinical Measures** menu.

```
          **************************************************
          **                IHS/RPMS CRS 2026                 **
```

```
             **   Reports for Local Use: IHS Clinical Measures   **
             ***************************************************
                              Version 26.0

                           DEMO INDIAN HOSPITAL

   COM    Selected Measures w/Community Specified
   PP     Selected Measures w/Patient Panel Population
   ALL    Selected Measures w/All Communities

Select Reports for Local Use: IHS Clinical Measures Option: ALL <Enter>
Selected Measures w/All Communities
```

Figure 5-80: **CRS Reports for Local Use** menu–Selected Measures w/All Communities

4. At the "Select Reports for Local Use: IHS Clinical Measures Option" prompt, type **ALL** and press Enter to display information about the Selected Measures report, followed by the prompt to select a set of measures to include in the report, as shown in Figure 5-81.

```
        IHS 2026 Clinical Performance Measure Report (Selected Measures)
          Report on all Patients regardless of Community of Residence

This will produce a Performance Measure Report for one or more measures for
a year period you specify. You will be asked to provide: 1) the
reporting period and, 2) the baseline period to compare data to.

NOTE: With this option all patients in your database will be reviewed
regardless of what community they live in. You will NOT be asked to enter
a community taxonomy name.

     Select one of the following:

          DM        Diabetes-Related Measures
          CVD       Cardiovascular Disease Prevention for At-Risk Patients
          WH        Women's Health-Related Measures
          PQA       Pharmacy Quality Alliance Measures
          SEL       Selected Measures (User Defined)

Which set of Measures should be included in this report:
```

Figure 5-81: Selected Measures All Communities Report–display of report information and prompt to select measures

5. At the "Which set of measures should be included in this report" prompt, do one of the following:

   - To run one of the predefined reports, type **DM**, **CVD**, **WH**, or **PQA** and press Enter. Press Enter after the taxonomy check then follow these steps:
     - Select a date range and baseline year (see Steps 12 and 13 in this section).
     - Select patient lists to include, if desired, and select a report type for the lists (see Steps 7, 9, and 10 in this section).
     - Select a beneficiary population (see Step 14 in this section).
     - Select an output type (see Step 17 in this section).

For a list of the topics contained in the predefined topic reports, see Section 5.11.3.

- To include user-defined performance measures in this report, type **SEL** and press Enter, then continue with Step 6.

6. The **Performance Measure Selection** screen displays with the action bar at the bottom of the screen. At the "Select Action" prompt, do one of the following:
   - To view multiple pages of available topics:
     - Type a plus sign (+) to view the next page.
     - Type a minus sign/hyphen (-) to return to the previous page.
   - To select performance measure topics:
     - Type **S** and press Enter.
     - At the "Which item(s)" prompt, type the numbers preceding the performance measures you want. To select multiple measures, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of numbers and ranges (e.g., 1 through 4, 8, 12).

       After pressing Enter, each selected performance measure you selected is marked with an asterisk (*) before its number.

     - To save your selected performance measures, type **Q** (Quit) and press Enter.
7. If **Rate of Education by Provider** topic is chosen, do one of the following:
   - To enter provider names, press Enter, and then follow these steps:
     - Type the name of the primary care provider you want to report on, and press Enter.
     - Type the first few letters of a provider's name and press Enter to view a selection of available providers beginning with those letters, or type two question marks (**??**) and press Enter to view the entire list. Then type the number of the provider you want to report on, and press Enter.
     - Repeat the above steps until all provider names are entered, then press Enter.
   - To enter a taxonomy of providers, type **T** and press Enter, and then follow this step:
     - At the "Enter Provider Taxonomy name" prompt, type the name of the taxonomy and press Enter.
8. At the "Do you want patient lists for any of the measures?" prompt, type **Y** or **N** and press Enter.

> **Note**: You must have security access to run any patient list. This prompt will not be displayed if you do not have security access.

- To include patient lists in addition to the report, type **Y** (Yes) and press Enter to display the Measure List Selection screen. Only patient lists for the topics you have selected for your report are listed.

  Continue with Step 9 to select the lists.

- To run the report without including patient lists, press Enter to accept the default (No). Go to Step 11 to continue the report selection process.

9. To select patient lists:

   a. At the "Select Action" prompt, type **S** and press Enter.

   b. At the "Which item(s)" prompt, type the numbers preceding the lists you want to include.

      After pressing Enter, each selected measure is marked with an asterisk (*) before its number.

   c. To save your selected lists, type **Q** (Quit) and press Enter.

10. At the "Choose report type for the Lists" prompt, type the letter corresponding to the report type you want, where:

    - **R** (Random Patient List) produces a list containing 10% of the entire patient list.
    - **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.
    - **A** (All Patients) produces a list of all patients.

    If you select **P** (Patient List by Provider), type the name of a provider at the "Enter Designated Provider Name" prompt and press Enter.

11. The taxonomies required to run the report are checked. Press Enter to continue.

12. At the "Enter the date range for your report" prompt, do one of the following:

    - To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

      At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2026) and press Enter.

    - To define a custom report period, type **5** and press Enter.

      At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2026) and press Enter.

All reports review and calculate data for at least a one-year time period by searching patient records for data matching the numerator criteria for the entire current report period selected.

If you pick a report period end date that is later than the date you are running the report, a warning message displays. At the "Do you want to change your Current Report Dates?" prompt, do one of the following:

- To continue with the report, press Enter to accept the default answer (No).
- To change your report date range, type **Y** and press Enter.

13. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

    The date ranges you selected for the report, including Report Period, Previous Year Period, and Baseline Period, as well as your HOME location (as defined in Section 4.2) display.

14. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include, and press Enter, where:

    - **1** (Indian/Alaskan Native) reports only on AI/AN patients.
    - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
    - **3** (All) reports on your entire patient population.

15. A summary of the Selected Measures report displays, as in the following example:

```
      SUMMARY OF 2026 CLINICAL MEASURE PERFORMANCE REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:           Jan 01, 2026 to Dec 31, 2026
     Previous Year Period:    Jan 01, 2025 to Dec 31, 2025
     Baseline Period:         Jan 01, 2016 to Dec 31, 2016

ALL Communities included.
The HOME location is: HOME 505989

These measures will be calculated: Diabetes Prevalence ; Diabetes
Comprehensive Care ; Diabetes: Glycemic Control ; Diabetes: Blood Pressure
Control ; Statin Therapy to Reduce Cardiovascular Disease Risk in Patients
with Diabetes ;

Lists will be produced for these measures: Diabetes Prevalence ; Diabetes
Comprehensive Care ; Diabetes: Glycemic Control ; Diabetes: Blood Pressure
Control ; Statin Therapy to Reduce Cardiovascular Disease Risk in Patients
with Diabetes ;

Please choose an output type. For an explanation of the delimited
file please see the user manual.
```

```
Include Measure Logic Text in the Output Report? Y//
```

Figure 5-82: Selected Measures All Communities Report–output report summary

16. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

17. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want, and press Enter, where:

    - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
    - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.
    - **B** (Both) produces both a printed report and a delimited file.

    Detailed instructions for the **Print** and **Delimited Output** options are found in Step 11 of Section 5.2.2.

> **Note**: This is the last point from which you can exit before starting the report process. *The report may take up to 24 hours or longer to run if you have included patient lists.* Always test your first report at night or on the weekend. To exit, type a caret (^) at the "Device" prompt.

5.11.3 Reports Content

Table 5-7: Selected Measures Report: Diabetes-Related

Performance Measure	Denominator	Numerator(s) (Documented in Past Year, unless Defined Otherwise)
Diabetes Prevalence	All denominators	All numerators
Diabetes Comprehensive Care	Active Diabetic Patients	1) Patients with A1c, regardless of result 2) Patients with BP documented in past 2 years 3) Patients with controlled BP 4) Patients with nephropathy assessment, defined as an estimated GFR and a urine albumin-to-creatinine ratio, or with ESRD Dx. 5) Patients receiving any retinal screening (no refusals) 6) Patients with diabetic foot exam 7) Patients with A1c and Blood Pressure and Nephropathy Assessment and Retinal exam and Diabetic Foot Exam

Performance Measure	Denominator	Numerator(s) (Documented in Past Year, unless Defined Otherwise)
Diabetes (DM): Glycemic Control	All denominators	All numerators
DM: Blood Pressure Control	All denominators	All numerators
Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes	All denominators	All numerators
DM: Nephropathy Assessment	All denominators	Patients with nephropathy assessment, defined as an estimated GFR *and* a urine albumin-to-creatinine ratio, or with ESRD Dx
DM: Retinopathy	All denominators	All numerators
Diabetic Access to Dental Services	Active Diabetic patients	All numerators
Influenza	Active Diabetic patients	All numerators
Adult Immunizations	Active Diabetic patients	All numerators
Depression Screening	Active Diabetic patients, broken down by sex	All numerators
Nutrition and Exercise Education for At Risk Patients	Active Diabetic patients, broken down by sex	All numerators

Table 5-8: Selected Measures Report: CVD Prevention for At-Risk Patients

Performance Measure	Denominator	Numerator(s) (Documented in Past Year, unless Defined Otherwise)
Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes	All denominators	All numerators
Tobacco Use and Exposure Assessment	Active Clinical patients ages 45 years and older, by sex	1) Patients who have been screened for tobacco use 2) Patients identified as current tobacco users A) Patients identified as current smokers
Depression Screening	Active IHD patients, broken down by sex	All numerators
Obesity Assessment	Active Clinical patients ages 20–74, by sex	For those with a BMI calculated, patients considered obese using BMI and standard tables

Performance Measure	Denominator	Numerator(s) (Documented in Past Year, unless Defined Otherwise)
Cardiovascular Disease and Blood Pressure Control	All denominators	All numerators
Controlling High Blood Pressure–Million Hearts	All denominators	All numerators
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	All denominators	All numerators
Appropriate Medication Therapy after a Heart Attack	All denominators	All numerators
Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge	All denominators	All numerators
Heart Failure and Evaluation of LVS Function	All denominators	All numerators

Table 5-9: Selected Measures Report: Women's Health Related

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Cervical Cancer Screening	All denominators	All numerators
Cancer Screening: Mammogram Rates	All denominators	All numerators
Colorectal Cancer Screening	Female Active Clinical patients ages 45–75 years without a documented history of colorectal cancer	All numerators
Tobacco Use and Exposure Assessment	1) Female Active Clinical patients ages 5 years and older, broken down by age 2) Pregnant female User Population patients 3) Female User Population patients ages 5 years and older	All numerators

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Alcohol Screening	1) Female Active Clinical patients ages 14–46 years 2) Female Active Clinical patients ages 14–46 years screened for alcohol use during the Report Period	All numerators
Substance Use Disorder (SUD) in Women of Childbearing Age	All denominators	All numerators
Intimate Partner/Domestic Violence Screening	All denominators	All numerators
Depression Screening	1) Female Active Clinical patients ages 12–17 years 2) Female Active Clinical ages 18 years and older 3) Female Active Clinical ages 65 years and older 4) Female User Population patients ages 12–17 years 5) Female User Population ages 18 years and older 6) Female User Population ages 65 years and older 7) Female Active Diabetic 8) Female Active IHD	All numerators
Obesity Assessment	1) Female Active Clinical patients ages 2–74 years, by age groups 2) Female User Population patients ages 2–74 years, by age groups	All numerators
Weight Assessment and Counseling for Nutrition and Physical Activity	Female Active Clinical patients ages 3 years and older, broken down by age groups	All numerators
Physical Activity Assessment	1) Female Active Clinical patients ages 5 years and older, by age groups 2) Numerator 1, Female Active Clinical patients ages 5 and older, by age groups.	All numerators
Prenatal HIV Testing	All denominators	All numerators

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Hepatitis C Screening	Pregnant User Population patients with no Hep C	1) With Hepatitis C screening in the past 20 months A) With positive result
Chlamydia Testing	All denominators, by age groups.	All numerators
Syphilis Screening	Female User Population patients ages 13 years and older.	All numerators
Sexually Transmitted Infection (STI) Screening	HIV/AIDS screenings needed for key STI incidents for female Active Clinical patients that occurred during the defined period (For numerators 2 and 3 only)	1) Count: Number of Female Active Clinical patients diagnosed with 1 or more key STIs during the defined period 2) Number of needed HIV/AIDS screenings performed from 1 month prior to the date of first STI diagnosis of each incident through 2 months after 3) Patients with documented HIV screening refusal during the Report Period

Table 5-10: Selected Measures Report: Pharmacy Quality Alliance

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Proportion of Days Covered by Medication Therapy	All denominators	All numerators
Primary Medication Non-adherence	All denominators	All numerators
Concurrent Use of Opioids and Benzodiazepines	All denominators	All numerators
Medication Therapy Management Services	All denominators	All numerators
Use of High-Risk Medications in the Elderly	Active Clinical patients ages 65 years and older, broken down by age	All numerators

5.11.4 Selected Measures Reports Patients Lists

Patient lists for individual performance measures are available with any Selected Measures report (**COM**, **PP**, or **ALL** menu options) and display patients who meet the numerators, denominators, or both, depending on the measure.

The following Patient List options are available:

- A random list (10% of the total list)
- A list by designated primary care provider
- The entire list of patients

After selecting the measures to report, users select those measures for which they want to run patient lists.

5.11.5 Patient Lists Content

Table 5-11: Content of the Selected Measures Patient List Report by Performance Measure Topic

Performance Measure Topic	Patient List
Diabetes Prevalence	List of diabetic patients with most recent diagnosis
Diabetes Comprehensive Care	List of diabetic patients with documented tests, if any
Diabetes: Glycemic Control	List of diabetic patients with most recent A1c value, if any
Diabetes: Blood Pressure Control	List of diabetic patients with blood pressure value, if any
Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes	List of diabetic patients with statin therapy or exclusion, if any
Diabetes: Nephropathy Assessment	List of diabetic patients with nephropathy assessment, if any
Diabetic Retinopathy	List of diabetic patients with qualified retinal evaluation, if any
Diabetes: Access to Dental Services	List of diabetic patients and documented dental visit, if any
Access to Dental Services	List of patients with documented dental visit and date
Dental Sealants	List of patients with intact dental sealants
Topical Fluoride	List of patients who received at least one topical fluoride application during Report Period
Influenza	List of patients with Influenza code, if any
Adult Immunizations	List of patients age 19 years and older or DM Dx with IZ or contraindication, if any
Childhood Immunizations	List of patients 19–35 months with IZ, if any. If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP. **Note:** Because age is calculated at the beginning of the Report Period, the patient's age on the list will be 7–23 months.
Adolescent Immunizations	List of patients ages 13–17 years with IZ, if any. If a patient did not have all doses in a multiple-dose vaccine, the IZ will not be listed. For example, if a patient only had one HPV, no IZ will be listed for HPV.

Performance Measure Topic	Patient List
Cervical Cancer Screening	List of women ages 24–64 years with Pap smear and HPV, if any
Cancer Screening: Mammogram Rates	List of women ages 52–74 years with mammogram/refusal, if any
Colorectal Cancer Screening	List of patients ages 45–75 years with CRC screening or refusal, if any
Tobacco Use and Exposure Assessment	List of patients 5 years and older with documented tobacco screening, if any
Tobacco Cessation	List of tobacco users with tobacco cessation intervention, if any, or who have quit tobacco use
Alcohol Screening	List of patients with documented alcohol screening and result, if any
Screening, Brief Intervention, and Referral to Treatment	List of patients with screening for risky or harmful alcohol use, results of screen, BNI/BI, and referral, if any
Screening for Substance Use	List of patients with documented substance screening and result, if any.
Substance Use Disorder (SUD) in Women of Childbearing Age	List of female patients age 14–46 or pregnant with documented SUD screening, pregnancy intention, BI, and referral, if any.
IPV/DV Screening	List of female patients ages 13 years and older with documented IPV/DV screening, if any
Depression Screening	List of patients with documented depression screening/diagnosed with mood disorder, if any
Suicide Risk Assessment	List of patients seen in the ED who have a documented suicide risk assessment.
Antidepressant Medication Management	List of patients with new depression Dx and acute phase treatment (APT) and continuation phase treatment (CONPT), if any
Obesity Assessment	List of patients with current BMI, if any
Childhood Weight Control	List of patients ages 2–5 years, with current BMI
Weight Assessment and Counseling for Nutrition and Physical Activity	List of patients ages 3 years and older with assessments, if any
Nutrition and Exercise Education for at Risk Patients	List of at-risk patients, with education if any
Physical Activity Assessment	List of patients with physical activity assessment and any exercise education or goals
Cardiovascular Disease Prevention: Blood Pressure Control	List of Patients ages 18 years and older or with CHD with blood pressure value, if any
Controlling High Blood Pressure–Million Hearts	List of patients with hypertension and BP value, if any

Performance Measure Topic	Patient List
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	List of patients with statin therapy or exclusion, if any
Appropriate Medication Therapy after a Heart Attack	List of patients with AMI, with appropriate medication therapy, if any
Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation	List of patients with stroke/transient ischemic attack (TIA) and atrial fibrillation with anticoagulant therapy, if any
Heart Failure and Evaluation of LVS Function	List of Active Clinical heart failure patients 18 and older who received evaluation of LVS function, if any
HIV Screening	List of pregnant patients or User Population patients with documented HIV test, if any
HIV Quality of Care	List of patients ages 13 years and older diagnosed with HIV, with CD4 test, viral load or antiretroviral Rx, if any
Hepatitis C Screening	List of patients with documented Hepatitis C screening or confirmatory test ever, if any
Chlamydia Testing	List of patients with documented chlamydia screening or refusal, if any
Syphilis Screening	List of patients with documented Syphilis screening, if any.
STI Screening	List of patients diagnosed with one or more STIs during the defined time period with related screenings or refusal
Asthma	List of patients diagnosed with asthma and any asthma-related hospitalizations/ER/Urgent Care visits
Asthma Assessments	List of asthmatic patients with assessments, if any
Proportion of Days Covered by Medication Therapy	List of patients ages 18 years and older prescribed medication therapy medication with proportion of days covered and gap days
Primary Medication Non-adherence	List of patients ages 18 years and older with an e-prescription for chronic medications, with returned to stock, if any
Concurrent Use of Opioids and Benzodiazepines	List of patients ages 18 years and older with concurrent use of opioids and benzodiazepines, if any
Medications Education	List of patients receiving medications with medication education, if any
Medication Therapy Management Services	List of patients ages 18 years and older receiving medications with medication therapy management, if any

Performance Measure Topic	Patient List
Public Health Nursing	List of patients with PHN visits documented. Numerator codes in patient list: • All PHN = Number of PHN visits in any setting; • Home = Number of PHN visits in home setting; • Driver All = Number of PHN driver/interpreter visits in any setting; • Driver Home = Number of PHN driver/interpreter visits in home setting.
Breastfeeding Rates	List of patients 30–394 days old, with IFC value, if any
Use of High-Risk Medications in the Elderly	List of patients age 65 years and older with at least one prescription for a high-risk medication
Functional Status Assessment in Elders	List of patients age 55 years and older with functional status codes, if any. The following are the abbreviations used in the Numerator column: TLT–Toileting BATH–Bathing DRES–Dressing XFER–Transfers FEED–Feeding CONT–Continence FIN–Finances COOK–Cooking SHOP–Shopping HSWK–Housework/Chores MEDS–Medications TRNS–Transportation
Fall Risk Assessment in Elders	List of patients age 65 years and older with fall risk assessment, if any
Palliative Care	List of patients with a palliative care visit
Annual Wellness Visit	List of patients with an annual wellness visit in the past 15 months
Optometry	List of patients age 18 years and older with primary open-angle glaucoma and optic nerve head evaluation, if any
Goal Setting	List of User Population patients with goal setting information during the Report Period
Rate of User Population Patients Receiving Patient Education	List of User Population patients who received patient education during the Report Period.
Rate of Documentation of Education Topics	List of User Population patients who received patient education during the Report Period with the count of each subtopic received.
Rate of Education by Provider	List of User Population patients who received patient education from the selected provider(s) during the Report Period.

5.12 GPRA/GPRAMA Performance Report

CI26 > RPT > OTH > **GPU**

5.12.1 Overview

The GPRA/GPRAMA Performance Report (**GPU**) includes the same performance measures included in the National GPRA/GPRAMA Report (see Section 5.2.3). However, unlike the National GPRA/GPRAMA Report, users select *all* report parameters (i.e., report end date, report year, baseline year, patient population, and community taxonomy) for this report. For the report end date, users may select from predefined quarters, such as September 30 or December 31, or users may enter any end date, such as November 14.

The GPRA/GPRAMA Performance Report can be exported to the Area Office by the site for aggregation into an area-wide report.

Patient lists for this report are run in the same way as the National GPRA/GPRAMA Report, as described in Section 5.3.2.

5.12.2 Running the Report

To run the GPRA/GPRAMA Performance Report:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI26** and press Enter to display the **CRS 2026** main menu.

2. At the "Select CRS 2026 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** menu.

3. At the "Select Reports Option" prompt, type **OTH** and press Enter to display the **Other National Reports** menu, as in the following example:

```
                      **********************************
                      **      IHS/RPMS CRS 2026       **
                      **    Other National Reports    **
                      **********************************
                             Version 26.0

                          DEMO INDIAN HOSPITAL

   GPU    GPRA/GPRAMA Performance Report
   ELD    Elder Care Report
   IPC    IPC/PCMH Measures Report

Select Other National Reports Option: GPU <Enter> GPRA/GPRAMA Performance
Report
```

Figure 5-83: Other National Reports Menu–selecting GPRA/GPRAMA Performance report

4. At the "Select Other National Reports Option" prompt, type **GPU** and press Enter to display information about the GPRA/GPRAMA Performance Report, as shown below. Press Enter to continue.

```
       IHS GPRA/GPRAMA Performance Report for a User Selected Date Range

This will produce a National GPRA/GPRAMA report for a year period you
specify.

You will be asked to provide: 1) the reporting period, 2) the baseline
period to compare data to, 3) the Community taxonomy and 4) the patient
population (i.e. AI/AN only, non AI/AN, or both) to determine which
patients will be included.

You can choose to export this data to the Area office. If you
answer yes at the export prompt, a report will be produced in export format
for the Area Office to use in Area aggregated data. Depending on site
specific configuration, the export file will either be automatically
transmitted directly to the Area or the site will have to send the file
manually.

Press enter to continue: <Enter>
Checking for Taxonomies to support the GPRA Performance Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-84: Running the GPRA/GPRAMA Performance Report–report description display and taxonomy check

5. The site-populated taxonomies needed to run the report are checked. Press Enter to continue.

```
Do you want to run the report on a Patient Panel? N// YES

Please enter the search template name.  The template will contain a
panel of patients defined by the user.

Enter SEARCH TEMPLATE name: DEMO PANEL
                          (Jun 19, 2024)       User #5785 File #9000001  INQ
```

Figure 5-85: Running the GPRA/GPRAMA Performance Report–selecting report date range

6. At the "Do you want to run the report on a Patient Panel?" prompt, do one of the following:

   - To run the report using a patient panel, type **Y** and press Enter, and then follow this step:
     - At the "Enter SEARCH TEMPLATE name" prompt, enter the name of the patient panel and press Enter.
   - To run the report on all applicable patients, type **N** and press Enter.

```
     Select one of the following:

          F         Entire Facility
          P         One Designated Provider

Run report for: F//
```

Figure 5-86: Running the GPRA/GPRAMA Performance Report–selecting entire facility or one provider

7. At the prompt, do one of the following:

   - To run the report for the entire facility, press Enter.
   - To run the report for one designated provider, type **P** and press Enter, and then follow this step:
     – At the "Which Designated Provider" prompt, enter the name of the provider and press Enter.

```
     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30
          5         User-Defined Report Period

Enter the date range for your report: 1 <Enter>  January 1 - December 31
```

Figure 5-87: Running the GPRA/GPRAMA Performance Report–selecting report date range

8. At the "Enter the date range for your report" prompt, do one of the following:

   - To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

     At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2026) and press Enter.

   - To define a custom report period, type **5** and press Enter.

     At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2026) and press Enter.

9. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

The date ranges you have selected for the report, including the Report Period, the Previous Year Period, and the Baseline Period are displayed, as in the following example:

```
Enter the Calendar Year for the report END date. Use a 4 digit
year, e.g. 2026
Enter Year: 2026  (2026)

Enter the Baseline Year to compare data to.
Use a 4 digit year, e.g. 2016
Enter Year (e.g. 2016): 2016  (2016)

The date ranges for this report are:
     Report Period:           Jan 01, 2026 to Dec 31, 2026
     Previous Year Period:    Jan 01, 2025 to Dec 31, 2025
     Baseline Period:         Jan 01, 2016 to Dec 31, 2016

Run Report for One Community? N// O
Enter the Name of the Community Taxonomy: DEMO GPRA COMMUNITIES//
```

Figure 5-88: Running the GPRA/GPRAMA Performance Report–selecting dates and community taxonomy

10. At the "Run Report for One Community?" prompt, do one of the following:

    - To run the report using a community taxonomy, press Enter to accept the default answer "No" and go to Step 11.
    - To run the report for only one community, type **Y** and press Enter. Type the name of a community and press Enter. Skip to Step 12.

11. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

    - Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)
    - Type the name of a community taxonomy and press Enter.
    - Type the first few letters of the taxonomy name and press Enter to view a selection of taxonomies, or type two question marks (**??**) to view the entire list. Type the number of the taxonomy you want to include, and press Enter.

```
Select one of the following:

          1         Indian/Alaskan Native (Classification 01)
          2         Not Indian Alaskan/Native (Not Classification 01)
          3         All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1// 1  <Enter>
Indian/Alaskan Native (Classification 01)
```

Figure 5-89: Running the GPRA/GPRAMA Performance Report–selecting beneficiary population

12. Your HOME location, as defined in the Site Parameters (Section 4.1), displays.

13. At the "Do you wish to export this data to Area?" prompt, type **Y** or **N**. You should only choose this option when you are ready to send final data to your Area Office.

    A summary of the GPRA/GPRAMA Performance Report displays, as in the following example:

```
         SUMMARY OF IHS GPRA/GPRAMA PERFORMANCE REPORT TO BE GENERATED
                        CRS 2026, Version 26.0

The date ranges for this report are:
     Report Period:           Jan 01, 2026 to Dec 31, 2026
     Previous Year Period:    Jan 01, 2025 to Dec 31, 2025
     Baseline Period:         Jan 01, 2016 to Dec 31, 2016

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES
The Beneficiary Population is: Indian/Alaskan Native (Classification 01)
The HOME location is: HOME 505989

Include Measure Logic Text in the Output Report? Y//

Please choose an output type. For an explanation of the delimited
file please see the user manual.

     Select one of the following:

          P         Print Report on Printer or Screen
          D         Create Delimited output file (for use in Excel)
          B         Both a Printed Report and Delimited File

Select an Output Option: P//
```

Figure 5-90: Summary Screen for GPRA/GPRAMA Performance Report

14. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

15. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want, and press Enter, where:

    - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
    - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.
    - **B** (Both) produces both a printed report and a delimited file.

    Detailed instructions for the **Print** and **Delimited Output** options are found in Step 11 of Section 5.2.2.

5.12.3 Report Content

The topics included in the GPRA/GPRAMA Performance Report are the same as those included on the National GPRA/GPRAMA Report (for details, see Section 5.2.3).

5.13 Elder Care Report

CI26 > RPT > OTH > **ELD**

5.13.1 Overview

The Elder Care Report contains quality of care measures for patients age 55 years and older, including those related to diabetes prevalence and management, dental access, cancer screening, tobacco use, immunizations, cardiovascular disease, intimate partner violence, depression, and osteoporosis. The measure "rate of functional status assessment" is unique to this report. Performance measures are also reported by age ranges 55–64, 65–74, 75–84, and 85 and older to facilitate detailed analysis and comparisons. The intent of this report is to provide a tool with which to focus on the quality of care provided to older patients.

The Elder Care Report provides an option for selecting different patient-type populations: (AI/AN, non-AI/AN, or both); and the report can be exported to the Area Office by the site for aggregation into an Area-Office-wide Elder Care Report.

Patient Lists may be run for this report.

5.13.2 Running the Report with Patient Lists

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI26** and press Enter to display the **CRS 2026** main menu.

2. At the "Select CRS 2026 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** menu.

3. At the "Select Reports Option" prompt, type **OTH** and press Enter to display the **Other National Reports** menu, as in the following example:

```
                        **********************************
                        **      IHS/RPMS CRS 2026       **
                        **    Other National Reports    **
                        **********************************
                                  Version 26.0

                                DEMO INDIAN HOSPITAL

   GPU    GPRA/GPRAMA Performance Report
   ELD    Elder Care Report
   IPC    IPC/PCMH Measures Report

Select Other National Reports Option:
```

Figure 5-91: **Other National Reports** menu

4. At the "Select Other National Reports Option" prompt, type **ELD** and press Enter to display information about the Elder Care report, as in the following example:

```
              2026 Elder Care Clinical Performance Measure Report

This will produce an Elder Care Performance Measure Report for all
ELDER performance measures for a year period you specify. You will
be asked to provide: 1) the reporting period, 2) the baseline period
to compare data to, 3) the community taxonomy to determine which
patients will be included, and 4) the patient population (i.e. AI/AN only,
non AI/AN, or both) to determine which patients will be included.

If you choose to run the report for all Elder Care measures, you
will be given the opportunity to export this data to the Area office.
If you answer yes, this option will produce a report in export format for
the Area Office to use in Area aggregated data. Depending on site specific
configuration, the export file will either be automatically transmitted
directly to the Area or the site will have to send the file manually.

There are 23 measures in the Elder Care Performance Measure Report.
Press enter to continue:

     Select one of the following:

          S         Selected set of Measures
          A         All Measures

Run the report on: S// S <Enter>  Selected set of Measures
```

Figure 5-92: Report description display and measure selection

5. Press Enter to continue.

6. At the "Run the report on" prompt, do one of the following:

   - To include only *selected measures* in the Elder Care report, type **S** and press Enter to display the **Performance Measure Selection** screen. Continue with Step 7 to select performance measures.
   - To include *all measures* in the Elder Care report, type **A** (All Measures) and press Enter. Go to Step 8 to continue selecting report options.

```
PERFORMANCE MEASURE SELECTION Oct 08, 2026 07:29:52        Page:   1 of    2
IHS Elder Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Prevalence
2)  Diabetes:  Glycemic Control
3)  Diabetes:  Blood Pressure Control
4)  Diabetes: Nephropathy Assessment
5)  Diabetic Retinopathy
6)  Diabetes: Access to Dental Services
7)  Access to Dental Service
8)  Adult Immunizations: Influenza
9)  Adult Immunizations: Pneumococcal
10) Cancer Screening: Mammogram Rates
11) Colorectal Cancer Screening
12) Tobacco Use and Exposure Assessment
13) Intimate Partner (Domestic) Violence Screening
14) Depression Screening
15) Obesity Assessment
16) Cardiovascular Disease and Blood Pressure Control

+         Enter ?? for more actions
S    Select Measure       D    De Select Measure
Select Action:+//     S <Enter>  Select Measure
```

Figure 5-93: Selecting performance measure topics (Step 7)

7. The action bar displays at the bottom of the screen. At the "Select Action" prompt, do one of the following:

   - To view multiple pages,
     - Type a plus sign (+) and press Enter to view the next page.
     - Type a hyphen (-) and press Enter to return to the previous page.
   - To select specific measure topics:
     - Type **S** and press Enter.
     - At the "Which item(s)" prompt, type the numbers preceding the measure topics you want. To select multiple topics, type a range (e.g., 1 through 2), a series of numbers (e.g., 1, 3), or a combination of numbers and ranges (e.g., 1 through 4, 5, 7, 12).

       After pressing Enter, each selected topic is marked with an asterisk (*) before its number.

     - To save your selected topics, type **Q** (Quit) and press Enter.

     For a list of the available performance measure topics, see the first table column in Section 5.13.4.

8. The system checks to see if all taxonomies required for the Elder Care report are present. At the prompt, press Enter to continue.

```
     Select one of the following:
```

```
          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30
          5         User-Defined Report Period

Enter the date range for your report:
```

Figure 5-94: Select the report date range

9. At the "Enter the date range for your report" prompt, do one of the following:

   - To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4)** and press Enter.

     At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2026) and press Enter.

   - To define a custom report period, type **5** and press Enter.

     At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2026) and press Enter.

10. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

    The date ranges selected for the report are displayed, including the Report Period (current), the Previous Year Period, and the Baseline Period.

11. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

    - Press Enter to select the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)
    - Type the name of a community taxonomy and press Enter.
    - Type the first few letters of the taxonomy name and press Enter to view a selection of taxonomies beginning with those letters, or type two question marks (**??**) to view the entire list. Then type the number of the taxonomy you want to include, and press Enter.

    The screen displays your Home location, as defined in the Site Parameters.

12. At the "Do you want patient lists for any of the measures?" prompt, do one of the following:

    - To include patient lists in addition to the report, type **Y** (Yes) and press Enter to display the **Elder Measure List Selection** screen. Only the patient lists for the topics you have selected for your report are listed.

      Continue with Step 13 to select the lists.

- To run the report without including patient lists, press Enter to accept the default, "No."

  Go to Step 15 to continue the report selection process.

> **Note**: You must have security access to run any Patient List. This prompt will not display if you do not have security access.

```
ELDER MEASURE LIST SELECTION  Oct 08, 2026 10:53:52       Page:   1 of    1
IHS FY26 ELDER Performance Measure Lists of Patients
* indicates the list has been selected
*1)  Mammogram: List of female patients 55+ with mammogram/refusal, if any.
2)  Colorectal Cancer: List of pts 55+ w/CRC screening,refusal&date, if any

          Enter ?? for more actions
S    Select List                        D    De Select List
A    All Lists                          Q    Quit
Select Action:+// Q <Enter>  Quit
```

Figure 5-95: Choosing patient lists

13. To select patient lists:

    a. At the "Select Action" prompt, type **S** and press Enter.

    b. At the "Which item(s)" prompt, type the numbers preceding the lists you want to include, and press Enter. To select multiple lists, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of numbers and ranges (e.g., 1 through 4, 6, 8, 12).

       After pressing Enter, each selected measure is marked with an asterisk (*) before its number.

    c. To save your selected lists, Type **Q** (Quit) and press Enter.

```
Select List Type.
NOTE: If you select All Patients, your list may be
hundreds of pages and take hours to print.

     Select one of the following:

          R         Random Patient List
          P         Patient List by Provider
          A         All Patients

Choose report type for the Lists: R// P <Enter>  Patient List by Provider
Enter Designated Provider Name: Provider,Demo1 <Enter>       DP
```

Figure 5-96: Selecting patient list type

14. At the "Choose report type for the Lists" prompt, type the letter corresponding to the report type you want, and press Enter, where:

- **R** (Random Patient List) produces a list containing 10% of the entire patient list.
- **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.
- **A** (All Patients) produces a list of all patients.

If you select **P** (Patient List by Provider), type the name of a Designated Provider at the "Enter Designated Provider Name" prompt and press Enter.

```
Select one of the following:

          1         Indian/Alaskan Native (Classification 01)
          2         Not Indian Alaskan/Native (Not Classification 01)
          3         All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1// 1
Indian/Alaskan Native (Classification 01)
```

Figure 5-97: Select the beneficiary population

15. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include in the report and press Enter, where:
    - **1** (Indian/Alaskan Native) reports only on AI/AN patients.
    - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
    - **3** (All) reports on your entire patient population.
16. If you are running the Elder Care report for *all* measures, you can choose whether to send this data to your Area Office.
    - If you are ready to send the final data to your Area Office, type **Y** and press Enter at the "Do you wish to export this data to Area" prompt.
    - If you are not ready to send final data to your Area Office, type **N** and press Enter.

> **Note**: You should only choose this option when you are ready to send final data to your Area Office.

A summary of the Elder Care Report displays, as in the following example:

```
                SUMMARY OF FY26 ELDER REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:           Jan 01, 2026 to Dec 31, 2026
     Previous Year Period:    Jan 01, 2025 to Dec 31, 2025
     Baseline Period:         Jan 01, 2016 to Dec 31, 2016

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES
```

```
Include Measure Logic Text in the Output Report? Y//

Please choose an output type. For an explanation of the delimited
file please see the user manual.

     Select one of the following:

          P         Print Report on Printer or Screen
          D         Create Delimited output file (for use in Excel)
          B         Both a Printed Report and Delimited File

Select an Output Option: P//
```

Figure 5-98: Summary for Elder Care Report

17. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

18. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want, and press Enter, where:

    - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
    - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.
    - **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the **Print** and **Delimited Output** options are found in Step 11, Section 5.2.2.

5.13.3 Report Content

Table 5-12: Content of the Elder Care Report

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Diabetes Prevalence	User population 55 and older, broken down by sex and age groups	1) Diabetes diagnosis ever 2) Diabetes diagnosis during prior year
Diabetes (DM): Glycemic Control	Active Diabetic patients 55 and older, broken down by age groups	1) With Hemoglobin A1c, any value 2) With GPRA-defined Poor control (greater than [>] 9) 3) With A1c equal to or greater than (≥) 7 and less than (<) 8 4) With Good control (less than [<] 8) 5) With A1c less than (<) 7 6) With Hemoglobin A1c without result

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
DM: Blood Pressure Control	Active Diabetic patients 55 and older, broken down by age groups	1) With BP assessed 2) With Controlled BP 3) With Not Controlled BP
DM: Nephropathy Assessment	Active Diabetic patients 55 and older, broken down by age groups	With estimated GFR AND a urine albumin-to-creatinine ratio or with ESRD
DM: Retinopathy	Active Diabetic patients 55 and older with no history of bilateral blindness, broken down by age groups	1) With any retinal screening (no refusals) A) With diabetic retinal exam B) With other eye exam 2) With refusal of diabetic retinal exam
Diabetic Access to Dental Services	Active Diabetic patients 55 and older, broken down by age groups	With documented dental exam (no refusals)
Access to Dental Services	User population 55 and older, broken down by age groups	With documented dental exam (no refusals)
Adult IZ: Influenza	Active Clinical patients 55 and older, broken down by age groups	1) With influenza vaccination in past year or contraindication ever A) With contraindication or NMI refusal
Adult IZ: Pneumococcal	Active Clinical patients 55 and older, broken down by age groups	1) With up-to-date pneumococcal vaccine or contraindication ever or NMI refusal
Cancer Screening: Mammogram Rates	Female Active Clinical patients 55 and older, broken down by age groups	1) With documented mammogram in past 2 years (no refusals) 2) With refusal in past year
Colorectal Cancer Screening	Active Clinical patients 55 and older, broken down by sex and age groups	1) With CRC screening (time period dependent upon type of CRC screening) (no refusals) 2) With refusal in past year 3) With FOBT/FIT in past year 4) With flex sig in past 5 years or colonoscopy in past 10 years
Tobacco Use Assessment	Active Clinical patients 55 and older, broken down by sex and age groups	1) Screened for tobacco use 2) Tobacco users A) Smokers B) Smokeless C) ENDS 3) Smokers of other substances 4) Exposed to ETS

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
IPV/DV Screening	Female Active Clinical patients 55 and older, broken down by age groups	1) With documented IPV/DV screen (no refusals) A) With IPV/DV exam B) With IPV/DV diagnosis C) With IPV/DV education or counseling
Depression Screening	Active Clinical patients 55 and older, broken down by sex and age groups	1) With depression screening or diagnosed with mood disorder (no refusals) A) With depression screening B) With mood disorder diagnosis 2) With depression-related patient education
Obesity Assessment (BMI)	Active Clinical patients 55 and older, broken down by age and sex groups	1) With BMI calculated A) With BMI and assessed as overweight B) With BMI and assessed as obese C) Total of overweight and obese D) With refusal
Cardiovascular Disease and Blood Pressure Control	Active Clinical patients 55 and older, broken down by age and sex groups	With blood pressure documented
Functional Status	Active Clinical patients 55 and older, broken down by age and sex groups	With functional status screening
Asthma	1) Active Clinical patients 55 and older, broken down by age groups 2) From numerator 1	1) With 2 asthma-related visits or categorized in ARS as persistent 2) Hospitalized for asthma
Public Health Nursing	No denominator; counts only	1) Number of visits by PHNs in any setting, patients ages 55 and older A) Ages 55–64 years B) Ages 65–74 years C) Ages 75–84 years D) Ages 85 years and older E) PHN driver/interpreter 2) Number of visits by PHNs in Home setting A) Ages 55–64 years B) Ages 65–74 years C) Ages 75–84 years D) Ages 85 years and older E) PHN driver/interpreter

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Fall Risk Assessment in Elders	Active Clinical patients 65 and older, broken down by age and sex groups	1) Screened for fall risk or with fall-related diagnosis A) Screened for fall risk B) History of fall C) Fall-related diagnosis, D) Abnormality of gait/balance 2) Refusal of fall risk screen
Use of High-Risk Medications in the Elderly	Active Clinical patients 65 and older with no hospice indicator during the Report Period, broken down by sex and age groups	1) With at least 1 high-risk medication 2) With at least 2 high-risk medications of the same class Included in both numerators above are the following subnumerators: A) Anticholinergic meds B) Antithrombotic meds C) Anti-infective meds D) Cardiovascular meds E) Central nervous system meds F) Endocrine meds G) Pain meds H) Skeletal muscle relaxant meds
Palliative Care	No denominator. This measure is a total count only, not a percentage.	1) The total number of Active Clinical patients age 55 years and older with at least 1 palliative care visit during the Report Period. Broken down by sex and age groups. 2) The total number of palliative care visits for Active Clinical patients 55 and older during the report period. Broken down by sex and age groups.
Annual Wellness Visit	Active Clinical patients 65 and older, broken down by sex and age groups	With at least 1 Annual Wellness exam in the past 15 months

5.13.4 Elder Care Patient List

Patient Lists are available for individual measures included in the Elder Care Report and display patients who meet the numerators, denominators, or both, depending on the measure.

The following Patient List options are available:

- A random list (10% of the total list)
- A list by designated primary care provider
- The entire patient list

Select the measures for which you want to run Patient Lists, after you select the measures for the report.

Table 5-13: Elder Care Patient List by Performance Measure Topic

Performance Measure Topic	Patient List
Diabetes Prevalence	Diabetic patients age 55 years and older with most recent diagnosis
Diabetes: Glycemic Control	Diabetic patients age 55 years and older with most recent A1c value, if any
Diabetes: Blood Pressure Control	Diabetic patients age 55 years and older with blood pressure value, if any
Diabetes: Nephropathy Assessment	List of patients age 55 years and older with nephropathy assessment, if any
Diabetic Retinopathy	List of diabetic patients age 55 years and older with qualified retinal evaluation, if any
Diabetes: Access to Dental Services	List of diabetic patients age 55 years and older and documented dental visit, if any
Access to Dental	List of patients age 55 years and older with documented dental visit and date
Adult Immunizations: Influenza	List of patients age 55 years and older with influenza immunization/contraindication and date, if any
Adult Immunizations: Pneumococcal	List of patients age 55 years and older with up-to-date pneumococcal immunization/contraindication and date, if any
Cancer Screening: Mammogram Rates	List of female patients age 55 years and older with mammogram, if any
Colorectal Cancer Screening	List of patients age 55 years and older with CRC screening, if any
Tobacco Use and Exposure Assessment	List of patients age 55 years and older with documented tobacco screening, if any
Intimate Partner Violence/Domestic Violence	List of female patients age 55 years and older with documented IPV/DV screening, if any
Depression Screening	List of patients age 55 years and older with documented depression screening/diagnosed with mood disorder, if any
Obesity Assessment	List of patients ages 55–74 years with current BMI, if any
Cardiovascular Disease and Blood Pressure Control	List of patients age 55 years and older with mean blood pressure, if any

Performance Measure Topic	Patient List
Functional Status	List of patients age 55 years and older with functional status codes, if any. The following are the abbreviations used in the Numerator column: TLT–Toileting BATH–Bathing DRES–Dressing XFER–Transfers FEED–Feeding CONT–Continence FIN–Finances COOK–Cooking SHOP–Shopping HSWK–Housework/Chores MEDS–Medications TRNS–Transportation
Asthma	List of patients age 55 years and older diagnosed with asthma and any asthma-related hospitalizations
PHN	List of patients age 55 years and older with PHN visits documented Numerator codes in patient list: • All PHN = Number of PHN visits in any setting; • Home = Number of PHN visits in home setting; • Driver All = Number of PHN driver/interpreter visits in any setting; • Driver Home = Number of PHN driver/interpreter visits in home setting
Fall Risk Assessment	List of patients age 65 years and older with fall-risk assessment, if any
Use of High-Risk Medications in the Elderly	List of patients age 65 and older with at least 1 prescription for a high-risk medication
Palliative Care	List of patients age 55 years and older with at least 1 palliative care visit during the Report Period
Annual Wellness Visit	List of patients age 65 years and older with at least 1 annual wellness exam in the past 15 months, if any

5.14 IPC/PCMH Measures Report

CI26 > RPT > OTH > **IPC**

5.14.1 Overview

The IPC/PCMH Measures Report contains performance measures specific to measures used by the IPC program, including those related to diabetes management, dental treatment, immunizations, cancer screening, depression, weight assessment, cardiovascular disease, and asthma.

The IPC/PCMH Measures Report provides an option for selecting different patient-type populations: (AI/AN, non-AI/AN, or both).

Patient Lists may be run for this report.

5.14.2 Running the Report with Patient Lists

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI26** and press Enter to display the **CRS 2026** main menu.
2. At the "Select CRS 2026 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** menu.
3. At the "Select Reports Option" prompt, type **OTH** and press Enter to display the **Other National Reports** menu, as in the following example:

```
                      **********************************
                      **      IHS/RPMS CRS 2026       **
                      **    Other National Reports    **
                      **********************************
                                Version 26.0

                              DEMO INDIAN HOSPITAL

   GPU    GPRA/GPRAMA Performance Report
   ELD    Elder Care Report
   IPC    IPC/PCMH Measures Report

Select Other National Reports Option:
```

Figure 5-99: **Other National Reports** menu

4. At the "Select Other National Reports Option" prompt, type **IPC** and press Enter to display information about the IPC/PCMH Measures report, as in the following example:

```
              2026 IPC/PCMH Clinical Performance Measure Report
This will produce an IPC/PCMH performance measures for all IPC/PCMH
performance measures for a year period you specify.  You will be asked to
provide: 1) the measures for the report, 2) the reporting period, 3) the
baseline period to compare data to, 4) the community taxonomy to determine
which patients will be included, and 5) the patient population (i.e. AI/AN
only, non AI/AN, or both) to determine which patients will be included.
 There are 16 measures in the IPC Clinical Performance Measure Report.
 Press enter to continue:

     Select one of the following:

          S         Selected set of Measures
          A         All Measures

Run the report on: S// S <Enter>  Selected set of Measures
```

Figure 5-100: Report description display and measure selection

5. Press Enter to continue.
6. At the "Run the report on" prompt, do one of the following:
   - To include only *selected measures* in the IPC/PCMH Measures report, type **S** and press Enter to display the **Performance Measure Selection** screen. Continue with Step 7 to select performance measures.
   - To include *all measures* in the IPC/PCMH Measures report, type **A** (All Measures) and press Enter. Go to Step 8 to continue selecting report options.

```
IPC/PCMH MEASURE SELECTION         May 04, 2026 15:06:19          Page:    1 of    2
 IHS IPC/PCMH Clinical Performance Measures
 * indicates the performance measure has been selected

 1)  Diabetes Comprehensive Care
 2)  Diabetes: Glycemic Control (CMS 122)
 3)  Influenza (CMS 147)
 4)  Adult Immunizations
 5)  Childhood Immunizations (CMS117)
 6)  Adolescent Immunizations
 7)  Cervical Cancer Screening (CMS 124)
 8)  Breast Cancer Screening (CMS 125)
 9)  Colorectal Cancer Screening (CMS 130)
 10) Depression Screening
 11) Screening for Depression and Follow-Up Plan (CMS2)
 12) Depression Remission at Twelve Months (CMS159)
 13) Body Mass Index (BMI) Screening and Follow-Up Plan (CMS69)
 14) Weight Assessment and Counseling for Nutrition and Physical Activity (CMS155
 15) Controlling High Blood Pressure (CMS165)

+         Enter ?? for more actions
S    Select Measure       D    De Select Measure
Select Action:+//     S <Enter>  Select Measure
```

Figure 5-101: Selecting performance measure topics (Step 7)

7. The action bar displays at the bottom of the screen. At the "Select Action" prompt, do one of the following:

   - To view multiple pages:
     - Type a plus sign (+) and press Enter to view the next page.
     - Type a hyphen (-) and press Enter to return to the previous page.
   - To select specific measure topics:
     - Type **S** and press Enter.
     - At the "Which item(s)" prompt, type the numbers preceding the measure topics you want. To select multiple topics, type a range (e.g., 1 through 2), a series of numbers (e.g., 1, 3), or a combination of numbers and ranges (e.g., 1 through 4, 5, 7, 12).

       After pressing Enter, selected topics are preceded by an asterisk (*).

     - To save your selected topics, type **Q** (Quit) and press Enter.

     For a list of the available performance measure topics, see the first table column in Section 5.14.4.

8. The system checks to see if all taxonomies required for the IPC/PCMH Measures report are present. At the prompt, press Enter to continue.

```
     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30
          5         User-Defined Report Period

Enter the date range for your report:
```

Figure 5-102: Select the report date range

9. At the "Enter the date range for your report" prompt, do one of the following:

   - To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4)** and press Enter.

     At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2026) and press Enter.

   - To define a custom report period, type **5** and press Enter.

     At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2026) and press Enter.

10. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

The date ranges selected for the report are displayed, including the Report Period (current), the Previous Year Period, and the Baseline Period.

```
     Select one of the following:

          A         ALL Patients
          O         One Community
          T         A TAXONOMY of Communities
          P         A Patient PANEL (Search template)

Include Patients in what General Population: T// T <Enter>
```

Figure 5-103: Selecting patient criteria

11. At the "Include Patients in what General Population" prompt, type the letter corresponding to the patient selection criterion you want to use, and press Enter, where:

    - **A** (ALL Patients) runs the report on all patients, regardless of community.
    - **O** (One Community) runs the report on patients in one specified community.
    - **T** (A TAXONOMY of Communities) runs the report on patients in a specified taxonomy of communities (the default community taxonomy can be set in Site Parameters) (default).
    - **P** (A Patient PANEL [Search template]) runs the report on patients that are included in a specified search template.

12. At the "Do you want patient lists for any of the measures?" prompt, do one of the following:

    - To include patient lists in addition to the report, type **Y** (Yes) and press Enter to display the **IPC/PCMH Measure List Selection** screen. Only the patient lists for the topics you have selected for your report are listed.

      Continue with Step 13 to select the lists.

    - To run the report without including patient lists, press Enter to accept the default (No).

      Go to Step 15 to continue the report selection process.

> **Note**: You must have security access to run any Patient List. This prompt will not display if you do not have security access.

```
IPC/PCMH MEASURE LIST SEL     May 15, 2026 17:15:12      Page:    1 of    1
 IHS 2026 IPC/PCMH Performance Measure Lists of Patients
 * indicates the list has been selected

 *1)  Influenza: List of pts w/Influenza/contra & date
 2)  Adult Imm: List of pts 19+ w/IZ/contra, if any
 *3)  Childhood Imm: List of pts 2 yrs w/IZ/contra, if any
```

```
 4)  Adolescent Immunizations: List of pts 13 yrs with IZ/Contra, if any

          Enter ?? for more actions
S    Select List                        D    De Select List
A    All Lists                          Q    Quit
Select Action:+// Q <Enter>  Quit
```

Figure 5-104: Select patient lists

13. To select patient lists:

    a. At the "Select Action" prompt, type **S** and press Enter.

    b. At the "Which item(s)" prompt, type the numbers preceding the lists you want to include, and press Enter. To select multiple lists, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of numbers and ranges (e.g., 1 through 4, 6, 8, 12).

       After pressing Enter, an asterisk (*) precedes the numbers of selected measures.

    c. To save your selected lists, Type **Q** (Quit) and press Enter.

```
Select List Type.
NOTE: If you select All Patients, your list may be
hundreds of pages and take hours to print.

     Select one of the following:

          R         Random Patient List
          P         Patient List by Provider
          A         All Patients

Choose report type for the Lists: R// P <Enter>  Patient List by Provider
Enter Designated Provider Name: Provider,Demo1 <Enter>       DP
```

Figure 5-105: Selecting patient list type

14. At the "Choose report type for the Lists" prompt, type the letter corresponding to the report type you want, and press Enter, where:

    - **R** (Random Patient List) produces a list containing 10% of the entire patient list.
    - **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.
    - **A** (All Patients) produces a list of all patients.

    If you select P (Patient List by Provider), type the name of a Designated Provider at the "Enter Designated Provider Name" prompt and press Enter.

```
Select one of the following:

          1         Indian/Alaskan Native (Classification 01)
          2         Not Indian Alaskan/Native (Not Classification 01)
```

```
          3         All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1// 1
Indian/Alaskan Native (Classification 01)
```

Figure 5-106: Selecting beneficiary population

15. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include in the report and press Enter, where:

    - **1** (Indian/Alaskan Native) reports only on AI/AN patients.
    - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
    - **3** (All) reports on your entire patient population.

    A summary of the IPC/PCMH Measures Report displays, as in the following example:

```
          SUMMARY OF IHS 2026 IPC/PCMH MEASURES REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:           Jan 01, 2026 to Dec 31, 2026
     Previous Year Period:    Jan 01, 2025 to Dec 31, 2025
     Baseline Period:         Jan 01, 2016 to Dec 31, 2016

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES

Include Measure Logic Text in the Output Report? Y//

Please choose an output type. For an explanation of the delimited
file please see the user manual.

     Select one of the following:

          P         Print Report on Printer or Screen
          D         Create Delimited output file (for use in Excel)
          B         Both a Printed Report and Delimited File

Select an Output Option: P//
```

Figure 5-107: Summary Screen for IPC/PCMH Measures Report

16. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

17. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want, and press Enter, where:

    - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
    - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.

- **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the **Print** and **Delimited Output** options are found in Step 11, Section 5.2.2.

5.14.3 Report Content

Table 5-14: Content of the IPC/PCMH Measures Report

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Diabetes Comprehensive Care	IPC User Population patients with diabetes and no history of bilateral blindness, bilateral eye enucleation, or bilateral foot amputations	1) With comprehensive diabetes care 2) With A1c 3) With BP documented 4) With estimated GFR and UACR or with ESRD 5) With retinal evaluation 6) With diabetic foot exam
Diabetes: Glycemic Control (CMS122)	Patients 18–75 years of age with diabetes and no hospice indicator, advanced illness or frailty, or spent more than 90 days in long-term care	With Poor control (greater than [>] 9.0)
Influenza (CMS147)	Patients 6 months and older with no contraindication for influenza	With influenza vaccination
Adult Immunizations	IPC User Population patients ages 19 years and older	With age-appropriate immunizations
Childhood Immunizations (CMS117)	Patients age 2 years with no hospice indicator	With 4:3:1:3:3:1:4:1:2/3:2 combo
Adolescent Immunizations	IPC User Population patients age 13 years with no contraindication for Tdap, Td, or meningococcal	1) With 1 dose meningococcal 2) With 1 dose Tdap 3) With 2–3 HPV 3) With Tdap, meningococcal, and HPV
Cervical Cancer Screening (CMS124)	Female patients ages 23–64 years without history of hysterectomy and no hospice indicator	With documented Pap smear in past 3 years, or if patient is age 30–64 years, either a Pap Smear in past 3 years or a Pap Smear and HPV DNA in past 5 years
Breast Cancer Screening (CMS125)	Female patients ages 51–74 years without history of bilateral mastectomy or two separate unilateral mastectomies and no hospice indicator, advanced illness or frailty, or spent more than 90 days in long-term care	With documented mammogram in the past 27 months

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Colorectal Cancer Screening (CMS130)	Patients ages 50–75 years without history of colorectal cancer or total colectomy and no hospice indicator, advanced illness or frailty, or spent more than 90 days in long-term care	With CRC screening (time period dependent upon type of CRC screening)
Depression Screening	IPC User Population patients age 12 years and older	With depression screening or diagnosed with mood disorder (no refusals)
Screening for Depression and Follow-Up Plan (CMS2)	Patients ages 12 years and older with a depression screening encounter with no active diagnosis for bipolar disorder	Screened for depression *and* if positive, a follow-up plan is documented two days or less after the positive screen
Depression Remission at Twelve Months (CMS159)	Patients ages 12 years and older with major depression or dysthymia and no diagnosis of bipolar or personality disorder	Patients who reached remission in 12 months (+/- 60 days)
Body Mass Index (BMI) Screening and Follow-Up Plan (CMS69)	Patients ages 18 years and older with no diagnosis of pregnancy	With a documented BMI, and when the BMI is outside of normal parameters, a documented follow-up plan
Weight Assessment and Counseling for Nutrition and Physical Activity (CMS155)	Patients ages 3–17 with no diagnosis of pregnancy or hospice indicator	1) With a height, weight and body mass index (BMI) percentile 2) With counseling for nutrition 3) With counseling for physical activity
Controlling High Blood Pressure (CMS165)	Patients ages 18–85 years diagnosed with hypertension and no documented history of ESRD/kidney disease or current diagnosis of pregnancy or hospice indicator, advanced illness or frailty, or spent more than 90 days in long-term care	Patients with BP less than (<) 140/90
Medication Therapy for Persons with Asthma	IPC User Population patients ages 5 years and older with persistent asthma	Patients prescribed long-term control medication

5.14.4 IPC/PCMH Measures Patient List

Patient Lists are available for individual measures included in the IPC/PCMH Measures Report and display patients who meet the numerators, denominators, or both, depending on the measure.

The following Patient List options are available:

- A random list (10% of the total list)

- A list by designated primary care provider
- The entire patient list

Select the measures for which you want to run Patient Lists after you select the measures for the report.

Table 5-15: IPC/PCMH Measures Patient List by Performance Measure Topic

Performance Measure Topic	Patient List
Diabetes Comprehensive Care	List of diabetic patients with documented tests, if any
Diabetes: Glycemic Control (CMS122)	List of diabetic patients with most recent A1c value, if any
Influenza (CMS147)	List of patients with Influenza code, if any
Adult Immunizations	List of patients ages 19 years and older with IZ or contraindication, if any
Childhood Immunizations (CMS117)	List of patients 2 years old with IZ, if any. If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP.
Adolescent Immunizations	List of patients age 13 years old with IZ, if any
Cervical Cancer Screening (CMS124)	List of women 23–64 years old with documented Pap test and HPV, if any
Breast Cancer Screening (CMS125)	List of women 51–74 years old with mammogram, if any
Colorectal Cancer Screening (CMS130)	List of patients 50–75 years old with CRC screening, if any.
Depression Screening	List of patients ages 12 years and older with documented depression screening/diagnosed with mood disorder, if any
Screening for Depression and Follow-Up Plan (CMS2)	List of patients ages 12 years and older with depression screen and follow-up plan, if any
Depression Remission at Twelve Months (CMS159)	List of patients ages 12 years and older with major depression or dysthymia, with remission, if any
Body Mass Index (BMI) Screening and Follow-Up Plan (CMS69)	List of patients with current BMI and follow-up plan, if any.
Weight Assessment and Counseling for Nutrition and Physical Activity (CMS155)	List of patients ages 3–17 years with assessments, if any
Controlling High Blood Pressure (CMS165)	List of patients with hypertension and BP value, if any
Medication Therapy for Persons with Asthma	List of patients with asthma and long-term control medication, if any

5.15 Lab Taxonomy Report

CI26 > RPT > TAX > **TXL**

5.15.1 Overview

Unlike all of the reports described previously, the Lab Taxonomy Reports contain information on site-populated lab taxonomies and do not report on any patients. Each report lists the lab taxonomies included in the National GPRA Report, Selected Measures reports, Elder Care Report, and IPC/PCMH Report respectively.

Within each taxonomy, all the laboratory tests assigned to the taxonomy by the facility are listed. Only a printed version of this report is available.

5.15.2 Running the Reports

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI26** and press Enter to display the **CRS 2026** main menu.
2. At the "Select CRS 2026 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** menu.
3. At the "Select Reports Option" prompt, type **TAX** and press Enter to display the **Taxonomy Reports Menu**.

```
                          ****************************
                          **    IHS/RPMS CRS 2026    **
                          **  Taxonomy Reports Menu  **
                          ****************************
                                  Version 26.0

                               DEMO INDIAN HOSPITAL

   TXL    Lab Taxonomy Report ...
   TXM    Medication Taxonomy Report ...

Select Taxonomy Reports Option: TXL <Enter>  Lab Taxonomy Report
```

Figure 5-108: Taxonomy Reports Menu–Lab Taxonomy Report option

4. At the "Select Taxonomy Reports Option" prompt, type **TXL** and press Enter to display the **Lab Taxonomy Reports Menu**.

```
                        **********************************
                        **      IHS/RPMS CRS 2026       **
                        **  Lab Taxonomy Reports Menu   **
                        **********************************
                                  Version 26.0

                                DEMO INDIAN HOSPITAL

   LGP    Lab Taxonomies-National GPRA/GPRA Perf Report
   LSEL   Lab Taxonomies-Selected Measures Reports
   LELD   Lab Taxonomies-Elder Care Report
   LIPC   Lab Taxonomies-IPC/PCMH Report

Select Lab Taxonomy Report Option:
```

Figure 5-109: Lab Taxonomy Report Menu–selecting a lab taxonomy report

5. At the "Select Lab Taxonomy Report Option" prompt, type the mnemonic corresponding to the report you want to print, and press Enter to display information about the selected report.

6. A message stating that you may only run a printed version of the report displays. Press Enter to continue, or type **N** and press Enter to exit the report.

```
                               Lab Taxonomy Report
                             CRS 2026, Version 26.0

Site populated Lab Taxonomy Report for the:
     SELECTED MEASURES Report

This will produce a report of all site-populated lab taxonomies for CRS
2026 in the specified report. Each lab taxonomy is listed with the lab
tests that have been assigned by your facility for inclusion in the
taxonomy.

You are only able to produce a printed version of this report.
Do you wish to continue? Y// <Enter> YES
DEVICE: HOME//
```

Figure 5-110: Running the Lab Taxonomy Report–displaying report information and selecting the device

7. At the "Device" prompt, type a printer name or a file name.

   - To print to the screen, press Enter to accept the default prompt "Home" (which may vary at different sites).

     To print a report to your screen without receiving multiple "Enter Return to continue" prompts, type **0;P-OTHER80** at the "Home" prompt.

     Depending on the software you are using to access RPMS, turn on your logging or screen capture program before printing to the screen.

- To print to a file, or if you do not know your printer name, check with your site manager. At most sites, to print to a file type **Host** or **HFS**, then type the file location and name at the "HOST FILE NAME" prompt.

5.15.3 Report Content

Table 5-16: Content of Laboratory Taxonomy Report

Reports Taxonomies Included In	Site-Populated Laboratory Taxonomy Name
NATIONAL GPRA/GPRAMA & GPRA/GPRAMA PERFORMANCE REPORTS	BGP CD4 TAX BGP CHLAMYDIA TESTS TAX BGP CREATINE KINASE TAX BGP FIT-DNA TESTS TAX BGP GPRA ESTIMATED GFR TAX BGP GPRA FOB TESTS BGP HEP C TEST TAX BGP HEP C CONF TEST TAX BGP HIV TEST TAX BGP HIV VIRAL LOAD TAX BGP HPV TAX BGP HPV PRIMARY TAX BGP PAP SMEAR TAX BGP SYPHILIS TEST TAX BGP QUANT UACR TESTS DM AUDIT ALT TAX DM AUDIT AST TAX DM AUDIT HGB A1C TAX DM AUDIT LDL CHOLESTEROL TAX
SELECTED MEASURES (LOCAL) REPORTS	BGP CD4 TAX BGP CHLAMYDIA TESTS TAX BGP CREATINE KINASE TAX BGP FIT-DNA TESTS TAX BGP GPRA ESTIMATED GFR TAX BGP GPRA FOB TESTS BGP HEP C TEST TAX BGP HEP C CONF TEST TAX BGP HIV TEST TAX BGP HIV VIRAL LOAD TAX BGP PAP SMEAR TAX BGP SYPHILIS TEST TAX BGP QUANT UACR TESTS DM AUDIT ALT TAX DM AUDIT AST TAX DM AUDIT CREATININE TAX DM AUDIT HGB A1C TAX DM AUDIT LDL CHOLESTEROL TAX

Reports Taxonomies Included In	Site-Populated Laboratory Taxonomy Name
ELDER CARE REPORT	BGP FIT-DNA TESTS TAX BGP GPRA ESTIMATED GFR TAX BGP GPRA FOB TESTS BGP QUANT UACR TESTS DM AUDIT CREATININE TAX DM AUDIT HGB A1C TAX
IPC/PCMH MEASURES REPORT	BGP FIT-DNA TESTS BGP GPRA ESTIMATED GFR TAX BGP GPRA FOB TESTS BGP HPV TAX BGP PAP SMEAR TAX BGP QUANT UACR TESTS DM AUDIT HGB A1C TAX

5.16 Medication Taxonomy Report

CI26 > RPT > TAX > **TXM**

5.16.1 Overview

As with the Lab Taxonomy Report, these reports contain information on site-populated medication taxonomies and do not report on any patients. They list all of the medication taxonomies included in the National GPRA Report, Selected Measures reports, Elder Care Report, and IPC/PCMH Report, respectively. Within each taxonomy, all medications assigned to the taxonomy by the facility are listed. Only a printed version of this report is available.

5.16.2 Running the Report

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI26** and press Enter to display the **CRS 2026** main menu.
2. At the "Select CRS 2026 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** menu.
3. At the "Select Reports Option" prompt, type **TAX** and press Enter to display the **Taxonomy Reports Menu**.

```
                          ****************************
                          **    IHS/RPMS CRS 2026    **
                          **  Taxonomy Reports Menu  **
                          ****************************
                                  Version 26.0

                               DEMO INDIAN HOSPITAL

   TXL    Lab Taxonomy Report ...
   TXM    Medication Taxonomy Report ...

Select Taxonomy Reports Option:
```

Figure 5-111: Taxonomy Reports Menu–Medication Taxonomy Report option

4. At the "Select Taxonomy Reports Option" prompt, type **TXM** and press Enter to display the **Medication Taxonomy Reports Menu**.

```
                     ***************************************
                     **          IHS/RPMS CRS 2026         **
                     **  Medication Taxonomy Reports Menu  **
                     ***************************************
                                  Version 26.0

                               DEMO INDIAN HOSPITAL

   MGP    Med Taxonomies-National GPRA/GPRA Perf Report
   MSEL   Med Taxonomies-Selected Measures Reports
   MELD   Med Taxonomies-Elder Care Report
   MIPC   Med Taxonomies-IPC/PCMH Report

Select Medication Taxonomy Report Option:
```

Figure 5-112: Medication Taxonomy Reports Menu–select a medication taxonomy report

5. At the "Select Medication Taxonomy Report Option" prompt, type the mnemonic corresponding to the report you want to print, and press Enter to display information about the selected report.

6. A message stating that you may only run a printed version of the report displays. Press Enter to continue, or type **N** and press Enter to exit the report.

```
                          Medication Taxonomy Report
                            CRS 2026, Version 26.0

Site populated Medication Taxonomy Report for the:
     SELECTED MEASURES Report

This will produce a report of all site-populated medication taxonomies
for CRS 2026 in the specified report. Each medication taxonomy is listed
with the medications that have been assigned by your facility for
inclusion in the taxonomy and/or pre-populated by CRS.

You are only able to produce a printed version of this report.
Do you wish to continue? Y// <Enter>  YES
DEVICE: HOME//
```

Figure 5-113: Running the Medication Taxonomy Report–report information display and output device selection

7. At the "Device" prompt, type a printer or file name.

   - To print to the screen, press Enter to accept the default prompt "Home" (which may vary at different sites).

     To print a report to your screen without receiving multiple "Enter Return to continue" prompts, type **0;P-OTHER80** at the "Home" prompt.

     Depending on the software you are using to access RPMS, turn on your logging or screen capture program *before* printing to screen.

   - To print to a file, or if you do not know your printer name, check with your Site Manager. At most sites, to print to a file type **Host** or **HFS**, then type the file location and name at the "HOST FILE NAME" prompt.

5.16.3 Report Content

Table 5-17: Content of the Medication Taxonomy Report

Reports Taxonomies Included In	Site-Populated Medication Taxonomy Name
NATIONAL GPRA/GPRAMA & GPRA/GPRAMA PERFORMANCE REPORTS	BGP ANTI-PLATELET DRUGS BGP ECQM TOB CESSATION MEDS BGP HCV DAA MEDS BGP HEDIS ACEI MEDS BGP HEDIS ARB MEDS BGP HEDIS CONTRACEPTION MEDS BGP HEDIS ISOTRETINOIN MEDS BGP PQA ANTIRETROVIRAL MEDS BGP PQA ARB NEPRILYSIN INHIB BGP PQA BENZODIAZ OP MEDS BGP PQA BETA BLOCKER MEDS BGP PQA BIGUANIDE MEDS BGP PQA CCB MEDS BGP PQA DIABETES ALL CLASS BGP PQA DPP IV MEDS BGP PQA INFUSED MS MEDS BGP PQA LA INHALED BRONCHO MED BGP PQA NEBULIZED BRONCHO MEDS BGP PQA NON-INFUSED MS MEDS BGP PQA NON-WARFARIN ANTICOAG BGP PQA OPIOID MEDS BGP PQA RASA MEDS BGP PQA STATIN MEDS BGP PQA SULFONYLUREA MEDS BGP PQA THIAZOLIDINEDIONE MEDS BGP PQA WARFARIN MEDS BGP SYPHILIS MEDS DM AUDIT ASPIRIN DRUGS

Reports Taxonomies Included In	Site-Populated Medication Taxonomy Name
SELECTED MEASURES (LOCAL) REPORTS	BGP ANTI-PLATELET DRUGS BGP ECQM TOB CESSATION MEDS BGP HCV DAA MEDS BGP HEDIS ACEI MEDS BGP HEDIS ANTICHOLINERGIC MEDS BGP HEDIS ANTITHROMBOTIC MEDS BGP HEDIS ANTI-INFECTIVE MEDS BGP HEDIS ARB MEDS BGP HEDIS ASTHMA INHALED MEDS BGP HEDIS ASTHMA LEUK MEDS BGP HEDIS ASTHMA MEDS BGP HEDIS CARDIOVASCULAR MEDS BGP HEDIS CENTRAL NERVOUS MEDS BGP HEDIS CONTRACEPTION MEDS BGP HEDIS ENDOCRINE MEDS BGP HEDIS ISOTRETINOIN MEDS BGP HEDIS NONBENZODIAZ MEDS BGP HEDIS PAIN MEDS BGP HEDIS SKL MUSCLE RELAX MED BGP PQA ANTIRETROVIRAL MEDS BGP PQA ARB NEPRILYSIN INHIB BGP PQA ASTHMA INHALE STER MED BGP PQA BENZODIAZ OP MEDS BGP PQA BETA BLOCKER MEDS BGP PQA BIGUANIDE MEDS BGP PQA CCB MEDS BGP PQA COPD BGP PQA DIABETES ALL CLASS BGP PQA DPP IV MEDS BGP PQA INFUSED MS MEDS BGP PQA LA INHALED BRONCHO MED BGP PQA NEBULIZED BRONCHO MEDS BGP PQA NON-INFUSED MS MEDS BGP PQA NON-WARFARIN ANTICOAG BGP PQA OPIOID MEDS BGP PQA RASA MEDS BGP PQA STATIN MEDS BGP PQA SULFONYLUREA MEDS BGP PQA THIAZOLIDINEDIONE MEDS BGP PQA WARFARIN MEDS BGP SYPHILIS MEDS DM AUDIT ASPIRIN DRUGS

Reports Taxonomies Included In	Site-Populated Medication Taxonomy Name
ELDER CARE REPORT	BGP HEDIS ANTICHOLINERGIC MEDS BGP HEDIS ANTITHROMBOTIC MEDS BGP HEDIS ANTI-INFECTIVE MEDS BGP HEDIS CARDIOVASCULAR MEDS BGP HEDIS CENTRAL NERVOUS MEDS BGP HEDIS ENDOCRINE MEDS BGP HEDIS NONBENZODIAZ MEDS BGP HEDIS PAIN MEDS BGP HEDIS SKL MUSCLE RELAX MED
IPC/PCMH MEASURES REPORT	BGP ECQM DEMENTIA MEDS BGP IPC ABOVE NORMAL MEDS BGP IPC BELOW NORMAL MEDS BGP IPC DEPRESSION MEDS BGP PQA CONTROLLER MEDS

5.17 Report Formats

5.17.1 Report Cover Page Format

The cover page for each report uses the following basic format:

1. **Report Type:** The top line of the cover page describes the report type; for example, "IHS 2026 Selected Measures with Community Specified Report."

```
                              Cover Page 1

*** IHS 2026 Selected Measures with Community Specified Report ***
                         CRS 2026, Version 26.0
```

Figure 5-114: Sample of Report Type

2. **Report Time Periods:** Describes the dates included in the current report time period, as well as the previous and baseline periods. All report periods encompass one year.

```
    Report Period: Jan 01, 2026 to Dec 31, 2026
Previous Year Period: Jan 01, 2025 to Dec 31, 2025
   Baseline Period: Jan 01, 2016 to Dec 31, 2016
```

Figure 5-115: Sample of Report Time Periods

3. **Measures:** Describes the measures included in the report.

4. **Population:** Describes the patient-type population specified for this Report: AI/AN, non-AI/AN, or both.

5. **Run Time**: Displays how long this report took to run, in hours, minutes, and seconds. Run time depends on many factors, including RPMS server type and size, number of patients in your RPMS database, and the number of performance measures you are running.

```
Measures: Selected Measures (User Defined)
Population: AI/AN Only (Classification 01)

RUN TIME (H.M.S): 0.40.19
```

Figure 5-116: Sample of Measures, Population, and Run Time

6. **Denominator Definitions:** Describes the definition of the key denominators for the specific report. Definitions are provided on each cover page, so that any user who runs the report will understand the logic.

> **Note**: The definition of the Active Clinical denominator varies for each of the reports.

```
Denominator Definitions used in this Report:

ACTIVE CLINICAL POPULATION:
1. Must reside in a community specified in the community taxonomy used for
this report.
2. Must be alive on the last day of the Report period.
3. User defines population: a) Indian/Alaska Natives Only - based on
Classification of 01; b) Non AI/AN (not 01); or c) Both.
4. Must have 2 visits to medical clinics in the 3 years prior to the end
of the Report period. At least one visit must include: 01 General,
06 Diabetic, 10 GYN, 12 Immunization, 13 Internal Med, 20
Pediatrics, 24 Well Child, 28 Family Practice, 57 EPSDT, 70 Women's
Health, 80 Urgent, 89 Evening. See User Manual for complete description
of medical clinics.

ACTIVE CLINICAL PLUS BEHAVIORAL HEALTH POPULATION:
1. Must reside in a community specified in the community taxonomy used for
this report.
2. Must be alive on the last day of the Report period.
3. Indian/Alaska Natives Only - based on Classification of 01.
4. Must have 2 visits to medical or behavioral health clinics in the 3
years prior to the end of the Report period. At least one visit must
include: 01 General, 06 Diabetic, 10 GYN, 12 Immunization, 13 Internal
Med, 20 Pediatrics, 24 Well Child, 28 Family Practice, 57 EPSDT, 70
Women's Health, 80 Urgent, 89 Evening.  See User Manual for complete
description of medical and behavioral health clinics.

USER POPULATION:
1. Definitions 1-3 above.
2. Must have been seen at least once in the 3 years prior to the end of
the Report period, regardless of the clinic type.
```

Figure 5-117: Sample of Denominator Definitions

7. **Output File information:** If you have designated that a delimited file or an Area Office export file be created, the file name appears here.

```
A delimited output file called [File Name]
has been placed in the public directory for your use in Excel or some
other software package. See your site manager to access this file.
```

Figure 5-118: Sample of Output File Information

8. **Community Taxonomy Name:** Displays the name of the specific Community Taxonomy you specify and provides the list of all communities and facilities included in the Community taxonomy selected for this report (for discussion about how Community taxonomies are used, see Section 4.1).

```
Community Taxonomy Name: DEMO GPRA COMMUNITIES
The following communities are included in this report:
BRAGGS              BROKEN ARROW                CHECOTAH
KANSAS              MARBLE CITY                 SAND SPRINGS
```

Figure 5-119: Sample of Community Taxonomy Name

```
                                Cover Page 1

       *** IHS 2026 Selected Measures with Community Specified Report ***
                            CRS 2026, Version 26.0
                         Date Report Run: Dec 28, 2026
                       Site where Run: DEMO INDIAN HOSPITAL
                        Report Generated by: Last, First
                    Report Period: Jan 01, 2026 to Dec 31, 2026
                Previous Year Period: Jan 01, 2025 to Dec 31, 2025
                   Baseline Period: Jan 01, 2016 to Dec 31, 2016

Measures: Selected Measures (User Defined)
Population: AI/AN Only (Classification 01)

RUN TIME (H.M.S): 0.40.19

This report includes clinical performance measures reported for the
Government Performance and Results Act (GPRA); measures reported for the
GPRA Modernization Act (GPRAMA); measures that have the potential to
become GPRA measures in the future (i.e. GPRA Developmental measures),
and non-GPRA measures.

In the denominator and numerator sections of the report for each topic:

 - GPRA Developmental measures are a combination of a denominator
prefixed with "GPRA Denominator" or "GPRA Developmental Denominator" and
a numerator prefixed with "GPRA Developmental Numerator."
 - GPRA measures are a combination of a denominator prefixed with "GPRA
Denominator" and a numerator prefixed with "GPRA Numerator."
 - GPRAMA measures are a combination of a denominator prefixed with
"GPRAMA Denominator" and a numerator prefixed with "GPRAMA Numerator."

In the tabular sections of the report for each topic:

 - GPRA Developmental measures are a combination of a denominator with a
suffix of "(GPRA)" or "(GPRA Dev)" and a numerator with a suffix of
"(GPRA Dev.)".
 - GPRA measures are a combination of a denominator and numerator both
with a suffix of "(GPRA)".
 - GPRAMA measures are a combination of a denominator and numerator both
```

```
with a suffix of "(GPRAMA)".

Denominator Definitions used in this Report:

ACTIVE CLINICAL POPULATION:
1. Must reside in a community specified in the community taxonomy used for
this report.
2. Must be alive on the last day of the Report period.
3. User defines population: a) Indian/Alaska Natives Only - based on
Classification of 01; b) Non AI/AN (not 01); or c) Both.
4. Must have 2 visits to medical clinics in the 3 years prior to the end
of the Report period. At least one visit must include: 01 General,
06 Diabetic, 10 GYN, 12 Immunization, 13 Internal Med, 20
Pediatrics, 24 Well Child, 28 Family Practice, 57 EPSDT, 70 Women's
Health, 80 Urgent, 89 Evening.  See User Manual for complete description
of medical clinics.
```

Figure 5-120: Sample of Report Cover Page 1

```
                                Cover Page 2

       *** IHS 2026 Selected Measures with Community Specified Report ***
                            CRS 2026, Version 26.0
                        Date Report Run: Dec 28, 2026
                     Site where Run: DEMO INDIAN HOSPITAL
                      Report Generated by: Last, First
                  Report Period: Jan 01, 2026 to Dec 31, 2026
               Previous Year Period: Jan 01, 2025 to Dec 31, 2025
                  Baseline Period: Jan 01, 2016 to Dec 31, 2016

ACTIVE CLINICAL PLUS BEHAVIORAL HEALTH POPULATION:
1. Must reside in a community specified in the community taxonomy used for
this report.
2. Must be alive on the last day of the Report period.
3. Indian/Alaska Natives Only - based on Classification of 01.
4. Must have 2 visits to medical or behavioral health clinics in the 3
years prior to the end of the Report period. At least one visit must
include: 01 General, 06 Diabetic, 10 GYN, 12 Immunization, 13 Internal
Med, 20 Pediatrics, 24 Well Child, 28 Family Practice, 57 EPSDT, 70
Women's Health, 80 Urgent, 89 Evening.  See User Manual for complete
description of medical and behavioral health clinics.

USER POPULATION:
1. Definitions 1-3 above.
2. Must have been seen at least once in the 3 years prior to the end of
the Report period, regardless of the clinic type.

A delimited output file called [File Name]
has been placed in the public directory for your use in Excel or some
other software package. See your site manager to access this file.

          Community Taxonomy Name: DEMO GPRA COMMUNITIES
          The following communities are included in this report:
          BRAGGS              BROKEN ARROW                  CHECOTAH
          KANSAS              MARBLE CITY                   SAND SPRINGS
```

Figure 5-121: Sample of Report Cover Page 2

5.17.2 Report Format

The CRS reports display the following information for each of the three time periods:

- Count of the number of patients in the denominator
- Count of the number of patients within that denominator who meet the numerator definition
- Percentage of the total patients in the denominator who meet the numerator; that is, [Numerator Count]/[Denominator Count] * 100
- Change from the current report period from either of the past time periods, calculated as an absolute value

```
  DU                                Dec 28, 2026                         Page 1
      *** IHS 2026 Selected Measures with Community Specified Report ***
                            DEMO INDIAN HOSPITAL
                  Report Period: Jan 01, 2026 to Dec 31, 2026
               Previous Year Period: Jan 01, 2025 to Dec 31, 2025
                  Baseline Period: Jan 01, 2016 to Dec 31, 2016
--------------------------------------------------------------------------------
Diabetes Prevalence

Denominator(s):
- User Population patients. Broken down by sex and age groups: <15, 15-19,
20-24, 25-34, 35-44, 45-54, 55-64, 65+.

Numerator(s):
- Patients diagnosed with Diabetes at any time before the end of the Report
Period.
 - Patients diagnosed with Diabetes during the Report Period.

Logic:
Age is calculated at the beginning of the Report Period. Diabetes
diagnosis is defined as at least one POV diagnosis recorded in the V POV
file or Problem List Entry where the status is not Deleted ICD-9:
250.00-250.93 or ICD-10: E10.*-E13.*; SNOMED data set PXRM DIABETES
(Problem List only). For DM diagnosis during the report period, Problem
List Entry must have a Date of Onset during the Report Period or, if no
Date of Onset, then Date Entered during the Report Period.

Performance Measure Description:
Continue tracking (i.e., data collection and analyses) Area age-specific diabetes
prevalence rates to identify trends in the age-specific prevalence of diabetes (as a
surrogate marker for diabetes incidence) for the AI/AN population.

Past Performance and/or Target:
IHS Performance: FY 2017 - 15.2%, FY 2016-14.7%, FY 2015 - 14.4%, FY 2014 - 14.0%,
FY 2013 - 13.9%, FY 2012 - 13.4%, FY 2011 - 12.8%, FY 2010 - 12%, FY 2009 - 12%, FY
2008 - 12%, FY 2007 - 11%, FY 2006 - 11%, FY 2005 - 11%, FY 2004 - 10%

Source:
HP 2010 5-2, 5-3

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

# User Pop            3,029          2,607                  2,371
```

```
# w/ any DM Dx          270    8.9       248    9.5      -0.6      198    8.4      +0.6
# w/ DM Dx during
 Report Period          176    5.8       151    5.8      +0.0      101    4.3      +1.6
```

Figure 5-122: Example of a report page from a Selected Measures Report

Figure 5-122 displays an example of a report page from a Selected Measures Report, showing the following key elements:

1. **Report Date:** Displays the date that the report was run.
2. **Report Type:** The top line of the cover page describes the report type.
3. **Report Time Periods:** Describes the current report time period, as well as the previous and baseline periods.

```
DU                              Dec 28, 2026                          Page 1
   *** IHS 2026 Selected Measures with Community Specified Report ***
                          DEMO INDIAN HOSPITAL
                Report Period: Jan 01, 2026 to Dec 31, 2026
             Previous Year Period: Jan 01, 2025 to Dec 31, 2025
                Baseline Period: Jan 01, 2016 to Dec 31, 2016
```

Figure 5-123: Sample of Report Date, Report Type, and Report Time Periods

4. **Performance Measure Topic Title:** Displays the name of the performance measure topic.
5. **Denominator Definitions:** Detailed definitions for each denominator for the performance measure topic. The National GPRA report generally has only one denominator. The Selected Measures report may display two or three denominators.
6. **Numerator Definitions:** Detailed definition of each numerator for the measure topic.

```
Diabetes Prevalence

Denominator(s):
 - User Population patients. Broken down by sex and age groups: <15, 15-19,
20-24, 25-34, 35-44, 45-54, 55-64, 65+.

Numerator(s):
 - Patients diagnosed with Diabetes at any time before the end of the Report
Period.
 - Patients diagnosed with Diabetes during the Report Period.
```

Figure 5-124: Sample of Performance Measure Topic Title, Denominator Definitions, and Numerator Definitions

7. **Performance Measure Logic:** Displays detailed definition of how the logic is defined, including RPMS fields and codes that meet the denominator or numerator definitions.

```
Logic:
Age is calculated at the beginning of the Report Period. Diabetes
diagnosis is defined as at least one POV diagnosis recorded in the V POV
file or Problem List Entry where the status is not Deleted ICD-9:
250.00-250.93 or ICD-10: E10.*-E13.*; SNOMED data set PXRM DIABETES
(Problem List only). For DM diagnosis during the report period, Problem
List Entry must have a Date of Onset during the Report Period or, if no
Date of Onset, then Date Entered during the Report Period.
```

Figure 5-125: Sample of Performance Measure Logic

8. **Performance Measure Description:** The general definition for the performance measure topic. GPRA measure definitions are excerpted directly from the FY26 GPRA measure definitions.

```
Performance Measure Description:
Continue tracking (i.e., data collection and analyses) Area age-specific
diabetes prevalence rates to identify trends in the age-specific prevalence
of diabetes (as a surrogate marker for diabetes incidence) for the AI/AN
population.
```

Figure 5-126: Sample of Performance Measure Description

9. **Performance Measure Target:** Details IHS past performance, if any (for GPRA measures), generally displayed as percent (%). Also displays any performance targets established by IHS for FY 2026 or the HP2030 target (see Section 3.1.3).

```
Past Performance and/or Target:
IHS Performance: FY 2017 - 15.2%, FY 2016 - 14.7%, FY 2015 - 14.4%, FY
2014-14.0%, FY 2013 - 13.9%, FY 2012 - 13.4%, FY 2011 - 12.8%, FY 2010 -
12%, FY 2009 - 12%, FY 2008 - 12%, FY 2007 - 11%, FY 2006 - 11%, FY 2005 -
11%, FY 2004 - 10%
```

Figure 5-127: Sample of Performance Measure Target

10. **Current Report Period Change from Past Years:** Calculates the change in the percent (%) from either the previous year or the baseline year to the current report period.

    - CRS 2026 uses the absolute difference between the first percentage and the second percentage, for example, [Report Period %] minus [Base Period %] = Change
    - The direction of the change is indicated by a "+" (plus) or "-" (minus). The plus indicates that the Current Report percent is larger than the past period.

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE
# User Pop	3,029		2,607			2,371		
# w/ any DM Dx	270	8.9	248	9.5	-0.6	198	8.4	+0.6
# w/ DM Dx during Report Period	176	5.8	151	5.8	+0.0	101	4.3	+1.6

Figure 5-128: Sample of Current Report Period Change from Past Years

5.17.3 Clinical Performance Summaries

Clinical Performance Summaries for selected non-GPRA measures and official GPRA measures are included at the end of the National GPRA/GPRAMA and GPRA/GPRAMA Performance Reports. The Clinical Performance Summary for GPRA developmental measures is included at the end of the section for GPRA developmental measures.

The summaries display the site's current, previous, and baseline performance results together with the national performance for the previous year and the 2026 target. Sites can quickly see which measures they most need to improve. Also included in the GPRA/GPRAMA summary is a **GPRA Target** column so users know which performance IHS has to achieve nationally in order to meet the GPRA measures.

5.17.3.1 National GPRA/GPRAMA and GPRA/GPRAMA Performance Reports Clinical Performance Summaries

```
  MP                              Apr 08, 2026                          Page 1
                *** IHS 2026 National GPRA/GPRAMA Report ***
                            DEMO INDIAN HOSPITAL
                  Report Period: Oct 01, 2025 to Sep 30, 2026
               Previous Year Period: Oct 01, 2024 to Sep 30, 2025
                  Baseline Period: Oct 01, 2015 to Sep 30, 2016
-------------------------------------------------------------------------------
                GPRA DEVELOPMENTAL CLINICAL PERFORMANCE SUMMARY
                                          Site       Site         Site
                                          Current    Previous     Baseline
-------------------------------------------------------------------------------

GPRA DEVELOPMENTAL MEASURES
---------------------------

DIABETES
 UP DM BP <130/80                          0.8%        0.0%        0.8%
 UP DM BP >=130/80 and <140/90             3.3%        4.2%        6.2%
 UP DM Statin Therapy                     31.3%       16.7%        9.1%
   DM Pts <=39 w/ ASCVD                   20.0%        0.0%        0.0%
   DM Pts 40-75 w/ ASCVD                  44.4%        0.0%        9.1%
   DM Pts 76+ w/ ASCVD                    21.4%       25.0%       15.8%
   DM Pts 40-75 w/o ASCVD                 33.3%       14.3%        6.1%
 UP DM Statin Therapy exclusions          23.8%       20.0%       18.5%
   Allergy/ADR to Statin                  20.0%        0.0%       26.7%
 UP DM Nephropathy Assessed                1.9%       10.0%        7.2%

IMMUNIZATIONS
 UP Influenza 6mos - 17yrs                21.8%       11.0%       20.9%
 UP Influenza 18+                          7.3%        1.7%        6.2%
 UP IZ Combo 19+                          18.5%       21.9%       29.9%
 UP 19+ High Risk
  CFL/cochlear implant: Pneumo            52.9%       16.7%       33.3%
  Immunocompromised: Pneumo               27.5%       22.6%       10.7%
  Other risk factor: Pneumo               19.9%       13.5%       12.4%
  High-Risk: Zoster                        3.4%        0.0%        0.0%
 UP 2-3 doses Hep B 19-59yrs               7.1%        6.4%       23.9%
 Pregnant Pts
  Tdap in past 20 mos                      0.0%       42.9%       66.7%
     1st Trimester                         0.0%       14.3%       25.0%
     2nd Trimester                         0.0%       14.3%       16.7%
     3rd Trimester                         0.0%       14.3%       16.7%
     Unknown Trimester                     0.0%        0.0%        8.3%
  Influenza                               71.4%        0.0%       16.7%
  Tdap and Influenza                       0.0%        0.0%        8.3%
 Preg Pts w/ visit + Tdap in 3rd Tri       0.0%       20.0%       25.0%

 Childhood 19-35 mos
  Active IMM 1 Dose Hep A                 11.1%        0.0%        0.0%
  Active IMM 2-3 Doses Rotavirus          38.9%        0.0%        0.0%
```

Figure 5-129: Sample GPRA Developmental Measures Clinical Performance Summary from National GPRA/GPRAMA Report, Page 1

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MP                              Apr 08, 2026                          Page 2
                *** IHS 2026 National GPRA/GPRAMA Report ***
                            DEMO INDIAN HOSPITAL
```

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                Report Period: Oct 01, 2025 to Sep 30, 2026
             Previous Year Period: Oct 01, 2024 to Sep 30, 2025
                Baseline Period: Oct 01, 2015 to Sep 30, 2016
------------------------------------------------------------------------------
              GPRA DEVELOPMENTAL CLINICAL PERFORMANCE SUMMARY
                                        Site       Site         Site
                                     Current   Previous     Baseline
------------------------------------------------------------------------------
  Active IMM 2 Doses Influenza         72.2%       0.0%        0.0%
 Adolescent (13-17 Years)
   UP: 1:1:2*                          3.1%        9.4%       33.3%
   UP Male: 1:1:2*                     0.0%       11.1%       40.0%
   UP Female: 1:1:2*                   4.3%        8.7%       25.0%
   UP: 1:1                             6.3%       15.6%       55.6%
   UP: 1 Tdap                        100.0%      100.0%      100.0%
   UP: 1 Meningococcal                21.9%       18.8%       66.7%
   UP: 2 or 3 HPV                      3.1%        9.4%       33.3%
   UP Male: 2 or 3 HPV                 0.0%       11.1%       40.0%
   UP Female: 2 or 3 HPV               4.3%        8.7%       25.0%

CANCER
 UP Mammogram 42-74                   11.1%        4.8%        3.6%
 UP Colorectal Cancer 40-75           16.1%       17.6%       15.3%

BEHAVIORAL HEALTH
 AC 12+ w/ Substance Screen           14.6%        1.4%        0.4%
 AC 12+ w/ Pos Substance Scrn         85.1%       75.0%      100.0%
 UP 12+ w/ Substance Screen           12.7%        1.0%        0.3%
 UP 12+ w/ Pos Substance Scrn         86.0%       75.0%      100.0%
 UP 12+ w/ Alcohol Use Risk Scrn       0.3%        0.0%        0.0%
 UP 12+ w/ Pos Alcohol Use Risk      100.0%        0.0%        0.0%
 UP 12+ w/ Drug Use Risk Scrn          0.5%        0.0%        0.0%
 UP 12+ w/ Pos Drug Use Risk          50.0%        0.0%        0.0%
 Female UP 14-46
  SUD Screening                       26.3%        0.0%        0.0%
  Pregnancy Intention Assmt            4.5%        1.6%        1.1%
  SUD + Pregnancy Intention            2.3%        0.0%        0.0%
 UP Positive Substance Abuse
  Pregnancy Intention Assmt            9.1%        0.0%        0.0%
  Positive Pregnancy Intention         3.0%        0.0%        0.0%
   BNI/BI in 7 days                   39.4%        0.0%        0.0%
   w/ BNI/BI same day                 30.8%        0.0%        0.0%
   w/ BNI/BI 1-3 days                 38.5%        0.0%        0.0%
   w/ BNI/BI 4-7 days                 30.8%        0.0%        0.0%
   w/ Referral                         7.7%        0.0%        0.0%
 Pregnant Pts w/ SUD Dx               16.7%        0.0%        0.0%
 Pregnant Positive Substance Abuse
  BNI/BI in 7 days                    42.9%        0.0%        0.0%
```

Figure 5-130: Sample GPRA Developmental Measures Performance Summary from National GPRA/GPRAMA Report, Page 2

```
MP                                Apr 08, 2026                          Page 3
                *** IHS 2026 National GPRA/GPRAMA Report ***
                            DEMO INDIAN HOSPITAL
                Report Period: Oct 01, 2025 to Sep 30, 2026
             Previous Year Period: Oct 01, 2024 to Sep 30, 2025
                Baseline Period: Oct 01, 2015 to Sep 30, 2016
------------------------------------------------------------------------------
              GPRA DEVELOPMENTAL CLINICAL PERFORMANCE SUMMARY
                                        Site       Site         Site
```

	Current	Previous	Baseline
w/ BNI/BI same day	33.3%	0.0%	0.0%
w/ BNI/BI 1-3 days	33.3%	0.0%	0.0%
w/ BNI/BI 4-7 days	33.3%	0.0%	0.0%
w/ Referral	16.7%	0.0%	0.0%
Suicide Risk Assessment	20.0%	0.0%	0.0%
CARDIOVASCULAR DISEASE			
Weight Assess/Counsel 3-17			
Comprehensive Assessment	4.3%	0.0%	0.0%
BMI Documented	4.3%	0.0%	23.8%
Nutrition Counseling	6.4%	2.9%	4.8%
Physical Activity Counsel	4.3%	0.0%	9.5%
UP w/Phys Activity Screen	0.5%	0.2%	0.6%
UP w/Exercise Education	50.0%	100.0%	100.0%
UP w/Exercise Goal	0.0%	0.0%	0.0%
BP Assessed 18+	4.3%	2.9%	11.5%
BP Assessed in CHD Pts	6.5%	16.7%	12.2%
Med Therapy Post AMI			
Beta-Blocker Treatment	57.1%	0.0%	87.5%
ASA Treatment	0.0%	0.0%	18.8%
ACEI/ARB Treatment	42.9%	0.0%	37.5%
Statin Treatment	85.7%	0.0%	31.3%
With All Above Meds	0.0%	0.0%	6.3%
OTHER CLINICAL			
HIV Scrn No Prev			
Diag 13-64yrs	1.2%	0.4%	2.4%
w/ Positive Result	0.0%	0.0%	40.0%
w/ Negative Result	0.0%	0.0%	20.0%
w/ No Result	100.0%	100.0%	40.0%
w/ HIV Screen Past 5 yrs	4.8%	6.4%	16.1%
Male UP 25-45			
w/ HIV Screen	3.3%	0.0%	10.3%
w/ Positive Result	0.0%	0.0%	33.3%
w/ HIV Screen Ever	43.3%	43.3%	44.8%
UP 13-64			
HIV Dx Ever	8.5%	7.9%	8.5%
1st HIV Dx	1.5%	1.1%	3.1%

Figure 5-131: Sample GPRA Developmental Measures Performance Summary from National GPRA/GPRAMA Report, Page 3

GPRA DEVELOPMENTAL CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline
# HIV Screens	3	4	9
HIV+ w/CD4 count	0.0%	0.0%	0.0%
HIV+ w/CD4 <200	0.0%	0.0%	0.0%
HIV+ w/CD4 =>200 and =<350	0.0%	0.0%	0.0%
HIV+ w/CD4 >350 and =<500	0.0%	0.0%	0.0%
HIV+ w/CD4 >500	0.0%	0.0%	0.0%
HIV+ w/no CD4 result	0.0%	0.0%	0.0%
HIV Pts w/CD4 only	0.0%	0.0%	0.0%
HIV Pts w/viral load only	0.0%	0.0%	0.0%

HIV Pts w/CD4 & viral load	0.0%	0.0%	0.0%
HIV Pts w/any test	0.0%	0.0%	0.0%
HIV Pts w/ART Rx	0.0%	0.0%	0.0%
Hep C Screening	18.6%	20.6%	20.0%
w/ Positive Result	22.2%	20.0%	15.8%
w/ Negative Result	27.8%	25.0%	26.3%
UP Pts			
w/ Positive Ab result	36.1%	33.3%	33.3%
w/ Hep C Diagnosis	72.2%	75.8%	79.2%
Hep C Confirmation Test	38.9%	42.4%	58.3%
w/ Positive Result	64.3%	64.3%	64.3%
w/ Negative Result	14.3%	14.3%	14.3%
UP Pts born 1945-1965			
w/ Positive Ab result	46.2%	42.9%	41.7%
w/ Hep C Diagnosis	61.5%	64.3%	66.7%
Hep C Confirmation Test	69.2%	64.3%	75.0%
w/ Positive Result	55.6%	55.6%	55.6%
w/ Negative Result	22.2%	22.2%	22.2%
UP Pts Ever Cured	22.2%	22.2%	22.2%
UP Pts Currently Cured	0.0%	0.0%	0.0%
UP Pts born 1945-1965			
Ever Cured	20.0%	20.0%	20.0%
Currently Cured	0.0%	0.0%	0.0%
UP Pts 18+			
Hep C Screening	19.8%	19.3%	17.5%
w/ Positive Result	10.4%	7.8%	5.6%
w/ Negative Result	25.4%	23.4%	24.1%
UP 13-64			
Hep C Dx Ever	5.2%	5.2%	5.8%
1st Hep C Dx	0.7%	1.1%	0.9%

Figure 5-132: Sample GPRA Developmental Measures Performance Summary from National GPRA/GPRAMA Report, Page 4

GPRA DEVELOPMENTAL CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline
UP Pregnant Pts			
Hep C Screening	33.3%	0.0%	0.0%
w/ Positive Result	50.0%	0.0%	0.0%
UP Pts w/Hep C Diagnosis			
18 Months and older w/Treatment	14.3%	0.0%	0.0%
AC 16-29 w/Chlamydia Test	0.0%	0.0%	3.4%
w/ Refusal**	0.0%	0.0%	3.4%
AC 16-20	0.0%	0.0%	0.0%
AC 21-25	0.0%	0.0%	0.0%
AC 21-24	0.0%	0.0%	0.0%
AC 25-29	0.0%	0.0%	9.1%
AC 16-29 Sexually Active			
w/Chlamydia Test	0.0%	0.0%	0.0%
AC Sexually Active 16-20	0.0%	0.0%	0.0%
AC Sexually Active 21-24	0.0%	0.0%	0.0%
AC Sexually Active 25-29	0.0%	0.0%	0.0%
UP 16-29 Sexually Active			
w/Chlamydia Test	0.0%	0.0%	0.0%
UP Sexually Active 16-20	0.0%	0.0%	0.0%
UP Sexually Active 21-24	0.0%	0.0%	0.0%

```
  UP Sexually Active 25-29                    0.0%        0.0%        0.0%
 UP 13+ w/ Syphilis Screen                    0.5%        0.0%        0.6%
 UP Pts 13-64 w/Syphilis DX, TX              50.0%        0.0%        0.0%
 Female UP Pts 15-44 w/Syphilis DX, TX      100.0%        0.0%        0.0%
 STI AC Pts w/HIV Screen                    100.0%        0.0%        6.3%
   w/ Refusal**                               0.0%        0.0%        0.0%
 STI UP Pts w/HIV Screen                    100.0%        0.0%        6.3%

 UP w/beta-blocker PDC>=80%                   0.0%        0.0%        0.0%
 UP w/beta-blocker gap>=30d                   0.0%        0.0%        0.0%
 UP w/RASA PDC>=80%                           0.0%        0.0%        0.0%
 UP w/RASA gap>=30d                         100.0%        0.0%      100.0%
 UP w/CCB PDC>=80%                            0.0%        0.0%        0.0%
 UP w/CCB gap>=30d                            0.0%        0.0%        0.0%
 UP w/biguanide PDC>=80%                      0.0%        0.0%        0.0%
 UP w/biguanide gap>=30d                    100.0%        0.0%        0.0%
 UP w/sulfonylurea PDC>=80%                 100.0%        0.0%        0.0%
 UP w/sulfonylurea gap>=30d                   0.0%        0.0%        0.0%
 UP w/thiazolidinedione PDC >=80%             0.0%        0.0%        0.0%
 UP w/thiazolidinedione gap >=30d           100.0%        0.0%        0.0%
 UP w/DDP-IV PDC>=80%                       100.0%        0.0%        0.0%
 UP w/DDP-IV gap>=30d                       100.0%        0.0%        0.0%
 UP w/Diabetes All Class PDC >=80%          100.0%        0.0%        0.0%
 UP w/Diabetes All Class gap >=30d            0.0%        0.0%        0.0%
 UP w/statin PDC>=80%                         0.0%        0.0%        0.0%
```

Figure 5-133: Sample GPRA Developmental Measures Performance Summary from National GPRA/GPRAMA Report, Page 5

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--------------------------------------------------------------------------------
              GPRA DEVELOPMENTAL CLINICAL PERFORMANCE SUMMARY
                                        Site        Site         Site
                                        Current     Previous     Baseline
--------------------------------------------------------------------------------
 UP w/statin gap>=30d                   100.0%        0.0%        0.0%
 UP w/non-warfarin anticoag PDC >=80%     0.0%        0.0%        0.0%
 UP w/non-warfarin anticoag gap >=30d     0.0%        0.0%        0.0%
 UP w/antiretroviral PDC >=90%            0.0%        0.0%        0.0%
 UP w/ LA inhaled
  bronchodilator PDC >=80%                0.0%        0.0%        0.0%
 UP w/ non-infused disease
  mod agents PDC >=80%                    0.0%        0.0%        0.0%

 AC 18+ w/ Opioids + Benzo                0.0%        0.0%        0.0%
 AC 18+ w/MTM                             0.0%        0.0%        0.0%

 Glaucoma Optic Nerve Head Eval           0.0%        0.0%        0.0%

** Not GPRA Developmental measure but included to show percentage of
refusals with respect to GPRA Developmental measure.
```

Figure 5-134: Sample GPRA Developmental Measures Performance Summary from National GPRA/GPRAMA Report, Page 6

```
MP                              Apr 08, 2026                          Page 1
                *** IHS 2026 National GPRA/GPRAMA Report ***
                           DEMO INDIAN HOSPITAL
                    Report Period: Oct 01, 2025 to Sep 30, 2026
                Previous Year Period: Oct 01, 2024 to Sep 30, 2025
                   Baseline Period: Oct 01, 2015 to Sep 30, 2016
```

```
------------------------------------------------------------------------------
            SELECTED NON-GPRA MEASURES CLINICAL PERFORMANCE SUMMARY
                                Site      Site      Site
                                Current   Previous  Baseline
------------------------------------------------------------------------------

DIABETES
 Diabetes DX Ever**                    64.8%     31.3%     24.1%
 UP Documented A1c**                    9.2%     12.5%     80.8%
 UP A1c >=7 and <8                      1.4%      4.2%     14.5%
 UP Good Glycemic Control <8            3.6%      6.4%     40.3%
 UP BP Assessed                        16.9%     10.4%     97.1%
 AC BP <140/90                          4.3%      6.4%     74.4%
 UP DM Statin Therapy
   DM Pts 21-39 w/ CVD or LDL>=190      0.0%    100.0%     88.9%
   DM Pts 40-75 w/ CVD or LDL>=190     16.7%     14.3%     78.6%
   DM Pts 76+ w/ CVD                   11.1%     20.0%     25.0%
   DM Pts 40-75                        12.5%     22.2%     72.0%
 UP DM Statin Therapy exclusions       65.9%     64.3%     52.5%
   Allergy/ADR to Statin               13.8%      7.4%     13.3%
 AC DM Statin Therapy                  11.6%     26.7%     70.8%
 AC Nephropathy Assessed               16.5%     12.8%     65.7%
 UP Validated teleretinal visit         0.0%      0.0%      2.7%
 UP Ophthalmology visit                 0.0%      0.0%      8.6%
 UP Optometry visit                     0.0%      0.0%     32.8%
 AC Retinopathy Assessed                3.8%      4.3%     36.2%

DENTAL
 # Sealants                              3         3       317
 # Sealants 2-15                         2         2       222
 Topical Fluoride-# Pts                  5         0       275
 Topical Fluoride-# Pts 1-15             4         0       221

IMMUNIZATIONS
 AC Influenza 6mos - 17yrs             28.9%      0.5%     48.9%
 AC Influenza 18+                       9.0%      1.2%     30.8%
 UP Influenza 65+                       8.8%      1.6%     37.5%
 AC Adult 19+ IZ Combos                47.8%     73.2%     31.4%
 UP Adult 19-50
  Tdap/Td past 10 yrs                  79.4%     87.5%     80.9%
   Tdap ever                           74.2%     82.9%     33.7%
   Influenza                            6.5%      0.7%     25.3%
   1:1:1 Combo                          5.2%      0.6%     10.1%
   1:1 Combo                           73.5%     82.4%     33.7%
 UP Adult 51-65
   Tdap/Td past 10 yrs                 76.9%     82.4%     82.4%
```

Figure 5-135: Sample Selected Non-GPRA Measures Clinical Performance Summary from National GPRA/GPRAMA Report, Page 1

```
MP                                Apr 08, 2026                        Page 2
                  *** IHS 2026 National GPRA/GPRAMA Report ***
                              DEMO INDIAN HOSPITAL
                          Report Period: Oct 01, 2025 to Sep 30, 2026
                       Previous Year Period: Oct 01, 2024 to Sep 30, 2025
                          Baseline Period: Oct 01, 2015 to Sep 30, 2016
------------------------------------------------------------------------------
            SELECTED NON-GPRA MEASURES CLINICAL PERFORMANCE SUMMARY
                                Site      Site      Site
                                Current   Previous  Baseline
------------------------------------------------------------------------------
```

```
   Tdap ever                          76.9%     79.1%     26.4%
   Influenza                           7.7%      1.1%     38.5%
  2 Shingrix                           7.9%      8.0%      6.0%
  1:1:1:2 Combo                        8.0%      7.5%      7.0%
  1:1:2 Combo                          3.2%      2.0%      3.0%
 UP Adult 66+
   Tdap/Td past 10 yrs                52.6%     54.1%     57.9%
   Tdap ever                          57.8%     53.2%     53.3%
   Influenza                           4.3%      0.9%      5.6%
  2 Shingrix                           1.7%      0.9%      0.9%
  Up-to-date Pneumo                   33.6%     25.2%     21.5%
  1:1:1:2:1 Combo                      9.9%      8.0%      8.6%
  1:1:2:1 Combo                       11.9%     10.0%      9.0%
 Active Clinical 4313*314             6.7%      7.1%      5.0%
 Active IMM 4313*314                  6.3%      6.0%      5.9%

CANCER
 AC Pap Smear/HPV 24-64              11.8%     13.2%     39.4%
 UP Pap Smear 24-29                   7.1%     10.4%     33.6%
 UP Pap Smear 30-64                   1.2%      9.3%     34.5%
 UP Pap Smear+HPV 30-64               8.6%      2.3%      0.9%
 AC Mammogram Rates 52-64             6.7%      0.0%     22.5%
 AC Colorectal Cancer 45-75          17.6%      9.6%     13.7%
 UP Tobacco Assessment 5+            14.4%      1.0%     51.7%
 UP Tobacco Use Prevalence           69.8%     83.3%     22.0%
 UP Tobacco Cessation Counsel         4.3%      0.8%     28.2%
 UP Tobacco quit                     12.9%      0.5%      8.7%
 AC Tobacco Cessation Counsel or Quit 19.3%     1.5%     36.9%

BEHAVIORAL HEALTH
 AC Alcohol Screen 9-75               4.8%      0.2%     59.4%
 FAS Prevention 14-46                 7.7%      1.1%     66.4%
 FAS Prevention Pos Scrn            100.0%     50.0%     16.1%
 UP Alcohol-Related Education 9-75    1.3%      0.2%      1.8%
 UP Positive Alcohol Screen         100.0%     50.0%     21.0%
 SBIRT 9-75yrs
  AC Pos Screen w/ BNI/BI            60.0%      0.0%      0.5%
   UP Alcohol Screen                  2.6%      0.2%     52.3%
     w/ Positive Screen             100.0%     50.0%     21.0%
     w/ BNI/BI                       60.0%      0.0%      0.7%
```

Figure 5-136: Sample Selected Non-GPRA Measures Clinical Performance Summary from National GPRA/GPRAMA Report, Page 2

```
MP                              Apr 08, 2026                        Page 3
                  *** IHS 2026 National GPRA/GPRAMA Report ***
                              DEMO INDIAN HOSPITAL
                          Report Period: Oct 01, 2025 to Sep 30, 2026
                       Previous Year Period: Oct 01, 2024 to Sep 30, 2025
                          Baseline Period: Oct 01, 2015 to Sep 30, 2016
-------------------------------------------------------------------------
            SELECTED NON-GPRA MEASURES CLINICAL PERFORMANCE SUMMARY
                                 Site      Site      Site
                                 Current   Previous  Baseline
-------------------------------------------------------------------------------
UP Positive Screen
  w/ BNI/BI same day                66.7%      0.0%      0.0%
  w/ BNI/BI 1-3 days                33.3%      0.0%      0.0%
  w/ BNI/BI 4-7 days                 0.0%      0.0%    100.0%
  w/ Referral                       66.7%      0.0%      0.0%
 AC IPV/DV Screen 14-46              1.5%      0.9%     49.9%
```

```
 UP IPV/DV 14-46 w/Exam                0.0%    100.0%     99.3%
 UP IPV/DV 14-46 w/Related DX        100.0%      0.0%      1.5%
 UP IPV/DV 14-46 w/Education           0.0%      0.0%      1.9%
 AC Depression Screen 12-17           20.0%      0.0%     18.7%
 AC Depression Screen 18+              4.7%      0.9%     60.6%
 DM: Depression Screen                 4.2%     50.0%     81.4%

CARDIOVASCULAR DISEASE
 AC Children 2-5 w/BMI >=95%         100.0%      0.0%     29.0%
 CVD Statin Therapy exclusions        69.1%     75.5%     46.1%
   Allergy/ADR to Statin               9.8%      2.4%     12.3%

OTHER CLINICAL
 Prenatal HIV Testing                  0.0%      0.0%     63.5%
 AC Breastfeed Rates @ 2 Mos         100.0%      0.0%      0.0%

 **Non-GPRA measure included in the IHS GPRA report submitted to OMB to
provide context to other GPRA measures.
```

Figure 5-137: Sample Selected Non-GPRA Measures Clinical Performance Summary from National GPRA/GPRAMA Report, Page 3

```
MP                                Apr 08, 2026                        Page 1
                  *** IHS 2026 National GPRA/GPRAMA Report ***
                              DEMO INDIAN HOSPITAL
                  Report Period: Oct 01, 2025 to Sep 30, 2026
               Previous Year Period: Oct 01, 2024 to Sep 30, 2025
                  Baseline Period: Oct 01, 2015 to Sep 30, 2016
-------------------------------------------------------------------------------
           OFFICIAL GPRA/GPRAMA MEASURES CLINICAL PERFORMANCE SUMMARY
                         Site    Site     Site     GPRA     Nat'l
                      Current Previous Baseline  Target   2025

-------------------------------------------------------------------------------
```

```
DIABETES
UP Poor Glycemic Control
>9                          24.5%   34.5%   30.3%   12.1%      11.9%
UP Controlled BP <140/90    59.4%   68.2%   69.5%   57.5%      56.6%
UP DM Statin Therapy        48.8%   48.9%   52.4%   52.6%      48.5%
UP Nephropathy Assessed     30.5%   53.7%   65.6%   44.8%      41.3%
UP Retinopathy Assessed      9.0%   27.3%   34.3%   47.6%      45.0%

DENTAL
Dental Access General       15.3%   31.8%   34.2%   27.8%      24.8%
  Age 0-2                   17.6%   24.8%   33.8%   N/A        N/A
  Age 3-5                   47.0%   70.6%   63.4%   N/A        N/A
  Age 0-5                   32.0%   45.1%   46.6%   N/A        N/A
  Age 6-9                   20.9%   42.7%   44.4%   N/A        N/A
  Age 10-12                 16.0%   35.1%   39.7%   N/A        N/A
  Age 13-15                 13.2%   27.4%   34.1%   N/A        N/A
  Age 16-21                  8.4%   20.5%   23.3%   N/A        N/A
  Age 22-34                 10.8%   30.6%   33.7%   N/A        N/A
  Age 35-44                 13.9%   29.6%   30.3%   N/A        N/A
  Age 45-54                 12.6%   28.4%   32.7%   N/A        N/A
  Age 55-74                 11.7%   28.3%   29.9%   N/A        N/A
  Age 75+                    8.6%   13.0%   15.4%   N/A        N/A
Intact Sealants              5.4%    6.4%    6.6%   11.8%      11.4%
  Age 2                      0.0%    1.8%    1.5%   N/A        N/A
  Age 3-5                    7.1%    5.0%    5.6%   N/A        N/A
  Age 6-9                    7.8%    7.0%    8.8%   N/A        N/A
  Age 10-12                  3.3%    9.7%    6.0%   N/A        N/A
  Age 13-15                  4.4%    5.6%    7.6%   N/A        N/A
Topical Fluoride            21.1%   37.6%   30.2%   284%       25.3%
  Age 1-2                   16.0%   35.0%   44.2%   N/A        N/A
  Age 3-5                   45.8%   65.6%   47.8%   N/A        N/A
  Age 1-5                   33.1%   53.3%   46.3%   N/A        N/A
  Age 6-9                   18.0%   34.3%   29.2%   N/A        N/A
  Age 10-12                 14.7%   29.9%   19.8%   N/A        N/A
  Age 13-15                  4.4%   13.7%    6.8%   N/A        N/A

IMMUNIZATIONS
UP Influenza 6mos -
 17yrs                      9.2%   43.1%   42.9%   18.3%      15.3%
```

Figure 5-138: Sample Official GPRA/GPRAMA Measures Performance Summary page from National GPRA/GPRAMA Report, Page 1

```
MP                              Apr 08, 2026                        Page 2
                *** IHS 2026 National GPRA/GPRAMA Report ***
                           DEMO INDIAN HOSPITAL
                    Report Period: Oct 01, 2025 to Sep 30, 2026
                Previous Year Period: Oct 01, 2024 to Sep 30, 2025
                   Baseline Period: Oct 01, 2015 to Sep 30, 2016
--------------------------------------------------------------------------
           OFFICIAL GPRA/GPRAMA MEASURES CLINICAL PERFORMANCE SUMMARY
                          Site    Site     Site     GPRA     Nat'l
                       Current Previous Baseline  Target   2025
--------------------------------------------------------------------------
```

UP Influenza 18+	7.3%	36.4%	36.6%	21.0%	17.9%
UP Adult IZ 19+ Combo	57.9%	53.6%	25.9%	39.0%	40.0%
UP Child IZ 4313*314	34.4%	56.5%	62.5%	37.8%	35.0%
CANCER					
UP Cervical Cancer 24-64	31.8%	40.3%	36.4%	35.6%	35.4%
UP Mammogram 52-74	36.8%	51.1%	24.0%	40.5%	40.3%
UP Colorectal Cancer 45-75	16.9%	19.5%	15.1%	24.6%	24.1%
UP Tobacco Cessation Counsel or Quit	7.3%	25.1%	35.9%	27.5%	24.8%
BEHAVIORAL HEALTH					
UP Alcohol Screen 9-75	16.2%	48.9%	53.4%	36.0%	34.0%
SBIRT 9-75yrs					
UP Pos Screen w/BNI/BI	23.5%	1.4%	0.0%	17.9%	23.5%
UP IPV/DV Screen 14-46	16.6%	56.4%	51.6%	31.9%	30.6%
UP Depression Screen 12-17	3.4%	20.1%	16.0%	36.1%	33.4%
UP Depression Screen 18+	17.2%	55.1%	59.5%	39.6%	37.6%
CARDIOVASCULAR DISEASE					
UP Children 2-5 w/BMI >=95%	35.4%	29.2%	27.6%	22.0%	22.8%
Controlling High BP	43.3%	52.7%	53.9%	48.2%	46.7%
BP < 140/90 (age 18-59)	40.5%	53.4%	50.3%	N/A	N/A
BP < 150/90 (age 60-85)	62.1%	69.8%	70.1%	N/A	N/A
CVD Statin Therapy	35.3%	36.4%	43.2%	36.9%	35.6%
Pts 21-39 w/ ASCVD or LDL>=190/HCL	23.5%	18.8%	50.0%	N/A	N/A
Pts 40-75 w/ ASCVD or LDL>=190/HCL	39.8%	40.1%	47.1%	N/A	N/A
Pts 76+ w/ ASCVD or LDL>=190/HCL	17.9%	23.1%	13.8%	N/A	N/A
Pts 40-75 w/ DM	39.3%	39.4%	53.6%	N/A	N/A
OTHER CLINICAL					
HIV Screen Ever	26.6%	25.1%	20.2%	42.5%	45.8%
UP Breastfeed Rates @ 2 mos	100.0%	90.0%	72.1%	44.1%	43.2%

Figure 5-139: Sample Official GPRA/GPRAMA Measures Performance Summary page from National GPRA/GPRAMA Report, Page 2

5.17.4 Patient List Formats

You may run Patient Lists for the following reports:

- National GPRA/GPRAMA and GPRA/GPRAMA Performance reports (**LST** menu option)
- Selected Measures report (**COM**, **PP**, or **ALL** menu options)
- Elder Care (**ELD** menu option)
- IPC/PCMH Measures report (**IPC** menu option)

You may also run the Comprehensive National GPRA/GPRAMA Patient List (**CMP**) and the GPRA/GPRAMA Forecast Patient List (**FOR**).

The lists display patients who meet the numerators, denominators, or both, depending on the type of report run and the performance measure. Patient List options include a random list (10% of the total list), a list by primary care provider, and the entire patient list.

For the National GPRA/GPRAMA and GPRA/GPRAMA Performance reports, Patient Lists can be created for one or more performance measure topics at a time. The Patient Lists for these reports allow users to include only patients meeting the measure, only patients not meeting the measure, or both for most performance measures.

The GPRA/GPRAMA Forecast Patient List identifies all GPRA/GPRAMA measures a patient is due for during the current GPRA year as of the report run date and provides information for the provider on how the measures can be met. This list is linked to the **Scheduling** menu and may be run for the following options:

- A selected patient with a scheduled appointment
- All patients with scheduled appointments to selected clinics or all clinics at a facility
- All patients with scheduled appointments to an entire facility or division
- A selected patient or patients even if they do not have a scheduled appointment

The Comprehensive National GPRA/GPRAMA Patient List shows all patients included in the National GPRA/GPRAMA Report who did not meet at least one GPRA/GPRAMA measure and identifies which GPRA/GPRAMA measures the patients did not meet. The list also identifies the name of the provider with whom the patient last had a visit and the date of the visit.

For the Selected Measures (**COM**, **PP**, **ALL**), Elder Care, and IPC/PCMH reports, you select the performance measure topics for which you want to run Patient Lists, but you do not have the option of choosing to include only patients meeting or not meeting the performance measure.

For instructions on producing each of these patient lists, see the following sections:

- For the National GPRA/GPRAMA and GPRA/GPRAMA Performance Patient List, see Section 5.3.2.
- For the GPRA/GPRAMA Forecast Patient List, see Section 5.8.2.
- For the Comprehensive National GPRA/GPRAMA Patient List, see Section 5.10.2.
- For Selected Measures Reports (COM, PP, ALL) Patient Lists, see Section 5.11.2.

- For the Elder Care Report, see Section 5.13.2.
- For the IPC/PCMH Measures Report, see Section 5.14.2.

Patient Lists are organized by:

- Community
- Sex
- Age
- Last name

Key elements of the Patient List format, shown in Figure 5-143 and Figure 5-144, are the following:

1. **Report Type**: Indicates **Patient List** as the report type.
2. **Patient List Type**: Displays whether the Patient List is a **Random Patient List**, **Patient List by Provider**, or **All Patients**, depending on which option you select.

```
   ***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
MP                              Dec 28, 2026                          Page 1
         *** IHS 2026 Clinical Performance Measure Patient List  ***
                            DEMO INDIAN HOSPITAL
                  Report Period: Jan 01, 2026 to Dec 31, 2026
                            Entire Patient List
```

Figure 5-140: Sample of Report Type and Patient List Type

3. **List Description**: Describes which patients will be included on the list.
4. **List columns:** All Patient Lists contain the following columns of information:
   - **Patient Name** displayed as Last, First
   - **Health Record Number** (HRN) of the patient
   - **Community name**
   - **Sex** (M or F) of the patient;
   - **Age** of the patient (as of the first day of the report period)
   - **Date of Birth**

   Patient Lists are organized by (1) Community, (2) sex, (3) age, and (4) last name.
5. **Denominator column**: For most patient lists, displays the denominator of which the patient is a member (e.g., "AC" for Active Clinical). For measures that provide only a count for the numerator and use no denominator, such as the Dental Sealants measure, the denominator values will be blank.

6. **Numerator Value column**: Displays different information about the numerator, such as the date a test was given and the test code, whether a Health Factor or patient education code was recorded. In the example below, the value column identifies the date a Pap smear was documented and the test code. If no date and code information display, this patient is counted in the denominator only.

> **Note**: This column is not included in the Comprehensive National GPRA/GPRAMA Patient List report. Instead, it has the **Measure Not Met** (7) and **Lst Prvdr** (8) columns. In addition, the performance measures are not listed separately; patients are listed only once with all the measures they did not meet and indicated in the Measure Not Met column.

```
Cervical Cancer Screening: List of women 24-64 with documented Pap
Smear and HPV, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE  DOB
 DENOMINATOR                NUMERATOR
------------------------------------------------------------------------------
 PATIENT,CRSAA           106885 BRAGGS         F   22   03/25/04
  UP,AC                          05/05/23 POV R87.820
```

Figure 5-141: Sample of List Description, List Columns, Denominator and Numerator Value Columns

7. **Measure Not Met column**: Displays only for the Comprehensive National GPRA/GPRAMA Patient List. Displays all of the applicable National GPRA/GPRAMA Report measures a patient did not meet. If there are more measures than can be listed within this column, the measures will be wrapped to the next line, starting in the **Patient Name** column.

8. **Lst Prvdr column**: Displays only for the Comprehensive National GPRA/GPRAMA Patient List. Displays the name, abbreviated discipline of the provider the patient saw last visit, and the date of the patient's last visit.

9. **Last Medical Visit column**: Displays the date of the patient's last medical visit. Medical visit is defined as one of the core or secondary clinics listed in the Active Clinical denominator.

10. **Last Visit column**: Displays the date of the patient's last visit, defined as a visit with a Service Code of A, H, O, R, or S.

> **Note**: These last two columns are only included in the National GPRA/GPRAMA Patient List report.

```
List of female patients with a Pap smear documented in the past 3 years
or Pap+HPV in past 5 years.

PATIENT NAME      HRN    COMMUNITY     SEX AGE DOB      LAST MEDI-  LAST
```

```
DENOMINATOR            NUMERATOR                        CAL VISIT   VISIT
-------------------------------------------------------------------------------
PATIENT,CRSAA     106885 BRAGGS        F   23  03/25/03  03/06/25    03/06/25
UP,AC                  05/05/23 POV R87.810
```

Figure 5-142: Sample of List Description, List Columns, Denominator and Numerator Value Columns, Last Medical Visit and Last Visit

```
  ***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
 MP                              Dec 28, 2026                          Page 1
          *** IHS 2026 Clinical Performance Measure Patient List  ***
                              DEMO INDIAN HOSPITAL
                    Report Period: Jan 01, 2026 to Dec 31, 2026
                              Entire Patient List
-------------------------------------------------------------------------------
Cervical Cancer Screening

Denominator(s):
 - Female Active Clinical patients ages 24 through 64 without
documented history of hysterectomy.
 - Female Active Clinical patients ages 24 through 29 without documented
history of hysterectomy.
 - Female Active Clinical patients ages 30 through 64 without documented
history of hysterectomy.
 - GPRA Denominator: Female User Population patients ages 24 through 64
without documented history of hysterectomy.
 - Female User Population patients ages 24 through 29 without documented
history of hysterectomy.
 - Female User Population patients ages 30 through 64 without documented
history of hysterectomy.

Numerator(s):
 - GPRA Numerator: Patients with a Pap Smear documented in the past 3
years, or if patient is 30 to 64 years of age, either a Pap Smear
documented in the past 3 years or a Pap Smear and an HPV DNA documented on
the same day in the past 5 years or HPV Primary in the past 5 years. NOTE:
This numerator does NOT include refusals.
 - Patients with a Pap Smear documented in the past 3 years. NOTE: This
numerator does NOT include refusals.
 - Patients with a Pap Smear documented 3-5 years ago and an HPV DNA
documented on the same day in the past 5 years. NOTE: This numerator does
NOT include refusals.
- Patients with HPV Primary in the past 5 years. NOTE: This numerator does
NOT include refusals.

Logic:
Age of the patient is calculated at the beginning of the Report Period.
Patients must be at least 24 years of age at the beginning of the Report
Period and less than 65 years of age as of the end of the Report Period.

Hysterectomy defined as any of the following ever: 1) Procedure ICD-9:
68.4-68.8; ICD-10: 0UTC*ZZ, 0UT90ZL, 0UT9*ZZ; 2) CPT 51925, 56308 (old
code), 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200-58294,
58548, 58550-58554, 58570-58573, 58575, 58951, 58953-58954, 58956, 59135;
3) Diagnosis (POV or Problem List entry where the status is not Deleted)
ICD-9: 618.5, 752.43, V88.01, V88.03; ICD-10: N99.3, Z12.72, Z90.710,
Z90.712, Q51.5; SNOMED data set PXRM BGP HYSTERECTOMY DX (Problem List
only); or 4) Women's Health procedure called Hysterectomy.

Pap Smear definitions: 1) Lab: Pap Smear; 2) POV ICD-9: V76.2 Screen Mal
Neop-Cervix, V72.32 Encounter for Pap Cervical Smear to Confirm Findings
```

```
of Recent Normal Smear Following Initial Abnormal Smear, 795.0*; ICD-10:
R87.61*, R87.810, R87.820, Z01.42, Z12.4; 3) CPT 88141-88154,
88160-88167, 88174-88175, G0123, G0124, G0141, G0143-G0145, G0147, G0148,
P3000, P3001, Q0091; 4) Women's Health procedure called Pap Smear and
where the result does NOT have "ERROR/DISREGARD"; 5) LOINC taxonomy; 6)
site-populated taxonomy BGP PAP SMEAR TAX.
```

Figure 5-143: Sample Patient List, Selected Measures Report, Page 1

```
         *** IHS 2026 Clinical Performance Measure Patient List  ***
                          DEMO INDIAN HOSPITAL
                  Report Period: Jan 01, 2026 to Dec 31, 2026
                          Entire Patient List
------------------------------------------------------------------------------
HPV DNA definitions: 1) V Lab: HPV; 2) POV ICD-9: V73.81, 079.4, 796.75,
795.05, 795.15, 796.79, 795.09, 795.19; ICD-10: B97.7, R85.618, R85.81,
R85.82, R87.628, R87.810, R87.811, R87.820, R87.821, Z11.51; 3) V CPT
87620-87622 (old codes), 87623-87625, G0476, 0429U; 4) Women's Health
procedure called HPV Screen and where the result does NOT have
"ERROR/DISREGARD"; 5) Women's Health procedure called Pap Smear and where
the HPV field equals Yes; 6) LOINC taxonomy; 7) site-populated taxonomy BGP
HPV TAX. (Note: CRS will only search for a documented HPV DNA if the
patient had a Pap Smear 3 to 5 years ago.)

HPV Primary definition: 1) Lab HPV Primary; 2) CPT 87624; 3) LOINC
taxonomy; 4) site-populated taxonomy BGP HPV PRIMARY TAX.

Performance Measure Description:
During GPRA Year 2026, achieve the target rate of 35.6% for the
proportion of female patients ages 24 through 64 without a documented
history of hysterectomy who have had a Pap screen within the previous
three years, or if the patient is over 30, had a Pap screen in the past
three years or a Pap screen and HPV DNA within the previous five years.

Past Performance and/or Target:
UP IHS Performance: FY 2025 - 35.4%; FY 2024 - 34.4%; FY 2023 - 33.77%; FY
2022-33.2%, FY 2021-33.6%, FY 2020-35.3%, FY 2019 - 37.13%, FY 2018-36.0%,
FY 2017 - 43.8%; HP 2030 Goal: 84.3%

AC IHS Performance: FY 2017 - 54.8%, FY 2016 - 54.8%, FY 2015 - 54.9%, FY
2014 - 54.6%, FY 2013 - 61.7%, FY 2012 - 63.4%

IHS Performance (former definition):  FY 2012 - 57.1%, FY 2011 - 58.1%,
FY 2010 - 59%, FY 2009 - 59%, FY 2008 - 59%, FY 2007 - 59%, FY 2006 -
59%, FY 2005 - 60%, FY 2004 - 58%, FY 2003 - 61%

Source:
HP 2030 C-09
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult
Diabetic; PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary
Heart Disease; HR=High Risk Patient

Cervical Cancer Screening: List of women 24-64 with documented
Pap Smear and HPV, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE  DOB
 DENOMINATOR                  NUMERATOR
------------------------------------------------------------------------------
PATIENT,CRSAA           100001 BRAGGS        F   22   03/25/04
UP,AC                        05/05/26 POV R87.810
PATIENT,CRSBB           100002 BRAGGS        F   22   11/12/04
```

```
UP
PATIENT,CRSCC           100003 BROKEN ARROW  F   23   02/19/03
UP,AC                        10/31/25 Lab
PATIENT,CRSDD           100004 BROKEN ARROW  F   23   03/02/03
UP,AC                        07/25/26 Lab
PATIENT,CRSEE           100005 CHECOTAH      F   23   04/12/03
UP,AC                        09/10/26 Lab
PATIENT,CRSFF           100006 CHECOTAH      F   23   01/10/03
UP,AC
PATIENT,CRSGG           100007 CHECOTAH      F   23   03/15/03
UP,AC                        06/26/26 Lab

Total # of Patients on list: 7
```

Figure 5-144: Sample Patient List, Selected Measures Report, Page 2

```
                  ***  IHS 2026 GPRA/GPRAMA Patient List  ***
                            CRS 2026, Version 26.0
                             DEMO INDIAN HOSPITAL
                  Report Period: Jan 01, 2026 to Dec 31, 2026
                                All Patients

--------------------------------------------------------------------------------
Source:
HP 2030 C-09
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult
Diabetic; PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary
Heart Disease; HR-High Risk Patient

List of female patients with a Pap smear documented in the past 3 years or
Pap+HPV in past 5 years or HPV Primary in past 5 years.

PATIENT NAME      HRN    COMMUNITY     SEX AGE DOB      LAST MEDI-  LAST
DENOMINATOR           NUMERATOR                        CAL VISIT   VISIT
--------------------------------------------------------------------------------
PATIENT,CRSAA     100001 BRAGGS        F   22  03/25/04  03/06/26  03/06/26
UP,AC                 05/05/26 POV Z12.4
PATIENT,CRSCC     100003 BROKEN ARROW  F   23  02/19/03  10/31/26  10/31/26
UP,AC                 10/31/26 Lab
PATIENT,CRSDD     100004 BROKEN ARROW  F   23  03/02/03  12/12/26  12/12/26
UP,AC                 07/25/26 Lab
PATIENT,CRSFF     100006 CHECOTAH      F   23  01/10/03  05/05/26  05/05/26
UP,AC                 05/05/26 Lab
PATIENT,CRSGG     100007 CHECOTAH      F   23  03/15/03  01/26/26  01/26/26
UP,AC                 01/26/26 POV R87.810
PATIENT,CRSHH     100008 KANSAS        F   23  05/25/03  08/23/26  11/19/26
UP,AC                 10/31/26 Lab
PATIENT,CRSOZ     100099 KANSAS        F   23  10/02/03  05/04/26  06/10/26
UP,AC                 PAP: 06/01/22 PROC 91.46; HPV: 06/01/21 POV R85.81

Total # of Patients on list: 7
```

Figure 5-145: Sample Patient List, National GPRA/GPRAMA Report

```
***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
MP                            Dec 28, 2026                        Page 2
      ***  IHS 2026 Comprehensive National GPRA/GPRAMA Patient List  ***
    ***  List of Patients Not Meeting a National GPRA/GPRAMA measure  ***
                         CRS 2026, Version 26.0
                          DEMO INDIAN HOSPITAL
```

```
               Report Period: Jan 01, 2026 to Dec 31, 2026
                              All Patients
------------------------------------------------------------------------
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult
Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart
Disease

PATIENT NAME     HRN    COMMUNITY     SEX AGE DENOMINATOR NOT MET/LST PRVDR
------------------------------------------------------------------------
PATIENT,CRSAA    200001 BRAGGS         F  11  UP          Dental Visit/
DEMO,DOCTOR,MD,12/12/26
PATIENT,CRSAB    200002 BRAGGS         F  11  UP          Dental Visit/
DEMO-B,DOCTOR,MD,12/31/26
PATIENT,CRSAC    200003 BRAGGS         F  11  UP          Dental Visit/
DEMO-C,DOCTOR,MD,03/03/26
PATIENT,CRSAD    200004 BRAGGS         F  11  UP          Dental Visit/
DEMO-D,DOCTOR,DO,08/23/26
PATIENT,CRSAE    200005 BRAGGS         F  11  UP          Dental Visit/
DEMO,DOCTOR,MD,10/10/26
PATIENT,CRSAF    200006 BRAGGS         F  12  UP,AC       Dental Visit/
DEMO-W,DOCTOR,DO,11/30/26
```

Figure 5-146: Sample Comprehensive National GPRA/GPRAMA Patient List

```
MP ***CONFIDENTIAL PATIENT INFORMATION-COVERED BY THE PRIVACY ACT***Page 1
                   GPRA/GPRAMA Forecast Patient List
     GPRA Measures Not Met or Due During Oct 01, 2025-Sep 30, 2026
                         CRS 2026, Version 26.0
      Patients with an Appointment in 06 DIABETIC on Apr 28, 2026
                     Date Report Run: Apr 27, 2026
                  Site where Run: DEMO INDIAN HOSPITAL
                   Report Generated by: LAST, FIRST
------------------------------------------------------------------------
Appt Time  Patient Name              HRN     Sex DOB       Community
GPRA Measure Not Met       Date of Last Screening and Next Due Date
                           Tests Counted for GPRA Measure
------------------------------------------------------------------------
10:00am    PATIENT,CRSBG             115640  F   09/29/79  KANSAS

Dental Visit             Last Dental Exam: 09/15/25
(All Patients)           Overdue as of: 09/15/26
                         GPRA counts visits with ADA 0000 or 0190, CPT
                         codes D0000 or D0190, PCC Exam 30, POV V72.2 or
                         any PRC visit with any ADA code during
                         10/1/25-9/30/26

AC Pap Smear             Last Pap: 08/19/22
                         Overdue as of: 08/19/26
                         GPRA counts Pap past 3 years from 9/30/26.

AC Tobacco Cess          Last Intervention: Never
                         Overdue as of: 07/01/26
                         GPRA counts tobacco patient education, visit to
                         Tobacco Cessation Clinic, ADA code 1320, CPT
                         D1320, 99406, 99407, G0375, G0376, 4000F, G8402 or
                         G8453, or Rx for tobacco cessation aid during
                         10/1/25-9/30/26

AC Alcohol Scrn          Last Alcohol Screen: 03/20/25
                         Alcohol Screening Overdue as of: 03/20/26
```

```
                          GPRA counts PCC Exam 35, CPT 99408, 99409, G0396,
                          or G0397, V Measurement in PCC or BH of AUDT,
                          AUDC, or CRFT, any alcohol health factor, alcohol
                          screening diagnosis, alcohol diagnosis or
                          procedure, or alcohol or chemical dependency
                          patient education during 10/1/25-9/30/26

AC IPV/DV Scrn            Last DV Screen: Never
                          Overdue as of: 07/01/25
                          GPRA counts PCC Exam 34, BHS IPV/DV Exam, IPV/DV
                          Dx, or IPV/DV patient education during
                          10/1/25-9/30/26
```

Figure 5-147: Sample GPRA/GPRAMA Forecast Patient List, Selected Patient with Appointment Option

6.0 Area Office Specific Menu Options

Area Offices can produce summary reports with data aggregated from all sites for national reporting for the National GPRA/GPRAMA, National GPRA/GPRAMA Report Performance Summaries, National GPRA Dashboard, and GPRA/GPRAMA Performance reports. These summary or aggregate reports are generated from individual site export report files that were sent to the Area Office when a site chose to export its data.

> **Note**: It is strongly recommended that each Area Office establish a quarterly review process for the National GPRA/GPRAMA Performance reporting data, which includes all GPRA/GPRAMA measures and some additional key clinical performance measures.

Service units with multiple facilities can also use this option to produce aggregated reports.

> **Note**: Access to the **Area Options** (**AO**) is restricted to those users with the BGPZAREA security key.

```
                        **********************************
                        **      IHS/RPMS CRS 2026       **
                        **  Clinical Reporting System   **
                        **********************************
                                  Version 26.0

                               DEMO INDIAN HOSPITAL

   RPT    Reports ...
   SET    System Setup ...
   AO     Area Options ...

Select CRS 2026 Option: AO <Enter>  Area Options
```

Figure 6-1: **Clinical Reporting System** menu–**Area Options**

To access the Area Options:

- At the "Select CRS 2026 Option" prompt, type **AO** and press Enter (Figure 6-1) to display the **Area Office Options** menu (Figure 6-2):

```
                           ***************************
                           **   IHS/RPMS CRS 2026   **
                           **  Area Office Options  **
                           ***************************
                                  Version 26.0

                               DEMO INDIAN HOSPITAL

   UPL    Upload Report Files from Site
   AGP    AREA National GPRA/GPRAMA Report
   ASUM   AREA National GPRA/GPRAMA Report Perf Summaries
```

```
   GPUA   AREA GPRA/GPRAMA Performance Report
   ADSH   National GPRA Dashboard
   LSTF   List files in a directory

Select Area Options Option:
```

Figure 6-2: **Area Office Options** menu options

The following options are available on the **Area Office Options** menu:

- **UPL**–Upload Report Files from Site, which uploads the facilities' exported data files located on the Area Office drive into the Area Office's CRS.
- **AGP**–AREA National GPRA/GPRAMA Report
- **ASUM**–AREA National GPRA/GPRAMA Report Perf Summaries
- **GPUA**–AREA GPRA/GPRAMA Performance Report
- **ADSH**–National GPRA Dashboard
- **LSTF**–List files in a directory, which enables you to view a list of the facility data files at the designated location on your Area Office server.

To produce an Area Office report, the Area Office must first upload the FileMan data files from all facilities into the Area Office's Clinical Reporting system. Facilities can create export data files when running the following reports:

- National GPRA/GPRAMA: Provides data for the Area Aggregate (1) National GPRA/GPRAMA Report and (2) National GPRA/GPRAMA Report Performance Summaries
- National GPRA Dashboard
- GPRA/GPRAMA Performance

The facility must send these export data files to a designated location on the Area Office server manually or automatically.

> **Note**: The National GPRA/GPRAMA Report Performance Summaries are uploaded from the National GPRA/GPRAMA Report facility files. There are no separate files to upload.

For the National GPRA/GPRAMA Report, Area Offices must inform sites which community taxonomy should be used for official GPRA/GPRAMA reporting *before* the site exports its National GPRA/GPRAMA report data. The designated IHS report coordinator for the annual National GPRA/GPRAMA Report should convey this information to the Area Office GPRA coordinators.

- For the GPRA/GPRAMA Performance report, Area Offices must provide sites with the following information before the site runs their export reports:

- Date range (e.g., January 1 through December 31; October 1 through September 30)
- Calendar year for the report end date
- Baseline year
- Population (e.g., AI/AN only [Beneficiary 01])

To aggregate data export files from a specific site, all export files must have matching date range, ending calendar year, baseline year, and population data.

For all Area Aggregate reports:

- After the report is run, sites must provide the name of the Area Office export files, which begin with "BG260," to their Area Office contact.
- Sites may be requested to use FTP to transmit the export file to the Area Office server if the files are not transmitted automatically.

6.1 Upload Report Files from Site

CI26 > AO > **UPL**

This option is used by Area Offices to upload data files into CRS that have been sent manually via FTP or transmitted automatically by service units.

> **Note**: Each Area Office should establish a process with the GPRA or QA Coordinators at each site to record and transmit export data filenames at the time the facility reports are run.

Once these files have been received and uploaded into CRS, they can be used in an area aggregate report. The Area Office must execute this option each time a service unit sends a data file.

Before you begin, you need the following information:

- The path of the directory that holds the data files exported from the sites.
- For the directory location of these files, see your Area Office information systems personnel.
- The file name of each data file you want to upload to the Area Office CRS.

Follow the steps below to upload site export data files into CRS:

1. At the "Select Area Options Option" prompt, Type **UPL** and press Enter (Figure 6-3).

```
                              DEMO INDIAN HOSPITAL

   UPL    Upload Report Files from Site
```

```
   AGP    AREA National GPRA/GPRAMA Report
   ASUM   AREA National GPRA/GPRAMA Report Perf Summaries
   GPUA   AREA GPRA/GPRAMA Performance Report
   ADSH   National GPRA Dashboard
   LSTF   List files in a directory

Select Area Options Option: UPL <Enter>  Upload Report Files from Site
```

Figure 6-3: **Area Office Options** menu–**Upload Report Files from Site** option

2. At the "Enter directory path" prompt, type the directory path and press Enter (Figure 6-4).

   The directory path is the Area Office network directory to which the facility's data files were sent via FTP when the facility ran the requested performance reports, for example:

   - Windows: **Q:\usr\spool\uucppublic**
   - UNIX: **/usr/spool/uucppublic**

```
This option is used to upload a SU's 2026 CRS data.
You must specify the directory in which the CRS 2026 data file resides
and then enter the filename of the data.

Enter directory path: pathname <Enter>

Enter filename w /ext: BG260505901.300 <Enter>
Directory=Q:\  File=BG260505901.300

All done reading file

Processing

Data uploaded.
Enter RETURN to continue or '^' to exit: <Enter>

Enter filename w /ext: ^
Enter directory path: ^

Directory not entered!! Bye.
```

Figure 6-4: Running the Upload Report Files from Site option

3. At the "Enter Filename w /ext" prompt; type the name of the file you want to upload, and press Enter; for example, **BG260505901.300**.

   Note: Files for the current version of the CRS begin with **BG260**.

   When the facility runs the National GPRA/GPRAMA or GPRA/GPRAMA Performance report, the facility's CRS assigns a file name to the data file. Each file name begins with "BG260." The National GPRA/GPRAMA and GPRA/GPRAMA Performance files use a numerical file name extension, such as "BG260505901.300."

The system displays the following progress messages:

- All done reading file
- Processing
- Data uploaded

If you do not see these messages, the file was not uploaded.

If you typed the file name incorrectly or CRS cannot locate the file, the message in Figure 6-5 displays.

```
CANNOT OPEN (OR ACCESS) FILE '/[directory name]/[filename]'
```

Figure 6-5: Cannot open file message

4. At the “Enter Return to continue or '^' to exit” prompt, press Enter.
5. At the “Enter Filename w /ext” prompt, do one of the following:
   - To upload another file from the same directory, type the name of the file to be uploaded and press Enter.
   - To exit or change directories, type a caret (^) and press Enter.
6. At the “Enter directory path” prompt, do one of the following:
   - To upload a file from a different directory, type a directory path and press Enter.
   - To return to the **Area Office Options** menu, type a caret (^) and press Enter.

6.2 Run AREA Aggregate Reports

There are four menu options for running Area Office reports used by the Area Office to produce aggregated performance reports. The Area Office reports summarize the performance of all facilities/service units to produce Area Office-wide statistics.

The data uploaded from the facilities must have the following matching elements:

- Report type (i.e., National GPRA/GPRAMA, GPRA/GPRAMA Performance)
- Date ranges (e.g., October 1 through September 30)
- Calendar year-end dates (e.g., 2026)
- Baseline year (e.g., 2016)
- Population type (e.g., AI/AN only)

This information is predefined in the National GPRA/GPRAMA Report. However, you will need to specify these elements for the GPRA/GPRAMA Performance report.

6.2.1 Area National GPRA/GPRAMA Report

CI26 > AO > **AGP**

Use the **Area National GPRA/GPRAMA Report** (**AGP**) option to produce an Area Aggregate National GPRA/GPRAMA Report. This report contains clinical measures (specific denominators and numerators) defined in the IHS GPRA Performance Plan and aggregates all data files received to date from the service units.

The Area Aggregate National GPRA/GPRAMA report outputs the following seven files: CRSGPRANT1, CRSGPRANT2, and CRSGPRANT3 (for National GPRA measures) and CRSGPRADEVNT1, CRSGPRADEVNT2, CRSGPRADEVNT3, CRSGPRADEVNT4, CRSGPRADEVNT5, and CRSGPRADEVNT6 (for GPRA Developmental measures). All of these files must be sent to the National GPRA Support Team for National GPRA/GPRAMA reporting.

The National GPRA Support Team uses these files to create IHS national rates for all GPRA/GPRAMA performance measures reported to Congress in the Annual GPRA Performance Report.

Additionally, these files may be imported into Excel to create graphs and other summary reports. For instructions, see Appendix A.

Follow the steps below to run the Area National GPRA/GPRAMA report:

1. At the "Select Area Options Option" prompt, type **AGP** and press Enter.

```
                          ***************************
                          **   IHS/RPMS CRS 2026   **
                          **  Area Office Options  **
                          ***************************
                                 Version 26.0

                              DEMO INDIAN HOSPITAL

   UPL    Upload Report Files from Site
   AGP    AREA National GPRA/GPRAMA Report
   ASUM   AREA National GPRA/GPRAMA Report Perf Summaries
   GPUA   AREA GPRA/GPRAMA Performance Report
   ADSH   National GPRA Dashboard
   LSTF   List files in a directory

Select Area Options Option: AGP <Enter>  AREA National GPRA/GPRAMA Report
```

Figure 6-6: **Area Office Options** menu–selecting the Area National GPRA/GPRAMA Report

The predefined date ranges display, including the Report Period (current), the Previous Year Period, and the Baseline Period.

2. At the "Run Report for" prompt, do one of the following:

- To combine data for all sites, press Enter to accept the default (**A**—Area Aggregate).
- To run a report similar to the facility's National GPRA/GPRAMA report, type **F** (One Facility) and press Enter.

```
[AREA OFFICE] Area Aggregate National GPRA/GPRAMA Report

The date ranges for this report are:
     Report Period:           Oct 01, 2025 to Sep 30, 2026
     Previous Year Period:    Oct 01, 2024 to Sep 30, 2025
     Baseline Period:         Oct 01, 2015 to Sep 30, 2016

     Select one of the following:

          A         AREA Aggregate
          F         One Facility

Run Report for: A// <Enter>  AREA Aggregate
```

Figure 6-7: Area Aggregate National GPRA/GPRAMA Report options

3. Press Enter at the prompt to display the **Area Aggregate Site Selection** screen.

   All facilities that have uploaded their data files for the selected time period display.

```
You will now be able to select which sites to use in the
area aggregate/facility report.

Press Enter to Continue: <Enter>
```

Figure 6-8: Running the Area Aggregate National GPRA/GPRAMA Report

4. At the "Select Action" prompt, do one of the following:
   - To view multiple pages:
     - Type a plus sign (+) and press Enter to view the next page.
     - Type a minus sign/hyphen (-) and press Enter to return to the previous page.
   - To select facilities to include in the report:
     - To select all facilities, type **A** and press Enter.
     - To select specific facilities, type **S** and press Enter. At the "Which Facility" prompt, type the numbers of the facilities you want to select, and press Enter. To select multiple facilities, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 16), or a combination of ranges and numbers (e.g., 1 through 5, 7, 33).

       After pressing Enter, an asterisk (*) precedes the number of each selected facility (see Figure 6-9).

– To remove (unselect) a facility, type **R** and press Enter. At the "Which Facility(s)" prompt, type the number of the facility and press Enter.

All selected facilities are marked with an asterisk (*) before their corresponding numbers.

5. To save your selected facilities, type **Q** (Quit) at the "Select Action" prompt and press Enter.

   In this example, four facilities have been selected. The names of three delimited text files and the network directory to which they will be saved display.

```
AREA AGGREGATE SITE SELECTION Oct 08, 2026 12:59          Page:   1 of    1
Area Aggregate Site Selection
* indicates the site has been selected
#    SU         FACILITY       BEG DATE  END DATE  BASE BEG  BASE END  DATE RUN

*1) DEMO SU A   FACILITY A     10/01/25  09/30/26  10/01/15  09/30/16   10/02/26
*2) DEMO SU B   FACILITY B     10/01/25  09/30/26  10/01/15  09/30/16   10/02/26
*3) DEMO SU C   FACILITY C     10/01/25  09/30/26  10/01/15  09/30/16   10/02/26
*4) DEMO SU D   FACILITY D     10/01/25  09/30/26  10/01/15  09/30/16   10/02/26

          Enter ?? for more actions
A    Area Aggregate   All Facilities    R    Remove (unselect) Facility
S    Select Facility                   Q    Quit
Select Action:+// Q <Enter>  Quit
```

Figure 6-9: Area Aggregate National GPRA/GPRAMA report–save selected facilities (Step 5)

6. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or type **N** (No) if you do not want the logic text printed in the report (Figure 6-10).

```
A total of 4 facilities have been selected.

A file will be created called
CRSGPRANT150590120260630000000002026161910532 5_000002.TXT
and will reside in the Q:\ directory. This file can be used in Excel.

A file will be created called
CRSGPRANT250590120265063000000000202616191053 25_000002.TXT
and will reside in the Q:\ directory. This file can be used in Excel.

A file will be created called
CRSGPRANT350590120260630000000002026161910532 5_000002.TXT
and will reside in the Q:\ directory. This file can be used in Excel.

Include Measure Logic Text in the Output Report? Y//
```

Figure 6-10: Area Aggregate National GPRA/GPRAMA report–example of output file names and locations

The system then prompts you to choose an output type.

7. At the "Select an Output Option" prompt (Figure 6-11), type the letter corresponding to the type of output you want, and press Enter, where:

   - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
   - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.
   - **B** (Both) produces both a printed report and a delimited file.

   Detailed instructions for the **Print** and **Delimited Output** options are found in Step 11 of Section 5.2.2.

```
Please choose an output type. For an explanation of the delimited
file please see the user manual.

     Select one of the following:

          P         Print Report on Printer or Screen
          D         Create Delimited output file (for use in Excel)
          B         Both a Printed Report and Delimited File

Select an Output Option: P//
```

Figure 6-11: Area Aggregate National GPRA/GPRAMA report–select report output

6.2.1.1 Report Content

The Area Aggregate National GPRA/GPRAMA Clinical Performance Report contains the following sections:

- Cover page
- GPRA Developmental Measure topics included in the report
- GPRA Developmental Measures Clinical Performance Summary
- GPRA Developmental Measures Clinical Performance Detail
- Official GPRA/GPRAMA and Non-GPRA measure topics included in the report
- Selected Non-GPRA Measures Clinical Performance Summary
- Official GPRA/GPRAMA Measures Clinical Performance Summary
- Selected Non-GPRA Measures Clinical Performance Detail
- Official GPRA/GPRAMA Measures Clinical Performance Detail

Examples of the cover page, clinical performance summaries, and clinical performance detail sections of the report follow.

6.2.1.2 Cover Page

Both the printed and delimited reports include a cover page displaying a list of all facilities and the communities of each facility that are included in the report data. The report data is aggregated for each measure.

```
                                Cover Page

          ***  IHS 2026 National GPRA/GPRAMA Clinical Performance Report  ***
                              CRS 2026, Version 26.0
                                  AREA AGGREGATE
                           Date Report Run: Oct 08, 2026
                              Site where Run: [AREA]
                          Report Generated by: USER,DEMO
                      Report Period: Oct 01, 2025 to Sep 30, 2026
                   Previous Year Period: Oct 01, 2024 to Sep 30, 2025
                      Baseline Period: Oct 01, 2015 to Sep 30, 2016
--------------------------------------------------------------------------------

 Report includes data from the following facilities:
   1. FACILITY A
   2. FACILITY B
   3. FACILITY C
   4. FACILITY D

 The following communities are included in this report:
  1. FACILITY A
     Community Taxonomy Name: Facility A's GPRA Communities
          COMMUNITY 1         COMMUNITY 2                   COMMUNITY 3
          COMMUNITY 4         COMMUNITY 5                   COMMUNITY 6
          COMMUNITY 7         COMMUNITY 8                   COMMUNITY 9

  2. FACILITY B
     Community Taxonomy Name: Facility B's GPRA Communities
          COMMUNITY 1         COMMUNITY 2                   COMMUNITY 3
          COMMUNITY 4         COMMUNITY 5                   COMMUNITY 6
          COMMUNITY 7         COMMUNITY 8                   COMMUNITY 9
          COMMUNITY 10        COMMUNITY 11                  COMMUNITY 12
          COMMUNITY 13        COMMUNITY 14                  COMMUNITY 15

  3. FACILITY C
     Community Taxonomy Name: Facility C's GPRA Communities
          COMMUNITY 1         COMMUNITY 2                   COMMUNITY 3
          COMMUNITY 4         COMMUNITY 5                   COMMUNITY 6
          COMMUNITY 7         COMMUNITY 8                   COMMUNITY 9
          COMMUNITY 10        COMMUNITY 11                  COMMUNITY 12
          COMMUNITY 13        COMMUNITY 14                  COMMUNITY 15
          COMMUNITY 16        COMMUNITY 17                  COMMUNITY 18
          COMMUNITY 19        COMMUNITY 20

  4. FACILITY D
     Community Taxonomy Name: Facility D's GPRA Communities
          COMMUNITY 1         COMMUNITY 2                   COMMUNITY 3
          COMMUNITY 4         COMMUNITY 5                   COMMUNITY 6
          COMMUNITY 7         COMMUNITY 8                   COMMUNITY 9
          COMMUNITY 10        COMMUNITY 11                  COMMUNITY 12
          COMMUNITY 13        COMMUNITY 14                  COMMUNITY 15
          COMMUNITY 16
```

Figure 6-12: Example of the cover page for an Area Aggregate National GPRA/GPRAMA Report

The end of the report includes the following as described in Sections 6.2.1.3–6.2.1.8:

- Selected Non-GPRA Measures Clinical Performance Summary
- GPRA Developmental Measures Clinical Performance Summary
- Official GPRA/GPRAMA Measures Clinical Performance Summary
- Selected Non-GPRA Measures Clinical Performance Detail
- GPRA Developmental Measures Clinical Performance Detail
- Official GPRA/GPRAMA Measures Clinical Performance Detail

6.2.1.3 GPRA Developmental Measures Clinical Performance Summary

The GPRA Developmental Measures Clinical Performance Summary section lists the Area Office aggregate performance measure rates for the current, previous, and baseline periods. The format is the same as that in Section 5.17.3.1, National GPRA/GPRAMA and GPRA/GPRAMA Performance Reports Clinical Performance Summaries.

6.2.1.4 Selected Non-GPRA Measures Clinical Performance Summary

The Selected Non-GPRA Measures Clinical Performance Summary section lists the Area Office aggregate performance measure rates for the current, previous, and baseline periods, as well as the National 2026 performance and 2026 target for each non-GPRA measure in the report. The format is the same as that in Section 5.17.3.1, National GPRA/GPRAMA and GPRA/GPRAMA Performance Reports Clinical Performance Summaries.

6.2.1.5 Official GPRA/GPRAMA Measures Clinical Performance Summary

The Official GPRA/GPRAMA Measures Clinical Performance Summary section lists the Area Office aggregate performance measure rates for the current, previous, and baseline periods, as well as the GPRA Target, and National 2026 performance for each GPRA measure in the report. The format is the same as that in Section 5.17.3.1, National GPRA/GPRAMA and GPRA/GPRAMA Performance Reports Clinical Performance Summaries.

6.2.1.6 GPRA Developmental Measures Clinical Performance Detail

The **GPRA Developmental Measures Clinical Performance Detail** section shows the GPRA performance measure rates by each facility within the area.

```
MP                                Oct 08, 2026                          Page 1
                  *** IHS 2026 National GPRA/GPRAMA Report ***
                                  AREA AGGREGATE
                             Report Period: Oct 01, 2025 to Sep 30, 2026
                          Previous Year Period: Oct 01, 2024 to Sep 30, 2025
                             Baseline Period: Oct 01, 2015 to Sep 30, 2016
```

```
------------------------------------------------------------------------------
         GPRA DEVELOPMENTAL MEASURES CLINICAL PERFORMANCE DETAIL
                       Site     Site    Site      Area
                     Current   Prev    Base      Current
------------------------------------------------------------------------------

GPRA DEVELOPMENTAL MEASURES
---------------------------

DIABETES

 UP DM BP <130/80                                    XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

 UP DM BP >=130/80 and <140/90                       XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

 UP DM Statin Therapy                                XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

  DM Pts <=39 w/ ASCVD                               XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

  DM Pts 40-75 w/ ASCVD                              XX.X%
  999999 FACILITY A    XXXX      XXXX    XXXX
  999999 FACILITY B    XXXX      XXXX    XXXX
  999999 FACILITY C    XXXX      XXXX    XXXX
  999999 FACILITY D    XXXX      XXXX    XXXX

  DM Pts 76+ w/ ASCVD                                XX.X%
  999999 FACILITY A    XXXX      XXXX    XXXX
  999999 FACILITY B    XXXX      XXXX    XXXX
  999999 FACILITY C    XXXX      XXXX    XXXX
  999999 FACILITY D    XXXX      XXXX    XXXX

  DM Pts 40-75 w/o ASCVD                             XX.X%
  999999 FACILITY A    XXXX      XXXX    XXXX
  999999 FACILITY B    XXXX      XXXX    XXXX
  999999 FACILITY C    XXXX      XXXX    XXXX
  999999 FACILITY D    XXXX      XXXX    XXXX
```

Figure 6-13: GPRA Developmental Measures Clinical Performance Detail section for Area Aggregate National GPRA/GPRAMA Report

6.2.1.7 Selected Non-GPRA Measures Clinical Performance Detail

The **Selected Non-GPRA Measures Clinical Performance Detail** section shows the non-GPRA performance measure rates by each facility within the area.

```
MP                                Oct 08, 2026                        Page 1
                  *** IHS 2026 National GPRA/GPRAMA Report ***
                                AREA AGGREGATE
                     Report Period: Oct 01, 2025 to Sep 30, 2026
                  Previous Year Period: Oct 01, 2024 to Sep 30, 2025
                     Baseline Period: Oct 01, 2015 to Sep 30, 2016
------------------------------------------------------------------------------
              SELECTED NON-GPRA MEASURES CLINICAL PERFORMANCE DETAIL
                        Site     Site    Site  Area     Nat'l
                      Current   Prev    Base  Current  2025
------------------------------------------------------------------------------

DIABETES

Diabetes DX Ever**                                    XX.X%   XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

UP Documented A1c**                                   XX.X%   XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

UP A1c >=7 and <8                                     XX.X%   XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

UP Good Glycemic Control <8                           XX.X%   XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

UP BP Assessed                                        XX.X%   XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%
```

Figure 6-14: Non-GPRA Measures Clinical Performance Detail section for Area Aggregate National GPRA/GPRAMA Report

6.2.1.8 Official GPRA/GPRAMA Measures Clinical Performance Detail

The **Official GPRA/GPRAMA Measures Clinical Performance Detail** section shows the GPRA performance measure rates by each facility within the area.

```
MP                                Oct 08, 2026                        Page 1
                  *** IHS 2026 National GPRA/GPRAMA Report ***
                                AREA AGGREGATE
                     Report Period: Oct 01, 2025 to Sep 30, 2026
                  Previous Year Period: Oct 01, 2024 to Sep 30, 2025
                     Baseline Period: Oct 01, 2015 to Sep 30, 2016
------------------------------------------------------------------------------
```

```
               OFFICIAL GPRA MEASURES CLINICAL PERFORMANCE DETAIL
                       Site     Site    Site  Area    GPRA    Nat'l
                     Current   Prev    Base  Current Target   2025
-------------------------------------------------------------------

DIABETES

 UP Poor Glycemic Control <8                  XX.X%   XX.X%   XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

 UP Controlled BP <140/90                     XX.X%   XX.X%   XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

 UP DM Statin Therapy                         XX.X%   XX.X%   XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

 UP Nephropathy Assessed                      XX.X%   XX.X%   XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

 UP Retinopathy Assessed                      XX.X%   XX.X%   XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%
```

Figure 6-15: Official GPRA/GPRAMA Measures Clinical Performance Detail section for Area Aggregate National GPRA/GPRAMA Report

6.2.2 Area National GPRA/GPRAMA Report Performance Summaries

CI26 > AO > **ASUM**

The steps for running this report are the same as for running the AGP Area National GPRA/GPRAMA Report, except the National GPRA/GPRAMA Report export files (i.e., files with names beginning with “CRSGPRANT”) will not be created.

Follow the steps below to run the Area National GPRA/GPRAMA Report Performance Summaries:

1. At the “Select Area Options Option” prompt, type **ASUM** and press Enter (Figure 6-16) to display the information about the report.

```
                          ***************************
                          **   IHS/RPMS CRS 2026   **
                          **  Area Office Options  **
                          ***************************
                               Version 26.0
                            DEMO INDIAN HOSPITAL

   UPL    Upload Report Files from Site
   AGP    AREA National GPRA/GPRAMA Report
   ASUM   AREA National GPRA/GPRAMA Report Perf Summaries
   GPUA   AREA GPRA/GPRAMA Performance Report
   ADSH   National GPRA Dashboard
   LSTF   List files in a directory

Select Area Options Option: ASUM <Enter>
```

Figure 6-16: **Area Office Options** menu–select the Area National GPRA/GPRAMA Report Performance Summaries

Information about the report will display as shown in Figure 6-17.

```
IHS 2026 Area National GPRA/GPRAMA Report Clinical Performance Summaries

This will produce ONLY the clinical performance summaries for the Area
National GPRA/GPRAMA Report for the 2026 GPRA year. If you want the
detailed information included in the report, including performance measure
definitions and number of patients in each denominator and numerator
you need to run the AGP menu option.

The CRSGPRANT export files will not be created; use the AGP menu option
to run the report that will create these files.

PRESS ENTER: <Enter>
```

Figure 6-17: Information display for the Area National GPRA/GPRAMA Report Performance Summaries

2. Press Enter at the prompt to display the predefined date ranges for the report, including the Report Period (current), the Previous Year Period, and the Baseline Period, as in Figure 6-18.

```
The date ranges for this report are:
     Report Period:           Oct 01, 2025 to Sep 30, 2026
     Previous Year Period:    Oct 01, 2024 to Sep 30, 2025
     Baseline Period:         Oct 01, 2015 to Sep 30, 2016

     Select one of the following:

          A         AREA Aggregate
          F         One Facility

Run Report for: A// <Enter>  AREA Aggregate
```

Figure 6-18: Running the Area Aggregate National GPRA/GPRAMA Report Performance Summaries: date range display

3. At the "Run Report for" prompt, do one of the following:

- To run a report combining the data for all sites, press Enter to accept the default (**A**, Area Aggregate).
- To run a report similar to the facility's National GPRA/GPRAMA Report Performance Summaries, type **F** (One Facility) and press Enter.

```
You will now be able to select which sites to use in the
area aggregate/facility report.

Press Enter to Continue : <Enter>
```

Figure 6-19: Running the Area Aggregate National GPRA/GPRAMA Report Performance Summaries

4. Press Enter at the prompt to display the **Area Aggregate Site Selection** screen.

   All facilities that have uploaded their data files for the selected time period display.

5. At the "Select Action" prompt, do one of the following:

   - To view multiple pages:
     - Type a plus sign (+) and press Enter to view the next page.
     - Type a minus sign/hyphen (-) and press Enter to return to the previous page.
   - To select facilities to include in the report:
     - To select all facilities, type **A** and press Enter.
     - To select specific facilities, type **S** and press Enter. At the "Which Facility" prompt, type the numbers of the facilities you want to select, and press Enter. To select multiple facilities, type a range (e.g., 1 through 4), a series of numbers (e.g., 3, 6, 9), or a combination of ranges and numbers (e.g., 1 through 3, 5, 7, 25).

       After pressing Enter, each selected facility is marked with an asterisk (*) before its number.

     - To remove (unselect) a facility, type **R** and press Enter. At the "Which Facility(s)" prompt, type the number of the facility and press Enter.

       All selected facilities are marked with an asterisk (*) before their corresponding number.

```
AREA AGGREGATE SITE SELECTION Oct 08, 2026 12:59          Page:   1 of    1
Area Aggregate Site Selection
* indicates the site has been selected
#    SU         FACILITY       BEG DATE  END DATE  BASE BEG  BASE END  DATE RUN

*1) DEMO SU A   FACILITY A     10/01/25  09/30/26  10/01/15  09/30/16   10/02/26
*2) DEMO SU B   FACILITY B     10/01/25  09/30/26  10/01/15  09/30/16   10/02/26
*3) DEMO SU C   FACILITY C     10/01/25  09/30/26  10/01/15  09/30/16   10/02/26
*4) DEMO SU D   FACILITY D     10/01/25  09/30/26  10/01/15  09/30/16   10/02/26
```

```
          Enter ?? for more actions
A    Area Aggregate   All Facilities    R    Remove (unselect) Facility
S    Select Facility                   Q    Quit
Select Action:+// Q <Enter>  Quit
```

Figure 6-20: Area Aggregate National GPRA/GPRAMA Report Performance Summaries–select facilities (Steps 5 and 6)

6. To save your selected topics, type **Q** (Quit) at the "Select Action" prompt and press Enter.

```
Please choose an output type. For an explanation of the delimited
file please see the user manual.

     Select one of the following:

          P         Print Report on Printer or Screen
          D         Create Delimited output file (for use in Excel)
          B         Both a Printed Report and Delimited File

Select an Output Option: P//
```

Figure 6-21: Area Aggregate National GPRA/GPRAMA Report Performance Summaries–select the output type

7. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want, and press Enter, where:

   - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
   - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.
   - **B** (Both) produces both a printed report and a delimited file.

   Detailed instructions for the **Print** and **Delimited Output** options are found in Step 11 of Section 5.2.2.

6.2.3 Area GPRA/GPRAMA Performance Report

CI26 > AO > **GPUA**

Use the **Area GPRA/GPRAMA Performance Report** (**GPUA**) option to produce an Area-wide GPRA/GPRAMA Performance report. This report aggregates all data files received to date from facilities and reports the total Area-Office-wide numbers.

The measures included in this report are exactly the same as those in the National GPRA/GPRAMA Report. However, the GPRA/GPRAMA Performance Report is different from the National GPRA/GPRAMA Report, as it can be run for different types of user populations:

- AI/AN only

- Non-AI/AN
- Both (i.e., the entire population)

It can also be run for different date ranges, whereas the National GPRA/GPRAMA Report uses only predefined date ranges. Patient lists are *not* included in the Area Aggregate report.

> **Note**: To run the Area Aggregate GPRA/GPRAMA Performance Report, the data uploaded from the facilities must have the same report period, baseline period, and patient population.

Follow the steps in Figure 6-22 to run the Area GPRA/GPRAMA Performance report.

```
                          **************************
                          **   IHS/RPMS CRS 2026   **
                          **  Area Office Options  **
                          **************************
                                 Version 26.0

                              DEMO INDIAN HOSPITAL

   UPL    Upload Report Files from Site
   AGP    AREA National GPRA/GPRAMA Report
   ASUM   AREA National GPRA/GPRAMA Report Perf Summaries
   GPUA   AREA GPRA/GPRAMA Performance Report
   ADSH   National GPRA Dashboard
   LSTF   List files in a directory

Select Area Options Option: GPUA <Enter>  Run AREA GPRA Performance Report
```

Figure 6-22: Area Office Options menu–Run Area GPRA/GPRAMA Performance Report option

1. At the "Select Area Options Option" prompt, type **GPUA** and press Enter.

```
   [AREA] Aggregate GPRA/GPRAMA Performance Report with user defined date
range

     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30
          5         User-Defined Report Period

Enter the date range for your report: 1 <Enter> January 1 - December 31

Enter the Calendar Year for the report END date. Use a 4 digit
year, e.g. 2026
Enter Year: 2026 <Enter>  (2026)

Enter the Baseline Year to compare data to.
```

```
Use a 4 digit year, e.g. 2016
Enter Year (e.g. 2016): 2016 <Enter>  (2016)
```

Figure 6-23: Area GPRA/GPRAMA Performance Report–select date range

2. At the "Enter the date range for your report" prompt, do one of the following:

   - To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

     At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2026) and press Enter.

   - To define a custom report period, type **5** and press Enter.

     At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2026) and press Enter.

3. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

   The selected date ranges display, as in the following example:

```
The date ranges for this report are:
     Report Period:           Jan 01, 2026 to Dec 31, 2026
     Previous Year Period:    Jan 01, 2025 to Dec 31, 2025
     Baseline Period:         Jan 01, 2016 to Dec 31, 2016
     Select one of the following:

          1         Indian/Alaskan Native (Classification 01)
          2         Not Indian Alaskan/Native (Not Classification 01)
          3         All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1// <Enter>
Indian/Alaskan Native (Classification 01)
```

Figure 6-24: GPRA/GPRAMA Performance Report–select the beneficiary population type

4. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include, and press Enter, where:

   - **1** (Indian/Alaskan Native) reports only on AI/AN patients.
   - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
   - **3** (All) reports on your entire patient population.

5. Press Enter at the prompt to display the Area Aggregate Site Selection screen.

   All facilities that have uploaded their data files for the selected time period display.

6. At the "Select Action" prompt, do one of the following:

   - To view multiple pages:

- Type a plus sign (+) and press Enter to view the next page.
- Type a minus sign/hyphen (-) and press Enter to return to the previous page.

- To select facilities to include in the report:
  - To select all facilities, type **A** and press Enter.
  - To select specific facilities, type **S** and press Enter. At the "Which Facility" prompt, type the numbers of the facilities you want to select, and press Enter. To select multiple facilities, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 16), or a combination of ranges and numbers (e.g., 1 through 5, 7, 33).

  After pressing Enter, each selected facility is marked with an asterisk (*) before its number.

  - To remove (unselect) a facility, type **R** and press Enter. At the "Which Facility(s)" prompt, type the number of the facility and press Enter.

  All selected facilities are marked with an asterisk (*) before their corresponding numbers.

```
AREA AGGREGATE SITE SELECTION Oct 08, 2026 12:59          Page:   1 of    1
Area Aggregate Site Selection
* indicates the site has been selected
#    SU         FACILITY      BEG DATE  END DATE  BASE BEG  BASE END  DATE RUN

*1) DEMO SU A   FACILITY A    10/01/25  09/30/26  10/01/15  09/30/16   10/02/26
*2) DEMO SU B   FACILITY B    10/01/25  09/30/26  10/01/15  09/30/16   10/02/26
*3) DEMO SU C   FACILITY C    10/01/25  09/30/26  10/01/15  09/30/16   10/02/26
*4) DEMO SU D   FACILITY D    10/01/25  09/30/26  10/01/15  09/30/16   10/02/26

          Enter ?? for more actions
A    Area Aggregate   All Facilities    R    Remove (unselect) Facility
S    Select Facility                   Q    Quit
Select Action:+// Q <Enter>  Quit
```

Figure 6-25: Area GPRA/GPRAMA Performance Report–save selected facilities

To save your selected facilities, type **Q** (Quit) at the "Select Action" prompt and press Enter.

7. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

```
Include Measure Logic Text in the Output Report? Y// ES

Please choose an output type. For an explanation of the delimited
file please see the user manual.

     Select one of the following:

          P         Print Report on Printer or Screen
          D         Create Delimited output file (for use in Excel)
```

```
          B         Both a Printed Report and Delimited File

Select an Output Option: P//
```

Figure 6-26: Running the Area GPRA/GPRAMA Performance Report: selecting the output type

8. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want, and press Enter, where:

   - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
   - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.
   - **B** (Both) produces both a printed report and a delimited file.

   Detailed instructions for the **Print** and **Delimited Output** options are found in Step 11 of Section 5.2.2.

6.2.4 Area National GPRA Dashboard Report (ADSH)

CI26 > AO > **ADSH**

Use the **Area GPRA Dashboard** (**ADSH**) option to produce an Area Office-wide GPRA Dashboard Report. This report aggregates all data files received to date from facilities and produces a dashboard for the Area, as well as dashboards for each facility in that Area.

Use the following steps to run the **Area GPRA Dashboard**:

The steps for running this report are the same as for running the AGP Area National GPRA/GPRAMA Report, except the National GPRA/GPRAMA Report export files (i.e., files with names beginning with "CRSGPRANT") will not be created.

```
                          **************************
                          **   IHS/RPMS CRS 2026   **
                          **  Area Office Options  **
                          **************************
                                Version 26.0

                             DEMO INDIAN HOSPITAL

   UPL    Upload Report Files from Site
   AGP    AREA National GPRA/GPRAMA Report
   ASUM   AREA National GPRA/GPRAMA Report Perf Summaries
   GPUA   AREA GPRA/GPRAMA Performance Report
   ADSH   National GPRA Dashboard
   LSTF   List files in a directory

Select Area Options Option: ADSH <Enter>
```

Figure 6-27: Area Office Options menu–selecting the Area GPRA Dashboard

1. At the "Select Area Options Option" prompt, type **ADSH** and press Enter to display the following information about the report:

```
                    IHS 2026 Area GPRA Dashboard

This will produce a National GPRA dashboard that will show current rates
for GPRA measures compared to National GPRA targets for both your Area and
each facility in the Area.

The CRSGPRANT export files will not be created; use the AGP menu option
to run the report that will create these files.

PRESS ENTER: <Enter>
```

Figure 6-28: Information displayed about the Area GPRA Dashboard

2. Press Enter at the prompt to display the predefined date ranges for the report, including the Report Period (current) and the Previous Year Period, as in the following example:

```
The date ranges for this report are:
     Report Period:           Oct 01, 2025 to Sep 30, 2026
     Previous Year Period:    Oct 01, 2024 to Sep 30, 2025

     Select one of the following:

          A         AREA and All Facilities' Dashboards
          F         One Facility

Run Report for: A// <Enter>  AREA Aggregate
```

Figure 6-29: Running the Area GPRA Dashboard: date range display

3. At the "Run Report for" prompt, do one of the following:

   - To run a report combining the data for all sites, press Enter to accept the default **A** (Area and All Facilities' Dashboards).
   - To run a report similar to the facility's GPRA Dashboard, type **F** (One Facility) and press Enter.

```
You will now be able to select which sites to use in the
area aggregate/facility report.

Press Enter to Continue : <Enter>
```

Figure 6-30: Running the Area GPRA Dashboard

4. Press Enter at the prompt to display the **Area Aggregate Site Selection** screen.

   All facilities that have uploaded their data files for the selected time period display.

5. At the "Select Action" prompt, do one of the following:

- To view multiple pages:
  - Type a plus sign (+) and press Enter to view the next page.
  - Type a minus sign/hyphen (-) and press Enter to return to the previous page.
- To select facilities to include in the report:
  - To select all facilities, type **A** and press Enter.
  - To select specific facilities, type **S** and press Enter. At the "Which Facility" prompt, type the numbers of the facilities you want to select, and press Enter. To select multiple facilities, type a range (e.g., 1 through 4), a series of numbers (e.g., 3, 6, 9), or a combination of ranges and numbers (e.g., 1 through 3, 5, 7, 25). After pressing Enter, each selected facility is marked with an asterisk (*) before its number.
  - To remove (unselect) a facility, type **R** and press Enter. At the "Which Facility(s)" prompt, type the number of the facility and press Enter.

  All selected facilities are marked with an asterisk (*) before their corresponding number.

```
AREA AGGREGATE SITE SELECTION Oct 08, 2026 12:59          Page:   1 of    1
Area Aggregate Site Selection
* indicates the site has been selected
#    SU         FACILITY       BEG DATE  END DATE  BASE BEG  BASE END  DATE RUN

*1) DEMO SU A   FACILITY A     10/01/25  09/30/26  10/01/15  09/30/16   10/02/26
*2) DEMO SU B   FACILITY B     10/01/25  09/30/26  10/01/15  09/30/16   10/02/26
*3) DEMO SU C   FACILITY C     10/01/25  09/30/26  10/01/15  09/30/16   10/02/26
*4) DEMO SU D   FACILITY D     10/01/25  09/30/26  10/01/15  09/30/16   10/02/26

          Enter ?? for more actions
A    Area Aggregate   All Facilities    R    Remove (unselect) Facility
S    Select Facility                   Q    Quit
Select Action:+// Q <Enter>  Quit
```

Figure 6-31: Running the Area GPRA Dashboard: selecting facilities

6. To save your selected topics, type **Q** (Quit) at the "Select Action" prompt and press Enter.

```
Please choose an output type. For an explanation of the delimited
file please see the user manual.

     Select one of the following:

          P         Print Report on Printer or Screen
          D         Create Delimited output file (for use in Excel)
          B         Both a Printed Report and Delimited File

Select an Output Option: P//
```

Figure 6-32: Running the Area GPRA Dashboard: selecting the output type

7. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want, and press Enter, where:

   - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
   - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.
   - **B** (Both) produces both a printed report and a delimited file.

   Detailed instructions for the **Print** and **Delimited Output** options are found in Step 11 of Section 5.2.2.

6.3 List Files in a Directory

CI26 > AO > **LSTF**

The **List Files in a Directory** (**LSTF**) option enables Area Office technical staff to view a list of FileMan files transmitted by facilities to the Area Office for aggregation. This list does not indicate whether the file has been uploaded into CRS.

Only FileMan data files created by CRS 2026 (BGP v26.0) are listed. File names begin with "BG260," followed by the six-digit ASUFAC code for the facility that created and transmitted the file.

GPRA Performance Reports are treated the same as National GPRA Reports and will display with them if they have a report period of October 1, 2025 through September 30, 2026, a baseline year of 2016, and a population of AI/AN. These reports only have numbers in the file name extension.

To view the list of files transmitted for aggregation:

1. At the "Select Area Office Options Option" prompt, type **LSTF** and press Enter.
2. At the "Enter directory path" prompt, type the appropriate directory name and press Enter.

   The directory name is the Area Office network directory to which the facility's data files were sent via FTP when the facility ran the requested national performance report.

3. A list of files displays. For example, the first seven files shown in Figure 6-33 are all National GPRA/GPRAMA and GPRA/GPRAMA Performance Report files.

```
This option is used to list all CRS 2026 files that are in a directory.
These files begin with BG260. You must specify the directory in which the
CRS 2026 data files reside.
Enter directory path (i.e. /usr/spool/uucppublic/): q:\
The following CRS 2026 files reside in the q:\ directory.

     BG260355901.50
     BG260355901.52
     BG260355901.54
     BG260355901.57
     BG260355901.59
     BG260355901.60
     BG260355901.63
Enter RETURN to continue or '^' to exit:
```

Figure 6-33: List Files in a Directory option–display CRS data files

4. At the "Enter RETURN to continue or '^' to exit" prompt, press Enter to return to the **Area Office Options** menu.

Appendix A Working with Delimited Files

For more reporting flexibility, such as rearranging report data in a different format or performing other types of calculations on report numbers, select the **Create delimited output file** report output option.

> **Note**: This option is particularly useful for manipulating pages of patient lists, enabling users to sort the lists by any column they want.

For detailed instructions on running a specific report, see Section 5.0.

A.1 Producing a Delimited File

After you set the parameters of the report you want to create, CRS displays a summary of those parameters. The following figure uses the National GPRA/GPRAMA report as an example.

```
              SUMMARY OF NATIONAL GPRA/GPRAMA REPORT TO BE GENERATED

The date ranges for this report are:

     Reporting Period:        Oct 01, 2025 to Sep 30, 2026
     Previous Year Period:    Oct 01, 2024 to Sep 30, 2025
     Baseline Period:         Oct 01, 2015 to Sep 30, 2016

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES

Please choose an output type. For an explanation of the delimited
file please see the user manual.

     Select one of the following:

          P         Print Report on Printer or Screen
          D         Create Delimited output file (for use in Excel)
          B         Both a Printed Report and Delimited File

Select an Output Option: P// D <Enter>  Create Delimited output file
```

Figure A-1: Creating a delimited output file version of a report

1. After the Summary of the report you are creating displays, type **D** at the "Select an Output Option" prompt and press Enter.

   When you select **D** to create a delimited file, you are prompted to print the delimited output to the screen, where you can capture the output or print the output to a file.

```
Select an Output Option: P// D <Enter>  Create Delimited output file (for
use in Excel)
```

```
You have selected to create a delimited output file. You can have this
output file created as a text file in the pub directory,
OR you can have the delimited output display on your screen so that
you can do a file capture. Keep in mind that if you choose to
do a screen capture you CANNOT Queue your report to run in the background!!

     Select one of the following:

     S         SCREEN - delimited output will display on screen for capture
     F         FILE - delimited output will be written to a file in pub

Select output type: S// F <Enter>  FILE - delimited output will be written
to a file
Enter a filename for the delimited output (no more than 40 characters):
[mytestfile] <Enter>

When the report is finished your delimited output will be found in the
q:\ directory. The filename will be [mytestfile].txt

Won't you queue this ? Y// <Enter>  YES
Requested Start Time: NOW//20:00:00 <Enter> (Oct 08, 2026@20:00:00)
```

Figure A-2: Example of specifying the file name queueing the delimited report run

2. At the “Select output type” prompt, complete the following steps:

   a. Press Enter to accept the default, **S**, which prints the file to the screen where you can capture the output.

   b. Type **F** and press Enter to print the output to a file.

   c. At the “Enter a filename for the delimited output” prompt, type the name of the delimited file you want to create, and press Enter.

Note:	The filename cannot exceed 40 characters and the .txt extension is appended to the name automatically. Most sites are set up to print the file to your network’s Pub directory.

   To access the file, you may need to use FTP to transfer the delimited file from Pub to your computer. Ask your site manager for additional information about retrieving files from your local network.

3. At the “Won’t you queue this?” prompt, press Enter to queue the report.

4. Specify a start time, either now or a later time, and press Enter.

A.2 Opening Text Files in Microsoft Excel

To import the delimited file into Excel, perform the following steps:

1. Open Excel.

2. Select **File** | **Open** from the menu bar.

3. Browse to the appropriate folder on your computer system where the delimited file is located. You may need to check with your site manager.

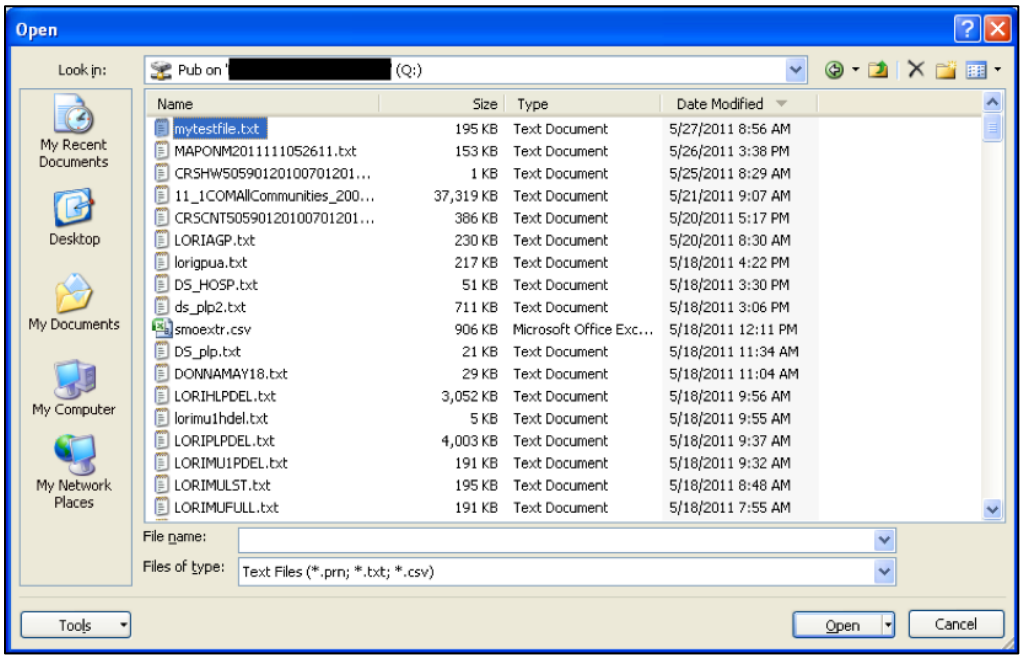

Figure A-3: Importing the delimited file into Excel

4. On the **Open** dialog, do the following:

   a. Ensure that the **Files of type** field is set to either **Text Files** or **All Files**.

   b. Select the name of the text file you want to open.

   c. Click **Open**. The **Text Import Wizard** displays.

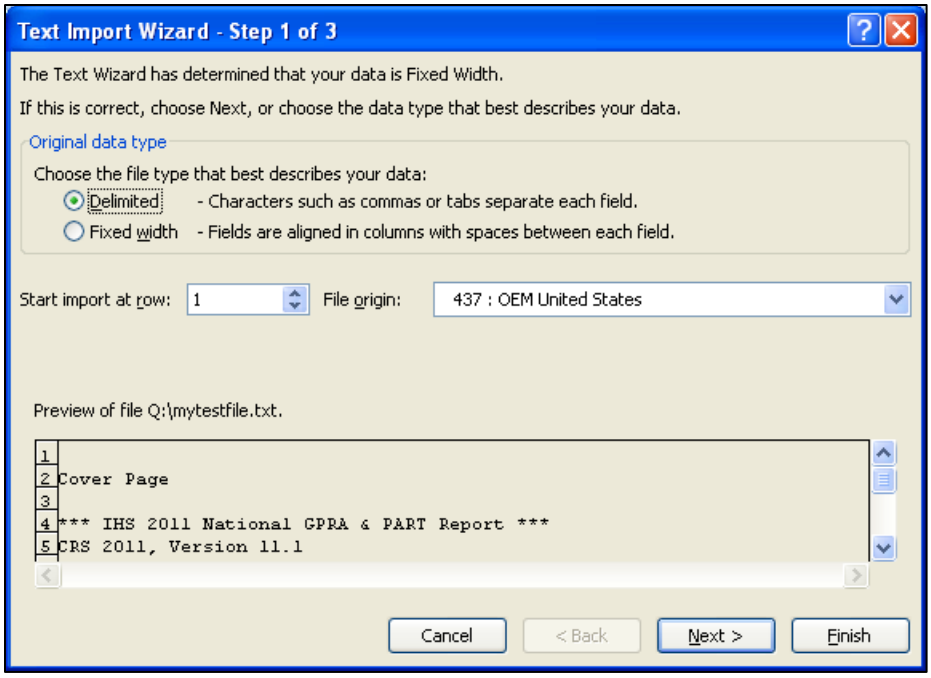

Figure A-4: Importing the delimited file into Excel

5. In the **Text Import Wizard–Step 1 of 3** dialog, check to make sure that in the **Original data type** group box the **Delimited** option button is selected.

   - Click **Next** to proceed.

Figure A-5: Importing the delimited file into Excel

6. In the **Text Import Wizard–Step 2 of 3** dialog, do the following:

   a. For Delimiters, select the **Other** check box and type a caret (^) in the box.

      This tells Excel that the file you are importing separates (delimits) the fields with a caret (^) character.

   b. Other than the **Tab** check box, if any other delimiter is selected, deselect it.

   c. Click **Next** to continue.

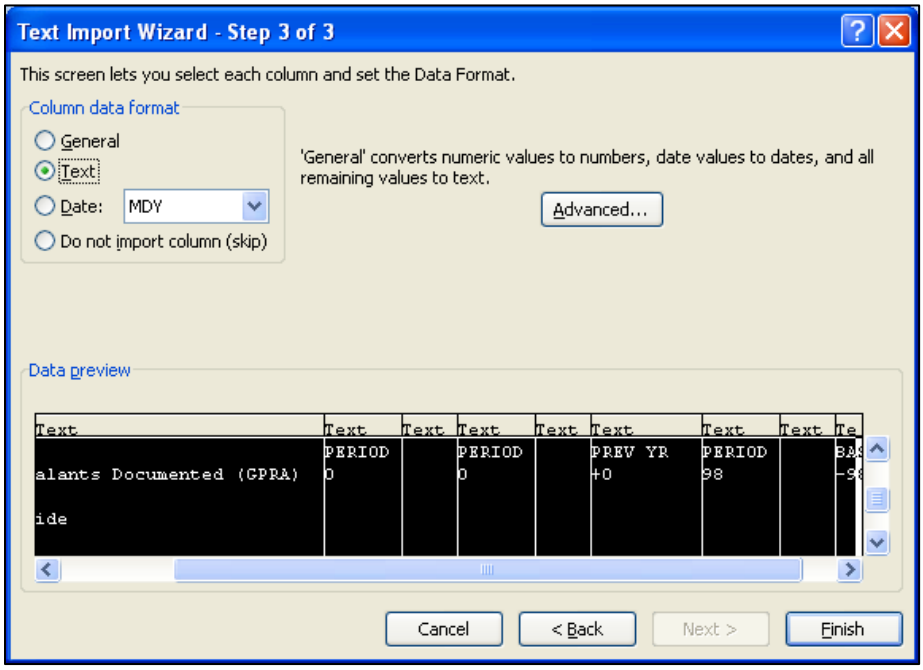

Figure A-6: Importing the delimited file into Excel

7. On the **Text Import Wizard–Step 3 of 3** dialog:

   - Select all the columns by scrolling down until you see multiple columns in the **Data Preview** display, holding down the Shift key and clicking on the last column. All columns should now be highlighted.
   - Change the **Column data format** to **Text** by selecting the **Text** option button.

     If you leave the format set to General, Excel will reformat some of the cells; for example, change age ranges to dates and could treat text beginning with a dash (-) as a formula (i.e., –GPRA Developmental)

   - Click **Finish**.

The data in the selected file appears in the Excel worksheet. Each column that you view on the printed report now appears in a separate Excel column that can be resized and used to perform arithmetical calculations.

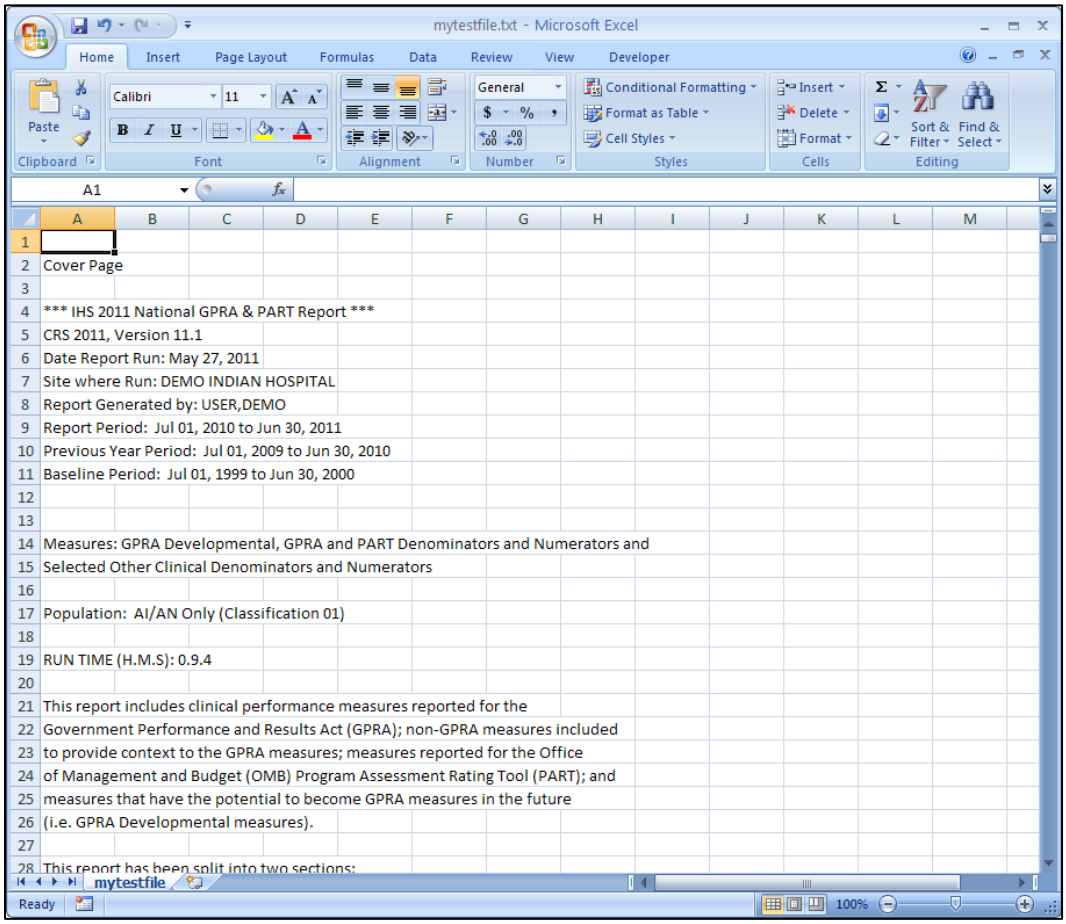

Figure A-7: Example of a delimited file imported into Excel

A.3 Sorting Patient Lists in Excel

Patient lists can be more easily sorted and formatted in Excel. First, run any of the reports containing patient lists (e.g., Selected Measures COM, PP, or ALL reports). Then select Delimited as your report output option.

The following example demonstrates how to identify at-risk patients who need to receive influenza immunizations.

1. Follow the steps in Appendix A, Section A.2 to open your delimited report in Excel.

2. In Excel, scroll down to the patient list you want to sort.

3. Format the spreadsheet to view the data more clearly. For example, change the width of some columns.

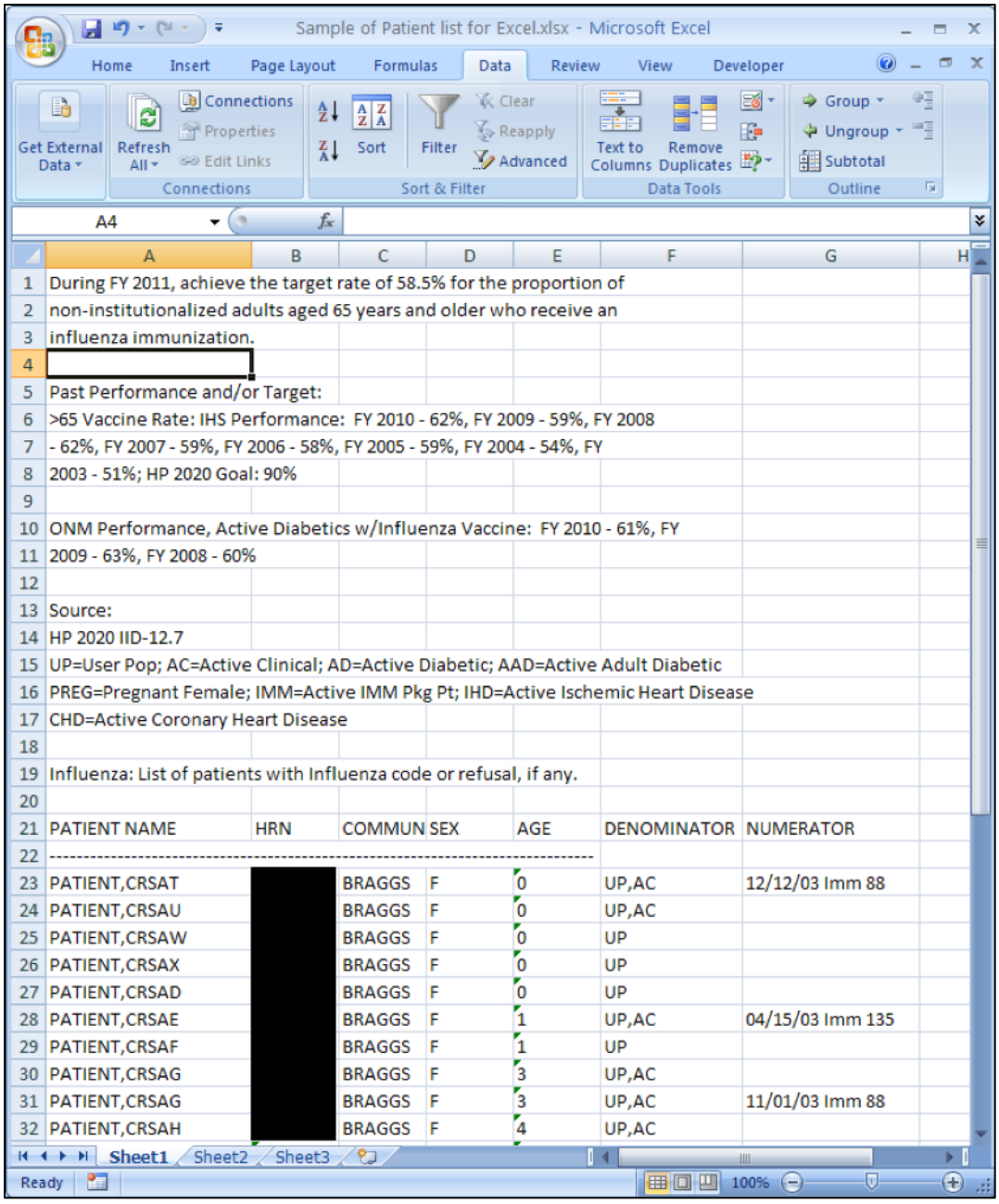

Figure A-8: Example of a formatted patient list in Excel

4. Highlight all of the rows containing patient names and information, as shown in Figure A-9.

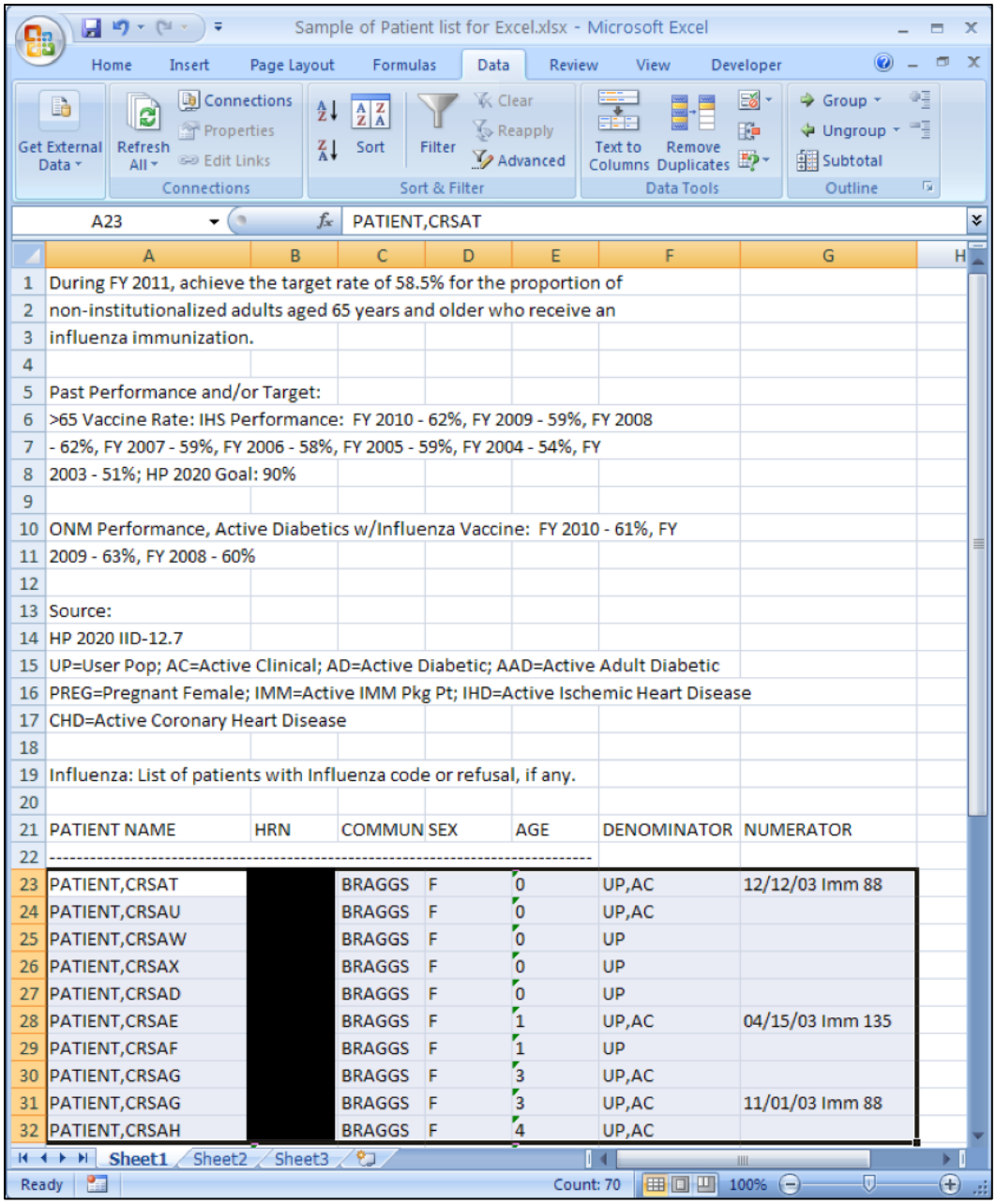

Figure A-9: Example of highlighted rows

5. On the **Data** menu, click the **Sort** option to display the **Sort** dialog, as shown in Figure A-10.

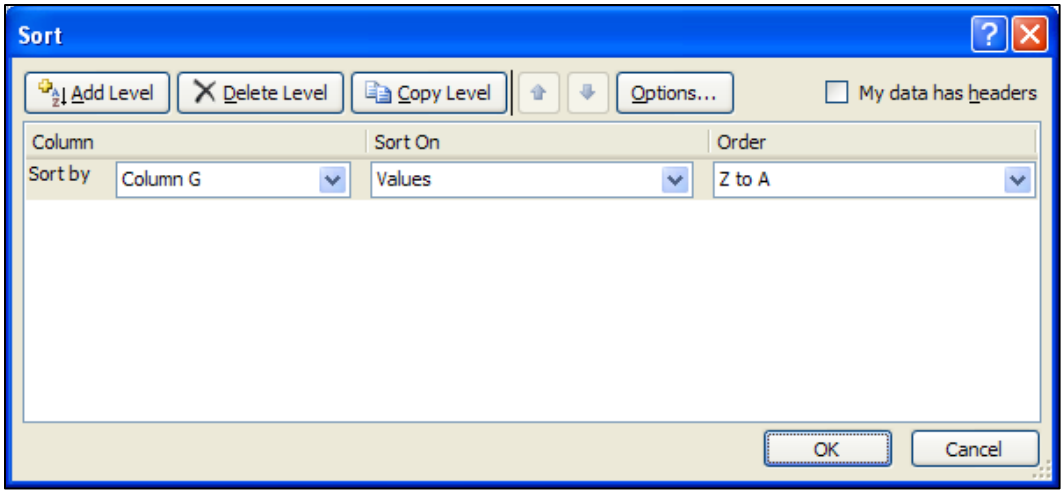

Figure A-10: **Sort** dialog

6. On the **Sort** dialog, do the following:

   - Select the columns that you want to sort by and choose whether to sort in ascending or descending order.
   - Click **Add Level** to sort using additional rows.
   - Do not select the **My data has headers** check box.
   - Click **OK**.

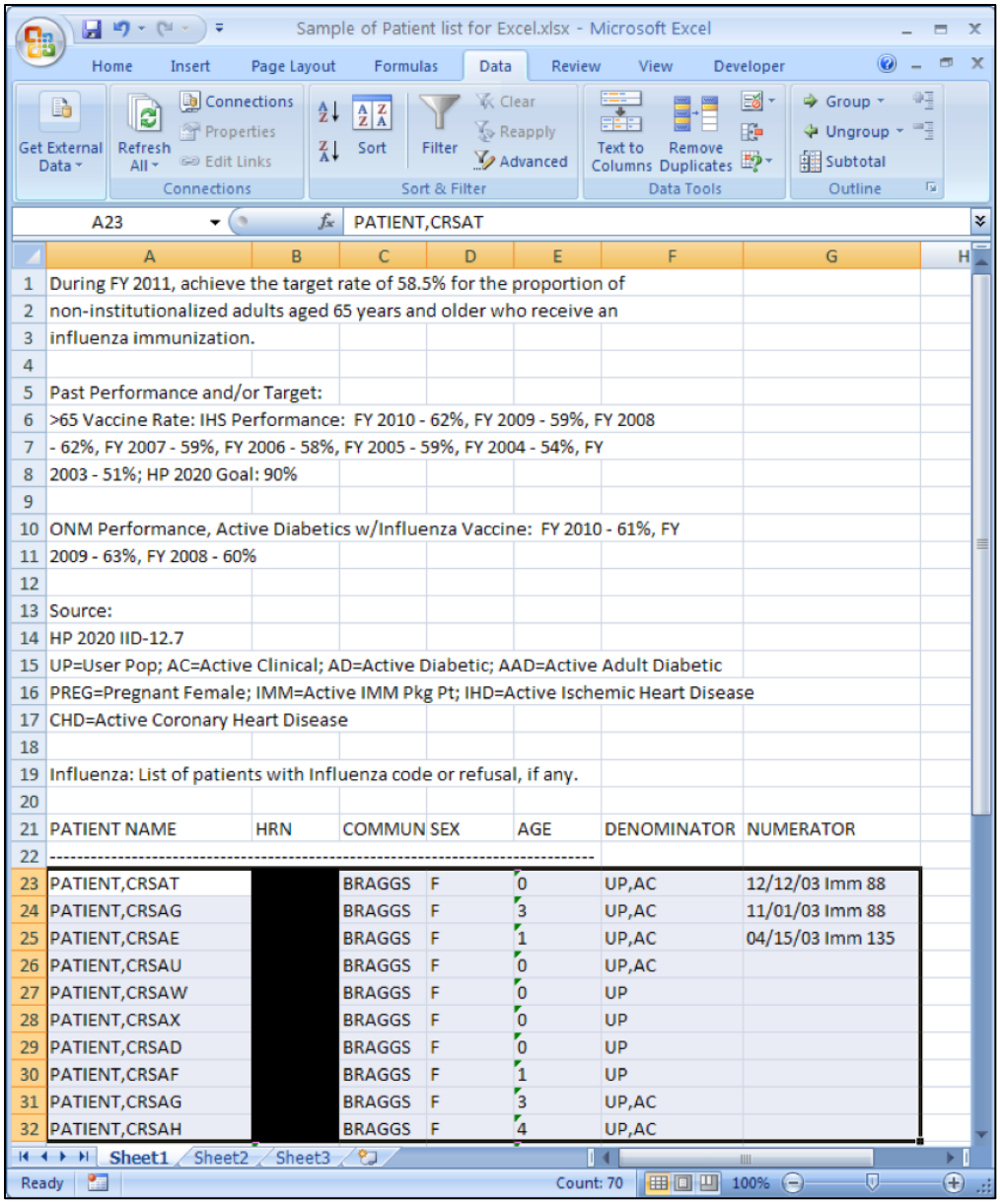

Figure A-11: Example of a sorted patient list in Excel

In Figure A-11, the references are sorted based on the data in the last column (**G, Numerator**) in ascending order. The resulting list will display patients with an immunization, followed by patients with no immunization.

Appendix B Creating a Patient Panel with Q-Man

Patient panels can be defined by users and used as the population for clinical performance reporting with the PP Selected Measures with Patient Panel Population report (see Section 5.11.2.2 for a detailed description).

Note: Patient panels must be created as FileMan search templates.

The following example demonstrates how to use Q-Man to create a list, or panel, of patients. In this example, the list created is for all female patients seen in the past year by a specified provider (PROVIDER1,TEST), who was designated as the primary provider for a visit.

```
                        *****  Q-MAN OPTIONS  *****

     Select one of the following:

          1         SEARCH PCC Database (dialogue interface)
          2         FAST Facts (natural language interface)
          3         RUN Search Logic
          4         VIEW/DELETE Taxonomies and Search Templates
          5         FILEMAN Print
          9         HELP
          0         EXIT

     Your choice: SEARCH// <Enter>  PCC Database (dialogue interface)

               *****  SEARCH CRITERIA  *****

What is the subject of your search?  LIVING PATIENTS // <Enter>  LIVING
PATIENTS

   Subject of search: PATIENTS
      ALIVE TODAY

Attribute of LIVING PATIENTS: SEX
CHOOSE FROM:
       M       MALE
       F       FEMALE
Value: F <Enter>  FEMALE
Computing Search Efficiency
Rating.................................................

   Subject of search: PATIENTS
      ALIVE TODAY
      SEX: FEMALE

Attribute of LIVING PATIENTS: VISIT <Enter>

SUBQUERY: Analysis of multiple VISITS

First condition of "VISIT": BETWEEN,DATES (inclusive)
Exact starting date: T-365 <Enter>  (DEC 11, 2025)
Exact ending date: T <Enter>  (DEC 11, 2026)

Next condition of "VISIT": PROVIDER <Enter>
            *****  PROVIDER-RELATED CRITERIA  *****
```

```
You can either specify one or more providers by NAME, or.....
You can specify one or more PROVIDER ATTRIBUTES (affiliation, specialty,
etc)to be used as selection criteria.

     Select one of the following:

          1         NAME(S) of providers
          2         ATTRIBUTE(S) of providers

     Your choice: NAME(S)// <Enter>  of providers

Enter PROVIDER: PROVIDER1,TEST <Enter>
Enter ANOTHER PROVIDER: <Enter>

The following have been selected =>
     PROVIDER1,TEST
When I check the providers from each encounter, you can limit my analysis
to the PRIMARY provider only, SECONDARY providers, or ALL providers.

     Select one of the following:

          1         PRIMARY provider only
          2         SECONDARY providers only
          3         ALL providers
     Your choice: ALL// 1 <Enter>  PRIMARY provider only

         Subject of subquery: VISIT
         BETWEEN BETWEEN DEC 11,2025 and DEC 11,2026@23:59:59
         PRIMARY PROVIDERS  (PROVIDER1)

Next condition of "VISIT": <Enter>

Computing Search Efficiency Rating....

   Subject of search: PATIENTS
      ALIVE TODAY
      SEX: FEMALE
         Subject of subquery: VISIT
         BETWEEN BETWEEN DEC 11,2025 and DEC 11,2026@23:59:59
         PRIMARY PROVIDERS  (PROVIDER)

Attribute of LIVING PATIENTS: <Enter>
                    *****  Q-MAN OUTPUT OPTIONS  *****

     Select one of the following:

          1         DISPLAY results on the screen
          2         PRINT results on paper
          3         COUNT 'hits'
          4         STORE results of a search in a FM search template
          5         SAVE search logic for future use
          6         R-MAN special report generator
          9         HELP
          0         EXIT

     Your choice: DISPLAY// 4 <Enter>  STORE results of a search in a FM
search template

Fileman users please note =>
This template will be attached to IHS' PATIENT file (#9000001)
```

```
Enter the name of the SEARCH TEMPLATE: LAB SEEN BY FPROVIDER1 IN PAST YR
<Enter>
  Are you adding 'LAB SEEN BY FPROVIDER1 IN PAST YR' as
    a new SORT TEMPLATE? No// Y <Enter>  (Yes)
DESCRIPTION:
  No existing text
  Edit? NO// <Enter>

Want to run this task in background? No// <Enter>  (No)

...SORRY, JUST A MOMENT PLEASE...

PATIENTS         SANTA  SEX     VISIT
(Alive)          NUMBER
------------------------------------------------------------------------------
DEMO-A,AMY LY    123456 FEMALE  +
DEMO-B,BLUE      123457 FEMALE  +
DEMO-C,DONALD    123458 FEMALE  +
DEMO-D,MINNIE    123459 FEMALE  +
DEMO-F,FIRST     123451 FEMALE  +

Search template completed...

This query generates 5 "hits"
Time required to create search template: 10 SECONDS
```

Figure B-1: Creating a list of all female patients

Appendix C AI/AN Clinical Information on Measures

For AI/AN Clinical Information on Measures, please see the CRS Performance Improvement Toolbox website: https://www.ihs.gov/crs/toolbox/.

Appendix D RPMS Rules of Behavior

The Resource and Patient Management (RPMS) system is a United States Department of Health and Human Services (HHS), Indian Health Service (IHS) information system that is ***FOR OFFICIAL USE ONLY***. The RPMS system is subject to monitoring; therefore, no expectation of privacy shall be assumed. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.

All users (Contractors and IHS Employees) of RPMS will be provided a copy of the Rules of Behavior (ROB) and must acknowledge that they have received and read them prior to being granted access to an RPMS system, in accordance IHS policy.

- For a listing of general ROB for all users, see the most recent edition of *IHS General User Security Handbook* (SOP 06-11a).
- For a listing of system administrators/managers rules, see the most recent edition of the *IHS Technical and Managerial Handbook* (SOP 06-11b).

Both documents are available at this IHS website:
https://home.ihs.gov/security/index.cfm

> **Note**: Users must be logged on to the IHS D1 Intranet to access these documents.

The ROB listed in the following sections are specific to RPMS.

D.1 All RPMS Users

In addition to these rules, each application may include additional ROB that may be defined within the documentation of that application (e.g., Dental, Pharmacy).

D.1.1 Access

RPMS users shall:

- Only use data for which you have been granted authorization.
- Only give information to personnel who have access authority and have a need to know.
- Always verify a caller's identification and job purpose with your supervisor or the entity provided as employer before providing any type of information system access, sensitive information, or nonpublic agency information.
- Be aware that personal use of information resources is authorized on a limited basis within the provisions Indian Health Manual Part 8, "Information Resources Management," Chapter 6, "Limited Personal Use of Information Technology Resources."

RPMS users shall not:

- Retrieve information for someone who does not have authority to access the information.
- Access, research, or change any user account, file, directory, table, or record not required to perform their *official* duties.
- Store sensitive files on a PC hard drive, or portable devices or media, if access to the PC or files cannot be physically or technically limited.
- Exceed their authorized access limits in RPMS by changing information or searching databases beyond the responsibilities of their jobs or by divulging information to anyone not authorized to know that information.

D.1.2 Information Accessibility

RPMS shall restrict access to information based on the type and identity of the user. However, regardless of the type of user, access shall be restricted to the minimum level necessary to perform the job.

RPMS users shall:

- Access only those documents they created and those other documents to which they have a valid need-to-know and to which they have specifically granted access through an RPMS application based on their menus (job roles), keys, and FileMan access codes. Some users may be afforded additional privileges based on the functions they perform, such as system administrator or application administrator.
- Acquire a written preauthorization in accordance with IHS policies and procedures prior to interconnection to or transferring data from RPMS.

D.1.3 Accountability

RPMS users shall:

- Behave in an ethical, technically proficient, informed, and trustworthy manner.
- Log out of the system whenever they leave the vicinity of their personal computers (PCs).
- Be alert to threats and vulnerabilities in the security of the system.
- Report all security incidents to their local Information System Security Officer (ISSO).
- Differentiate tasks and functions to ensure that no one person has sole access to or control over important resources.
- Protect all sensitive data entrusted to them as part of their government employment.

- Abide by all Department and Agency policies and procedures and guidelines related to ethics, conduct, behavior, and information technology (IT) information processes.

D.1.4 Confidentiality

RPMS users shall:

- Be aware of the sensitivity of electronic and hard-copy information and protect it accordingly.
- Store hard-copy reports/storage media containing confidential information in a locked room or cabinet.
- Erase sensitive data on storage media prior to reusing or disposing of the media.
- Protect all RPMS terminals from public viewing at all times.
- Abide by all Health Insurance Portability and Accountability Act (HIPAA) regulations to ensure patient confidentiality.

RPMS users shall not:

- Allow confidential information to remain on the PC screen when someone who is not authorized to that data is in the vicinity.
- Store sensitive files on a portable device or media without encrypting.

D.1.5 Integrity

RPMS users shall:

- Protect their systems against viruses and similar malicious programs.
- Observe all software license agreements.
- Follow industry standard procedures for maintaining and managing RPMS hardware, operating system software, application software, or database software and database tables.
- Comply with all copyright regulations and license agreements associated with RPMS software.

RPMS users shall not:

- Violate federal copyright laws.
- Install or use unauthorized software within the system libraries or folders.
- Use freeware, shareware, or public domain software on/with the system without their manager's written permission and without scanning it for viruses first.

D.1.6 System Logon

RPMS users shall:

- Have a unique User Identification/Account name and password.
- Be granted access based on authenticating the account name and password entered.
- Be locked out of an account after five successive failed login attempts within a specified time period (e.g., one hour).

D.1.7 Passwords

RPMS users shall:

- Change passwords a minimum of every 90 days.
- Create passwords with a minimum of eight characters.
- If the system allows, use a combination of alpha-numeric characters for passwords, with at least one uppercase letter, one lower case letter, and one number. It is recommended, if possible, that a special character also be used in the password.
- Change vendor-supplied passwords immediately.
- Protect passwords by committing them to memory or store them in a safe place (do not store passwords in login scripts or batch files).
- Change passwords immediately if password has been seen, guessed, or otherwise compromised, and report the compromise or suspected compromise to their ISSO.
- Keep user identifications (IDs) and passwords confidential.

RPMS users shall not:

- Use common words found in any dictionary as a password.
- Use obvious readable passwords or passwords that incorporate personal data elements (e.g., user's name, date of birth, address, telephone number, or social security number; names of children or spouses; favorite band, sports team, or automobile; or other personal attributes).
- Share passwords/IDs with anyone or accept the use of another's password/ID, even if offered.
- Reuse passwords. A new password must contain no more than five characters per eight characters from the previous password.
- Post passwords.
- Keep a password list in an obvious place, such as under keyboards, in desk drawers, or in any other location where it might be disclosed.

- Give a password out over the phone.

D.1.8 Backups

RPMS users shall:

- Plan for contingencies such as physical disasters, loss of processing, and disclosure of information by preparing alternate work strategies and system recovery mechanisms.
- Make backups of systems and files on a regular, defined basis.
- If possible, store backups away from the system in a secure environment.

D.1.9 Reporting

RPMS users shall:

- Contact and inform their ISSO that they have identified an IT security incident and begin the reporting process by providing an IT Incident Reporting Form regarding this incident.
- Report security incidents as detailed in the *IHS Incident Handling Guide* (SOP 05-03).

RPMS users shall not:

- Assume that someone else has already reported an incident. The risk of an incident going unreported far outweighs the possibility that an incident gets reported more than once.

D.1.10 Session Timeouts

RPMS system implements system-based timeouts that back users out of a prompt after no more than five minutes of inactivity.

RPMS users shall:

- Utilize a screen saver with password protection set to suspend operations at no greater than 10 minutes of inactivity. This will prevent inappropriate access and viewing of any material displayed on the screen after some period of inactivity.

D.1.11 Hardware

RPMS users shall:

- Avoid placing system equipment near obvious environmental hazards (e.g., water pipes).
- Keep an inventory of all system equipment.

- Keep records of maintenance/repairs performed on system equipment.

RPMS users shall not:

- Eat or drink near system equipment.

D.1.12 Awareness

RPMS users shall:

- Participate in organization-wide security training as required.
- Read and adhere to security information pertaining to system hardware and software.
- Take the annual information security awareness.
- Read all applicable RPMS manuals for the applications used in their jobs.

D.1.13 Remote Access

Each subscriber organization establishes its own policies for determining which employees may work at home or in other remote workplace locations. Any remote work arrangement should include policies that:

- Are in writing.
- Provide authentication of the remote user through the use of ID and password or other acceptable technical means.
- Outline the work requirements and the security safeguards and procedures the employee is expected to follow.
- Ensure adequate storage of files, removal, and nonrecovery of temporary files created in processing sensitive data, virus protection, and intrusion detection, and provide physical security for government equipment and sensitive data.
- Establish mechanisms to back up data created or stored at alternate work locations.

Remote RPMS users shall:

- Remotely access RPMS through a virtual private network (VPN) whenever possible. Use of direct dial in access must be justified and approved in writing and its use secured in accordance with industry best practices or government procedures.

Remote RPMS users shall not:

- Disable any encryption established for network, internet, and Web browser communications.

D.2 RPMS Developers

RPMS developers shall:

- Always be mindful of protecting the confidentiality, availability, and integrity of RPMS when writing or revising code.
- Always follow the IHS RPMS Programming Standards and Conventions (SAC) when developing for RPMS.
- Only access information or code within the namespaces for which they have been assigned as part of their duties.
- Remember that all RPMS code is the property of the U.S. Government, not the developer.
- Not access live production systems without obtaining appropriate written access and shall only retain that access for the shortest period possible to accomplish the task that requires the access.
- Observe separation of duties policies and procedures to the fullest extent possible.
- Document or comment all changes to any RPMS software at the time the change or update is made. Documentation shall include the programmer's initials, date of change, and reason for the change.
- Use checksums or other integrity mechanism when releasing their certified applications to assure the integrity of the routines within their RPMS applications.
- Follow industry best standards for systems they are assigned to develop or maintain and abide by all Department and Agency policies and procedures.
- Document and implement security processes whenever available.

RPMS developers shall not:

- Write any code that adversely impacts RPMS, such as backdoor access, "Easter eggs," time bombs, or any other malicious code or make inappropriate comments within the code, manuals, or help frames.
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

D.3 Privileged Users

Personnel who have significant access to processes and data in RPMS, such as, system security administrators, systems administrators, and database administrators, have added responsibilities to ensure the secure operation of RPMS.

Privileged RPMS users shall:

- Verify that any user requesting access to any RPMS system has completed the appropriate access request forms.
- Ensure that government personnel and contractor personnel understand and comply with license requirements. End users, supervisors, and functional managers are ultimately responsible for this compliance.
- Advise the system owner on matters concerning information technology security.
- Assist the system owner in developing security plans, risk assessments, and supporting documentation for the certification and accreditation process.
- Ensure that any changes to RPMS that affect contingency and disaster recovery plans are conveyed to the person responsible for maintaining continuity of operations plans.
- Ensure that adequate physical and administrative safeguards are operational within their areas of responsibility and that access to information and data is restricted to authorized personnel on a need-to-know basis.
- Verify that users have received appropriate security training before allowing access to RPMS.
- Implement applicable security access procedures and mechanisms, incorporate appropriate levels of system auditing, and review audit logs.
- Document and investigate known or suspected security incidents or violations and report them to the ISSO, Chief Information Security Officer (CISO), and systems owner.
- Protect the supervisor, superuser, or system administrator passwords.
- Avoid instances where the same individual has responsibility for several functions (i.e., transaction entry and transaction approval).
- Watch for unscheduled, unusual, and unauthorized programs.
- Help train system users on the appropriate use and security of the system.
- Establish protective controls to ensure the accountability, integrity, confidentiality, and availability of the system.
- Replace passwords when a compromise is suspected. Delete user accounts as quickly as possible from the time that the user is no longer authorized in the system. Passwords forgotten by their owner should be replaced, not reissued.
- Terminate user accounts when a user transfers or has been terminated. If the user has authority to grant authorizations to others, review these other authorizations. Retrieve any devices used to gain access to the system or equipment. Cancel logon IDs and passwords and delete or reassign related active and backup files.

- Use a suspend program to prevent an unauthorized user from logging on with the current user's ID if the system is left on and unattended.
- Verify the identity of the user when resetting passwords. This can be done either in person or having the user answer a question that can be compared to one in the administrator’s database.
- Shall follow industry best standards for systems they are assigned to and abide by all Department and Agency policies and procedures.

Privileged RPMS users shall not:

- Access any files, records, systems, etc., that are not explicitly needed to perform their duties.
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

Glossary

Active Clinical Patients

One of two basic denominator definitions used by CRS. The Active Clinical definition was developed specifically for clinical performance measures because it is more representative of the Active Clinical population than the standard User Population definition. For a detailed description of the denominator, see Section 3.2.3.

American Dental Association

A professional organization for dentists. The ADA maintains a hard-copy dental claim form and the associated claim-submission specifications, and also maintains the Current Dental Terminology (CDT) medical code set. The ADA and the Dental Content Committee (DeCC), which it hosts, have formal consultative roles under HIPAA.

Area - Service Unit - Facility

A unique identifier for each facility within IHS. A six-digit number comprised of two digits for Area, two digits for Service Unit, and two digits for Facility.

Banner

A line of text with a user's name and domain.

Baseline Year

CRS calculates and reports on results for and comparisons between three time periods for each measure: the current year (defined by the user); the previous year; and the baseline year. Baseline is defined by the user at the time s/he runs the report. The Area GPRA coordinator should ensure that for GPRA and Area Performance reports, each facility uses the same baseline year; otherwise the area's aggregate report will not calculate properly.

Caret (^)

A circumflex is used as a delimiter in a global. The caret is denoted as "^" and is typed by pressing Shift-6 on the keyboard.

Current Procedural Terminology Codes

One of several code sets used by the healthcare industry to standardize data, allowing for comparison and analysis. CPT was developed and is updated annually by the American Medical Association and is widely used in producing bills for services rendered to patients. CPT codes include codes for diagnostic and therapeutic procedures and specify information that differentiates the codes based on cost. CPT codes are the most widely accepted nomenclature in the United States for reporting physician procedures and services for federal and private insurance third-party reimbursement. CRS searches for CPT and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

Clinical Reporting System

A component of the RPMS software suite. CRS provides sites with the ability to report on GPRA and developmental clinical measures from local RPMS databases.

Denominator

The denominator for a measure is the total population being reviewed to determine how many (what percentage) of the total meet the definition of the measure. Different measures have different denominators, e.g., all patients or all adult diabetic patients or all female patients between certain ages.

Developmental Measures

For IHS, these are performance measures tested for possible inclusion as formal GPRA measures. The purpose of developmental measures is to test over two to three years whether accurate data can be reported and measured.

Device

A device that either displays or prints information.

Entry Point

Entry point within a routine that is referenced by a “DO” or “GOTO” command from a routine internal to a package.

File

A set of related records or entries treated as a single unit.

FileMan

The database management system for RPMS.

Fiscal Year

The fiscal year for the federal government is October 1 through September 30.

Global

In MUMPS, global refers to a variable stored on disk (global variable) or the array to which the global variable may belong (global array).

Government Performance and Results Act

A federal law requiring federal agencies to document annually their goals and the progress toward their goals. See Section 3.1.1 for detailed description.

GPRA Measure

Performance measures specifically identified in the IHS Annual Performance Plan to Congress. Each measure has one denominator and one numerator. For FY 2026, the IHS has 26 GPRA measures in two main categories:

- GPRAMA (1 measure)
- RPMS/CRS Budget (25 measures).

These measures address the most significant health problems facing the AI/AN population.

GPRA Report to Congress

IHS, as well as all other federal agencies, provides an annual report to Congress in conjunction with its next-year budget request to document how well and cost effectively the agency meets its defined mission. The report has three parts:

- Reporting on how many of the previous fiscal year measures were met and explanations for those measures not met.
- Providing final definitions for performance measures for the current fiscal year.
- Providing any proposed additions, deletions, and definition changes to measures for the following fiscal year.

Health Record Number

Each facility assigns a unique number within that facility to each patient. Each HRN with its facility identification ASUFAC makes a unique identifier within all of IHS.

Healthy People 2030

HP2030 presents a comprehensive, nationwide health promotion and disease prevention agenda under the direction of the U.S. Department of Health and Human Services. HP2030 represents the ideas and expertise of individuals and organizations concerned about the nation's health. Each objective, or measure, was developed with a target to be achieved by the year 2030. HP2030 performance measure definitions and related targets are used by many healthcare organizations, including IHS, as the basis for its own clinical performance measures.

HP2030 objectives include specific attributes, such as: important and understandable, prevention oriented, useful and relevant, measurable, and supported by sound scientific evidence. For additional information about HP2030, go to https://health.gov/healthypeople.

International Classification of Disease Codes

One of several code sets used by the healthcare industry to standardize data. The ICD is an international diagnostic coding scheme. In addition to diseases, ICD also includes several families of terms for medical-specialty diagnoses, health status, disablements, procedure, and reasons for contact with healthcare providers. IHS currently uses ICD-9 and ICD-10 for coding. CRS searches for ICD and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

INDEX (%INDEX)

A Kernel utility used to verify routines and other MUMPS code associated with a package. Checking is done according to current ANSI MUMPS standards and RPMS programming standards. This tool can be invoked through an option or from direct mode (>D ^%INDEX).

Init

Initialization of an application package. The initialization step in the installation process builds files from a set of routines (the init routines). Init is a shortened form of initialization.

Kernel

The set of MUMPS software utilities that function as an intermediary between the host operating system and application packages, such as Laboratory and Pharmacy. The Kernel provides a standard and consistent user and programmer interface between application packages and the underlying MUMPS implementation. These utilities provide the foundation for RPMS.

Local Report (CRS)

CRS produces reports for each measure (GPRA and developmental) that document the number of patients in the denominator and the numerator as well as the percentage of patients meeting the measure. The report compares performance for three time periods: current year (user defined), previous year, and baseline year (user defined). Local reports can also produce patient lists at user request.

Logic

The detailed definition, including specific RPMS fields and codes, of how the software defines a denominator or numerator.

Logical Observations, Identifiers, Names, and Codes

A standard coding system originally initiated for laboratory values, the system is being extended to include nonlaboratory observations (vital signs, electrocardiograms, etc.). Standard code sets are used to mitigate variations in local terminologies for lab and other healthcare procedures, e.g., Glucose or Glucose Test. IHS began integrating these values into RPMS in several pilot sites in 2002.

Mandatory

Required. A mandatory field is a field that must be completed before you can continue in the system.

Menu

A list of choices for computing activity. A menu is a type of option designed to identify a series of items (other options) for presentation to the user for selection. When displayed, menu-type options are preceded by the word "Select" and followed by the word "option," as in Select Menu Management option: (the menu's select prompt).

Mnemonic

A shortcut designated to access a particular party, name, or facility.

Namespace

A unique set of two to four alpha characters that are assigned by the database administrator to a software application. For example, the namespace assigned to the CRS is BGP.

National Drug Code

A medical code set maintained by the Food and Drug Administration, which contains codes for drugs that are FDA-approved. The Secretary of HHS adopted this code set as the standard for reporting drugs and biologics on standard transactions.

National GPRA Report

For the CRS, the National GPRA Report includes the specific denominator and numerator from each of the clinical measure topics included in the IHS GPRA performance plan, and other key developmental (i.e., non-GPRA) measures. The National GPRA Report can be run and printed locally for site use or can be simultaneously printed at the site and exported to the Area Office for use in an area aggregate report.

Numerator

The numerator is the number of patients from the denominator, i.e., the total population surveyed, who meet the logic criteria for a performance measure.

Option

An entry in the Option file. As an item on a menu, an option provides an opportunity for users to select it, thereby invoking the associated computing activity. Options may also be scheduled to run in the background, noninteractively, by TaskMan.

Patient List

CRS will produce a list of patients related to a specific measure. Most patient lists include patients from the denominator with any visit dates or codes that identifies them as meeting the measure. Patient lists are a good way to identify patients who need a procedure or test, e.g., patients 65 years of age or older without pneumococcal vaccination, contraindication, or NMI refusal.

Performance Measure

A specific performance measure with a defined denominator and numerator. Performance measures are definitions of specific measurable objectives that can demonstrate progress toward the goals stated in an organization's strategic or performance plans.

Performance Measure Topic

An overarching clinical topic, e.g., Diabetes and Blood Pressure Control. Each performance measure topic may have multiple denominators and numerators that are related to the topic. For example, the Diabetes and Blood Pressure topic has three numerators: (1) how many diabetic patients had a minimum of two blood pressure values in the past year; (2) how many patients had controlled BP, defined as a mean BP value of less than (<) 140/90; and (3) how many patients had BP that was not controlled. Out of these three, the GPRA measure is Controlled Blood Pressure.

Performance Improvement Team (PIT)

Facilities will have different names for their PIT, including GPRA Improvement, Quality Improvement, or other similar phrases. A PIT should represent members from all areas of the clinic staff, including providers (physicians, nurses, physician assistants, pharmacists, etc.), medical records staff, data entry staff, quality assurance staff, site managers or other information technology staff, etc.

Quarter Ending (for CRS reports)

Because all CRS reports are based on a minimum of one year's data, CRS provides users with options for only the ending dates of the report. Ending dates are predefined based on standard fiscal year quarterly periods. The Quarter Ending date options correspond to the last day of a standard quarter. Users can select from Quarter Ending 1 (December 31), QE 2 (March 31), QE 3 (June 30), or Fiscal Year End (September 30).

Queuing

Requesting that a job be processed at a later time, rather than within the current session.

Receipt Date

The date that the party received the information

Receiving Party

The person or organization that is receiving the information.

Report Period

CRS reports analyze and report on a minimum of one year's data for all performance measures. In all reports except the National GPRA/GPRAMA Report, users define the report period by selecting one of the predefined date ranges and entering the calendar year of the end of the reporting period. For example, selecting October 1–September 30 and calendar year 2026 defines October 1, 2025–September 30, 2026 as the report period. All CRS reports also display the Previous Year Period and Baseline Period for comparison.

Routine

A program or sequence of instructions called by a program that may have some general or frequent use. MUMPS routines are groups of program lines that are saved, loaded, and called as a single unit via a specific name.

Sequential

Arranged in a particular order.

Site Specific

Particular to a specific site.

Tagged

Marked with a specific identifier.

Taxonomy

Taxonomies are groupings of functionally related data elements, such as specific codes, code ranges, or terms, that are used by various RPMS applications to find data items in PCC to determine if a patient meets certain criteria. To ensure comparable data within the agency as well as to external organizations, as much CRS performance measure logic as possible is based on standard national codes, such as CPTs or ICD codes. For terminology that is not standardized across each facility, such as lab tests or medications, CRS uses taxonomies that can be populated by each individual facility with its own codes.

User Class Identification

A computing area.

User Population

The CRS uses two main denominators for its reports: User Population and Active Clinical (AC) patients. The standard User Population definition was developed by IHS to define its core population for statistical reporting to Congress. For CRS, User Population is defined as any AI/AN patient who is alive on the last day of the report period and residing in the defined community with at least one visit to any clinic in the three years prior to the end of the report period. See Section 3.2.3 for detailed description of the two denominators.

Utility

A callable routine line tag or function. A universal routine usable by anyone.

VA Drug Class

A five-character, alphanumeric code that specifies a broad classification and a specific type of product used by the Veterans Health Administration. The first two characters are letters and form the mnemonic for the major classification (e.g., AM for antimicrobials). Characters three through five are numbers and form the basis for sub classification. The VA Drug Classification system classifies drug products, not generic ingredients.

Variable

A character or group of characters that refers to a value. MUMPS recognizes three types of variables: local variables, global variables, and special variables. Local variables exist in a partition of the main memory and disappear at sign-off. A global variable is stored on disk, potentially available to any user. Global variables usually exist as parts of global arrays.

Acronym List

Acronym	Term Meaning
AC	Active Clinical
ADA	American Dental Association
AI/AN	American Indian/Alaska Native
ALT	Alanine Transaminase
ARB	Angiotensin Receptor Blocker
ASA	Acetylsalicylic Acid
ASCVD	Atherosclerotic Cardiovascular Disease
AST	Aspartate Aminotransferase
ASUFAC	Area - Service Unit - Facility
BH	Behavioral Health
BI	Brief Intervention
BMI	Body Mass Index
BMP	Basic Metabolic Panel
BNI	Brief Negotiated Interview
BP	Blood Pressure
CDT	Current Dental Terminology
CHD	Coronary Heart Disease
CISO	Chief Information Security Officer
COPD	Chronic Obstructive Pulmonary Disease
CPT	Current Procedural Terminology
CRC	Colorectal Cancer
CQM	Clinical Quality Measures
CRS	Clinical Reporting System
CVD	Cardiovascular Disease
DM	Diabetes
DPP	DiPeptidyl Peptidase
DTaP	Diphtheria, Tetanus, and Pertussis
eCQM	Electronic Clinical Quality Measures
ENDS	Electronic Nicotine Delivery Systems
ESRD	End-Stage Renal Disease
ETS	Environmental Tobacco Smoke
FAS	Fetal Alcohol Syndrome
FIT	Fecal Immunochemical Test
FOBT	Fecal Occult Blood Test

Acronym	Term Meaning
FTP	File Transfer Protocol
FY	Fiscal Year
GPRA	Government Performance and Results Act
GPRAMA	GPRA Modernization Act
HHS	Department of Health and Human Services
HiB	Haemophilus influenzae type b
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HP2030	Healthy People 2030
HPV	Human Papillomavirus, Human Papillomavirus vaccine
HQ	Headquarters
HRN	Health Record Number
I/T/U	Indian, Tribal, and Urban
ICD	International Classification of Disease
ID	Identification
IDCS	Integrated Data Collection System
IDCS DM	Integrated Data Collection System Data Mart
IFC	Infant Feeding Choice
IHS	Indian Health Service
IPC	Improving Patient Care
IPV/DV	Intimate Partner Violence/Domestic Violence
ISSO	Information System Security Officer
IT	Information Technology
LOINC	Logical Observation Identifiers Names and Codes
LVS	Left Ventricular Systolic
MMR	Measles, Mumps, and Rubella
MTM	Medication Therapy Management
NDC	National Drug Code
NMI	Not Medically Indicated
NSAID	Nonsteroidal Anti-Inflammatory Drugs
OMB	Office of Management and Budget
PC	Personal Computer
PCC	Patient Care Component
PCMH	Patient-Centered Medical Home
PCV	Pneumococcal Conjugate Vaccine
PDC	Proportion of Days Covered

Acronym	Term Meaning
PHN	Public Health Nursing
PIT	Performance Improvement Team
PPSV23	Pneumococcal Polysaccharide
PQA	Pharmacy Quality Alliance
PRC	Purchased and Referred Care
QA	Quality Assurance
ROB	Rules of Behavior
RPMS	Resource and Patient Management System
SABA	Short-Acting Beta Agonist
SAC	Standards and Conventions
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SNOMED	Systematized Nomenclature of Medicine
STI	Sexually Transmitted Infection
TCA	Tricyclic antidepressants
VA	Department of Veterans Affairs
VPN	Virtual Private Network

Contact Information

If you have any questions or comments regarding this distribution, please contact the IHS IT Service Desk.

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