



PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) GROUP PRACTICE REPORTING OPTION (GPRO) 2014 REQUIREMENTS

Background

Disclaimer: *If reporting for PQRS through another Centers for Medicare and Medicaid Services' (CMS) program (such as the Medicare Shared Savings Program, Comprehensive Primary Care Initiative, Pioneer Accountable Care Organizations), please check the program's requirements for information on how to report quality data to earn a PQRS incentive and/or avoid the PQRS payment adjustment. Please note, although CMS has attempted to align or adopt similar reporting requirements across programs, eligible professionals (EPs) should look to the respective quality program to ensure they satisfy the PQRS, Electronic Health Record (EHR) Incentive Program, Value-based Payment Modifier (VM), etc. requirements of each of these programs.*

Physician Quality Reporting System (PQRS)

A "group practice" under 2014 Physician Quality Reporting System (PQRS) consists of a physician group practice, as defined by a single Tax Identification Number (TIN), with 2 or more individual eligible professionals (EPs), as identified by individual National Provider Identifier or NPI, who have reassigned their billing rights to the TIN. As required by section 1848(m)(3)(C)(iii) of the Act, an individual EP who is a member of a group practice participating in PQRS group practice reporting option (GPRO) is not eligible to separately earn a PQRS incentive payment as an individual EP under that same TIN (that is, for the same TIN/NPI combination). Once a group practice (TIN) registers to participate in the GPRO, this is the only PQRS reporting method available to the group and all individual NPIs who bill Medicare under the group's TIN for 2014. If an organization or EP changes TINs, the participation under the old TIN does not carry over to the new TIN, nor is it combined for final analysis.

For the 2014 PQRS reporting period (January 1 – December 31, 2014), group practices participating in PQRS GPRO that satisfactorily report data on PQRS measures for Medicare Part B Fee-For-Service (FFS) beneficiaries will be eligible to earn an incentive payment equal to 0.5% of the group practice's total estimated Medicare Part B Physician Fee Schedule (PFS) allowed charges for covered professional services furnished during the 2014 reporting period. If a group practice participating in PQRS GPRO does not satisfactorily submit data on PQRS quality measures in 2014, a 2.0% PQRS payment adjustment will be applied to covered professional services furnished by the group practice during the 2016 calendar year.

Medicare Electronic Health Record (EHR) Incentive Program

The Medicare Electronic Health Record (EHR) Incentive Program provides incentive payments to EPs, eligible hospitals, and critical access hospitals (CAHs) as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology. Individual EPs within a group practice are able to satisfactorily participate through two of the PQRS GPRO reporting methods (EHR and CMS Web Interface) for purposes of meeting the electronic clinical quality measure (eCQM) reporting component of meaningful use for the Medicare EHR Incentive Program beginning in 2014.

Additional information regarding the Medicare EHR Incentive Program can be found on the EHR Incentive Program section of the CMS website at <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/>.

Value-based Payment Modifier (VM)

Beginning in 2013, the implementation of the Value-based Payment Modifier (VM) is based on participation in PQRS. EPs must satisfactorily report or participate in PQRS for purposes of the VM adjustment. The VM assesses both quality of care furnished and the cost of that care under the Medicare PFS. For the 2014 PQRS program year, the 2016 VM will apply to groups of physicians with 10 or more EPs. Only physicians in group practices with 100 or more EPs will be subject to the 2016 downward VM adjustment.

Complete information about the VM is available on the CMS Physician Feedback Program/Value-Based Payment Modifier website at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>.

PQRS GPRO Criteria

The requirements to be considered a group practice participating in the GPRO for the 2014 PQRS program year are listed below. The group practice must meet **all** of these requirements.

1. Participation Requirements

To be considered as a 2014 PQRS GPRO, participants must comply with the following requirements:

- Have billed Medicare Part B PFS on or after January 1, 2014 and prior to December 31, 2014;
- Agree to have the results on the performance of their PQRS measures publicly posted on the Physician Compare website;
- Have the following technical capabilities, at a minimum: standard PC image with Microsoft® Office and Microsoft® Access software installed; and minimum software configurations (only applies to group practices reporting via the Web Interface);
- Be able to comply with a secure method for data submission;
- Allow CMS access to review the Medicare beneficiary data on which PQRS GPRO submissions are founded or provide to CMS a copy of the actual data;
- Indicate desire to participate in PQRS through the GPRO via registration; and
- Provide all requested data through the Physician Value-Physician Quality Reporting System (PV-PQRS) Registration System during registration.

2. Determine Group Size

A group practice must have 2 or more EPs in order to participate through the PQRS GPRO.

The group practice will determine its size based on the number of EPs (NPIs) billing under the TIN at the **time of registration**. During registration, group size will be categorized as 2-24 EPs, 25-99 EPs and 100 or more EPs. The group practice will need to indicate their group size to CMS by selecting one of these size categories. Reporting requirements and available reporting methods will vary based on the size of the group.

3. Determine Reporting Method

Group practices will need to determine the best reporting method for the group. The reporting method will be selected during registration and the group will need to meet the reporting requirements for the group size regardless of changes to the group size after registration. Following are the different reporting methods available for participation in 2014 PQRS through the GPRO:

- **Qualified Registry (2 or more EPs)**

There are two sets of criteria for group practices participating in the 2014 PQRS GPRO via qualified registries; one to earn the 2014 PQRS incentive, which automatically excludes the group from the payment adjustment, and one to only avoid the 2016 PQRS payment adjustment. Complete information about registry reporting is available in the *2014 PQRS: Registry Reporting Made Simple* document on the Registry Reporting page of the PQRS website at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Registry-Reporting.html>.

The list of 2014 PQRS qualified registries will be posted during the summer of 2014 on the PQRS website under the Registry Reporting page at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Registry-Reporting.html>.

- **Electronic Health Record (EHR) Reporting (2 or more EPs)**

Group practices participating in the 2014 PQRS GPRO via EHR Direct or EHR data submission vendor (DSV) will be able to participate in both PQRS and the EHR Incentive Program by reporting once for both programs. Complete information about EHR reporting is available in the *2014 PQRS: EHR Reporting Made Simple* on the Electronic Health Record Reporting page of the PQRS website at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html>.

- **GPRO Web Interface Reporting (25 or more EPs)**

The GPRO Web Interface (Web Interface) is a web-based reporting tool that is partially pre-populated with an assigned sample of Medicare Part B PFS beneficiaries; this sample is based on the claims history for the group practice, and contains demographic and utilization information for those assigned beneficiaries. Group practices reporting via the Web Interface will be required to populate all of the remaining data fields necessary for capturing quality measure information for each consecutively assigned Medicare beneficiary (218 beneficiaries for groups with 25-99 EPs or 411 beneficiaries for groups with 100 or more EPs) with respect to services furnished during the 2014 reporting period. The group practices will be able to access the Web Interface for 2014 data submission, during the first quarter of 2015.

Group practices participating in the 2014 PQRS GPRO via the Web Interface are required to report on all 17 quality measures (including two composite measures for

a total of 22 measures) in seven disease modules including: Care Coordination/Patient Safety (Care), Preventive Care (PREV), Coronary Artery Disease (CAD), Diabetes Mellitus (DM), Heart Failure (HF), Hypertension (HTN), and Ischemic Vascular Disease (IVD). Measure specifications and supporting documents will be available in the fall of 2014 on the PQRS GPRO Web Interface website at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html.

In addition, group practices with 100 or more EPs reporting through the Web Interface will be required to report the Clinician & Group Consumer Assessment of Healthcare Providers and Systems (CG CAHPS) measures through a CMS-Certified Survey Vendor. CMS will bear the cost of administering the CG CAHPS measures for group practice with 100 or more EPs reporting through the Web Interface.

Complete information about reporting 2014 PQRS through the GPRO via Web Interface is available on the Web Interface section of the CMS website at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html.

- **CMS-Certified Survey Vendor (25 or more EPs)**

A CMS-Certified Survey Vendor is a new reporting mechanism available to group practices taking part in PQRS under the GPRO beginning in 2014. This method is available to group practices of 25 or more EPs wishing to report the Clinician & Group Consumer Assessment of Healthcare Providers and Systems (CG CAHPS) survey.

Unchanged for 2014 is the requirement of group practices of 100 or more EPs reporting via GPRO Web Interface to have patients report the CG CAHPS survey based on their experience and care from that group practice. CMS will continue to bear the cost of the CG CAHPS survey for group practices of 100 or more EPs reporting via Web Interface.

- CMS will **NOT** bear the cost of administering the CG CAHPS summary survey modules to patients for any of the group practices of 25-99 EPs reporting via the Web Interface or groups of more than 25 EPs, not reporting via the Web Interface, that elect the CMS-Certified Survey Vendor option.
- Likewise, CMS will **NOT** bear the cost of administering the CG CAHPS summary survey modules to patients, regardless of size, for those groups choosing to use a method beyond the Web Interface, such as a qualified registry or a certified electronic health record technology (CEHRT) product.

Additional information about CMS-Certified Survey Vendors and reporting requirements can be found in the *2014 CMS-Certified Survey Vendors Made Simple* available on the Group Practice Reporting Option page of the CMS website at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group_Practice_Reporting_Option.html<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/>. A list of CMS-Certified Survey Vendors and contact information will be available at <http://acocahps.cms.gov/Content/ApprovedVendor.aspx>.

4. Registration

Registration must be completed through the online Physician Value-Physician Quality

Reporting System (PV-PQRS) Registration System by **September 30, 2014**. The PV-PQRS Registration System is a web-based application that serves the PV and PQRS programs. During registration, group practices must indicate their reporting method though they may change this method at any time prior to the September 30, 2014 deadline. Groups who register for the 2014 PQRS GPRO will **not** be able to withdraw their registration.

Please use the following information and instructions to register for 2014 PQRS GPRO by **September 30, 2014**:

- Go to <https://portal.cms.gov>. On the right hand side, select **Login to CMS Secure Portal**.
- After accepting the **Terms and Conditions**, enter your IACS User ID and Password in the **Welcome to CMS Enterprise Portal** screen. Select **Login** to continue.
- Select the **PV-PQRS** tab at the top of the screen, and then select **Registration** from the dropdown menu.
- You will see a screen where the group practice(s) and EP(s) (if applicable) that are associated with your IACS account are listed. To register a group practice for the first time, select the **Register** link to the right of the group practice you want to register.

Note: *If your group practice is participating in an **Accountable Care Organization (ACO)**, then you will see an alert message letting you know that it is not necessary for you to register the group practice or EP (if applicable) in the PV-PQRS Registration System.*

Complete registration information and step-by-step instructions for IACS and 2014 PQRS GPRO registration will be available on the Self Nomination/Registration page of the Physician Feedback Program website at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html>.

Additional Information

- For more information on 2014 PQRS GPRO and requirements for submission of PQRS measure data, go to http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/CMS-Selected-Group_Practice_Reporting_Option.html.
- For more information on the 2016 PQRS payment adjustment, go to <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Payment-Adjustment-Information.html>.
- For more information on the Value-based Payment Modifier, go to <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>.
- CMS provides educational videos about PQRS GPRO at <http://go.cms.gov/GPROPlaylist>.
- For additional assistance regarding the PQRS GPRO, contact the **QualityNet Help Desk** at **1-866-288-8912 (TTY 1-877-715-6222)** from 7:00 a.m. to 7:00 p.m. CST Monday through Friday, or via e-mail to Qnetsupport@sdps.org. To avoid security violations, **do not** include personal identifying information, such as Social Security Number or TIN, in e-mail inquiries to the QualityNet Help Desk.