

**GROUP PRACTICE REPORTING OPTION (GPRO)
REQUIREMENTS FOR SUBMISSION OF
2012 PHYSICIAN QUALITY REPORTING SYSTEM and
ELECTRONIC PRESCRIBING (eRx) INCENTIVE PROGRAM DATA**

Background

Introduced in 2010 in accordance with section 1848(m)(3)(C)(i) of the Act, CMS is continuing the group practice reporting option (GPRO) for the 2012 Physician Quality Reporting System (Physician Quality Reporting). Group practices that satisfactorily report data on Physician Quality Reporting measures for assigned Medicare beneficiaries for 2012 are 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 2012 reporting period. As required by section 1848(m)(3)(C)(iii) of the Act, an individual eligible professional who is a member of a group practice selected to participate in Physician Quality Reporting GPRO is not eligible to separately earn a Physician Quality Reporting incentive payment as an individual eligible professional under that same Tax Identification Number (TIN) (that is, for the same TIN/National Provider Identifier, or NPI, combination). Once a group practice (TIN) is selected to participate in the GPRO, this is the only method of Physician Quality Reporting available to the group and all individual NPIs who bill Medicare under the group's TIN for 2012.

The 2010 model for the group practice reporting option (GPRO) closely followed the requirements that were created for the PGP demonstration. Initial requirements for participation in the Physician Quality Reporting System under the group practice reporting option included participation to large practices only. In 2011 this was expanded to include practices with 2-199 professionals which created a second reporting option (GPRO II) specifically for smaller group practices. Additional similarities with the PGP demonstration include physician group access to a pre-populated database, which assigned beneficiaries to each group practice using a patient assignment methodology modeled after the patient assignment methodology used in the PGP demonstration.

The PGP demonstration, as well as the Medicare Shared Savings Program (Shared Savings Program) , and Pioneer Accountable Care Organization (ACO) Model have incorporated or proposed to incorporate aspects of the Physician Quality Reporting System reporting requirements and incentives under those respective programs.

A "group practice" under 2012 Physician Quality Reporting consists of a physician group practice, as defined by a single TIN, with 25 or more individual eligible professionals (as identified by individual NPIs) who have reassigned their billing rights to the TIN. This definition of group practice is different from the definition of group practice that was applicable for the 2011 Physician Quality Reporting System, which defined a group practice as two or more eligible professionals.

**Physician Quality Reporting Group Practice Reporting Option (GPRO)
Requirements***

(*see separate ACO and PGP requirements for group practice reporting)

Each group practice selected to participate in the 2012 Physician Quality Reporting GPRO will report via a web-based interface that is partially pre-populated with an assigned sample of beneficiaries and those beneficiaries' demographic and utilization information. The group practice will then be required to populate the remaining data fields necessary for capturing quality measure information for each

consecutively assigned Medicare beneficiary with respect to services furnished during the 2012 reporting period (January 1, 2012 through December 31, 2012). The selected group practices will be provided access to the pre-populated web interface for data submission, no later than the first quarter of 2013.

For purposes of determining whether a group practice satisfactorily reports Physician Quality Reporting quality measures data for 2012, the following criteria will be used.

NOTE: A group practice's size will be the size of the group at the time the group's participation is approved by CMS. For example, if a group practice is comprised of 100 eligible professionals at the time it self-nominates for participation as a GPRO in 2012, and the group practice's size then drops to 99 eligible professionals at the time the group practice's participation is approved by CMS, the group practice would need to meet the reporting criteria for a group size of 99. Likewise, if a group practice is comprised of 99 eligible professionals at the time it self-nominates for participation as a GPRO in 2012, and the group practice's size increases to 100 eligible professional at the time the group practice's participation is approved by CMS, the group practice would need to meet the reporting criteria for a group size of 100.

For group practices comprised of 25-99 eligible professionals:

- Group practices report on all GPRO measures included in the web interface
- The group practice will need to populate the remaining data fields in the web interface necessary for capturing quality measure information on each of the assigned beneficiaries - up to 218 beneficiaries (with an over-sample of 327 beneficiaries) for each disease module and patient care measure
- If the pool of eligible assigned beneficiaries for any disease module or patient care measure is less than 218, then the group practice will need to populate the remaining data files for 100 percent of eligible beneficiaries for that disease module or patient care measure
- For each disease module and patient care measure, the group practice must report information on the assigned patients in the order in which they appear in the group's sample

For group practices comprised of 100 or more eligible professionals:

- Group practices report on all Physician Quality Reporting System GPRO quality measures included in the web interface
- The group practice will need to populate the remaining data fields in the web interface necessary for capturing quality measure information on each of the assigned beneficiaries - up to 411 beneficiaries (with an over-sample of 616 beneficiaries) for each disease module and patient care measure
- If the pool of eligible assigned beneficiaries for any disease module or patient care measure is less than 411, then the group practice will need to populate the remaining data files for 100 percent of eligible beneficiaries for that disease module or patient care measure
- For each disease module and patient care measure, the group practice must report information on the assigned patients in the order in which they appear in the group's sample

All group practices participating in the 2012 Physician Quality Reporting System GPRO, regardless of size, are required to report on all quality measures grouped into seven Patient Care measures and seven disease modules: Care Coordination/Patient Safety (Care), Chronic Obstructive Pulmonary Disease (COPD), Coronary Artery Disease (CAD), Diabetes Mellitus (DM), Heart Failure (HF), Hypertension (HTN), and Ischemic Vascular Disease (IVD).

Based on Medicare Part B claims with dates of service beginning January 1, 2012 and processed by approximately October 31, 2012 (10-months), CMS will randomly assign Medicare beneficiaries to each physician group practice TIN. Assigned beneficiaries would be limited to those Medicare FFS beneficiaries with Medicare Parts A and B for whom Medicare is the primary payer. Medicare Advantage enrollees will not be included in patient assignment.

Beneficiaries will be retrospectively assigned to the TIN based on a determination by CMS that the group practice provided the plurality of office or other outpatient services to the beneficiary. Beneficiaries with only one office visit to the group practice will be eliminated from the group practice's assigned patient sample for purposes of the 2012 Physician Quality Reporting System GPRO. The retrospective attribution methodology allows CMS to assign patients using Medicare claims that have been submitted by the group practice's TIN and processed as final action claims into the National Claim History file.

Electronic Prescribing (eRx) Incentive Program

Participation in the 2012 Electronic Prescribing (eRx) Incentive Program is voluntary for group practices selected for participation in the GPRO. Groups participating in 2011 GPRO eRx, planning to continue reporting eRx as a GPRO, need to notify CMS via e-mail of their desire to do so and the reporting method they plan to use for each calendar year the group wishes to participate in the GPRO eRx. The e-mail information will be provided on the GPRO monthly support calls. CMS requires group practices be participating in Physician Quality Reporting as a GPRO in order to be eligible to participate in eRx GPRO. Participation in the eRx GPRO precludes individuals within group practices from participating in the eRx Incentive Program as individuals under the same TIN as the GPRO. Once a group practice (TIN) is selected to participate in the eRx GPRO, this is the only method of eRx reporting available to the group for all individual NPIs who bill Medicare Part B PFS under the group's TIN for 2012. The groups method of reporting is final 30 days after the kick-off meeting and no changes will be accepted after this date. At the end of the reporting period, regardless of the success or failure of a group practice participating in the GPRO or eRx, the program will prevent individual eligible professionals from receiving Physician Quality Reporting or eRx incentive payments for individual reporting under that TIN.

GPROs participating in eRx GPRO for the 2012 incentive payment must report the electronic prescribing measure's numerator for at least 625 unique visits (for group practices comprised of 25-99 eligible professionals) or 2,500 unique visits (for group practices comprised of 100 or more eligible professionals) during the applicable reporting period.

In order to not be assessed for a 2013 eRx payment adjustment, unless the eligible professionals within the GPRO have met the requirements for earning the 2011 eRx incentive, GPRO eRx submissions must be completed and reported via the claims method by June 30, 2012. Information regarding the eRx payment adjustment is available at <http://www.cms.gov/ERxIncentive>.

Self-Nomination

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

- Agree to attend and participate in all mandatory GPRO training sessions
- Have billed Medicare Part B on or after January 1, 2011 and prior to October 29, 2011
- Agree to have the results on the performance of their Physician Quality Reporting System measures publicly posted on the Physician Compare Web site
- Have technical capabilities, at a minimum: standard PC image with Microsoft® Office and Microsoft® Access software installed; and minimum software configurations
- Be able to comply with a secure method for data submission
- Provide CMS access to review the Medicare beneficiary data on which Physician Quality Reporting System GPRO submissions are founded or provide to CMS a copy of the actual data
- Indication of group practice's participation in the 2012 eRx Incentive Program with intended reporting method identified and/or request for a hardship exemption from the 2013 eRx payment adjustment
- Indicate desire to participate in the Physician Quality Reporting System and eRx as individuals or as a GPRO
- Group should indicate if they are PGP or Pioneer ACO

- Provide an encrypted electronic file (such as, a Microsoft® Excel file) with the self-nomination letter that includes TIN and all rendering NPI's listed, the name of the group practice and names and email addresses for both a point of contact for handling administrative issues and a point of contact for technical support purposes

To be considered for 2012 Physician Quality Reporting GPRO, group practices must address the above requirements in a self-nomination letter received by January 31, 2012. A group practice that wishes to participate in both the GPRO and in eRx GPRO, must notify CMS of its desire to do so when self-nominating for the 2012 Physician Quality Reporting GPRO. If the group practice is planning to participate in the eRx Incentive Program as a GPRO, the group practice must identify the reporting mechanism the group practice intends to use to qualify for the 2012 eRx incentive (claims, qualified registry, qualified direct EHR product, or qualified EHR data submission vendor). Note: Only the claims-based reporting mechanism may be used for purposes of the 6-month 2013 payment adjustment reporting periods. Groups intending to submit 2012 eRx data through an EHR or registry must use one that has been qualified by CMS to submit for GPROs. If you will not be submitting eRx GPRO and qualify for a hardship exemption to the payment adjustment, please include this request in your self-nomination letter.

We anticipate that a list of qualified EHR direct vendors, EHR data submission vendors and registries will be posted on the CMS website in the summer of 2012. CMS will assess whether the participation requirements are met by each self-nominated group practice and expect to notify group practices of a decision by the end of the first quarter of 2012.

CMS will schedule a 2012 GPRO kick-off meeting. Group practices will be able to opt-out from the reporting as a GPRO during the kick-off meeting and for up to four weeks following. CMS will consider the time period between self-nomination and four weeks after the kick-off meeting to be the "opt-out" period. If the group practice withdraws from the GPRO during the "opt-out" period, CMS will allow eligible professionals who submit Part B billing as an NPI under the group practice TIN to report Physician Quality Reporting quality measures at the individual TIN/NPI combination level. Group practices that "opt-out" after the four-week period will not be eligible to receive incentive payment for submission of Physician Quality Reporting quality measures at the individual TIN/NPI combination level.

Group practices who have previously participated in the Physician Quality Reporting System GPRO are automatically qualified to participate in the GPRO for 2012 and will not be required to complete the 2012 Physician Quality Reporting System GPRO qualification process. These group practices will, however need to notify CMS via e-mail of their desire to continue participation in the Physician Quality Reporting System GPRO for 2012 This e mail address is provided to existing GPRO's during mandatory monthly support calls. Notification of desire to continue as GPRO for 2012 must be received no later than 5 p.m. E.T. January 31, 2012.

Self-nominations to participate as a GPRO for the 2012 Physician Quality Reporting System should be submitted via a letter accompanied by an encrypted electronic file submitted in a format specified by CMS that includes TIN and all rendering NPIs and name of the group practice, the name and email address of a single point of contact for handling administrative issues as well as the name and email address of a single point of contact for technical support purposes. Group practices that wish to participate in both the Physician Quality Reporting System and eRx GPRO must indicate the desire to participate in both programs in the self-nomination letter. Incomplete self-nomination statements will not be considered for inclusion in the 2012 Physician Quality Reporting System GPRO.

**2012 Physician Quality Reporting-eRx GPRO Self-Nomination
Centers for Medicare & Medicaid Services
Office of Clinical Standards and Quality
Quality Measurement and Health Assessment Group
7500 Security Boulevard
Mail Stop S3-02-01
Baltimore, MD 21244-1850**

The letter must be received no later than 5 p.m. E.T. on January 31, 2012.

Please allow two weeks for mail processing.

PLEASE NOTE - This is a sample Self Nomination Letter. As with all documents of this nature, legal counsel review before use would be prudent. No additional information should be included in the Self Nomination Letter.

ABC GPRO
123 GPRO Avenue
Sample, MD 12345
Tel: 123-456-7890

Email: abcgpro@abcgpro.org

January 15, 2012

2012 Physician Quality Reporting GPROⁱⁱ Nomination
Centers for Medicare & Medicaid Services
Office of Clinical Standards and Quality
Quality Measurement and Health Assessment Group
7500 Security Boulevard
Mail Stop S3-02-01
Baltimore, MD 21244-1850

Dear PQRS Nomination Committee,

Please accept this submission as the Self Nomination of ABC GPROⁱⁱⁱ for possible inclusion in the 2012 Physician Quality Reporting System GPRO program. The ABC GPRO meets all of the set forth requirements posted in the GPRO Requirements For Submission Of 2012 Physician Quality Reporting System Data On Behalf Of Eligible Professionals document on the CMS Physician Quality Reporting System website.

ABC GPRO will operate as a GPRO underneath the Tax Identification Number (TIN) of 123456789^{iv}.

ABC GPRO is nominating to participate in the GPRO Small program. We have 86 eligible providers who can be identified by their Individual NPI numbers. As a Small GPRO, we intend to report on all measures in the web interface^v for the first 218 consecutively ranked and assigned beneficiaries^{vi}. We also intend to report the eRx measure via claims with a minimum of 625 prescriptions to be generated.^{vii}

Please address any questions to our project manager Jon Doe (123-456-7891 / jdoe@abcGPRO.org), our clinical representative Susie Nurse (123-456-7892 / snurse@abcGPRO.org), and our technical representative Dan Jones (123-456-7893 / djones@abcGPRO.org).^{viii}

Thanks

Joe Smith

Joe Smith

CEO

ⁱ Letter must be received no later than **5 p.m. ET on January 31, 2012.**

ⁱⁱ This Sample Self Nomination Letter is for a GPRO vendor.

ⁱⁱⁱ Specify your Sponsoring Organization name and GPRO name if the two are different.

^{iv} Specify the GPRO's TIN.

^v the GPRO plans to report all measures within the web interface and that the minimum reporting requirements will be met.

^{vi} Specify if the nomination is for GPRO Large or Small and identify the number of NPIs within the group practice.

^{vii} Specify if your GPRO intends to report eRx as an eRx GPRO and the reporting mechanism. Also, state the minimum eRx reporting requirement for the GPRO size.

^{viii} Specify the appropriate individuals to contact when beginning the self-nomination process. Provide a phone and an email address for a program, clinical, and technical representative. A minimum of two representatives need to be provided.