July 2014

2014 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS)

GROUP PRACTICE REPORTING OPTION (GPRO)

GUIDE FOR EHR DIRECT VENDORS AND EHR DATA SUBMISSION VENDORS

Background

What is a Group Practice?

A "group practice" under 2014 PQRS consists of a physician group practice, as defined by a single Tax Identification Number (TIN), with 2 or more individual PQRS EPs, as identified by individual National Provider Identifier (NPI), who have reassigned their billing rights to the TIN. Participation in the GPRO enables a group practice to participate in PQRS as a group (at the TIN level) for purposes of earning the 2014 PQRS incentive payment and/or avoiding the 2016 PQRS payment adjustment.

How to Report for Multiple Medicare Programs

If a group practice participating in the GPRO satisfactorily reports for 2014 PQRS using the EHR-based reporting method, the Web Interface, or the Clinician & Group Consumer Assessment of Healthcare Providers and Systems (CG CAHPS) in combination with EHR-based reporting or the Web Interface, the participating EHR Incentive Program EPs will also satisfy the clinical quality measures (CQM) component of the Medicare EHR Incentive Program. The EHR Incentive Program EPs will still be required to meet the core and menu set Meaningful Use objectives through the Medicare EHR Incentive Program Registration and Attestation System as individuals, even though their CQMs were submitted as part of the group.

Purpose

The purpose of this document is to assist EHR Direct Vendors and EHR Data Submission Vendors (both referred to as 'EHR vendors' in this document) in understanding the requirements for submitting quality measures' data for group practices that registered for the EHR reporting method under the 2014 PQRS GPRO.

Disclaimer: *If a group is reporting for the Physician Quality Reporting System (PQRS) through another Centers for Medicare & Medicaid Services' (CMS) program (such as the Medicare Shared Savings Program, Comprehensive Primary Care Initiative, Pioneer Accountable Care Organizations), please have them 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 for each of these programs.*

2014 PQRS GPRO Reporting

GPRO EHR Reporting Requirements

A group practice **must have registered** to report via EHR under the 2014 PQRS GPRO in order for their EHR data submission to count for PQRS. See the *2014 PQRS: EHR Reporting Made Simple* for complete information about the 2014 PQRS GPRO EHR reporting requirements, available at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html.

Note: *EPs in their first year of meaningful use will need to report both meaningful use objectives and CQMs via attestation by* ***10/1/2014*** *to avoid the 2015 EHR Incentive Program payment adjustment. This attestation will* ***not*** *count for PQRS; therefore, these EPs will also need to report 12 months of data for services rendered 1/1/2014 – 12/31/2014 through a PQRS reporting mechanism, or through the PQRS GPRO, in order to meet the PQRS reporting requirements. Additional information will be available on the CMS Frequently Asked Question (FAQ) website at https://questions.cms.gov/.*

EHR Measure Specifications

Group practices participating in the PQRS GPRO via EHR reporting will reference the Medicare EHR Incentive Program's eCQM Library webpage to obtain the *2014 eCQM Specifications for Eligible Professionals* Release June 2013 and supporting documentation. **They will be required to use the June 2013 version of the eCQMs with the exception of CMS140, which is to be reported using the December 2012 version (CMS140v1).** Those wishing to report another version of this measure must do so by attestation, which will only count for the EHR Incentive Program and not for PQRS.

How to Use CEHRT for Web Interface Reporting

Group practices that satisfactorily report through the Web Interface will also satisfy the CQM component of the Medicare EHR Incentive Program on behalf of their EPs as long as the EHR product used to collect data for the Web Interface is CEHRT 2014 Edition. A group practice **must have registered** to report via Web Interface under the 2014 PQRS GPRO or Accountable Care Organization (ACO), including Medicare Shared Savings Program or Pioneer ACOs. The group practice will then be able to use data from their CEHRT to populate the Web Interface. Group practices reporting via Web Interface should reference the 2014 GPRO Narrative Specifications, available at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html. The 2014 GPRO Narrative Specifications are only for Web Interface reporting.

Additional information about using data from CEHRT for GPRO Web Interface reporting is available in the *2014 Web Interface Reporting Made Simple* posted on the GPRO Web Interface section of the PQRS website at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html.

Vendor Requirements

Certification Requirements for EHR Vendors

For 2014 and beyond, CMS will discontinue the PQRS qualification requirement for EHR vendors to align with other programs. The criteria for satisfactory reporting via EHR for PQRS are aligned with the CQM component of the Medicare EHR Incentive Program, which requires EPs and group practices to submit eCQMs using CEHRT. The Office of the National Coordinator for Health Information Technology (ONC) certification process has established standards and other criteria for structured data that EHRs must use. CMS has provided additional guidelines for submitting data collected using CEHRT to CMS. ***EHR vendors must work with their authorization and testing body to make sure they are certified to submit the June 2013 eCQM data for 2014 PQRS and must be sure to meet the CMS requirements for form and manner in order to submit that data.*** Vendors will need to reference the December 2012 version (CMS 140v1) to report CMS140.

For purposes of the 2014 PQRS GPRO reporting via EHR, the EHR vendor must make sure their product is certified to the specified eCQM versions. For more information on CEHRT, please visit the EHR Incentive Program Certified EHR Technology website at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Certification.html.

Quality Reporting Document Architecture (QRDA) Requirements for EHR Vendors

The following are items to consider for populating the QRDA files:

- GPRO measure reporting is at the TIN level, and not the TIN/NPI level. The EHR Vendor should report the applicable patient data meeting the measure criteria for the TIN.
    - QRDA I submissions should contain all information for the patient, containing no duplications, and should represent the patient as seen by the TIN, not the individual NPIs within the TIN.
    - QRDA III submissions should consist of one aggregate file for the entire TIN containing no duplications, and representing the data at the TIN level.
- **PQRS_MU_GROUP** is a code within the CMS Program Name to select for PQRS GPROs reporting as a GPRO for PQRS and the Medicare EHR Incentive Program.
- EHR Vendors do ***not*** need to submit all NPIs within the GPRO. For purposes of the Medicare EHR Incentive Program, CMS will determine which NPIs satisfactorily report within a GPRO.
- The NPI is an optional field within the QRDA III and should not be included for PQRS GPRO reporting.

The *2014 CMS QRDA Implementation Guides for EP Clinical Quality Measures* is available in the Downloads section at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html.

Other Requirements for EHR Vendors

The following are the file format, consent requirement, and submission requirements for EHR vendors submitting 2014 PQRS GPRO data:

- EHR vendors submitting PQRS GPRO data will only need to submit ***one file format***, either QRDA category I ***or*** category III.
- Data Submission Vendors must enter into and maintain with participating professionals an appropriate Business Associate Agreement that provides for the EHR vendor's receipt of patient-specific data from the group practice, as well as the EHR vendors disclosure of patient-specific data on behalf of the group practice who wishes to participate in PQRS.
    - Obtain and keep on file signed documentation that each holder of an NPI has authorized the EHR vendor to submit PQRS data on all patients to CMS for the purpose of PQRS and EHR Incentive Program participation. This documentation must be obtained at the time the group practice signs up with the EHR vendor for purposes of PQRS participation and must meet any applicable laws, regulations, and contractual business associate agreements.
- EHR vendors planning to support data submission through the GPRO must make sure that the data submitted is accurate. The submission of inaccurate data could adversely affect the group practice in PQRS, the VM, the EHR Incentive Program, Physician Compare, and other CMS initiatives.
- EHR data for 2014 PQRS will be submitted ***one time*** during the submission period, ending on **February 28, 2015**.
- If an organization or eligible professional changes TINs, the participation under the old TIN does not carry over to the new TIN, nor is it combined for final analysis.
- All reporting periods under the 2014 PQRS GPRO are 12 months, January 1 – December 31, 2014.

Resources

The following links provide additional information about 2014 PQRS:

- 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/Group_Practice_Reporting_Option.html.
- The *2014 PQRS: EHR Reporting Made Simple* is available at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014PQRS_EHR_Made_Simple_F12-20-2013.pdf.

- 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@hcqis.org.

The following links provide additional information about the 2014 EHR Incentive Program and the EHR measures:

- For more information on the EHR Incentive Program, go to http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html.
- The *2014 eCQM Specifications for Eligible Professionals* and supporting documentation is available at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html.
- The *2014 CMS QRDA Implementation Guides for EP Clinical Quality Measures* is available in the Downloads section at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html.
- For information about the EHR Incentive Program and EHR measure specifications contact the EHR Information Center at **(888) 734-6433.**

Appendix

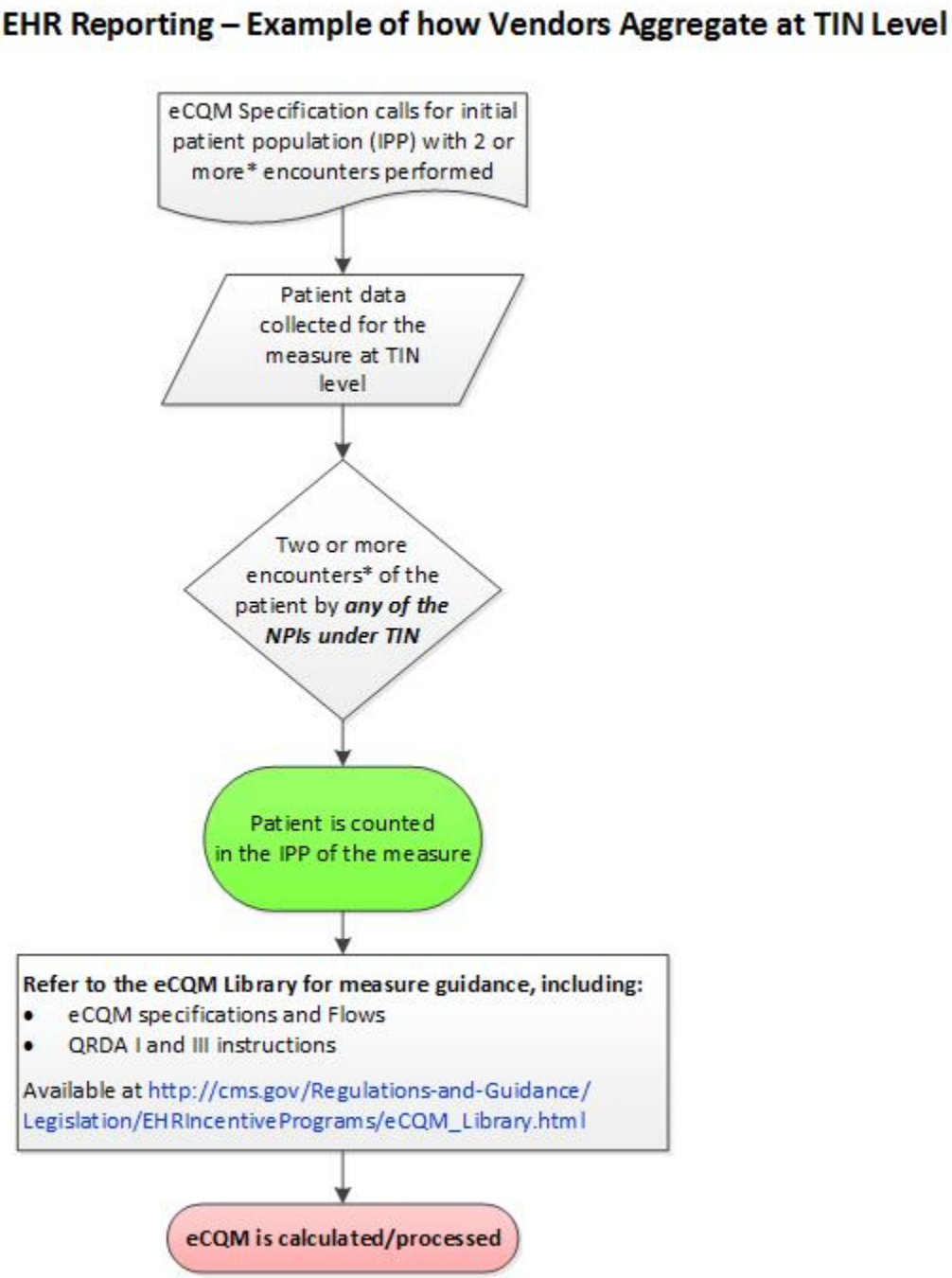
An Illustrative Example of Aggregating Measures with More than One Encounter at TIN Level

Those group practices who registered to participate in the PQRS GPRO reporting through EHR Direct or a Data Submission Vendor will need to be analyzed at the TIN level. The EHR vendor must aggregate the data at the TIN level to ensure that the data is calculated correctly for group practice reporting. Therefore for those measures that require two or more encounters, the EHR vendor must take into account encounters from ***all of the NPIs*** under the TIN. If the EHR vendor does not analyze this measure at the TIN level, then some encounters may not be included when computing the measure; resulting in an incorrect reporting rate.

For example, CMS measure #147 requires two or more encounters. For group practice reporting, the EHR vendor must take into account all patient visits from all NPIs under the TIN. Therefore, if a patient has multiple encounters with different NPIs under the TIN (if NPI is provided), then the patient will be counted in the initial patient population (IPP) for this measure only once. The group ***should*** submit data for the measure regardless of whether the group met the performance for a specific patient or not.

Figure 1 is a visual workflow that outlines the process of collecting data for measures that require more than one encounter at the TIN level for group practices participating in the 2014 GPRO. Keep in mind that collecting data is determined by the eCQM specification and that Figure 1 only illustrates how to collect data at the TIN-level if the measure requires two or more encounters, such as with CMS measure #147.

Figure 1: Example of Aggregating Measures with More than One Encounter at TIN Level



** This is an illustrative example only, as different measures may have different encounter criteria.*