

National Provider Call Announcements 12/17/2013

Physician Compare: 2012 GPRO Measures Preview Period

As finalized in the [2012 Physician Fee Schedule \(PFS\)](#) rule published in November 2011, the Centers for Medicare & Medicaid Services (CMS) will be publicly reporting a sub-set of the 2012 Physician Quality Reporting System (PQRS) Group Practice Reporting Option (GPRO) web interface measures on [Physician Compare](#).

Starting December 12, CMS is facilitating a 30-day preview period for these quality measures which will continue through January 16, 2014. In accordance with the physician fee schedule (PFS) final rule, this preview period provides an opportunity for GPROs to review their measures before they are publicly reported on Physician Compare.

CMS recently provided materials regarding the preview process to the 66 eligible GPROs that satisfactorily reported 2012 PQRS GPRO measures. GPROs can now preview their measures using the Physician Compare 2012 GPRO Measures Preview Website.

For questions regarding the 2012 PQRS GPRO preview process or public reporting on Physician Compare, please contact PhysicianCompare@Westat.com.

For More Information

Visit the [PQRS website](#) for more information about the program.

2013 PQRS Submission Periods

CMS would like to remind eligible professionals (EPs) and group practices participating in GPRO that the submission periods for the 2013 PQRS program year will occur during the first quarter of CY 2014. The submission dates are as follows:

- Registry and Maintenance of Certification Program – 2/1/14 – 3/31/14
- EHR (Direct and Data Submission Vendor) – 1/1/14 – 2/28/14
- Group Practice Reporting Option, GPRO Web Interface 1/27/14 – 3/21/14

For questions regarding the submission of 2013 quality data, please contact the QualityNet Help Desk at 1-866-288-8912 (TTY 1-877-715-6222) or via email to Qnetsupport@sdps.org. They are available from 7:00 a.m. to 7:00 p.m. CST Monday through Friday.

Request an Informal Review of 2014 Electronic Prescribing (eRx) Payment Adjustment

CMS has implemented an informal review process for the 2014 eRx payment adjustment. An informal review may be requested if the EP or group practice receives notification from CMS

confirming they will be subject to the 2014 eRx negative payment adjustment or they did not meet the requirements to avoid the 2014 eRx payment adjustment. Informal review requests will be accepted **through February 28, 2014**.

EPs and group practices subject to the 2014 eRx payment adjustment will be notified by CMS. The 2014 eRx payment adjustment will result in an EP or group practice receiving 98.0% of his or her Medicare Part B PFS allowed charge amount that would otherwise apply to such services for all charges with dates of service from January 1–December 31, 2014.

EPs and group practices should submit their eRx informal review request via email to the informal review mailbox at eRxInformalReview@cms.hhs.gov.

Complete instructions on how to request an informal review are available in the [2014 eRx Payment Adjustment Informal Review Made Simple](#) educational document.

Upcoming Deadline for EPs in Electronic Health Record (EHR) Incentive Programs; Prepare for Attestation

December 31, 2013, is an important deadline for EPs participating in the EHR Incentive Programs. It marks the end of the calendar year and the last day of the 2013 meaningful use program year.

Attestation Deadline

If you are an EP participating in the Medicare EHR Incentive Program, you have until February 28, 2014, to attest to demonstrating meaningful use of the data collected during the reporting period for the 2013 calendar year. You must **attest by 11:59 p.m. Eastern Standard Time on February 28** to demonstrate meaningful use. If you are participating in the Medicaid EHR Incentive Program, please refer to your [state's deadlines](#) for attestation information.

You must attest to demonstrating meaningful use **every year** to receive an incentive and avoid a payment adjustment.

Payment Adjustments

Payment adjustments will be applied beginning January 1, 2015, if you have not successfully demonstrated meaningful use. The adjustment is determined by the reporting period in a prior year. For more information, visit the [payment adjustment tipsheet](#).

If you are eligible to participate in both the Medicare and Medicaid EHR Incentive Programs, you **MUST** demonstrate meaningful use to avoid the payment adjustments. You may demonstrate meaningful use under either Medicare or Medicaid.

If you are only eligible to participate in the Medicaid EHR Incentive Program, you are not subject to these payment adjustments.

EPs 2014 Milestones

January 1, 2014 marks many important milestones for EPs participating in the EHR Incentive Programs, including:

- The start of [Stage 2](#) for EPs who have already completed at least two years of Stage 1.
- The last year that Medicare EPs can begin participation and earn an incentive.
- A 3-month reporting period in 2014, regardless of the stage of meaningful use, to allow time to upgrade to 2014 certified EHR technology.
 - Medicare EPs beyond their first year of meaningful use must select a three-month reporting period fixed to the quarter of the calendar year.
 - Medicare EPs in their first year of meaningful use may select any 90-day reporting period that falls within the 2014 calendar year.
 - Medicaid EPs can select any 90-day reporting period that falls within the 2014 calendar year.

Resources

- [Meaningful Use Attestation Calculator](#)
- [Attestation Worksheet for EPs](#)
- [Attestation Guide for Medicare EPs](#)
- [Stage 2 Payment Adjustment Tipsheet for EPs](#)