CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

2014 Physician Quality Reporting System (PQRS) Group Practice Support Call

Electronic Health Record (EHR)-based Reporting Overview

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Agenda

- Review background information on group practices and GPRO registration
- Review Requirements for 2014 PQRS GPRO Reporting via EHR
- Value-based Payment Modifier (VM) Overview
- Public Reporting
- Review EHR measure specifications
- Walk-through of step-by-step guidance for reporting via EHR

EHR-based Reporting

BACKGROUND/OVERVIEW

Defining Group Practices

- 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 PQRS eligible professionals (EPs), as identified by individual National Provider Identifier (NPI), who have reassigned their billing rights to the TIN
- A complete list of eligible Medicare care professionals that are consider to be EPs for purposes of PQRS is available at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/PQRS_List-of-EligibleProfessionals_022813.pdf.

2014 GPRO Participation

- Group practices wanting to participate in GPRO needed to register by October 3, 2014.
- GPRO participation will count for:
  - PQRS
  - VM
  - eCQM component of Meaningful Use
    - Only if the group registers to report via Web Interface or EHR reporting methods

EHR-based Reporting

2014 PQRS GPRO Reporting via EHR

Disclaimer for Reporting via EHR

If a group is reporting for PQRS through another Centers for Medicare & Medicaid Services' (CMS) program (such as the Comprehensive Primary Care Initiative, Medicare Shared Savings Program, 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, EPs should look to the respective quality program to ensure they satisfy the PQRS, EHR Incentive Program, VM, etc. requirements for each of these programs.

Medicare Quality Reporting Programs Alignment

- Group practices participating in PQRS via the GPRO who satisfactorily report for 2014 PQRS via EHR reporting method will also
  - satisfy the reporting requirements for the Value-based Payment Modifier (VM).
  - satisfy the clinical quality measures (eCQM) component of the Medicare EHR Incentive Program.

Medicare Quality Reporting Programs Alignment, cont.

- 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 (Attestation) as individuals, even though their electronic CQMs (eCQMs) were submitted as part of the group. See the Resources section of this document for links to the VM and EHR Incentive Program websites.
- Complete information about how to report once for multiple Medicare quality reporting programs is available on the Educational Resources page of the CMS PQRS web site at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/EducationalResources.html.

Eligibility to Report via EHR

- A group practice **must have registered** to report via EHR during the 2014 PQRS GPRO registration period, 4/1/2014 – 10/3/2014, in order for the group's EHR data submission to count for PQRS.
- All EPs within a group practice participating as a PQRS GPRO TIN must be using CEHRT to be eligible for PQRS reporting via EHR.

EHR-based Reporting Requirements

- The "2014 PQRS: EHR Reporting Made Simple" contains 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.
- Group practices can earn a 2014 PQRS incentive and avoid the 2016 PQRS payment adjustment by meeting the requirements for satisfactory reporting via EHR:
  - Using a direct EHR product that is Certified EHR Technology (CEHRT)
    - Or, EHR data submission vendor that is CEHRT
  - Report on at least 9 measures covering 3 National Quality Strategy (NQS) domains
  - If the group practice's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the group practice must report the measures for which there is Medicare patient data. A group practice must report on at least 1 measure for which there is Medicare patient data.

Reporting for EPs Beyond Their First Year of Meaningful Use

- EPs within the group practice [participating in GPRO] **beyond their first year of Meaningful Use** need to report the 12-months of eCQMs as a group (i.e. TIN level) through the GPRO EHR reporting method to meet the eCQM requirements of both Meaningful Use and PQRS.
- Under the GPRO EHR reporting method, each EP in the group would **not** individually submit CQM data or submit individual CQM data rolled-up to the TIN level. Rather the group practice must meet the satisfactory reporting criteria as a group (i.e. TIN level).

Reporting for EPs Beyond Their First Year of Meaningful Use, cont.

- If EPs submit both 12-months of eCQMs via GPRO EHR and 3-months of eCQMs via attestation, the attestation will ***not*** count for PQRS
  - Therefore the 12-months of GPRO EHR data will be used for final analysis for purposes of PQRS reporting.
- In addition, the EPs within the group must individually attest to meet the core and menu set Meaningful Use objectives, during which will indicate if they will submit eCQMs via the "Medicare EHR Incentive eReporting" option, or select Option 1, as outlined in:
  - "EHR Incentive Program Stage 2 Attestation User Guide for Eligible Professionals" document available at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/UserGuide_Stage2AttestationEP.pdf.

Reporting for EPs In Their First Year of Meaningful Use

- EPs within the group practice participating in PQRS via GPRO **in their first year of Meaningful Use** during the 2014 program year must have reported both Meaningful Use objectives ***and*** 3-months of 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 method or as part of a group practice participating in the GPRO in order to meet the PQRS reporting requirements.

EHR-based Reporting

VALUE-BASED PAYMENT MODIFIER

Value Modifier

- Effective 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 VM adjustment
- VM assesses both quality of care furnished and cost of that care under the Medicare PFS
- For the 2014 PQRS program year, 2016 VM will apply to groups of physicians with 10 or more EPs
  - if groups participate in 2014 PQRS successfully to avoid the 2016 PQRS payment adjustment, then any downward VM adjustment that is based on their Quality Tiering score will only apply to group practices with 100 or more EPs
- Complete information about VM is available on the CMS Physician Feedback Program/Value-Based Payment Modifier website http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html

Value Modifier (cont'd)

- The value modifier provides for differential payment to physicians and groups of physicians under the Medicare PFS based upon the quality of care furnished compared to cost during a specified performance period
  - Differential payments can result in an upward, neutral, or downward adjustment
- The VM calculation is based on:
  - Performance on the quality measures reported through a PQRS reporting mechanism, either as an individual or as a group (e.g., GPRO Web Interface, qualified registry, or EHR) and three outcome measures, and
  - Performance on six cost measures
- The VM will begin to be applied in 2015 and it will be fully implemented by 2017

PUBLIC REPORTING

Public Reporting

- The Physician Compare public reporting plan is finalized in rulemaking. According to the 2014 Physician Fee Schedule (PFS) Final Rule:
  - 2014 PQRS GPRO data collected via EHRs is targeted for public reporting in late 2015
    - Sub-set of 13 measures
    - Measures mirror those available for public reporting via the GPRO Web-Interface
- Only statistically valid and reliable measures that meet public reporting standards will be publicly reported on the website.
- Only measures deemed comparable across reporting mechanisms will be publicly reported.
- 30-day preview period will be provided prior to the publication of all measures.

2014 PQRS GPRO EHR Measures for Public Reporting

- Diabetes: Hemoglobin A1c Poor Control
- Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- Preventive Care: Influenza Immunization
- Pneumococcal Vaccination Status for Older Adults
- Preventive Care: Breast Cancer Screening
- Preventive Care: Colorectal Cancer Screening
- Preventive Care: Adult Weight Screening and Follow-Up
- Coronary Artery Disease (CAD): Lipid Control
- Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
- Preventive Care: Tobacco Use: Screening and Cessation Intervention
- Hypertension (HTN): Controlling High Blood Pressure
- Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control
- Preventive Care: Screening for High Blood Pressure and Follow-Up Documented.

EHR-based Reporting

EHR Measure Specifications

EHR Measure Specifications

- Group practices participating in PQRS via the GPRO EHR reporting option will reference the Medicare EHR Incentive Program's eCQM Library webpage to obtain the "2014 eCQM Specifications for Eligible Professionals" released 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.

EHR-based Reporting

Step-by-Step Guidance for Reporting via EHR

Step 1: Determine Eligibility to Participate

- A list of professionals who are eligible to participate in PQRS is available at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS
  - Read this list carefully, as not all are considered EPs.
- **IMPORTANT:** The definition of a PQRS EP differs from the Medicare EHR Incentive Program's definition. For Information on who is eligible to participate within the Medicare EHR Incentive Program go to: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/

Step 2: Determine Applicable Measures

- Beginning in 2014, the eCQM specifications will be used for multiple programs, including the EHR-based reporting option for the PQRS as well as the Medicare EHR Incentive Program to reduce the burden on providers participating in multiple quality programs.
- EPs must select at least 9 measures covering a minimum of 3 NQS domains.
- Review Measures List, available at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html.
- Review Specifications, available at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html.

Step 3: Choose an ONC-Certified EHR Product

- For 2014 and beyond, CMS will discontinue the PQRS qualification requirement for Data Submission vendors and Direct EHR vendors.
- 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 clinical quality measures 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.
- For purposes of PQRS, the EPs or group practices using a direct EHR product or EHR Data Submission Vendor must use a product that is certified to the specified eCQM versions (the June 2013 version of the eCQMs with the exception of CMS140, which is to be reported using the December 2012 version (CMS140v1).
- For more information on determining if your product is CEHRT, please visit the EHR Incentive Program Certified EHR Technology website: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Certification.html

Step 4: Document Patient Care and Related Info in EHR System

- Ensure you identify and capture **all eligible cases per the measure denominator** for each measure you choose to report.
- It is important to review all of the denominator codes that can affect **EHR-based** reporting; particularly for broadly applicable measures or measures that do not have an associated diagnosis (for example, CMS147v2 - Influenza Immunization) to ensure the correct quality action (if performed) is reported for the eligible case as instructed in the measure specifications.

Step 5: Register for an IACS Account

- **If you are submitting quality measure data directly from your EHR system, you must register for an IACS account.**
  - Skip this step if reporting via an EHR Data Submission Vendor.
- It can take some time to get IACS accounts set up and approved, so please begin as soon as possible.
- More information about how EPs can get an IACS account is posted on the main page of the Physician and Other Health Care Professionals Quality Reporting Portal (Portal) at: https://www.qualitynet.org/portal/server.pt/community/pqri_home/212#.

Step 6: Create Required Reporting Files

- Work with your EHR vendor to create the required reporting files from your EHR system so they can be uploaded through the Portal using IACS.
- If you are using CEHRT, it should already be programmed to generate these files.
  - You cannot report without using CEHRT

Step 7: Participate in Testing

- CMS strongly recommends EPs participate in the recommended testing for data submission or ensure your data submission vendor participates when available prior to payment submissions to ensure data errors do not occur.
- The Submission Engine Validation Tool (SEVT) is available here www.qualitynet.org/pqri
- Just because a product is CEHRT does not necessarily mean no issues could occur with PQRS submissions.
- Speak with your EHR vendor or data submission vendor (if applicable) to discuss any data submission issues.

Step 8: Ensure Submission

- Submit final EHR reporting files with quality measure data or ensure your data submission vendor has submitted your files by the data submission deadline of **February 28, 2015** to be analyzed and used for 2014 PQRS EHR measure calculations.
- If reporting QDM-based QRDA Category I files, a single file must be uploaded/submitted for each patient.
  - Files can be batched but there will be file upload size limits.
  - It is likely that several batched files will need to be uploaded to the Portal for each EP or group practice.
- Following each successful file upload, notification will be sent to the IACS user's e-mail address indicating the files were submitted and received.
  - Submission reports will then be available to indicate file errors, if applicable.

EHR-based Reporting

Resources & Where to Call for Help

Acronyms

- **CAHPS** –Consumer Assessment of Healthcare Providers and Systems summary surveys
- **CEHRT** – Certified EHR Technology
- **CMS** – Centers for Medicare & Medicaid Services
- **CQMs** – Clinical Quality Measures [for attestation]
- **eCQMs** – Electronic Clinical Quality Measures [for PQRS Portal submission]
- **EHR** – Electronic Health Record
- **EP** – Eligible Professional
- **FFS** – Fee-for-Service
- **GPRO** – Group Practice Reporting Option
- **NPI** – National Provider Identifier
- **ONC** – Office of the National Coordinator
- **PQRS** – Physician Quality Reporting System
- **PFS** – Physician Fee Schedule
- **TIN** – Tax Identification Number
- **VM** – Value-based Payment Modifier

Resources

- **PQRS EHR-based Reporting Option Website**
  http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html
- **2014 PQRS GPRO and Requirements for Submission of PQRS Measure Data**
  http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group_Practice_Reporting_Option.html
- **"2014 PQRS: EHR Reporting Made Simple"**
  http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014PQRS_EHR_Made_Simple_F12-20-2013.pdf
- **"2014 eCQM Specifications for Eligible Professionals"**
  http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html
- **"2014 CMS QRDA Implementation Guides for EP Clinical Quality Measures"**
  http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html
- **Certified EHR Technology Resources**
  http://www.healthit.gov/policy-researchers-implementers/certified-health-it-product-list-chpl
- **PV-PQRS Registration System**
  http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html

Additional Resources

- **CMS PQRS Website**
  http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS
- **PFS Federal Regulation Notices**
  http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices.html
- **Medicare and Medicaid EHR Incentive Programs**
  http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms
- **Medicare Shared Savings Program**
  http://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/ Quality_Measures_Standards.html
- **CMS Value-based Payment Modifier (VM) Website**
  http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ PhysicianFeedback Program/ValueBasedPaymentModifier.html
- **Physician Compare**
  http://www.medicare.gov/physiciancompare/search.html
- **Frequently Asked Questions (FAQs)**
  https://questions.cms.gov/
- **MLN Connects Provider eNews**
  http://cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Index.html
- **PQRS Listserv**
  https://public-dc2.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_520

Where to Go for Help

- **QualityNet Help Desk (PQRS and IACS)**
  - E-mail: qnetsupport@hcqis.org
  - Phone: (866) 288-8912 (TTY 1-877-715-6222)
  - Fax: (888) 329-7377
- **CAHPS for PQRS Survey Project Team**
  - E-mail: pqrscahps@hcqis.org
- **EHR Incentive Program Information Center**
  - Phone: (888) 734-6433 (TTY 888-734-6563)
- **VM Help Desk**
  - Phone: (888) 734-6433 Option 3 or pvhelpdesk@cms.hhs.gov
- **Medicare Shared Savings Program ACO**
  - Information is available on the Shared Savings Program website at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html.
- **Pioneer ACO**
  - E-mail: PIONEERQUESTIONS@cms.hhs.gov

Time for

Questions & Answers