

2013 Physician Quality Reporting System (PQRS) Group Practice Reporting Option (GPRO): Participation for the PQRS Incentive Payment Made Simple

Background

Introduced in 2010, the Group Practice Reporting Option (GPRO) is again available for the 2013 Physician Quality Reporting System (PQRS). PQRS is a reporting program that uses a combination of incentive payments and payment adjustments to promote reporting of quality information by eligible professionals and group practices. For 2013, the program provides a 0.5% incentive payment to practices (as identified by their Tax Identification Number [TIN]) who satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to **Medicare Part B Fee-for-Service (FFS) beneficiaries** (including Railroad Retirement Board and Medicare Secondary Payer). Beginning in 2015, the program also applies a payment adjustment to eligible professionals and group practices who do not satisfactorily report data on quality measures for covered professional services. For complete information see the Centers for Medicare & Medicaid Services (CMS) PQRS website at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS>.

Purpose

This Fact Sheet provides guidance for group practices wishing to participate in the 2013 PQRS for incentive purposes under the GPRO. Information on the PQRS payment adjustment can be found on the CMS PQRS website at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS>.

GPRO – Quick Facts

- For the 2013 program year, a "group practice" is defined as a single Tax Identification Number (TIN) with 2 or more individual eligible professionals (as identified by Individual National Provider Identifier [NPI]) who have reassigned their billing rights to the TIN.
- Once a group practice (TIN) has self-nominated or registered to participate in PQRS GPRO, the method chosen is the only PQRS submission method available to the group and all individual NPIs who bill Medicare under the group's TIN.
- 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.
- Incentive payment for PQRS is based on satisfactory submission of quality data via registry **OR** completion of the GPRO Web Interface.
 - Those group practices reporting via registry will use the *2013 Physician Quality Reporting System (PQRS) Measure Specifications Manual for Claims and Registry Reporting of Individual Measures*. These specifications are located at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html> under "Related Links".

- Group practices who submit using the Web Interface can find the *2013 Physician Quality Reporting System GPRO Narrative Specifications for Web Interface* and other supporting documentation at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group_Practice_Reporting_Option.html under “Downloads”.
 - Reporting via Web Interface includes completion of a pre-filled beneficiary sample.
- The 2015 PQRS payment adjustment will be based on data collected for the 2013 PQRS program year.
- Previously, CMS required group practices to participate in PQRS GPRO in order to participate in the Electronic Prescribing (eRx) Incentive Program under the GPRO. Beginning in 2013, groups can participate in PQRS GPRO **and/or** eRx GPRO as participation in one program is no longer contingent upon the other.
 - For more information on eRx GPRO, see *2013 Electronic Prescribing (eRx) Incentive Program Group Practice Reporting Option (GPRO): Participation for Incentive Payment Made Simple*, available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/Educational_Resources.html.

Self-Nomination/Registration for PQRS

Group practices must self-nominate/register to participate in PQRS GPRO. In 2013, group practices will have the following opportunities to do so:

1. The first deadline for group practices to self-nominate for 2013 PQRS GPRO **and** eRx GPRO was **January 31, 2013** via the Quality Reporting Communication Support Page (Communication Support Page) at https://www.qualitynet.org/portal/server.pt/community/pgri_home/212.
2. A second timeframe for groups to register to report under the PQRS GPRO is from **July 15, 2013 through October 15, 2013**. The registration period is **only for PQRS GPRO election and not for eRx GPRO**. Those who previously self-nominated may change their selected reporting option during this timeframe. Groups who did not previously self-nominate for 2013 PQRS GPRO participation may do so during this timeframe. All registrants as of October 15, 2013 will be considered a 2013 PQRS GPRO participant and will be analyzed at the TIN level.

During this second timeframe, groups may elect the CMS-calculated administrative claims-based reporting option to avoid the 2015 PQRS payment adjustment. Groups that solely elect administrative claims will not be eligible for the PQRS incentive as a GPRO but may avoid the 2015 PQRS payment adjustment.

Please use the information and instructions that follow to register:

STEP 1: Prior to signing up for your PQRS reporting mechanism, both group practices and individuals will need to register for a CMS IACS account if they do not already have an IACS account, or add the appropriate IACS role if they already have an existing account. Registration for IACS begins **June 3, 2013** at <https://applications.cms.hhs.gov/>.

STEP 2: Beginning **July 15th**, go to <https://portal.cms.gov/> and select the **PV PQRS** option, near the bottom of the page to register.

For additional information, please go to <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html>.

How to Report for PQRS

To earn an incentive for 2013 PQRS, group practices participating in PQRS GPRO must satisfactorily report quality data using the method chosen during self-nomination/registration. Reporting methods and requirements are outlined in Table 1 below.

Table 1: 2013 PQRS GPRO Reporting

Group Size	Reporting Period	Reporting Method	Criteria for Satisfactorily Reporting PQRS
2+ eligible professionals	January 1, 2013 – December 31, 2013	Registry	Submit ≥ 3 individual PQRS measures on at least 80% of the group's applicable Medicare Part B FFS patients for those measures. The <i>2013 Physician Quality Reporting System (PQRS) Claims/Registry Measure Specifications Manual</i> is to be used for this method.
25-99 eligible professionals	January 1, 2013 – December 31, 2013	GPRO Web Interface	Report on all PQRS GPRO measures included in the Web Interface; AND Populate data fields for the first 218 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample (with an over-sample of 327) for each module or patient care measures. If the pool of eligible assigned beneficiaries is less than 218, then report on 100 percent of assigned beneficiaries. The <i>2013 Physician Quality Reporting System (PQRS) Group Practice Reporting Option (GPRO) Web Interface Narrative Measure Specification and 2013 Supporting Documents</i> , provided later in the program year, should be used for this method.
*100+ eligible professionals	January 1, 2013 – December 31, 2013	GPRO Web Interface	Report on all PQRS GPRO measures included in the Web Interface; AND Populate data fields for the first 411 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample (with an over-sample of 616) for each module or patient care measures. If the pool of eligible assigned beneficiaries is less than 411, then report on 100 percent of assigned beneficiaries. The <i>2013 Physician Quality Reporting System (PQRS) Group Practice Reporting Option (GPRO) Web Interface Narrative Measure Specification and 2013 Supporting Documents</i> , provided later in the program year, should be used for this method.

*Beginning in 2013, group practices of 100 or more eligible professionals may be subject to the Value-based Payment Modifier (VM). More information on the VM can be found at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>.

Additional Information

- For more information on 2013 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 2015 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>.
- For more information on the eRx Incentive Program and participation in eRx GPRO, go to <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive>.