



How to Report Once for 2014 Medicare Quality Reporting Programs

April 2014

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How to Report Once for 2014 Medicare Quality Reporting Programs: Individual Eligible Professionals

Overview

This document serves as a guide to individual eligible professionals wishing to report quality measures one time during the 2014 program year in order to become incentive eligible for the 2014 Physician Quality Reporting System (PQRS), avoid the 2016 PQRS payment adjustment, and satisfy the clinical quality measure (CQM) component of the Electronic Health Record (EHR) Incentive Program.

I Am An Individual Eligible Professional

- Review the list of eligible professionals on the 'How to Get Started' page of the CMS PQRS Website
- Must participate in PQRS as an individual (not a member of a group practice who has registered as a PQRS GPRO)

CHOOSE PQRS EHR-BASED REPORTING OPTIONS *or* *QUALIFIED CLINICAL DATA REGISTRY:

DIRECT EHR PRODUCT THAT IS CERTIFIED EHR TECHNOLOGY (CEHRT) *or*
EHR DATA SUBMISSION VENDOR THAT IS CEHRT

*Reports at least 9 of the eQMs finalized in the Stage 2 final rule for a full 12-month reporting period

REPORT ON 9 MEASURES COVERING AT LEAST 3 OF THE NATIONAL QUALITY STRATEGY DOMAINS

If an eligible professional's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the eligible professional must report the measures for which there is Medicare patient data.

12 MONTHS
1/1/14 – 12/31/14

Refer to the EHR Incentive Program website documents for a listing of measures that satisfy the CQM component, then utilize the eQMs for those measures

Satisfactorily report under
PQRS for 2014

YES

NO

- PQRS Incentive Eligible for 2014 (+0.5%)
- Avoid the 2016 PQRS payment adjustment
- Satisfy the CQM component of the Medicare EHR Incentive Program
- Satisfy requirements for the 2016 Value Modifier
- If 50% of the EPs in the TIN satisfactorily reports, the group avoids the 2016 Value Modifier.

NOTE: You will still be required to report the other meaningful use objectives through the Medicare and Medicaid EHR Incentive Programs Registration and Attestation System

- Not PQRS Incentive Eligible for 2014
- Subject to the 2016 PQRS payment adjustment (-2.0%)
- Will not satisfy the CQM component of the Medicare EHR Incentive Program

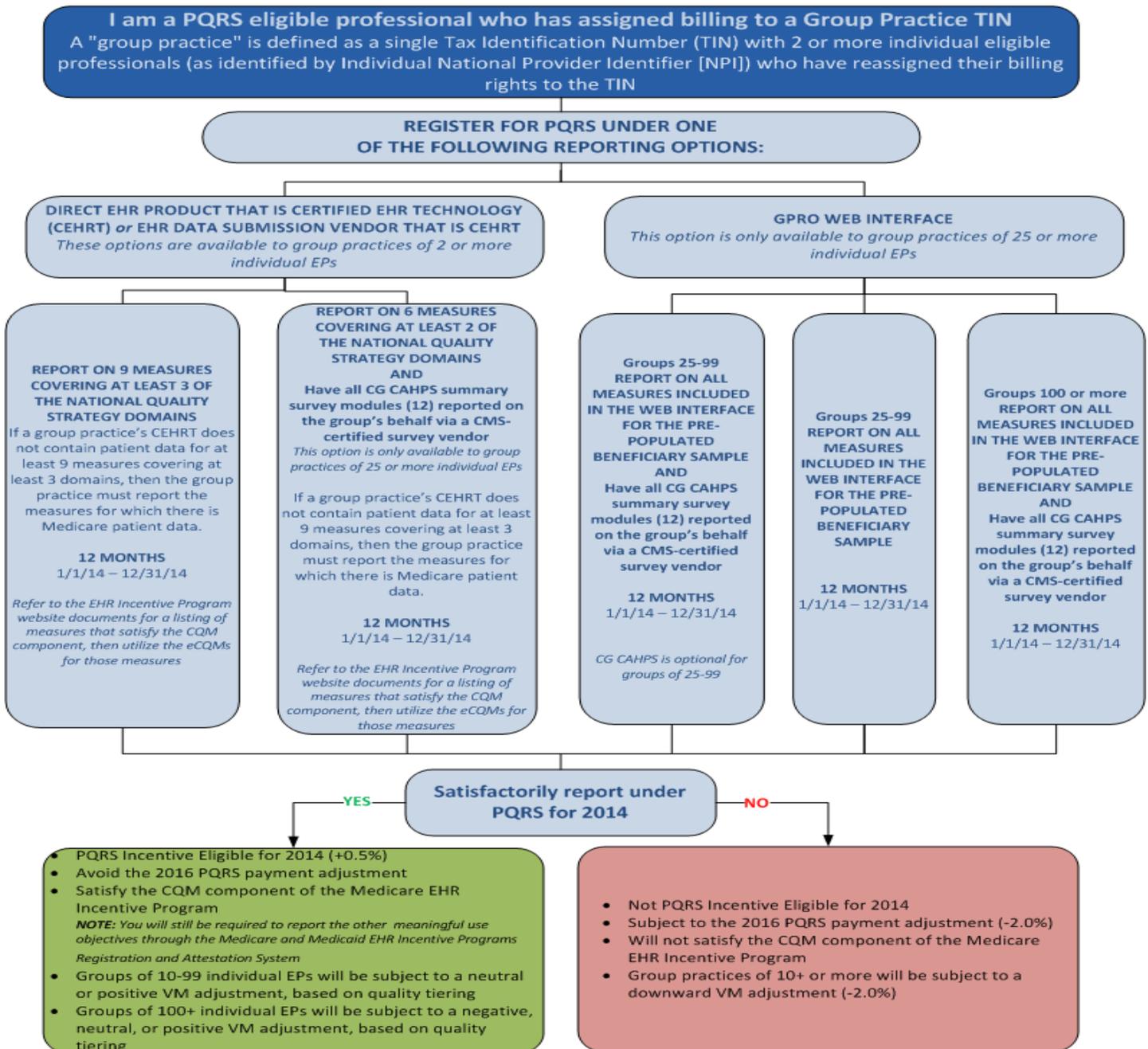
Note:

- For the 2014 program year, group practices of 10 or more individual EPs that do not register for PQRS GPRO will be subject to Value Modifier payment adjustment (type of adjustment will be based on group size and quality tiering) if at least 50% of the individual eligible professionals within the group practice successfully avoid the 2016 PQRS payment adjustment.
- PQRS EHR reporting option for MU is only available to EPs with EHRs certified to the June 2013 version of the eQMs (except for CMS140v1: Breast Cancer: Hormonal Therapy for Stage IC - IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer where the EHR needs to be certified to the Dec 2012 version). EPs whose EHRs are not certified to the version of eCQM required by PQRS will still need to attest their CQMs for MU and select a different reporting method for PQRS reporting. The reporting period for 2014 PQRS is 12 months; The EHR Incentive Program's 90-day reporting period does not apply to PQRS.

How to Report Once for 2014 Medicare Quality Reporting Programs: Group Practices

Overview

This document serves as a guide to group practices wishing to report quality measures one time during the 2014 program year in order to become incentive eligible for the 2014 Physician Quality Reporting System (PQRS), avoid the 2016 PQRS payment adjustment, satisfy the clinical quality measure (CQM) component of the Electronic Health Record (EHR) Incentive Program, and satisfy requirements regarding the 2016 Value-Based Payment Modifier (VM) adjustment.



Note:

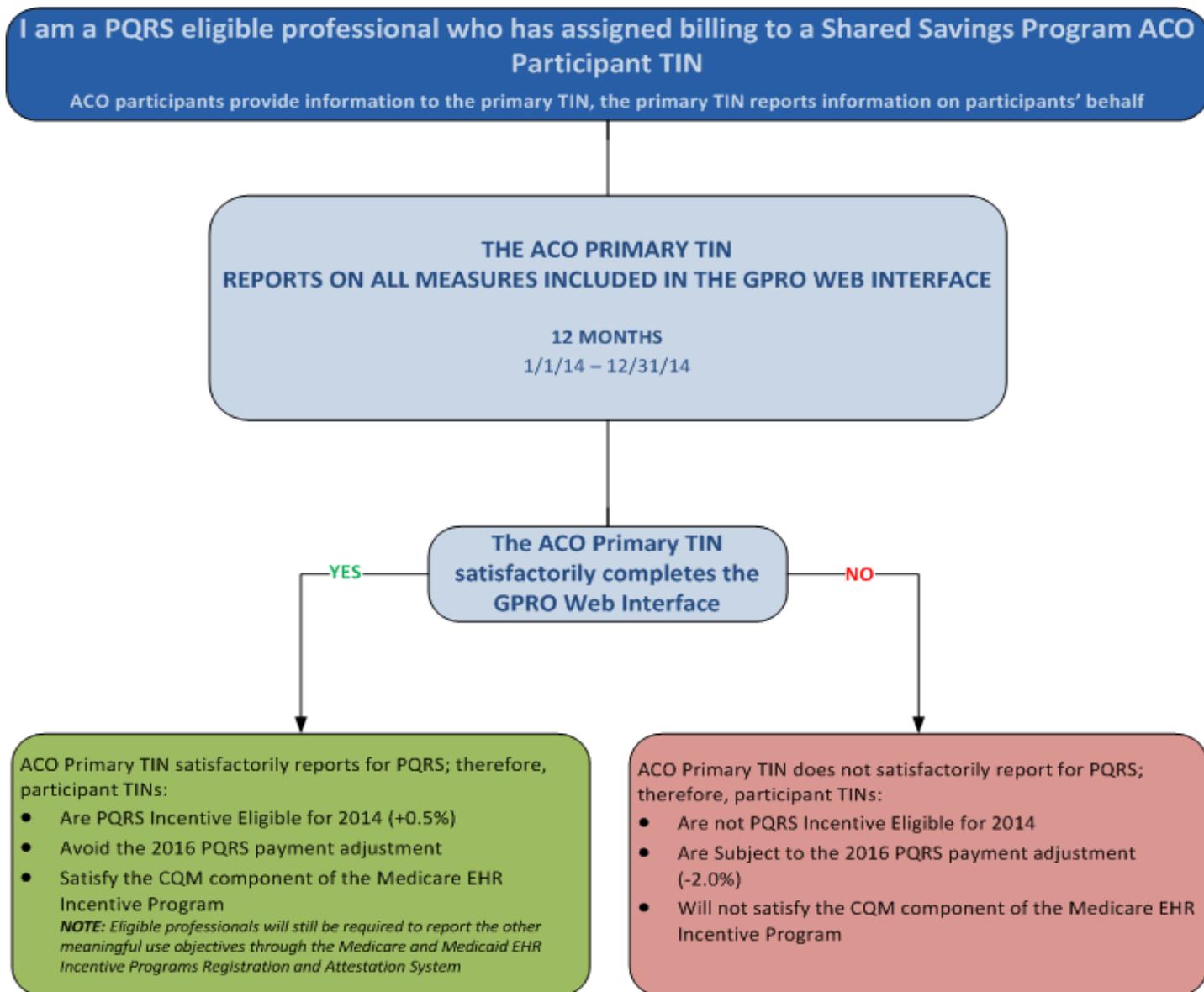
- This is only available to eligible professionals who are beyond their first year of Meaningful Use. Eligible professionals who are in their first year of Meaningful Use in 2014, including those who are part of a group practice that is participating in the PQRS GPRO, an MSSP ACO, or a Pioneer ACO, need to report their CQMs via attestation by October 1, 2014 to avoid a Meaningful Use payment adjustment in 2015.
- The reporting period for 2014 PQRS is 12 months; The EHR Incentive Program's 90-day reporting period does not apply to PQRS.

How to Report Once for 2014 Medicare Quality Reporting Programs: Medicare Shared Savings Program Accountable Care Organizations

Overview

This document serves as a guide to Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs) participants wishing to become incentive eligible for the 2014 Physician Quality Reporting System (PQRS), avoid the 2016 PQRS payment adjustment, and satisfy the clinical quality measure (CQM) component of the Electronic Health Record (EHR) Incentive Program.

Note: ACOs will not be subject to the 2016 Value-Based Payment Modifier.



Note:

- This is only available to eligible professionals who are beyond their first year of Meaningful Use. Eligible professionals who are in their first year of Meaningful Use in 2014, including those who are part of a group practice that is participating in the PQRS GPRO, an MSSP ACO, or a Pioneer ACO, need to report their CQMs via attestation by October 1, 2014 to avoid a Meaningful Use payment adjustment in 2015.
- The reporting period for 2014 PQRS is 12 months; The EHR Incentive Program's 90-day reporting period does not apply to PQRS.

How to Report Once for 2014 Medicare Quality Reporting Programs: Pioneer Accountable Care Organizations

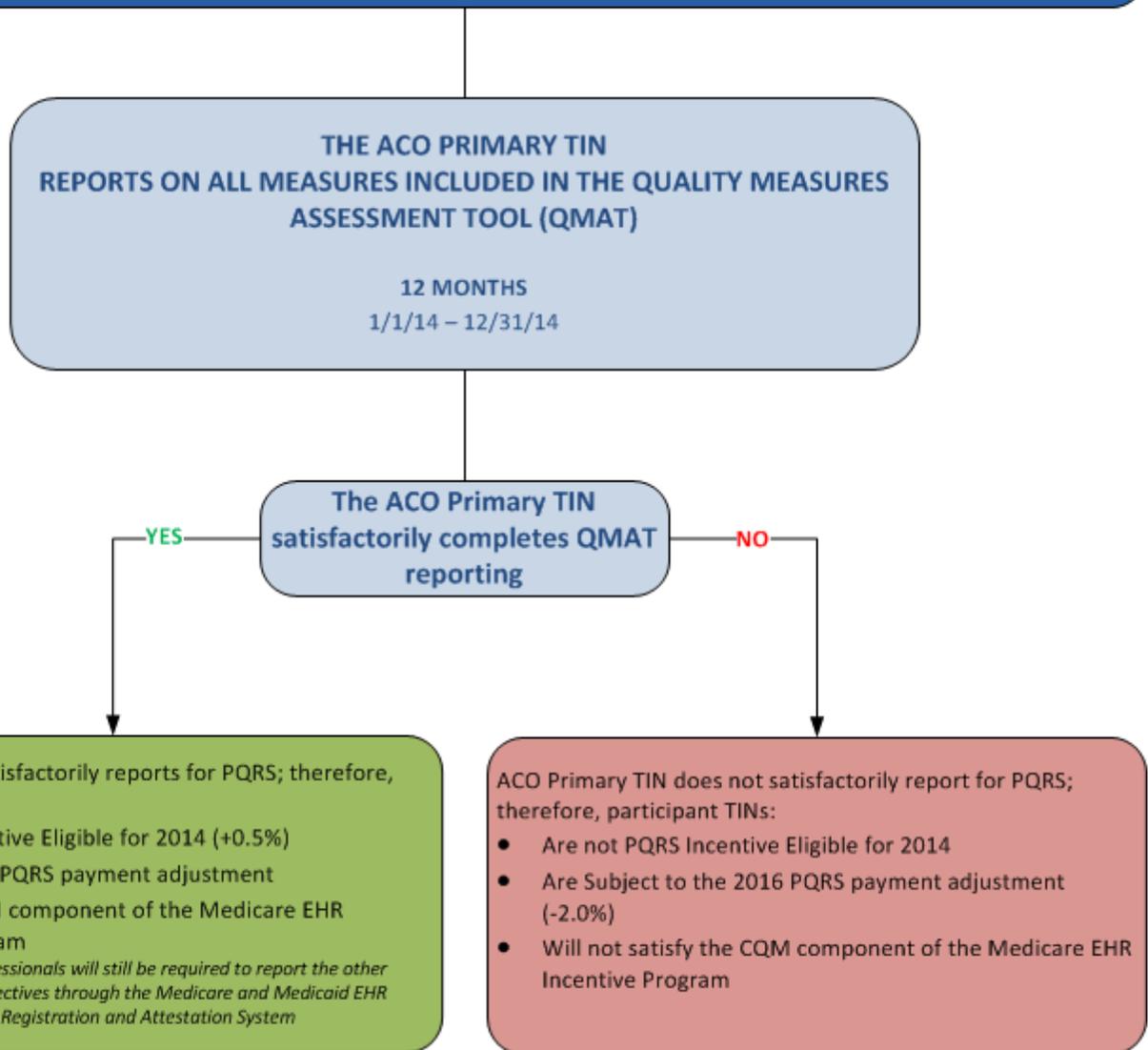
Overview

This document serves as a guide to Pioneer ACOs wishing to become incentive eligible for the 2014 Physician Quality Reporting System (PQRS), avoid the 2016 PQRS payment adjustment, and satisfy the clinical quality measure (CQM) component of the Electronic Health Record (EHR) Incentive Program. Non-participating providers in Pioneer ACO TINs should refer to GPRO Requirements for Submission, available at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group_Practice_Reporting_Option.html.

Note: ACOs will not be subject to the 2016 Value-Based Payment Modifier.

I am a PQRS eligible professional who has assigned billing to a Pioneer ACO Participant TIN

ACO participants provide information to the primary TIN, the primary TIN reports information on participants' behalf



Note:

- This is only available to eligible professionals who are beyond their first year of Meaningful Use. Eligible professionals who are in their first year of Meaningful Use in 2014, including those who are part of a group practice that is participating in the PQRS GPRO, an MSSP ACO, or a Pioneer ACO, need to report their CQMs via attestation by October 1, 2014 to avoid a Meaningful Use payment adjustment in 2015.
- The reporting period for 2014 PQRS is 12 months; The EHR Incentive Program's 90-day reporting period does not apply to PQRS.