



Physician Quality Reporting Programs (PQRS) Group Practice Reporting Option (GPRO)



*Electronic Health Record
(EHR)-based Reporting
Q&A Session Support
Call*

Program Year 2014

January 13, 2015

Disclaimer

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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.

Purpose

- This presentation will provide guidance for reporting 2014 PQRS quality measure data through the 2014 Group Practice Reporting Option (GPRO) via an EHR-based reporting mechanism.
- This presentation is intended for PQRS group practices who registered to submit data through an EHR-based reporting mechanism that is Certified Electronic Health Record Technology (CEHRT).

Note: PQRS group practices reporting via GPRO Web Interface or qualified registry will have a separate support call that is outlined on the CMS PQRS website.

Agenda

- Announcements
- Steps for EHR-based Reporting
- Q&A Session

Announcements

- 1. Upcoming planned system outages:** The Physician and Other Health Care Professionals Quality Reporting Portal (Portal) will be unavailable for scheduled maintenance and will not be accessible during the following periods:
 - **Every Tuesday** starting at 8:00 pm ET–Wednesday at 6:00 am ET
 - **Every Thursday** starting at 8:00 pm ET–Friday at 6:00 am ET
 - **Third weekend of each Month** starting Friday at 8:00 PM ET–Monday at 6:00 AM ET
 - Upcoming maintenance weekend: 1/23/2015 – 1/26/2015
 - See the QualityNet Portal website for the complete list of scheduled system outages, at <https://www.qualitynet.org/portal>

Announcements (cont.)

2. **Submission Deadline:** Enter and submit 2014 quality data through the Portal between **1/1/2015 – 2/28/2015**
 - The QualityNet Portal closes at **8:00pm ET / 7:00pm CT / 6:00pm MT / 5:00pm PT**
3. **Review Resources:** Be sure to review all resources related to 2014 PQRS GPRO participation and EHR-based reporting
 - The presentation from the 11/10/14 PQRS GPRO EHR-based Reporting support call is posted on the Group Practice Reporting Option page of the CMS PQRS website

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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 Step 5 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.
- IACS accounts for group practices reporting via EHR Direct
 - IACS account holders are limited to 1 account per person.
 - One account may be associated with multiple TINS.
 - One account may be associated with multiple roles.
 - An existing IACS account may *not* be transferred to another individual; however, a new account may be created.
 - IACS Account Users are responsible for submissions.

IACS Security Official (SO) Role

Step 5: Register for an IACS Account continued...

- The Security Official (SO) is the authorized representative for the organization, and the SO registers the specific organization in IACS.
- There may only be one SO for the organization with 2 factor Authentication Approver Role.
 - The SO will need to choose the preferred 2nd factor notification method, either by selecting email, SMS/mobile, or interactive voice response number.
- The SO approves the IACS PQRS Submitter role within the organization.
- The SO cannot submit data in the PQRS Portal.
- If the organization already has an SO (with 2 factor), make sure the SO account is active. If it is not active, follow the steps in IACS to reactivate.

IACS PQRS Submitter Role

Step 5: Register for an IACS Account continued...

- PQRS Submitter Role is for the organization users accessing the PQRS Portal to submit data.
 - The group practice should have a back-up submitter account just in case people leave the organization
- PQRS Submitter Role must be approved by the specific organization SO with 2nd factor authentication.
- There may be multiple PQRS Submitters for the organization.
- Once the PQRS Submitter role for the organization is obtained and the submission period begins; the PQRS Submitter will be ready to submit PQRS reporting data extracted from the EHR system.

IACS Account resources

Step 5: Register for an IACS Account continued...

- For assistance with new and existing IACS accounts, review the Quick Reference Guides located at:
https://www.qualitynet.org/portal/server.pt/gateway/PTARGS_0_207_374_212_229_43/http%3B/pdpqap42-app.sdps.org%3B7087/publishedcontent/publish/pqri_content/pqri_guest_community/userrefguide.html
- Contact the QualityNet Help Desk with any questions
 - (866) 288-8912 (TTY 877-715-6222) or email qnet support@hcqis.org

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 <https://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.

Step 8: Ensure Submission (cont.)

- 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.
- Submit the data through the correction submission options in the Portal
 - QRDA files submitted through the EHR Aggregate option will be rejected

RESOURCES & WHERE TO CALL FOR HELP

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>

Acronyms

- **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
- **IACS** – Individuals Authorized Access to the CMS Computer Services
- **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

Where to Call for Help

- QualityNet Help Desk (PQRS, IACS):
- (866) 288-8912 (TTY 877-715-6222) or email qnetsupport@hcqis.org
- EHR Incentive Program Information Center:
 - (888) 734-6433 (TTY 888-734-6563)
- Physician Value (PV) Help Desk (for questions about the 2013 QRUR):
 - (888) 734-6433 Option 3 or email 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
- Email: PIONEERQUESTIONS@cms.hhs.gov
- Physician Compare
- Email: PhysicianCompare@Westat.com
- Comprehensive Primary Care Initiative Help Desk
- (800) 381-4724 or email cpcisupport@telligen.org

Time for

QUESTION & ANSWER SESSION