



# **2014 Physician Quality Reporting System (PQRS) Group Practice Reporting Option (GPRO)**



**Which Reporting Method  
is Right for My Group?**

**Training Presentation**

***Program Year 2014***

# Disclaimer

*This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.*

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# About this Presentation

- This presentation will cover the 2014 PQRS GPRO reporting methods and requirements for earning incentive payments and avoiding future payment adjustments.

*Note: If reporting for PQRS through another CMS program (such as the Medicare Shared Savings Program, Pioneer ACO, or Comprehensive Primary Care Initiative), 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 of each specific program to ensure their respective requirements are met (PQRS, EHR Incentive Program, Value-based Payment Modifier [VM], etc.).*

# GPRO Support Team

- **CMS**
  - Lisa Lentz, PQRS GPRO Lead
- **QualityNet Help Desk**
  - (866) 288-8912 (TTY 1-877-715-6222) or [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org)

# Agenda

- Selecting a Reporting Method
- Reporting Method Overview
  - GPRO Web Interface Reporting
  - Qualified Registry Reporting
  - EHR Reporting
  - Certified Survey Vendor Reporting
- What Reporting Method is Right for my Group?
- Resources & Where to Go for Help

# Acronyms

- **ACO** – Accountable Care Organization
- **CAHPS** – Consumer Assessment of Healthcare Providers and Systems summary surveys
- **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
- **VM** – Value-based Payment Modifier

**2014 PQRS GPRO Reporting Methods**

# **SELECTING A REPORTING METHOD**

# Select Reporting Method during Registration

- Group practices participating in 2014 PQRS GPRO must report via the reporting method selected during 2014 PQRS GPRO registration
  - The 2014 PQRS registration period is open **4/1/2014 – 9/30/2014**
  - Group practices **are able** to change the reporting methods during the registration period
  - Once registration is closed, **no** changes of reporting method is allowed
  - Group practices are **not** able to cancel their registration for participation in 2014 PQRS GPRO
- The group size at registration determines which reporting methods are available for that group to choose from
  - Be sure Medicare Provider Enrollment, Chain, and Ownership System (PECOS) is updated for registration



# Select the Most Advantageous Reporting Method

- There are four ways to report through the 2014 PQRS GPRO:
  - GPRO Web Interface
  - Qualified Registry
  - EHR (including Data Submission Vendor that is CEHRT or Direct EHR-based product that is CEHRT)
  - CMS-Certified Survey Vendor (CAHPS for PQRS), plus another method
- Group practices should select the most advantageous reporting method
  - Review the measure and their specifications for each applicable reporting method
  - Consider which measures apply to services provided by the group practice, and select a reporting method that includes those measures
  - CMS will **not** combine reporting methods when analyzing PQRS program data

# 2014 PQRS GPRO Reporting Methods by Group Size

This table outlines the 2014 PQRS GPRO reporting methods available to the different group sizes

Group Size	Measurement Period	Reporting Method
2-24 EPs	1/1/2014 – 12/31/2014	Qualified Registry Data Submission Vendor that is CEHRT Direct EHR-based product that is CEHRT
25-99 EPs	1/1/2014 – 12/31/2014	Qualified Registry Data Submission Vendor that is CEHRT Direct EHR-based product that is CEHRT Certified Survey Vendor Web Interface
100 or more EPs	1/1/2014 – 12/31/2014	Qualified Registry Data Submission Vendor that is CEHRT Direct EHR-based product that is CEHRT Certified Survey Vendor Web Interface

See the “2014 PQRS Implementation Guide” for decision trees that outline the different 2014 PQRS GPRO reporting options, available at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>.

## GPRO Reporting Method Overview

# **GPRO WEB INTERFACE REPORTING**

# GPRO Web Interface Overview

- What is the GPRO Web Interface?
  - An online application that accepts input and provides output by generating web pages which are transmitted through a secure website using a web browser
  - CMS pre-populates the Web Interface with a sample of the group practice's patients
  - CMS calculates the reporting and performance rates
- Users must request and maintain Individual Authorized Access to the CMS Computer Services (IACS) accounts
  - PQRS Security Official and PQRS Submitter roles are required to access and submit data via the Web Interface
  - Complete information about IACS roles for Web Interface submission is available on the Portal at [https://www.qualitynet.org/portal/server.pt/community/pqri\\_home/212](https://www.qualitynet.org/portal/server.pt/community/pqri_home/212)

# GPRO Web Interface Overview (cont.)

- In early 2015, group practices participating in 2014 PQRS GPRO via Web Interface reporting will be able to access the Web Interface, which will be partially pre-populated with:
  - 2014 claims data from Medicare Parts A and B
  - Demographic and utilization data for assigned set of patients for services provided during the 2014 reporting period
- Group practices will be responsible for populating **and** submitting the remaining data fields in the Web Interface
  - Will have approximately eight weeks to complete the measure information for their samples
  - Group practices do not have to enter the measure data in consecutively ranked order; however, the required number of consecutively ranked patients (based on group size) must be completed for satisfactory reporting
  - Group practices may export (via XML) their patient list in order to assist with chart abstraction

# GPRO Web Interface Measures

- GPRO Web Interface covers 22 measures from 5 disease modules and 2 patient care modules
  - 5 disease modules
    - Coronary Artery Disease (CAD), 1 2-measures composite
    - Diabetes Mellitus (DM), 1 measure + 1 5-measure composite
    - Heart Failure (HF), 1 measure
    - Hypertension (HTN), 1 measure
    - Ischemic Vascular Disease (IVD), 2 measures
  - 2 patient care modules (individually sampled measures)
    - Care Coordination/Patient Safety (CARE), 2 measures
    - Preventive Care (PREV), 8 measures

# GPRO Web Interface Reporting Requirements

- GPROs with 100 or more EPs
  - Report all Web Interface measures
  - The group practice will receive a sample of 616 patients per measure
    - Complete data for the first 411 consecutively ranked and assigned patients per measure or module
    - Complete for 100% of patients if there are less than 411 in the sample
  - The group practice will be required to also report the CAHPS for PQRS
- GPROs with 25-99 EPs
  - Report all Web Interface measures
  - Group will receive a sample of 327 patients per measure
    - Complete data for the first 218 consecutively ranked and assigned patients per measure or module
    - Complete for 100% of patients if there are less than 218 in the sample
- GPROs with 2-24 EPs cannot elect to report via GPRO Web Interface

# GPRO Web Interface Measure Specifications

- Refer to the **2014 PQRS GPRO Measures List, Narrative Measure Specifications and Release Notes** are posted on the PQRS GPRO Web Interface page of the CMS website
  - The 2014 Supporting Documents for ACO and PQRS GPRO Web Interface Users can also be found on the GPRO Web Interface page of the CMS website
  - [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO\\_Web\\_Interface.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html)



# GPRO Web Interface

## Assignment and Sampling

- 2014 PQRS GPRO has adopted the Shared Savings Program method of assignment and sampling for those group practices who choose to report via the GPRO Web Interface
- **Assignment**
  - CMS assigns a Medicare patient to a group practice if the practice provides the plurality of **primary care services**
  - A patient assigned in one year of the program may or may not be assigned to the same group practice in the following or preceding years
  - CMS uses information provided during registration to determine which claims to attribute to the group practice

# **GPRO Web Interface**

## **Assignment and Sampling (cont.)**

- **Sampling**

- Claims submitted by the GPRO from January through October of the measurement period are analyzed by CMS for sampling
- Medicare patients that have been assigned to a group practice are eligible for quality sampling if they have received at least 2 primary care services during the measurement period and meet other eligibility criteria
  - Patients are excluded from the sample if they meet high level exclusion criteria such as the patient is in hospice care
- CMS will use a sampling methodology that increases the likelihood of patients being sampled into multiple modules in an effort to reduce the reporting burden on group practices

# GPRO Web Interface Resources

- Additional resources related to the GPRO Web Interface can be found on the GPRO Web Interface page on the CMS website:  
[http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO\\_Web\\_Interface.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html)
- Complete information about the assignment and sampling of Medicare beneficiary data is available on the GPRO Web Interface page of the CMS PQRS website, at  
[http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO\\_Web\\_Interface.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html):
  - 2014 PQRS GPRO Assignment Specification\*
  - 2014 GPRO Sampling Supplement\*

*\* To be posted later this year*

# GPRO Web Interface Page on the CMS Website

[Home](#) > [Medicare](#) > [Physician Quality Reporting System](#) > [GPRO Web Interface](#)

## Physician Quality Reporting System

[Spotlight](#)

[How To Get Started](#)

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## GPRO Web Interface

### 2014 GPRO Web Interface

#### 2014 GPRO Measures Using the Web Interface Reporting Method

The information posted on this page is for groups who have registered with CMS to report measures through the GPRO Web Interface for program year 2014. This includes groups reporting for Physician Quality Reporting Systems (PQRS) as well as groups participating in the Shared Savings Program as Accountable Care Organizations (ACOs). For groups electing this method of reporting, CMS will pre-populate the Web Interface with a sample patient population. Successful completion of the 22 Web Interface measures for the required number of patients will determine PQRS incentive eligibility and performance rates for the measures.

The following documents listed below can be found within the [2014 GPRO Web Interface Measures List, Narrative Measure Specifications, and Release Notes](#) file:

- The 2014 Group Practice Reporting Option (GPRO) Web Interface Disease Modules, Care Coordination/Patient Safety and Preventive Care Measures List document which consists of the (22) 2014 GPRO Web Interface GPRO reporting method measures.
- The 2014 Group Practice Reporting Option (GPRO) Web Interface Narrative Measure Specifications which provides a description of each of the 22 measures.
- The 2014 GPRO Web Interface Narrative Specification Release Notes which provides a list of changes to existing measures made since the release of the 2013 GPRO Narrative Measure Specifications, Version 4.1.

Please note: To earn a 2014 PQRS incentive payment and avoid the 2016 PQRS payment adjustment, group practices taking part in PQRS GPRO via the Web Interface must meet the requirements for satisfactory reporting.

For educational resources to assist groups reporting through methods other than the Web Interface, see the

# GPRO Web Interface Guidance

- Web Interface reporting is ***not*** recommended if:
  - The group practice is billing under a new TIN for part of 2014 as these groups may not have adequate claims history to populate the Web Interface
    - If the group practice is new , the group should consider reporting via qualified registry, EHR or CMS-Certified Survey Vendor
      - Groups who choose to report via CMS-Certified Survey Vendor must also submit PQRS measures via another method
  - Beneficiary assignment and sampling into the Web Interface is based on primary care services; therefore, group practices that do not bill for primary care services should not select the Web Interface reporting method
    - Primary care services may be provided by practices that do not have primary care physicians (PCPs)
    - See the previously mentioned “2014 PQRS GPRO Assignment Specification”, once available, for complete information

## PQRS GPRO Reporting Method Overview

# QUALIFIED REGISTRY REPORTING

# Qualified Registry Overview

- What is a qualified registry?
  - An entity that captures and stores clinically related data
  - Submits the data on behalf of providers and groups
- Only method that provides calculated reporting and performance rates to CMS
  - Data must be submitted by the qualified registry to CMS via defined .xml specifications
- Registries use the following data-collection methods:
  - Patient data (EHR or paper chart) from submitted Part B claims, provider EHR system, billing records, etc.
  - Providers then submit their data to the registry via a secure web portal
  - Registries validate data, format into .xml files, submit to CMS prior to deadline

# Qualified Registry Overview (cont.)

- Registries will provide specific instructions on how to submit data
  - Work directly with registry to ensure data is submitted appropriately
- A list of conditionally qualified 2014 Registries is available on the CMS website: <http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Registry-Reporting.html>
  - A final list of qualified 2014 registries will be posted on the CMS website by summer of 2014
  - The list indicates whether or not the registry vendor supports group practices participating through the PQRS GPRO
  - Group practices reporting via qualified registry should work directly with the registry to ensure data is submitted appropriately

**Disclaimer:** CMS cannot guarantee that any or all of the listed registries will be successful in providing the required information on behalf of their eligible professionals for the possible payment incentive.



# Registry Reporting Resources

- Refer to the “2014 Physician Quality Reporting System (PQRS) Claims/Registry Measure Specifications Manual” to review potential measures to report:  
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>
  - The 2014 measures specifications include codes and reporting instructions for PQRS claims and registry-based reporting
  - A list of measures available for registry reporting can be found in the “2014 Physician Quality Reporting System (PQRS) Measures List”

# GPRO Registry Reporting for 2014 PQRS Incentive Payment

- To earn the 2014 PQRS incentive payment
  - Group practices participating in 2014 PQRS GPRO reporting via qualified registry will be required to submit 9 or more individual PQRS measures across 3 domains on at least 50% of the group's applicable Medicare Part B FFS patients to earn the incentive payment
  - The group practice's reporting will be subject to the Measure-Applicability Validation (MAV) if:
    - Only 1-8 PQRS measures are submitted for at least 50% of their eligible patients or encounters for each measure, **OR**
    - If data is submitted for 9 or more PQRS measures, but across less than 3 domains for at least 50% of their patients or encounters eligible for each measure
  - Complete information about MAV is available on the Analysis and Payment page of the CMS PQRS web site at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/AnalysisAndPayment.html>
- Complete information about qualified registry reporting is available at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Registry-Reporting.html>

# GPRO Registry Reporting to Avoid 2016 PQRS Payment Adjustment

- To avoid the 2016 PQRS payment adjustment
  - Meet the requirements for satisfactorily reporting for incentive eligibility as defined in the applicable 2014 PQRS measure specifications; **OR**
  - Report at least 3 measures covering one NQS domain for at least 50% of the group practice's Medicare Part B FFS patients via qualified registry
    - Report 1-8 measures covering 1-3 NQS domains for which there is Medicare patient data (subjecting the group practice to the MAV process\*), **AND** report each measure for at least 50% of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies
    - A group practice who reports fewer than 3 measures covering 1 NQS domain via the registry-based reporting mechanism will be subject to the MAV process, which would allow CMS to determine whether a group practice should have reported on additional measures

# Registry Reporting Guidance

- Not all registry vendors support group practices participating in the GPRO
  - Check the 2014 List of Qualified Registries to determine which vendors support GPRO
  - Be sure the vendor supports measures applicable to the group
  - Discuss fees with the vendor

## PQRS GPRO Reporting Method Overview

# EHR REPORTING

# EHR Reporting Requirements

- Use 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

# EHR Reporting Guidance

- Must use the June 2013 version of the eCQMs with the exception of CMS140, which is to be reported using the December 2012 version (CMS140v1)
  - Individuals wishing to report another version of the eCQMs must do so by attestation, which will only count for the EHR Incentive Program and not for PQRS

# EHR Reporting Resources

- Refer to the Medicare EHR Incentive Program's eCQM Library webpage to obtain the 2014 eCQM Specifications for EP Release June 2013 and supporting documentation at [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM\\_Library.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html)
- For more information on determining if the group's product is CEHRT, please visit the EHR Incentive Program Certified EHR Technology website at <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Certification.html>



## PQRS GPRO Reporting Method Overview

# **CMS-CERTIFIED SURVEY VENDOR REPORTING**

# CMS-Certified Survey Vendor Overview

- A CMS-Certified Survey Vendor is a vendor that submits the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey modules to CMS on behalf of group practices participating in PQRS GPRO
- This method is available to group practices with 25 or more EPs wishing to supplement their PQRS reporting with the CAHPS for PQRS summary survey modules
- CMS has already contracted with a Certified Survey Vendor to implement these surveys on behalf of the group for the 2014 program year
  - CMS **will** bear the cost of administering the CAHPS for PQRS survey for group practices that select this option for the 2014 reporting period only
  - Group practices will **not** need to contact the CMS-Certified Survey Vendor directly to participate in CAHPS for PQRS

# What is CAHPS?

- CAHPS is a family of surveys that measures patient-centered care
- CAHPS provides information in areas for which patients/consumers are the best or only source
- CAHPS focuses on patient experience with care, not patient satisfaction
- CAHPS has an 18 year history, has undergone rigorous methodological testing, and is highly valid and reliable

# What does the CAHPS for PQRS survey cover?

- The CAHPS for PQRS surveys ask patients about their recent experiences with clinicians and their staff
- Contains 81 questions, organized in the following sections
  - Your provider (3 questions)
  - Your care from this provider in the last 6 months (38 questions)
  - Clerks and receptionists at this provider's office (2 questions)
  - Your care from specialists in the last 6 months (4 questions)
  - All your care in the last 6 months (10 questions)
  - About you (24 questions)
  - Asks about patients' experiences with care
    - Across 12 summary survey measures
    - With a single provider within the ACO or group practice
    - Over a 6-month look back period

# What does the CAHPS for PQRS survey cover? (cont.)

- 7 of 12 summary survey measures are derived from the Clinician and Group (CG)-CAHPS survey
  - Getting Timely Care, Appointments and Information
  - How Well Your Providers Communicate
  - Patient's Rating of Provider
  - Access to Specialists
  - Health Promotion and Education
  - Shared Decision-making
  - Courteous and Helpful Office Staff

# What does the CAHPS for PQRS survey cover? (cont.)

- 1 summary survey measure captures information on beneficiaries' health status and functional status
  - This item includes questions required by section 4302 of the Affordable Care Act relating to disability status
- 4 additional summary survey measures capture important dimensions of patient experiences with care
  - Care Coordination
  - Between Visit Communication
  - Helping You to Take Medications as Directed
  - Stewardship of Patient Resources

# Which providers does the CAHPS for PQRS survey ask about?

- The provider named in the survey is the individual who provided the plurality of the beneficiary's primary care during the period being assessed
- The survey also asks about experiences with the health care team and specialists

# Which beneficiaries get the CAHPS for PQRS survey?

- Beneficiaries who have original Medicare
- Beneficiaries are drawn from the same pool of beneficiaries that is used for measuring all other aspects of Medicare's ACO and PQRS GPRO reporting programs



# What are the Beneficiary Eligibility Criteria for CAHPS for PQRS?

- Inclusion criteria
  - Beneficiaries with original Medicare who are assigned to a group practice participating in PQRS or ACO GPRO and have at least 2 visits for primary care services with a provider from the group practice or ACO
  - 18 years or older
  - Live in the United States, Puerto Rico, or U.S. Virgin Islands
- Exclusion criteria
  - Individuals known to be institutionalized
  - Individuals known to be deceased

# What about administering other surveys during CAHPS for PQRS survey period?

- In order to ensure the best possible response rate for all surveys, it is strongly recommended that questions similar to those found in the ACO/PQRS GPRO CAHPS survey **NOT** be administered within the **4 weeks prior to, during, or within 4 weeks after** the ACO/PQRS GPRO CAHPS survey period

# What is planned for the CAHPS for PQRS reports?

- Delivery of reports for CAHPS for PQRS is planned for Summer 2015
- Reports will include:
  - Scores for the 12 summary survey measures
  - Detailed results, including performance on the individual performance dimensions that make up each of the summary survey measures and frequency tables for all survey questions
  - Additional information on content of the survey, data collection, and how the data were analyzed

# CMS-Certified Survey Vendor Reporting Requirements

- Group of 25 or more EPs
  - Patients report all 12 CAHPS for PQRS summary survey modules via a CMS-Certified Survey Vendor; **and**
    - Report at least 6 measures covering at least 2 of the NQS domains using a qualified registry, a CEHRT direct product, or a CEHRT data submission vendor; **OR**
    - Report all 22 GPRO Web Interface composite measures
- Group of 100 or more EPs who register to report via the GPRO Web Interface ***will be required*** to report all 12 CAHPS for PQRS summary survey modules via a CMS-certified survey vendor **AND** complete all 22 GPRO Web Interface composite measures
  - The group can elect to include its performance on the 2014 CAHPS for PQRS survey modules in the calculation of the group's 2016 VM

# Reporting via a CMS-Certified Survey Vendor

- Once CAHPS for PQRS has been identified as a valid option for a group practice to report, CMS will work with the Certified Survey Vendor on survey implementation
- If group practices have questions about the timeline and implementation process, please contact the CMS-Certified Survey Vendor at: [pqrscahps@hcqis.org](mailto:pqrscahps@hcqis.org)
- Additional information can be found on the CMS-Certified Survey Vendor page of the CMS PQRS website:  
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/CMS-Certified-Survey-Vendor.html>

# CMS-Certified Survey Vendor Guidance

- Some group practices may have insufficient sample sizes as a result of patient attribution and sampling rules to have valid and reliable CAHPS results; therefore, groups should make sure to report sufficient number of measures to meet program requirements
- Be sure to review the measure specifications for other PQRS GPRO reporting methods to make sure the supplemental reporting method supports appropriate measures for the group

## 2014 PQRS GPRO Reporting Methods

**WHICH REPORTING METHOD IS  
RIGHT FOR MY GROUP?**

# Reporting Method Comparison

## Comparison of the different reporting methods

Features to Consider	Web Interface	Registry	EHR	CMS-Certified Survey Vendor
<b>Group Size</b>	•25 or more EPs	•2 or more EPs	•2 or more EPs	•25 or more EPs
<b>Submission</b>	•First quarter 2015	•1/1/2015 - 3/15/2015	•1/1/2015 - 2/28/2015	•Follow submission for supplemental method •CAHPS for PQRS is required for groups with 100+ EPs that select Web Interface
<b>Submission Method</b>	•Web-based via Portal	•Registry submits on behalf of the group	•DSV submits on behalf of the group •EHR Direct is submitted via Portal	•Vendor submits CAHPS for PQRS on behalf of the group •Follow submission for supplemental method
<b>Measures</b>	•22 pre-selected GPRO quality measures	•At least 9 measures across at least 3 NQS domains on at least 50% of the group's applicable Medicare Part B FFS patients for those measures	•At least 9 measures across at least 3 NQS domains	•All (12) CAHPS for PQRS modules <b>AND</b> at least 6 measures across 2 NQS domains via qualified registry, DSV, EHR Direct <b>or all</b> measures within the Web Interface

Continues on next page



# Reporting Method Comparison (cont.)

*Continued from previous page*

Features to Consider	Web Interface	Registry	EHR	CMS-Certified Survey Vendor
<b>Patient Assignment</b>	•CMS assigned	•Selected by the registry/group	•Selected by the CEHRT	•Selected by the CMS-Certified Survey Vendor
<b>Public Reporting</b>	•All measures with 20 more patients for all group sizes	•All registry measures that are also in Web Interface	•All EHR measures that are also in Web Interface	•All CAHPS for PQRS modules and see public reporting for supplemental method
<b>Notes</b>	<ul style="list-style-type: none"> <li>• Not recommended for newly formed groups</li> <li>• Free online tool</li> </ul>	• Vendors will have a fee and may only support specific measures	• Vendors will have a fee and may only support specific measures	• CMS will bear the cost for administering CAHPS for PQRS

# Next Steps

- Review measure specifications for each available reporting method for the group size to determine which method supports measures applicable to the group practice
- Update PECOS information for all NPIs billing under the TIN
- Register for 2014 PQRS GPRO from 4/1/2013 – 9/30/2014
  - Groups will need IACS accounts with PV Security Official or PV-PQRS Representative roles to access the registration system
    - Please see the VM Registration website for complete information about IACS roles and steps for registration:  
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html>

# 2014 Registration

- Group practices with 2 or more EPs that wish to cancel their registration for participation in the 2014 PQRS GPRO must contact the QualityNet Help Desk **before** the registration period closes on **September 30, 2014 (at 11:59 pm EDT)**
  - Group practices will not be allowed to cancel their 2014 GPRO registration after this date.
- If a group practice with 10 or more EPs wishes to cancel its PQRS GPRO registration, then the group can still avoid the -2.0% Value Modifier payment adjustment in 2016, if the EPs in the group participate in the PQRS as individuals in 2014 and **at least 50% of the EPs** in the group meet the satisfactory reporting criteria as individuals via:
  - claims, a qualified PQRS registry, or EHR (or in lieu of satisfactory reporting, satisfactorily participate in a Qualified clinical data registry) to avoid the 2016 PQRS payment adjustment.
- No registration is necessary if the EPs in a group practice participate in the PQRS as individuals

**2014 PQRS GPRO Reporting Method**

# **RESOURCES**

# Resources

- GPRO page of CMS PQRS website:  
[http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group\\_Practice\\_Reporting\\_Option.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group_Practice_Reporting_Option.html)
- GPRO Web Interface page of CMS PQRS website:  
[http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO\\_Web\\_Interface.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html)
- Registry Reporting page of CMS PQRS website:  
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Registry-Reporting.html>
- Electronic Health Record Reporting page of CMS PQRS website:  
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html>
- CMS-Certified Survey Vendor page of CMS PQRS website:  
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/CMS-Certified-Survey-Vendor.html>

# Resources/Where to Call for Help

- **QualityNet Help Desk**
  - Monday – Friday: 7:00 am - 7:00 pm CT
  - E-mail: [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org)
  - Phone: (866) 288-8912 (TTY 1-877-715-6222)
  - Fax: (888) 329-7377
- **EHR Information Center**
  - (888) 734-6433