

National Provider Call:
Physician Quality Reporting System (PQRS)
and
Electronic Prescribing (eRx)
Incentive Program

April 16, 2013

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Agenda



- ◆ CMS Updates/Announcements
- ◆ Presentation
 - ◆ 2013 PQRS Group Practice Reporting Option (GPRO)
 - ◆ 2013 PQRS GPRO Registry Reporting
 - ◆ CG CAHPS Survey Administration
 - ◆ Resources & Where to Call for Help
- ◆ Question and Answer Session

2013 PQRS

GPRO OVERVIEW

What is 2013 PQRS GPRO?



- ◆ Group Practice Reporting Option (GPRO) for the Physician Quality Reporting System (PQRS) was implemented in 2010
- ◆ A “group practice” under 2013 PQRS consists of a single Tax Identification Number (TIN) with 2 or more eligible professionals, as identified by their individual National Provider Identifier (NPI), who have reassigned their Medicare billing rights to the TIN
 - ◆ Different from previous PQRS program years
- ◆ CMS PQRS GPRO website: http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group_Practice_Reporting_Option.html

What is 2013 PQRS GPRO?

(cont.)



- ◆ Enables group practices to participate in PQRS as a group for purposes of earning a 2013 PQRS incentive payment and/or avoiding the 2015 PQRS payment adjustment
 - ◆ **2013 PQRS Incentive Payment** – 0.5% of the group’s total estimated 2013 Medicare Part B PFS allowed charges
 - ◆ Lump-sum payment to the TIN
 - ◆ **2015 PQRS Payment Adjustment** – 1.5% less on 2015 Medicare Part B PFS services
 - ◆ Based on 2013 PQRS participation
 - ◆ Applied to all Medicare Part B PFS services rendered throughout the 2015 calendar year

What is 2013 PQRS GPRO?

(cont.)



◆ Benefits of Participating as a Group Practice:

- ◆ Billing and reporting staff may report one set of quality measures data on behalf of all eligible professionals within a group practice, reducing the need to keep track of eligible professionals' reporting efforts separately
- ◆ Incentive-eligible group practices will receive a larger incentive payment as it is calculated at the TIN-level (0.5% of all Medicare Part B PFS claims submitted under that TIN)
- ◆ Those eligible professionals who have difficulty meeting the reporting requirements for individual eligible professionals may benefit from group reporting

What is 2013 PQRS GPRO?

(cont.)



◆ PQRS GPROs are analyzed at the TIN level

- ◆ Analyzed under the TIN submitted at the time of **final** self-nomination/registration
- ◆ Members of a group practice participating in PQRS GPRO are **not** able to separately earn a PQRS incentive payment as an individual eligible professional under that same TIN (that is, for the same TIN/NPI combination)
- ◆ If a group is unsuccessful at avoiding a payment adjustment, all NPIs under the TIN during the unsuccessful reporting period will receive the payment adjustment
- ◆ If an organization changes TINs, the participation under the old TIN does not carry over to the new TIN, nor is it combined for final analysis

2013 PQRS GPRO Sizes and Requirements



Groups with 2-24 Eligible Professionals

- ◆ Registry Reporting Method - Satisfactorily Reporting Requirements for Incentive Payment
 - ◆ Report three (3) individual measures; AND
 - ◆ Report each measure for at least **80%** of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies

Note: *Measures with a 0% performance rate will not be counted as satisfactorily reporting for purposes of the incentive payment.*

2013 PQRS GPRO Sizes and Requirements (cont.)



Groups with 25-99 Eligible Professionals

- ◆ Registry Reporting Method - Satisfactorily Reporting Requirements for Incentive Payment
 - ◆ Report three (3) individual measures; **AND**
 - ◆ Report each measure for at least **80%** of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies
- ◆ Web Interface - Satisfactorily Reporting Requirements for Incentive Payment
 - ◆ The group practice will need to populate the remaining data fields in the Web Interface necessary for capturing quality measure information on each of the assigned beneficiaries - up to **218 beneficiaries** for each module or preventive care measure (or if less than 218 beneficiaries, then the group practice will need to populate the remaining data files for 100% of eligible beneficiaries for that module or preventive care measure)
 - ◆ The group practices are not required to abstract based on beneficiary rank

Note: Measures with a 0% performance rate will not be counted as satisfactorily reporting for purposes of the incentive payment.

2013 PQRS GPRO Sizes and Requirements (cont.)



Groups with 100+ Eligible Professionals

- ◆ Registry Reporting Method - Satisfactorily Reporting Requirements for Incentive Payment
 - ◆ Report three (3) individual measures; **AND**
 - ◆ Report each measure for at least **80%** of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies
- ◆ Web Interface - Satisfactorily Reporting Requirements for Incentive Payment
 - ◆ The group practice will need to populate the remaining data fields in the Web Interface necessary for capturing quality measure information on each of the assigned beneficiaries - up to **411 beneficiaries** for each module or preventive care measure (or if less than 411 beneficiaries, then the group practice will need to populate the remaining data files for 100% of eligible beneficiaries for that module or preventive care measure)

Note: Measures with a 0% performance rate will not be counted as satisfactorily reporting for purposes of the incentive payment.

Self-Nomination/ Registration



- ◆ Group practices must express interest in participating in 2013 PQRS GPRO to CMS
 - ◆ Self-nominate via the Communication Support Page (Portal) between **December 1, 2012–January 31, 2013; OR**
 - ◆ Register to participate or update a previous 2013 PQRS GPRO self-nomination statement via a CMS developed website (**summer 2013–October 2013**)
 - ◆ CMS will distribute additional information and the URL for this website when it becomes available

Note: *If you are a group practice consisting of 100 or more eligible professionals, beginning with 2013 program year, your physicians may participate in the Value-based Payment Modifier (VM) for upward and downward adjustments; see the CMS VM website for more information. The VM adjustment does not apply to ACOs.*

Self-Nomination/ Registration (cont.)



- ◆ During self-nomination/registration group practices will indicate group size and reporting method
 - ◆ GPRO Web Interface
 - ◆ Available to groups 25+ eligible professionals only
 - ◆ *2013 Physician Quality Reporting System (PQRS) Group Practice Reporting Option (GPRO) Web Interface Narrative Measure Specifications* at http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group_Practice_Reporting_Option.html
 - ◆ Registry
 - ◆ *2013 Physician Quality Reporting System (PQRS) Measure Specifications Manual for Claims and Registry Reporting of Individual Measures* at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>
 - ◆ Administrative Claims (to avoid the 2015 PQRS payment adjustment **only**)
 - ◆ GPROs who elect administrative claims allows the individual NPIs to report as individuals for 2013 PQRS incentive

Note: *If participating in PQRS through another CMS program (such as the Medicare Shared Savings Program), please check the program's requirements for information on how to simultaneously report under PQRS & the respective program.*

2013 PQRS

GPRO REGISTRY REPORTING

What is a Registry?



- ◆ What is a registry?
 - ◆ Entity that captures and stores clinically related data
 - ◆ Submits on behalf of providers

- ◆ Only method that provides calculated reporting and performance rates to CMS
 - ◆ Data must be submitted via defined .xml specifications

- ◆ **Pros:**
 - ◆ May be seamless to the provider
 - ◆ Retrospective data collection possible

- ◆ **Cons:**
 - ◆ Availability
 - ◆ May have associated cost

What is a Registry? (cont.)



- ◆ Registries utilize the following data-collection methods:
 - ◆ Patient (EHR or paper chart) data 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
- ◆ Registries will provide specific instructions on how to submit data
 - ◆ Work directly with registry to ensure data is submitted appropriately

What is a Registry? (cont.)



- ◆ Once you have selected the measures to report, review the list of participating 2013 PQRS registries available at:
<http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Registry-Reporting.html>
- ◆ The list of participating registries includes:
 - ◆ Registry name
 - ◆ Registry contact information
 - ◆ A list of the measures for which the registry is qualified to submit and cost information
- ◆ The registry posting will be updated at the end of the following phases:
 - ◆ Phase 1 – After successful submissions in a prior PQRS program year,
 - ◆ Phase 2 – After receipt of the registry’s intent to submit data to PQRS, and
 - ◆ Phase 3 – After successfully completing the PQRS registry requirements.

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.

2013 PQRS GPRO Registry Reporting

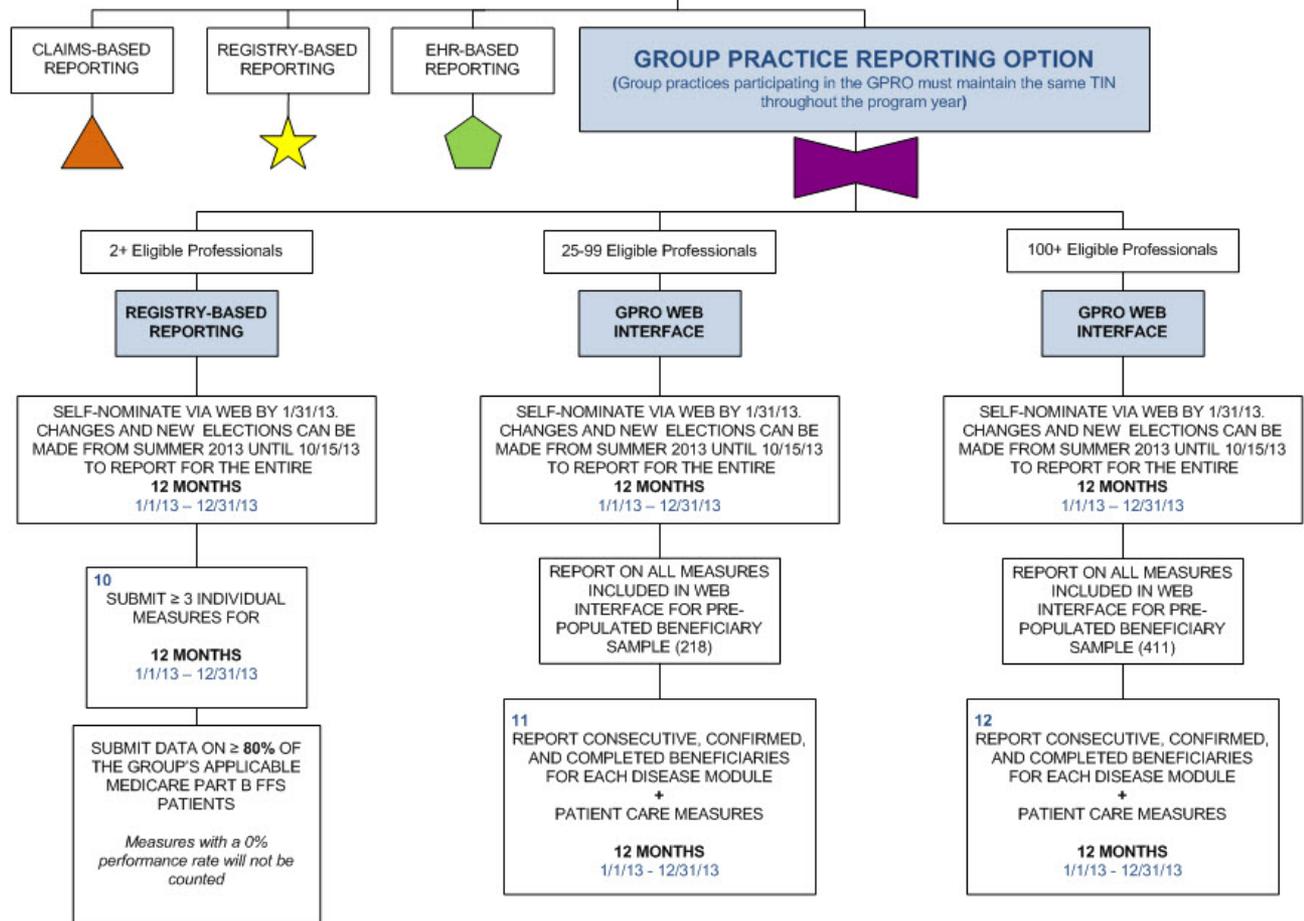


- ◆ Registry measures are different from the GPRO Web Interface measures
- ◆ PQRS GPROs reporting via registry will select measures from the *2013 Physician Quality Reporting System (PQRS) Measure Specifications Manual for Claims and Registry Reporting of Individual Measures*
 - ◆ Measures reportable via registry are noted as so within the specifications located at: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>
- ◆ The groups must report a minimum of 3 measures for 80% of the group's patients who are eligible cases for the selected measures
 - ◆ Measures with a 0% performance rate will not be counted as satisfactorily reporting for purposes of the incentive payment

2013 PQRS GPRO Reporting Options Decision Tree



I WANT TO PARTICIPATE IN THE 2013 PHYSICIAN QUALITY REPORTING SYSTEM FOR INCENTIVE PAYMENT
 SELECT REPORTING METHOD
 (Refer to the appropriate Measure Specifications for the specific reporting method(s) chosen for 2013 PQRS)



2013 PQRS GPRO (100+ Eligible Providers)

**CG CAHPS SURVEY
ADMINISTRATION**

Survey Modules in the CG CAHPS to be Administered to GPROs



Number	Domain Name(s)	Source*
1-7	<ul style="list-style-type: none"> • Getting Timely Care, Appointments, & Information • How Well Your Providers Communicate • Patient's Rating of Provider • Access to Specialists • Health Promotion and Education • Shared Decision-making • Health Status & Functional Status 	CG CAHPS Core, CG CAHPS Supplemental, New Items
7	<ul style="list-style-type: none"> • Health Status & Functional Status 	CG CAHPS Core, CG CAHPS Supplemental, OMH 4302 Requirement, SF 36
8	<ul style="list-style-type: none"> • Courteous & Helpful Office Staff 	CG CAHPS Core
9-12	<ul style="list-style-type: none"> • Care Coordination • Between Visit Communication • Educating Patient about Medication Adherence • Stewardship of Patient Resources 	CAHPS Supplemental, New items

CG CAHPS Survey Content



- ◆ Survey asks respondents to describe their experiences with a named “focal provider” which is the one that provides the most primary care services to the beneficiary based on the number of visits
- ◆ The focal provider can be a primary care provider or a specialist who provided primary care services
- ◆ Other survey questions ask about the health care team and practice staff

GPRO CG CAHPS Survey Administration Timeline



2014

- ◆ CMS administers survey for Shared Savings Program ACOs and GPROs of ≥ 100 NPIs January 2014-March 2014 for program year 2013
- ◆ Survey results will be available in the summer of 2014

2015

- ◆ CMS administers survey for GPROs of ≥ 100 NPIs January 2015-March 2015 for program year 2014
- ◆ Survey results will be available in the summer of 2015

Notifying Beneficiaries about the Medicare-Administered CG CAHPS



- ◆ Practices may choose to promote participation in the Medicare-Administered CG CAHPS survey
- ◆ Promotion should be neutral to prevent influencing who responds or the direction of their responses
- ◆ Any communication by the practice about the survey should be directed to all beneficiaries
- ◆ Should not offer an incentive for participating
- ◆ Should not imply that the providers/office staff will be rewarded or gain some benefit if the response is positive

CAHPS Resources



Agency for Healthcare Research and Quality (AHRQ)

All CAHPS surveys are in the public domain, which means that anyone can download and use these surveys to assess experiences with care

<https://www.cahps.ahrq.gov/>

The CG CAHPS survey that will be administered to GPROs can be found at

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/Final-National-Implementation-Survey-nf.pdf>

PQRS

RESOURCES

Resources



- ◆ **CMS PQRS Website**

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS>

- ◆ **CMS Value-based Payment Modifier (VM) Website**

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>

- ◆ **Portal**

https://www.qualitynet.org/portal/server.pt/community/pqri_home/212

- ◆ **Medicare and Medicaid EHR Incentive Programs**

<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms>

- ◆ **FFS Provider Listserv**

<https://list.nih.gov/cgi-bin/wa.exe?A0=PHYSICIANS-L>

- ◆ **CMS Frequently Asked Questions (FAQs)**

<https://questions.cms.gov/>

Acronyms



- ◆ **PQRS** – Physician Quality Reporting System
- ◆ **GPRO** – Group Practice Reporting Option
- ◆ **EHR** – Electronic Health Record
- ◆ **NPI** – National Provider Identifier
- ◆ **TIN** – Taxpayer Identification Number
- ◆ **ACO** – Accountable Care Organization
- ◆ **VM** – Value-based Payment Modifier
- ◆ **CG CAHPS** – Clinician and Group Consumer Assessment of Health Care Providers and Systems
- ◆ **AHRQ** – Agency for Healthcare Research & Quality

Where to Call for Help



◆ QualityNet Help Desk:

- ◆ PQRS and eRx Incentive Program questions
- ◆ PQRS/eRx feedback report availability and access
- ◆ IACS registration questions or login issues

866-288-8912 (TTY 877-715-6222) or gnetssupport@sdps.org

7:00 a.m. – 7:00 p.m. CST M-F

You will be asked to provide basic information such as name, practice, address, phone, and e-mail

◆ Provider Contact Center:

- ◆ Questions on status of 2012 PQRS/eRx Incentive Program incentive payment (during distribution timeframe)
- ◆ See *Contact Center Directory* at <http://www.cms.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip>

◆ EHR Incentive Program Information Center:

888-734-6433 (TTY 888-734-6563)

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Thank You



- For more information about the MLN, please visit <http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>
- For more information about the National Provider Call Program, please visit <http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html>



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