

GROUP PRACTICE REPORTING OPTION (GPRO) REQUIREMENTS FOR SUBMISSION OF 2010 PHYSICIAN QUALITY REPORTING INITIATIVE (PQRI) DATA

In accordance with section 1848(m)(3)(C)(i) of the Act, CMS is introducing a new group practice reporting option (GPRO) for the 2010 PQRI. Group practices that satisfactorily report data on PQRI measures for assigned Medicare beneficiaries for 2010 are eligible to earn a PQRI incentive payment equal to 2% of the group practice's total estimated Medicare Part B PFS allowed charges for covered professional services furnished during the 2010 reporting period. As required by section 1848(m)(3)(C)(iii) of the Act, an individual eligible professional who is a member of a group practice selected to participate in the PQRI GPRO is not eligible to separately earn a PQRI incentive payment as an individual eligible professional under that same Tax Identification Number (TIN) (that is, for the same TIN/National Provider Identifier, or NPI, combination). Once a group practice (TIN) is selected to participate in the GPRO, this is the only method of PQRI reporting available to the group and all individual NPIs who bill Medicare under the group's TIN for 2010.

Each group practice selected to participate in the 2010 PQRI GPRO will be provided a pre-populated data collection tool with an assigned sample of patients and those patients' demographic and utilization information. The group practice will then be required to populate the remaining data fields necessary for capturing quality measure information on each of the consecutively assigned Medicare beneficiaries with respect to services furnished during the 2010 PQRI reporting period (January 1, through December 31, 2010). The selected group practices will be provided access to the pre-populated tool no later than the first quarter of 2011, which will be completed by the group practice and returned to CMS.

For purposes of determining whether a group practice satisfactorily submits PQRI quality measures data for 2010, each selected group practice will be required to complete this data collection tool for 26 quality measures. The quality measures are grouped into four disease modules (Diabetes Mellitus, Heart Failure, Coronary Artery Disease, Hypertension) plus four preventive care measures. Data from the January 1, 2010 through October 29, 2010 (10 months) National Claims History (NCH) file will be used by CMS to randomly assign Medicare beneficiaries to each physician group practice TIN. Medicare beneficiaries will be retrospectively assigned to the TIN based on a determination by CMS that the group practice provided the plurality of office or other outpatient services to the beneficiary (with a minimum of at least two visits) in the 10-month period. Furthermore, part-year and managed care patients will not be considered since CMS will have incomplete claims data for these beneficiaries and group practices may not have had sufficient time to impact the quality of their care. The retrospective attribution methodology allows CMS to assign patients using Medicare claims that have been submitted by the group practice's TIN as and processed as final action claims into the NCH.

For each disease module or preventive care measure, the selected PQRI GPRO practice must complete the data collection tool for the first 411 consecutively assigned and ranked Medicare beneficiaries. Assigned beneficiaries will be limited to those Medicare FFS beneficiaries with Medicare Parts A and B for whom Medicare is the primary payer. If the pool of eligible assigned beneficiaries is less than 411 for any module/measure, then the group practice must report on 100% (all) of the assigned beneficiaries for that module/measure to satisfactorily participate in the PQRI GPRO.

A "group practice" under the 2010 PQRI GPRO consists of a physician group practice, as defined by a single TIN, with at least 200 or more individual EPs (as identified by Individual NPIs) who have reassigned their billing rights to the TIN. To participate in the 2010 PQRI GPRO, a group practice must submit a self-nomination letter to CMS and be selected to participate in the 2010 PQRI GPRO.

Potential GPRO participants must comply with the definition of "group practice" as stated above and must comply with the following requirements:

- Have an active Individuals Authorized Access to CMS Computer Services (IACS) user account
- Agree to attend and participate in all mandatory training sessions
- Have billed Medicare Part B on or after January 1, 2009 and prior to October 29, 2009
- Provide an electronic file (such as, a Microsoft® Excel file) with the self-nomination letter that includes the group

practice's TIN and the individual NPI numbers, name of the group practice, and names of all EPs who will be participating as part of the group practice (that is, all individual NPI numbers, which are established Medicare providers and associated with the group practice's TIN)

- Provide a single point of contact for handling administrative issues as well as a single point of contact for technical support purposes
- Have technical capabilities, at a minimum: standard PC image with Microsoft® Office and Microsoft® Access software installed; and minimum software configurations
- Be able to comply with a secure method for data submission
- Provide CMS access (if requested) to review Medicare beneficiary data on which 2010 PQRI GPRO submissions are founded

In addition to participating in PQRI GPRO, group practices may choose to also participate in the Electronic Prescribing (eRx) Incentive Program. While participation in the eRx Incentive Program (either as an individual EP or under the eRx GPRO) is voluntary for group practices participating in the PQRI GPRO, CMS requires group practices to participate in the PQRI GPRO in order to be eligible to participate in the eRx GPRO. Once a group practice (TIN) is selected to participate in the eRx GPRO, this is the only method of eRx reporting available to the group and all individual NPIs who bill Medicare under the group's TIN for 2010.

To be considered for 2010 PQRI GPRO, group practices must address the above requirements in a self-nomination letter for 2010 by January 31, 2010. A group practice that wishes to participate in both the PQRI GPRO and in eRx GPRO, must notify CMS of its desire to do so when self-nominating for the 2010 PQRI GPRO. CMS will assess whether the participation requirements are met by each self-nominated group practice and notify group practices of a decision by the end of the second quarter of 2010.

Self-nomination letters should be sent to:

**2010 PQRI-eRx GPRO Nomination
Centers for Medicare & Medicaid Services
Office of Clinical Standards and Quality
Quality Measurement and Health Assessment Group
7500 Security Boulevard
Mail Stop S3-02-01
Baltimore, MD 21244-1850**

The letter must be received no later than 5 p.m. E.S.T. on January 31, 2010.