

# Reporting Once for 2014 Medicare Quality Reporting Programs



# Reporting Once for 2014 Medicare Quality Reporting Programs

Use this tool\* to learn how to report quality measures one time in 2014 in order to:

- Become incentive eligible for 2014 Physician Quality Reporting System (PQRS) program
- Avoid 2016 PQRS payment adjustment
- Satisfy clinical quality measure (CQM) component of Medicare Electronic Health Record (EHR) Incentive Program

Start

*\*Only applies to eligible professionals who are beyond their first year of meaningful use.*



# Reporting Once for 2014 Medicare Quality Reporting Programs

How do you plan to participate in PQRS in 2014?

As an individual eligible professional

As part of a group practice

As part of a Medicare Shared Savings Program ACO

As part of a Pioneer ACO



# Reporting Once for 2014 Medicare Quality Reporting Programs

**Q:** How do you plan to participate in PQRS in 2014?

**A:** As an individual eligible professional

*Must participate in PQRS as an individual (not a member of a group practice who has registered or self-nominated as a PQRS GPRO)*

Choose PQRS reporting option that aligns across quality programs:

Directly from certified EHR technology (CEHRT)  
OR  
CEHRT using a data submission vendor

Qualified Clinical Data Registry (QCDR)\*

\*Must report at least 9 eCQMs from Stage 2 rule for 12-month reporting period



# Reporting Once for 2014 Medicare Quality Reporting Programs

Q: Choose PQRS reporting option that aligns across quality programs

A: EHR-based reporting

**REQUIRED:** 9 measures covering at least 3 National Quality Strategy domains\*

**2014 REPORTING PERIOD:** January 1- December 31

**SUBMISSION FORMAT:** QRDA I or QRDA III

Satisfactorily report under PQRS for 2014?

Yes

*\*If CEHRT does not contain Medicare patient data for at least 9 measures and/or at least 3 domains, must report measures for which there is patient data.*

*Refer to [EHR Incentive Programs](#) website for listing of measures to satisfy CQM component.*

No



# Reporting Once for 2014 Medicare Quality Reporting Programs

Q: Choose PQRS reporting option that aligns across quality programs

A: QCDR reporting

**REQUIRED:** 9 measures covering at least 3 National Quality Strategy domains\*

**2014 REPORTING PERIOD:** January 1- December 31

**SUBMISSION FORMAT:** QRDA III

Satisfactorily report under PQRS for 2014?

Yes

*\*If CEHRT does not contain Medicare patient data for at least 9 measures and/or at least 3 domains, must report measures for which there is patient data.*

*Refer to [EHR Incentive Programs](#) website for listing of measures to satisfy CQM component.*

No



# Reporting Once for 2014 Medicare Quality Reporting Programs

Q: Satisfactorily report under PQRS for 2014?

A: Yes

- PQRS incentive eligible for 2014 (+0.5%)
- Avoid 2016 PQRS payment adjustment
- Satisfy CQM component of Medicare EHR Incentive Program

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

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# Reporting Once for 2014 Medicare Quality Reporting Programs

Q: Satisfactorily report under PQRS for 2014?

A: No

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



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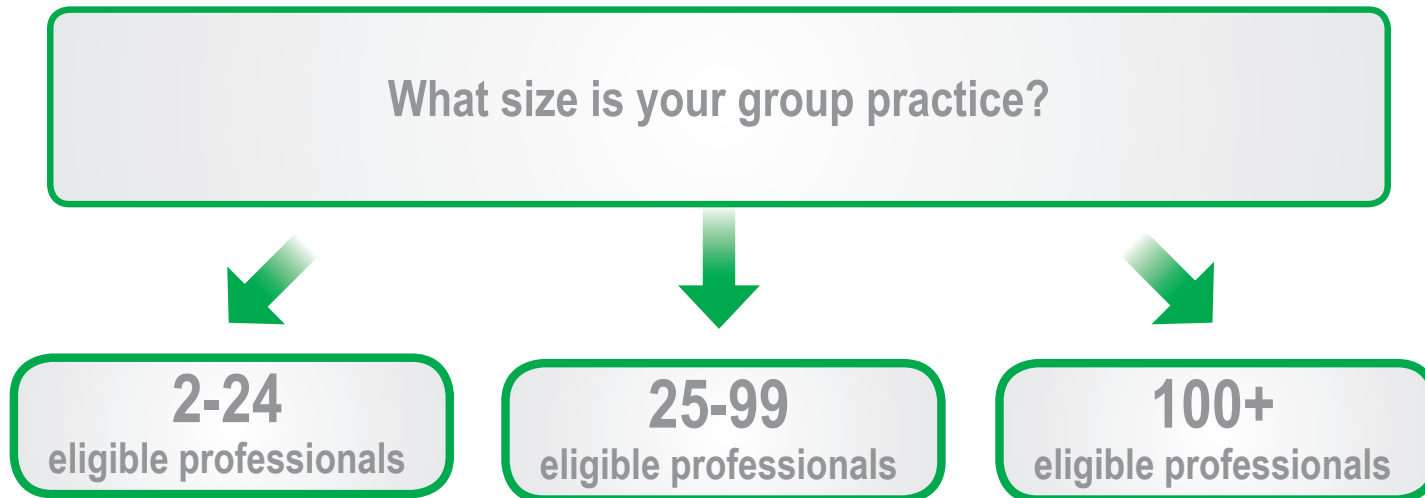


# Reporting Once for 2014 Medicare Quality Reporting Programs

Q: How do you plan to participate in PQRS in 2014?

A: Part of group practice

*“Group practice” defined as single TIN with 2 or more eligible professionals (individual NPI reassigned billing rights to TIN)*



# Reporting Once for 2014 Medicare Quality Reporting Programs

Q: What is the size of your practice group?

A: 2-24 eligible professionals

Choose PQRS group practice reporting option (GPRO) that aligns across quality programs?

Directly from certified EHR technology (CEHRT)

CEHRT using a data submission vendor



# Reporting Once for 2014 Medicare Quality Reporting Programs

Q: Choose PQRS GPRO that aligns across quality programs

A: EHR-based reporting

**REQUIRED:** 9 measures covering at least 3 National Quality Strategy domains\*

**2014 REPORTING PERIOD:** January 1- December 31

**SUBMISSION FORMAT:** QRDA I or QRDA III

Satisfactorily report under PQRS for 2014?

Yes

*\*If CEHRT does not contain Medicare patient data for at least 9 measures and/or at least 3 domains, must report measures for which there is patient data.*

*Refer to [EHR Incentive Programs](#) website for listing of measures to satisfy CQM component.*

No



# Reporting Once for 2014 Medicare Quality Reporting Programs

Q: What is the size of your practice group?

A: 25-99 eligible professionals

Choose PQRS group practice reporting option (GPRO) that aligns across quality programs?



Directly from certified EHR technology (CEHRT) or CEHRT using a data submission vendor

GPRO Web Interface



# Reporting Once for 2014 Medicare Quality Reporting Programs

Does your group also plan to submit Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) survey modules via CMS-certified survey vendor?



Yes

No



# Reporting Once for 2014 Medicare Quality Reporting Programs

Q: Does your group also plan to submit CG-CAHPS survey modules via CMS-certified survey vendor?

A: Yes

**REQUIRED:** 6 measures covering at least 2 National Quality Strategy domains\*  
AND all 12 CG-CAHPS summary survey modules

**2014 REPORTING PERIOD:** January 1- December 31

**SUBMISSION FORMAT:** QRDA I or QRDA III

Satisfactorily report under PQRS for 2014?

Yes

*\*If CEHRT does not contain Medicare patient data for at least 6 measures and/or at least 2 domains, must report measures for which there is patient data.*

*Refer to [EHR Incentive Programs](#) website for listing of measures to satisfy CQM component.*

No



# Reporting Once for 2014 Medicare Quality Reporting Programs

Q: Does your group also plan to submit CG-CAHPS survey modules via CMS-certified survey vendor?

A: No

**REQUIRED:** 9 measures covering at least 3 National Quality Strategy domains\*

**2014 REPORTING PERIOD:** January 1- December 31

**SUBMISSION FORMAT:** QRDA I or QRDA III

Satisfactorily report under PQRS for 2014?

Yes

*\*If CEHRT does not contain Medicare patient data for at least 9 measures and/or at least 3 domains, must report measures for which there is patient data.*

*Refer to [EHR Incentive Programs](#) website for listing of measures to satisfy CQM component.*

No



# Reporting Once for 2014 Medicare Quality Reporting Programs

Does your group also plan to submit Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) survey modules via CMS-certified survey vendor?



Yes

No





# Reporting Once for 2014 Medicare Quality Reporting Programs

Q: Does your group also plan to submit CG-CAHPS survey modules via CMS-certified survey vendor?

A: Yes

**REQUIRED:** All 22 GPRO Web Interface composite measures AND all 12 CG-CAHPS summary survey modules

**2014 REPORTING PERIOD:** January 1- December 31

Satisfactorily report under PQRS for 2014?

Yes

No



# Reporting Once for 2014 Medicare Quality Reporting Programs

Q: What is the size of your practice group?

A: 100+ eligible professionals

Choose PQRS group practice reporting option (GPRO) that aligns across quality programs?



Directly from certified EHR technology (CEHRT)  
or  
CEHRT using a data submission vendor

GPRO Web Interface



# Reporting Once for 2014 Medicare Quality Reporting Programs

Does your group also plan to submit Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) survey modules via CMS-certified survey vendor?



Yes

No



# Reporting Once for 2014 Medicare Quality Reporting Programs

Q: Does your group also plan to submit CG-CAHPS survey modules via CMS-certified survey vendor?

A: No

**REQUIRED:** All measures included in Web Interface for pre-populated beneficiary sample

**2014 REPORTING PERIOD:** January 1- December 31

Satisfactorily report under PQRS for 2014?

Yes

No



# Reporting Once for 2014 Medicare Quality Reporting Programs

Q: Choose PQRS group practice reporting option (GPRO) that aligns across quality programs

A: GPRO Web Interface

**REQUIRED:** All 22 GPRO Web Interface composite measures AND all 12 CG-CAHPS summary survey modules

**2014 REPORTING PERIOD:** January 1- December 31

Satisfactorily report under PQRS for 2014?

Yes

No



# Reporting Once for 2014 Medicare Quality Reporting Programs

Q: Does your group also plan to submit CG-CAHPS survey modules via CMS-certified survey vendor?

A: No

**REQUIRED:** 9 measures covering at least 3 National Quality Strategy domains\*

**2014 REPORTING PERIOD:** January 1- December 31

**SUBMISSION FORMAT:** QRDA I or QRDA III

Satisfactorily report under PQRS for 2014?

Yes

*\*If CEHRT does not contain Medicare patient data for at least 9 measures and/or at least 3 domains, must report measures for which there is patient data.*

*Refer to [EHR Incentive Programs](#) website for listing of measures to satisfy CQM component.*

No



# Reporting Once for 2014 Medicare Quality Reporting Programs

Q: Satisfactorily report under PQRS for 2014?

A: Yes

- PQRS incentive eligible for 2014 (+0.5%)
- Avoid 2016 PQRS payment adjustment
- **Satisfy CQM component of Medicare EHR Incentive Program**  
*NOTE: You will still be required to report other meaningful use objectives through EHR Incentive Programs Registration and Attestation System*
- Groups of 10-99 will be subject to a neutral or positive VM adjustment, based on quality tiering
- Groups of 100+ will be subject to a negative, neutral, or positive VM adjustment, based on quality tiering



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# Reporting Once for 2014 Medicare Quality Reporting Programs

Q: Satisfactorily report under PQRS for 2014?

A: No

- Not PQRS incentive eligible for 2014
- Subject to 2016 PQRS payment adjustment (-2.0%)
- Will not satisfy CQM component of Medicare EHR Incentive Program
- Group practices of 10+ or more will be subject to a downward VM adjustment (-2.0%)



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# Reporting Once for 2014 Medicare Quality Reporting Programs

Q: How do you plan to participate in PQRS in 2014?

A: Part of Shared Savings Program ACO

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

**REQUIRED:** ACO primary TIN reports all measures included in GPRO Web Interface

**2014 REPORTING PERIOD:** January 1- December 31

ACO primary TIN satisfactorily reports under PQRS for 2014?

Yes

No



# Reporting Once for 2014 Medicare Quality Reporting Programs

Q: ACO primary TIN satisfactorily reports under PQRS for 2014?

A: Yes

## Participants TINs:

- Are PQRS incentive eligible for 2014 (+.5%)
- Avoid 2016 PQRS payment adjustment
- Satisfy CQM component of Medicare EHR Incentive Program

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



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# Reporting Once for 2014 Medicare Quality Reporting Programs

Q: ACO primary TIN satisfactorily reports under PQRS for 2014?

A: No

## Participants TINs:

- Are not PQRS incentive eligible for 2014
- Are subject to 2016 PQRS payment adjustment (-2.0%)
- Will not satisfy CQM component of Medicare EHR Incentive Program



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# Reporting Once for 2014 Medicare Quality Reporting Programs

Q: How do you plan to participate in PQRS in 2014?

A: Part of Pioneer ACO

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

**REQUIRED:** ACO primary TIN reports on all measures included in the Web Interface

**2014 REPORTING PERIOD:** January 1- December 31

ACO primary TIN satisfactorily reports through Web Interface?

Yes

No



# Reporting Once for 2014 Medicare Quality Reporting Programs

Q: ACO primary TIN satisfactorily reports through Web Interface?

A: Yes

## Participants TINs:

- Are PQRS incentive eligible for 2014 (+0.5%)
- Avoid 2016 PQRS payment adjustment
- Satisfy CQM component of Medicare EHR Incentive Program

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



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# Reporting Once for 2014 Medicare Quality Reporting Programs

Q: ACO primary TIN satisfactorily reports through Web Interface?

A: No

## Participants TINs:

- Are not PQRS incentive eligible for 2014
- Are subject to 2016 PQRS payment adjustment (-2.0%)
- Will not satisfy CQM component of Medicare EHR Incentive Program



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