

GROUP PRACTICE REPORTING OPTION II (GPRO II)

REQUIREMENTS FOR SUBMISSION OF 2011 PHYSICIAN QUALITY REPORTING SYSTEM DATA

In accordance with section 1848(m)(3)(C)(i) of the Act, the Centers for Medicare & Medicaid Services (CMS) is introducing a new Group Practice Reporting Option, GPRO II, for the 2011 Physician Quality Reporting System (formerly known as the Physician Quality Reporting Initiative, or PQRI, and hereafter referred to as "Physician Quality Reporting"). Group practices that satisfactorily report data on Physician Quality Reporting measures in 2011 are eligible to earn a Physician Quality Reporting incentive payment equal to 1% of the group practice's total estimated Medicare Part B PFS allowed charges for covered professional services furnished during the 2011 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 Physician Quality Reporting GPRO II is not eligible to separately earn a Physician Quality Reporting 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 II, this is the only method of Physician Quality Reporting available to the group and all individual NPIs who bill Medicare Part B under the group's TIN for 2011.

The 2011 Physician Quality Reporting GPRO II "group practice" is defined by a single TIN, with 2 or more individual eligible professionals (as identified by Individual NPIs) who have reassigned their billing rights to the TIN. GRPO II will include group sizes from 2 – 199 providers. To participate in the 2011 Physician Quality Reporting GPRO II, a group practice must submit a self-nomination letter to CMS (requirements listed below). Group practices participating in the Physician Group Practice (PGP) and Electronic Health Record (EHR) demonstration projects are considered group practices for the purpose of 2011 Physician Quality Reporting GPRO II and may not need to self-nominate. Groups must meet the requirements for incentive qualification under their respective approved demonstration projects. Group practices participating in those demonstrations should contact their CMS project officer if they have questions. Group practices that participated in the MCMP demonstration, which ended on June 30, 2010, will need to self-nominate if they are interested in participating in the 2011 Physician Quality Reporting System GPRO.

CMS will determine the proper tier assignment, based on size of the requesting practice. The assigned tier will define the criteria required for satisfactory reporting of data on quality measures and/or group(s) by group practices for GPRO II. Group practices with 200 or greater eligible professionals may be eligible to participate in the Group Practice Reporting Option I (GPRO I). For information regarding requirements for submission into GPRO I, please refer to the *Group Practice Reporting Option I (GPRO I) Requirements for Submission of 2011 Physician Quality Reporting System (Physician Quality Reporting) Data*.

Group practices, that desire to satisfactorily report using GPRO II, must submit data on a specific number of individual quality measures and measure group(s) based on the reporting tier that is assigned by CMS. The table below outlines requirements for satisfactory reporting for GPRO II by group size (number of eligible professionals). Individual measures cannot be duplicated in the measure group(s) selected by the group practice for reporting. GPRO II groups must report the 2011 Physician Quality Reporting data via claims unless the only measures group(s) that apply to the practice are one of the 4 registry-only measures groups. The group practices must also utilize one method, claims or registry, for reporting eligible cases. If the GPRO II is submitting data through claims method, 50% of eligible cases for individual measures must be submitted for satisfactory reporting. Data submission utilizing the registry method will require 80% of eligible cases submitted for GPRO II.

Group size (number of eligible professionals)	Number of Measures Groups required to be reported	Minimum number of patients in each measures group	Number of required individual measures to report	Percent of Medicare Part B patients in denominator for satisfactory reporting individual measures via claims	Percent of Medicare Part B patients in denominator for satisfactory reporting individual measures via registries	Required number of unique visits where an electronic prescription was generated to be a successful electronic prescriber
2-10	1	35	3	50%	80%	75
11-25	1	50	3	50%	80%	225
26-50	2	50	4	50%	80%	475
51-100	3	60	5	50%	80%	925
101-199	4	100	6	50%	80%	1875

Based on 2010 data, the GPRO II vetting process shall verify that a self-nominating group practice meets the following requirements:

- Must have been participating in Medicare Part B during 2010
- Must have a minimum of 2 (up to a maximum of 199) eligible professionals identified by their NPIs who submitted Medicare Part B claims under the group practice TIN during 2010
- Agree to attend and participate in all mandatory GPRO II training sessions and support calls

CMS will verify the size of the group practice by running analysis to determine the number of eligible professionals that sent claims to Medicare Part B PFS for payment between the dates of January 1-October 31, 2010 and processed into the National Claims History database by January 2011.

CMS will schedule a 2011 GPRO II kick-off meeting for qualified GPRO II group practices. Group practices will be able to withdraw from the GPRO II group reporting method during the kick-off meeting and up to 4 weeks following. CMS will consider the time period between self-nomination and four weeks after the kick-off meeting to be the "opt-out" period. If the group practice withdraws from the GPRO II during the "opt-out" period, CMS will allow eligible professionals who submit Part B billing as an NPI under the group practice TIN to report Physician Quality Reporting quality measures at the individual TIN/NPI combination level. Group practices that "opt-out" after the 4 week grace period will not be eligible to receive incentive payment for submission of Physician Quality Reporting quality measures at the individual TIN/NPI combination level.

Group practices may choose to participate in the Electronic Prescribing Incentive Program (eRx). Participation in eRx is voluntary for group practices selected for GPRO II reporting. CMS requires group practices to be participating in GPRO II in order to be eligible to participate in eRx GPRO II. Once a group practice (TIN) is selected to participate in the eRx GPRO II, this is the only method of eRx reporting available to the group for all individual NPIs who bill Medicare Part B PFS under the group's TIN for 2011. At the end of the reporting period, regardless of the success or failure of a group practice participating in the GPRO II or eRx, the program will prevent individual eligible professionals from receiving Physician Quality Reporting incentive payments for measures reported individually under that TIN. The table above includes the number of electronic prescribing events required for successful reporting according to group size (number of eligible professionals).

Groups intending to submit 2011 eRx data through an EHR or registry must use one that has been qualified by CMS for GPRO submission. Qualified EHR and registries will be posted on the CMS website the summer of 2011. CMS will assess whether the participation requirements are met by each self-nominated group practice and expect to notify group practices of a decision by the end of the first quarter of 2011.

In order to not be assessed for a 2012 eRx payment adjustment, GPRO II eRx submissions must be completed and reported via the claims method by June 30, 2010. Information regarding the eRx payment adjustment is available at <http://www.cms.gov/ERxIncentive>.

To be considered for 2011 Physician Quality Reporting GPRO II, group practices must include the following items in the self nomination letter:

- Group Size
- Requested Tier Assignment (based on group size)
- Provide TIN
- Reporting Method – claims or registry (registry nominations require at least one of the four registry-only measures groups to be reported)
- Provide an electronic file (such as, a Microsoft® Excel file) during self-nomination that includes the name of the group, the TIN, an e-mail address of the contact person, and the count of all the eligible professionals practicing under the group's TIN.
- Indication of group practice's participation in the 2011 eRx Incentive Program with intended reporting method. If applicable, request for a hardship exemption from the 2012 eRx payment adjustment or identify if eligible professionals do not have prescribing privileges

The self-nomination letters will be collected by CMS between January 3, 2011 and January 31, 2011. Letters received at CMS, for self-nomination, postmarked prior to January 3, 2011 will not be accepted. A group practice that wishes to participate in both the Physician Quality Reporting GPRO II and in eRx, must notify CMS of its desire to do so when self-nominating for the 2011 Physician Quality Reporting GPRO II. CMS will determine whether the participation requirements are met by each self-nominating group practice and expect to notify them of a decision by the end of the first quarter of 2011. CMS will select approximately 500 groups, which meet the proposed eligibility requirements, to participate in the 2011 GPRO II. The letters shall be accepted in the order received by CMS. Please submit self-nomination letters as early as possible to be included in the GPRO II.

Self-nomination letters should be sent no earlier than January 3, 2011 to:

**GPRO II c/o CMS
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, 2011.**