

GROUP PRACTICE REPORTING OPTION I (GPRO I) REQUIREMENTS FOR SUBMISSION OF 2011 PHYSICIAN QUALITY REPORTING SYSTEM DATA

Introduced in 2010 in accordance with section 1848(m)(3)(C)(i) of the Act, CMS is continuing the group practice reporting option (GPRO) for the 2011 Physician Quality Reporting System (formerly known as the Physician Quality Reporting Initiative, or PQRI, and hereafter referred to in this document as Physician Quality Reporting). Group practices that satisfactorily report data on Physician Quality Reporting measures for assigned Medicare beneficiaries for 2011 are eligible to earn an incentive payment equal to 1% of the group practice's total estimated Medicare Part B Physician Fee Schedule (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 Physician Quality Reporting GPRO 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, this is the only method of Physician Quality Reporting available to the group and all individual NPIs who bill Medicare under the group's TIN for 2011.

A "group practice" under 2011 Physician Quality Reporting consists of a physician group practice, as defined by a TIN, with 2 or more individual eligible professionals (as identified by individual NPIs) who have reassigned their billing rights to the TIN. For 2011, CMS modified the minimum group size from 200 to 2 to enable more group practices to participate in Physician Quality Reporting. GPRO I, available to large group practices, refers to groups with 200 or more NPI's. GPRO II refers to group practices with 2 to 199 NPIs. For information regarding requirements for submission for groups with 2 to 199 eligible professionals, refer to the *Group Practice Reporting Option II (GPRO II) Requirements for Submission of 2011 Physician Quality Reporting System (Physician Quality Reporting)*.

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 I 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.

To participate in the 2011 Physician Quality Reporting GPRO I, a group practice must submit a self-nomination letter to CMS and be selected to participate. Groups participating in the 2010 GPRO planning to continue participation in 2011 GPRO I, do not need to complete the 2011 Physician Quality Reporting self-nomination process. They, however, must notify CMS via email of their desire to participate in 2011 GPRO I.

Each group practice selected to participate in the 2011 Physician Quality Reporting GPRO I will be provided a pre-populated data collection tool with an assigned sample of beneficiaries and those beneficiaries' demographic and utilization information. The group practice will then be required to populate the remaining data fields necessary for capturing quality measure information for each consecutively assigned Medicare beneficiary with respect to services furnished during the 2011 reporting period (January 1, 2011 through December 31, 2011). The selected group practices will be provided access to the pre-populated tool no later than the first quarter of 2012, which will be completed and returned to CMS.

For purposes of determining whether a group practice satisfactorily reports Physician Quality Reporting quality measures data for 2011, each selected GPRO I will be required to complete the pre-populated data collection tool for 26 NQF-endorsed quality measures. The quality measures are grouped into four disease modules (Diabetes Mellitus, Heart Failure, Coronary Artery Disease, Hypertension) plus four preventive care measures.

Based on Medicare Part B claims with dates of service beginning January 1, 2011 and processed by approximately October 31, 2011 (10-months), CMS will randomly assign Medicare beneficiaries to each physician group practice TIN. Assigned beneficiaries would be limited to those Medicare FFS beneficiaries with Medicare Parts A and B for whom Medicare is the primary payer. Medicare Advantage enrollees will not be included in patient assignment.

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. Beneficiaries with only 1 office visit to the group practice will be eliminated from the group practice's assigned patient sample for purposes of the 2011 Physician Quality Reporting System GPRO I. The retrospective attribution methodology allows CMS to assign patients using Medicare claims that have been submitted by the group practice's TIN and processed as final action claims into the National Claim History file.

For each disease module or preventive care measure, the selected GPRO I practice must complete the data collection tool for the first 411 consecutively ranked and assigned Medicare beneficiaries. 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 Physician Quality Reporting GPRO I.

Participation in the 2011 Electronic Prescribing (eRx) Incentive Program is voluntary for group practices selected for participation in the GPRO I. Groups participating in 2010 GPRO eRx, planning to continue reporting eRx as a GPRO I, need to notify CMS via email of their desire to do so and the reporting method they plan to use. CMS requires group practices be participating in GPRO I in order to be eligible to participate in eRx GPRO I. Once a group practice (TIN) is selected to participate in the eRx GPRO I, 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 I or eRx, the program will prevent individual eligible professionals from receiving Physician Quality Reporting incentive payments for measures reported individually under that TIN.

In order to not be assessed for a 2012 eRx payment adjustment, GPRO I 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 as a GPRO I, participants must comply with the following requirements:

- Have 200 or more members (as identified by Individual NPIs)
- GPRO I participants may be required to validate the group's NPIs using a list provided by CMS
- Agree to attend and participate in all mandatory GPRO I training sessions and support calls
- Have billed Medicare Part B on or after January 1, 2010 and prior to October 29, 2010
- Provide an electronic file (such as, a Microsoft® Excel file) with the self-nomination letter that includes the group practice's TIN, the name of the group practice and names and email addresses for both a point of contact for handling administrative issues and a point of contact for technical support purposes
- Have technical capabilities to support the 2011 group practice I reporting tool
- Be able to comply with a secure method for data submission
- Indication of group practice's participation in the 2011 eRx Incentive Program with intended reporting method identified and/or request for a hardship exemption from the 2012 eRx payment adjustment

To be considered for 2011 Physician Quality Reporting GPRO I, group practices must address the above requirements in a self-nomination letter by January 31, 2011. A group practice that wishes to participate in both the GPRO I and in eRx GPRO, must notify CMS of its desire to do so when self-nominating for the 2011 Physician Quality Reporting GPRO I. If the GPRO I is planning to participate in eRx GPRO, the reporting mechanism the group practice intends to use to qualify for the 2011 eRx incentive (claims, registry or EHR) needs to be identified. Groups intending to submit 2011 eRx data through an EHR or registry must use one that has been qualified by CMS to submit for GPROs. 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.

CMS will schedule a 2011 GPRO I kick-off meeting for the selected GPRO I group practices. Group practices will be able to withdraw from the GPRO I reporting option during the kick-off meeting and for 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 I 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 period will not be eligible to receive incentive payment for submission of Physician Quality Reporting quality measures at the individual TIN/NPI combination level.

Self-nomination letters should be sent to:

**2011 Physician Quality Reporting-eRx GPRO I 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, 2011.**