This document has been edited for spelling and punctuation errors.

Medicare Learning Network®
Official Information Health Care Professionals Can Trust

MLN Connects™
National Provider Call - Transcript

Centers for Medicare & Medicaid Services
Medicare & Medicaid EHR Incentive Programs for Eligible Professionals:
In-depth Overview of Clinical Quality Measures for Reporting Beginning in 2014
MLN Connects National Provider Call
Moderator: Diane Maupai
July 23, 2013
1:30 p.m. ET

Contents

Operator: At this time, I would like to welcome everyone to today's National Provider Call. All lines will remain in a listen-only mode until the question-and-answer session. This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time.

I will now turn the call over to Diane Maupai. You may begin.

Announcements and Introduction

Diane Maupai: Well thank you, Victoria.

Hello, everyone. This is Diane Maupai from the Provider Communications Group here at CMS in Baltimore, and I'll be your moderator today. I'd like to welcome you to this MLN Connects National Provider Call on clinical quality measures for reporting beginning in 2014. The focus of this call is for – or the intended audience is eligible professionals. MLN Connects calls are part of the Medicare Learning Network.

Before we begin, I have a couple of announcements.

You should have received a link to the slide presentation for today's call in previous registration emails. If you haven't already done so, please download the presentation from the following URL: www.cms.gov/npc. Again, that URL is www.cms.gov/npc. At the left side of the web page, select National Provider Calls and Events. Then select the date of today's call from the list.

Second, this call is being recorded and transcribed. An audio recording and written transcript will be posted to the MLN Connects website. An announcement will be placed in the MLN Connects Provider eNews when these are available.

Thank you to those who submitted registrations as part of their – submitted questions as part of their registration for the call. I provided those questions to our speakers, who did their best to incorporate answers into today's presentation.

I also wanted to mention that we have two other upcoming EHR calls. We have one tomorrow on Stage 2 of Meaningful Use, which will cover such things as the changes to Stage 1, Stage 2 of Meaningful Use with the new clinical quality measures, new reporting mechanisms—so there's a little bit of overlap with today, but some new material as well—payment adjustments and hardships, Medicare Advantage program changes, and Medicaid program changes.

Then we also have another call Thursday, August the 15th. And that one will be on payment adjustments and hardship exceptions. And I'll repeat those again at the end of the call.

At this point, I'd like to move to slide 3 and introduce our speakers. Now, some of our speakers have changed for today. But when you see the first name on there, you'll note this is still a great slide to have.

Our first speaker is Aucha Prachanronarong. And I apologized to her in advance for that. She is the division director in the Division of Ambulatory Care in the Center for Clinical Standards and Quality.

Our second speaker will be David Koppel. He is a Medicaid HITECH co-lead in the Center for Medicaid and CHIP services. Our final speaker will be Maria Michaels, HITECH CQM Policy and Operations lead, also in the Center for Clinical Standards and Quality.

And with that, I'll turn it over to Aucha.

Presentation

Aucha Prachanronarong: Thank you, Diane.

So, if we move on to slide 4, you'll see that today's presentation will provide an indepth overview of the clinical quality measures for reporting beginning in January 2014 for eligible professionals under the Medicare and Medicaid EHR Incentive Programs.

There are four key objectives for today's discussion. First, we will review on the basics of the EHR Incentive Program. Then we'll present on the Stage 2 Meaningful Use and certification requirements and discuss key considerations for providers as they select which measures to report. And then we will give participants an opportunity to ask questions of our speakers at the end of the presentation.

This National Provider Call is geared toward eligible professionals under the Medicare and the Medicaid EHR Incentive Programs. So we will not specifically be discussing the Meaningful Use requirements for eligible hospitals or critical access hospitals.

And we can move on now to slide 5.

Background on EHR Incentive Program: Meaningful Use

As we get started, we wanted to provide a primer on the EHR Incentive Program and Meaningful Use requirement. So, moving on to slide 6, we'll say that the Health Information Technology for Economic and Clinical Health Act, or the HITECH Act, which was enacted under Title 13 of the American Recovery and Reinvestment Act of 2009, created the Electronic Health Record Incentive Programs for both Medicare and Medicaid. The programs incentivized the meaningful use of electronic health record technology as a means to improve quality, safety, and efficiency in health care.

The programs are open to eligible professionals such as doctors of medicine, and also to eligible hospitals. There are three key concepts in the approach to Meaningful Use, which are focused around expanding the capabilities of systems to collect, report, and use data in order to advance clinical processes and, ultimately, improve patient outcome.

In Stage 2 of Meaningful Use, we are really focused on capturing data, turning it into information, and testing our ability to share it with others. For Stage 2, we are looking at starting to use the information—for example, sharing it to promote care coordination, sharing it with public health agencies to promote advances in public health, and integrating it into clinical decision support for improvements in quality and safety.

When we get to Stage 3 of Meaningful Use, we'll be looking to see whether the information that has been generated and implemented has led to the results that we are hoping we'll see—improvements in the quality, safety, and efficiency of health care.

So that's an overview of the conceptual approach to Meaningful Use of EHR technology. Now we'll highlight the incentive program and requirements for eligible professionals to qualify for incentive payments, which differ in amount based on whether they're participating in the Medicare EHR Incentive Program or the Medicaid EHR Incentive Program.

So, moving on to slide 7, for the Medicare EHR Incentive Program, successful demonstration of Meaningful Use entitles program participants to up to $44,000 in incentive payments over 5 years if they began the program in 2011, with one caveat—the maximum incentive payment amount is subject to a 2-percent reduction while sequestration is in effect.

Those who are eligible for the Medicare EHR Incentive Program but fail to demonstrate Meaningful Use by October 1st, 2014, will also be subject to adjustments in their Medicare payments starting in 2015. Then, EPs will need to continue to demonstrate Meaningful Use each year to avoid the Medicare payment adjustment.

Moving on to slide 8, for the Medicaid EHR Incentive Program, the maximum incentive amount is $63,750 over 5 years if the EP began the program in 2011. Providers are only eligible for incentive payments through one of the programs, and must select either the Medicare or the Medicaid program.

One point to note here is that an eligible professional that's eligible for the Medicare program but chooses to participate in the Medicaid program must still demonstrate Meaningful Use by October 1st, 2014, to avoid Medicare payment adjustments starting in 2015.

Now, let's walk through on slide 9 the participation requirements of the EHR Incentive Program.

First, a provider must meet the eligibility criteria. Eligible professionals under the Medicare EHR Incentive Program include doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Under the Medicaid EHR Incentive Program, eligible professionals include physicians, nurse practitioners, certified nurse-midwives, dentists, and physician

assistants. But, the physician assistants must provide services in a federally qualified health center or rural clinic which is also led by a physician assistant.

Secondly, a provider must possess certified electronic health record technology. More information on certified EHR systems can be found on the website that you see on slide 9, healthit.hhs.gov/chpl, or "chapel."

Third, a provider must register with CMS, which is discussed further on the next slide. So, to participate in the EHR Incentive Programs, providers must register with CMS via the website listed on the slide, ehrincentives.cms.gov.hitech. Once registered, eligible professionals must demonstrate Meaningful Use in accordance with the requirements of the EHR Incentive Program.

In Stage 1, also referred to as MU1, eligible professionals must demonstrate Meaningful Use by reporting on 15 core objectives and 5 out of the 10 menu objectives. In Stage 2, or what's often referred to as MU2, eligible professionals must demonstrate Meaningful Use by reporting on 17 of the core objectives and 3 out of the 6 menu objectives. During both stages, eligible professionals must also report on clinical quality measures.

Once these requirements have been met, eligible professionals must attest to Meaningful Use by visiting the website listed on the slide, ehrincentive.cms.gov/hitech/login.action.

I'll now turn the presentation over to David Koppel to discuss the requirements for Stage 2 of Meaningful Use.

Stage 2 Requirements

David Koppel: Thanks, Aucha.

This is David Koppel. I'm one of the – I'm co-lead on the Medicaid HITECH team, along with Jason McNamara, who I'm stepping in for today. And I'm going to go through some of the Stage 2 Meaningful Use requirements and some of the changes.

So if you'll go forward to slide 12, you'll see here some of the key dates for Stage 2, including when the proposed rule came out – the final rule came out. And the critical date is that January 1st, 2014, eligible professionals are able to start Meaningful Use Stage 2, and eligible professionals in all stages of Meaningful Use are going to report CQMs from the updated list that was published in the final rule.

The full list of CQMs for 2014 was posted on the CMS website in December 2012 and was updated June of 2013, just a little more than a month ago. That's an annual update, and those – that should be the final list for 2014, which is attached as an appendix to this presentation.

Moving forward to slide 13, this goes over the changes – the difference between Meaningful Use Stage 1 and Meaningful Use Stage 2. As you can see in the Meaningful Use functional measures, we've gone from 15 core measures and selecting 5 out of 10

menu measures in Stage 1 to 17 core objectives and associated measures in Meaningful Use Stage 2. And providers need to select three out of the six menu set objectives. So, it's still a total of 20. Just a little bit of a composition change between the core and the menu set.

In terms of clinical quality measures, we've gone from six total and we have the required three core measures, and then the three additional measures out of – out of 38 in Stage 1 – not Stage 1, but up until 2014. And now, starting in 2014, we've moved to nine total measures. And those nine measures must come from at least three different domains of the six National Quality Strategy Domains. And those are listed along with – in the list of clinical quality measures at the – in the appendix to the presentation.

Also, as a – note that, as an option, providers can report measures through PQRS for Medicare to meet the Medicare EHR Incentive Program requirements. Providers who are participating in the Medicaid program will still have to report those CQM – their CQMs to the States. And so, doing PQRS will not meet that requirement.

I'll talk a little bit more about these options on the next slide, so let's go forward to 14.

Stage 2 requires that the data reports originate from the certified EHR technology and – that capture and exports data for electronic submission. In addition, for attestation and aggregate electronic reporting, the certified EHR technology must be certified to import and calculate CQMs via electronic reporting.

So, there will be no more – so, the data that you submit has to come directly from the certified EHR technology. That's the critical piece, is that there's no intermediate step. There's no intermediary between the certified EHR technology and the submission of eCQMs.

Moving to slide 15, in calendar year 2013 for EPs – if an EP wanted to use EHR technology certified to only the 2014 edition certification criteria, they can only report those measures that are included in both the Stage 1 and the Stage 2 final rules. So, we wanted to make sure that 2013, we were still within the requirements that the Stage 1 final rule laid out and, therefore – you know, not moving ahead of where the technology is, I guess, and – because those CQMs may not – may not be ready for 2013.

The next two slides, we'll talk about different reporting options for eCQMs. And I'm going to turn the presentation over to my colleague, Maria Michaels, to talk about that.

Keypad Polling

Diane Maupai: Actually, let me jump in here.

David Koppel: Oh, sorry, Diane. I'm supposed to turn it over to Diane, I forgot. My apologies, Diane.

Diane Maupai: No problem. Thank you for filling in today.

David Koppel: Sure.

Diane Maupai: Thank you – thank you, David.

We're going to pause for a few minutes to complete keypad polling so CMS has an accurate count of the number of participants on the line with us today. Please note, there'll be a few moments of silence while we tabulate the results.

Victoria, we're ready to start polling.

Operator: CMS appreciates that you minimize the Government's teleconference expense by listening to these calls together using one phone line. At this time, please use your telephone keypad and enter the number of participants that are currently listening in.

If you are the only person in the room, enter 1. If there are between two and eight of you listening in, enter the corresponding number. If there are nine or more of you in the room, enter 9.

Again, if you are the only person in the room, enter 1. If there are between two and eight of you listening in, enter the corresponding number. And if there are nine or more of you in the room, enter 9.

Please hold while we complete the polling.

Thank you. I would now like to turn the call back over to Ms. Diane Maupai.

Diane Maupai: Well, thank you, Victoria. And thank you, everyone, for taking a minute to do that.

And I'm going to turn the call over to Maria Michaels.

Presentation Continued

Maria Michaels: Thank you, Diane.

So, this is Maria Michaels. And I'll also be covering the slides that Minet Javellana was going to cover later in this presentation. This basically begins on slide 16 with the eCQM reporting options.

eCQM Reporting Options

So, for individual EPs who would like to report their CQMs for the EHR Incentive Programs, one of the options is to report using your certified EHR technology and reporting nine CQMs in at least three different domains. We've mentioned the domains before. These are measure categories. They sort of replace the core menu CQM schema that we had in the earlier years of Meaningful Use. And we'll discuss them in a little bit

more detail in an upcoming slide. You can also find the CQMs listed by domains in the appendix at the end of this presentation.

Even though we don't have a required core set, we did include a suggested core set of measures for both adults and children. And this will hopefully provide a starting point for selecting your CQMs for reporting beginning in 2014. Just as with the CQMs by domains, we've also got the list of the adult and children suggested core sets of CQMs at the end of this presentation in the appendix.

For this reporting option, you would be submitting your CQMs on an aggregate basis reflective of all patients without regard to payer.

Next slide, slide 17. Continuing on the eCQM reporting options, the second option for individual EPs would be to utilize the Physician Quality Reporting System, or PQRS, the EHR reporting option. There are multiple options under this program, so it is important that you use the EHR reporting option and not any of the other options.

This is one example of how CMS is working to align quality reporting programs in order to help reduce EP reporting burdens. So hopefully this will help, in particular, EPs who are participating in the Medicare EHR Incentive Program.

In order to use this option, you would submit and satisfactorily report PQRS CQMs under the EHR reporting option using your certified EHR technology. If you select this option, you would be subject to the reporting periods established for the PQRS EHR reporting option.

For example, in 2014 for Meaningful Use, you could report as little as a one-quarter reporting period in order to satisfy the requirements for Meaningful Use. However, if you wanted to use this aligned option, the PQRS EHR reporting option has a 12-month reporting period. So you would have to use the 12-month reporting period to submit your CQMs electronically, and then you could get credit for both PQRS and the CQM component of Meaningful Use with that one submission. Again, that's for EPs in the Medicare EHR Incentive Program.

I did want to point out that you would still need to submit your Meaningful Use functional measures in the registration and attestation system to complete your reporting requirements for Meaningful Use. If you want any additional information on the reporting requirements of PQRS, there's a footnote at the bottom of slide 17 that provides some references for you to be able to use.

Next slide, slide 18. Continuing on with the eCQM reporting options, this time for EPs that are part of a group. This – the group reporting options also apply to the Medicare EHR Incentive Program side. So I just wanted to point that out. And there are a couple of options, depending on the type of group that you might be part of.

First of all, if you're an EP that's part of an ACO, an accountable care organization, either in the Medicare Shared Savings Program or a Pioneer ACO, and you satisfied the requirements of that ACO using your certified EHR technology, you could also satisfy the clinical quality measure component of Meaningful Use.

Alternatively, if you are an EP in a group practice and you satisfied the requirements of the PQRS GPRO option using your certified EHR technology, you could also satisfy the requirements of the clinical quality measure component of Meaningful Use. And, again, I wanted to point out that you still do have to submit your Meaningful Use functional measures in the registration and attestation system to complete the reporting requirements for Meaningful Use.

On slide 19, a little bit about the CQM reporting requirements. So, as we referenced on slide 14, the clinical quality measures are now grouped in domains of quality measurements. These are based on the National Quality Strategy Priorities. And all 64 of the EP CQMs for reporting in 2014 were categorized into these domains. And those are patient and family engagement, patient safety, care coordination, population and public health, efficient use of health care resources, clinical process and effectiveness.

So, again, in either option, you would have to report from at least three different domains. And both PQRS and the EHR Incentive Program have a requirement of nine measures across three domains. So, regardless of which option you are using as an individual EP, that would be your reporting requirement.

And, again, if you are in a group of some sort, you would – you would pay attention to the reporting requirements of those programs – or reporting options. As I mentioned before, you can find the CQMs categorized by domain in the appendix at the end of this presentation.

What Is an eCQM?

So on slide 20, what is a CQM? So, in this section we will delve into some of the benefits of implementing eCQMs and the considerations for selecting which eCQMs you would be reporting in the EHR Incentive Program, and which ones you could select for reporting beginning in 2014. We're going to cover, like I said, the benefits and considerations.

So, with that, we'll move on to slide 21 and look into why eCQMs are important. So the benefits of using electronically specified clinical quality measures in today's health care industry is it will help us measure and track the quality of health care services provided to patients within our health care system in using data that are associated with the provider's ability to deliver high-quality care or relate to long-term goals for health care quality.

Continuously measuring and reporting clinical quality measures helps us to ensure that our health care system delivers effective, safe, efficient, and patient-centered equitable and timely care. It's important to all of us. We're all patients, after all.

So, by electronically capturing information in electronic health records and reporting clinical quality measures, or eCQMs for electronic clinical quality measures, providers can advance achievement of important quality improvement goals. And we've got some of them highlighted here on slide 21—they are to improve individual and population health, to provide better health care, and reduce health care cost.

Electronically capturing patient data in a standardized manner, this helps us ensure complete and accurate information and also facilitates access to – access to and analysis of critical data that can be leveraged for quality measurement purposes. These data can be used to track and measure clinical processes and outcomes and contributing to the evidence base in support of quality improvement efforts and the advancement of health care.

You'll see that the slide lays out some specific examples of the ways in which eCQMs can drive progress towards each of these health care goals. For example, eCQMs can contribute to better overall health by promoting the use of evidence-based practices, assessing progress with the prevention and treatment of priority conditions, and identifying deficiencies in the health care safety and accessibility. This is also where those domains come into play. This helps us identify some potential gaps in our health care system.

The use of EHR technology and eCQM reporting could ultimately reduce burden on providers by streamlining quality measurements. The information yielded through the use of eCQMs could also contribute to improved coordination of care across settings, which is important to promote patient-centered care and improved outcomes.

Not only can eCQMs promote better health care, but they can also help lower the cost of care by promoting effective and efficient care and improving overall safety of care. For example, reducing preventable medication errors or preventable readmissions or unnecessary imaging—those are just a few of many possible examples.

So, we've talked a little bit about some of the benefits of implementing eCQMs on this slide. On the next slide, we'll show you a little bit about how clinical quality – how clinical quality measures are developed from conceptualization to implementation and maintenance.

So with that, let's turn over to slide 22. So this slide depicts the development life cycle for clinical quality measures, and it's laid out in five stages. CMS adheres to this standardized process for all the measures implemented in its quality measurement programs.

Before I walk through the stages of the development life cycle, I'd like to point out a link that's been included at the bottom of the slide, which will take you to the CMS Measures Management System and Blueprint. The Measures Management System is a set of processes and decision criteria used by CMS to oversee the development, implementation, and maintenance of health care quality measures and to ensure that they

retain scientific soundness, importance, feasibility, and usability. We encourage you to access the blueprint if you're interested in learning more about the management of clinical quality measures within CMS.

And even if you aren't, then, let's move on to the actual five stages of development so you can get a better understanding of how exactly the clinical quality measures become what they are when you're reporting them. The five stages include measure conceptualization and selection, measure specification, measure testing, measure implementation, and measure use and evaluation.

The first phase, measure conceptualization and selection, involves consulting with key stakeholders to generate a list of measure concepts for which quality measures will be developed.

During the second phase, the measure specifications are drafted and vetted with key stakeholders. This phase also involves initial feasibility assessment to understand whether the measure under development has the potential to be a viable measure that will achieve the intended purpose—for example, if it could be used in an EHR to adequately capture and calculate the clinical quality measure that's being assessed.

In phase 3, measure testing, this involves a more comprehensive feasibility testing to assess the reliability and validity of the measure. CMS will solicit public comment about the measures in development through Federal rulemaking process.

In phase 4, the implementation phase, this is the point at which the new measures are put to use and when reporting begins. And, lastly, after the measure's been implemented, we'll assess how the measure is performing. At this point, during phase 5, we'll also consider processes for maintaining the measure over time.

So hopefully that gives you an idea about the thought and rigor that's gone into developing all of the clinical quality measures. And again, if you're interested in the details of any of these development phases, you can refer to the CMS Measures Management System and Blueprint, which you can access through the link at the bottom of this slide.

So now let's try to explore some of the questions you should maybe ask yourself as an eligible professional maybe beginning reporting in 2014. And, hopefully some of these questions can help you select the eCQMs that you'll report for the EHR Incentive Programs.

With that, let's move on to slide 23, some things to consider. If you recall, the options you have for reporting CQMs as an eligible professional that we discussed earlier, you can report nine CQMs from at least three different domains or satisfy the requirement by reporting the – through the EHR reporting option in PQRS. And there's also a couple of additional options for group reporting. And all of this would require thinking through

which measures best fit your particular group of patients, your particular practice, your specialty, et cetera.

So on this slide we present some tips for things to consider when deciding which CQMs to report, including existing quality improvement efforts, your patient population, and your technical capabilities. In order to minimize the burden on your practice and maximize the impact of measurement, we encourage you as a provider to consider any quality improvement initiative that you already have under way and to leverage the measurement that is already taking place, especially if they're – if they're related to the clinical concepts addressed by the CQMs in this program.

You may also want to consider any demographics or conditions that are prevalent in your practice to maximize the benefit of your quality improvement efforts for your patients. And finally, you would want to talk with your EHR vendor to understand which eCQMs your technology is certified to report—so, which functions your technology is certified to perform and, also, which level of data technology it's capable of submitting. For example, patient level or aggregate level.

Hopefully that's a good start. Let's turn over to slide 24. This is referring to the relationship of Meaningful Use to other programs. And it's a little bit of a crosswalk to CMS quality reporting programs.

So, on this slide, we'll show you a crosswalk of how you receive – could receive credit for multiple CMS quality reporting programs. This table includes Meaningful Use, the Physician Quality Reporting System, and Group Practice Reporting Option. These are the three CQM reporting options that we've discussed.

I did also want to point out, for any of you who have not yet seen the physician fee schedule that's recently – the proposed rule that's recently been published, we have a couple of additional options that we've proposed. So we would encourage you to look for that, review it, and provide your comments to us to let us know if those options are helpful to you.

Back to slide 24, you'll see that if you report on nine CQMs from at least three different domains, you could receive credit for Meaningful Use—for at least the CQM component of Meaningful Use—even if the patient population is zero for one of the – one or more of the clinical quality measures. You could receive credit for PQRS provided that all CQMs have at least one patient in the denominator. Otherwise, you'll need to report additional CQMs—up to nine total—to receive credit. I'll also point out that on the PQRS side there's – that one patient needs to be a Medicare beneficiary.

If you report nine CQMs using the PQRS EHR reporting option, again, you could get credit for the Meaningful Use CQM component and PQRS. And finally, if you use the GPRO option, you could also get credit for the CQM component in Meaningful Use and PQRS.

As I mentioned before, you would still need to submit your Meaningful Use functional measures through the registration and attestation system to complete your reporting requirements for Meaningful Use.

Resources

Slide 25. Here is a list of additional resources that might be helpful to you. If you needed to find more information about the EHR Incentive Programs and clinical quality measures, you can always visit the main CMS site for the EHR Incentive Programs at www.cms.gov/EHRIncentivePrograms, all one word. And we've also listed the toll-free number that you can call for the EHR Incentive Program Information Center.

Now, I'll turn it back over to Diane.

Question-and-Answer Session

Diane Maupai: Thank you, Maria.

Before we move on to the question-and-answer session, I'd like to make a special announcement.

CMS is going to be providing an opportunity for Medicare-enrolled providers and suppliers to give us feedback about their experience with the Medicare administrative contractor, or MAC. That contractor processes your Medicare claims, but not only that, they handle Medicare enrollment, they provide education sessions, and they also are charged with responding to your questions.

So, if you're interested in providing feedback, please see slide 28. There's a link there where you can go and register. And our plan is, this year, that we will pull a statistically valid sample from those providers that register and indicate their desire to give – provide feedback on their MAC. So, as I said, slide 28—please consider registering because we'd really like to hear from you and it will help us improve their performance.

And that – with that, I'm going to start the question-and-answer session. Our experts will now take your questions about CQMs. But before we begin, I'd like to remind everyone that this call is being recorded and transcribed. Before asking your question, please state your name and the name of your organization.

In an effort to get to as many questions as possible, we ask that you limit your question to just one. If you'd like to ask a follow-up question or have more than one question, you may press star 1, which, I believe, is on one of the slides here—27. Thank you.
Slide 27—star 1 to get back in the queue, and we'll address additional questions as time permits.

So all right, Victoria. We're ready to take our first question.

Operator: To ask a question, press star followed by the number 1 on your touchtone phone. To remove yourself from the queue, please press the pound key.

Remember to pick up your handset before asking your question to assure clarity. Please note, your line will remain open during the time you are asking your question, so anything you say or any background noise will be heard into the conference.

Please hold while we compile the Q&A roster.

And your first question comes from Anne Long.

Anne Long: Hi. Yes, this is Anne Long with the UNT Health Science Center in Fort Worth. And we have a big group practice of over 100 physicians, some of whom practice in different areas. In order to submit our quality measures and also satisfy the PQRS Group Practice Reporting Option, will CMS accept data from two separate EHR vendors?

Maria Michaels: Hi, this is Maria, Anne. The easiest way to do that – the short answer is yes.

Anne Long: OK.

Maria Michaels: The easiest way to do that, we think, is through using patient-level data and the QRDA Category I file. And the reason is because it would be really difficult to assess all of the EPs, or your group practice as a whole, without patient-level data. We can't really combine the aggregate-level files very easily and get your total score at the end. But, if that isn't an issue for you guys, that would be the way that, we think, you can do that.

Anne Long: OK. I mean, isn't that the only way you can if it's – if it's the Group Practice Reporting Option? Isn't it – isn't that your only . . .

Maria Michaels: Right. So, Anne, the current way that you report under the GPRO option – and I'm guessing that you primarily use the web interface?

Anne Long: No, we haven't done it yet. We've done it individually.

Maria Michaels: You haven't done it yet, OK.

Anne Long: Yes. So, we're going to be doing it the first time probably next year.

Maria Michaels: OK.

Anne Long: Actually, we're probably going to do it this year because we're 100 or more, you know, for 2013. But, my issue is more getting the data from two separate vendors – or two separate EHRs – and how that works.

Maria Michaels: Sure. So, we don't preclude it.

Anne Long: OK.

Maria Michaels: And like I said, I think the easiest way to do that is with patient-level data files.

Anne Long: OK.

Maria Michaels: And I would encourage you to review the proposals we have in the physician fee schedule because it does include some various options. But it sounds like for your group, that's still the best way to do it, is getting the patient-level data files from each of the different EHR systems.

Anne Long: OK, OK. I thought CMS actually sent you the information on those patients. Or no? We select the patients whom we report on?

Maria Michaels: You're – I think you're referring to the sampling?

Anne Long: Yes, yes.

Maria Michaels: Yes. So, there are still a couple of different ways. We're still working on . . .

Anne Long: OK.

Maria Michaels: . . . and, again, we made proposals for ways that we might change this in 2014 to give you a little bit more flexibility . . .

Anne Long: OK.

Maria Michaels: . . . in how you actually report the data.

Anne Long: OK.

Maria Michaels: So, the way that it currently is, we give you the sample and you generally enter the information in the GPRO web interface.

Anne Long: Yes.

Maria Michaels: But, we haven't finalized any of the proposals we've made. So, if you have a specific situation with your group—and it sounds like it's a situation that, perhaps, other group practices have . . .

Anne Long: Yes.

Maria Michaels: . . . I would encourage that you review the proposals and see if there's something that would work better for you.

Anne Long: OK.

Maria Michaels: And then let us know so we'll know that that's something that we should finalize.

Anne Long: OK. Thank you.

Operator: Your next question comes from Lisa Hanson.

Lisa Hanson: Hi, my name is Lisa Hanson. I'm calling from Coastal Ear, Nose and Throat. My question is, we've been reporting our PQRS codes on a claim-based – in a claim-based way. So for 2014, since the CQM and PQRS seem to be interchangeable, is it – is it going to harm me if I continue to submit claim-based PQRS until we're ready to report Stage 2 for a quarter? I mean, is there – or should I not do that?

Maria Michaels: Well, I'm not sure what you mean by is it going to hurt you. I mean – you're still – if you successfully meet the requirements for PQRS for the claims reporting option, you'll still get your credit for PQRS. You would not get credit for Meaningful Use. And then in – you mentioned 2014. If you did choose to report electronically in 2014 but chose to only report one quarter's worth of data, that would not meet the requirements for PQRS. So you would still need to either report through the claims-based option or just report the full 12 months' worth of data for that calendar year. And then you could get credit for the CQM component of Meaningful Use as well as PQRS.

Lisa Hanson: OK. So, I can just keep doing it the way I'm doing it, as long as I increase the measures to nine – to the new criteria.

Maria Michaels: If that's what works for you. I can't really advise you on that; you have to decide for yourself.

Lisa Hanson: I understand. I appreciate it, thank you.

Female: If she continues doing the claims-based then she'd have to attest for . . .

Operator: Your next question is from Cynthia Korman.

Cynthia Korman: Hi, Cynthia Korman with Strategic System Solutions. I'm working with a physician practice—a small practice—and the physician is a member of an ACO. Does that mean she doesn't have to worry – and they're doing the group reporting, I would guess. Does that mean she doesn't have to worry about submitting CQMs herself to achieve Stage 2?

Maria Michaels: So, a couple follow up questions to that. Is she using a certified EHR technology?

Cynthia Korman: Yes.

Maria Michaels: And is she also reporting her Meaningful Use functional measures in the registration and attestation system?

Cynthia Korman: Yes.

Maria Michaels: Then it should be good to go.

Cynthia Korman: Great.

Maria Michaels: Thank you for your question.

Cynthia Korman: Thank you.

Operator: Your next question is from Leslie Witkin.

Leslie Witkin: Hi, this is Leslie Witkin of Physicians First in Orlando, Florida. When Stage 2 came out in – earlier in the year, with some CMS presentations, my understanding was that an EP who was beyond their first year of demonstrating Meaningful Use would be required to do the electronic submission of the CQMs, and an EP who was in their first year of demonstrating Meaningful Use would still do attestation.

I was wondering, based on something that was in the proposed rules, it made it sound as though if the certified EHR was not certified for the June 2013 CQMs, then an EP would be able to attest. So is it going to be possible for all EPs, no matter what year of Meaningful Use they're in, to use attestation rather than the electronic submission of the CQMs?

Maria Michaels: So, thanks for your question, Leslie. I want to clarify what the proposal is. And that is that if your EHR vendor happened to not support the June 2013 version of that clinical quality measure . . .

Leslie Witkin: Yes.

Maria Michaels: . . . then and only then should you, as an EP that are beyond your first year of Meaningful Use, attest. We did want to give you the ability to report the earlier version. We just can't accept it electronically. So the only way we can accept it – excuse me – accept it is through attestation. If you do have the June 2013 version, we do still expect that you submit the clinical quality measures electronically.

Leslie Witkin: So, there is a little wiggle room, then, if that EHR, for whatever reason, is not certified to the June 2013 version. Yes?

Maria Michaels: Yes, but only in that situation.

Leslie Witkin: I got you. OK, thank you.

Beth Myers: Just to clarify that one step further, that's because of the submission method – that the 2013 standards wouldn't fit the electronic submission method.

Leslie Witkin: OK.

Beth Myers: So, it's really not, you know – it's really about just making sure that people whose systems may not have been upgraded in time can still participate in Meaningful Use.

Leslie Witkin: I understand. Thank you. That's helpful.

~~Maria Michaels~~Diane Maupai: Thank you, Beth.

Operator: Your next question is from Margaret Chandler.

Margaret Chandler: Yes. I'm Margaret Chandler with Greenway Medical. We're an EHR vendor. And my question is in regard to slide 15, the core measures that were dropped from Stage 1 to Stage 2. I just wanted a quick clarification. On those 11 measures that were dropped from Stage 1, do they still need to – if they're in Stage 1, they still need to report on those 11 dropped? Or are they just dropped across the board in 2014?

Maria Michaels: In 2014, they're dropped across the board. The slide was meant for kind of giving some guidance if you – so, you're the EHR vendor. If you provided a certified EHR technology to your EP client that was certified to the 2014 edition certification criteria, then it – we were just pointing out that those clinical quality measures would not be available because they have been dropped for reporting beyond 2013.

So if you were able to implement that certified EHR technology—again, that 2014 edition—in 2013, those CQMs wouldn't be available, and we're making it a point to say that you would have to select some other clinical quality measures if you wanted to be able to still meet those requirements in 2013.

Margaret Chandler: OK. Thank you.

Maria Michaels: Sure.

Operator: Your next question is from Joyce Nurenberg.

Maria Michaels: Joyce, are you there?

Joyce Nurenberg: Can you hear me now?

Maria Michaels: Not very well.

Joyce Nurenberg: OK.

Maria Michaels: Can you try speaking up a little bit?

Joyce Nurenberg: OK. Can you hear me now?

Maria Michaels: That's better.

Joyce Nurenberg: OK. So it gets complex for us in terms of the group situation. We also have multiple EHRs, and we have – we have both the Medicaid and the Medicare program until – I'm wondering if you are familiar or not with the proposed rule that they talk about the definition of the group practice, because, I think, rather than try to describe the complexity, I wonder – I think I have to do a bit more reading. I'm trying to understand how they define a group.

Maria Michaels: So are you talking about the physician fee schedule rule? Which rule are you referring?

Joyce Nurenberg: Yes. Yes, I am – the proposed rule that just came out.

Maria Michaels: OK. And is your question – I guess I'm trying to understand what your question is.

Joyce Nurenberg: I'm just trying to learn more about how they define "group." So, I'll retract my question and get a little bit more educated and then, perhaps, ask another time or on another call.

But, I do have one more comment, though, quickly, in terms of the request that we participate in the MAC survey. I attempted to do that, but it asks you for NPI information of the physician. And so you have to literally individually enroll per NPI. And so, given the volume of physicians that we represent, I would encourage that perhaps they allow you to use a group NPI and allow people like us – like the billing service and such – allow us to comment because we're – you know, we're working with the MAC on a number of back-end pieces. But I couldn't imagine, you know, individually connecting myself with only certain physicians and such. So that was just my one comment. And maybe you might get some more participants if it were made a little bit easier.

Diane Maupai: OK. Well, thank you. So, this is Diane. I'll take that back to the folks that are running the survey and see if they, you know, can – if a group NPI would work. Thank you.

Joyce Nurenberg: OK.

Diane Maupai: Next question.

Operator: Your next question is from William Tomback.

William Tomback: Yes. Hi, how are you doing? This is Dr. Tomback. I'm a podiatrist. And looking at – looking over the C – the clinical quality measures, I don't find nine that, you know, really pertain to a podiatric practice. In that case, do we just put zero in the denominator and we will – will we still – will we still get credit for that, if we put zeros in the denominators because nine do not apply to podiatry?

Maria Michaels: So, you have – so it depends on how you're reporting your CQMs. The short answer is yes. For Meaningful Use, you can.

William Tomback: Yes.

Maria Michaels: If you're reporting through attestation, that is exactly how you would indicate that you didn't have another measure with patients that met the denominator criteria. You would just enter the zeros. If you're electronically reporting, if you're reporting using patient-level data, it would – your EHR would basically not create a Category I file . . .

William Tomback: Right.

Maria Michaels: . . . to submit. And if you're submitting a QRDA III file, your QRDA III file would basically include zeros. Your certified EHR technology would need to be certified for a minimum of nine measures. So, it would reflect zeros in the – in the measures that don't actually have patients in the EHR.

William Tomback: I use certified EHR technology. You know, my software that I use is certified. So I'm sure it'll be fine. OK. So it hasn't really – it's like Stage 1, almost – same idea, where I put zeros in and it gave me credit even though – because I do not have those CQMs pertaining to podiatry.

Maria Michaels: Exactly.

William Tomback: OK. Thank you for your time. I appreciate your help. Thank you.

Maria Michaels: Sure.

Operator: Your next question is from Rebecca Biggs.

Rebecca Biggs: Hi, I'm Rebecca Biggs. I'm from Twin Lakes Medical Foundation out of Leitchfield, Kentucky. I'm a little confused on how we actually get this data to you. I've heard several different people talk about electronic submitting. And I've also heard

people talk about generating reports and entering them manually. So how exactly do we get this information to you? And if we're a practice of several different specialties, is it based off of individual NPI?

Maria Michaels: So it depends on which reporting option you would like to use. And so first I'll ask, are the majority of the eligible professionals in your practice, regardless of their specialty, beyond their first year of participating in the EHR Incentive Program?

Rebecca Biggs: As of – yes. As of about 30 minutes ago, yes, because we just received our last Medicaid first-year payment. So, everybody will be on Medicaid year 2.

Maria Michaels: OK. So, I'll – so, for the Medicaid side, you would – you would have to talk to your States about—or State in the case if all of your EPs are in the same State—about their specific reporting requirements. For CMS, if you're electronically submitting your data, it's through the PQRS portal. And we're going to include more information on that within the registration and attestation system so it'll be easier to find.

If you did have EPs in their first year and they would be attesting so they wouldn't miss that deadline of October 1st to avoid the payment adjustment in 2015, they would basically just go through the attestation system and could use, for example, a QRDA III, which is an aggregate-level report or file that comes out of the certified EHR, to get the CQM data to input into the registration and attestation system. So if you're electronically reporting, it's basically a matter of generating the files from the certified EHR technology and uploading them in the portal.

Rebecca Biggs: Oh, OK. So it will be – it will be an electronic file that we generate from the system . . .

Maria Michaels: Yes.

Rebecca Biggs: . . . to the portal if it's going through the PQRS.

Maria Michaels: Yes. And that's for the Medicare side of the EHR Incentive Program.

Rebecca Biggs: Side of it. Yes. OK.

Maria Michaels: So, again, if you also have some EPs that are participating in the Medicaid side of the program . . .

Rebecca Biggs: Yes.

Maria Michaels: . . . I would recommend talking to the individual State just to make sure that you get the right information for the State that you are reporting to.

Rebecca Biggs: In that, I would go through our, well, Kentucky Medicaid. They should be able to direct me to the right people. Correct?

Maria Michaels: That's correct.

Rebecca Biggs: OK. All right, great. Thank you.

Operator: Your next question is from Leslie Smart.

Leslie Smart: This is Leslie Smart. I'm from Sharp Rhees-Stealy Medical Group. And I was – option . . .

Diane Maupai: I'm afraid you're breaking up. I don't know if you're driving in your car?

Leslie Smart: No, I'm actually – let me see if – hear. Can you hear . . . ?

Diane Maupai: You're still breaking up, I'm afraid.

I think we have to move on to the next question due to technical difficulties.

Operator: Your next question is from Robert Johnson.

Robert Johnson: Thank you, this is Robert Johnson of Peace Medical Center here in Greenville, South Carolina. My question has to do with the submission and our technology certification requirements. I guess there's two different ways to submit the data. One is through attestation, the other one through electronic submission. Is that correct?

Maria Michaels: That's correct.

Robert Johnson: And I'm struggling with understanding what the QRDA I and QRDA III is. Can you tell me what that is?

Maria Michaels: Sure. So, I did neglect to mention that QRDA stands for Quality Reporting Document Architecture. That's just the name of the standard. In the Category I, or QRDA I, file is basically a patient-level data file. And QRDA Category III, or QRDA III, is an aggregate-level file.

Robert Johnson: OK.

Maria Michaels: So, in QRDA I, your certified EHR technology would generate files for each patient that fits the denominator criteria of the clinical quality measure. In the case that you were trying to report aggregate data, you would probably want to generate a QRDA III file, which would include all the clinical quality measures that you want to report in aggregate form with, perhaps, some subcategories under each of the clinical quality measures. But those are essentially the two types of files that a certified EHR technology that is certified to the 2014 edition certification criteria would be able to generate.

Robert Johnson: All right. You just answered my question. So I need to find out – so we submitted last year. So we need to find out whether or not we're capable of submitting that QRDA data this year – I mean, for 2014.

Female: The quality reporting documentation, right?

Robert Johnson: Right. So it's not enough just for us to find out if we're certified, because we were certified last year to collect and submit data. We need to find out for – by 2014 whether or not we are capable of sending the QRDA I that architect . . .

Female: Through our vendor.

Robert Johnson: Through our – through our vendor – through our electronic health center . . .

Maria Michaels: Yes. There's a couple of ways you can do that. I would recommend doing it either or both ways. One is you can talk to your EHR vendor and ask them if they're certified to the 2014 edition certification criteria for clinical quality measures. And, then – and actually, if they're certified as of – you know, if they've got their modules certified, it should hopefully be easy for you to figure that out through the ONC-certified help IT products list.

Robert Johnson: Yes.

Maria Michaels: We actually included that website earlier. I'll try to figure out which slide it was as quickly as I can here so you can see it. But it is within the slide deck that we gave you. It's on slide 9. So that's the other place where you can see if the different EHR products that your EHR vendor supports is included and certified.

Robert Johnson: Thank you.

Maria Michaels: Sure.

Robert Johnson: I've got it right here, here it is.

Maria Michaels: I think we're ready for the next question.

Operator: Your next question is from Dawn Wang.

Dawn Wang: Hello, can you hear me?

Maria Michaels: Yes.

Diane Maupai: Yes.

Dawn Wang: I actually have a few clarification questions. I'm with the Harris County Medical Society. We – if a group practice is greater than 100 and they're participating in PQRS through the actual web interface, would that actually count for Stage 2 Meaningful Use eCQMs as well? Or that's going to be two separate?

Maria Michaels: So, in 2014, the answer for that is yes. We're exploring ways that we can streamline it a little bit better to really take advantage of the EHR technology. So we also have some proposals in that same physician fee schedule that potentially give some additional options.

At this point, we will be continuing the web interface in 2014. So, if that is the way that you're going to choose to report for that group practice, it would still count, again, if the EPs within your practice also attest to the Meaningful Use functional measures in the registration and attestation system.

Dawn Wang: OK. And then, I think my other question was – so, because of the physician fee schedule, the one – the proposed rule, if a group practice is less than 100, you can't really participate in the web interface. And if it's a multispecialty practice and the physicians are still reporting individual PQRS measures and to meet PQRS, one of the – one of the things you can do is if 70 percent of your physicians successfully attest to PQRS. So will that also count, then, towards Meaningful Use? Or do they still have to pick eCQMs that's within the Stage 2 Meaningful Use and report that through the portal?

Maria Michaels: Those are proposals. And so I can't speak to what it will be because we haven't finalized the proposals.

Dawn Wang: Yes.

Maria Michaels: So, I apologize, but I don't think I can answer your question at this time.

Dawn Wang: OK.

Diane Maupai: Thank you.

Dawn Wang: OK.

Diane Maupai: Next question.

Operator: Your next question is from Priya Lamba.

Priya Lamba: Hello?

Maria Michaels: Yes.

Priya Lamba: Yes, I just had a question about the CQMs and just a clarification. I was – I know that for 2014, EPs are only required to demonstrate a 3-month reporting period

regardless of whether they're in Stage 1 or Stage 2. But something you said confused me. And that was that, for 2014, they are still required to report CQMs for the entire year. I'd called earlier, and someone told me that CQMs only need to be reported for the 3-month period as well. So I was just seeking clarification on which it was.

Maria Michaels: Sure. So if your intention is to only participate in Meaningful Use, you can use the 3-month reporting period that you mentioned for both the clinical quality measures and the Meaningful Use functional measures. But if you wanted to use one of the aligned options that we mentioned, either for individual EPs or for a group practice or an ACO, the deal with that is that you have to use the reporting period for the aligned program. And currently all of those aligned programs have a reporting period of a full 12-month period, which is a calendar year.

Priya Lamba: OK. Great, got it. Thank you for that.

Maria Michaels: Sure.

Operator: Your next question is from Loretta Pearson.

Loretta Pearson: Hi. I'm Loretta from Dr. Karl Holling's office. Can you hear me?

Maria Michaels: Yes.

Loretta Pearson: OK. In the past, we have been doing our PQRS claim level because it's a solo practice with attestation. When we send them with the key – QRDA file, do we still attest also?

Maria Michaels: You do still have to attest for the Meaning Use functional measures.

Loretta Pearson: OK.

Maria Michaels: But you would not need to separately attest for your clinical quality measures because you would be submitting them electronically. And there's going to be a place in the registration and attestation system where you would say that you're electronically reporting.

Loretta Pearson: OK.

Maria Michaels: So it should hopefully be clear when you're on the screen.

Loretta Pearson: And then, our – the EHR system we use, they would have, like, connection to CMS for our – the PQRS part?

Maria Michaels: When you say connection . . .

Loretta Pearson: They would have it set up – I mean, as part of their credentialing to have it set up for sending the PQRDA files? Or do I have to figure out where they're sending the file to?

Maria Michaels: Yes. So it sounds to me – and you did mention it was a solo practice.

Loretta Pearson: It is.

Maria Michaels: It sounds to me like you don't – like you could come up with, like a contract with a data submission vendor that would help you do that. Or, if you wanted to do it directly from your practice or from your – directly from your EHR system, you would basically have to register for something called an IACS account.

And, again, the instructions for how to do that would be included on the screen in the registration and attestation system as well. But we would encourage you to get that in advance of when you actually needed to submit your data. And then we'll have the direct link to where you would need to upload those files also included on a screen in the registration and attestation system.

Loretta Pearson: So it's something – it's something we do? We generate this report through the system. And then we upload it, just out of our database.

Maria Michaels: That is one way you can do it.

Loretta Pearson: OK.

Maria Michaels: So you can do it yourself from your EHR directly. Or you can contract with a data submission vendor, and your EHR vendor may be one of those data submission vendors. But I'm not sure, I don't have the whole list memorized.

Loretta Pearson: OK.

Maria Michaels: But you could check with them on that. And if you do that, then you would have to give them certain authorizations for submitting that data on your behalf.

Loretta Pearson: OK. And we do have the IACS account. I just haven't been doing anything active with it . . .

Maria Michaels: OK.

Loretta Pearson: . . . in the last year or so.

Maria Michaels: So then you're one step ahead.

Loretta Pearson: It doesn't feel like it. But, thank you.

Diane Maupai: Thanks, Maria.

Operator: Your next question is from Gordon Wright.

Gordon Wright: Hello. Can you hear me?

Maria Michaels: Yes.

Gordon Wright: All right. So the question I have is, when I'm looking at the website with all the different certified vendors right now, there's not a whole lot. It says 57, but some of them are combined, right? So I think one of my concerns is, because I work for the LAC and a QIO, whether or not there's going to be a deadline for certification; wherein, also if there's any contingency plans for vendors that are out there that are not going to be certified for Stage 2. Does that make sense?

Maria Michaels: I may ask you to clarify the second part. But the first part on whether or not there's a deadline, there's not a deadline. It's kind of a continuous process. So, whenever the EPs, in this case, are trying to participate in the program, they'd have to work with their EHR vendor on determining what the timeline – what the best timeline is to get the technology certified and then implemented. So that's the first question.

I am going to ask you to maybe restate your second question a little bit.

Gordon Wright: Sure. Yes. The second question is, now, as you know, there's a whole slew of vendors out there, right? And so a lot of folks have attested to Meaningful Use Stage 1 with that one system. Now it could very well be that some of these systems are not interested in being certified for Stage 2, which, then, kind of leaves the providers up in the air as to what they need to do.

Is there a contingency plan? Because, for example, Medicare—if you skip a year, you're – my understanding is you don't – there's nothing you can do. Right? So they would have to, I guess, within that year, find another solution. Is that kind of the understanding? Or is there a contingency plan in place that, let's say, for example, they had one system, the next year, they – they would this year – or 2014, they don't have that system any longer that's certified. Does that make sense?

Maria Michaels: Yes. So everybody would have to get re-certified anyway beginning in 2014. It is a new set of certification criteria that includes some additional functionalities that were not included previously. So everyone needs to get a newly certified system for 2014. What I'm hearing you ask is, what if the same vendor chooses not to re-certify?

Gordon Wright: Exactly.

Maria Michaels: And we don't necessarily have a contingency plan per se. We are trying to figure out the best way to address that issue because we do realize that that potentially

could be an issue for some EPs and for hospitals, for that matter, as well. So we're working on that part.

In the meantime, what we would encourage EPs to do—and, perhaps, in your case, the QIOs that help EPs to do—is to work with their EHR vendors to determine if they plan on certifying for 2014, or using the 2014 edition. And, if not, then trying to figure out what their contingency plans might be for that.

Gordon Wright: Right. OK. Sounds terrific. Thank you.

Maria Michaels: OK.

Operator: Your next question is from Shira Baum.

Shira Baum: Hi. I just wanted to clarify a previous question that someone asked and I believe you answered regarding the requirements for PQRS.

Maria Michaels: OK.

Shira Baum: So – at this point, you – we – there really aren't requirements in place like, for instance, you need three CQMs per domain. It – there's nothing that's specific yet for PQRS?

Maria Michaels: Well, not completely. And it's not three CQMs per domain. It's that within the nine CQMs that you report, it needs to cover three domains – three different domains. It doesn't have to be three each.

Shira Baum: Got you.

Maria Michaels: So hopefully that'll clarify that point. And I can tell you that in the 2013 – the calendar year 2013 physician fee schedule, PQRS did finalize at least the individual option for the nine clinical quality measures covering at least three domains. So that has been finalized and will be the reporting requirement in 2014 for individual EPs.

Shira Baum: For the – for the PQ – not for PQRS?

Maria Michaels: For PQRS. Yes.

Shira Baum: For PQRS.

Maria Michaels: So it's the exact same requirements as Meaningful Use clinical quality measure reporting for EPs.

Shira Baum: OK. So it will be the same, then?

Maria Michaels: Yes.

Shira Baum: OK. And from – again, what I understood from the question is those have to be submitted through a portal as opposed to attestation?

Maria Michaels: If the EP is beyond their first year . . .

Shira Baum: Yes.

Maria Michaels: . . . then, yes, and it's the same PQRS portal that you would have been using if you were just reporting the PQRS. We're using the same submission method in – beginning in 2014.

Shira Baum: OK. And for Stage 2, does an EP have to re-register? Or we're still – once you registered in the beginning, it continues?

Maria Michaels: I guess I would answer that by saying I would recommend to review your registration information just to be sure everything's still correct. But there is no re-registration requirement per se.

Shira Baum: OK. OK, thanks very much.

Maria Michaels: Sure.

Operator: Your next question is from Len Bowes.

Len Bowes: Oh, hi. Yes. Thank you. And forgive me if this question was asked before. But this has to do with a specialist – EPs that are specialists that aren't able – it's like the podiatrist question. But if they're not able to have a CQM in their nine – in their nine that are provided by the certified technology, are they penalized at all for that?

Maria Michaels: Not in Meaningful Use. If you're in your first year and you're attesting, you would report zeroes. And if you're electronically reporting, the way your EHR generates the files that are uploaded should help us determine whether or not you were able to report. And, again, for Meaningful Use, having a zero as a report for a clinical quality measure is OK.

Len Bowes: In the denominator, as well.

Maria Michaels: In the denominator or the numerator would be OK.

Len Bowes: May I ask a follow up?

Maria Michaels: OK.

Len Bowes: Do you know if the CQMs are going to be publicly reported in Stage 2 for 2014?

Maria Michaels: Through Meaningful Use, they would never be publicly reported.

Len Bowes: OK.

Maria Michaels: If they were going to be publicly reported, we would propose it through a rule.

Len Bowes: OK.

Maria Michaels: And, at this time, we have not proposed to publicly report electronically reported clinical quality measures.

Len Bowes: All right. And, really quickly, the last question . . .

Diane Maupai: I'm going to have to stop you right there.

Len Bowes: Sorry.

Diane Maupai: If you just do star 1, that would be great.

Len Bowes: Sure. You bet.

Diane Maupai: Thank you.

Operator: Your next question is from Eileen Speranza.

Eileen Speranza: Hi, this is Eileen. Can you hear me?

Maria Michaels: Yes.

Eileen Speranza: I work for Dr. Lee Antles in Washington, and he's a solo practitioner. We attested to Meaningful Use last year. So we would be in our second year but still in Stage 1. Are we required to report to our CQMs electronically?

Maria Michaels: In 2014, yes. But not in 2013.

Eileen Speranza: So we can still attest the way we did last year this year for 2013?

Maria Michaels: That's correct.

Eileen Speranza: OK. Just wanted to clarify. Thank you very much.

Maria Michaels: Sure.

Operator: Your next question is from Michal Krell.

Michal Krell: Hi. This is Michal Krell from HCN. My question is to Maria regarding the specifications of the clinical quality measures for 2014. Do you have specifications similar to what you had for the previous years where you detailed the CPT codes, LOINC codes? It was specifications that came on an Excel document for each measure?

Maria Michaels: Yes. And you can get to that through the EHR Incentive Program's website. If you click on "Clinical Quality Measures" and then you find the eCQM Library link, that would take you to the place where those links are. I think I have the general information on the EHR Incentive Programs. So if you have trouble locating that, you can . . .

Diane Maupai: The link right to the library there.

Maria Michaels: Oh, I did include it. So, on the additional resources. Thank you, Diane.

Diane Maupai: So slide 25, the third link is the link to the eCQM Library.

Maria Michaels: And that's where the specifications are posted.

Michal Krell: Thank you very much.

Maria Michaels: Sure.

Operator: Your next question is from Doug Penderski.

Chuck Kandzierski: Hi. This is actually Chuck Kandzierski, but, question regarding, I think—and you touched on this earlier—the data submission vendors. If a practice uses a data submission vendor for PQRS for reporting 2013 – for the – for the year of 2013, does that cover them for Meaningful Use in 2014 if they are attesting or reporting on a period that is in 2014?

Maria Michaels: So the short answer to that is "not necessarily." The way that both PQRS and Meaningful Use are doing sort of the – what used to be a qualification for data submission vendors previously, in 2014 it's going to be part of certified EHR technology. So, that data submission vendor would have to be a certified module through ONC-certification program that covered the functionalities that they will be using.

So, for example, if all they're doing is generating files from an EP EHR technology and then just submitting them directly to CMS on behalf of the EP, they would have to be certified for the electronic submission certification criterion. If they plan to also calculate the clinical quality measures and then electronically submit them, they would have to be able to do the import and calculate functionality and the electronic submission functionality through the certification program.

Chuck Kandzierski: Right. But assuming that they are certified for C2 and C3 modules, does that – does that – that would then allow them – they would – but the data that they would be reporting would be for 2013. It wouldn't be for the – it wouldn't be the same period of time as what they're attesting for for the – for the other modules of the – what the EPs are attesting for?

Maria Michaels: So, I thought you said – I thought your question . . .

Chuck Kandzierski: So, let's say – just say it's June – let's say it's June next year, and I'm attesting for the previous 90 days. But, for the purposes of PQRS, I'd – you know, I would have – I would have already submitted my data in the first quarter. The deadline for that's February 28th. I would have submitted my 2013 data at that time for PQRS. Does that cover me for that attestation? Or is there an additional PQRS – is there going to be an additional PQRS submission that would be required to do that?

Maria Michaels: So you are covering two different reporting periods. And that's where I think the confusion might be lying. So if you are talking about data collected in calendar year 2013 and reported in January or February 2014 for either PQRS or Meaningful Use, that counts for calendar year 2013 – that program year. And so, in that case, your data submission vendor would need to be qualified for PQRS in order to be able to submit through that data submission vendor for PQRS.

And for the Meaningful Use program, if you are participating in the Medicare side of the program, you could participate in the pilot and then, through that submission, be able to take care of your clinical quality measure component of Meaningful Use. But if you are participating on the Medicaid side or if you would not like to participate in the electronic reporting pilot, you could attest separately in the registration and attestation system.

In 2014, that data submission vendor would have to go through ONC-certification program. And you mentioned the C2 and C3 criteria. So I'm glad that you know those. And then, once they're a certified module, they would then have to be part of the certified EHR technology for that EP.

Chuck Kandzierski: OK. But would there have to be another submission of data in 2014? So again, let's say it's June. What would I have to do to – if I have – if it's June and I'm submitting the previous 90 days and I want to do a PQRS submission, what would I have to do, if anything?

Maria Michaels: So are you trying to get credit for both programs?

Chuck Kandzierski: Yes.

Maria Michaels: OK. So you could do it a couple of different ways. You could report them separately. So you could report for Meaningful Use on the one quarter. Now, I didn't catch if you were from a practice or – like a multiphysician practice.

Chuck Kandzierski: We are a data submission vendor, and we are also a Meaningful Use – we submit Meaningful Use data, as well, on behalf of practices.

Maria Michaels: OK. So if the EPs that you're submitting for are in their first year, they would have to attest before October 1st for Meaningful Use regardless, because if they don't do that, they would miss the deadline for submission that would help them avoid the payment adjustment in 2015.

If the EPs that you're submitting on behalf of are beyond their first year, in 2014 we expect that they'll electronically submit their data. And they wouldn't be able to do that, regardless if they're reporting on one quarter or a full year, until at least January 1st, 2014, through that same PQRS portal that it sounds like you're familiar with.

Chuck Kandzierski: Right.

Maria Michaels: And then if they submit it that way and they submit electronically through you, then they could get credit for both programs with that one submission.

Chuck Kandzierski: OK. Even if they are covering a different time period for the rest of the modules?

Maria Michaels: What do you mean by that?

Chuck Kandzierski: So they have – they have – for Meaningful Use Stage 2, they have to attest to many criteria, right? Or submit electronically many criteria, depending on if it's their first year or not. If they do this later in the year but they have submitted PQRS in January for 2013, does that cover them in terms of submitting CQMs? Or do they have to do another CQM, either attestation or electronic submission, later in the year to cover the same time period – to cover . . . ?

Maria Michaels: OK. I'm going to – I'm going to summarize it one more time because you keep referring to two different program years.

Chuck Kandzierski: OK.

Maria Michaels: So, for 2013, they can submit in January or February of 2014. But it is for program year 2013.

Chuck Kandzierski: OK.

Maria Michaels: And, in that year, you would have to be, as a data submission vendor, qualified through the PQRS program and then separately certified in order for it to count for Meaningful Use.

Chuck Kandzierski: OK.

Maria Michaels: And that's if your – if your EPs are participating in the electronic reporting pilot. Otherwise, you could help them attest. But that would be two separate submissions.

For calendar year 2014, or for program year 2014, whether you're using a one-quarter reporting period that is somewhere within calendar year 2014, if you're electronically submitting the data for those EPs, it would be submitted in January or February of 2015 for Meaningful Use, and also for PQRS. The difference is that PQRS requires a 12-month reporting period, meaning that the data have to be collected for the full calendar year of 2014, and then reported in January or February of 2015.

Chuck Kandzierski: OK. Thank you. You answered . . . .

Maria Michaels: Sure.

Operator: Your next question is from Will Holding.

Will Holding: Hey. Can you all hear me?

Maria Michaels: Yes.

Will Holding: Hey. This is Will Holding from Duke University Medical Center. So, just a quick question. I was going through the proposed rule and noticed that it's – as I interpret, there is a proposal that if we submit our CG CAHPS through a certified CG CAHPS vendors, that we only need to submit six instead of nine measures for PQRS GPRO, as far as I can tell from your presentation and how that will align with the EHR Incentive Program. I just – the – can you all speak to that? And that – in the event that we do that, we would only have to submit the six and the CG CAHPS with the correct number of domains, and that would satisfy us as a group practice, and all the individuals would, you know, provided they meet the objective measures, could meet Meaningful Use that way?

Maria Michaels: So, for Meaningful Use, we're not accepting the CG CAHPS measures.

Will Holding: OK.

Maria Michaels: So I'm sorry about that, but one of the reasons why is because those measures are not currently electronically specified and then submitted to us in that manner. So we're looking into options for the future. But for 2014, that's an option that aligns with a couple of other programs that PQRS is aligning with, but it's not Meaningful Use.

Will Holding: OK. So, if we wanted to – just to summarize this, if we do want to, you know, submit one file for both programs – we'll be doing GPRO in 2014 and we'll need to submit at least the nine measures in three categories for the group practice to satisfy

requirements for the EHR Incentive Program. That will also satisfy us for PQRS. What we – whether or not we do CG CAHPS would then be a separate issue. Right?

Maria Michaels: I think the answer to that is yes.

Will Holding: OK.

Maria Michaels: But I wanted to point out that there's a couple of options for group reporting in 2014 that have been proposed. We haven't finalized the proposals yet. So I would suggest that you maybe submit public comments if you have specific feelings on that.

Will Holding: OK.

Maria Michaels: If you – if you do report through the GPRO reporting option, any of the GPRO reporting options, using certified EHR technology, and then you attest for the Meaningful Use functional measures in the registration and attestation system for all of your EPs, then, yes, you've got your CQMs covered through participation in the GPRO option.

Will Holding: Right. I was just – I guess that the question – if the stipulation that if you meet GPRO, then, you know – the logic that if you meet GPRO, then you will have qualified your, you know, CQMs for Meaningful Use does not necessarily hold true with this issue of this proposal with the CG CAHPS coming in, I guess. And I will, of course – we'll submit comments and, you know, follow up on it to make sure we got it right.

Maria Michaels: Sure. And I know Diane mentioned the National Provider Call website earlier. There – I think there is another call on the proposed rule – National Provider Call. So that might be another call you might want to attend to get more information.

Will Holding: Yes. OK. Thanks.

Diane Maupai: Well. listen, this is Diane again. We have time for one more question.

Operator: Your last question is from Amanda Hutchins.

Amanda Hutchins: Hi. This is Amanda Hutchins from Spectrum Health Medical Group. On slide 24 you say that we can get credit for PQRS if there's at least one patient in the denominator. So does that – if we have zero in the denominator but we have filled all the measures that are offered by our EHR vendor, does that also count for PQRS, then?

Maria Michaels: The PQRS requirement is that it includes patients that fall under the covered professional services in Part B of Medicare. So that's why that requirement is there. I would recommend that you maybe hold that question for someone from the PQRS program. I'm fairly certain that you still needed to have the patient that – at least

one patient that has had Medicare Part B services included as part of that clinical quality measure.

Amanda Hutchins: OK. Thanks.

Additional Information

Diane Maupai: All right. Well, unfortunately, that's all the time we have for questions today. If we didn't get to your question, you can email – you will find on slide 25 a number of other resources that may answer your question.

An audio recording and written transcript of today's call will be posted to the MLN Connects Call website. We will release an announcement in the MLN Connects Provider eNews when these are available.

I'd like to remind you about the next two calls in the EHR series. There is one tomorrow, also at 1:30, on Stage 1 and Stage 2 of Meaningful Use—kind of a broader agenda including payment adjustments and hardship exceptions. And there will also be a call on Thursday, August the 15th, also at 1:30, on payment exceptions and – payment adjustments and hardship exceptions.

On slide 29 of the presentation, you'll find information and a URL to evaluate your experience with today's call. Evaluations are anonymous, confidential, and voluntary. We hope you'll take a few moments to evaluate your MLN Connects Call experience.

Again, my name is Diane Maupai. It's been my pleasure serving as your moderator today. I'd like to thank Maria and all our presenters and also thank you for participating in today's MLN Connects Call. Have a great day, everyone.

Operator: This concludes today's conference.

-END-