

**Centers for Medicare & Medicaid Services
Getting Started with PQRS Reporting: Implications for
the Value-Based Payment Modifier and
the PQRS Payment Adjustment
Moderator: Leah Nguyen
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Announcements and Introduction

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 Ms. Leah Nguyen. Thank you, you may begin.

Leah Nguyen: I'm Leah Nguyen, from the Provider Communications Group here at CMS, and I will serve as your moderator today. I would like to welcome you to this National Provider Call on Getting Started with PQRS Reporting: Implications for the Value-based Payment Modifier. MLN National Provider Calls are part of the Medicare Learning Network.

During this National Provider Call, CMS subject-matter experts will provide information on getting started with Physician Quality Reporting System, or PQRS Reporting: Implications for the Value-based Payment Modifier.

This National Provider Call will include information on how to obtain an Individuals Authorized Access to the CMS Computer Services, or IACS account, in order for physician group practices to select their calendar year 2013 PQRS group reporting mechanism and, if applicable, to elect quality-tiering to calculate their calendar year 2015 value-based payment modifier, and individual eligible professionals, to select the administrative claims reporting mechanism for calendar year 2013. A question-and-answer session will follow the presentation.

Please note that, while this call is scheduled for 60 minutes, CMS experts will be available to stay on the line for an additional 30 minutes to take outstanding questions, should they exist, at the end of the scheduled call time. Participants can remain on the line until the conclusion of the call, or refer to the call transcript and audio recording, which will be posted 7 to 10 business days after the call, if they are unable to participate beyond the 60-minute scheduled duration.

Before we get started, I have a couple of announcements. A link to the slide presentation for today's call was e-mailed to all registrants earlier this afternoon. The presentation can also be downloaded from the CMS MLN National Provider Calls Web page at 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 June 5th call from the list. Secondly, this call is being recorded and transcribed. An audio recording and written transcript will be posted soon to the National Provider Calls and Events section of the MLN National Provider Calls Web page.

At this time, I would like to turn the call over to Sabrina Ahmed.

Presentation

Sabrina Ahmed: Thank you, Leah. Good afternoon everyone. During this presentation, I will cover how group practices and individual eligible professionals can get started with reporting under the PQRS in 2013, and talk about the implications of the value modifier and the PQRS payment adjustment.

I'm first starting with slide 4. Slide 4 provides an overview of today's presentation. I will begin with an overview of the Physician Value–Physician Quality Reporting System Registration System, which is also called the PV–PQRS Registration System.

Then I'll provide an introduction to IACS, which is the type of user account you will need to access the registration system. The focus of this presentation is on IACS and how you can get an IACS account, with an appropriate role, in order to access this system.

I will then highlight which group practices and individual eligible professionals, which I'll refer to as EPs for the rest of this presentation, need to register in the registration system, and which ones do not have to register. This information will direct whether you need to get an IACS account or not.

I will also review the IACS roles that are available to group practices and EPs, and how you can get an IACS account with an appropriate role, depending on if you're a new user or an existing IACS user.

I will end with providing a few helpful hints for managing your IACS account, and review the next steps and resources that are available to you as you sign up for a new IACS account or modify an existing account.

As I mentioned earlier, the focus of this call today is on how you can get an IACS account in order to access the registration system. On July 31st, CMS will host another National Provider Call, and our focus during that call will be on how a group practice or an EP can register in the registration system.

PV–PQRS Registration System

Slide 5 provides an overview of the registration system. The registration system is a new application that will serve the Physician Value Modifier and the PQRS program. The registration system will be open from July 15, 2013, through October 15, 2013. The registration system will allow group practices to select or change their PQRS group reporting mechanism for 2013.

Specifically groups of 2 to 24 EPs will be able to select one of two group reporting mechanisms, registry or the CMS-calculated administrative claims option. And groups of 25 or more EPs will be able to select one of three group reporting mechanisms, the GPRO Web interface, registry, or the CMS-calculated administrative claims option. The registration system will also allow groups of 100 or more EPs to select quality-tiering to calculate their value modifier in 2015.

Furthermore, the system will allow EPs to select the CMS-calculated administrative claims option in 2013 in order to avoid the PQRS negative payment adjustment in 2015. For additional information about the PQRS program, group practice reporting options, quality-tiering, and the value modifier, please refer to the Web site links on slide 30.

As I mentioned earlier, representatives of group practices and EPs will need an IACS account with an appropriate role in order to access the registration system. The rest of this presentation will focus on how you can get the appropriate IACS account.

IACS Introduction

Slide 6 provides a brief overview of IACS. All IACS users are limited to one account per person. An existing IACS account cannot be transferred to another individual; however, a new IACS account can be created for a new user. An IACS account can be associated with multiple group practices, as identified by their Medicare billing taxpayer identification number, or TIN, or EPs who are identified by the combination of their Medicare billing TIN and the national provider identifier.

If you have an existing IACS account, you must first ensure that your account is still active. You can verify whether your account is active by contacting the QualityNet Help Desk. The contact information for QualityNet is listed on slide 30.

And then, you must add a registration system role to your existing IACS account. I will cover how you can modify an existing IACS account on slide 25 – on slides 26 and 27.

We strongly urge representatives of group practices and EPs to request a new IACS account with a registration system role, or modify an existing IACS account, as soon as possible after this call, while the information is still fresh in your minds, unless you have a PTAN that is not 10 characters long. And I will explain this further later in the presentation.

In later slides, I will review how you can request a new IACS account with a registration system role, and also how you can modify an existing account. The next three slides describe the group practices and EPs who have to register in the registration system, and those who do not have to register.

Who Needs to Register and Who Does Not?

Slide 7 lists the group practices and EPs who have to register in the registration system. This list also directs which groups and EPs will need an IACS account.

I'll highlight a few of these categories. The value modifier will apply to groups with 100 or more EPs beginning 2015. Therefore, these groups will need to select a PQRS reporting mechanism in the registration system in 2013 in order to avoid the minus 1-percent value modifier payment adjustment in 2015. Groups with 100 or more EPs will also be able to elect their registration – groups with 100 or more EPs will also be able to elect in the registration system whether they want CMS to use the quality-tiering methodology to calculate their value modifier in 2015. Any group that wants to

participate in the PQRS in 2013 must select one of the group reporting mechanisms in the registration system.

We received a number of questions about whether groups with 100 or more EPs have to register if the EPs in their group participate in the PQRS as individuals. The answer is yes, if a group has 100 or more EPs and the EPs will participate in the PQRS as individuals in 2013, meaning the EPs will report PQRS data via claim, registry, or electronic health record, then the group must register for the CMS-calculated administrative claims reporting mechanism as a group in order to avoid the PQRS negative payment adjustment and the minus 1-percent value modifier payment adjustment in 2015.

Additionally, EPs who want to select the CMS-calculated administrative claims reporting mechanism in 2013 in order to avoid the PQRS negative payment adjustment in 2015 must register in the registration system. We of course still urge EPs to participate in the PQRS via one of the three individual reporting mechanisms—claims, registry, or electronic health records—in order to qualify and meet the requirements for the PQRS incentive payment.

Slide 8 lists the group practices and EPs who do not have to register in the registration system, and therefore, these groups and EPs do not need to get an IACS account.

I would like to highlight that group practices that participate in the Medicare Shared Savings Program do not have to register. And also EPs who want to participate in the PQRS in 2013 using a participating registry, claims, or electronic health records, also do not have to register in the registration system.

Slide 9 describes the rules for groups and EPs that participate in a Pioneer ACO or the Comprehensive Primary Care initiative. We're happy to take questions at the end of this presentation about these programs, but if we do not get to your question, then please refer the question to the appropriate CMS contact, or to the program-specific help desk.

Which IACS Role Do You Need?

So, so far I've reviewed the groups and EPs who have to register in the registration system, and those who do not have to register. Next, I'll go over the registration system roles that are available in IACS for the groups and EPs that do have to register. Please keep in mind that representatives of groups and EPs have to select only one of these roles.

So there are two main categories of roles that are available in IACS—group practice roles and EP roles. You must first determine whether you need to request one of the group practice roles or one of the EP roles.

First I'll review the IACS roles that are available for group practices; this information is on slides 10 and 11. I will review three roles that are available for group practices, but you'll need to select only one of these roles. Each group practice is identified in IACS by

its Medicare billing TIN. If a group bills Medicare using multiple TINs, then each TIN must be registered in IACS. During this presentation, when I refer to a group or a group practice, I'm referring to a group's TIN.

In order to request one of the group practice roles, the first thing that needs to happen is one authorized representative of the group practice must sign up for an IACS account with the PV-PQRS group security official role, and register the group practice as an organization in IACS. This person will be considered the group's primary security official. In this case, the EPs who bill under the TIN do not have to get an IACS account or register for the PQRS individually.

Each group can have only one primary group security official, but one or more backup group security officials. We encourage groups to have a second authorized representative request the backup group security official role, in the absence of the primary group security official.

Primary group security official role requests are approved by CMS within 24 hours after their request is submitted in IACS. Backup group security official role requests are approved by CMS after their request is submitted in IACS and CMS verifies with the primary group security official by phone that the requester should have the backup group security official role.

Now I'm on slide 11. A primary or backup group security official role allows the user to select or change the group practice's PQRS group reporting mechanism for 2013. If the group practice has 100 or more EPs, the user will also be able to elect quality-tiering to calculate the group's value modifier in 2015. These roles will also allow the user to view the group practice's 2012 Quality and Resource Used Reports after September 16th, and also approve requests for the PV-PQRS group representative role in IACS.

The PV-PQRS group representative role is the third type of group role available in IACS. It can be requested only after the group practice has an approved primary group security official in IACS. This group representative role allows the user to perform tasks one, two, and three as listed above. A request for a group representative role must be approved by the primary or backup group security official within 12 calendar days after their request is submitted in IACS. Otherwise, their request will be cancelled and need to be resubmitted.

It is not necessary for a group to have someone request the group representative role, since the primary and backup group security officials can perform the same functions as the group representative, except the group representative cannot approve other group representatives. After your request for one of the group roles is approved, you will receive two e-mail messages. The first e-mail will contain your IACS user ID, and the second e-mail will contain a temporary password. You will then need to go back into the IACS application Web site, log in to your account, and change the password. Afterwards, please save your IACS user ID and password until the registration system is available on July 15.

Next, I will review the IACS roles that are available for EPs; this information is on slides 12 and 13. I'll review the three roles that are available for EPs, but remember, you will only need to select one of these roles.

Each EP is identified in IACS by its Medicare billing TIN and rendering NPI. In order to request one of the EP roles, the first thing that needs to happen is that the EP or one authorized representative of the EP, must sign up for an IACS account with the PV–PQRS individual role, and register the EP in IACS. This person will then be considered the EP's primary individual approver.

Each EP can have only one primary approver, but there can be one or more backup individual approvers. We encourage EPs to have a second authorized representative to request the backup individual approver role in the absence of the primary individual approver. Primary individual approver role requests are approved by CMS within 24 hours after the request is submitted in IACS. Backup individual approver role requests are approved by CMS after their request is submitted in IACS, and CMS verifies with the primary individual approver by phone that the requestor should have the backup individual approver role.

I'm now on slide 13. A primary or backup approver role allows the user to select the CMS-calculated administrative claims reporting mechanism in 2013 in order for the EP to avoid the PQRS negative payment adjustment in 2015, and approve requests for the PV–PQRS individual representative role in IACS. The PV–PQRS individual representative role is the third type of EP role available in IACS. It can be requested only after the EP has an approved primary individual approver in IACS.

The individual representative role allows the user to select the CMS-calculated administrative claims reporting mechanism in 2013 in order for the EP to avoid the PQRS negative payment adjustment in 2015. A request for an individual representative role must be approved by the primary or backup individual approver within 12 calendar days after their request is submitted in IACS, otherwise their request will be cancelled and need to be resubmitted. It is not necessary for an EP to have someone request the individual representative role, since the primary and backup individual approvers can perform the same function as the individual representative, except the individual representative cannot approve other individual representatives.

How Do You Get an IACS Role?

So far, I covered which groups and EPs have to register in the registration system, and which ones do not. I also went over the IACS roles that are available to groups and EPs. Next, I'll review the steps you need to take in order to request an IACS with the appropriate role, or to modify an existing IACS account. Slide 14 describes the three steps you need to follow in order to sign up for an IACS account, or to modify an existing IACS account.

Based on the IACS role you want to request, first gather all of the required information you need to submit your request for a new IACS account with the registration system

role, or to modify your existing account to add a registration system role. I will review the required information you need on slide 15 and 16. Then, enter the required information into the IACS application Web site. Lastly, verify that you entered all of the required information correctly, and submit your request. After you determine whether you need to register and which role to request, it's very easy to submit the request in IACS and should take about 5 minutes if you have all of the required information on hand.

New User

I'll now go over the information you need to have on hand to complete the role request, in the next two slides. Slide 15 lists the information you need to gather before starting the process for signing up for an IACS account with one of the group roles. New account requesters have to provide the user information and the professional contact information. In order to verify – in order to verify that you can act on behalf of the group practice if you're requesting the primary group security official role, you will need to enter the group's Medicare billing TIN, rendering NPIs for two individual physicians who bill under the TIN, and their corresponding provider transaction access numbers, or PTANs. Please do not use the group NPI.

So now, let me tell you a little bit about PTANs. PTANs should be 10 characters long. If you have a PTAN that is not 10 characters long, then please hold off on requesting an IACS account at this time. We will shortly post additional information on our registration Web site regarding what you need to do if your PTAN is not 10 characters long. The registration Web site is listed on slide 30, and it is the same Web site where the quick reference guides for obtaining PV-PQRS Registration System roles in IACS are available.

In order to verify that you can have – that you can act on behalf of a group practice if you're requesting the backup group security official role or the group representative role, you will need to enter the group's Medicare billing TIN.

Slide 16 lists information you need to gather before starting the process for signing up for an IACS account with one of the EP roles. New IACS requesters have to provide the user information and the professional contact information. In order to verify that you can act on behalf of the EP if you're requesting the primary individual approver role, you will need to enter the EP's Medicare billing TIN, rendering NPI, and the corresponding PTAN.

As I mentioned previously, PTANs should be 10 characters long. If you have a PTAN that is not 10 characters long, then please hold off on requesting an IACS account at this time. We'll shortly post additional information on our registration Web site regarding what you need to do if your PTAN is not 10 characters long. If you're requesting the backup individual approver role or the individual representative role, you will need to enter the EP's Medicare billing TIN and rendering NPI.

Once you have gathered all of the required information for the specific group or individual role you want to request, it should take you approximately 5 minutes to submit the request in IACS.

So by now, you should have been able to determine whether you need to register in the registration system as a group or EP, and for which specific role. You also know the list of required information you need to have on hand before submitting the request in IACS.

In slides 17 through 25, I will go through the specific steps you'll need to take in the IACS application in order to request an IACS account for each group and EP role. You will also see the IACS screens associated with each role request. In addition to the information contained in these slides, please also refer to the quick – to the quick reference guide that provides step-by-step instructions for obtaining an IACS account for each type of registration system role. The Web site where the guides are available is listed on slide 30. Slides 17 through 19 show the steps you have to complete in IACS regardless of the type of registration system role you're requesting for a new IACS account.

Slide 17 describes where you need to go to access IACS. First, you need to go to the applications.cms.hhs.gov Web site and select "Enter the CMS Applications Portal." Next, select "Account Management," and then select "New User Registration." The screen you will see at this point in – is shown in figure 1. Scroll down to the bottom of the screen and select "PV–PQRS Registration System." So now, this is really important, so I'll repeat it again—you need to scroll down to the bottom of the page and select "PV–PQRS Registration System." Please do not select any other applications listed on this page other than the "PV–PQRS Registration System." Then you need to accept the terms and conditions.

The steps described in slide 18 also apply to all role types. Please note that the fields marked with the red asterisks are the required fields. First you will need to enter the required information in the User Information section, as shown in figure 2. After you select "Next," IACS will send a verification code to the e-mail address you entered in the User Information section. If you don't see an e-mail from IACS with the verification code right away, please make sure that the e-mail wasn't blocked by a spam filter. After you receive the verification code, enter the code in the E-mail Address Verification screen as shown in figure 3.

The steps described in slide 19 also apply to all role types. On the screen shown in figure 4, first you'll need to enter the required professional contact information, and then select the specific group or EP role you want to request from the Access Request dropdown menu. As I mentioned earlier, if you're the first person from your group practice to sign up for an IACS account, you must select the PV–PQRS group security official role. In the case of an EP, if you're the first EP or the first person to sign up for an IACS account on behalf of the EP, you must select the PV–PQRS individual role.

Slides 20 through 25 are specific to each group and EP role. Slide 20 shows the screen you have to complete if you are requesting the primary group security official role. First, you have to select the PV–PQRS group security official role from the Access Request dropdown menu shown in slide 19, then select the Create a New Organization radio button. Then enter the group practice’s Medicare billing TIN, two unique rendering NPIs for the individual physicians who bill under the TIN, and their corresponding PTANs.

As I mentioned earlier, PTANs should be 10 characters long. If you have a PTAN that is not 10 characters long, then please hold off on requesting an IACS account at this time, until we provide additional instructions on our registration Web site. Then enter the remaining required organization information. Figures 6 and 7 on slide 21 show the screens you have to complete if you are requesting the backup group security official role. First, you have to select the PV–PQRS group security official role from the Access Request dropdown menu shown in slide 19. Then, as shown in figure 6, select the Associate to Existing Organization radio button, then enter the group practice’s Medicare billing TIN and select “Search.”

From the screen shown in figure 7, you will then have to select the organization’s name from the Organization dropdown menu. If your organization cannot be found, then please verify that your group practice has an approved primary group security official, and you entered the group practice’s TIN correctly. You can also call the QualityNet Help Desk to find out who is your group’s primary security official.

Figures 8 and 9 on slide 22 show the screens you have to complete if you’re requesting the group representative role. First, you have to select the PV–PQRS group representative role from the Access Request dropdown menu, as shown in figure 8. Then enter the group practice’s Medicare billing TIN and select “Search.” From the screen shown in figure 9, you will then have to select the organization’s name from the Organization dropdown menu.

Slide 23 shows the screen you have to complete if you’re requesting the primary individual approver role. First you have to select the PV–PQRS individual role from the Access Request dropdown menu shown in figure 10. Then select the Create a New Individual Eligible Professional radio button. Then enter the EP’s Medicare billing TIN, rendering NPI, and the corresponding PTANs. Again, as I mentioned earlier, the PTAN should be 10 characters long. If you have a PTAN that is not 10 characters long, then please hold off on requesting an IACS account until we provide additional instructions. Then enter the remaining required individual eligible professional information.

Figures 11 and 12 on slide 24 show the screens you have to complete if you’re requesting the backup individual approver role. First, you have to select the PV–PQRS individual role from the Access Request dropdown menu, as shown in figure 11. Then select Associate to an Existing Individual Eligible Professional radio button. Then enter the EP’s Medicare billing TIN and rendering NPI, and select “Search.” From the screen shown in figure 12, you’ll have to select the EP’s name from the Individual Eligible Professional dropdown menu. If the EP cannot be found, then please verify that there is

an approved primary individual approver for the EP, and that you entered the EP's TIN and NPI correctly. You can also call the QualityNet Help Desk to find out who is the EP's primary individual approver.

The figures on slide – 13 and 14 on slide 25 show the screens you have to complete if you're requesting the individual representative roles. First, you have to select the PV–PQRS individual representative role from the Access Request dropdown menu shown in figure 13. Then enter the EP's Medicare billing TIN and rendering NPI, and select “search.” From the screen shown in figure 14, you will then have to select the EP's name from the organization – from the Individual Eligible Professional dropdown menu.

Existing User

Slides 26 and 27 describe the steps you have to take in order to add a registration system role if you have an existing IACS account. As I indicated in a prior slide, if you have an existing IACS account, then you must first ensure that your account is still active, and you can do this by contacting the QualityNet Help Desk. And then you must add a registration system role to your account. If you have an existing account, then you first need to log in to your account with your IACS user ID and password. The steps are listed on slide 26.

After you've logged in to your account, select “Modify Account Profile,” then select “Add Application” from the Select Action dropdown menu, which is shown in figure 15 on slide 26. Now, I'm on slide 27. Next, you have to select “PV–PQRS Registration System” from the Select Application dropdown menu, as shown in figure 16. Then select the appropriate group or EP role you want to add to your existing IACS account. This is shown in figure 17. Then, based on the role you select, you will be required to enter the applicable group or EP information, as described in previous slides 20 to 25.

Helpful Hints and Resources

So now we have gone through how you can request each type of group and EP role in IACS, as a new user or as an existing user. I would like to remind you again about the quick reference guides that we have available for you to use. These documents provide step-by-step instructions for obtaining an IACS account for each type of registration system role. Slide 28 provides several helpful hints for managing your IACS account. If you're not sure if you need an IACS account or can use your existing IACS account, then please contact the QualityNet Help Desk.

If you do not log in to your IACS account for more than 60 days, then your account will be disabled, and you'll be able to activate your account by logging in to the IACS Web site, responding to security and authentication questions, and changing your password. Also, when signing up for an IACS account, please use an e-mail address that you monitor regularly. CMS will send you e-mails with your user ID, temporary password, and information about password resets and recertification.

Slide 29 lists the next steps for groups and EPs who have determined that they have to register in the registration system. We urge you to request a new IACS account, or

modify an existing account, as soon as possible after this call, unless you have a PTAN that's 10 characters long, and in that case, please hold off until we provide additional information. You will then be able to use your IACS user ID and password to log in to the registration system at portal.cms.gov between July 15th and October 15th. Just as a reminder, the registration system will allow group practices to select or change their PQRS reporting mechanism for 2013, and if the group have 100 or more EPs, then the group will be able to elect quality-tiering to calculate the value modifier in 2015. The registration system will also allow EPs to select the CMS-calculated administrative claims reporting mechanism in 2013.

On July 31st, we will have another National Provider Call on how to register in the registration system, and you can start to register for this call by going onto the Web site listed on slide 29. Then on September 16th, the 2012 Quality and Resource Use Reports will be available for group practices with 25 or more EPs. You'll be able to access the reports by logging into the portal.cms.gov Web site with your IACS user ID and password.

So slide 30 lists the technical assistance information that is available to groups and EPs as you sign up for a new IACS account or modify an existing IACS account. For assistance with the IACS signup process or role selection, you can contact the QualityNet Help Desk; the contact information is listed on this slide. The Web site where the quick reference guides are available is also listed on this slide. This is also the same Web site where we'll post instructions for what you need to do if you have a PTAN that is not 10 characters long. Web sites where you can get additional information about the PQRS program group practice reporting options and the value modifier and quality-tiering are also listed on slide 30.

So this is the end of my presentation. During this presentation, I covered which groups and EPs have to register, and therefore need to get an IACS account with a registration system role, which roles are available for groups and EPs, what information you need to request a specific role, and also I covered how you can request each of the group and EP roles in IACS.

So now, I'll turn the line over back to Leah.

Keypad Polling

Leah Nguyen: Thank you, Sabrina. At this time, we will pause for a few minutes to complete keypad polling so that CMS has an accurate count of the number of participants on the line with us today. Please note, there will be a few moments of silence while we tabulate the results. Victoria, we're ready to start polling.

Operator: CMS greatly appreciates that many of you minimize the Government's teleconference expense by listening to these calls together in your office using only one 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 between 2 and 8. 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 between 2 and 8. If there are nine or more of you in the room, enter 9.

Please hold while we complete the polling. Please continue to hold while we complete the polling. Please hold while we complete the polling.

Thank you for your participation. This concludes the polling session, we will now move into the Q&A session for this call.

Question-and-Answer Session

Leah Nguyen: Thank you, Victoria. Our subject-matter experts will now take your questions about PQRS reporting and the implications for the Value-based Payment Modifier and the PQRS payment adjustment. Before we begin, I would 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 of your questions as possible, we ask that you limit your question to just one. If you would like to ask a followup question, or have more than one question, you may press star 1 to get back into the queue, and we'll address additional questions as time permits. All right, Victoria, we are 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 in the conference. Please hold while we compile the Q&A roster.

Your first question comes from the line of Casey Robin.

Casey Robin: Yes, this is Casey Robin, I'm with Management Data Systems. And my question is, as an IDTF, are we required to enroll in PQRS, and if not, how do we apply for the claims administrative option? And how easy is it to apply?

Molly MacHarris: Hi, this is Molly. Can you clarify what you mean by IDTF?

Casey Robin: Independent diagnostic testing facility—say an MRI facility, just diagnostic purposes.

Molly MacHarris: Do you bill under Medicare Part B, under the Physician Fee Schedule?

Casey Robin: Yes ma'am.

Molly MacHarris: And are you a defined eligible professional?

Casey Robin: We have – our physicians are in B, so yes.

Molly MacHarris: OK so...

Casey Robin: I would assume yes.

Molly MacHarris: OK, so if you are a defined eligible professional – and we do have information related to the PQRS program on what an eligible professional's defined as on our Web site. You can refer to slide 30, I believe it was, that has the information of our Web site. So, assuming that your providers are defined eligible professionals, to register for the CMS-calculated administrative claims option, you will first need to get the individual eligible professional IACS account, as Sabrina went over during her presentation.

Casey Robin: OK.

Molly MacHarris: And then once you have that IACS account, we'll be issuing additional information in the next few weeks. And on the next National Provider Call in July, we'll be going over the steps on how they will need to register for that particular option.

Casey Robin: OK. Now quickly, the EPs—aren't those classified for the PQRS as MDs, so on and so forth – it's the classification of the physician?

Molly MacHarris: Yes.

Casey Robin: OK.

Molly MacHarris: So for PQRS our eligible professionals include your MDs, DOs, nurse practitioners, physician's assistants, et cetera.

Casey Robin: OK.

Molly MacHarris: Thank you.

Casey Robin: Thank you.

Operator: Your next question comes from the line of Bonnie Smith.

Bonnie Smith: Hi, this is Bonnie Smith from St. Luke's University Hospital, and we have one tax ID number in Pennsylvania and one tax ID number in New Jersey, and our doctors cross back and forth reporting under each one. How do we handle something like that?

Leah Nguyen: Hold on for one moment.

Molly MacHarris: Hi, so this is Molly again. So for purposes of the PQRS program and for the Value-based Payment Modifier, we would view the providers that report or practice under both of those TINs as separate eligible professionals. So, you'll want to take a close look at the group size for the providers that bill under both of those TINs at those two locations. Because if the group size in one location, for example, is 100 or above, they would need to register for the PQRS program, and then for the value modifier.

And then, depending upon the group size, if they are either a group size of 2 to 24, or 25 to 99, they have the option under PQRS to report as a group practice. Or they can participate as an individual eligible professional.

Bonnie Smith: OK, thank you.

Molly MacHarris: Thank you.

Operator: Your next question comes from the line of Kristi May.

Kristi May: Hi, I'm Kristi May with Tennessee Orthopedic Clinics. And I hope that I'm not making this more difficult, or that I had a mental block. Can I just ask, we are just starting this year in PQRS, we will be doing claims-based reporting. Now, our physicians have chosen their measure, and we're getting ready to kick that off. Since we plan on reporting the measure, do we – are we required to go on IACS and register, or is that just if we choose to give intent and get – and not face the penalty?

Molly MacHarris: Sure, so this is Molly again. How large is your practice?

Kristi May: We have 24 physicians.

Molly MacHarris: OK, so you have – and you're currently reporting via claims?

Kristi May: Yes.

Molly MacHarris: OK, so for PQRS purposes, you would be considered – or your practice would be considered individual eligible professionals. So, since you're reporting via claims, I'm assuming that they have already selected the measures they want to report on?

Kristi May: Yes.

Molly MacHarris: OK. So they will just need to continue reporting on those measures, and there are two different sets of criteria. One is our satisfactory reporting criteria to meet the incentive, which is 3 measures at a 50-percent reporting rate. We also have a lower criteria to avoid the payment adjustment, which is to report on one measure. But if

you – if the providers are currently reporting via the traditional claims method, they do not need a separately obtained IACS account, and they do not need to separately register.

Kristi May: OK, now you said something there that just kind of scared me. Our physicians have chosen to do the group peri-operative, so – because we are orthopedic surgeons and that’s a large part of their practice. You kind of scared me just a little bit when you said the three individual measures.

Molly MacHarris: Oh sure, sorry about that. The measure group option is available for claims...

Kristi May: OK, OK.

Molly MacHarris: ...so if you are reporting on the claims peri-operative measure group, that should be fine.

Kristi May: OK great, thank you so much.

Molly MacHarris: Thank you.

Operator: Your next question comes from the line of Christy Adam.

Christy Adam: Hi, this is Christy Adam with Dr. Luis Reynoso’s office. I was just wondering, if we don’t have a 10-digit PTAN number, when will we get the instruction on what we need to do for that, to register for the IACS?

Sabrina Ahmed: We’ll update our registration Web site with additional instructions within the next week.

Christy Adam: OK, so within the next week, we’ll get some instruction for that?

Sabrina Ahmed: Yes.

Christy Adam: OK, thank you.

Operator: Your next question comes from the line of Ariann Polasky.

Ariann Polasky: Hi, thank you. I had a question about the QRUR reports that are going to come out mid-September. And my question was, will those – are those reports specific to each practice, meaning each practice would log in and request those reports? Or is that going to be a publicly available document with PQRS benchmarks?

Michael Wroblewski: Hi, it’s Michael Wroblewski with CM. That’s a great question. The reports will be – are confidential reports, and they’re at the group practice level, at the TIN level. So once the group representative has – or the group security official has their

IACS account, after September 16th, they can go in and get their report confidentially; it will not be posted anywhere else.

Ariann Polasky: Thank you.

Operator: Your next question comes from the line of Linda Campbell.

Linda Campbell: Hi, I'm Linda Campbell with Sheridan Healthcare, and we have multiple TINs that we report. A couple of them are greater than 100 providers, and the rest of them are under that. I'm confused about the difference between individual claim reporting and the CMS-calculated administrative claims reporting.

Molly MacHarris: Sure, so this is Molly. So one of the things you'll want to make sure you do is that, for your group – or for your TINs that have 100 or more eligible professionals, you will definitely want to make sure that an IACS account is obtained for each of those TINs. And again, the information on how to obtain the IACS account is what Sabrina covered in the presentation earlier today, and again, we'll be covering the steps that need to occur to actually register for the group practice reporting option and the information on quality-tiering on the upcoming call in July.

So, to answer your question on the interaction between the traditional claims reporting and administrative claims reporting, the CMS-calculated administrative claims reporting is a new option to the Physician Quality Reporting System for program year 2013. And it's only available for purposes of avoiding the 2015 PQRS payment adjustment, and then in correlation with the Physician Value-based Payment Modifier. So if your providers and their practices are interested in receiving a PQRS incentive, we would encourage them to report through one of the other options.

Claims—the traditional claims is actually only available for individual eligible professionals. But the two options that are available for the large group sizes—so for groups 100 or above—where they could still earn a PQRS incentive, is reporting through a registry, and then reporting utilizing the group practice Web interface.

Linda Campbell: OK, I've investigated that a little bit, and it looks like the group practice reporting interface, that the measures associated with that are more directed toward primary care, which would leave us it looks like just the option of registry reporting in order to earn the incentive. Do I have that correct?

Molly MacHarris: Yes that's correct. And the registry reporting option, we actually have more measures available in that option than we do in our traditional claims option. And we do on the PQRS Web site—and again, the link to that Web site is on slide 30—we have a specific registry reporting page. If you look on the left-hand side of that Web site, there's a link for registry-based reporting. And on that page, you'll find a list to all of the registries that are participating in the 2013 program year. We would encourage you to take a look at that list, and find a registry that would work for your purposes.

Linda Campbell: OK great, thank you very much.

Operator: Your next question comes from the line of Ann Lilly.

Ann Lilly: Hi this is Ann Lilly with Ware Langhorne & Associates. I'm an MSO and have a very specific PQRS question, which I thought might have been addressed here. So it's a basic question relative to a measure for preventative care and screening for breast cancer. Does this measure only apply to radiologists, or can a gynecologist report it as well?

Molly MacHarris: Hi, this is Molly. So anyone can report on that measure, it's not specific to radiologists or gynecologists.

Ann Lilly: Even a primary care, for example?

Molly MacHarris: Yes, primary cares could definitely report on that quality measure.

Ann Lilly: So it is the inference of mammography, not just who actually performed the mammography or the mammogram?

Molly MacHarris: That's correct, and if you do have specific questions on understanding the quality measures, we do suggest that you and other folks that might be on the line contact the QualityNet Help Desk. The Help Desk has the ability to actually work with the providers and practices to help you determine which measures would work best for your reporting in the program.

Ann Lilly: Thank you.

Molly MacHarris: Thank you.

Operator: Your next question comes from the line of Janet Meives.

Janet Meives: This is Janet Meives with Missouri Cardiovascular Specialist, and I'm a little confused about the different Web sites, and which ones to go to to find different information. You talked about one of the Web sites where you could find what registries were available to do registry reporting, and I wasn't sure which one that was.

Molly MacHarris: OK sure, this is Molly again. So, if you're on slide 30, the second bullet with the link down, the one that is called "PQRS Program," if you click on that ...

Janet Meives: So the PQRS...

Molly MacHarris: Yes. So if you...

Janet Meives: ...that one will give me the registries, OK. The other question I had – that took care of that, you said that there would be more instructions next week if you do not

have a PTAN of 10 digits, and I looked at ours, and ours are only 9. And, which Web site do I need to go to to look for those instructions to be posted?

Sabrina Ahmed: OK. So if you're looking at slide 30, the second bullet for quick reference guides, it's that – it's that Web site, it's the self-nomination registration Web site. That Web site will have the quick reference guides, and also the clarifications on what you have to do if you don't have a 10-character long PTAN.

Leah Nguyen: Thank you.

Janet Meives: So it's the – all right, I'm afraid I didn't catch that. So is it – you've got one that says "PV-PQRS Registration Roles," is that the one that I'm going to for ...

Sabrina Ahmed: Yes. Yes, yes.

Janet Meives: OK ...

Sabrina Ahmed: It's the "Quick reference guides for obtaining PV-PQRS Registration System roles in IACS."

Janet Meives: OK, that's where I can find next week, and my PTAN not being long enough because it's only – OK.

Sabrina Ahmed: Yes.

Janet Meives: My final question would be you said that this ...

Leah Nguyen: You can press star 1, if you have followup or additional questions. Thank you.

Janet Meives: OK, thank you very much.

Operator: Your next question comes from the line of Barb Jones.

Barb Jones: Hi, my name is Barb Jones, I'm calling from AppleWood Women's Center. We are a single-doctor practice, and I guess I was a little confused by the name of the teleconference being Getting Started with PQRS Reporting. We are not at all doing any kind of reporting at this time. So I was hoping this teleconference would give me the tools to get started, and it seems like everybody that's calling in, they're already reporting.

So I'm wanting to know – because I keep hearing about this 2015 payment adjustment, I'm worried about that, so I'm thinking that we need to get reporting. Where do I go to get actually started and find out, you know, what these measures you're talking about – that type of information?

Molly MacHarris: Sure, so this is Molly. One of the best places where you can get started is by contacting our Help Desk. It's the QualityNet Help Desk, and their information is on the top of slide 30. They are open Monday through Friday, 8 a.m. to 8 p.m. eastern. They have a phone number and an e-mail address, and they will work with your practice to help you determine which will be the best reporting option and reporting mechanism. And, you know, I definitely would suggest that you contact them because we want to make sure that everyone understands how to participate in our program.

Barb Jones: Yes, because I am totally confused; I – this is all new to me. So when you're talking about these measures and all that, which I – it appears everybody's already reporting, we are not doing any of it yet. So I will need to, you know, start from ground zero and work up.

Molly MacHarris: Thank you.

Barb Jones: Thank you very much.

Operator: Your next question comes from the line of Paulo Andre.

Paulo Andre: Hi, this is Paulo Andre from MDinteractive. If a GPRO already self-nominated in January, do they still go through these steps to modify their accounts to – or not?

Sabrina Ahmed: If you already self-nominated, then you do not need to register in the PV-PQRS system, unless you want to change your 2013 PQRS reporting mechanism, or if you're in a group of 100 or more eligible professionals and you want to elect quality-tiering to calculate the Value-based Payment Modifier. So, in those two cases, you would need to get an IACS account and register in the registration system, even if you already self-nominated in January.

- *There is a post-call clarification for this answer*

Leah Nguyen: Thank you.

Paulo Andre: So all GPROs with more – more than 100 providers need to do that in order to do the quality-tiering?

Sabrina Ahmed: Yes, if you're in a group of 100 or more EPs, and you want to elect quality-tiering, then you do have to register in the PV – in the registration system between July 15th and October 15th. And you would need an IACS account in order to access the registration system. Thank you.

Paulo Andre: OK, thank you.

Operator: Your next question comes from the line of Teresa Hall.

Teresa Hall: This is Teresa Hall from Intermountain Healthcare, and I'm just trying to make sure I understand this correctly. We're a large group practice of more than 100 EPs, and so after July we need to come into the system and elect the quality-tiering in order to avoid the value payment adjustment in 2015. Correct?

Michael Wroblewski: Hi, it's Michael Wroblewski with CM. You've kind of got two parts of it, but you missed the middle part. So you have to get an IACS...

Teresa Hall: OK ...

Michael Wroblewski: You've got to get an IACS account.

Teresa Hall: We have that already. We've had ...

Michael Wroblewski: OK, and then you'll get into the – you'll get into the registration system after July 15th, and you'll have to pick a PQRS reporting mechanism for 2013. And you said you were a large practice, and so there are three reporting mechanisms, the GPRO Web interface, registries, or administrative claims. And then ...

Teresa Hall: But we've already selected that in our self-nomination.

Michael Wroblewski: OK, then – OK – oh, you've already self-nominated then, so then you're just like the previous questioner. If you've already self-nominated, you don't have to do anything unless you want to change. Say you picked Web interface and you think, "Oh no, no, no, no, I want to do registries now," OK. Well then, you're going to have to go in and modify your IACS account to get the PQRS system role, and then you'll have to go in after July 15th and change, because it will come up because we saw that you registered back in January, so we've loaded that information into the system.

So, you can just – you can modify and then you don't have to do anything for the Value-based Payment Modifier. We assume you do not want quality-tiering. If you do, then you have to click the button that says "yes" for quality-tiering. And then you'll log out, and then on October 5th – or after September 16th, you can go pick up your QRUR.

Teresa Hall: But my question is, is if we don't go in and select quality-tiering, then there is a minus 1-percent adjustment applied to us in 2015?

Michael Wroblewski: No, no because you have register – because you self-nominated and have chosen your PQRS reporting mechanism for '13, and you'll report using that mechanism, whichever one you chose, then you will not have a minus one for the value modifier. The quality-tiering is an option, if you believe that you are high-quality low-cost, and would like to have an upward payment adjustment. And you'll be able to tell if you are, at least based on 2012, when you get your QRUR after September 16th.

Teresa Hall: OK. OK, thanks.

Operator: Your next question comes from the line of Debbie Garcia.

Debbie Garcia: Yes, I'm Debbie Garcia, I'm with Apple Physical Therapy, and I'm calling just to clarify. We are a group practice that we bill under one group ID, and if I'm understanding this right, we do not have to register, we can just do claims?

Michael Wroblewski: How big is your group – this is Michael Wroblewski again, I'm sorry. How big is your group?

Debbie Garcia: I believe it's less than 100.

Michael Wroblewski: OK, if it's less than 100, then if you would like to have your – if you want to act as a group, you have two group – you really only have – well we have two group reporting – assuming you're over 25 – you're less than 100, so I'm going to assume you're over 25, OK? So if you want to earn an incentive in 20 – based on your 2013 reporting, you can go in, get an IACS account – one, you know, one IACS account as a group security official.

Go in, select the reporting mechanism that you want, which would be either the Web interface or registries. Then later – you know, later in the year, you have to actually just submit that information. Then, you would be eligible to get an incentive, and at that particular – then that's it.

Debbie Garcia: OK, and that's even if we have opted to report on individual measures, not group measures?

Molly MacHarris: So this is Molly. Since you are a group that's less than 100, you do have the option to report as individual eligible professionals. So if you've been reporting via claims, you can continue report via the traditional claims, or you could report using registries or an EHR. But we do have for groups, we have three group sizes. We have 2 to 24, 25 to 99, and 100 or above. So if you fall into one of those group sizes, you can participate in the PQRS program as a group practice, so you have options.

Debbie Garcia: OK, so we – if we are less than 100, we can report on individual measures and – through claims, and not have to register?

Molly MacHarris: Yes, that's correct.

Debbie Garcia: OK great, thank you so much.

Molly MacHarris: Thank you.

Operator: Your next question comes from the line of Jennifer Montgomery.

Jennifer Montgomery: Yes, hi, I'm Jennifer Montgomery from Beth Israel Continuum Health Care. I'm – we have a mixed bag. We have two huge facilities that we do faculty

practice billing for, they break down under two TINs with two NPI numbers, and then each division breaks down to an NPI payee number. I have doctors in certain divisions that are doing PQRS claims method. Now I'm – and we have doctors who are not. And some doctors want to do the administrative claims method that is new. Can we do a mixed bag with this?

I don't know where to go now. I don't know what to do. If I choose the group methodology, do I have to do the group op – the group – what is it called, the group process that has been in play for the last couple of years? I'm totally confused by this.

Molly MacHarris: Hi, this is Molly. So let me ask you a question—what sizes are your groups based off of the TINs?

Jennifer Montgomery: One group we probably have about 500 doctors, the other group, we probably have about 400.

Molly MacHarris: OK, so since those are what we would consider a large group practice, meaning they have 100 or more NPIs, you – so you will need to obtain the IACS account and you will need to register in the PV–PQRS Registration System. And you have a couple of options.

Jennifer Montgomery: OK.

Molly MacHarris: You can either report for those two TINs as a group practice, and you would select the Web interface reporting option or the registry-based reporting option. And if you choose one of those two, the providers in the practice would all report on the quality measures together, and they would be assessed as a group.

Additionally, they could also report as individual eligible professionals, meaning they could select from one of the three traditional PQRS individual options, including traditional claims, registry reporting, and then we have our two EHR options, EHR direct and EHR data submission vendor. So those docs could still report on different quality measures as an individual.

The one thing that you're going to want to make sure to do is that, since they are – since you are considered a large practice, that you will need to either select to report as a group, or, if your providers want to continue to participate as individuals, we would encourage you to select the CMS-calculated administrative claims option. And by selecting that option, that will help you avoid a downward Value-based Payment Modifier.

Jennifer Montgomery: I think I have that, and I can go over this with QualityNet?

Molly MacHarris: Yes, you can. Thank you.

Jennifer Montgomery: OK, thanks.

Operator: Your next question comes from the line of Susan Leibforth.

Susan Leibforth: Hi, this is Susan Leibforth from Bastian Voice Institute. And, we have not yet been reporting and of course are anxious to become compliant. Our practice is a subspecialty practice with two physicians. And my question is, would I be best served to work with the Help Desk, as you mentioned earlier, on becoming familiar with the basic information to get us acclimated, or what would be the best method to initiate the enrollment and to meet the deadlines that are set up for 2013?

Molly MacHarris: Sure, so this is Molly again. We would definitely recommend that you contact the Help Desk—again, their information is on the top of slide 30, the QualityNet Help Desk. And, especially since you mentioned you're a subspecialty, they can help you determine what would be the best reporting option for your practice, and what would be the best quality metrics for your practice to report on. If you have other questions, or if you need more information, slide 30 really has a lot of good information on the program.

Again, the second bullet down references the PQRS program, and then the fourth bullet down, that's the Web site for the Value-based Payment Modifier program. So if you have other questions, we have a lot of information out on those two sites, so you can always take a look there, as well. Thank you.

Operator: Your next question comes from the line of Marcia Hofmeister.

Marcia Hofmeister: Hi, this is Marcia Hofmeister from Midwest Cardiology, and – are you there?

Molly MacHarris: Yes we are, go ahead.

Marcia Hofmeister: Hello? OK. My question is, and I know this sounds ridiculous, but I've been stressing over this for like, 6 months now. Back in January, we started doing claim submissions on, like, heart failure, blood pressure control, and ACE inhibitor use. All we've been doing is putting – you know, the doctors, if they – we do this and that, we put that number on the claim. I haven't registered; I don't have an IAC number. Do we still qualify for keeping track of this already this far?

Molly MacHarris: So this is Molly, let me ask you a question—what size is your practice?

Marcia Hofmeister: Two guy – two physicians.

Molly MacHarris: OK. So again, since that's a smaller practice with two providers, you have two options for participating: one as an – one as an individual eligible professional, and the second would be a small group practice. Since it sounds like you have already been reporting on claims for your...

Marcia Hofmeister: Individual.

Molly MacHarris: ...individual eligible professionals, you can go ahead and use those. You don't need to separately obtain an IACS account, you don't need to separately register. As long as you continue to report on those measures, you may be able to earn a PQRS incentive.

And as long as each individual eligible professional—and again, as Sabrina mentioned in the slide presentation today, we define an individual eligible professional based off of the unique billing TIN and individual rendering NPI combination. As long as at least one measure has been reported for each of those two eligible professionals, they should avoid the PQRS payment adjustment, as well.

Marcia Hofmeister: But you say may get an incentive, what would interfere with that?

Molly MacHarris: So to earn the incentive, there is a higher reporting criteria. That would be 3 measures at 50 percent via claims, or you could separately report on a measures group.

Marcia Hofmeister: OK. No, we've been doing 3, and we're probably up to 90 percent.

Molly MacHarris: OK.

Marcia Hofmeister: OK.

Molly MacHarris: Thank you.

Marcia Hofmeister: Thank you so much.

Operator: Your next question comes from the line of Susan Stewart.

Susan Stewart: –and I'm with MedChi Network Services, and I'm with a consultant, and I want to get some clarity because you know, we're providing advice to providers. And I just want to understand that the PV–PQRS—it sits under the umbrella of PQRS, and does it matter which methodology that you are reporting, like, for physicians who are using the registries – if you're already doing that—and you probably said this—do they need to still register? Is this just like another layer of registration?

Michael Wroblewski: It's a great question. It's Michael again. How big is your group?

Susan Stewart: Well as I said, we represent – we represent, you know, a lot of groups. We advise practices – you know, we have 8,000 members in MedChi. And so, you know, this is – our job is to kind of, you know, give them some clarity on what they should be doing. And so, you just kind of ...

Michael Wroblewski: OK, well, as a threshold question, the only additional requirement we have put in for 2013 – well I'll start – let me start again. If you're a group of 100, you

have to register. And that way, you will avoid both the value modifier downward adjustment and the PQRS payment adjustment. If you're below 100, the value modifier doesn't apply, so don't even think about that anymore, OK? Now you just have to worry about PQRS.

And then, if you want to practice as a – register as a group, Sabrina went through the different options that are available for groups between 2 and 24, and 25 to 99. You can obviously continue to use – the smaller groups can continue to have their eligible professionals report via claims or any of the traditional methods, and they can earn their incentives that way, as well.

Susan Stewart: Thank you very much.

Michael Wroblewski: Sure, and I think that they're in the, on the – and I hate to keep harping back to slide 30. But there – on the PV one, the – I guess it's the ...

Molly MacHarris: Second one.

Michael Wroblewski: The second bullet down, there is a – kind of a quick reference guide, on not only signing up for IACS, but there is a – kind of a value modifier 101, which kind of explains the PQRS payment adjustment, the value modifier, all of those programs, in a – kind of a shorter, easy-to-read, you know, novelette.

Susan Stewart: OK, great. Thank you.

Operator: Your next question comes from the line of James Richey.

James Richey: Hi, this is James Richey with Valant Medical Solutions. Unfortunately, my question has more or less been answered already, but I think I'll ask it anyway just to make it very clear. I'm primarily interested in avoiding adjustments in 2015 by claims-based reporting in 2013, and this primarily deals with group practices less than 100 eligible providers and single eligible providers. I just want to verify that a single claim per eligible provider with a PQRS measure on it will satisfy the requirement for that eligible provider in 2013, and – yes that's it, sorry.

Molly MacHarris: Hi, this is Molly. Yes, that's correct, it would just have to be a valid measure, so it would have to be a valid QDT meeting that is reported on an appropriate denominator-eligible patient.

James Richey: Great, thank you very much.

Molly MacHarris: Thank you.

Operator: Your next question comes from the line of Mary Peterson.

Mary Peterson: Hi, this is Mary Peterson from Aurora Health Care. I'm wondering, where can I get a list of the CMS-calculated administrative claims measures?

Michael Wroblewski: If you go to – it's that second bullet again, it's cms.gov/physicianfeedbackprogram. And on the left-hand side, there's a navigation tab, and I believe on there, you'll see downloads. And there are 14 administrative claims measures, and the specifications for each of those are listed there.

Leah Nguyen: Thank you.

Mary Peterson: Thanks.

Operator: Your next question comes from the line of Stella Khachoyan.

Stella Khachoyan: Hi, this is Stella Khachoyan with IPC The Hospitalist Company. I think I'm asking maybe a little bit of a repetitive question, but I just want to clarify. We are currently a registry, and for the 2012 reporting period we reported on individual provider TIN–NPI combinations. But for the 2013 reporting period, we will be reporting as a GPRO for the many TINs that we have.

And, we do have an existing security official role and representative roles, also. Just wanted to clarify that for us we just need to go ahead and ask the security officer, or the official role, to add all of our TINs, correct, to their security role? Is that correct?

Sabrina Ahmed: Yes, you'll need to add the PV–PQRS Registration System role, choose one of the group roles, and add it to the IACS account for all of the group security officials that you have.

Stella Khachoyan: OK, great. And the reason why we're adding two sample – two TIN – NPIs that report is just for identification purposes, right, so that you guys can identify the right – that we're adding the right TIN?

Sabrina Ahmed: Yes.

Stella Khachoyan: OK, and then – and once, you know we – and then one more question. I, as a representative for, like I have a role, a representative role to submit PQRS data as a registry. Then I would have to – once these accounts or TINs have been approved, I would have to then request to be – to have access to those roles – to those TINs, correct?

Sabrina Ahmed: Yes, that's correct. Thank you.

Stella Khachoyan: And then one final question. At the end of the – well, the following year in 2014 when we're about to report, are we doing individual XML files for each of the TINs, or are we reporting, again, similarly how we did with the individual measures, it's one file for all TIN–NPI combinations across the company?

Molly MacHarris: Hi, this is Molly. So that's a little bit of a different question. So, are you saying that you're both a group practice and a registry, or you are a group practice that is selecting the registry reporting mechanism?

Stella Khachoyan: We're a group practice reporting through the registry, yes.

Molly MacHarris: OK, so the registry will be submitting the quality data to CMS on your behalf. So the one – the thing that you guys will need to make sure you do is, as Sabrina was mentioning, obtain the appropriate IACS account roles. You want to make sure you register for those TINs for the registry reporting option, and you want to make sure that you work with the registry. And then it will be the registry's responsibility to submit that data to CMS.

Stella Khachoyan: OK, and that's where I'm getting confused, because we are both a registry and we are the company who have these TINs. So what – so I guess we have to kind of separate ourselves in looking at this. We first will have to nominate sort of, our TINs as GPROs through the process that you guys have discussed today. And then, because we already have – we are a registry, then we will just go ahead and submit it as one file at the end of the year – sort of submission, right?

Molly MacHarris: That sounds correct, but I would suggest that you actually contact the QualityNet Help Desk and make him, you know, sit with you and make sure that all the correct pieces are in place, just in the interest of time, so we can move onto another question. Thank you.

Stella Khachoyan: OK, thank you.

Operator: Your next question comes from the line of Anderson Cuartas.

Anderson Cuartas: Hello, yes, how you doing, my name is Anderson, I'm calling from Hospital for Special Surgery. I believe the question was – by the way, thank you so much for answering, and all those questions have been very informative. Just to hammer this point home, with regards to the avoidance of the 2015 penalty, we need to report on one valid measure on one patient per physician, is that correct?

Molly MacHarris: Hi, so this is Molly. Yes ...

Anderson Cuartas: Hey, Molly, how you doing, thank you.

Molly MacHarris: Hi. So yes, to avoid the PQRS payment adjustment, the satisfactory reporting criteria is to report on one measure or one measure group for a patient. And again, that must be a valid reporting instance.

I do just want to also emphasize, though, that, as we indicated in last year's final rule, we do view that really low reporting criteria as a stepping stone. And we would anticipate that, for a future year, that reporting criteria would be modified. Again, we do just want

to get folks participating in the program. So we do strongly encourage everyone that, yes, while the reporting criteria to avoid the payment adjustment for this year is one measure on one patient, we strongly encourage all providers to report on the incentive eligibility criteria, which is 3 measures at a 50-percent rate, or an 80-percent rate, et cetera, et cetera.

Anderson Cuartas: And that is ultimately the goal and I understand that. Also, just to confirm, we're doing claims-based and we're under 100. Thank you so much, and you know, yes the – during the meetings, a lot of the physicians just wanted to know what the bare minimum was. But, you know, they want to meet the incentive. I mean, obviously every physician wants to get paid more money. But in the conversations, they just wanted to know if – because the Federal Register, the wording, the verbiage is very – it could be interpreted differently, let's say. So I just wanted to clarify that with you and then – thank you so much.

Leah Nguyen: Thank you. Victoria, it looks like we have time for one final question.

Operator: Your last question comes from the line of Michelle Lerer.

Michelle Lerer: Oh wow. Oh, thank you, this is Michelle Lerer calling from West Coast Urology. Some of my questions have already been answered, but now I'm really confused because last – we're four physicians operating under one tax ID number. I had joined the registry last year, but I only – and I registered, I think, two out of the four doctors, and then I just didn't think I was doing it right, and I sort of got – it all got lost in the shuffle, so I'm trying to regroup again.

We don't have a PTAN yet, so I guess I can't register for the IACS until we get that, but how – do I get rid of that other registry? Where do I go from here? Do I start all over again from scratch? What do – how do you guys suggest I go about, you know, beginning the process again?

Molly MacHarris: Sure, so this is Molly. So let me just confirm, you said you're a group size that's less than 100, correct?

Michelle Lerer: Yes, less than 25, we're 4.

Molly MacHarris: OK, so what I would actually encourage you to do is to reach out to the Help Desk, and they can help you determine what additionally you need to do, if anything, for your particular situation. And again, their information is available on the top of slide 30.

Michelle Lerer: Right, I've tried to call them, and unfortunately, you know, they're very popular phone numbers, so it's hard to get through to them. So, you can't tell me if I should just continue with that registry? I mean, I'm really at a – I'm becoming more confused at the end of this ...

Molly MacHarris: Are you reporting – are you reporting ...

Michelle Lerer: I'm not reporting anything right now. I'm not reporting anything right now.

Molly MacHarris: OK, so did you self-nominate in January as a group practice?

Michelle Lerer: No.

Molly MacHarris: OK. So you have two options then. You can either participate in the program as a group practice, or you can participate as an individual eligible professional. If you want to participate as a group practice, then you would need to obtain the IACS account, which Sabrina covered in the presentation earlier today, and as a group practice for the size that's less than 25 – or less than 24, my apologies, there are two reporting options available. One is registry-based reporting, and then the second is reporting via CMS-calculated administrative claims.

Additionally, if you – if your practice would prefer to report as individual eligible professionals, there are all of the traditional PQRS reporting options available, including claims, registry, we have our two EHR options, EHR direct and EHR data submission vendors, and then we do have the CMS-calculated administrative claims.

Michelle Lerer: So if I'm going to report on the individuals ...

Additional Information

Leah Nguyen: Thank you, unfortunately, that is all the time we have for questions today. If we did not get to your question, you can e-mail it to one of the addresses listed on slide 30, and we have a brief announcement from Michael Wroblewski.

Michael Wroblewski: I just wanted to correct something that I had said earlier in the call. Someone indicated where – asked where the 14 claims-based – administrative claims-based measures were, in terms of the specifications. If you go to cms.gov/physicianfeedbackprogram, on the left-hand side there is a tab that says “QRUR Template,” click on that. And at the very bottom, you'll see a series of downloads, and it's one of those downloads. Thanks very much.

Leah Nguyen: Thanks to everyone for participating in this Getting Started with PQRS Reporting: Implications for the Value-based Payment Modifier and the PQRS Payment Adjustment National Provider Call.

On slide 31 of the presentation, you'll find information and a URL to evaluate your experience with today's call. Evaluations are anonymous and strictly confidential.

I should also point out that all registrants for today's call will receive a reminder e-mail from the CMS National Provider Calls Resource Box within 2 business days regarding the opportunity to evaluate this call.

You may disregard this e-mail if you have already completed the evaluations. Please note, evaluations will be available for completion for 5 business days from the date of today's call. We appreciate your feedback.

Additionally, as mentioned earlier on the call, registration is now open for our next National Provider Call on this topic. Choosing your PQRS Group Reporting Mechanisms and Implications for the Value-based Payment Modifier is scheduled for Wednesday, July 31st, at 2:30 p.m. eastern time. Please see slide 29 for the URL to register for this call.

An audio recording and written transcript of today's call will be posted soon to the CMS MLN National Provider Calls Web page. Again, my name is Leah Nguyen, and it has been my pleasure serving as your moderator today. Thanks again to our presenters and those who participated and called in with their questions. Have a great day, everyone.

Operator: This concludes today's conference. Presenters, please hold.

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