



MLN ConnectsTM

National Provider Call

How to Report Once for 2014 Medicare Quality Reporting Programs

March 18, 2014



Medicare Learning Network®

- This MLN Connects™ National Provider Call (MLN Connects Call) is part of the Medicare Learning Network® (MLN), a registered trademark of the Centers for Medicare & Medicaid Services (CMS), and is the brand name for official information health care professionals can trust.

Disclaimer

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Agenda

- How to Report Once for 2014 Medicare Quality Reporting Programs, including:
 - Physician Quality Reporting System (PQRS)
 - Electronic Health Record (EHR) Incentive Program
 - Value-Based Modifier (VM)
 - Accountable Care Organizations (ACO)
- Broken out by:
 - Individual Eligible Professionals (EPs)
 - Group Practices
 - Medicare Shared Savings Program ACOs
 - Pioneer ACOs

Report Once: Individual EPs

Individual EPs

- This serves as a guide to individual EPs wishing to report quality measures one time during the 2014 program year in order to:
 - Become incentive eligible for the 2014 Physician Quality Reporting System (PQRS)
 - Avoid the 2016 PQRS payment adjustment, and
 - Satisfy the clinical quality measure (CQM) component of the EHR Incentive Program
 - Satisfy requirements for the 2014 Value Modifier

How to Report Once for 2014 Medicare Quality Reporting Programs: Individual Eligible Professionals

I Am An Individual Eligible Professional

- Review the list of eligible professionals on the 'How to Get Started' page of the CMS PQRS Website
- Must participate in PQRS as an individual (not a member of a group practice who has registered or self-nominated as a PQRS GPRO)

CHOOSE PQRS EHR-BASED REPORTING OPTIONS *or* *QUALIFIED CLINICAL DATA REGISTRY:

DIRECT EHR PRODUCT THAT IS CERTIFIED EHR TECHNOLOGY (CEHRT) *or*
EHR DATA SUBMISSION VENDOR THAT IS CEHRT

*Reports at least 9 of the eCQMs finalized in the Stage 2 final rule for a full 12-month reporting period

REPORT ON 9 MEASURES COVERING AT LEAST 3 OF THE NATIONAL QUALITY STRATEGY DOMAINS

If an eligible professional's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the eligible professional must report the measure for which there is Medicare patient data.

12 MONTHS
1/1/14 – 12/31/14

Refer to the EHR Incentive Program website documents for a listing of measures that satisfy the CQM component, then utilize the eCQMs for those measures

Satisfactorily report under
PQRS for 2014

YES

NO

- PQRS Incentive Eligible for 2014 (+0.5%)
- Avoid the 2016 PQRS payment adjustment
- Satisfy the CQM component of the Medicare EHR Incentive Program
- Satisfy requirements for the 2016 Value Modifier
- If 50% of the EPs in the TIN satisfactorily reports, the group avoids the 2016 Value Modifier.

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

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

Individual EPs (cont.)

Note:

- For the 2014 program year, group practices of 10 or more individual EPs that do not register for PQRS GPRO will be subject to Value Modifier payment adjustment (type of adjustment will be based on group size and quality tiering) if at least 50% of the individual eligible professionals within the group practice successfully avoid the 2016 PQRS payment adjustment
- PQRS EHR reporting option for MU is only available to EPs with EHRs certified to the June 2013 version of the eCQMs (except for CMS140v1: Breast Cancer: Hormonal Therapy for Stage IC - IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer where the EHR needs to be certified to the Dec 2012 version)
 - EPs whose EHRs are not certified to the version of eCQM required by PQRS will still need to attest their CQMs for MU and select a different reporting method for PQRS reporting
- The reporting period for 2014 PQRS is 12 months; EHR Incentive Program's 90-day reporting period does not apply to PQRS

Report Once: Group Practices

Group Practices

- This serves as a guide to group practices wishing to report quality measures one time during the 2014 program year in order to:
 - Become incentive eligible for the 2014 PQRS
 - Avoid the 2016 PQRS payment adjustment
 - Satisfy the CQM component of the EHR Incentive Program, and
 - Satisfy requirements regarding the 2016 VM adjustment

I am a PQRS eligible professional who has assigned billing to a Group Practice TIN

- A "group practice" is defined as a single Tax Identification Number (TIN) with 2 or more individual eligible professionals (as identified by Individual National Provider Identifier [NPI]) who have reassigned their billing rights to the TIN

SELF-NOMINATE OR REGISTER FOR PQRS UNDER ONE OF THE FOLLOWING REPORTING OPTIONS:

DIRECT EHR PRODUCT THAT IS CERTIFIED EHR TECHNOLOGY (CEHRT) or EHR DATA SUBMISSION VENDOR THAT IS CEHRT
These options are available to group practices of 2 or more individual EPs

Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS)
This option is only available to group practices of 25 or more

GPRO WEB INTERFACE
This option is only available to group practices of 25 or more individual EPs

REPORT ON 9 MEASURES COVERING AT LEAST 3 OF THE NATIONAL QUALITY STRATEGY DOMAINS
 If a group practice's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the group practice must report the measure for which there is Medicare patient data.

REPORT ON 6 MEASURES COVERING AT LEAST 2 NQS DOMAINS USING A DIRECT EHR or DATA SUBMISSION VENDOR THAT IS CEHRT, OR REPORT ALL 22 GPRO WEB INTERFACE MEASURES

REPORT ON ALL MEASURES INCLUDED IN THE WEB INTERFACE FOR THE PRE-POPULATED BENEFICIARY SAMPLE

12 MONTHS
 1/1/14 – 12/31/14

12 MONTHS
 1/1/14 – 12/31/14

12 MONTHS
 1/1/14 – 12/31/14

Refer to the EHR Incentive Program website documents for a listing of measures that satisfy the CQM component, then utilize the eCQMs for those measures

Satisfactorily report under PQRS for 2014

YES

NO

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

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

Group Practices (cont.)

Note:

- This is only available to EPs who are beyond their first year of Meaningful Use
 - EPs who are in their first year of Meaningful Use in 2014, including those who are part of a group practice that is participating in the PQRS GPRO, an MSSP ACO, or a Pioneer ACO, need to report their CQMs via attestation by October 1, 2014 to avoid a Meaningful Use payment adjustment in 2015

Report Once: Medicare Shared Savings Program ACOs

Shared Savings Program ACOs

- This serves as a guide to Shared Savings Program ACOs participants wishing to:
 - Satisfy quality performance standard for the Shared Savings Program
 - Become incentive eligible for the 2014 PQRS
 - Avoid the 2016 PQRS payment adjustment, and
 - Satisfy the CQM component of the EHR Incentive Program
 - **Note:** *ACOs will not be subject to the 2016 Value-Based Payment Modifier*

I am a PQRS eligible professional who has assigned billing to a Shared Savings Program ACO Participant TIN

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

**THE ACO PRIMARY TIN
REPORTS ON ALL MEASURES INCLUDED IN THE GPRO WEB INTERFACE**

12 MONTHS
1/1/14 – 12/31/14

YES

The ACO Primary TIN
satisfactorily completes the
GPRO Web Interface

NO

ACO Primary TIN satisfactorily reports for PQRS; therefore, participant TINs:

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

NOTE: Eligible professionals will still be required to report the other meaningful use objectives through the Medicare and Medicaid EHR Incentive Programs Registration and Attestation System

ACO Primary TIN does not satisfactorily report for PQRS; therefore, participant TINs:

- Are not PQRS Incentive Eligible for 2014
- Are Subject to the 2016 PQRS payment adjustment (-2.0%)
- Will not satisfy the CQM component of the Medicare EHR Incentive Program

Shared Savings Program ACOs (cont.)

Note:

- This is only available to eligible professionals who are beyond their first year of Meaningful Use
 - EPs who are in their first year of Meaningful Use in 2014, including those who are part of a group practice that is participating in the PQRS GPRO, an MSSP ACO, or a Pioneer ACO, need to report their CQMs via attestation by October 1, 2014 to avoid a Meaningful Use payment adjustment in 2015

Report Once: Pioneer ACOs

Pioneer ACOs

- This serves as a guide to Pioneer ACOs wishing to:
 - Satisfy quality performance standard for the Pioneer ACO Model
 - Become incentive eligible for the 2014 PQRS
 - Avoid the 2016 PQRS payment adjustment, and
 - Satisfy the CQM component of the EHR Incentive Program
 - Non-participating providers in Pioneer ACO TINs should refer to GPRO Requirements for Submission, available at [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014 PQRS GPRO Requirements 010314.pdf](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014_PQRS_GPRO_Requirements_010314.pdf)
 - **Note:** ACOs will not be subject to the 2016 Value-Based Payment Modifier

I am a PQRS eligible professional who has assigned billing to a Pioneer ACO Participant TIN

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

THE ACO PRIMARY TIN
REPORTS ON ALL MEASURES INCLUDED IN THE QUALITY MEASURES
ASSESSMENT TOOL (QMAT)

12 MONTHS
1/1/14 – 12/31/14

The ACO Primary TIN
satisfactorily completes QMAT
reporting

YES

NO

ACO Primary TIN satisfactorily reports for PQRS; therefore, participant TINs:

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

NOTE: Eligible professionals will still be required to report the other meaningful use objectives through the Medicare and Medicaid EHR Incentive Programs Registration and Attestation System

ACO Primary TIN does not satisfactorily report for PQRS; therefore, participant TINs:

- Are not PQRS Incentive Eligible for 2014
- Are Subject to the 2016 PQRS payment adjustment (-2.0%)
- Will not satisfy the CQM component of the Medicare EHR Incentive Program

Pioneer ACOs (cont.)

Note:

- This is only available to EPs who are beyond their first year of Meaningful Use
 - EPs who are in their first year of Meaningful Use in 2014, including those who are part of a group practice that is participating in the PQRS GPRO, an MSSP ACO, or a Pioneer ACO, need to report their CQMs via attestation by October 1, 2014 to avoid a Meaningful Use payment adjustment in 2015

Where to Call for Help

Where to Call for Help

- **QualityNet Help Desk:**

- Portal password issues
- PQRS/eRx feedback report availability and access
- IACS registration questions
- IACS login issues
- PQRS and eRx Incentive Program questions

866-288-8912 (TTY 877-715-6222)

7:00 a.m.–7:00 p.m. CST M-F or gnetsupport@sdps.org

You will be asked to provide basic information such as name, practice, address, phone, and e-mail

- **Provider Contact Center:**

- Questions on status of 2012 PQRS/eRx Incentive Program incentive payment (during distribution timeframe)
- See *Contact Center Directory* at <http://www.cms.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip>

- **EHR Incentive Program Information Center:**

888-734-6433 (TTY 888-734-6563)

- **ACO Help Desk**

- 1-888-734-6433 Option 2 or cmsaco@cms.hhs.gov

- **VM Help Desk**

- 1-888-734-6433 Option 3 or pvhelpdesk@cms.hhs.gov

Resources

- **PFS Federal Regulation Notices**
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices.html>
- **CMS PQRS Website**
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS>
- **Medicare Shared Savings Program**
[http://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Quality Measures Standards.html](http://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Quality%20Measures%20Standards.html)
- **CMS Value-based Payment Modifier (VM) Website**
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>
- **Medicare and Medicaid EHR Incentive Programs**
<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms>
- **Frequently Asked Questions (FAQs)**
<https://questions.cms.gov/>
- **Physician Compare**
<http://www.medicare.gov/physiciancompare/search.html>

Question and Answer Session

Evaluate Your Experience

- Please help us continue to improve the MLN Connects National Provider Call Program by providing your feedback about today's call.
- To complete the evaluation, visit <http://npc.blhtech.com/> and select the title for today's call.
- Evaluations are anonymous, confidential, and voluntary.
- All registrants will receive a reminder email about the evaluation for this call. Please disregard the email if you have already completed the evaluation.
- We appreciate your feedback.

CME and CEU

- This call has been approved by CMS for CME and CEU continuing education credit.
- To obtain continuing education credit
 - review CE Activity Information & Instructions for specific details,
please visit <http://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/TC-L03182014-Marketing-Materials.pdf>

Thank You

- For more information about the MLN Connects National Provider Call Program, please visit <http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html>
- For more information about the Medicare Learning Network (MLN), please visit <http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>