MLN Connects™

National Provider Call

How to Register for the PQRS Group Practice Reporting Option in 2014

April 10, 2014

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Agenda

- Overview of the Value-based Payment Modifier (VM)
- IACS Introduction
- Which IACS role do you need?
- PV-PQRS Registration System Introduction
- How do you register in the PV-PQRS Registration System?
  - Group Practice Registration
- Next Steps
- Technical Assistance Information
- Question and Answer Session

What is the Value-Based Payment Modifier (VM)?

- The VM assesses both quality of care furnished and the cost of that care under the Medicare Physician Fee schedule.
- The VM is a new per-claim adjustment under the Medicare Physician Fee Schedule that is applied at the group (Taxpayer Identification Number "TIN") level to physicians billing under the TIN.
- CY 2015 – CMS will apply the VM to groups of physicians with 100 or more eligible professionals (EPs) based on 2013 performance.
- CY 2016 – CMS will apply the VM to groups of physicians with 10 or more EPs based on 2014 performance.
- CMS is required to apply the VM to all physicians and groups of physicians starting in 2017.

What is an Eligible Professional?

- **Physician**

  Doctor of Medicine, Doctor of Osteopathy, Doctor of Podiatric Medicine, Doctor of Optometry, Doctor of Oral Surgery, Doctor of Dental Medicine, and Doctor of Chiropractic

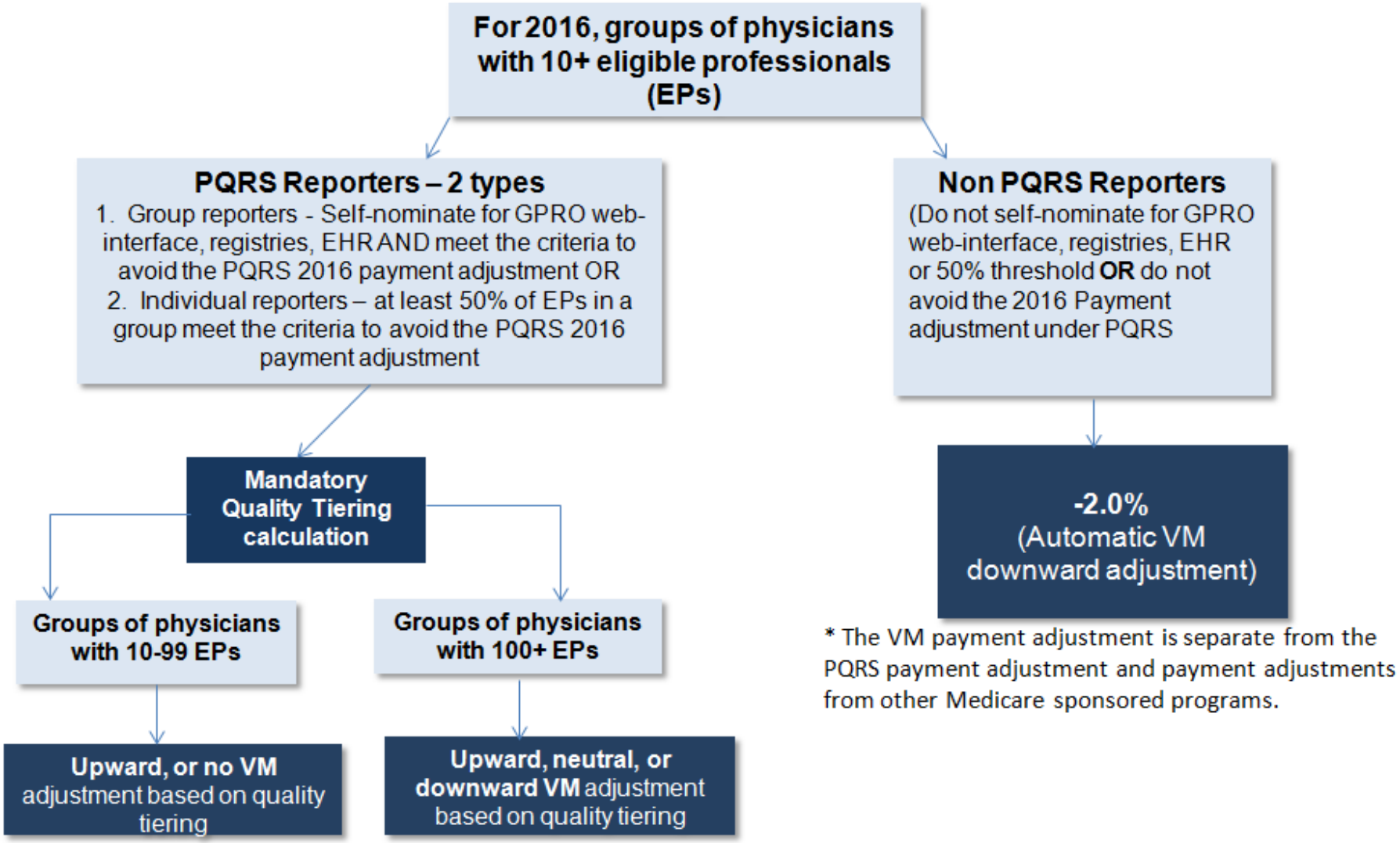
- **Practitioner**

  Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist (and Anesthesiologist Assistant), Certified Nurse Midwife, Clinical Social Worker, Clinical Psychologist, Registered Dietician, Nutrition Professional and Audiologists

- **Therapists**

  Physical Therapist, Occupational Therapist, and Qualified Speech-Language Therapist

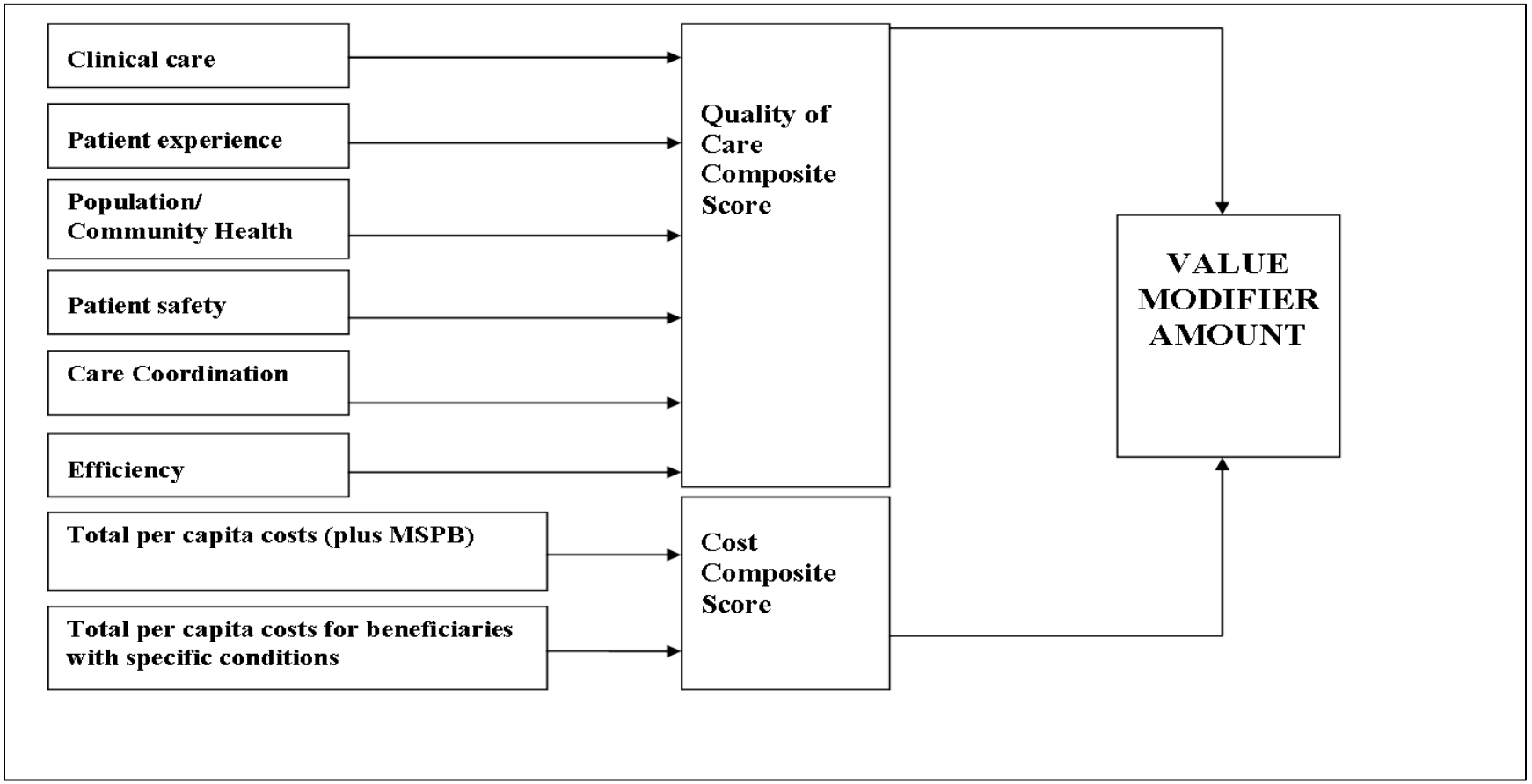
PQRS and VM Programs are Linked



* The VM payment adjustment is separate from the PQRS payment adjustment and payment adjustments from other Medicare sponsored programs.

Quality-Tiering Methodology

Use domains to combine each quality measure's standardized score into a quality composite and each cost measure's standardized score into a cost composite



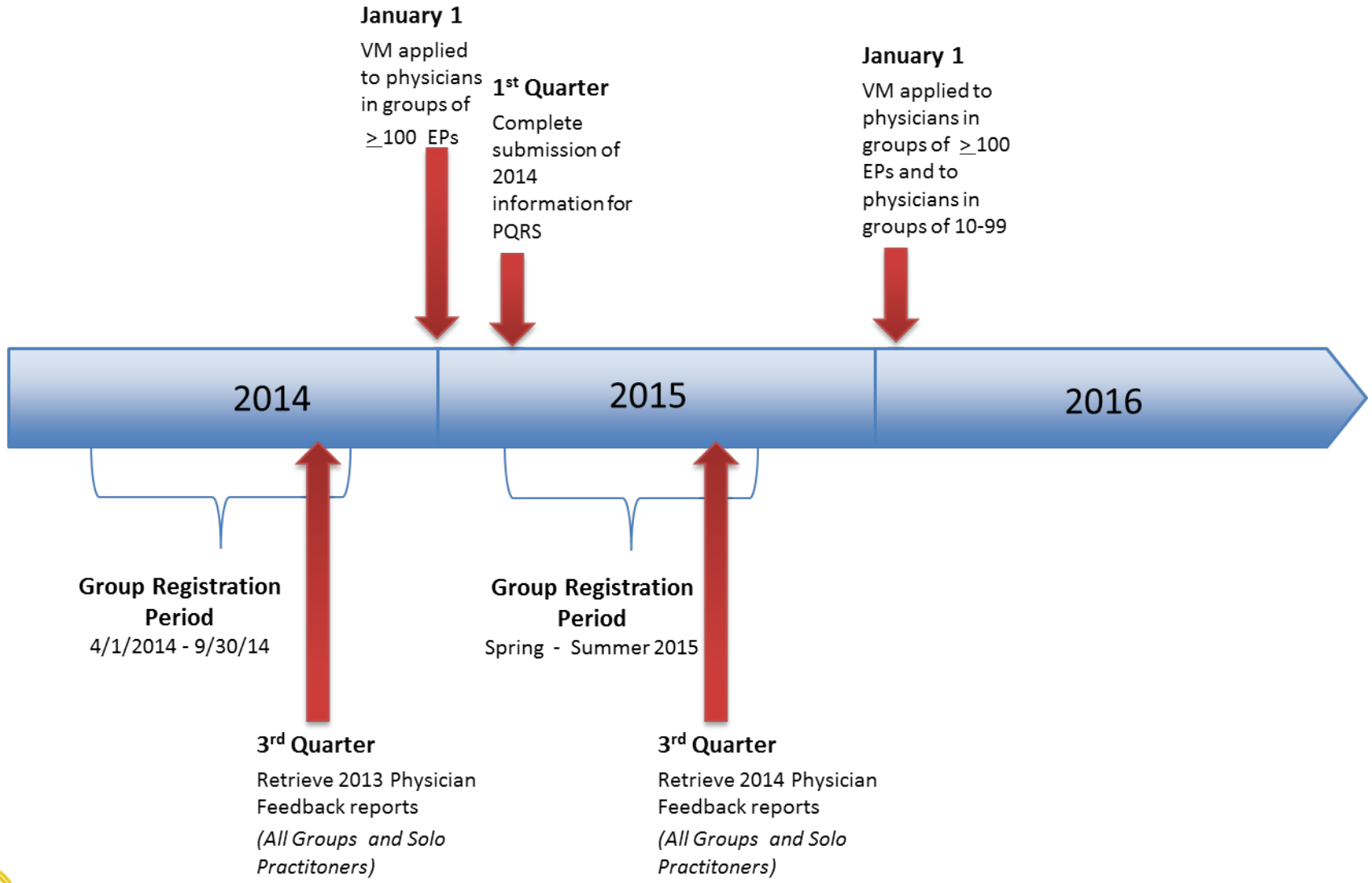
Quality Tiering Approach for 2016

- Each group receives two composites scores (quality and cost).
- CMS classifies each score into “high”, “average” or “low” based on whether the score is one standard deviation from the mean score.
- This approach identifies statistically significant outliers and assigns them to their respective quality and cost tiers.

Quality/cost	Low cost	Average cost	High cost
High quality	+2.0x*	+1.0x*	+0.0%
Average quality	+1.0x*	+0.0%	-1.0%
Low quality	+0.0%	-1.0%	-2.0%

*Eligible for an additional +1.0x if reporting clinical data for quality measures AND average beneficiary risk score in the top 25 percent of all beneficiary risk scores.

Timeline for VM that Applies to Payment Starting January 1, 2016



Actions for Groups with 10+ EPs for the 2016 VM

1. Decide whether and how to participate in the PQRS in 2014.

   - Group reporting or individual reporting

2. If group reporting, register in the PV-PQRS Registration System between April 1, 2014 – September 30, 2014.

   - Select a PQRS group reporting mechanism
     - Qualified PQRS Registry
     - Electronic Health Record (EHR)
     - Web Interface (available for groups with 25+ EPs only)
   - Understand measure specifications

Actions for Groups with 10+ EPs for the 2016 VM (cont.)

3. Determine whether to supplement the group's reporting mechanism with the Clinician and Group Consumer Assessment of Health Providers and Systems (CG-CAHPS) Survey.
   - The CAHPS survey option will only be available for groups with 25 or more EPs and is required for groups with 100 or more EPs that select the GPRO web interface option.
   - For all groups that have elected or are required to report the CAHPS survey, CMS has already contracted with a certified survey vendor to implement these surveys on behalf of the group in 2014.

4. Review quality measure benchmarks.

   (http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html)

5. Obtain your Quality and Resource Use Report
   - 2013 QRURs (for 2015 payment) will be available late summer of 2014.
   - 2014 QRURs (for 2016 payment) will be available late summer of 2015.

IACS Introduction

- An Individuals Authorized Access to the CMS Computer Services (IACS) account is required to access the PV-PQRS Registration System.

- Users are limited to 1 account per person.
  - An existing IACS account cannot be transferred to another individual.
  - An account can be associated with multiple groups practices (TIN) or individual EPs (TIN/National Provider Identifier (NPI)).

- If you have an existing IACS account:
  - Ensure your account is still active → Contact the Quality Net Help Desk.
  - Must add a PV-PQRS System role to your account.

- You can sign up for a new IACS account or modify an existing IACS account at https://applications.cms.hhs.gov/.

IACS Roles for Group Practices

- Group practices are identified in IACS by their Medicare billing TIN.

- **One** authorized representative of a 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 → Group's primary Security Official.
  - The individual EPs (as identified by their rendering NPI) who bill under the TIN **do not** have to get an IACS account or register for the PQRS individually.

- There can be only one primary Group Security Official, but one or more backup Group Security Officials.
  - Most primary Group Security role requests are approved by CMS within 24 hours after the request is submitted.
  - Backup Group Security Official role requests are approved by CMS after CMS verifies with the primary Group Security Official by phone that the requestor should have the backup Group Security Official role.

IACS Roles for Group Practices (cont.)

- Primary or backup Group Security Official role allows the user to perform the following tasks on behalf of the group practice:
  1. Access the PV-PQRS Registration System in order to select the group practice's PQRS group reporting mechanism for 2014.
  2. If available, view the group practice's Quality and Resource Use Report and 2012 Episodes Report (after May 2014).
  3. Approve requests for the "PV-PQRS Group Representative" role in IACS.

- "PV-PQRS Group Representative" roles can be requested after the group practice has an approved primary Group Security Official in IACS.
  - Allows the user to perform tasks 1 and 2 as listed above.
  - Must be approved by the primary or backup Group Security Official within 12 calendar days after the request is submitted.

Gather, Enter, & Verify

Three steps to sign up for an IACS account

1. Gather all of the required information you need to submit your request for an IACS account with a PV-PQRS System role or to modify your existing IACS account to add a PV-PQRS System role. (Refer to slide 17)

2. Enter the required information into IACS at https://applications.cms.hhs.gov/.

3. Verify that you entered all of the required information correctly and submit your request.

Note: When signing up for an IACS account, use an email address that you monitor regularly. CMS will send emails with your User ID, temporary password and information about password resets and recertification.

Gather Required Information for Group Roles

- **All Group Practice Roles**
  - *User Information*: First name, Last Name, Social Security Number, Date of Birth, and E-mail.
  - *Professional Contact Information*: Office Telephone, Company Name, and Address.

- **PV-PQRS Group Security Official (Primary)**
  - *Organization Information*: Group practice's Medicare billing TIN, Legal Business Name, Rendering NPIs for **two different** individual physicians who bill under the TIN and their corresponding individual Provider Transaction Access Numbers (PTANS) (do not use the Group NPI or Group PTAN), Address and Phone Number.

- **PV-PQRS Group Security Official (Backup)**
  - Group practice's Medicare billing TIN

- **PV-PQRS Group Representative**
  - Group practice's Medicare billing TIN.

PV-PQRS Registration System

- The PV-PQRS Registration System serves the Physician Value Modifier and PQRS programs.

- The PV-PQRS Registration System is open from April 1, 2014 to September 30, 2014 and will allow the following:

  - Group Practices

    1) Select/change their PQRS group reporting mechanism for 2014.

    2) If the group practice has 25 or more EPs, then the group can elect to supplement its PQRS reporting mechanism with the CAHPS survey. However, if the group practice has 100 or more EPs and has selected the Web Interface reporting mechanism for 2014, then the group is required to report the CAHPS survey, and the group can elect to include its performance on the 2014 CAHPS survey in the calculation of the group's 2016 Value-Based Payment Modifier.

    3) View a summary of the group practice's Program Year (PY) 2013 Registration information (if available).

Which Group Practices Have to Register?

Group practices of all sizes (with 2 or more EPs) that choose to participate in the PQRS as a group, including those who have EPs also participating in a Pioneer ACO or the Comprehensive Primary Care (CPC)* Initiative. Specifically:

- Group practices with 2 or more EPs that want to report via the Qualified Registry reporting mechanism.
- Group practices with 2 or more EPs that want to report via Direct EHR using CEHRT or CEHRT via Data Submission Vendor.
- Group practices with 25 or more EPs that want to select the Web Interface reporting mechanism.
- Group practices with 25 or more EPs that want to supplement their PQRS reporting mechanism with the CAHPS survey, or group practices with 100 or more EPs that selected the Web Interface reporting mechanism and want to include their performance on the required 2014 CAHPS survey in the calculation of the group's 2016 Value Modifier.
- Group practices with 10 or more EPs that want to avoid the -2% automatic VM payment adjustment in 2016 by reporting PQRS quality data at the group level.
  - **Note:** These groups must also meet the criteria to avoid the 2016 PQRS payment adjustment in order to avoid the -2% automatic VM payment adjustment in 2016.

* The CPC EPs who elect to report to PQRS as a group will not be eligible to elect the CPC PQRS waiver

Which Group Practices Do Not Have to Register?

- Group practices that participate in the Medicare Shared Savings Program.
- Group practices that **only** provide care to Medicare beneficiaries who are enrolled in a Medicare Advantage plan.
- Group practices that only practice in a Rural Health Clinic.
- Group practices that only practice in a Federally Qualified Health Center.
- Group practices with individual EPs that choose to participate in the PQRS as an individual via claims, CMS-qualified registry, qualified clinical data registry, or EHR.

Gather, Enter, & Verify

Three steps to register in the PV-PQRS Registration System

1. Gather all of the required information you need to submit your PV-PQRS Registration.

2. Enter the required information into PV-PQRS Registration System at https://portal.cms.gov .

3. Verify that you entered all of the required information correctly and submit your registration.

Gather: Required Information for Group Registration

- *Organization Information:* GPRO name, Entity name, and Mailing Address.
- *Requestor Information:* First Name, Last Name, E-mail, and Phone Number.
- Group Practice Size.
- Selection of 2014 PQRS group reporting mechanism.
- CAHPS Survey (applicable for groups with 25 or more EPs).
- *Program Contact Information:* First Name, Last Name, E-mail, Phone Number, and Address.
- *Technical Contact Information:* First Name, Last Name, E-mail, Phone Number, and Address.

Enter: PV-PQRS Registration System

- Go to https://portal.cms.gov and select “Login to CMS Secure Portal”. (Figure 6)
- Accept the Terms and Conditions.

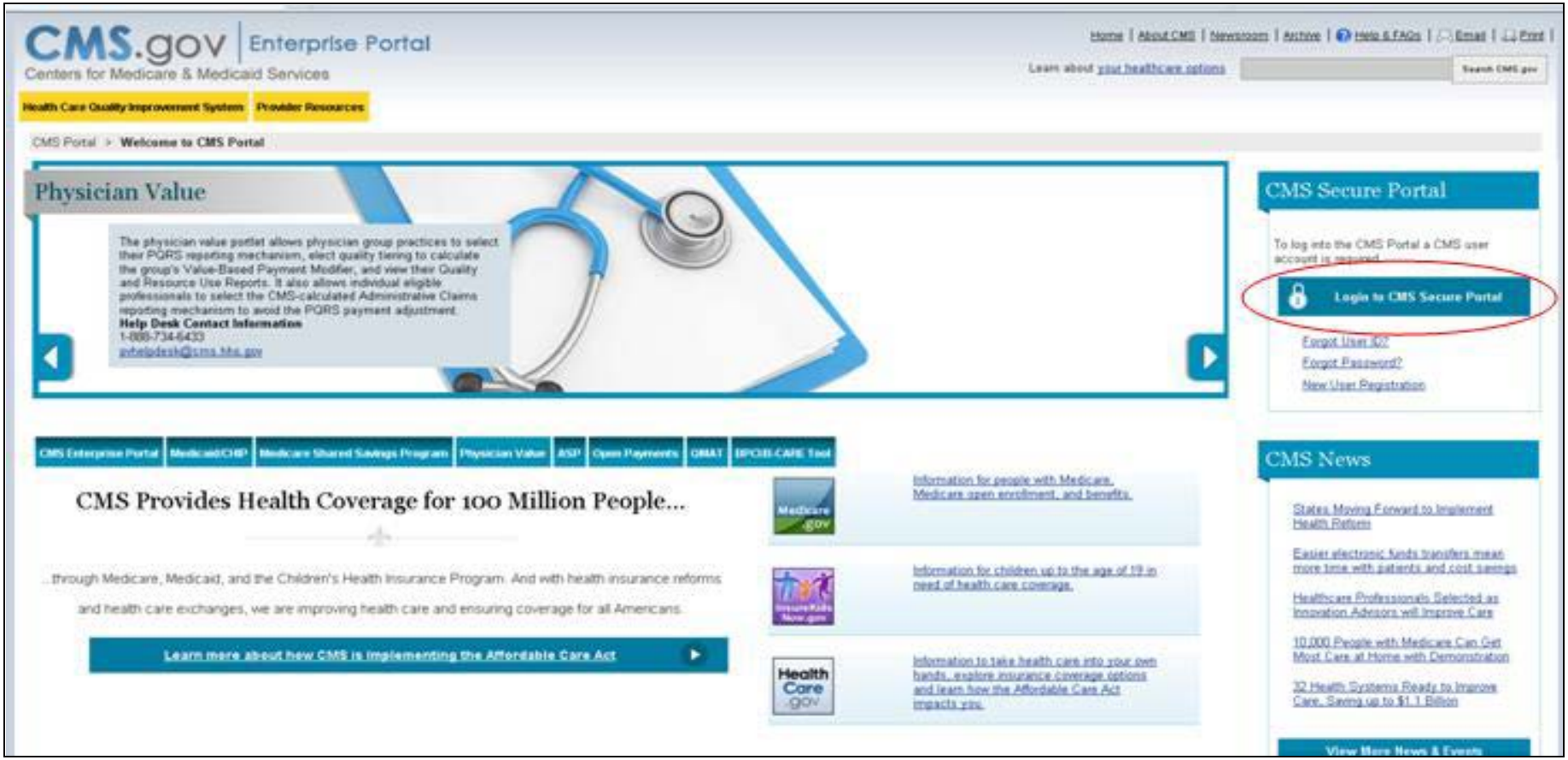


Figure 1: Login to CMS Secure Portal

Enter: PV-PQRS Registration System (cont.)

- Enter the User ID & the Password on the Login screen and click “Log In”. (Figure 7)

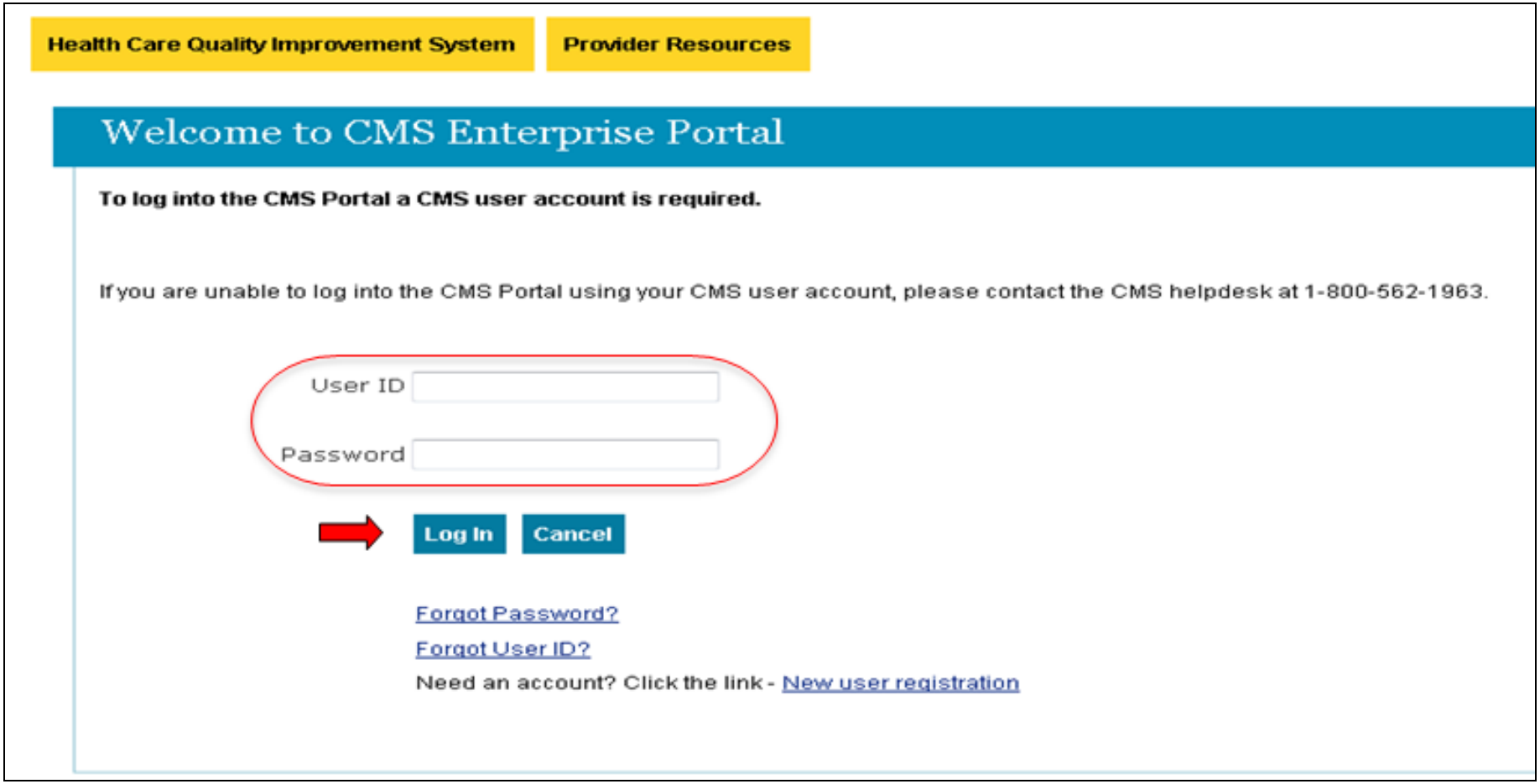


Figure 2: Login Screen

Select: Registration

- Select the Registration hyperlink from the PV-PQRS dropdown menu. (Figure 8)

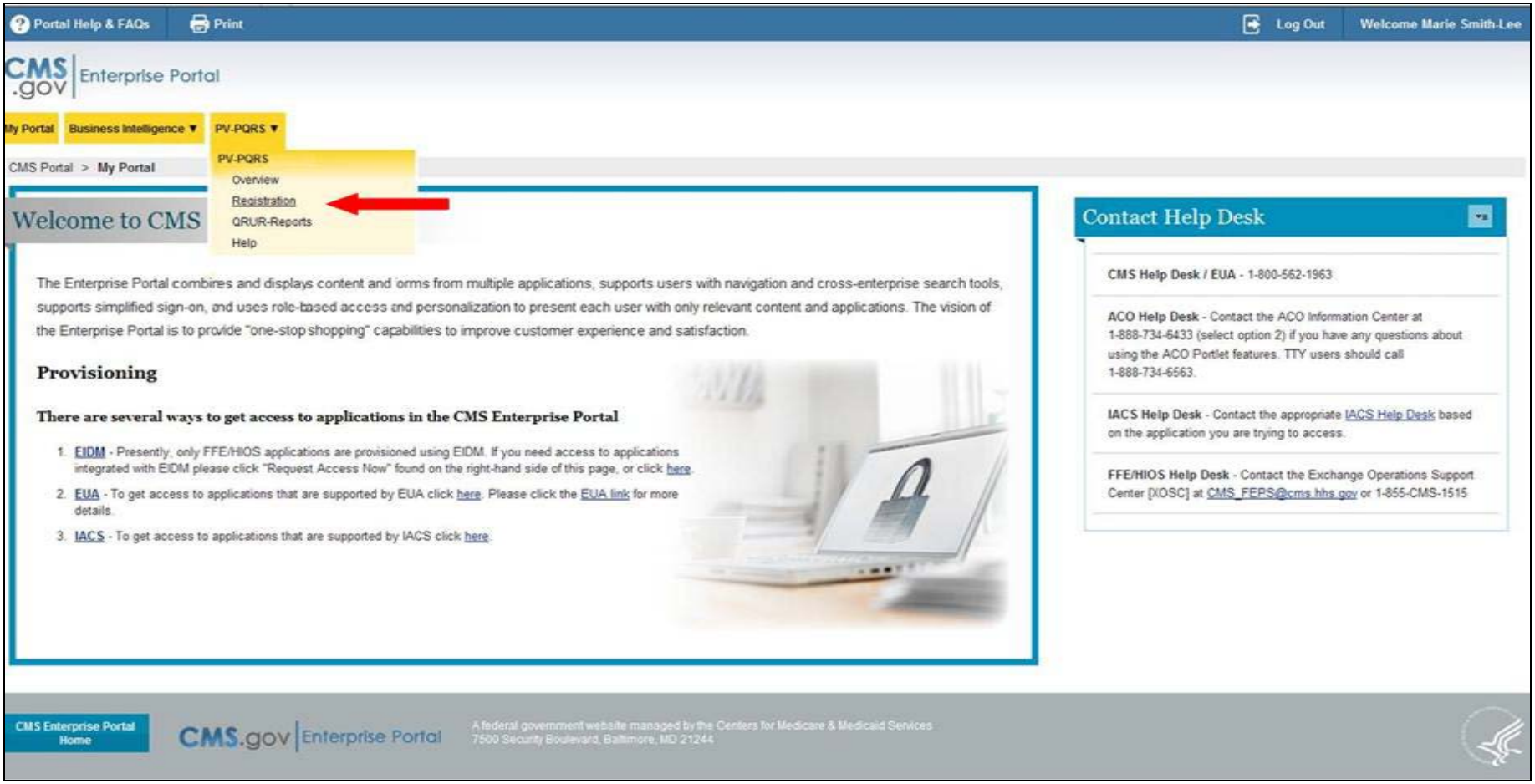


Figure 3: Landing Screen

New Registration: Group Practice

- Select the “Register” link . (Figure 9)

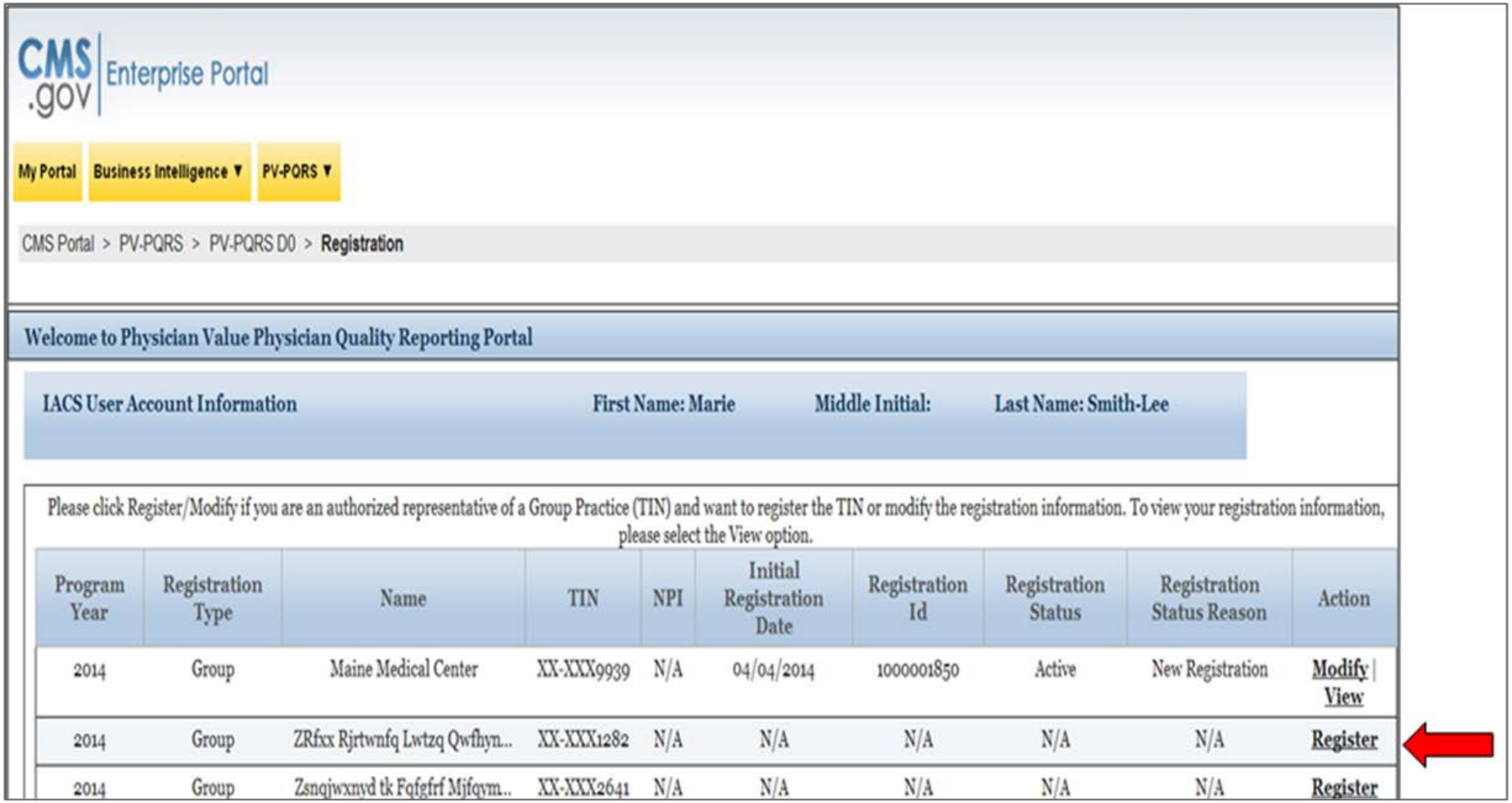


Figure 4: New Registration – Group Practice

Enter: Group Practice Information

- Select the check box to use PY2013 registration information for this year's registration. (Figure 10)
  - **Note: This option will only appear for TINs that registered in PY2013 PV-PQRS Registration System.**
- Enter the required organization information and requestor information. (Figure 10)

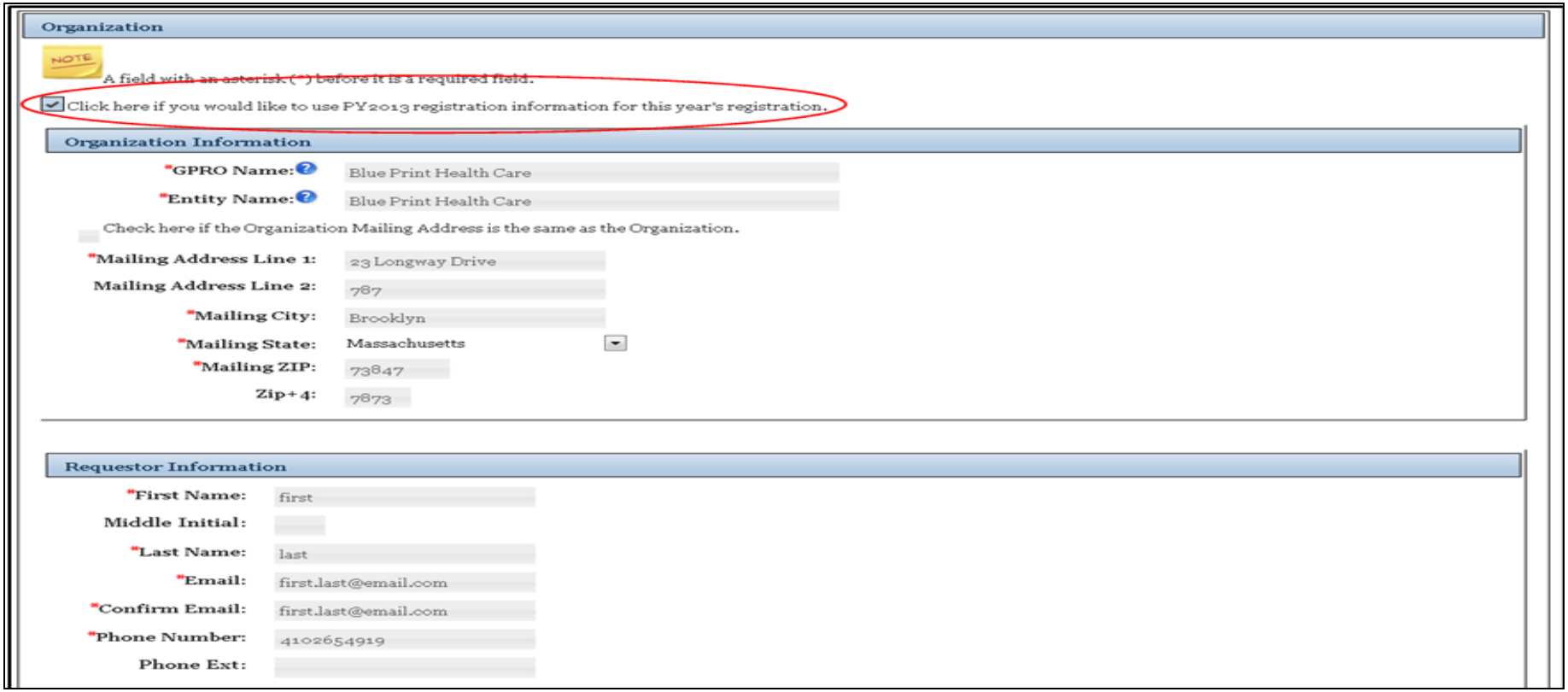


Figure 5: Group Practice Organization Information

Enter: Group Practice Information (cont.)

- Select the appropriate Group Practice Size, the Reporting Mechanism and the Consumer Assessment of Health Providers and Systems (CAHPS) survey option and click “Save & Continue”. (Figure 11)
  - **Note: If a Group Practice Size of “2-24 Individual EPs is selected, the group practice will be allowed to select Registry or Electronic Health Record (EHR) reporting.**

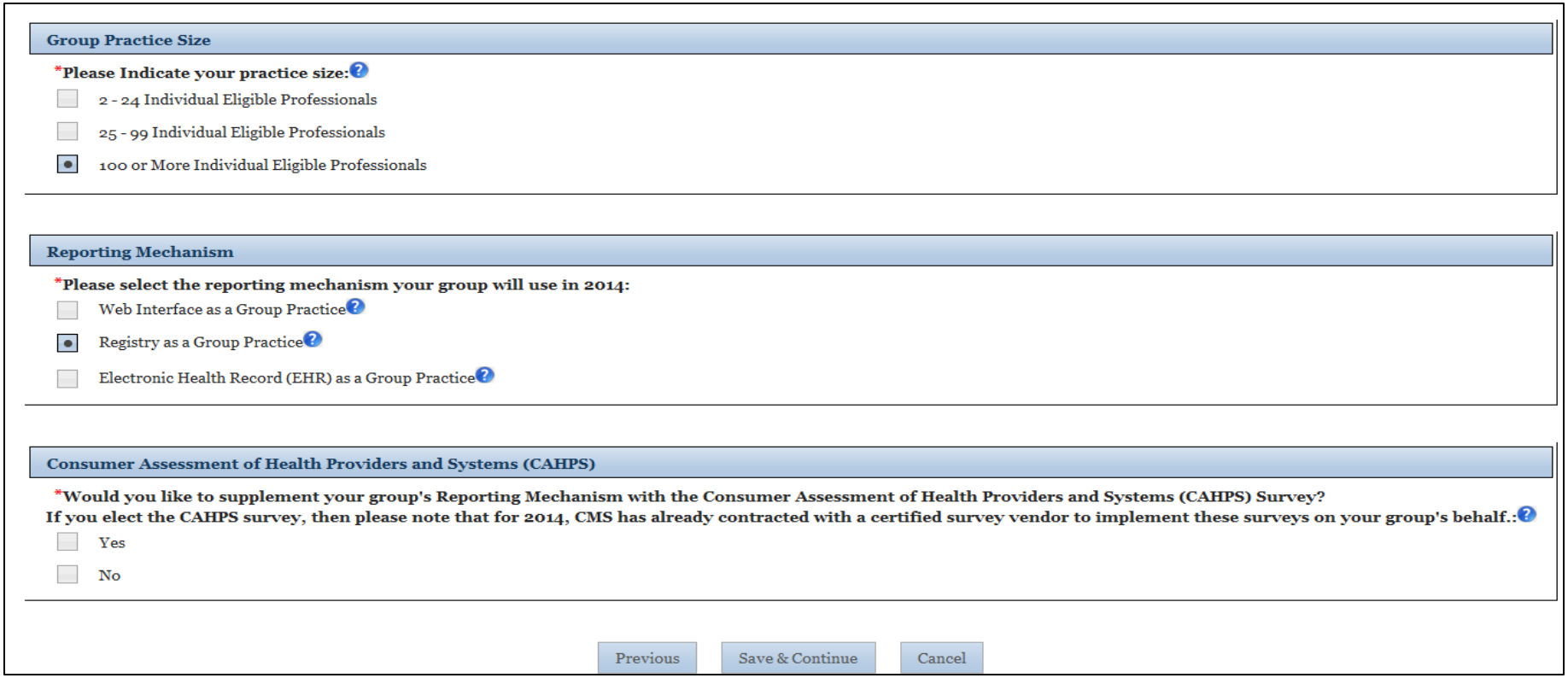


Figure 6: Group Practice Organization Information

Enter: Group Practice Contact Information

- Enter the required Program Contact Information or check the box(es) to use the Requestor and/or Organization information. (Figure 12)
- Enter the required Technical Contact Information or check the box(es) to use the Requestor and/or Organization information and click “Save & Continue”. (Figure 13)

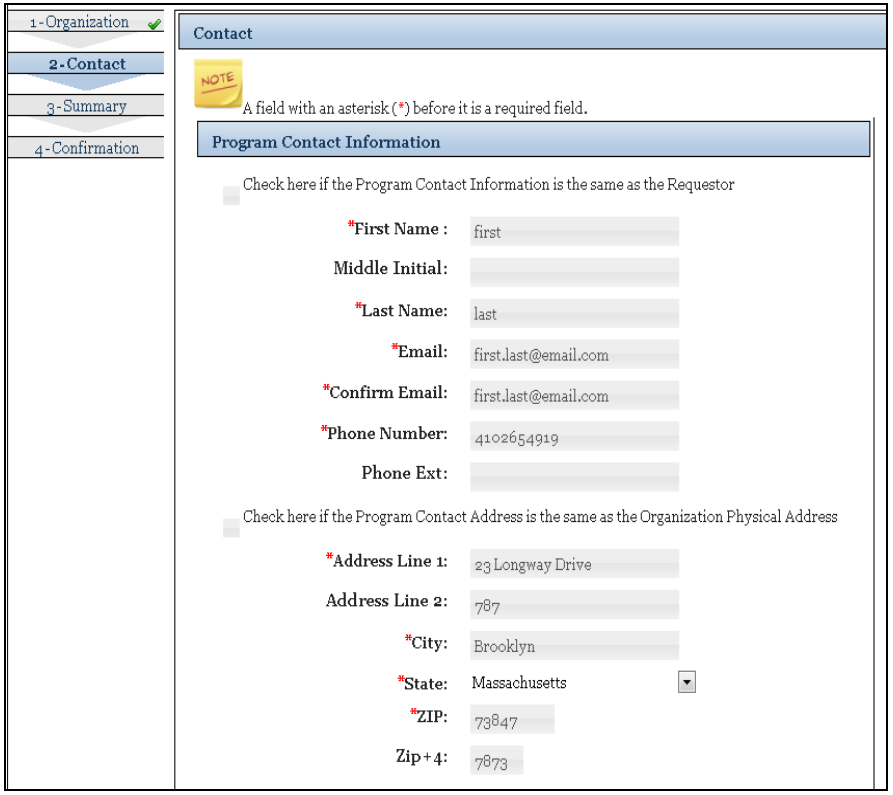


Figure 7: Group Practice Program Contact Information

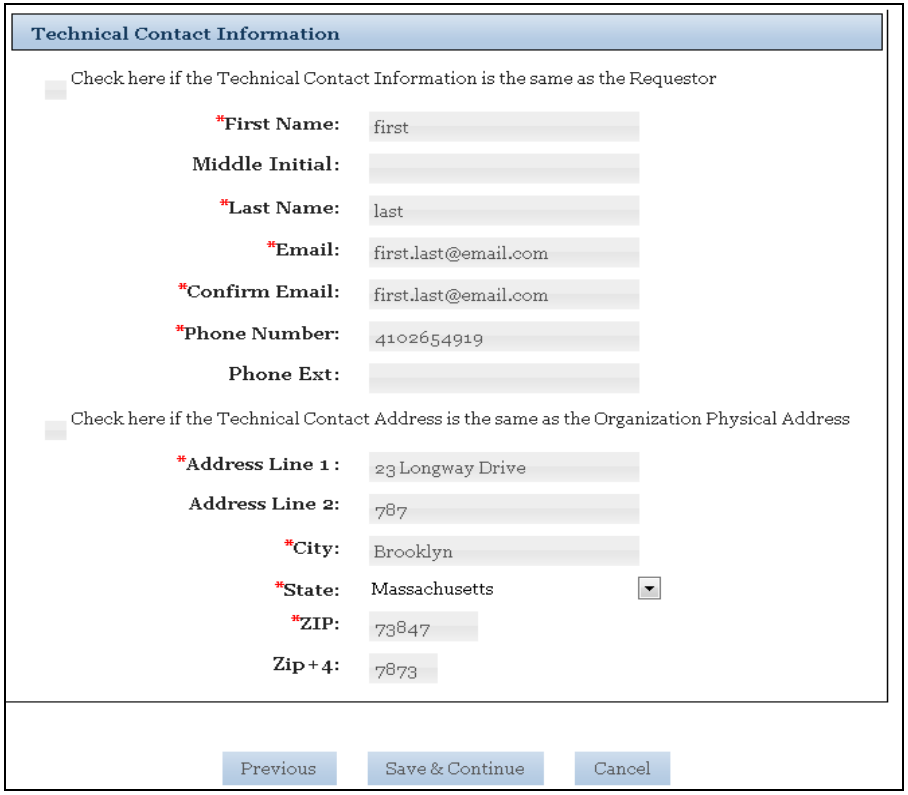


Figure 8: Group Practice Technical Contact Information

Verify: Group Practice Information

- Verify the Information and Select “Submit” to continue with the submission. (Figure 14)
  - **Note: Use the “Edit” button in the desired section to modify the information.**

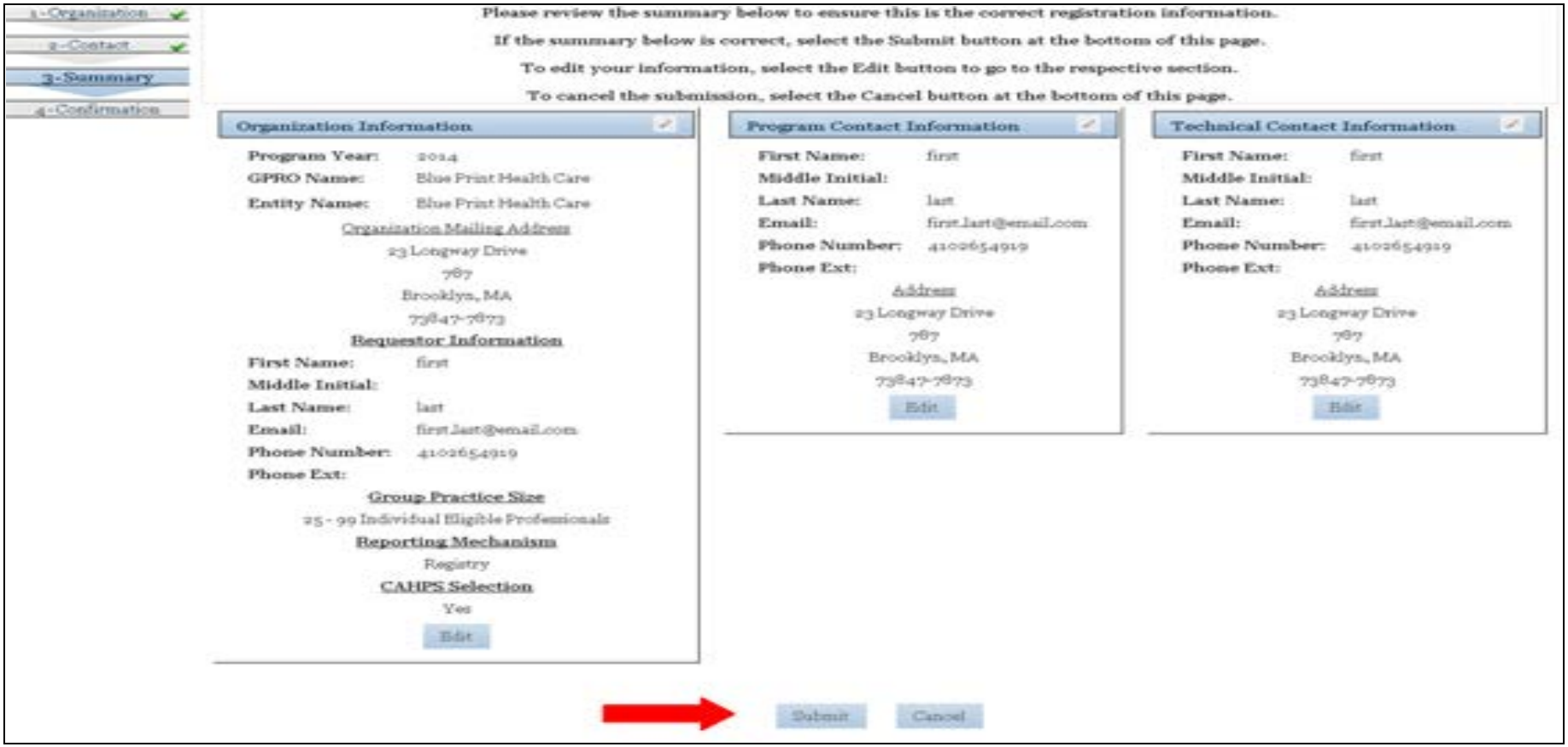


Figure 9: Group Practice Summary Page

Confirmation Message: Group Practice

- Retain the Registration Identification Number provided in the confirmation message or click “Print” to print the confirmation message. (Figure 15)
- Click “Home” to go back to the “Welcome Screen”. (Figure 15)

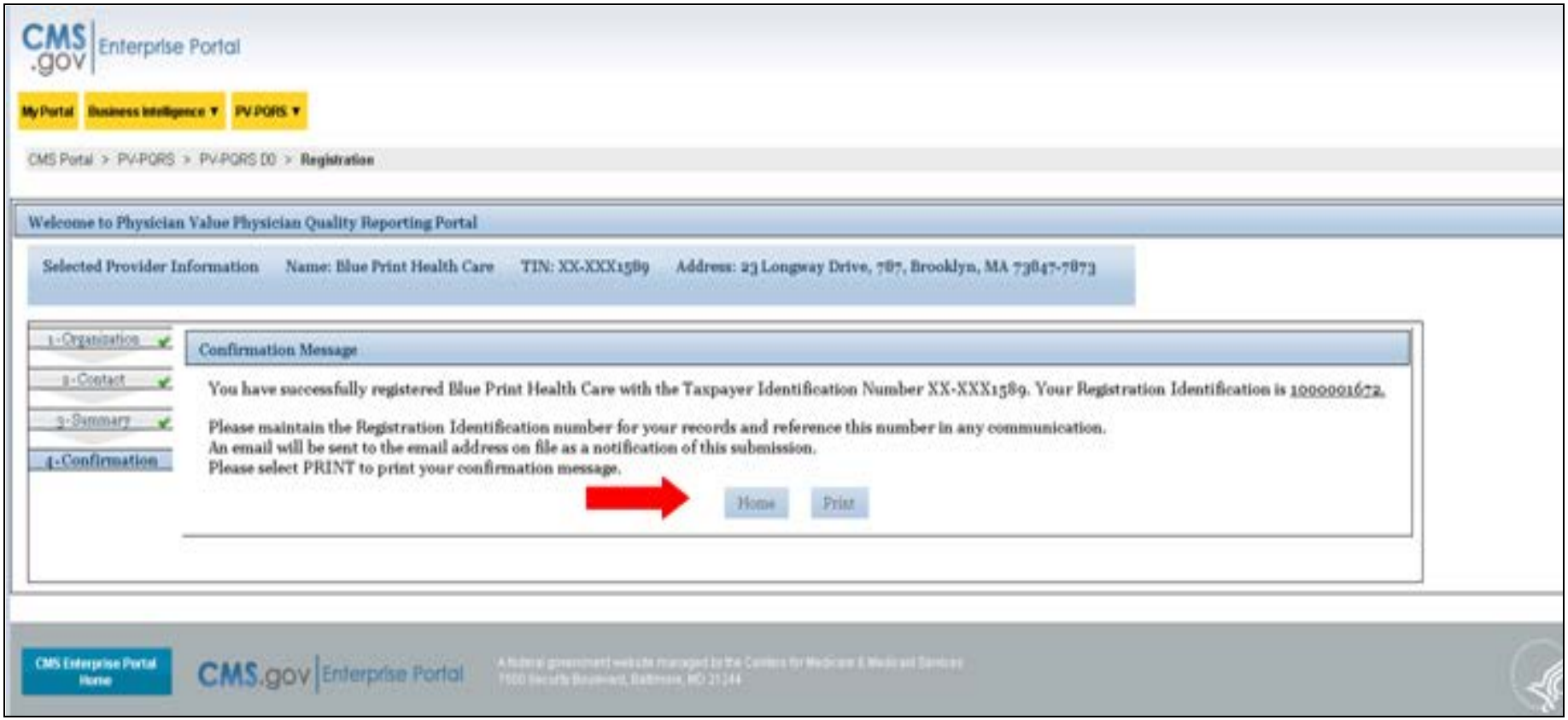


Figure 10: Confirmation Message

Next Steps

- Get a new IACS account or modify an existing account as soon as possible at https://applications.cms.hhs.gov/.

- **April 1, 2014 – September 30, 2014:** The PV-PQRS Registration System will be open and can be accessed at https://portal.cms.gov using your IACS User ID and password.

- **Late Summer 2014:** 2013 Quality and Resource Use Reports will be available for providers with 1 or more EPs.

Technical Assistance Information

- For assistance with the IACS sign up process or registering in the PV-PQRS Registration System, please contact the QualityNet Help Desk:
  - Monday – Friday: 8:00 am – 8:00 pm EST
  - Phone: (866) 288-8912 (TTY 1-877-715-6222)
  - Fax: (888) 329-7377
  - Email: qnetsupport@hcqis.org

- Quick reference guides for getting an IACS account and registering in the PV-PQRS Registration System: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html

- PQRS Program and CAHPS Surveys: http://www.cms.gov/pqrs

- Group Practice Reporting Options: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group_Practice_Reporting_Option.html

- Value-based Payment Modifier and Quality-tiering: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.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.

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- 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.

Thank You

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