



MLN ConnectsTM

National Provider Call - Transcript

**Centers for Medicare & Medicaid Services
PQRS: 2014 Qualified Clinical Data Registry
MLN Connects National Provider Call
Moderator: Aryeh Langer
June 17, 2014
1:30 p.m. ET**

Contents

Announcements and Introduction	2
Presentation.....	2
Qualified Clinical Data Registry (QCDR).....	3
PQRS and Reporting through a QCDR	4
Criteria to Earn an Incentive or Avoid the Payment Adjustment	4
Participating in Quality Reporting Programs.....	5
How EPs can Successfully Participate.....	6
Additional Resources	7
Keypad Polling.....	7
Question-and-Answer Session	8

This transcript 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 transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript 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.

CPT Disclaimer—American Medical Association (AMA) Notice
CPT codes, descriptions and other data only are copyright 2013 American Medical Association. All rights reserved.

Operator: At this time, I would like to welcome everyone to today's MLN Connects 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 Aryeh Langer. Thank you, you may begin.

Announcements and Introduction

Aryeh Langer: Thank you Selema. Again, this is Aryeh Langer from the Provider Communications Group here at CMS. And as today's moderator, I'd like to welcome everyone to this MLN Connects National Provider Call on the Physician Quality Reporting System, or PQRS.

MLN Connects Calls are part of the Medicare Learning Network. During today's call, CMS subject matter experts will provide an overview of qualified clinical data registry, or QCDR, reporting.

New for 2014, the QCDR reporting method provides a new method to satisfy PQRS requirements. This overview will be followed by a question-and-answer session.

Before we get started with today's presentation, there are few items I'd like to quickly cover. You should have received a link to the slide presentation for today's call in an email earlier today. If you have not seen the email, you can find today's presentation on the Called Details webpage, which can be found by visiting www.cms.gov/npc. Again, that URL is www.cms.gov/npc. On the left side of that page, select National Provider Calls and Events, then select today's call by date from the list below. The slide presentation is located there in the Call Materials section.

I'll also note that this call is being recorded and transcribed. An audio recording and written transcript will be posted to the CMS Calls Details webpage when it is available. An announcement will be placed in MLN Connects Provider eNews.

Finally, today's call is being evaluated by CMS for CME and CEU continuing education credit. For more information about continuing education credit, please review the CE activity information and instructions available via the link on slide 19 of today's presentation.

At this time, I would like to begin the formal part of the presentation by turning the call over to Dr. Daniel Green, Dr. Green.

Presentation

Dr. Daniel Green: Thanks Aryeh. So in an effort to try to leave as much time for questions at the end of the presentation, we're going to just present today a brief overview. If you look on slide 4 of the slides that Aryeh was talking about, which are available on our website, you can see what our agenda is today and basically, we're going to talk about the qualified clinical data registry option for reporting in PQRS.

And so we'll discuss a little bit what a QCDR is, talk a little bit about how to report through a QCDR, and then at the end of the presentation, there will be some posting – listing, if you will, of additional resources if folks have additional questions. And also we'll be available on the call to try to answer any questions about QCDRs and, for that matter, anything else about PQRS.

Qualified Clinical Data Registry (QCDR)

And so looking on slide 5, you can see what a qualified clinical data registry is. And so this method of reporting, if you will, came about through the Fiscal Cliff Act that was passed by Congress, not this past year but the year before. And basically, what a QCDR is, it's a CMS-approved entity that collects medical and/or clinical data for the purpose of patient and disease tracking, and/or to foster improvement in the quality of care that patients receive.

QCDR is different from a qualified registry in that it's not limited to measures within PQRS. So we've heard that from a lot of folks, that sometimes there are measures that they think are important to report that are not in PQRS at this time. And so this will allow QCDRs that have self-nominated and been approved to report to CMS to submit measures – excuse me – for areas that they think are gaps in care that their participants think are important to measure.

So we're really excited about this method of reporting, again, because it allows more leeway, if you will, to the participants again, not specifically measuring what we say, but being able to measure stuff that's important to the quality of care they provide. And if you look on the slide, you can see the – you know – reporting options in the middle of the diagram and you can see there are several different options to participate in PQRS, including direct, that's CEHRT, Certified Electronic Health Record Technology.

The DSV is a Data Submission Vendor, which basically means it's an entity that provides information to CMS on behalf of the eligible professional but that information has been obtained from a certified electronic health record. Claims based, I think everyone is familiar with. The GPRO, or group practice reporting option web interface, we send the group that has self-nominated a list of patients and they have to report on, I believe, it's 22 measures through this web interface and send the information back to CMS.

There is the traditional registry-based option. So think of the QCDRs if you will, as a – at least in our requirements, they were registries with a little extra kick to them or an asterisk. Again, we set the bar higher for stuff that they had to be able to do, but at the same time, we are allowing some non-PQRS measures to come in that way. Next slide, please.

So we defined in our rule what a qualified clinical data registry must do. And you can see here, submit quality measures or results to CMS. They have to have in place a mechanism for the transparency of the data elements. They have to have risk modeling. They have to show us the specification of the measures. Again, we wanted them to be in existence prior to – to the reporting year. They're going to need to be able to provide

timely feedback several times a year to their eligible professionals. Unlike claims, for example, the data that will come to us from CD – QCDRs can be on multiple payers as long as there's at least one Medicare patient in the group.

We also are going to require these folks to be able to benchmark their information. And the reason that's important is because, as we've heard already, some of these measures may or may not be in PQRS and so CMS may not have the information to be able to provide benchmarking for the measures again, because we may not have an experience with the particular measures. Next slide, please.

PQRS and Reporting through a QCDR

And we'll move on to slide number 8 – excuse me. So this slide just shows that – talks a little bit about PQRS and reporting through a QCDR. As you know, PQRS has been around since 2007 and we've had – up until and including this year, we've had incentives for folks who successfully participate in PQRS. They could earn anywhere from, this year, it's a half percent incentive, and a few years back, it was as high as 2 percent of their Medicare-covered Part B physician fee schedule service charges – allowed charges.

So PQRS, however, is going to be moving toward a payment adjustment stance after 2014. In fact, folks that don't participate in PQRS in 2014 will see a negative payment adjustment in 2016. So this year they can – eligible professionals can – actually still earn an incentive, which of course would be great, and at the same time avoid a prospective payment adjustment as I mentioned, which will start January 1st, 2016. We really don't want to see anybody be penalized. So we hope that there is great participation this year.

So the eligible professionals, you can see on this diagram, obviously, are sending in quality information and, of course, CMS is providing incentive payments for 2014 for those successful folks and/or payment adjustments in 2016. Next slide, please.

Criteria to Earn an Incentive or Avoid the Payment Adjustment

OK. So what are the criteria that folks need to meet to either earn an incentive or avoid the payment adjustment? So you can earn an incentive by meeting the following criteria: report on a minimum of nine measures covering three national quality strategy domains for at least 50 percent of your patients seen during the 2014 participation period. So, you know, if you're doing the influenza – bad example. Let's take the pneumococcal vaccination measure. If you're reporting on the pneumococcal vaccination measure, you want to report on at least 50 percent of your patients that fall in the denominator of that measure this year.

So, it doesn't mean you'll have to give a shot to 50 percent, although we hope you'll give it to 50 percent and then some, obviously, because we want to see your performance be as high as possible. But at least for participation, you have to report on 50 percent of the eligible patients for that measure. And that measure is one of the nine measures, obviously, and it falls in one of the six national quality strategy domains. So you would have to pick eight other measures and they'd have to be – at least two of them would have to be in a different domain than the pneumococcal.

If you're going to participate through a QCDR, the requirements are slightly higher. So it's still the nine measures across three domains, but now one of the measures has to be an outcome measure. So that outcome measure requirement, again, is only required – sorry to be little redundant there – for folks participating in the QCDR.

To avoid the 2016 payment adjustment, folks can meet one of the following criteria. They can obviously earn an incentive in 2014 by the nine measures across three domains. And again, if reporting through a QCDR one outcome measure, or if they report at least three measures covering even one NQS domain, National Quality Strategy, domain, for 50 percent of their applicable patients, that is patients that fall in the denominator of the three measures. During the 2014 program year, that would be adequate to avoid the payment adjustment. They won't earn an incentive necessarily, but they will avoid the payment adjustment in 2016. And again, we hope folks are at least able to meet that. Next slide, please.

Participating in Quality Reporting Programs

So participating in quality reporting programs at CMS. So you know, there's the PQRS program that we were just talking about. We talked about the 0.5 percent incentive payment that you could earn in 2014 for satisfactorily participating in the program. And again, you would also avoid the 2016 payment adjustment, which turns out to be 2 percent. So that's one of our programs.

Individual eligible professionals can also participate in a QCDR to meet the electronic clinical quality measure reporting component of Meaningful Use for the 2014 Medicare EHR Incentive Program.

OK, so what does all that mean? So basically, you have to be using a certified EHR system. You have to go in and attest to – on our national – our NOR, you know, you have to log in, you have to say, Hey, I'm using a certified system. I e-prescribe this percent of the time, and the other I believe is 19 metrics, you have to talk about, you know, that you've met those metrics and you have to supply the information that's required.

But for the eQMs, or electronic clinical quality measures, you can actually ask your qualified clinical data registry. Again, you'll have to check on our website to see because not all of them are offering this service. But if yours is offering this service, they could report the eQCM requirement for Meaningful Use on your behalf. Again, you have to be using a certified system or we don't have anything to talk about as far as this program goes. And they'll have to meet the reporting and formatting requirements in our Stage 2 Meaningful Use rule.

The Value Modifier, some of you may be familiar with this program also. If you're in a group practice of 10 or more eligible professionals, you're able to participate in a QCDR to earn the 2016 Value Modifier upward or neutral adjustment and for groups of 100 or more to avoid the 2016 Value Modifier downward adjustment.

So the Value Modifier does apply for – to groups of 10 or more for an upward or neutral adjustment, and groups of a 100 or more for upward, downward, or neutral adjustment. QCDRs, though, it's important to understand, are for individual eligible professionals only. So a group cannot come in – they can come in through traditional registry to report as a group, but they cannot come in as a group to report through a QCDR. So that is an important distinction. Next slide, please.

OK, so on slide 12, you can see that lovely picture we have – neither of those people look like me. In fact, for those of you dialing in – sorry, I'm getting hit in the room here. You can – EPs again, can satisfactorily participate, we talked about this, earning the incentive and avoiding the adjustment.

Let's see. QCDRs themselves now, our self-nomination for 2014 is closed. But it's possible that in 2015, it will be the subject of our rule, which is due out, probably in about 2 to 2 and a half weeks, may talk about self-nomination for 2015. But in any case, QCDRs had to go to a self-nomination and screening process to be in the group. And we do have the names of the QCDRs that passed, that are successful or – have successfully completed the requirements anyway, posted on our PQRS website. Next slide, please.

Nope, none of these look like me, either. OK, so let's determine if the professional is eligible to participate and if you go to that web link there, you can – we'll give you a list of folks that are eligible to participate. So types of eligible professionals – so doctors, not lawyers, but doctors, nurse practitioners, PAs, dieticians, social workers – a whole bunch of folks are eligible to participate. So please check there for a complete list. Next slide, please.

How EPs can Successfully Participate

OK, so how can you successfully participate? Again, as I mentioned, there is a list on our website. It has the name of the QCDR, their contact information, their cost information, the measures that they've been approved to report. So they can not only report individual measures that are not in PQRS – and we allowed them to request up to 20 measures that are not PQRS. But they can also report any PQRS measure as long as they've requested to do so. And again, there's the web link to the QCDR list. Next slide, please.

OK, so you'll want to work directly with a QCDR if you find one that seems to meet your needs. They'll ask you to enter into a legal agreement. And that basically allows you to share your information with them and will pass muster for the HIPAA requirements. The QCDR itself will provide information to you in terms of how they'll get the data to be able to process and send to CMS as well as the data that they'll use to provide you feedback reports.

So some of them may have web portals that they ask you to log into and enter the information. Some of them will be able to take data extract – will be able to take data extracts from your EHR. Some may even request a copy of your claims. They'll then process the data and then in the first quarter of 2015 will send the calculated measure results to CMS and we will determine whether you earn an incentive, in which case

you'll avoid the adjustment; whether– or if not an incentive, did you at least pass, do what you needed to do to avoid the payment adjustment in 2016, or are you subject to that as well. Next slide, please.

Additional Resources

So here is a listing of additional resources. You see we have our PQRS website. Our E&O team does a tremendous job in terms of trying to make this information, which can be complicated, but try to make – boil it down to try to make it as simple as possible. There is a QCDR section, there are FAQs, a list of eligible professionals we talked about, and here's the information for QualityNet Help Desk. And please note that the suffix of the QualityNet Help Desk is changed now as qnetsupport@hcqis.org.

So they're open from 7 a.m. to 7 p.m. Monday through Friday, central time. We would ask you to – if you can't find the information – to please contact the help desk because certainly, if a lot of folks are coming – calling in with the same issue, it clues us into an area that we may need additional information sheets or perhaps additional frequently ask questions. So again, please do use that as your first line if you can't find the information you're looking for. Next slide, please.

OK, so everybody's favorite part, the question-and-answer session. So I will turn the call back to Aryeh and we can get started with that. Thank you all for your attention.

Keypad Polling

Aryeh Langer: Thank you, Dr. Green. Before we move into the question-and-answer portion of the call, we'll pause for a moment to complete keypad polling so CMS has an accurate count of the number of participants on the line with us today. Please note that there will be silence on the line while we tabulate the results. Selema, we're ready to start the polling, please.

Operator: CMS appreciates that you minimize the government's teleconference expense by listening to these calls together using one phone line. At this time, please use your telephone keypad and enter the number of participants that are currently listening in. If you are the only person in the room, enter 1. 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. 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 continue to hold while we complete the polling. Please continue to hold while we complete the polling.

Thank you for your participation. I now would like to turn the call over to Aryeh Langer.

Question-and-Answer Session

Aryeh Langer: Thank you, Selema. Our subject matter experts will now take your questions. Because this call is being recorded and transcribed, please state your name and the name of your organization before asking your question. In an effort to hear from as many callers as possible, we ask that you limit yourself to one question at a time.

If you have more than one question, please press star 1 after your question is answered, and you can get back in the queue. We'll address additional questions as time permits. Selema, we're ready to take our first question, please.

Operator: To ask a question, press start 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're 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 Tracy Radtke.

Tracy Radtke: Hi, this is Tracy with Multicare Associates. And I was just wondering if the – if you entered through the QCDR, does that still qualify you for the EHR incentive? Does that take care of both requirements?

Dr. Daniel Green: So great question, Tracy. Thanks for dialing in today as well. So basically, you have to look and see if the QCDR that you're selecting is able to report and has signed up to be able to submit for the EHR program. You'd have to use, of course, nine of the measures that are in the Meaningful Use rule. So nine of the 64 electronically specified measures, and they'd have to be able to – they would have to have gone through a process where they are certified to be able to send in the information in the QRDA I or QRDA III.

So again, if your QCDR has requested that and gone through the testing then, yes, you could kind of kill two birds with one stone, if you will. But if not, then you'd have to meet the Meaningful Use separately.

Tracy Radtke: OK, so there are different QCDR vendors is what you're saying?

Dr. Daniel Green: Yes. We have up to – I believe, it's 37 is the last count, and they're posted on our website.

Tracy Radtke: OK, thank you.

Dr. Daniel Green: Thank you.

Operator: Your next question comes from the line of Fay Shamanski.

Fay Shamanski: Hi, I also have a question related to Meaningful Use. If you are reporting through a QCDR but you're not reporting and they're –certified or qualified to report Meaningful Use, can they report other measures than the eCQM to get Meaningful Use credit?

Dr. Daniel Green: No, they can't. So the measures that are required for Meaningful Use are just that, they're required for Meaningful Use. So again, if they are able to report for Meaningful Use, they would have to be reporting on nine of the 64 measures. They can report the other measures for PQRS credit but not – not for Meaningful Use.

Fay Shamanski: OK, thank you.

Dr. Daniel Green: Thanks.

Operator: Your next question comes from the line Tami Myers.

Tami Myers: Hi, I'm not sure I understood your comment regarding not being able to report PQRS. If you've got an exception for EHR Meaningful Use reporting, can you still report PQRS?

Dr. Daniel Green: So if we got an – you said, if we got an exception or if you got an exception, I guess I'm a little puzzled, I'm not sure what you mean.

Tami Myers: Well, when you file for the exception for not getting the reduction on EHR with Meaningful Use, that was due by July 1st.

Dr. Daniel Green: OK.

Tami Myers: Then, if you get this exception, are you still able to report PQRS? You made some sort of comment that you had to have Meaningful Use in order to report PQRS, and that's what I was questioning.

Dr. Daniel Green: No, unless I misspoke. No, you do not have to report Meaningful Use to participate in PQRS. I think what I was intending – if I misspoke I apologize – but what I was intending to say was, you know, if you're using a QCDR you can – one that is planning to participate in Meaningful Use, you could have them report on nine of the 64 electronically specified measures, and that would count also for PQRS. But you can report PQRS totally independent of Meaningful Use. You may not even have an EHR and you could still do PQRS.

Tami Myers: OK, thank you.

Dr. Daniel Green: Thank you. In fact, you should do PQRS because, if not, you or your or the eligible professional will see a 2 percent reduction in 2016, and we don't want to see that.

Tami Myers: Right, thank you.

Dr. Daniel Green: Thank you.

Operator: Your next question comes from the line of Andy Perez.

Andy Perez: Yes, this is Andy Perez, with the Moore Physician Group and I wanted to clarify a couple of things that you mentioned. One was, did you mean that the QCDR is not an available option for reporting for GPROs or for groups as to what you mentioned?

Dr. Daniel Green: That's correct. Christine, are you on the line? Or Molly? OK. But in any case, when the legislation was passed, the legislation only was passed for individual eligible professionals. So GPROs, again, they can use traditional registries. There is group practice reporting, the EHR in 2014, of course there's the web interface, but QCDRs cannot be used for group practices.

Andy Perez: And as a followup, is that also a fact that GPRO is no longer a requirement for groups of 100 physicians or more, that groups of over a hundred physicians with the same entity can elect to report only individual EPs and, therefore, be able to use a QCDR?

Lauren Fuentes: So for this – Hi. This is Lauren. So for this option, as it applies to the Value Modifier, well, how it works now is you have to have 50 percent. So if you're not going to sign up as a group practice, you can report individually; however, we'll make sure of that 50 percent. Tanya I don't know if you...

Tonya Smith: Yes.

Lauren Fuentes: ...want to add anything. OK.

Tonya Smith: Hi, this is Tonya Smith, I'm from the VM team. Yes, so as long as 50 percent – at least 50 percent of the individuals report to meet the criteria to avoid the 2016 Value Modifier, they will roll up those scores for those 50 percent of the individuals who did report and apply that to the Value Modifier.

Andy Perez: That's 50 percent of the EPs in the large group have to report, not 50 percent of their patients, correct?

Tonya Smith: Correct. It's 50 percent of the individual EPs in the group, that's correct.

Dr. Daniel Green: But it would be 50 percent of the individual EP's patients as well.

Andy Perez: Correct. Now the question is, we are a large group that has a lot of pediatric specialties, would – how would that apply to physicians that see a very small number of Medicare patients but do see some, you know, ESRD-type patients and some chronic patients that may be qualified for Medicare but they are very small volume of their

practice and may not be 50 percent, or is it 50 percent of the Medicare patients that has to be reported?

Dr. Daniel Greene: Well, it's at least 50 percent of the Medicare patients. And the nice thing about QCDRs though, QCDRs will allow you to report Medicare and non-Medicare patients as long as you have at least one Medicare patient. So again, it gives the eligible professional a better snapshot, if you will, of their overall practice. But I also wanted to clarify one point that you made, and that is, again, if your group does not self-nominate as a group, what Lauren and Tonya said is absolutely correct.

If they self-nominate as a group, however, for PQRS, obviously they can't use the QCDR. And if they don't self-nominate as a group, that 50 percent thing that we were talking about with the QCDRs, the 50 percent of your group that does not participate, while they would – be rolled up as Tonya said for the Value Modifier, those 50 percent, again, if we do not self-nominating for group reporting, would be subject to the payment adjustment for PQRS because we would look at them as individuals and not see any – and not see any reporting and, therefore, they would get dinged.

Andy Perez: OK. So, you're saying that my pediatricians or my pediatric specialist, if we report through the QCDR would have to report at least three measures to avoid a Value Modifier penalty? I don't understand.

Dr. Daniel Green: They'd have to report at least three measures to avoid the PQRS payment adjustment. Again, if you don't self-nominate as a group, the Value Modifier will assemble them as long as 50 percent of your group – if you have a hundred people – as long as 50 or more, report through the QCDR. Even individually, they'll roll them up for Value Modifier purposes, which is great.

So you know, you'll be judged, you know, upward, downward, or neutral. But for PQRS, only those that report through the QCDR and if they only report on three measures, those 50 people would be – would not get the payment adjustment. But the other people that didn't report the three measures would get a payment adjustment.

Andy Perez: And they could potentially get an incentive as they report at least nine measures.

Dr. Daniel Green: They could.

Andy Perez: OK, thank you.

Dr. Daniel Green: Thanks.

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

Ann Kempiski: Hi, yes, I wanted to ask – I work with a group as well and we're disappointed the group can't do this option because we would like to report on all of our

patients, not just Medicare beneficiaries and fee-for-service Medicare. So is there another PQRS reporting option that would allow us to report on all of our Medicare members – those fee-for-service and like Medicare Advantage members that's not the registry option, they're another option for a group?

Dr. Daniel Green: So, you could report – you know, if you're doing Meaningful Use, they take non-Medicare patients as well, so you could report, you know, using that method. You could report – you know, groups can report using EHR in 2014, so that's another option.

Registries do take non-Medicare patients as well, but only for measured group reporting. So, I just want to say registries, I'm talking about traditional registries. But again, that's only for measured group reporting and even in that case, the majority have to be Medicare bennies. So really, I believe the only option you'd have would be EHR, and that's if you're trying to do Meaningful Use as well.

Ann Kempinski: Thank you.

Dr. Daniel Green: Thanks.

Operator: The next question comes from the line of Diana Gilpin.

Diana Gilpin: Hi, I work for a group of orthopedic surgeons and we've been doing claims based. We've had good success with it. We've made our quotas over the last 4 years. Now it's become too cumbersome to use claim based, so I'm having to work my way out of this.

Would you – is there – I guess my question is – this just keeps getting more and more convoluted and, I just wondered if there's a – out of all these options, is there a best way to go that's going to be your final product, your final request for us to participate with or is this just a growing entity that we'll just have to keep, you know, developing with it?

Dr. Daniel Green: So, we can appreciate your frustration, it certainly has gotten more complicated from the early days. You know, we appreciate your participation in the past. You know, we are trying to make the reporting, believe it or not, more meaningful not only to the eligible professionals to allow them to see where they can improve the quality of care, but as you know, by law, we're now obligated to reward certain physicians for providing better quality, lower cost care and penalize those that are either providing poor quality and, you know, and at an expensive rate.

So the performance, you know, whereas we used to be paid for reporting, now we're paid for performance or we're moving to pay for performance. So it obviously has gotten more complicated. In terms of a best solution, how many people are in your group anyway?

Diana Gilpin: We have about 40 – 28 of those being orthopedic surgeons.

Dr. Daniel Green: Yes, I mean, far be it for me to suggest to you what you might do, but it sounds like the traditional registry option might be a really good option for you because they can report as a group and they can report on any of the PQRS measures. And again, some of the registries actually will report on all of the measures we have in the program. So that would be something, since the claims understandably have become too cumbersome for you, that would be some place I would start if I were you.

Diana Gilpin: I appreciate your help. Thanks very much.

Dr. Daniel Green: Thanks. Good luck.

Operator: Your next question comes from the line of Vanessa Jefferson.

Vanessa Jefferson: This is a basic question. My name is Vanessa with West Houston Family Clinic. And this is probably very, very basic because I stepped into somebody else's role that was handling this. How do I actually get started to report the PQRS and the Meaningful Use?

Dr. Daniel Green: Vanessa, are you calling in from the northern part of Maine?

Vanessa Jefferson: No, from Texas.

Dr. Daniel Green: I was just teasing. That's my attempt at a little levity. I'll probably get yelled at later for trying to tell a little joke.

Vanessa Jefferson: Oh, OK.

Dr. Daniel Green: So anyway, good question. We have a lot of folks that are trying to get started for the first time with PQRS and our QualityNet Help Desk is really well versed at this.

Vanessa Jefferson: OK.

Dr. Daniel Green: We do have publications on our website, Getting Started with PQRS, I believe, is the title, right Lauren?

Lauren Fuentes: We have a page. Yes, we do have a page on our website that's called Getting Started. So, there's a lot of helpful resources there that you can look at. But I definitely agree with Dr. Green, you know, call the help desk, they can walk you through and help you, you know, decide what reporting option works best for you and point you in the right direction for resources as well.

Vanessa Jefferson: OK. OK, thank you.

Dr. Daniel Green: Thank you. Good luck.

Aryeh Langer: And that information's on slide 16.

Operator: The next question comes from the line of Margaret Soltz.

Margaret Soltz: Are you able to report the PQRS without using one of these QCDRs that we actually have to pay for to avoid a decrease?

Dr. Daniel Green: No – I mean, yes, you are able to report. No, you don't have to use a QCDR. You can report essentially free of charge by submitting your information via claims. So you can append the quality data codes, which are either CPT-2 codes or G-codes, and they can be found in our measure specification manual, which is a link on our website so that you wouldn't have to spend money for a registry or QCDR.

Margaret Soltz: It's getting depressing that it's costing us money because it's getting so complicated.

Dr. Daniel Green: I certainly can appreciate where you're coming from, having been in private practice myself before coming here. But it is not mandatory. Again, there still is the free option.

Margaret Soltz: OK, thank you.

Dr. Daniel Green: Thanks.

Operator: Your next question comes from the line of Nora Aghakhani.

Nora Aghakhani: Hello?

Dr. Daniel Green: Hello.

Nora Aghakhani: Yes, I have a question. They told me that if you belong to an ACO, they can submit your PQRS – I mean, you can – they can do it for you, you don't have to do it through your EHR or any other QCDR, is that true?

Molly MacHarris: Hi, this is Molly. Yes, that's correct. If you're signed up as an ACO, the ACO will get credit for PQRS reporting when they report it through the web interface for Shared Savings Program ACOs or through the QMET tool for pioneer ACOs.

Nora Aghakhani: So by not doing it ourselves, we won't get any penalties?

Molly MacHarris: No, assuming that you're signed up as part of an ACO ...

Nora Aghakhani: Yes.

Molly MacHarris: ...and haven't opted out or anything like that, then, yes, you would get credit for PQRS.

Nora Aghakhani: Then that will cover everything, OK. Thank you very much. I was just checking on that....

Molly MacHarris: Thank you.

Nora Aghakhani: OK.

Operator: Your next question comes from the line of Dawn Shechtman

Dawn Shechtman: Hi, I actually have two questions. First of all, are the – the vendors, are they now all qualified or are they still conditionally qualified?

Dr. Daniel Green: They're all qualified.

Dawn Shechtman: They're all qualified that are listed. OK. And then I thought, and I've even called in to the 1-800 number for the PQRS questions about this, that you could report on group measures for 20 patients. Are you not able to do that anymore?

Molly MacHarris: Hi, this is Molly. So I think you're talking about the registry reporting option for measures groups ...

Dawn Shechtman: Yes.

Molly MacHarris: ... that you can report on 20 patients. So yes, so that option is available. As Dan talked about in his presentation, there are different types of registry options – There's the qualified clinical data registry, the QCDR, which Dan covered today, and then there's also our traditional registry option. Under our traditional registry option, you can report via one of our measure groups. We have a lot of different measure groups – they're a clinically related cluster of measures and you can do so for 20 patients, the majority of which must be Medicare. And they'll ...

Dawn Shechtman: So, I just pick – so, I just pick like, well, we just get 20 patients and we go through one of the registries?

Molly MacHarris: Yes. I'd recommend that you go to our website and click on the Registry link. And on that link there'll be a list of qualified registries and there we list out the name of the registries, their contact info, what measures they're qualified to report on. So if you find a registry with the measures or measure group that you want to report on, I would contact them and they can get you set up.

Dawn Shechtman: Was this listed on this slide – on the slide presentation?

Lauren Fuentes: If you look at slide 16 – so, if you go to – this is Lauren. If you go to our main website, which is, you know, you can get there by just doing cms.gov/pqrs, and that'll take you there. And I think that link is on one of the slides. But anyway, once you get on that page, you – there's – on the left-hand bar – there's different tabs. We have different tabs for the different reporting mechanisms. So if you go to registry reporting, that's where you'll find the information on how to report through a traditional registry.

Dawn Shechtman: OK, thank you.

Molly MacHarris: Thank you.

Lauren Fuentes: And it's on slide 14, is the main website.

Dawn Shechtman: OK, great, thank you.

Lauren Fuentes: Sure.

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

Teresa Gray: Hi, I work for a small doctor's office for ear, nose, and throat, and some of the measures that we're able to report on is very limited. So I've been reporting through claims. But it looks like I'm not able to meet at least the minimum of the three measures for 50 percent. So one of our main measures, which is adult sinusitis, is covered through the registry, which we were trying to avoid not doing that. But in order for me to avoid the adjustment, would you suggest that I sign up through QCDR or traditional registry?

Dr. Daniel Green: So we were talking to ourselves but we were having a great conversation because we were on mute. So sorry. But in any case, you know, you could look at a QCDR and see if one of them are reporting measures for ENT folks. If not, traditional registries again, some of them report all the PQRS measures.

What I would suggest, and again it's just a suggestion, you know, if you still want to use claims – and I'm not advocating for or against claims – but there are some generally applicable measures, some even that would be appropriate for ENT. I mean, for example, the smoking measure is a cross-cutting measure. And, you know, I would think that smoking or tobacco use would be important to an ENT.

Teresa Gray: That's one that I'm using ...

Dr. Daniel Green: Oh good.

Teresa Gray: ... is the smoking, yes.

Dr. Daniel Green: We appreciate it. And there's also a blood pressure measure, which is pretty general that folks can use even if you're, you know, even if the doctor's medical assistant is taking the blood pressure. They're not difficult measures but they are

important. Another measure – and again I’m not telling you what to report – but medication reconciliation and, you know, most – all providers are documenting medications in the chart, we hope at each ...

Teresa Gray: Right.

Dr. Daniel Green: ... visit when the patient comes in. So, I would look at – in addition to like the sinusitis measure that you mentioned, I would look at some of these other measures that are again broadly applicable because they’re not hard to do on the one hand, on the other hand, unfortunately, there’s still a gap in care as we’ve discovered from providers.

Teresa Gray: And when you said – OK, the 50 percent that – is that the total of – I mean, is that patientwise or is that 50 percent in each individual doctor? So we have three doctors, so is that 50 percent for each one?

Dr. Daniel Green: Fifty percent of the patients that that particular provider sees.

Teresa Gray: OK. OK.

Dr. Daniel Green: Medicare patients, of course, so for each one.

Teresa Gray: And that is just Medicare. In claims, we can only submit for Medicare patients, right?

Dr. Daniel Green: That’s right.

Teresa Gray: OK. OK. OK, thank you.

Dr. Daniel Green: Thank you.

Operator: Your next question comes from the line of Charles Licastri.

Charles Licastri: Yes, this is Charles Licastri, Practical Healthcare Management, and I’ve got a question. I’ve got a physician who is a packs reader – he is a radiologist. All he does is read brain scans on packs. So, I have a problem regarding measures for that except maybe turnaround time but that’s only one, I need three. So is there any exceptions or he’s automatically going to get dinged?

Dr. Daniel Green: So basically, again, obviously the smoking and the crosscutting measures I was talking about earlier would not necessarily apply to your radiologist. We do have several radiology measures, however, in PQRS. And I would encourage you and/or the physician to look at the list.

Charles Licastri: I have, I've gone to the PQRS as the ACRs grouping and the only measure is the report turnaround time. I can't find anything else because all he reads is on a pack station, never sees a patient. And he's working for a neurologist.

Dr. Daniel Green: So again, I guess I would just confirm that with the QualityNet Help Desk because I apologize, I don't have a list of all the measures in front of me. But I thought there were some other measures in spite of the fact that he's not personally laying hands on patients so to speak. Sofia, go ahead.

Sofia Autrey: Yes. I'm sorry. This is Sofia and I think you would probably be best served to call the QualityNet Help Desk because I believe there are some diagnostic radiology measures that he can report on. So call the QualityNet Help Desk and they can they actually walk you through what those measures are.

Charles Licastri: And that's the quality help desk that's on page 16, I believe?

Sofia Autrey: Yes.

Dr. Daniel Green: That's right.

Charles Licastri: OK, I will check that out and I appreciate it. Thank you.

Sofia Autrey: Thank you.

Dr. Daniel Green: Thank you. Thanks, Sofia.

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

Linda Mockeridge: Hello, my name is Linda Mockeridge, can you hear me?

Dr. Daniel Green: Yes.

Linda Mockeridge: OK, I wasn't sure if you were there. This is quite a complicated mess. I got on this hoping I could learn how to report. But I don't feel like I've learn much. I'm an individual in private practice, a clinical social worker with no staff. Is the help desk the best way to go, or I was hoping this would be a, you know, a blow-by-blow of how to set things up. Because our individuals with no staff, which is a lot of us, are going to get this set up and start rolling. I'm reading – I'm going through all these links and it's so complicated.

Dr. Daniel Green: I can appreciate your frustration. We're certainly not trying to make it more complicated. I think we're – our efforts were to make it actually easier, more inclusive for folks by having different options. But at the same time, of course, that creates more reading material, which certainly can be viewed as a little bit more complicated.

So as Lauren mentioned earlier, there is the Getting Started with PQRS tab on the left side of our webpage. But if you either don't have time or are finding still difficulty with that, certainly feel free to contact the QualityNet Help Desk. They can kind of walk you through, like a bit of a hand holding if you will ...

Linda Mockeridge: OK.

Dr. Daniel Green: ... just to be able to start reporting.

Linda Mockeridge: OK. The problem is, you know, you're asking for all this stuff. I'm opening all these pages and all of it seems like it's becoming more and more overwhelming. I just don't know where to start and there's a lot clinical social workers in Texas who are in the same boat. So isn't there any way to – instead of overwhelming the help desk, that you actually did a hands-on presentation like you're doing today, because that's what I was hoping this would be and I'm looking at the How To Get Started and even that's overwhelming. You keep linking – going to each link and it just tells you a bunch of stuff to do and you still don't know what you're doing.

Dr. Daniel Green: OK. So we have had those kind of step-by-step tutorials that you suggest. We certainly will take your suggestion and we'll see what we can do about it. I can't make any promises because our – we only have the calls quarterly now. But we have done them in the past in earlier years of PQRS.

Linda Mockeridge: So are they online, because I'm looking and I'm finding past things, but I'm not finding anything to do with step by step?

Dr. Daniel Green: Let's see this...

Aryeh Langer: If you go on to the CMS website, one of the ways that you can register is by going to the URL that I mentioned in the beginning of the call, which is at cms.gov/npc. If you look there, you can do a search for PQRS and you can access any of the previous calls that we've had.

Linda Mockeridge: OK.

Aryeh Langer: So I would suggest going there and you can see – you can sort them by date. You might want to start at the beginning.

Linda Mockeridge: OK.

Aryeh Langer: And you can see what the presentations that were given at that time. The audio's available there, the transcript, and the presentations as well.

Linda Mockeridge: OK.

Aryeh Langer: I think that would be a good tool for you.

Dr. Daniel Green: It may be ...

Linda Mockeridge: All right, I'll try to do that.

Dr. Daniel Green: I'm not sure how far back they're archived because it's probably been a couple of years. But real quick, are you a member of your – of a social worker society or anything?

Linda Mockeridge: Yes, NASW. But we're all having this conversation online and still some of us are trying to figure it out.

Dr. Daniel Green: Yes. Oftentimes – and again, I can't speak specifically about your organization. But many times, especially societies, have aids or can point you in the right direction because they've distilled through a bunch of the measures and found measures that are particularly appropriate for their specialty.

Linda Mockeridge: Well, I'm not worried about the measures as much as I am about how to report.

Dr. Daniel Green: Right. Well the How to Report is definitely on our website and/or probably in the – again depending how far back their archives go. We have done them before and I just don't know how far back they're archived.

Linda Mockeridge: OK, all right, I'll have to check them out.

Dr. Daniel Green: Thank you.

Linda Mockeridge: All right, thank you.

Operator: Your next question comes from the line of Kathy Lee.

Kathy Lee: Yes, hi. I work for a very specific provider as well, I actually do the billing for a podiatrist. We have been doing claims-based reporting with our PQRS up to this point. Two of the primary ones which have to do with diabetes mellitus that we use for claims reporting, it looks like apparently they're going to go away and not be eligible for claims reporting this year. So in that kind of scenario, I guess, I'm looking for options. Obviously, like I said, our exams are limited, you know, quite limited to what we do with the patient.

Aryeh Langer: Can you repeat your question? I'm sorry, it blanked out for a moment.

Kathy Lee: OK, I work for a podiatrist. We have been doing claims-based reporting. A couple of the measures – that would be measure 126 and 127 – having to do with diabetes mellitus are no longer eligible for claims based. You know, obviously, his exams of the patients are fairly limited. So primarily diabetes mellitus as well as foot exams is what we have used in the past. Any recommendations? I mean, I guess I hear you say the

broad-based ones such a smoking, etc. But any recommendations in a situation like that where our claims-based measures have gone away.

Sofia Autrey: So if you're still reporting via claims, and reporting options for those measures have been removed and it's only reporting options for registry or other reporting options now... See – other than looking for other measures that are continuing to be claims, have you thought about actually starting to report via registry or another option? Is that ...

Kathy Lee: No. I guess the only other thing is I'd have to check in our particular case about the APMA, the podiatry association. You know, whether they have something we can report to because, again, this is the small, single practitioner. So, you know, we're trying not to have to spend too much to do the reporting here.

Sofia Autrey: OK, so I think that you would probably want to really look at the list of the broad-based measures to see if there's anything that you can report that way.

Kathy Lee: OK.

Female: And you never know regarding, you know, regarding the upcoming years what will come available. So continue to look at the 2015 measure set and see if there are additional measures that you can report for the upcoming years as well, right?

Kathy Lee: OK.

Sofia Autrey: I think long term for you, you know, your practice may need to think about something that will not be as burdensome as claims based, so that you will have the option to report more measures so that, you know, the physicians can actually report on what they're doing.

Kathy Lee: OK, all right. I'll check with the help desk to see kind of what our status is currently because I know we have been reporting it to this point. And like I said, maybe APMA may have something that we can, you know, be a part of with that point on that – OK. That's kind of what I thought, but I just want to run it by you guys.

Sofia Autrey: Thank you.

Operator: And your next question comes from the line of E.J. Stokes.

E.J. Stokes: Hello, this is E.J., I work at SpectrUm Health. I just want to clarify two things. If I'm doing Medicaid EHR incentive, it's perfectly fine to do PQRS via the claims method?

Dr. Daniel Green: That's absolutely correct.

E.J. Stokes: And could you please repeat the QualityNet Help Desk email?

Dr. Daniel Green: Sure it's

E.J. Stokes: Extension changed?

Dr. Daniel Green: Sure, it's qnetsupport – Q as in Q, N-E-T-S-U-P-P-O-R-T @ H as in Harry, C as in Charlie, Q as in queue, I as in not eyeball but ice, S as in Sam, .org.

E.J. Stokes: OK. So the slide is correct. I misunderstood that. All right, thank you very much.

Dr. Daniel Green: Thanks.

Operator: Your next question comes from a line of Sara Chasse. Sara, your line is open.

Sara Chasse: Yes, I'd like to know where can I find if my EHR is certified for PQRS and/or Meaningful Use? And are the requirements the same for both programs?

Molly MacHarris: Hi, this is Molly. So for PQRS, we did adopt the criteria that EHRs must be considered certified EHR technology. So the place where you would go to check to see if your EHR is certified is ONC's website, the CHPL list. We actually don't have a link for that available. But if you contact our help desk, they could provide that to you.

Sara Chasse: OK.

Molly MacHarris: Thank you.

Sara Chasse: Thank you.

Operator: Your next question comes from a line of Luz Moran.

Luz Moran: I would like to start for PQRS, if we want to report on the 6-months reporting period, do we have to specify that we want to report on the 6 months or how does CMS know that we want to report for the 6-month reporting period?

Molly MacHarris: Hi, this is Molly again. The 6-months reporting criteria is actually identical to the 12-month reporting criteria. The only 6-months reporting option we have available is for traditional registry reporting of measure groups. That would be reporting for 20 patients, 11 of which must be Medicare only. So it's not like it was in the past where there was separate reporting criteria for the 12 months and the 6 months. It's exactly the same as what it is for 12 or 6 months, so we actually encourage all folks to strive for the 12-month period.

Luz Moran: So

Molly MacHarris: And what you will need to do to sign up for that is to go to our website. The regular website is on slide 14, and you click on the Registry link, as Lauren

has described earlier. And that will take you to a list of qualified registries. And you can contact one of them to get started.

Luz Moran: We're actually doing claims-based reporting, would we be able to do at 6-months reporting or it would have to be the 12 months?

Molly MacHarris: It's only 12 months. The only 6-months reporting option that's still available is the one I was just talking about. And it's available via traditional registries.

Luz Moran: OK, thank you.

Molly MacHarris: Thank you.

Operator: Your next question comes from the line of Erien Fryer.

Erien Fryer: Hello, my name is Erien and I'm with a small solo family practice physician and, but he just opened in March 2014. We are using an EHR that will be obtaining most from Meaningful Use data. And I was just wondering if he is eligible for the PQRS. I could not understand if he needed to start reporting in January, although he didn't opened until March.

Molly MacHarris: Hi, this is Molly again.

Erien Fryer: Hello Molly.

Molly MacHarris: So if you're – hi, if your provider is eligible for Meaningful Use, they're definitely eligible for PQRS. Under PQRS, we actually have a broader definition of an eligible professional or an EP than the Meaningful Use program does. So ...

Erien Fryer: OK.

Molly MacHarris: ... he can definitely participate and he should participate. And if he doesn't, he could potentially be subject to a 2 percent payment adjustment in 2016 for nonreporting.

Erien Fryer: OK.

Molly MacHarris: And the fact that the practice didn't open until March, that's OK. It would still be the 12-month reporting period but we've – you would just want to make sure that the data that's reported on is all the data that's available within your practice. If you're interested in the Meaningful Use program, I'm assuming you'd be reporting via EHR, is that right?

Erien Fryer: Yes, that is correct.

Molly MacHarris: OK, so just two suggestions if you have other questions – one, of course, you can always contact the QualityNet Help Desk for info ...

Erien Fryer: OK.

Molly MacHarris: ... on slide 16. Or additionally, you could go to our website, the main site, again the link for that is on slide 14. And on the ...

Erien Fryer: OK.

Molly MacHarris: ... left-hand column there'll be a link called Electronic Health Record. If you click on that, that will take you to the EHR page for PQRS, and it has a lot of great resources that can help you with reporting.

Erien Fryer: OK. And would that same link tell me whether my EHR is qualified or can be used for this purpose?

Molly MacHarris: Your EHR would have to be certified. It would have to be considered certified EHR technology.

Erien Fryer: OK, yes, it is.

Lauren Fuentes : Yes, there is a link, you know, on our PQRS-EHR page. We do have links to the EHR incentive program pages. You know, sorry to bounce you guys around but that's, you know, that'll kind of help you see about, you know, for participation in both of the programs, you can go to our page and we'll point you to the right place.

Erien Fryer: OK, but the EHR, can be dual function for our Meaningful Use and PQRS collect the data at the same place, correct?

Molly MacHarris: Yes, that's correct. That's actually ...

Erien Fryer: OK.

Molly MacHarris: ... one of the reasons why PQRS adopted the certified EHR technology requirement because, you know, it's complicated as these programs are, we do want to try reduce burden on you guys as much as we can.

Erien Fryer: So, would that mean also the CD – the QCDR or is it – either or PQRS or ...

Molly MacHarris: The QCDR option that Dan was describing earlier today, that's a – it's one of the options available within PQRS. So ...

Erien Fryer: OK.

Molly MacHarris: ... EHR reporting is another option that's available within PQRS.

Erien Fryer: Got it, OK. Thank you very much.

Molly MacHarris: Thank you.

Operator: Your next question comes from the line of Julie Hill.

Aryeh Langer: Hello?

Operator: Your next question comes from the line of Julie Hill.

That question has been withdrawn.

The next question comes from the line of Alexis Isabelle.

Alexis Isabelle: Hi, I apologize if you went over this in the presentation. But for those new measures of the clinical – the qualified clinical data registry created, what is going to – how are you going to determine their performance against a benchmark when a benchmark doesn't necessarily exist for those – for Value Modifier?

Tonya Smith: Hi, this is Tonya. For the Value Modifier, according to our policy, we've benchmarked using PQRS measures. So in those instances where a – if you report through QCDR using a non-PQRS measure, we wouldn't be able to count that measure. We would just reweight the other PQRS measures for the purpose of the Value Modifier.

Alexis Isabelle: And providers have to report at least one PQRS measure or could they report all brand new clinical measures?

Molly MacHarris: Well, for the reporting criteria for the QCDR – this is Molly again, it's nine measures covering three domains. One of those measures must be considered an outcome measure and it's at a 50 percent reporting rate. We don't have any sort of requirement in place that, you know, if you're doing the QCDR option, one must be a "Traditional PQRS Measures," and the eight could be non-PQRS. As long as the measures you select from meet that criteria of the nine measures where one is an outcome, they could all be non-PQRS measures. That's fine.

Alexis Isabelle: So then, how would you assess the Value Modifier for a provider that didn't report any PQRS measures?

Tonya Smith: If you didn't – if you didn't report any, we also have three outcome measures that are automatically applied to each group. And those are measures that we get from claims. So if you report through QCDRs and none of them are PQRS, we would just reweight the outcome measures in order to give you a Value Modifier score.

Alexis Isabelle: And are those outcome measures, are they in a Value Modifier document that I can download?

Tonya Smith: Yes, absolutely. Again, on our CMS website – I don't think I have the Value Modifier link is there on page 16 – it's the physician feedback/Value Modifier website, which you can access from cms.gov. And we have a Value Modifier page, which will kind of give you more detail about that as well as those measures.

Alexis Isabelle: OK, thank you.

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

Jan Powell: Hello, this is actually Jan Powell, I'm with Alpha 2 Registry and I have a few questions regarding the definition of 50 percent. On this call today I've heard 50 percent of individual EP – EPs in a group, 50 percent of patients, 50 percent of Medicare patients, and 50 percent of patients that fall into a denominator. Are these – is the 50 percent definition different for each of the claim EHR registry and QCDR reporting methods, or could you clarify that for me?

Dr. Daniel Green: So if you're talking about 50 percent of patients, which is the requirement for satisfactory reporting, 50 percent of patients –of the patients that fall in a given measure. You know, in everything other than – I'm sorry, everything other than QCDRs or potentially EHR Meaningful Use, we're talking Medicare bennies.

And if you're talking about QCDRs, those have non-Medicare patients in them as well. So we would expect 50 percent of the patients that fall in the denominator of the measure period. If you're talking about Meaningful Use, again, Meaningful Use allows non-Medicare patients as well. So we'd be talking about patients that fall in the denominator of a measure.

When we talk about 50 percent of the EPs, that's for docs in a group who don't self-nominate as a group, they want to report as individuals, which is fine, but for the Value Modifier, we will – as long as 50 percent of the group reports, we will roll them up to the group level. And that way we'll assign whatever Value Modifier score they get to the whole group, not PQRS, just the Value Modifier. So, hopefully, that explains – helps clear up a few things anyway.

Jan Powell: Thank you. Could I ask one followup question?

Dr. Daniel Green: We're in a good mood, go ahead.

Jan Powell: OK. In 2016, when the payment adjustment takes place, will that adjustment be a separate adjustment code or will that result in a reduction in the actual allowance amount that is provided?

Molly MacHarris: This is Molly. It's going to be a two – so, if you are subject to the 2016 payment adjustment or if you're subject to the 2015 payment adjustment, 2015 it's 1.5 percent 2016 and beyond it's 2 percent, it would be off of your actual claim allowed amount. So it would be on a claim by claim basis for every date of service that occurs

during the year. There would be in 2015, a 1.5 percent reduction off the allowed amount. In 2016, it would be a 2 percent reduction off the allowed amount.

Jan Powell: OK, when say it's off the allowed amount, will the allowed amount on the remittance advice be reduced by that percentage or will there be an actual adjustment code, like a CARC and RARC, that indicates that percentage or that dollar amount of adjustment?

Molly MacHarris: We are developing the appropriate CARC and RARC codes to provide guidance to folks to let them know exactly why they're getting the reduction. We'll be coming with additional education material on that in the next couple of months.

Jan Powell: OK, great. Thank you so much.

Molly MacHarris: Thank you.

Operator: Your next question comes from the line of Leeanne Schulze.

Leeanne Schulze: Yes, hello, this is Leeanne with West County Radiology. And on your slide where it says the QCDR will provide EP with instructions on how to collect and provide. So basically, since we can't do GPRO with them, we would be doing it for each individual provider and it would be 50 percent of all our claims? Or do you know more about what the QCDR is going to be asking us to provide?

Aryeh Langer: Would you mind repeating your question?

Leeanne Schulze: OK, well, we did GPRO last year – we're a radiology group. And we have about 36 radiologists. And it was great last year, but now, you know, with all these new things coming up, I still want to try to do GPRO, so you did kind of break my heart when you said you can't do GPRO with the QCDR. But they still will like provide – so do you know any more about how the QCDR is going to give us some –I mean, you know, what are they going to ask us to provide for them, would it still be 50 percent of all charges for each individual provider?

Molly MacHarris: Hi, this is Molly. So I just want to clarify one thing. You don't have to do the QCDR reporting option. What we're talking about today – just to clarify for folks on the call – we are just going over this reporting option. It's new for 2014, we haven't covered it in previous calls, so we just wanted to make folks aware of it. Our other options that we've had in past years exist. We still have our traditional claims, we still have traditional registry...

Leeanne Schulze: Right, I've gone over all that because my other question, which was to the help desk, they, you know, I went over, you know, with all the new things this year. And I've been studying up and when I called the help desk, I was talking to one of the agents there and he recommended the web interface because I wanted to continue doing GPRO. And then he was like, they will give you the information that they need in

January and then you report on 218 patients. And that sounded a lot better to me than doing nine individual measures.

So then when I was reading up on it and trying to find more information on it, it said you have to do all 22 measures, which wouldn't apply to us because we are ancillary and we are reading radiologists. So there are some in there that would apply us. So I'm waiting for the help desk to call me back on that question. Could you give me a little more information on the web interface option?

Molly MacHarris: Sure. So this is Molly again. And I'm not exactly sure why the help desk would have recommended web interface for you because, being a radiologist practice, the web interface in those measures that are available would not really work for your group. I would recommend registry-based reporting or EHR-based reporting or reporting via a QCDR. If you choose to report via registry or EHR reporting, you can do it as a group.

So it'd be nine measures covering three domains for all 36 radiologists within your group, or you could separately have each of your radiologists report on nine measures covering three domains. So you do have that option to either participate as a group or as an individual. But I'm not sure why the call desk gave that information. We'll talk to them about that because that was not correct guidance.

Leeanne Schulze: OK. Well that's disappointing to me, because it sounded really good to me where they would just send us all the information that they need on 218 patients. And then when I was reading up more on it, you know, it didn't like go into detail, but it did state you had to do all 22 and I was like – you know, we only had like two or three of them in there that we could have done. So ...

Molly MacHarris: Right. And the web interface, we typically only recommend that to practices that have a fair amount of primary care physicians.

Leeanne Schulze: Right.

Molly MacHarris: Because the assignment and sampling is based on primary care.

Leeanne Schulze: It did look like a PCP type of thing.

Molly MacHarris: Right. So again, I would recommend that you pursue either the – QCDR option is only available as individuals, that would mean all 36 of your radiologists would have to meet that criteria on their own. We do have our traditional registry option available, which is...

Leeanne Schulze: Well, we did that last year. We've been using registry every year.

Molly MacHarris: OK, and that may be something you want to continue to keep doing then since that's what you've been doing every year.

Leeanne Schulze: OK. And then tomorrow, are you going to announce that group measures can be done through GPRO? I'm just kidding.

Molly MacHarris: OK.

Leeanne Schulze: That would be the easiest thing. There is one group measures for us and I want to do with GPRO, but you won't let us do that with GPRO. We want – we can't do GPRO with the QCDR, so I'm trying to figure out the best approach for us this year.

Molly MacHarris: Right, I mean again, just a recommendation, but if you've done group reporting via registry in years past, it sounds like something that's worked for you all and you may want to continue doing that.

Leeanne Schulze: We did it for the first time last year. The previous years were individual, but...

Molly MacHarris: Right, right. OK, well thank you. Have a nice day.

Leeanne Schulze: All right, thank you, you, too.

Jamie Welch: Hi, this is Jamie Welch. Would it be possible – I work with the help desk and our team would like to take your ticket and call you directly? Do you have an incident number we can reference so we can contact you?

Leeanne Schulze: Yes I do, it's 613729, and actually, I think she called like when we – I was, you know, on the – on this call because on my caller ID it look like it was them calling me back, but...

Jamie Welch: OK.

Leeanne Schulze: But anyway, that's the incident number.

Jamie Welch: Well, thanks. We'll be in contact. Thank you so much.

Leeanne Schulze: All right, thank you.

Operator: Your next question comes from the life of Sonya Smith.

Sonya Smith: Hi, this is Sonya Smith with LifeStream Behavioral Center. And I was just a little bit confused on your slide page 10. I'm having a hard time just understanding the PQRS and the value-based modifier. If we'd use the QCDR to just try and avoid the 2 percent payment adjustment, the column that talked about the value-based modifiers led me to believe – and we're only about 15 EPs – that you couldn't avoid the payment adjustment for the Value Modifier with the QCDR, did I understand that correctly?

Tonya Smith: Hi, Tonya Smith, this is Tonya Smith as well, how is ...

Dr. Daniel Green: Oh my gosh, how...

Tonya Smith: I can answer your question regarding the Value Modifier. So basically, you said you have a group of 15 EPs. So under the Value Modifier, if your group decides not to register as a group, we will look to see if at least 50 percent of the individual EPs within a group report for 2014 in one of the available mechanisms for 2014, which is QCDR.

So if at least 50 percent of the EPs in your group report the QCDR to avoid the 2016 PQRS payment adjustment, then we will roll up the EPs' performance in order to calculate a Value Modifier score.

Sonya Smith: OK. So, and that will basically in itself get you to avoid the downward adjustment?

Tonya Smith: Correct.

Sonya Smith: OK. I was just confused about that part, but then now that I've listened to all these other questions and answers, I'm thinking we need to go through a typical registry reporting anyway because, I think, from what I've heard you guys saying, if you are a group, it's easier to report as a group than to report individually?

Dr. Daniel Green: Most likely, it depends on the group, but generally speaking, that would be a true statement.

Sonya Smith: OK, all right thank you.

Molly MacHarris: Thank you.

Dr. Daniel Green: Thanks.

Operator: The next question comes on the line of Pamela Pautler.

Pamela Pautler: Hi, I have a question on slide 10. We're using the Electronic Health Records to report and it says at the bottom that the EHR has to be formatting or meeting the requirements of Stage 2 and we're actually still in Stage 1, the second year of Stage 1. Does that matter?

Aryeh Langer: Can you repeat your question, please?

Pamela Pautler: Yes. On your slide 10, under the Electronic Health Record Incentive Program, we're currently using the EHR to report and it says at the bottom, they have to be – they have to meet the requirements of Stage 2 for Meaningful Use rule, but we're

actually using it for Stage 2, the second year of Stage 2. Does that matter if they're not quite meeting the requirements for Stage 2 if we're still in Stage 1?

Molly MacHarris: This is Molly. I guess I'm not fully understanding your question. Are you asking in regards to PQRS or so you're – in your second year of Stage 1? So what is your question?

Pamela Pautler: We're trying – I'd like to actually start using the QCDR for reporting. In the past – last year we used – we did went through and did PQRS and Meaningful Use using our Electronic Health Record for stage – in the Stage 1 – for Stage 1 reporting?

Molly MacHarris: Right.

Pamela Pautler: And this year, we're going to go to Stage 1 again because we're apparently allowed to do that. But in your handout, or your slide presentation, it talks about the EHR that we're going to be using if we're going to use it for the QCDR, has to be reporting or formatting under the Stage 2 requirements.

Molly MacHarris: Right. So what we mean by that is that it has to be based off of the Stage 2 measure set, so the 64 measures, which I believe everyone who's reporting in 2014, they have to be reporting off of those 64 measures. And so, you can still report using just your plain EHR. You could be working ...

Pamela Pautler: OK.

Molly MacHarris: ... with a QCDR who is also offering their services as certified EHR technology and we should or there should be a definition on that on our QCRD site with our list of qualified QCDRs, which ones are also offering and the EHR incentive program reporting.

Pamela Pautler: All right, that's what I thought. All right, thank you.

Molly MacHarris: Thank you.

Operator: Your next question comes from the line of Marita Jao.

Marita Jao: Yes, hi good afternoon. My question I think was touched by the different people before me, but I want to clarify. So I'm an individual provider with a certified EHR. Last year reported one measure to meet the PQRS and avoid the penalty for 2016, but we attest for Medicaid. So how does that work with PQRS and Medicare and...

Molly MacHarris: Sure, this is Molly. So there is no overlap between your Medicaid EHR reporting and PQRS. PQRS, we have aligned with the Medicare EHR incentive program for CQM, but again that's only on the Medicare side. So you can continue to participate in the Medicaid EHR incentive program if you'd like, and then you can participate in PQRS through EHR reporting since you already have

certified EHR technology or you could participate through another reporting mechanism. That's perfectly fine.

Marita Jao: So we would submit separately in other words?

Molly MacHarris: Right, right. Unfortunately, we haven't aligned with the Medicaid side of the Meaningful Use program, only the Medicare side.

Marita Jao: So attestation on Medicaid does not communicate with Medicare attestation, right?

Molly MacHarris: Yes, that's right. Correct.

Marita Jao: So we should continue to – since we're a small – continue to do the claim-based PQRS minimal...measures. ...

Molly MacHarris: Right. You could do – I mean you could do any of our PQRS reporting options, you could do claims based, you could do EHR, whichever one you choose.

Marita Jao: OK. All right, thank you.

Molly MacHarris: Thank you.

Aryeh Langer: We have time for one more question, please?

Operator: Your final question comes from the line of Jennifer Garcia-Ruiz.

Jennifer Garcia-Ruiz: Hello. I didn't think you'd ever make it to me. OK, I'm working with – for a psychiatrist's office. Last year, I think we met PQRS because we – our EHR – had a little box that we could click that we were utilizing electronic prescribing. And that is no longer an option. And in looking at the reports that get generated from our EHR, it doesn't seem like many of these measures are applicable to a psychiatrist's office, you know, childhood immunizations, pneumonia vaccinations – they're all things we are not going to be doing. Are you with me?

Molly MacHarris: Hi, hi, this is Molly. So if you want to do EHR reporting, you would have to select from the 64 eCQMs. If there aren't measures that apply to your practice, we would just ask that you report on as many measures as you can.

Jennifer Garcia-Ruiz: OK.

Molly MacHarris: If you have specific questions on which measures could work for you under PQRS, we always suggest to folks that they contact the QualityNet Help Desk. They can go over the different lists of measures that we have available and really help you determine which ones would work for you.

This document has been edited for spelling and punctuation errors.

Jennifer Garcia-Ruiz: OK, and then while I was looking at the list of measures, and there are probably 11 possible, but I don't know that we could actually report on all 11 because some of them are darn similar and so might not be, you know, might not be able to do them because maybe only one is applicable of, you know, a couple. But the one of them said that it was only claims- or registry-based reporting and I didn't see any registry that seemed applicable to what we do when I looked at the registry list.

Molly MacHarris: Right. So again I'd recommend that you contact the help desk and they can work through the different measures list with – the different measures list with you and help you determine which reporting mechanism would be the best for your practice. We don't have the same number of measures available in every reporting mechanism, so that's probably why you're seeing some measures are available only via claims and registry, some are available via EHR, but they can sit with you and go over, you know, since you're a particular type of practice, which ones would work best for you.

Jennifer Garcia-Ruiz: OK.

Molly MacHarris: Thank you.

Jennifer Garcia-Ruiz: All right, well thank you.

Aryeh Langer: Thank you. And unfortunately that's all the time we have for questions today.

On slide 18, you'll find information on how to evaluate your experience with today's call. Evaluations are anonymous, confidential, and voluntary and we hope that you take a few moments to evaluate your MLN Connects Call experience.

Again, my name is Aryeh Langer and I'd like to thank our subject matter experts and Dr. Green and all the participants who joined us for today's MLN Connects Call. Have a great day.

Operator: This concludes today's call.

-END-

