



MLN ConnectsTM

National Provider Call

How to Report Once for 2015 Medicare Quality Reporting Programs

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Official Information Health Care
Professionals Can Trust

The Medicare Learning Network®



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Agenda and Learning Objectives

- How to Report Once for 2015 Medicare Quality Reporting Programs for:
 - Individual Eligible Professionals (EPs)
 - Group Practices
 - Medicare Shared Savings Program Accountable Care Organizations (ACOs)
 - Pioneer Accountable Care Organizations (ACOs)
- Resources & Who to Call for Help
- Question and Answer Session
- Appendices

Learning Objectives: By the end of the teleconference, the participant should be able to identify the requirements for individual eligible professionals, group practices, Medicare Shared Savings Program ACOs, and Pioneer ACOs to report quality measures one time during the 2015 program year.

Report Once for 2015 Medicare Quality Reporting Programs: Eligible Professionals (EPs)

2015 Report Once: Eligible Professionals

- Individual eligible professionals can report quality measures one time during the 2015 program year in order to:
 - Avoid the 2017 Physician Quality Reporting System (PQRS) negative payment adjustment
 - Satisfy the clinical quality measure (CQM) component of the Medicare Electronic Health Record (EHR) Incentive Program
 - Satisfy requirements for the 2017 Value-Based Payment Modifier (VM)

2015 Report Once: Eligible Professionals

How to Report Once for 2015 Medicare Quality Reporting Programs: Individual Eligible Professionals

I Am An Individual Eligible Professional

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

CHOOSE PQRS ELECTRONIC REPORTING USING AN EHR *or* *QUALIFIED CLINICAL DATA REGISTRY:

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

*Reports at least 9 of the CQMs as finalized in the 2015 Medicare Physician Fee Schedule (MPFS) final rule for the full 12-month reporting period

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

If an eligible professional's CEHRT does not contain patient data for at least 9 CQMs covering at least 3 National Quality Strategy (NQS) domains, then the eligible professional must report the CQM for which there is Medicare patient data. An eligible professional must report at least one CQM containing Medicare patient data.

12 MONTHS

1/1/15 – 12/31/15

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

YES

Satisfactorily report under PQRS for 2015

NO

- Avoid the 2017 PQRS negative payment adjustment (-2.0%)
- Satisfy the CQM component of the Medicare EHR Incentive Program
- **Physicians in groups of 2-9 EPs and solo practitioners** could receive an upward or neutral VM payment adjustment based on quality-tiering in 2017 (+0.0% to +2.0x of MPFS, where 'x' represents the VM adjustment factor), if at least 50% of the EPs in the group or the solo practitioners satisfactorily report under PQRS as individuals
- **Physicians in groups of 10+ EPs** could receive an upward, neutral, or downward VM payment adjustment based on quality-tiering in 2017 (-4.0% to +4.0x of MPFS, where 'x' represents the VM adjustment factor), if at least 50% of the EPs in the group satisfactorily report under PQRS as individuals
- In 2017, groups and solo practitioners receiving an upward VM adjustment under quality-tiering are eligible for an additional +1.0x if their average beneficiary risk score is in the top 25% of all beneficiary risk scores nationwide.

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

- Subject to the 2017 PQRS negative payment adjustment (-2.0%)
- Will not satisfy the CQM component of the Medicare EHR Incentive Program
- Subject to the VM automatic downward payment adjustment if a non-PQRS reporter:
 - 2.0% (for physicians in groups with 2-9 EPs and physician solo practitioners, if at least 50% of the EPs in the group or the solo practitioners do not satisfactorily report under PQRS as individuals)
 - 4.0% (for physicians in groups with 10+ EPs, if at least 50% of the EPs in the group or the solo practitioners do not satisfactorily report under PQRS as individuals)

Report Once for 2015 Medicare Quality Reporting Programs: Group Practices

2015 Report Once: Group Practices

- Group practices can report quality measures one time during the 2015 program year in order to:
 - Avoid the PQRS 2017 negative payment adjustment
 - Satisfy the CQM component of the EHR Incentive Program
 - Satisfy requirements for the 2017 VM

2015 Report Once: Group Practices

How to Report Once for 2015 Medicare Quality Reporting Programs: Group Practices

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

REGISTER FOR PQRS UNDER ONE OF THE FOLLOWING REPORTING OPTIONS:

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

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

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

If a group practice's CEHRT does not contain patient data for at least 9 CQMs covering at least 3 domains, then the group practice must report the CQM(s) for which there is Medicare patient data.

12 MONTHS
 1/1/15 – 12/31/15

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

REPORT ON AT LEAST 6 CQMs COVERING AT LEAST 2 OF THE NATIONAL QUALITY STRATEGY DOMAINS AND

Have all CAHPS for PQRS survey modules (12) reported on the group's behalf via a CMS-certified survey vendor
 If less than 6 CQMs apply, must report up to 5 CQMs. Of these additional 6 CQMs that must be reported in conjunction with the CAHPS for PQRS survey measures, the group practice is required to report on at least 1 CQM for which there is Medicare patient data.

12 MONTHS
 1/1/15 – 12/31/15

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

Groups 25-99
REPORT ON ALL MEASURES INCLUDED IN THE WEB INTERFACE FOR THE PRE-POPULATED BENEFICIARY SAMPLE PLUS (OPTIONAL)
 Have all CAHPS for PQRS survey modules (12) reported on the group's behalf via a CMS-certified survey vendor

12 MONTHS
 1/1/15 – 12/31/15

Groups 100 or more
REPORT ON ALL MEASURES INCLUDED IN THE WEB INTERFACE FOR THE PRE-POPULATED BENEFICIARY SAMPLE AND
 Have all CAHPS for PQRS survey modules (12) reported on the group's behalf via a CMS-certified survey vendor

12 MONTHS
 1/1/15 – 12/31/15

Satisfactorily report under PQRS for 2015

YES

NO

- Avoid the 2017 PQRS negative payment adjustment (-2.0%)
- Satisfy the CQM component of the Medicare EHR Incentive Program
NOTE: Eligible professionals will still be required to report the other meaningful use objectives through the Medicare and Medicaid EHR Incentive Programs Registration and Attestation System
- Physicians in groups of 2-9 EPs could receive an upward or neutral VM payment adjustment based on quality-tiering in 2017 (+0.0% to +2.0% of MPFS, where 'x' represents the VM adjustment factor)
- Physicians in groups of 10+ EPs could receive an upward, neutral, or downward VM payment adjustment based on quality-tiering in 2017 (-4.0% to +4.0% of MPFS, where 'x' represents the VM adjustment factor)
- In 2017, groups receiving an upward VM adjustment under quality-tiering are eligible for an additional +1.0x if their average beneficiary risk score is in the top 25% of all beneficiary risk scores nationwide

- Subject to the 2017 PQRS negative payment adjustment (-2.0%)
- Will not satisfy the CQM component of the Medicare EHR Incentive Program
- Subject to the VM automatic downward payment adjustment if a non-PQRS reporter:
 -2.0% (for physicians in groups with 2-9 EPs and physician solo practitioners, if at least 50% of the EPs in the group or the solo practitioners do not satisfactorily report under PQRS as individuals)
 -4.0% (for physicians in groups with 10+ EPs, if at least 50% of the EPs in the group or the solo practitioners do not satisfactorily report under PQRS as individuals)

Report Once for 2015 Medicare Quality Reporting Programs: Medicare Shared Savings Program Accountable Care Organizations (ACOs)

2015 Report Once: Medicare Shared Savings Program Accountable Care Organizations

- Medicare Shared Savings Program ACOs can report quality measures one time during the 2015 program year in order to:
 - Avoid the 2017 PQRS negative payment adjustment
 - Satisfy the CQM component of the Medicare EHR Incentive Program
 - Satisfy requirements for the 2017 VM

2015 Report Once: Medicare Shared Savings Program Accountable Care Organizations (ACOs)

How to Report Once for 2015 Medicare Quality Reporting Programs: Medicare Shared Savings Program Accountable Care Organizations

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

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

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

12 MONTHS
1/1/15 – 12/31/15

The ACO Primary TIN
satisfactorily completes the
GPRO Web Interface reporting

YES

NO

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

- Avoid the 2017 PQRS negative payment adjustment (-2.0%)
- Satisfy the CQM component of the Medicare EHR Incentive Program
NOTE: Eligible professionals will still be required to report the other meaningful use objectives through the Medicare and Medicaid EHR Incentive Programs Registration and Attestation System.
- Physicians in groups of 2-9 EPs and physician solo practitioners could receive an upward or neutral VM payment adjustment based on quality-tiering in 2017 (+0.0% to +1.0x of MPFS, where 'x' represents the VM adjustment factor)
- Physicians in groups of 10+ EPs could receive an upward, neutral, or downward VM payment adjustment based on quality-tiering in 2017 (-2.0% to +2.0x of MPFS, where 'x' represents the VM adjustment factor)
- In 2017, groups and solo practitioners receiving an upward VM adjustment under quality-tiering are eligible for an additional +1.0x if their average beneficiary risk score is in the top 25% of all beneficiary risk scores nationwide

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

- Subject to the 2017 PQRS negative payment adjustment (-2.0%)
- Will not satisfy the CQM component of the Medicare EHR Incentive Program through the ACO, but the EP can attest CQM data individually by following the EHR Incentive Program requirements
- **Physicians in groups of 2-9 EPs and physician solo practitioners:** subject to an automatic -2.0% of MPFS VM payment adjustment in 2017
- **Physicians in groups of 10+ EPs:** subject to an automatic -4.0% of MPFS VM payment adjustment in 2017

Report Once for 2015 Medicare Quality Reporting Programs: Pioneer Accountable Care Organizations (ACOs)

2015 Report Once: Pioneer Accountable Care Organizations (ACOs)

- Pioneer ACOs can report quality measures one time during the 2015 program year in order to:
 - Avoid the PQRS negative payment adjustment
 - Satisfy the CQM component of the Medicare EHR Incentive Program
 - Satisfy requirements for the 2017 VM

2015 Report Once: Pioneer Accountable Care Organizations (ACOs)

How to Report Once for 2015 Medicare Quality Reporting Programs: Pioneer Accountable Care Organizations

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

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

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

12 MONTHS
1/1/15 – 12/31/15

YES

The ACO Primary TIN
satisfactorily completes GPRO
Web Interface reporting

NO

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

- Avoid the 2017 PQRs negative payment adjustment (-2.0%)
- Satisfy the CQM component of the Medicare EHR Incentive Program
- NOTE: Eligible professionals will still be required to report the other meaningful use objectives through the Medicare and Medicaid EHR Incentive Programs Registration and Attestation System*
- The TIN will receive a 0% VM in 2017

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

- Subject to the 2017 PQRs negative payment adjustment (-2.0%)
- Will not satisfy the CQM component of the Medicare EHR Incentive Program
- The TIN will receive a 0% VM in 2017

Resources

Resources

- **Fact Sheet: How to Report Once for 2015 Medicare Quality Reporting Programs**
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2015HowtoReportOnce.pdf>
- **2015 MPFS Final Rule**
<https://s3.amazonaws.com/public-inspection.federalregister.gov/2014-26183.pdf>
- **CMS PQRS Website**
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS>
- **PFS Federal Regulation Notices**
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices.html>
- **Medicare Shared Savings Program**
http://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Quality_Measures_Standards.html
- **CMS Value-based Payment Modifier (VM) Website**
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>
- **Frequently Asked Questions (FAQs)**
<https://questions.cms.gov/>
- **MLN Connects™ Provider eNews**
<http://cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Index.html>
- **PQRS Listserv**
https://public-dc2.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_520

Who to Call for Help

- **QualityNet Help Desk:**

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

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

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

- **Provider Contact Center:**

Questions on status of 2013 PQRS/eRx Incentive Program incentive payment (during distribution timeframe)

See *Contact Center Directory* at <http://www.cms.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip>

- **EHR Incentive Program Information Center:**

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

- **ACO Help Desk via the CMS Information Center:**

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

- **Physician Value Help Desk (for VM questions)**

Monday – Friday: 8:00 am – 8:00 pm EST

Phone: 888-734-6433, press option 3

Acronyms in this Presentation

- ACO: Accountable Care Organization
- CAHPS: Consumer Assessment of Healthcare Providers & Systems
- CEHRT: Certified EHR Technology
- CMS: Centers for Medicaid and Medicare Services
- DSV: Data Submission Vendor
- eCQM: Electronic Clinical Quality Measure
- EHR: Electronic Health Record
- EP: Eligible Professional
- FFS: Fee-for-Service
- GPRO: Group Practice Reporting Option
- IACS: Individuals Authorized Access to the CMS Computer Services
- MLN: Medicare Learning Network
- MOCP: Maintenance of Certification Program
- MPFS: Medicare Physician Fee Schedule
- NPI: National Provider Identifier
- PQRS: Physician Quality Reporting System
- QCDR: Qualified Clinical Data Registry
- QRDA: Quality Reporting Data Architecture
- SEVT: Submission Engine Validation Tool
- TIN: Taxpayer Identification Number
- VM: Value-based Payment Modifier
- WI: Web Interface
- XML: Extensible Markup Language

Question & Answer Session

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<http://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/TC-L013182015-Marketing-Materials.pdf>

Thank You

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