



**MLN Connects<sup>®</sup>**

*National Provider Call*

# How to Register for the PQRS Group Practice Reporting Option in 2015

April 16, 2015



# The Medicare Learning Network®

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# Agenda and Learning Objectives

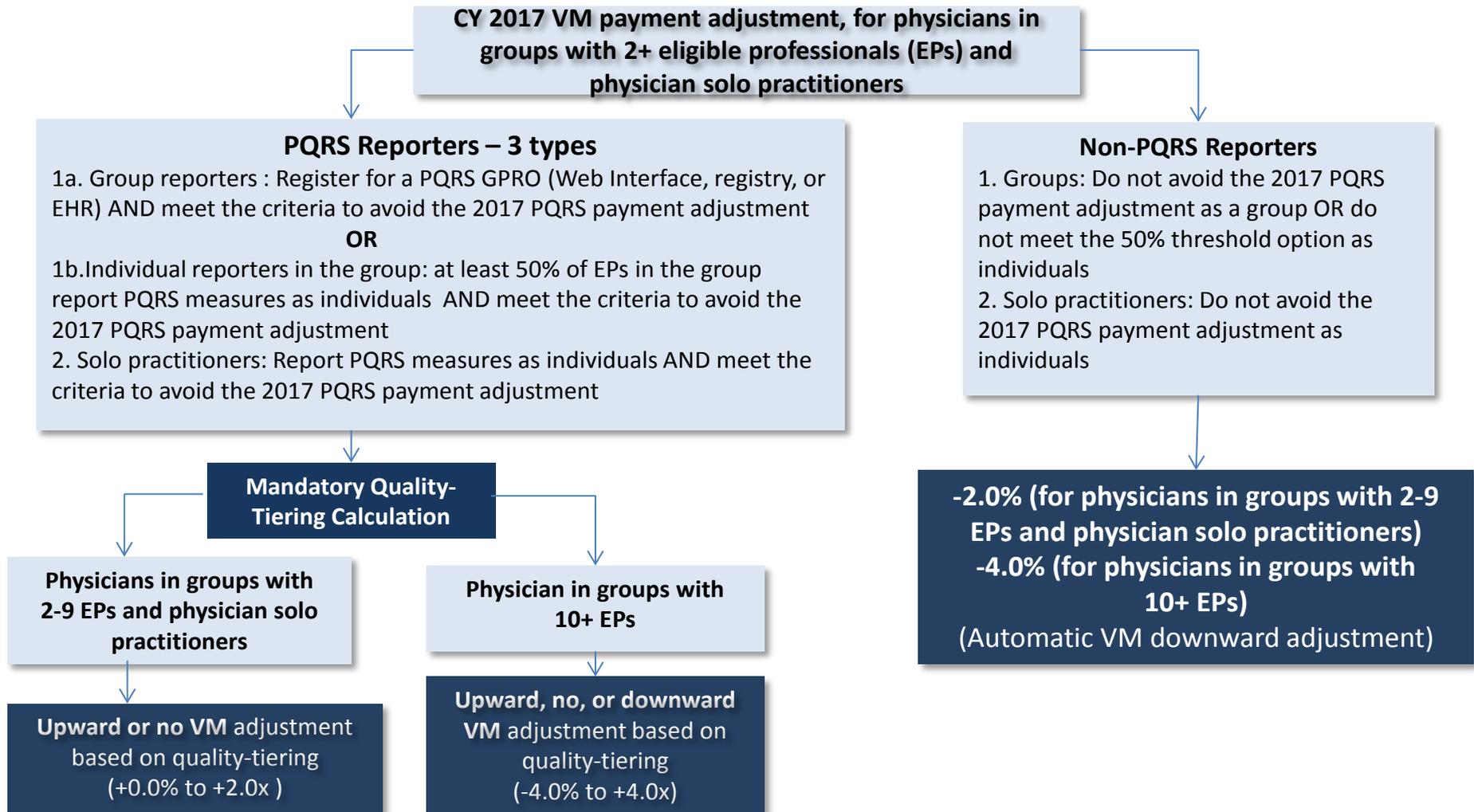
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- Overview of the 2017 Value-Based Payment Modifier (VM)
- Overview of the 2015 Physician Quality Reporting System (PQRS) Group Practice Reporting Option (GPRO)
- Getting an Individuals Authorized Access to the CMS Computer Services (IACS) Account
- Registering for the 2015 PQRS GPRO
- Next Steps
- Technical Assistance Information
- Question and Answer Session

# Overview of the 2017 VM

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# 2017 VM and the 2015 PQRS

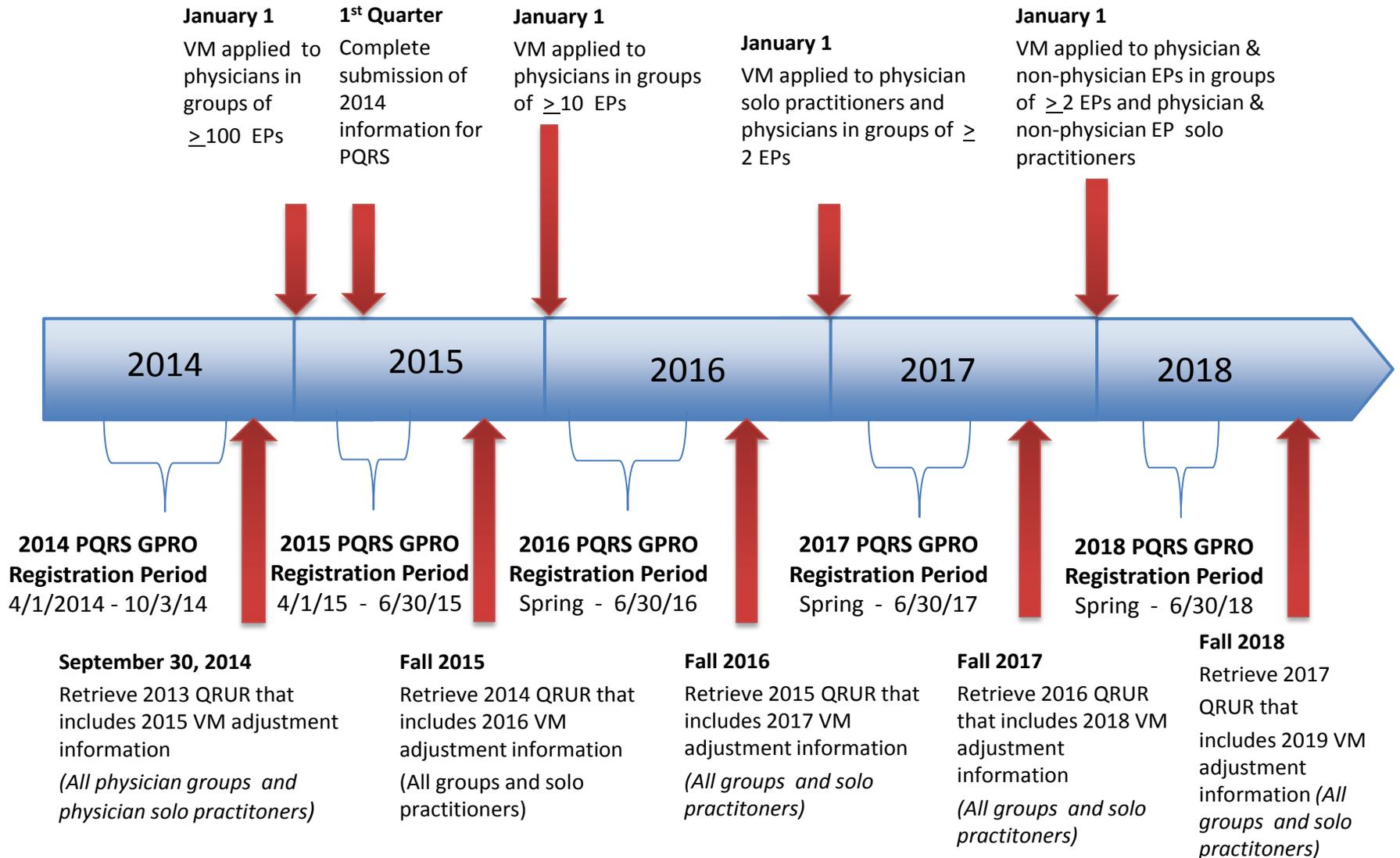


*Note: The VM payment adjustment is separate from the PQRs payment adjustment and payment adjustments from other Medicare sponsored programs.*

# Actions for Groups with 2+ EPs and Solo Practitioners in 2015 for the 2017 VM

- Decide whether and how to participate in the PQRS in 2015
  - Group reporting - Register for the 2015 PQRS GPRO between **April 1, 2015 and June 30, 2015**
  - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html>
  - Individual reporting – No registration necessary
- Choose a PQRS reporting mechanism and become familiar with the measures and data submission timeframes
  - [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/PQRS\\_2015\\_Measure-List\\_111014.zip](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/PQRS_2015_Measure-List_111014.zip)
- Review quality measure benchmarks under the VM
  - <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>
- Download your 2013 Quality and Resource Use Report (QRUR) now, 2014 Mid-Year QRUR (Spring 2015), and 2014 QRUR (Fall 2015) at: <https://portal.cms.gov>
  - <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Obtain-2013-QRUR.html>

# Timeline for Phasing in the VM



# Overview of the 2015 PQRS GPRO

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# PQRS GPRO Criteria

- A group practice must meet all of the following requirements in order to participate via the group practice reporting option (GPRO) for the 2015 PQRS program year:

Group Size  
Requirements

Participation  
Requirements

Reporting  
Mechanism  
Requirements

Registration  
Requirements

# Group Practice Definition & Size Requirements

## Definition

A “group practice” under 2015 PQRS is defined as a **single Tax Identification Number (TIN) with 2 or more individual eligible professionals (EPs)** who have reassigned their billing rights to the TIN. Group practices can register to participate in PQRS via the GPRO to be analyzed at the group (TIN) level.

An individual EP who is a member of a group practice participating via GPRO (**PQRS group practice**) is not eligible to separately report under PQRS as an individual EP under that same TIN (that is, for the same TIN/NPI combination).

## Size Requirements

Group practices will determine their size based on the number of EPs billing under the TIN at the time of registration.

During registration, group practices must choose from the following categories: **2-24 EPs, 25-99 EPs, and 100 or more EPs.**

Reporting requirements and available reporting mechanisms will vary based on the group size.

# PQRS GPRO Participation Requirements

- To participate in 2015 GPRO, the group practice must comply with all of the following requirements:
  - Have billed Medicare Part B Physician Fee Schedule (PFS) on or after January 1, 2015 and prior to December 31, 2015
  - Agree to have the results of their performance on PQRS measures publicly posted on the [Physician Compare website](#)
  - Be able to comply with a secure mechanism for data submission
  - Register to participate in PQRS via the GPRO between April 1, 2015 and June 30, 2015 (11:59 pm EDT)
  - Provide all requested information through the Physician Value-Physician Quality Reporting System (PV-PQRS) Registration System during registration

# 2015 Reporting Mechanisms

Group practices will need to determine the best reporting mechanism for the group. The following are the different reporting mechanisms available for group practices. Click on each mechanism for additional information.

[Qualified Registry \(2 or more EPs\)](#)

[Electronic reporting via and Electronic Health Record \(EHR\) that is Certified EHR Technology \(CEHRT\) \(2 or more EPs\)](#)

[GPRO Web Interface Reporting \(25 or more EPs\)](#)

*\* Note that for each reporting mechanism, there is also an option to combine that reporting mechanism with the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for PQRS survey. The CAHPS for PQRS survey is mandatory for groups of 100 or more EPs, but is an option for smaller groups to combine with other reporting methods. For the 2015 program year, the group practice is responsible for selecting and paying a survey vendor to implement the CAHPS for PQRS survey on behalf of the group practice.*

# Qualified Registry (2 or more EPs)

- Group practices can avoid the 2017 PQRS negative payment adjustment and the automatic 2017 VM downward payment adjustment by meeting the following criteria for satisfactory reporting via registry:

**Report on at least 9 measures covering at least 3 NQS domains for at least 50% of the group's Medicare Part B FFS patients.**

The group practices will automatically undergo the Measure-Applicability Validation (MAV) if they meet one of the follow scenarios:

- submit quality data for less than 9 PQRS measures for at least 50% of their patients or encounters eligible for each measure, **OR**
- submit data for **9 or more** PQRS measures covering **less than 3 domains** for at least 50% of their patients or encounters eligible for each measure, **OR**
- do not report on at least 1 cross-cutting measure if they had a face-to-face encounter. If it is determined that at least one cross-cutting measure was not reported, the group practice with face-to-face encounters will be automatically subject to the 2017 PQRS payment adjustment and MAV will not be utilized for that individual provider. For those group practices with no face-to-face encounters, MAV will be utilized for those that submit less than nine measures and/or less than three NQS domains.

# Qualified Registry (2 or more EPs) (cont.)

Measures with a 0% performance rate will not be counted.

An EP who sees at least 1 Medicare patient (face-to-face encounter) must report on 1 cross-cutting measure.

Those group practices electing to report via registry will use the ***2015 Physician Quality Reporting System (PQRS) Measure Specifications Manual for Claims and Registry Reporting of Individual Measures*** to find applicable measures.

If the group practice has 2-99 EPs, then the group can elect to supplement its PQRS group Registry reporting mechanism with the CAHPS for PQRS survey in 2015. However, if the group practice has 100 or more EPs, then the group is required to report the CAHPS for PQRS survey in 2015.

# EHR (2 or more EPs)

- By satisfactorily reporting eCQMs using CEHRT direct EHR or CEHRT EHR data submission vendor products, a group practice will avoid the 2017 PQRS negative payment adjustment and the automatic 2017 VM downward payment adjustment.

PQRS group practices must report 9 measures covering at least 3 of the NQS Domains. PQRS group practices should report the 9 measures over 3 domains as a group.

If a PQRS group practice's CEHRT system does not contain patient data for at least 9 measures covering at least 3 domains, then the PQRS group practice must report all the measures for which there is Medicare patient data. A PQRS group practice must report on at least 1 measure for which there is Medicare patient data.

Additionally, PQRS group practices may meet the CQM component for the Medicare EHR Incentive Program if they participate via electronic reporting using an EHR.

- *If a group practice elects to report using CEHRT direct EHR or CEHRT EHR data submission vendor products, all NPIs under the TIN must be included on the EHR.*
- *If the group practice has 2-99 EPs, then the group can elect to supplement its PQRS group EHR reporting mechanism with the CAHPS for PQRS survey in 2015. However, if the group practice has 100 or more EPs, then the group is required to report the CAHPS for PQRS survey in 2015.*
- *Note: The criteria for satisfactory electronic reporting via EHR that is CEHRT are aligned with the clinical quality measure (CQM) component of the Medicare EHR Incentive Program*

# GPRO Web Interface (25 or more EPs)

- Group practices can avoid the 2017 PQRS negative payment adjustment and the automatic 2017 VM downward payment adjustment by meeting the following criteria for satisfactory reporting via the GPRO Web Interface:

## Reporting Requirements for All Group Practices

Report on all measures included in the GPRO Web Interface; AND populate data fields for the first 248 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 248, then report on 100% of assigned beneficiaries.

Group practices of 100 or more EPs must report all CAHPS for PQRS summary survey modules via CMS-certified survey vendor to supplement GPRO Web Interface reporting. CAHPS for PQRS is optional for groups of 2-99 EPs. For the 2015 program year, the group practice is responsible for selecting and paying a survey vendor to implement the CAHPS for PQRS survey on behalf of the group practice. CMS will post a list of certified survey vendors in the summer of 2015. Group practices will need to select a vendor from this list.

# CAHPS Option

- A CMS-certified survey vendor is a newer reporting mechanism available to group practices.
- This reporting mechanism is available to group practices of 2 or more EPs wishing to supplement their PQRS reporting with the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for PQRS survey and mandatory for groups of 100 or more EPs.
- The data collected on these measures will be submitted on behalf of the group practice by the CMS-certified survey vendor.
- The CAHPS for PQRS survey is equal to 3 individual measures and 1 NQS domain.

# CAHPS Option (cont.)

- For the 2015 program year, the group practice is responsible for selecting and paying a certified survey vendor to implement the CAHPS for PQRS survey on behalf of the group practice.
- For group practices of 2 or more EPs choosing EHR or Registry
  - Report on 6 measures covering 2 domains AND
  - Have all CAHPS for PQRS survey measures reported on the practice's behalf via a CMS-certified survey vendor.
- For group practices of 25 or more EPs choosing GPRO Web Interface
  - Report on all GPRO Web Interface measures as described previously, AND
  - Have all CAHPS for PQRS survey measures reported on the practice's behalf via a CMS-certified survey vendor.

# PQRS GPRO Registration Requirements

- Each group practice (TIN) that wants to participate in the PQRS GPRO in 2015 must register in the PV-PQRS Registration System at <https://portal.cms.gov> between **April 1, 2015 - June 30, 2015 (11:59 pm EDT)**.
- One person from the group will need to obtain an Individuals Authorized Access to the CMS Computer Services (IACS) account with the correct role to log into the PV-PQRS Registration System.
- Step-by-step instructions for obtaining an IACS account and registering for PQRS GPRO are available on the PQRS GPRO Registration website (refer to slide 49) and discussed in the remaining slides.

# Getting an IACS Account

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# IACS Introduction

- An Individuals Authorized Access to the CMS Computer Services (IACS) account is required to access the PV-PQRS Registration System.
- Users are limited to 1 account per person.
  - An existing IACS account cannot be transferred to another individual.
  - An account can be associated with multiple groups practices (TIN) or individual EPs (TIN/National Provider Identifier (NPI)).
- If you want to know whether there is already someone who can register your group for PQRS GPRO → Contact the QualityNet Help Desk and provide the TIN and name of your group.
- You can sign up for a new IACS account, modify an existing IACS account, or reset an IACS account password (every 60 days) on the IACS website at <https://applications.cms.hhs.gov>.

# IACS Roles for Group Practices

- Group practices are identified in IACS by their Medicare billing TIN and consist of two or more EPs (as identified by their National Provider Identifier (NPI)) that bill under the TIN.
- One person from the group must first sign up for an IACS account with the **primary Group Security Official** role.
  - If additional persons are needed to register the group for PQRS GPRO, then they can request the **backup Group Security Official** role or the **Group Representative** role in IACS.
- Please note that if you already have an IACS account, then you must **modify** your existing account to sign up for one of the group roles described above.
- Step-by-step instructions for obtaining an IACS account with the correct role are provided in the PQRS GPRO Registration website (refer to slide 49).

# IACS Roles for Group Practices (cont.)

- There can be only one primary Group Security Official, but one or more backup Group Security Officials or Group Representatives.
  - Primary Group Security role requests: approved by CMS within 24 hours after the request is submitted
  - Backup Group Security Official role requests: approved by CMS after phone verification with the primary Group Security Official
  - Group representative role requests: must be approved by the primary or backup Group Security Official within 12 calendar days after request is submitted
- Primary or backup Group Security Official role allows the user to:
  1. Register a group to participate in the PQRS GPRO
  2. View the group practice's QRUR and Supplemental QRUR
  3. Approve requests for the "PV-PQRS Group Representative" role in IACS.
- Group Representative role allows the user to perform tasks 1 and 2 listed above.

# Three Steps to Sign Up for an IACS Account

## Gather, Enter, & Verify

1. Gather all of the required information you need to submit your request for an IACS account or to modify your existing IACS account. (Refer to slide 26)
2. Enter the required information into IACS at:  
<https://applications.cms.hhs.gov/>
3. Verify that you entered all of the required information correctly and submit your request.

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

Quick reference guides that provide step by step instructions for requesting each role in IACS for a new or existing IACS account are available on the PQRS GPRO Registration Website (refer to slide 49).

# Required Information Needed for IACS Account

## All Group Practice Roles

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

## 1. Primary Group Security Official

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

## 2. Backup Group Security Official

- Group practice's Medicare billing TIN

## 3. Group Representative

- Group practice's Medicare billing TIN.

# Group Security Official: New Registration

- Enter the required information in the **User Information** and **Professional Contact Information** section. (Figure 1)

## New User Registration

**New User Registration** | **Email Verification** | **Contact Information** | **Authentication Questions** | **Review Request** | **Acknowledgement**

CMS is authorized to validate your personal information using your legal name, Date of Birth and Social Security Number.

### User Information

Title:  \* **First Name:**  \* **Last Name:**  \* **Suffix:**

**Middle Initial:**  **Professional Credentials:**  Example: MD, RN, LPN, MBA, PhD, etc. (Limit 12 characters)

**Social Security Number:**  \* Valid SSN Format is XXX-XX-XXXX **Date of Birth:**  \* Valid Date of Birth format is mm/dd/yyyy

**E-mail:**  \* **Confirm E-mail:**  \*

Valid E-mail address format is user@internetprovider.domain. List of allowed domains: vi,com, gov, net, org, us, mil, biz, edu, pro

### Professional Contact Information

**Office Telephone:**  \* **Ext:**  Valid Phone Number Format is XXX-XXX-XXXX

**Company Name:**  \* **Company Telephone:**  **Ext:**

**Address 1:**  \* **Address 2:**

**City:**  \* **State/Territory:**  \* **Zip Code:**  \* -

Figure 1: IACS New User Registration

# Primary Group Security Official

- Enter your group practice's Medicare billing **TIN**; enter **rendering NPIs** for **two different** eligible professionals who bill under the TIN and their corresponding **individual PTANs** (*do not use the group NPI or group PTAN*); and enter the remaining required **Organization Information**. (Figure 2)

Organization Information	
<input type="text" value="74-7575757"/>	<small>* Group Practice's 9 digit Medicare Billing TIN in XX-XXXXXXXX format</small>
<input type="text" value="Healthy Clinic"/>	<small>* Group Practice's Legal Business Name</small>
<input type="text" value="4545454545"/>	<small>* Individual Physician's PTAN corresponding to NPI 1</small>
<input type="text" value="G676767676"/>	<small>* Individual Physician's PTAN corresponding to NPI 1</small>
<input type="text" value="2525252525"/>	<small>* Individual Physician's PTAN corresponding to NPI 2</small>
<input type="text" value="0012789456"/>	<small>* Individual Physician's PTAN corresponding to NPI 2</small>
<input type="text"/>	<small>* Individual Physician's PTAN corresponding to NPI 3</small>
<input type="text"/>	<small>* Individual Physician's PTAN corresponding to NPI 3</small>
<input type="text" value="101 Main St"/>	<input type="text"/>
<input type="text" value="Baltimore"/>	<input type="text" value="MD"/> <input type="text" value="21244"/> - <input type="text"/>
<input type="text" value="United States"/>	
<input type="text" value="410-111-2222"/>	<small>* Group Practice's 10 digit contact phone number in XXX-XXX-XXXX format</small>
<input type="text"/>	<small>* Group Practice's 10 digit fax number in XXX-XXX-XXXX format</small>

Figure 2: IACS Organization Information

# Backup Group Security Official/Group Representative

- Enter your group practice's Medicare billing TIN and select Search. (Figure 3).
- Select the Organization's Name from the Organization dropdown menu.

**Organization Search**

**i** TIN:  \* [Group Practice's 9 digit Medicare Billing TIN in XX-XXXXXXX format](#)

Select the Organization you want to associate with, from the list below.

**i** Organization:  \*  [Click 'New Search' to search for a new Organization.](#)

**Figure 3: IACS Organization Search**

**Note:** If your Organization cannot be found, please verify that your group has an approved primary Group Security Official and you entered the group's Medicare billing TIN correctly. If you do not know the primary Group Security Official, contact the QualityNet Help Desk and provide the group's TIN and name of the group.

# Registering for the 2015 PQRS GPRO

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# PV-PQRS Registration System

- The PV-PQRS Registration System is available from April 1, 2015 to June 30, 2015 (11:59 pm EDT) and will allow authorized representatives of a group practice to do the following:
  - 1) Select or change the group practice's PQRS group reporting mechanism for 2015.
    - Web Interface (available for groups with 25 or more EPs)
    - Registry (available for groups with 2 or more EPs)
    - EHR (available for groups with 2 or more EPs)
  - 2) If the group practice has 2-99 EPs, then the group can elect to supplement its PQRS group reporting mechanism with the CAHPS for PQRS survey in 2015. However, if the group practice has 100 or more EPs, then the group is required to report the CAHPS for PQRS survey in 2015.
    - For 2015, the group is responsible for selecting and paying a certified survey vendor to implement these surveys on behalf of the group. Groups with 2 or more EPs that elect or are required to report the CAPHS for PQRS survey will also have the option to include their performance on the 2015 CAHPS for PQRS survey in the calculation of their 2017 VM.
  - 3) View a summary of the group practice's prior year PQRS GPRO registration information (if available).

# Which Group Practices May Register?

Eligible Professionals that choose to participate in the PQRS as a group practice will need to inform CMS of their election by registering to participate in the 2015 PQRS GPRO. This is an annual election and participation in the PQRS as a group in years prior is not carried forward.

## Specifically:

- Group practices with 2 or more EPs that want to avoid the 2017 PQRS negative payment adjustment and the automatic 2017 VM downward payment adjustment by reporting PQRS quality data at the group level
- Group practices with 2 or more EPs that want to report via the registry reporting mechanism
- Group practices with 2 or more EPs that want to report via Direct EHR using CEHRT or CEHRT via Data Submission Vendor
- Group practices with 25 or more EPs that want to select the Web Interface reporting mechanism
- Groups practices with between 2 to 99 EPs that want to supplement their GPRO reporting mechanism with the CAHPS for PQRS survey

Please note that physician groups with 2 or more EPs must meet the criteria to avoid the 2017 PQRS payment adjustment in order to also avoid the automatic 2017 VM downward payment adjustment (-2.0% or -4.0% depending on the group's size) and qualify to earn VM adjustments based on performance.

# Which Group Practices Do Not Have to Register?

- Group practices that participate in the Medicare Shared Savings Program.
- Group practices that **only** provide care to Medicare beneficiaries who are enrolled in a Medicare Advantage plan.
- Eligible Professionals (EPs) that choose to participate in the PQRS as an individual via claims, registry, qualified clinical data registry, or EHR.

Please note that physician groups with 2 or more EPs must ensure that at least 50% of the EPs in the group meet the criteria to avoid the 2017 PQRS payment adjustment as individuals in order for the group to avoid the automatic 2017 VM downward payment adjustment (-2.0% or -4.0% depending on the group's size) and qualify to earn VM adjustments based on performance.

# Three Steps to Register for the PQRS GPRO

## Gather, Enter, & Verify

1. Gather all of the required information you need to submit your group practice's registration for participating in the PQRS GPRO in 2015 (refer to slides 35 and 36).
2. Enter the required information into PV-PQRS Registration System at <https://portal.cms.gov> by logging in with your IACS User ID and password.
3. Verify that you entered all of the required information correctly and submit your registration.

# Gather: Required Information for Group Registration

- *Organization Information:* Group Practice Name, Entity name, and Mailing Address
- *Requestor Information:* First Name, Last Name, E-mail, and Phone Number
- Group Practice Size (2-24 EPs, 25-99 EPs, or 100 or more EPs)
- Select a 2015 PQRS group reporting mechanism
  - Web Interface (applicable for groups with 25 or more EPs)
  - Registry (applicable for groups with 2 or more EPs)
  - Electronic Health Record (applicable for groups with 2 or more EPs)
- Select the 2015 CAHPS for PQRS Survey (applicable for groups with 2-99 EPs)

# Gather: Required Information for Group Registration (cont.)

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- Elect to include the 2015 CAHPS results in the calculation of the group's 2017 VM (applicable for groups with 2 or more EPs)
- *Program Contact Information:* First Name, Last Name, E-mail, Phone Number, and Address
- *Technical Contact Information:* First Name, Last Name, E-mail, Phone Number, and Address

# Enter: PV-PQRS Registration System

- Go to <https://portal.cms.gov> and select “Login to CMS Secure Portal”. (Figure 4)
- Accept the Terms and Conditions.

The screenshot displays the CMS.gov Enterprise Portal. At the top left, the CMS.gov logo is followed by 'Enterprise Portal' and 'Centers for Medicare & Medicaid Services'. Navigation links include Home, About CMS, Newsroom, Archive, Help & FAQs, Email, and Print. A search bar is located on the right. Below the header, there are two yellow buttons: 'Health Care Quality Improvement System' and 'Provider Resources'. The main content area features a large banner with the text 'Welcome to CMS Enterprise Portal' and a description: 'The CMS Enterprise Portal is a gateway being offered to allow the public to access a number of systems related to Medicare Advantage, Prescription Drug, and other CMS programs.' To the right of the banner is a 'CMS Secure Portal' section with the text 'To log into the CMS Portal a CMS user account is required.' and a prominent blue button labeled 'Login to CMS Secure Portal' which is circled in red. Below this button are links for 'Forgot User ID?', 'Forgot Password?', and 'New User Registration'. At the bottom of the page, there is a row of navigation buttons for various CMS programs and a footer note: 'Information for people with Medicare,'.

Figure 4: Login to CMS Secure Portal

# Enter: PV-PQRS Registration System (cont.)

- Enter your IACS User ID & the Password on the Login screen and click “Log In”. (Figure 5)

Health Care Quality Improvement System    Provider Resources

## Welcome to CMS Enterprise Portal

To log into the CMS Portal a CMS user account is required.

If you are unable to log into the CMS Portal using your CMS user account, please contact the CMS helpdesk at 1-800-562-1963.

User ID

Password



[Forgot Password?](#)

[Forgot User ID?](#)

Need an account? Click the link - [New user registration](#)

Figure 5: Login Screen

# Select: Registration

- Select the Registration hyperlink from the PV-PQRS dropdown menu. (Figure 6)

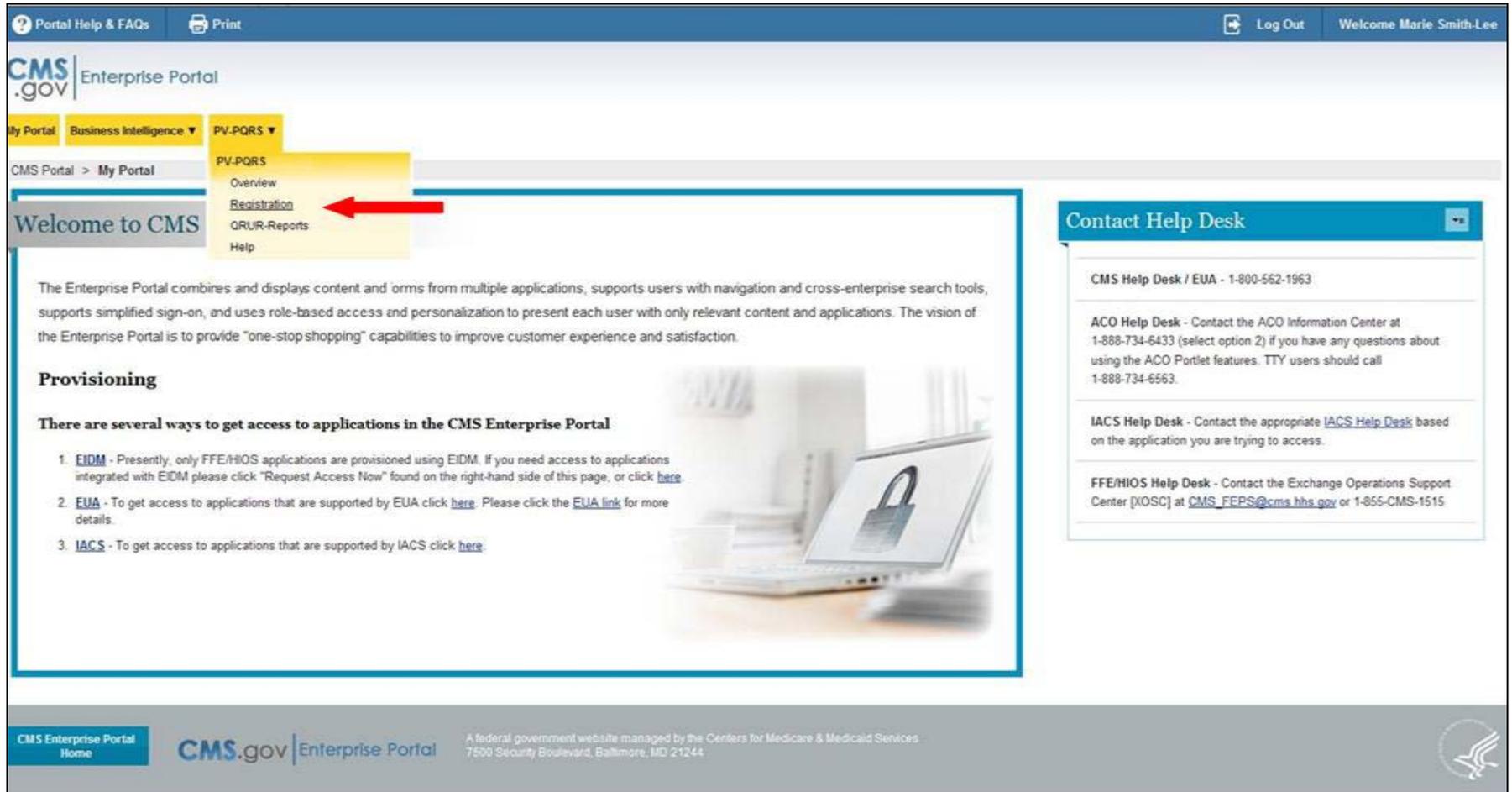


Figure 6: Landing Screen

# New Registration: Group Practice

- Figure 7 shows the TINs that are associated with your IACS account.
- To register a TIN for the 2015 PQRS GPRO, select the “Register” link .

Registration | VM Informal Review

Welcome to Physician Value Physician Quality Reporting Portal

IACS User Account Information      First Name: Jacob      Middle Initial:      Last Name: Smith-Williams

Please click Register/Modify if you are an authorized representative of a Group Practice (TIN) and want to register the TIN or modify the registration information.  
To view your registration information, please select the View option.

Program Year	Registration Type	Name	TIN	NPI	Initial Registration Date	Registration ID	Registration Status	Registration Status Reason	Action
2015	Group	PQRS GPRO 3	XX-XXX32	N/A	N/A	N/A	N/A	N/A	Select One
2014	Group	PQRS GPRO 3	XX-XXX32	N/A	04/25/2014	100000196	Active	New Registration	Select One Register

Figure 7: New Registration – Group Practice

# Enter: Group Practice Information

- Enter the required information in the Organization Information and Requestor Information sections. (Figures 8 and 9)
- **Optional:** If 2014 registration information is available for your group, then you can select the check box to pre-populate the Organization Information and Requestor Information sections for 2015 with the 2014 registration information.

The screenshot shows a form titled "Organization" with a sub-section "Organization Information". A yellow "NOTE" icon indicates that fields with an asterisk (\*) are required. A checkbox is checked, indicating the use of 2014 registration information for 2015. The form contains the following fields:

- \*Group Practice Name: PQRS GPRO 3
- \*Entity Name: PQRS GPRO 3
- Check here if the Organization Mailing Address is the same as the Organization Physical Address.
- \*Mailing Address Line 1: 101 Main Street
- Mailing Address Line 2: (empty)
- \*Mailing City: Baltimore
- \*Mailing State: Maryland (dropdown menu)
- \*Mailing ZIP: 67609
- ZIP+4: (empty)

Figure 8: Group Practice Organization Information

The screenshot shows a form titled "Requestor Information" with the following fields:

- \*First Name: William
- Middle Initial: (empty)
- \*Last Name: Smith
- \*Email: noreply@ngc.com
- \*Confirm Email: noreply@ngc.com
- \*Phone Number: 4102654612
- Phone Ext: (empty)

Figure 9: Requestor Information

# Enter: Group Practice Information (cont.)

- Select the appropriate Group Practice Size, the Group Reporting Mechanism, and the CAHPS for PQRS survey options and click “Save & Continue”. (Figure 10)

**\*Please Indicate your practice size:** ?

2 - 24 Individual Eligible Professionals

25 - 99 Individual Eligible Professionals

100 or More Individual Eligible Professionals

**Reporting Mechanism**

**\*Please select the reporting mechanism your group will use in 2015:**

Web Interface as a Group Practice ?

Registry as a Group Practice ?

Electronic Health Record (EHR) as a Group Practice ?

**Consumer Assessment of Health Providers and Systems (CAHPS)**

**\*Would you like to supplement your group's Reporting Mechanism with the Consumer Assessment of Health Providers and Systems (CAHPS) for PQRS survey?**  
If you elect the CAHPS for PQRS survey, then please note that for 2015, your group is responsible for selecting and paying a certified survey vendor to implement these surveys on your group's behalf.: ?

Yes

No

**Consumer Assessment of Health Providers and Systems (CAHPS) for the Value Modifier**

**\*Would you like to include your group's performance on the 2015 CAHPS for PQRS survey in the calculation of your group's 2017 Value-based Payment Modifier?:** ?

Yes

No

Previous Save & Continue Cancel

Figure 10: Group Practice Organization Information

# Enter: Group Practice Contact Information

- Enter the required information in the Program Contact Information (Figure 11) and Technical Contact Information (Figure 12) sections.
- **Optional:** Select the check boxes if you want to pre-populate these sections with the information in the Requestor Information and Organization Physical Address sections.

The screenshot shows a web form titled 'Contact'. On the left is a navigation menu with '2-Contact' selected. A yellow 'NOTE' box states: 'A field with an asterisk (\*) before it is a required field.' The main form area is titled 'Program Contact Information' and contains two sections. The first section has a checkbox 'Check here if the Program Contact Information is the same as the Requestor' and fields for: \*First Name (first), Middle Initial, \*Last Name (last), \*Email (first.last@email.com), \*Confirm Email (first.last@email.com), \*Phone Number (4102654919), and Phone Ext. The second section has a checkbox 'Check here if the Program Contact Address is the same as the Organization Physical Address' and fields for: \*Address Line 1 (23 Longway Drive), Address Line 2 (787), \*City (Brooklyn), \*State (Massachusetts), \*ZIP (73847), and Zip+4 (7873).

Figure 11: Group Practice Program Contact Information

The screenshot shows a web form titled 'Technical Contact Information'. It has two checkboxes: 'Check here if the Technical Contact Information is the same as the Requestor' and 'Check here if the Technical Contact Address is the same as the Organization Physical Address'. The form contains fields for: \*First Name (first), Middle Initial, \*Last Name (last), \*Email (first.last@email.com), \*Confirm Email (first.last@email.com), \*Phone Number (4102654919), Phone Ext., \*Address Line 1 (23 Longway Drive), Address Line 2 (787), \*City (Brooklyn), \*State (Massachusetts), \*ZIP (73847), and Zip+4 (7873). At the bottom are 'Previous', 'Save & Continue', and 'Cancel' buttons.

Figure 12: Group Practice Technical Contact Information

# Verify: Group Practice Information

- Verify that you entered all of the information correctly and select “Submit” to complete your registration and submit the information to CMS. (Figure 13)
  - **Note: To change any information before submission, select the “Edit” button in the desired section to change the information.**

Organization Information	Program Contact Information	Technical Contact Information
<p><b>Program Year:</b> 2015</p> <p><b>Group Practice Name:</b> Waldo County General Hospital</p> <p><b>Entity Name:</b> Waldo County General Hospital</p> <p><u>Organization Mailing Address</u> leehwa Arlington, MD 21288</p> <p><b>Requestor Information</b></p> <p><b>First Name:</b> Limo <b>Middle Initial:</b> <b>Last Name:</b> Motor <b>Email:</b> Shamim.Akhter@ngc.com <b>Phone Number:</b> 7810978364 <b>Phone Ext:</b></p> <p><u>Group Practice Size</u> 25 - 99 Individual Eligible Professionals</p> <p><u>Reporting Mechanism</u> Electronic Health Record (EHR) as a Group Practice</p> <p><u>CAHPS Selection</u> Yes</p> <p><u>CAHPS for the Value Modifier</u> Yes</p> <p><input type="button" value="Edit"/></p>	<p><b>First Name:</b> Limo <b>Middle Initial:</b> <b>Last Name:</b> Motor <b>Email:</b> Shamim.Akhter@ngc.com <b>Phone Number:</b> 7810978364 <b>Phone Ext:</b></p> <p><u>Address</u> 6532 Rolling Hill Drive Wilmington, DE 88983</p> <p><input type="button" value="Edit"/></p>	<p><b>First Name:</b> Limo <b>Middle Initial:</b> <b>Last Name:</b> Motor <b>Email:</b> Shamim.Akhter@ngc.com <b>Phone Number:</b> 7810978364 <b>Phone Ext:</b></p> <p><u>Address</u> 6532 Rolling Hill Drive Wilmington, DE 88983</p> <p><input type="button" value="Edit"/></p>

Figure 13: Group Practice Summary Page

# Confirmation Message: Group Practice

- Retain the Registration Identification Number provided in the confirmation message or click “Print” to print the confirmation message. (Figure 14)
- Click “Home” to go back to the “Welcome Screen”.

The screenshot displays the CMS Enterprise Portal interface. At the top left, the logo reads "CMS .gov Enterprise Portal". Below the logo are navigation buttons: "My Portal", "Business Intelligence", "PV-PQRS", and "PV-PQRS 8". A breadcrumb trail shows the path: "CMS Portal > PV-PQRS 8 > PV-PQRS D0 > Registration". The main content area has two tabs: "Registration" (selected) and "VBM Informal Review". A blue header bar says "Welcome to Physician Value Physician Quality Reporting Portal". Below this, a bar displays "Selected Provider Information" for "Webber Hospital Association" with TIN "XX-XXX5678" and address "90 Sky Street, Silverado, MI 39054". A sidebar on the left lists steps: "1-Organization", "2-Contact", "3-Summary", and "4-Confirmation" (highlighted). The main content area is titled "Confirmation Message" and contains the following text: "You have successfully registered Webber Hospital Association with the Taxpayer Identification Number XX-XXX5678. Your Registration Identification is **100002115**. Please maintain the Registration Identification number for your records and reference this number in any communication. An email will be sent to the email address on file as a notification of this submission. Please select PRINT to print your confirmation message." At the bottom of the message are "Home" and "Print" buttons.

*Figure 14: Confirmation Message*

# Updating or Canceling 2015 PQRS GPRO Registration

## Updating 2015 GPRO Registration

During the registration period, groups may modify their registration information (e.g., change the chosen GPRO reporting mechanism) at any time prior to the **June 30, 2015 (11:59 pm EDT) deadline**. Groups who register for the 2015 PQRS GPRO will not be able to change or update their registration after the deadline.

## Canceling 2015 GPRO Registration

Groups that register for the 2015 GPRO, but wish to cancel their registration, can log in to the PV-PQRS Registration System and cancel their registration OR contact the Physician Value Help Desk before the registration period closes on **June 30, 2015 (at 11:59 pm EDT)**. Groups will not be allowed to cancel their 2015 GPRO registration after this date.

If a group cancels its PQRS GPRO registration, then the group can still avoid the automatic VM downward payment adjustment in 2017, if at least 50% of the EPs in the group participate in the PQRS as individuals in 2015 and meet the satisfactory reporting criteria via claims, registry, or EHR (or in lieu of satisfactory reporting, satisfactorily participate in a qualified clinical data registry) to avoid the 2017 PQRS payment adjustment. No registration is necessary if the EPs in a group participate as individuals after canceling the group's GPRO registration.

# Next Steps

- Get a new IACS account or modify an existing account as soon as possible at <https://applications.cms.hhs.gov/>
- **April 1, 2015 – June 30, 2015 (11:59 pm EDT):** Group practices can register to participate in the 2015 PQRS GPRO at <https://portal.cms.gov> using an IACS User ID and password.
  - Quick reference guide for registering for the 2015 PQRS GPRO is available on the PQRS GPRO Registration website (refer to slide 49).
- **Available now:** 2013 Quality and Resource Use Reports are available for physician group practices and physician solo practitioners
- **Spring 2015:** 2014 Mid-Year Quality and Resource Use Reports will be available for physician group practices and physician solo practitioners
- **Fall 2015:** 2014 Quality and Resource Use Reports will be available for all physician and non-physician group practices and solo practitioners

# Technical Assistance Information

- For PQRS and IACS questions, contact the QualityNet Help Desk:
  - Phone: (866) 288-8912 (TTY 1-877-715-6222)
  - Monday – Friday: 8:00 am – 8:00 pm EST
  - Email: [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org)
- For VM and QRUR questions, contact the Physician Value Help Desk:
  - Phone: 1(888) 734-6433 (select option 3)
  - Monday – Friday: 8:00 am – 8:00 pm EST
- For EHR and MU questions, contact the EHR Information Center
  - 1-888-734-6433, option 1
  - Monday-Friday: 7:30 a.m. – 6:30 p.m. CT
- For CPC questions, contact CPC support
  - E-mail: [cpcsupport@telligen.org](mailto:cpcsupport@telligen.org)
  - Telephone: 800-381-4724
- For Pioneer ACO questions, contact the Pioneer Help Desk
  - E-mail: [pioneerquestions@cms.hhs.gov](mailto:pioneerquestions@cms.hhs.gov)

# Technical Assistance Information (cont.)

- VM and QRUR: <http://www.cms.gov/PhysicianFeedbackProgram>
- PQRS GPRO Registration: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html>
- PQRS Program and CAHPS for PQRS Survey: <http://www.cms.gov/PQRS>
- PQRS Payment Adjustment: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Payment-Adjustment-Information.html>
- PQRS GPRO: [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group Practice Reporting Option.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group_Practice_Reporting_Option.html)

# Question & Answer Session

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# Acronyms in this Presentation

Acronym	Literal Translation
ACO	Accountable Care Organization
CAHPS	Consumer Assessment of Health Providers and Systems
CEHRT	Certified EHR Technology
CG-CAHPS	Clinician and Group Consumer Assessment of Health Providers and Systems
CPC	Comprehensive Primary Care
CMS	Centers for Medicare and Medicaid Services
CY	Calendar Year
EHR	Electronic Health Record
EP	Eligible Professional
GPRO	Group Practice Reporting Option
IACS	Individuals Authorized Access to the CMS Computer Services

# Acronyms in this Presentation (cont.)

Acronym	Literal Translation
MU	Meaningful Use
NPI	National Provider Identifier
NPC	National Provider Call
PQRS	Physician Quality Reporting System
PTAN	Provider Transaction Access Number
PV	Physician Value
PV-PQRS	Physician Value – Physician Quality Reporting System
QRUR	Quality and Resource Use Report
TIN	Taxpayer Identification Number
VM	Value Based Modifier

# Evaluate Your Experience

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- Please help us continue to improve the MLN Connects® National Provider Call Program by providing your feedback about today's call.
- To complete the evaluation, visit <http://npc.blhtech.com> and select the title for today's call.

# CME and CEU

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This call is being evaluated by CMS for CME and CEU continuing education credit. For more information about continuing education credit, review the *CE Activity Information & Instructions* document available at the link below for specific details:

<http://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/TC-L04162015-Marketing-Materials.pdf>

# Thank You

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