



MLN Connects®

National Provider Call Transcript



**Centers for Medicare & Medicaid Services
How to Register for the PQRs Group Practice Reporting Option in 2015
MLN Connects National Provider Call
Moderator: Amanda Barnes
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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 Amanda Barnes. Thank you, you may begin your conference.

Announcements and Introduction

Amanda Barnes: Thank you Salema. I am Amanda Barnes from the Provider Communications Group here at CMS, and I am your moderator today. I would like to welcome you to this MLN Connects National Provider Call on How to Register for the PQRS Group Reporting — Group Practice Reporting Option in 2015. MLN Connects Calls are part of the Medicare Learning Network®.

During this call, CMS subject matter experts will give a walkthrough of the Physician Value (PV) — Physician Quality Reporting System (PQRS) registration system, an application that serves the Value Modifier and Physician Quality Reporting System programs. Groups can register via the PV-PQRS registration system from April 1st through June 30th, 2015, using an Individuals Authorized Access to the CMS Computer Services, or IACS, User ID and password.

You should have received a link to today's slide presentation email. If you have not already done so, you may visit or download the presentation from the following URL, www.cms.gov/npc. Again, that URL is www.cms.gov/npc. At the left side of the web page, select National Provider Calls and Events, then select the date of today's call from the list.

Second, this call is being recorded and transcribed. An audio recording and written transcript will be posted to the [MLN Connects Call website](#). Registrants will receive an email when these materials are available.

Registrants were given the opportunity — opportunity to submit questions prior to the call. We thank everyone who did submit questions.

And lastly, this MLN Connects Call is being evaluated by CMS for CME and CEU continuing education credit. For additional information, please refer to slide number 54

of today's presentation for a link to the CE Activity Information and Instructions document.

At this time, I would like to turn the call over to Sabrina.

Presentation

Sabrina Ahmed: Thank you Amanda. My name Sabrina Ahmed, and I want to thank all of you for joining us on the call today. I will get started with the slide presentation we have. And for those of you who have the slides in front of you, I'll start on slide 4.

So slide 4 covers the agenda and the learning objectives for this call. Today's call is about how groups can register to participate in the Physician Quality Reporting System Group Practice Reporting Option in 2015.

I'll start with an overview of the 2017 Value-Based Payment Modifier and how it interacts with the PQRS participation in 2015. Then I will turn the call over to Lauren Fuentes, and she'll provide an overview of the 2015 PQRS GPRO policies. And afterwards, I will review how you can get an IACS account and then how you can register a group to participate in the PQRS GPRO in 2015.

Overview of the 2017 Value-Based Payment Modifier

So let's move on to slide 6. So the Value Modifier is a per claim adjustment made under the Physician Fee Schedule and is applied at the Taxpayer Identification Number, or TIN, level. It assesses both the quality of care and the cost of that care furnished during a performance period.

In 2017, Medicare will apply the Value Modifier to physician payments under the Medicare Physician Fee Schedule for physicians in groups with two or more eligible professionals, and physician solo practitioners, based on their performance in 2015. The Value Modifier program is aligned with the PQRS program, so this means that there are no additional quality reporting requirements under the Value Modifier.

So let's first look at the top left-hand side of the figure on slide 6. Physician groups with two or more eligible professionals are considered PQRS reporters if they participate in the PQRS GPRO in 2015 and meet the satisfactory reporting criteria to avoid the 2017 PQRS payment adjustment or if the eligible professionals in the group participate in the PQRS as individuals in 2015 and at least 50 percent of the eligible professionals in

the group meet the satisfactory reporting or the satisfactory participation criteria as individuals to avoid the 2017 PQRS payment adjustments.

And then physician solo practitioners are considered PQRS reporters if the solo practitioner participates in the PQRS as an individual in 2015 and meets the satisfactory reporting — or satisfactory participation criteria as an individual to avoid the 2017 PQRS payment adjustment.

So groups and solo practitioners that are considered to be the PQRS reporters avoid the automatic Value Modifier downward payment adjustment in 2017 that applies to the non-PQRS reporters, as shown on the right-hand side of this figure.

The automatic Value Modifier downward adjustment for the non-PQRS reporters is minus 2 percent for physicians in groups with two to nine eligible professionals and physician solo practitioners, and minus 4 percent for physicians in groups with 10 or more eligible professionals. The automatic Value Modifier downward adjustment would apply in 2017, in addition to the minus 2 percent PQRS payment adjustment that may apply to these groups or the eligible professionals in these groups in 2017.

Now if you look at the lower left-hand side of the figure on slide 6, you will see that in 2017, quality tiering is mandatory for groups and solo practitioners that are considered to be the PQRS reporters. A quality tiering is the methodology that is used to evaluate a group or solo practitioner's performance on quality and cost measures for the Value Modifier.

So under quality tiering, physicians in groups with two to nine eligible professionals and physician solo practitioners could receive a maximum upward adjustment of two times the Value Modifier adjustment factor or a neutral adjustment, meaning there would be no adjustment in 2017. And they would be held harmless from any downward adjustments under quality tiering. And then physicians in groups with 10 or more eligible professionals could receive a maximum upward adjustment of four times the Value Modifier adjustment factor, neutral adjustment, or a maximum of minus 4 percent downward Value Modifier adjustment to their Medicare Physician Fee Schedule payment for 2017 based on their performance on quality and cost measures in 2015.

More information about the 2017 Value Modifier is available on the [Value Modifier website](#), and the link is provided on slide 49 of this presentation.

So I mentioned earlier that 2015 is the performance period for the Value Modifier that will be applied to physician groups and physician solo practitioners in 2017. So slide 7 discusses what action these groups and solo practitioners need to take in 2015 to impact the Value Modifier that will be applied to them in 2017.

First, physician groups with two or more eligible professionals need to decide if they want to participate in the PQRS in 2015 as a group or as individuals. If the eligible professionals in the group choose to participate in the PQRS as a group in 2015, then the group must register to participate in the 2015 PQRS GPRO between April 1 and June 30th, 2015. And the remaining slides in this presentation will focus on how groups can register to participate in the 2015 PQRS GPRO.

If the EPs in the group choose to participate in the PQRS as individuals in 2015, then no registration is necessary; however, each group must ensure that at least 50 percent of the eligible professionals in the group meet the criteria to avoid the 2017 PQRS payment adjustment in order for the group to avoid the automatic minus 2 percent or minus 4 percent Value Modifier payment adjustment in 2017. The PQRS group reporting mechanism — the GPRO reporting mechanisms are not available for the solo practitioners. Therefore, the only option available for solo practitioners is to participate in the PQRS as an individual and, for which, no registration is necessary.

Once the EPs in a group decide which — whether to report as a group or as individuals, then the next step is to choose a specific PQRS reporting mechanism. And we will review the options available under the PQRS GPRO in the next section of the presentation. The group needs to become familiar with the measures available under the selected reporting mechanism and the data submission timeframe applicable to the reporting mechanism. The link to the list of available 2015 PQRS measures is provided under the second bullet on this slide. These steps also apply to solo practitioners who have to choose an individual PQRS reporting mechanism in 2015.

During the fall of 2015, we will be posting the quality benchmarks that will be used for the 2017 Value Modifier, and we encourage you to review those benchmarks when they

are available. And right now we have available on the [Value Modifier website](#), the quality benchmark that will be used for the 2016 Value Modifier.

The 2013 Quality and Resource Use Reports, also known as QRURs, were made available to physician groups and physician solo practitioners in September 2014. If you haven't done so already, we strongly encourage you to download your 2013 QRUR. The 2013 QRUR shows the TIN's performance on the quality and cost measures that were used to calculate the 2015 Value Modifier. And for groups with 100 or more eligible professionals that are subject to the 2015 Value Modifier, the QRUR will also show their Value Modifier payment adjustment for 2015.

Later this spring, we will make available the 2014 mid-year QRURs for physician groups and physician solo practitioners. The mid-year QRURs will provide a preview of the TIN's performance on the three quality outcome measures and the fixed-cost measures that will be used to calculate the 2016 Value Modifier, but it will not contain information on measures reported under the PQRS.

The performance period for the mid-year QRURs will be from July 1, 2013, to June 30th, 2014. The mid-year QRURs will be provided for informational purposes only and will not affect a TIN's Medicare payments.

Then in the fall of 2015, we will make available the 2014 QRURs to all groups and solo practitioners, including those that consist only of non-physician eligible professionals. The 2014 QRURs will show the TIN's actual performance on all quality and cost measures that will be used to calculate the 2016 Value Modifier. And for groups with 10 or more eligible professionals that are subject to the 2016 Value Modifier, the QRUR will also show their Value Modifier payment adjustment for 2016.

The link provided under the last bullet on this slide contains instructions on how to download the 2013 QRUR, and once the 2014 mid-year QRURs and the 2014 annual QRURs become available, instructions for accessing those QRURs will also be provided on this slide.

Slide 8 shows the timeline for phasing in the Value Modifier, when the QRURs will be available, and when the PQRS GPRO registration period will be open in future years. As you can see, in 2018 the Value Modifier will apply to both physician and non-physician

eligible professionals who are solo practitioners or in groups with two or more eligible professionals.

I will now turn the call over to Lauren Fuentes, and she will provide an overview of the 2015 PQRS GPRO policy.

Overview of the 2015 PQRS GPRO Policy

Lauren Fuentes: Hey, thanks Sabrina. This is Lauren Fuentes. I will be providing an overview of the 2015 PQRS Group Practice Reporting Option today. So as Sabrina did mention, eligible professionals can report to PQRS either as an individual or as part of a group practice. So for today, we're going to focus on reporting the group practice through the Group Practice Reporting Option, or GPRO.

So if we pick up on slide 10, there are requirements that a group practice needs to meet in order to participate via the GPRO for the 2015 PQRS program year. These include a group size requirement as well as participation requirement, reporting mechanism requirement, and registration requirement. So we'll go through all these in the following slides.

Moving on to slide 11, Group Practice Definition and Size Requirements. So under PQRS, a group practice is defined as a single Tax Identification Number, or TIN, that has two or more individual eligible professionals who have reassigned their billing rights to that TIN. A group practice can register to participate in PQRS via GPRO to be analyzed at the group practice or TIN level. So alternatively, there are — and individual EPs who are a member of a group practice reporting option are not eligible to separately report under PQRS as an individual EP under that same TIN.

So basically, what we're saying here is that once your TIN, your Tax Identification Number, is registered with CMS as a group practice to participate via GPRO, you cannot — your NPIs, your individual providers under that TIN, cannot also participate individually for PQRS because we're looking to analyze you at the TIN level, and at that point, once you submit your data, we will be looking for your data to be submitted at the TIN level rather than the individual level.

So — and again, I just want to emphasize that, you know, this group practice reporting option is just that, it's just an option. So even though you may be a group practice that

meets this definition, that does not mean that you have to sign up to participate in PQRS as a group. If it works better for you to participate individually although you're in group practice, you still do have that option.

So a couple of other requirements that I want to go over is that, you know, I know we get asked this question a lot around, you know, what, you know, NPIs or providers may come in and out of a group practice during the year, so at what point do I know whether or not I need this definition of two or more or what my group size is?

So the group practice will determine the size based on the number of eligible professionals billing under the TIN at the time of registration. So the time of registration, again, is April 1st through June 30th, so, therefore, you would determine your group size during that timeframe. During registration, the group practices do need to choose from the following group size categories. So the categories we have are 2 to 24 eligible professionals in a group, 25 to 99 eligible professionals in a group, and 100 or more eligible professionals in a group. So those are the three group sizes that you can choose from during registration.

And the reporting requirements and available reporting mechanisms will vary based on the group size. So the main difference — we'll go over that later in the presentation, but the main difference is that there is one option that is only available for the 25 to 99 and 100 or more EP group size.

PQRS GPRO Participation Requirements

OK? Moving on to slide 12. Just to review some of the participation requirements for the 2015 group practice reporting option. So the group practice does need to have billed Medicare Part B Physician Fee Schedule, or PFS, on or after January 1st, 2015, and prior to December 31st, 2015. So we do — you do need to have billed Medicare during the calendar year 2015 Part B PFS.

You also — to participate in the group practice option, there's also requirements that we finalize in our rules around performance of PQRS measures being publicly posted on the Physician Compare website. So this is also something to be aware of, that is, part of your participation requirement in PQRS is that those measures may be publicly posted on the Physician Compare website.

You also need to be able to comply with a secure mechanism for data submission. As Sabrina mentioned, you definitely need to register to participate in PQRS via the group practice reporting option between April 1st, 2015, and June 30th, 2015. And lastly, during registration you do need to provide all the requested information through the Physician Value-Physician Quality Reporting System Registration System, so that's PV-PQRS Registration System. That is what we use to collect registration from those groups that do want to practice — sorry, participate in GPRO.

Reporting Options for Group Practices in 2015

OK? Slide 13. So these are — we'll go over the options — the 2015 reporting mechanisms and options for group practices. So we'll discuss the options in more detail in the next few slides, but the options for the group practices are qualified registry, and that's available for group sizes with two or more EPs. Second option is electronic reporting using the Electronic Health Record that is Certified EHR Technology, and this option is also available for those groups with two or more EPs. And then lastly, as I mentioned before, an additional group option that is available for 25 — groups with 25 or more EPs is the Group Practice Reporting Option Web Interface.

So it's very important — you know, I think one very important thing in making a decision on your reporting mechanism is to review the measures under each option to make sure that you can report on measures that best represent the care your practice provides. So all the measures for each reporting option are available on our website, cms.gov/pqrs, and on that website, you will see on the left-hand side that we do have a page for each reporting mechanism that will provide more details on the reporting options, as well as information on what measures are reportable under each one of those options.

OK? And then also just an important note on 13, that for 2015 PQRS, there is also an option to combine one of these three reporting mechanisms with the Consumer Assessment of Healthcare Providers and Systems patient experience of care. So we refer to this as CAHPS for PQRS survey, and an important note is that the CAHPS for PQRS survey is mandatory in 2015 for those groups who decide to report via GPRO, and that group size is — of 100 or more EPs. So that is required for groups of that size, but for the smaller groups, it is an option that you can choose to supplement one of these other reporting mechanisms: registry, EHR, or GPRO Web Interface. You can also add CAHPS to that reporting as well.

Slide 14, we'll go ahead and get started talking about qualified registries. Again, this option is for groups with two or more eligible professionals. And group practices can avoid the 2017 PQR negative payment adjustment and the automatic 2017 Value Modifier downward payment adjustment by meeting the criteria for satisfactory reporting via registry. So that criteria for reporting via registry is to report on at least nine measures covering at least three National Quality Strategy domains for at least 50 percent of the group's Medicare Part B fee-for-service patients.

So it is important to note that if you are not able to report on the nine measures, we do have a measure applicability validation process that will come into play if you — if your group submits quality data for less than nine PQR measures. Or if you do not meet the domains, if you submit less than three domains, then that measure applicability validation will kick in again, too. It's basically a check that your group reported all the measures that they could have.

And, you know, I failed to say this earlier, but, you know, one thing just to note, that registry is a third-party vendor so that your group will need to contract with to submit data to CMS on your behalf. And there typically is a cost for this option, and that information is available on our website. Once CMS has qualified a registry, we do post a list of the qualified registries who can submit for PQR.

OK? Slide 15, just a couple of more notes about the qualified registry option. So measures with a 0 percent performance rate will not be counted towards your satisfactorily reporting. So 0 percent performance rate indicates that you did not meet the quality option in the measure.

Another requirement is an EP who sees at least one Medicare patient in a face-to-face encounter must report on one cross-cutting measure. So that would be, of your nine measures, one of those would have to be a cross-cutting measure. And we do have a cross-cutting measures list on our PQR website, and this is located on the measures page. And these are measures that we have deemed as broadly applicable to many providers.

So I did talk about the measures earlier, so for — if you're reporting via registry, the measures that you will need to reference are the 2015 Physician Quality Reporting System Measure Specification Manual for Claims and Registry Reporting of Individual

Measures, so that — that's the document that you'll want to reference for registry measures to find applicable measures to report on.

And again, if the group has 2 to 99 eligible professionals, then the group can elect to supplement its PQRS reporting with CAHPS for PQRS survey in 2015. And as I mentioned before, if your group practice has 100 or more EPs, then the group will be required to report the CAHPS for PQRS survey in 2015. And again, this is if you register for the group practice reporting option.

OK? Slide 16, we'll go ahead and cover the Electronic Health Record, or EHR, reporting mechanism. This is available for groups with two or more eligible professionals. And by satisfactorily reporting the electronic clinical quality measures using your EHR, you can avoid the 2017 PQRS negative payment adjustment, as well as the automatic 2017 Value Modifier downward payment adjustment.

So the reporting requirements for EHR are also nine measures covering at least three of the National Quality Strategy domains, and the PQRS group practices should report the nine measures over three domains of the group. If PQRS group practices — if your EHR system does not have patient data for those nine measures covering at least three domains, then the expectation is that you would report all the measures for which there's Medicare patient data. And you — as a PQRS group practice reporting via GPRO, you must report on at least one measure for which there's Medicare patient data.

And then a bonus to using your EHR system is that the PQRS group practice may also meet the clinical quality measure components for the Medicare EHR Incentive Program if they are participating using their Electronic Health Record.

And we do have two options with the EHR health record. So these are ONC, Certified Electronic Health Record Technologies, and the group can either submit directly to CMS from their EHR or their EHR can collect their data on behalf of the group and then submit that to CMS. So there's two options within that EHR method.

OK? And again, you also have the option for the CAHPS for PQRS if your group size is 2 to 99, you can also submit using that. And we'll talk about what that means for the CAHPS for PQRS a little bit later because it does vary the requirements a bit.

OK? Slide 17, the Group Practice Reporting Option Web Interface. This option is only for those groups that have 25 or more eligible professionals. And those group practices can avoid the 2017 PQRS negative payment adjustment, as well as the automatic 2017 Value Modifier downward payment adjustment by meeting the satisfactorily reporting criteria for the GPRO Web Interface.

So for the GPRO Web Interface, it's different from the EHR and registry option in that it's a predetermined set of measures that — typically it covers care coordination, there's patient safety, there's a module on coronary artery disease, as well as a module on diabetes and preventive care. So those are a few examples of the types of measures that are in the GPRO Web Interface. And what happens with this option is that CMS will assign your beneficiaries to your group based on your 2015 Medicare claims. And then CMS will pre-populate the web interface, and then group practices are responsible for populating and submitting the remaining data for the measures.

So for this option you would need to report on all the measures that are included in the web interface. Populate the data fields for the first 248 consecutively ranked and assigned beneficiaries in the order for which they appear for each module or preventive care measure. So if the pool of assigned beneficiaries is less than 248, then the group must report on 100 percent of the assigned beneficiaries.

And the group practices, again for 100 — with 100 or more EPs, also must report the CAHPS for PQRS survey to supplement their GPRO Web Interface reporting. And CAHPS, again, with this option is optional for the 25 to 99 group size who will be using the web interface.

OK? Let's move on to slide 18, and we can talk more about the CAHPS option that I've been mentioning throughout this presentation. So the CAHPS for PQRS, again this is the Consumer Assessment of Healthcare Providers and Systems, is a patient experience of care survey. It's based off of the clinician and group CAHPS module, and there are a few additional questions to meet CMS needs for data collection.

And this is a somewhat newer reporting mechanism for group practices. It's available, again, to group practices of two or more EPs who do wish to add this to one of their other reporting mechanisms — registry, EHR, or GPRO Web Interface. And the data collected on these measures will be collected by a survey vendor. So the groups will

need to select and contract with a survey vendor who will implement the survey on your behalf, as well as submit the data on your behalf to CMS. And the CAHPS for PQRS is equal to three individual measures and one National Quality Strategy domain.

So, you heard me speak earlier about the requirements for the registry and the EHR options being the nine — nine measures across three domains. So this CAHPS option will count for three of those measures and one domain.

So moving on to slide 19, for the group practices choosing the EHR or registry, what then you would need to do is for your registry or EHR, you would have to report on six measures covering two domains since the CAHPS options would be making up the rest of your measures. And for group practices that are using the web interface, there is no change in the number of measures or the requirements. Those stay the same. So for web interface, you would still report on all the GPRO Web Interface measures as previously described and then also have the CAHPS for PQRS survey measures reported on your behalf.

So again, you know, just important to note that 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. And we will train vendors and post that list on our — on the CMS website this summer.

PQRS GPRO Registration

OK? Moving on to slide 20, just again, the PQRS GPRO Registration Requirements. As you heard both Sabrina and myself say earlier, you do need to register and let CMS know if you want to participate in PQRS as a group practice through this GPRO option.

So each group practice that does want to participate in PQRS GPRO for 2015, you must register through the PV-PQRS Registration System that's located on the portal at cms.gov between April 1st, 2015, and June 30th, 2015. And one person from the group will need to obtain an Individuals Authorized Access to CMS Computer Services account with the correct role, which will allow you to log into the PV-PQRS system to register. So we will go through step-by-step instructions for obtaining an IACS account and registering for PQRS GPRO.

So at this time, this concludes my presentation and I'll turn it back over to Amanda.

Amanda Barnes: Thank you Lauren. At this time, we are going to pause for a few minutes to complete keypad polling. Salema, we're ready to start polling.

Keypad Polling

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. 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. Once 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.

Thank you for your participation. I would now like to turn the call back over to Amanda Barnes.

Presentation Continued

Amanda Barnes: Thank you Salema. We will continue with the presentation. Sabrina?

Sabrina Ahmed: Thanks Amanda.

Getting an IACS Account

So in slides 21 to 29, I will provide an overview of how to obtain the appropriate IACS account that would allow you to log into the registration system.

So, starting with slide 22 now, so this slide provides an introduction to IACS. An IACS account with a correct role is needed to access the registration system. A person can have only one IACS account, but that account can be associated with multiple groups. So if you need to register multiple groups for the PQRS GPRO, then you would be able to do so if your IACS account is associated with all of the groups' TINs. And to find out whether there's already someone who can register the group to participate in the PQRS GPRO, you can contact the QualityNet Help Desk at the number provided on slide 48, and you would just have to provide the group's TIN and the name of the group.

If a group registered for a PQRS GPRO during a previous year or already accessed the group's Quality and Resource Use Report, then that same person can also register the group to participate in the 2015 PQRS GPRO using his or her IACS User ID and password. You can sign up for a new IACS account, modify an existing account, or reset an IACS password, which is required to be done every 60 days on the IACS website at applications.cms.hhs.gov. If you forgot your IACS User ID or password, then you can retrieve those on the IACS website, as well or by calling the QualityNet Help Desk.

Slide 23 discusses the IACS roles that are available for groups. Groups are identified in IACS by their Medicare billing TIN. One person from the group must first sign up for an IACS account with the primary Group Security Official. And then if additional people are needed to register the group, then they can request either the backup Group Security Official role or the Group Representative role in IACS.

If you already have an IACS account, but not one with one of these group roles, then you have to modify your existing account to sign up for one of these roles in IACS. If you already have an IACS account with one of these roles, then you can use your current IACS User ID and password to log into the registration system. If you haven't used your IACS account within the last 60 days, then you will need to reset your password, and you can do that on the [IACS website](#) listed on slide 22. And step-by-step instructions for obtaining an IACS account with each of these roles are provided in the [PQRS GPRO registration website](#), and the link to that website is listed on slide 49.

So slide 24 describes the process that we use to approve the IACS roles. So as I mentioned earlier, a group can have only one person with the primary Group Security Official role, and if needed, other people from the group can have the backup Group Security Official role or the Group Representative role.

The primary Group Security Role requests are approved by CMS within 24 hours after the request is submitted. The backup Group Security Official role requests are approved after CMS verifies the request over the phone with the primary Group Security Official. And then the Group Representative role requests are approved by either the primary or the backup Group Security Official, and that approval must occur within 12 calendar days after the request is submitted.

So what can someone with these IACS roles do? So someone with a primary or backup Group Security Official role will be able to register a group to participate in the PQRS GPRO. They will be able to access the group's Quality and Resource Use Report, and they would be able to approve requests for the Group Representative role in IACS. Someone with the Group Representative role can also register the group to participate in the PQRS GPRO and access the group's QRUR, but they will not be able to approve other IACS role requests.

Slide 25 describes the three steps that you need to follow in order to sign up for a new IACS account or to modify an existing IACS account to add a group role. So based on the IACS role you want to request, first gather all of the required information you need to submit your request for a new account or to modify an existing account, and the required information are listed on slide 26. Then you'll need to enter the required information into the IACS application website. And then lastly, verify that you entered all of the required information correctly and submit your request to CMS.

Please refer to the quick reference guides we have available on our PQRS GPRO registration website that provide step-by-step instructions for requesting these IACS roles. If you have all of the required information on hand, then it should take about 10 minutes or so to submit a request for a role in IACS.

Slide 26 lists the required information you have to provide when requesting one of the group roles. Please keep in mind that as long as the group has one person with the primary Group Security Official role, then that person will be able to register the group for the PQRS GPRO in the registration system.

So all users will need to provide the required user information and professional contact information that are listed on this slide. If you're requesting the primary Group Security Official role, then you'll need to enter the group's Medicare billing TIN, the rendering NPIs for two different eligible professionals who bill under the TIN, along with their corresponding individual Provider Transaction Access Number. I want to note that the PTAN is not the same as the Medicare Provider Identification Number, and it's also different from the group NPI or the group PTAN. So if you do not know the eligible professionals' individual PTANs, then please check the enrollment approval letter that they received from the MAC when they enrolled in the Medicare program or you can contact the MAC directly. And if you're requesting the backup Group Security

Official role or the Group Representative role, then you will just need to enter the group's Medicare billing TIN.

The next three slides show the screens in IACS that you have to complete for each of these roles.

Slide 27 shows the new user registration screen. All new users, regardless of the role they request, will need to provide the required information and the user information and professional contact information section, as shown in this slide.

Slide 28 shows the organization information screen that users requesting the primary Group Security Official role will need to complete. On this screen, you'll need to enter the group's Medicare billing TIN, the legal business name, the rendering NPIs for two different eligible professionals who bill under the TIN, and their corresponding individual PTANs. You'll also need to enter the group's address and phone number on this screen.

Slide 29 shows the screen that users requesting the backup Group Security Official role or the Group Representative role will need to complete. And on this screen, you will need to enter the group's Medicare billing TIN and then select the organization's name from the dropdown menu that's shown in the middle of this slide. And if the organization cannot be found, then you'll need to verify that you entered the TIN correctly and also verify that your group has an approved primary Group Security Official. If the group does not have a primary Group Security Official, then you or someone else from the group will need to request that role first.

Registering for the 2015 PQRS GPRO

So after you have an IACS account with the correct role, then you'll be able to log into the registration system. I'm now on slide 31, and this slide provides an overview of the registration system.

So, as Lauren mentioned earlier, the PV-PQRS registration system is available from April 1st through June 30th of 2015 until 11:59 p.m. eastern time. And it will allow representatives of groups to select or modify the group's PQRS group reporting mechanism for 2015. As Lauren mentioned, the web interface option is available for groups with 25 or more eligible professionals. And the registry and EHR options are

available for groups with two or more eligible professionals. If the group has two to 99 eligible professionals, then the group can elect to supplement its PQRS group reporting mechanism with the CAHPS for PQRS survey in 2015. If a group has 100 or more eligible professionals, then the group is required to report the CAHPS for PQRS survey in 2015.

So in the registration system, groups with two or more eligible professionals that elect or are required to report the CAHPS survey will also have the option to include their performance on the CAHPS survey in the calculation of their 2017 Value Modifier. I just want to reiterate that the registration period this year will close on June 30th at 11:59 p.m. eastern time. In previous years, registration closed in the fall. But for 2015, if a group wants to participate in the PQRS GPRO, then it must register in the registration system by June 30th.

So slide 32 addresses which groups need to register for the PQRS GPRO. Participation in the PQRS as a group is optional and the EPs in the group may instead choose to participate as individuals. However, if the EPs choose to participate in the PQRS as a group, then the group will need to inform CMS of its election by registering to participate in the PQRS GPRO. This is an annual election, and participation as a group in prior years is not carried forward. So this means that if a group previously registered to participate in the GPRO in 2013 or 2014, then it must register again by June 30th in order to participate in the GPRO in 2015.

So the following groups are required to register for the PQRS GPRO in 2015:

- Groups that — groups with two or more eligible professionals that want to avoid the 2017 PQRS payment adjustment and the automatic 2017 Value Modifier downward adjustment by reporting PQRS data as a group,
- Groups with two or more eligible professionals that want to report as a group through the registry or the EHR option,
- Groups with 25 or more eligible professionals that want to report via the web interface option, and also
- Groups with between 2 to 99 eligible professionals that want to supplement their GPRO reporting mechanism with the CAHPS for PQRS survey.

Please note that physician groups with two or more eligible professionals that participate in the PQRS GPRO must meet the criteria to avoid the 2017 PQRS payment

adjustment as a group in order to also avoid the automatic 2017 Value Modifier downward payment adjustment and to qualify to earn Value Modifier adjustments based on their performance in 2015.

Slide 33 addresses which groups do not need to register for the PQRS GPRO. Groups that participate in the Medicare Shared Savings Program do not have to register. Groups that participate — groups that only provide care to beneficiaries enrolled in a Medicare Advantage plan don't have to register. And also, eligible professionals that choose to participate in the PQRS as an individual in 2015 do not have to register.

Slide 34 describes the steps you need to follow in order to register a group for the PQRS in 2015. First, you'll need to gather all of the required information you need to submit the group's registration, and the required information are listed on slides 35 and 36. Then you'll need to log into the registration system at portal.cms.gov using your IACS User ID and password, and enter the required information into the registration system and then verify that you entered all of the information correctly and submit your request.

You can also refer to the PQRS GPRO Registration Guide, which provides step-by-step instructions, and the guide is available on the [PQRS GPRO registration website](#). If you have all of the required information on hand, then it should take less than 10 minutes for you to submit a registration for participation in the PQRS GPRO in 2015.

Slides 35 and 36 list the required information you have to provide in the registration system when registering a group, which is identified by Medicare billing TIN. I'll talk more about these selections when I review the screen from the registration system.

So, slide 37 shows all of the screenshots from the registration system and walks through the steps for submitting a registration. As you can see on slide 37, first you will need to go to the [CMS Enterprise Portal website](#), and then select "Log In to the CMS Secure Portal." And then after accepting the terms and conditions, you will need to enter your IACS User ID and password on the screen, which is shown on slide 38, and select "Log In." And then as shown in slide 39, you'll need to select the PV-PQRS tab at the top of the screen and then select "Registration" from the dropdown menu.

Now I'm on slide 40. Next, you'll see a screen where the groups that are associated with your IACS account are listed. To register a group for the 2015 PQRS GPRO, select the "Register" link under the Action column to the right of the group you want to register.

Slide 41 shows the organization information and requestor information section. So you'll need to enter the required information in these sections. And if the group registered to participate in the 2014 PQRS GPRO, then you can select the check box to pre-populate these sections with the 2014 registration information.

In the next screen, shown in slide 42, you'll need to select the appropriate group practice size, reporting mechanism, and the CAHPS option. As Lauren mentioned, the group practice size options that are available are two to 24 EPs, 25 to 99 EPs, and 100 or more EPs. Then you will need to select a 2015 PQRS group reporting mechanism. The web interface option is only available for groups with 25 or more EPs and the registry and EHR options are available for groups with two or more EPs.

And then the next section is the CAHPS section. So in 2015, groups with between 2 to 99 EPs can elect to supplement their 2015 GPRO reporting mechanism with the CAHPS for PQRS survey, and you can make that election here. And also groups with two or more EPs that — can elect whether to include the results of their 2015 CAHPS survey in the calculation of their 2017 Value Modifier in this section. So once you've made your selections on the screen, select "Save & Continue" to save your information and proceed to the next screen.

Slide 43 shows the program contact information and technical contact information. And you'll need to enter this information or select the check boxes if you want to pre-populate these sections with the information in the Requestor information and Organization Physical Address sections from the screen shown in slide 41.

Slide 44 shows a summary screen. After you verify that all the information you entered is correct, you can select "Submit." If need to make any changes, you can hit "Edit" for the relevant section. Please note that the group will not be registered to participate in the PQRS GPRO until you hit "Submit" in this section. If you leave the screen without submitting the registration, then — your registration will have in progress status and will not be considered complete.

Slide 45 shows the confirmation message you will see after you successfully submit your GPRO registration. You can print out this page. You'll also get an email with your confirmation information.

Slide 46 addresses how you can update or cancel a PQRS GPRO registration after it's submitted to CMS. Groups that register for the 2015 PQRS GPRO may modify their registration information. For example, you can change the GPRO reporting mechanism that you chose by logging into the registration system any time before the registration period closes on June 30th at 11:59 p.m. And after this point, groups will not be able to update or change their registration.

If you want to cancel your GPRO registration, then you can do so yourself by logging into the registration system to cancel the registration or by contacting the Physician Value Help Desk, and the number is provided on slide 48 before the registration period closes on June 30th. Once you cancel your registration, if you want to reregister for the GPRO, then you'll need to contact the Physician Value Help Desk before the registration period closes. And step-by-step instructions for modifying or cancelling PQRS GPRO are provided in the 2015 PQRS GPRO Registration Guide that I mentioned earlier.

So I just wanted to note that if a physician group with two or more EPs cancels its 2015 PQRS GPRO registration, then the group can still avoid the automatic 2017 Value Modifier downward payment adjustment, which is minus 2 percent or minus 4 percent, depending on the group size, and qualify to learn — to earn the Value Modifier adjustment based on performance if the EPs in the group participate in the PQRS as individuals in 2015 and at least 50 percent of the EPs meet the criteria to avoid the 2017 PQRS payment adjustment.

Next Steps

Slide 47 addresses what you need to do next. If your group decides to participate in the PQRS GPRO. If there isn't anyone in the group already with the appropriate IACS account, then the group needs to have one person get an IACS account with the primary Group Security Official role, and then that person can register the group to participate in the GPRO in the registration system by June 30th. And we have a quick reference guide for registering for the GPRO on the [PQRS GPRO Registration website](#). And earlier, on slide 7, I talked about accessing the group's 2013 QRUR now and then the 2014 mid-year QRUR and the 2014 annual QRUR once they're available.

Resources

Slide 48, provide the contact information for the various help desks that are available to help you address your question. You can contact the QualityNet Help Desk with questions about participating in the PQRS as a group or as individuals and obtaining an IACS account. You can contact the Physician Value Help Desk if you have any questions about the Value Modifier or your QRUR. And then the help desk contact information for EHR, CPC, and Pioneer ACO issues are also listed on this website.

Slide 49 lists the websites that we have for the Value Modifier and the Quality and Resource Use Reports. The PQRS GPRO registration website is listed on this slide along with several PQRS-related websites.

So this is the end of our presentation. I would now like to turn it back over to Amanda.

Question-and-Answer Session

Amanda Barnes: Thank you so much Sabrina.

Our subject matter experts will now take your questions about how to register for PQRS GPRO in 2015. Before we begin, I would like to remind everyone that this call is being recorded and transcribed. Please state your name and the name of your organization once your line is open. In an effort to get to as many participants as possible, we ask that you limit your questions to just one.

All right Salema, we are ready to take our first question.

Operator: To ask a question, press star 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 that you are asking your question so anything that 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 Jason Shropshire.

Jason Shropshire: Hi, can you hear me?

Amanda Barnes: Yes, we can.

Jason Shropshire: Hi. So I have two short questions. The first is in relation to slide — I think it's 19, regarding the CG-CAHPS.

Amanda Barnes: OK.

Jason Shropshire: So I represent a large academic medical center and my question is, so if I have a group that's over 100 physicians, I understand CG-CAHPS is required, but can I also — can I also utilize the option of reporting the three measures in one domain, or does that apply if you are a large group as well? I guess my question is, is that option only apply if you're a group that's less than 100?

Lauren Fuentes: So for groups greater than 100 that do sign up to participate as a group through GPRO, it is required. So basically, where that three — the three measure, one domain comes in is if you're going to report via EHR or registry, then the requirement for those measures is slightly lower and it's the six measures instead of the nine measures.

Jason Shropshire: So if I'm a large group reporting via registry, you're saying I can utilize this option and I — since I have to report CG-CAHPS, I also only have to report six other measures across two domains?

Lauren Fuentes: Correct.

Jason Shropshire: OK, and so my next question is regarding the registration. So I also represent another group of two small TINs that are merging effective July 1st. And the goal was — we wanted to participate via the web interface, but they will not have 25 EPs until they merge July 1st. So separately they have less than 25 TINs each. So according to this, are you saying I cannot elect the web interface option because they will not have 25 EPs until July 1st?

Lauren Fuentes: Right. So the group — the group size is determined at the time of registration. So you're saying that they won't hit that 25 number until after registration is closed?

Jason Shropshire: One day later. Correct.

Lauren Fuentes: One day later. OK. Well, yes, technically, I mean, that's when the registration, you know, the group size is determined during that registration period.

Jason Shropshire: OK. So I wouldn't — they would not be eligible for the web interface reporting?

Lauren Fuentes: Correct.

Jason Shropshire: OK, all right, thank you.

Amanda Barnes: Thank you.

Operator: Your next question comes from the line of Mira McMasters. Mira, your line is open.

Mira McMasters: Hi, I just have a quick question. I think something that really screwed us up, or tripped us up, is that the group size, it says "eligible physicians" and we have eligible physicians but they're not able. Do you subtract those from your total number in your group size? So if you have 30 physicians but four of them work in a rural health clinic, do you report 26, or it's still the 25 or greater? We were kind of on that cusp of that 25 group.

Lauren Fuentes: So you — they're not — since those providers aren't eligible to participate in PQRS, you're right. They wouldn't — they wouldn't go towards that count.

Mira McMasters: So I guess the challenge that we have is that sometimes they'll float over to the hospital. And if — we're right at that cusp of 25, is it better to do the 25 or larger or the 10 to 24?

Lauren Fuentes: Um — do you want to use the web interface or ...?

Mira McMasters: No, we were just trying to make sure we get the group size to compare us for the Value Modifier. That's my concern.

Sabrina Ahmed: So OK, this is Sabrina Ahmed. For that Value Modifier we determine group size by doing a query of PECOS within 10 days after the registration closes. So how we determine group size under Value Modifier differs from how it's determined

under PQRS. So after we have a list of the groups from PECOS, you know, those are the groups that would be subject to the Value Modifier.

Female: Hi David. Can you hear me?

Sabrina Ahmed: But then we also look at the claims data from — or we will look at the claims data from 2015 to make sure that the correct number of eligible professionals billed under that TIN. So we will look at all of the EPs that are billing under that TIN in order to determine the group size as far applying the Value Modifier to that TIN.

Mira McMasters: OK, OK, that's very interesting. So is it that critical that I — on the IACS page, that I get the right group size, because we have ED physicians who aren't eligible. So, that's 42 physicians vs. possibly 22, because of all the rural health and all that other stuff under the same TIN.

Sabrina Ahmed: So for VM purposes, it is not, you know, the option you select in the group size section, in the registration system — it's not critical because for VM we will calculate, you know. The methodology I just described using PECOS and claims data, we will use that methodology to determine your group size.

Mira McMasters: OK, great. Thank you.

Amanda Barnes: Thank you so much.

Operator: The next question comes from the line of Bobbi McAllister.

Bobbi McAllister: Hi, good morning. I was wondering if participation in CAHPS, the measure replacement, does that count towards group measure as well? So if we're wanting to report on a measure group but we maybe had two in that measure group that we were not able to report on, if we participated in CAHPS, that would theoretically replace those measures and then we would meet the measure group requiring only 20 patients to be reported on vs. the 50 percent? Am I understanding that correctly?

Lauren Fuentes: So, no. That's actually wouldn't apply because — so the measure group option is not — is not available if you participate in the group practice reporting option. So for individual reporting, yes, you can report through measure groups. But if you report as individuals, then you do not have the CAHPS option.

Bobbi McAllister: OK. And we were wanting to report on — attempt to report on the measures that were most pertinent to our specialty and our group. But our certified EHR vendor is telling us that the product is not certified to report on the measures that are applicable to our practice so we can't report on those ...

Lauren Fuentes: OK.

Bobbi McAllister: ... unless we do it individually. And I just wanted to know what resources were available to find out what the certified measures were by the product or by vendor? Is there like a lookup tool for that or a place to go to find out?

Lauren Fuentes: You know, I think maybe the best option for you if want to call the — contact the EHR Incentive Program because what we've done here at CMS is that we have aligned the measures, the EHR reportable measures for PQRS with the EHR Incentive Program. And so all that certification does happen through the Office of the National Coordinator, ONC. So I think — let me see what slide...

Amanda Barnes: Slide 48, yes. So you would just contact the EHR Information Center, and they should be able to help you a little bit further.

Bobbi McAllister: OK, wonderful. Thank you so much.

Amanda Barnes: Thank you.

Operator: As a reminder, to ask an audio question, please press star then the number 1. Again, if you would like to ask a question, please press star 1.

You next question comes from the line Darcy Fryer.

Darcy Fryer: Hi, my question is similar to a previous caller in determining my group size. And I was originally told that it's how many providers are under my TIN, which puts me at close to 140-some providers. And I submitted via registry, but then when I went through and verified which EPs I actually was submitting data on, it came all the way down to 91 providers because I have a lot of providers that work as hospitalists and in the ED and nurse practitioners and PAs that work in the hospital based.

Amanda Barnes: One second. One more second, please.

Darcy Fryer: OK.

Lauren Fuentes: So, you are saying — I'm sorry, we just had a little bit trouble understanding your exact situation. So this is Lauren. So you — so for your purposes, your count — you're near 140, but when you reported to the registry you said the registry only reported on 90-some?

Darcy Fryer: Well, the — yes, the registry gave me a dashboard and then they had me go through and verify then every NPI under my TIN and who on that list would've had data to submit, meaning they see patients in an office setting.

Lauren Fuentes: OK. Well then yes, that could have been and maybe some of your EPs do not bill or provide services that appear in the PQRS measures so, therefore, they wouldn't have anything to report on.

Darcy Fryer: OK, so then ...

Lauren Fuentes: That would — I mean, without, you know, having more information about your particular situation, that would be my best guess. If you want, you know, so we can actually go over your situation, you can always contact the QualityNet Help Desk.

Darcy Fryer: And see and I did last year, and they told me that it's how many providers are under my TIN.

Lauren Fuentes: Right, well, that's how you — that's how you would determine your group size for purposes of registering for PQRS in terms of determining your group. But that ...

Darcy Fryer: But...

Lauren Fuentes: ... doesn't necessarily mean that every one of those EPs is going to have a PQRS-eligible measure. Does that make sense?

Darcy Fryer: Right, but that's where I'm confused, because in your slides you're saying greater than 100 EPs, which is to me is an eligible provider.

Lauren Fuentes: Right.

Darcy Fryer: But if they're not eligible to submit PQRS data, then are they an eligible provider in that instance?

Lauren Fuentes: They could ...

Darcy Fryer: So my hospitalists don't have any data to submit. So are they an eligible provider?

Lauren Fuentes: They are by definition — I mean they are by the definition an eligible professional. But it just doesn't mean that they're always going to be billing for those services. But they are, you know, they are eligible and able to participate in PQRS, but if they don't actually bill anything for PQRS.

Darcy Fryer: So then that does make my number greater than 100?

Amanda Barnes: I think what would be best at this point is that if you want to email the QualityNet, you know, support desk, and I'm sure that they could help you with more updated information.

Darcy Fryer: OK, because I mean that's — going from 90 to 120 really makes a big difference.

Amanda Barnes: I totally understand.

Darcy Fryer: Yes.

Amanda Barnes: OK.

Darcy Fryer: OK, thank you.

Amanda Barnes: Thank you so much for your question.

Operator: As a reminder to ask a question, please star then the number 1. If you would like to remove yourself from the queue, press the pound key.

The next question comes from the line of Sara Brown.

Operator: Sara, your line is open.

Sara Brown: I'm sorry?

Operator: The next question comes from Sara Brown.

Sara Brown: Yes, I'm sorry about that. I had a colleague come in. I was just curious about the CAHPS for PQRS measures and just what CMS envisions as part of, you know, what is the reliable patient data, especially if this information is going to be reported out? Can you tell us a little about what kind of patient responses would make for a reliable patient population?

Lauren Fuentes: So we sample the — so the sample is based on us getting a number that will give us reliable results. But all results when they come in are tested for their reliability before they would be, you know, publicly reported or anything. So anything that doesn't meet that, you know, the statistical threshold of reliable data would not be posted on Physician Compare. So it's not necessarily the number of responses you get, but definitely we have those reliability tests that are run on the data once they come in.

Sara Brown: OK. So now on the hospital side it's about 300. So I was just curious if it was just about the same for medical groups and if that would depend on the group size. So if there's, I mean, certain thresholds for groups to have to meet for patient responses to come back, would that depend on the group size or would that just depend on how many patients that they see? Or just a little bit more information about what actually makes the reliable measure.

Lauren Fuentes: Sure, this is Lauren, and with that, we do have minimum thresholds that are dependent on the group size. So I think — we do have FAQs out there, you know, on our CMS site for this information. But, you know, I think that the — it's like 425 for the large group, then like 200 some for the 24 to 99, and then like 125 for the small group, 2 to 25, or 2 to 24, I'm sorry. So those are kind of our thresholds. But then we over sample at like 50 percent, you know, hoping to get those response rates, but — our minimum — that's kind of the minimum number of patients that you would need to have — Medicare patients ...

Sara Brown: OK.

Lauren Fuentes: ... that you would need to have.

Sara Brown: OK, is that 25 annual or is that 25 for just that sample period?

Lauren Fuentes: For that sample period.

Sara Brown: OK, thank you very much.

Lauren Fuentes: Sure.

Operator: Your next question comes from the line of Cheryl Kelly.

Cheryl Kelly: Hi, I have a multispecialty group that continues to grow, and we add more providers all the time. If we have some additional providers who are joining after the June 30th date, I have two questions. What advice do I give them now, because I'm having conversations with them about joining our group? So what do I tell them to do now in terms of registering for PQRS? And do they become part of my reporting if they don't join until September or October of 2015?

Lauren Fuentes: So this is Lauren. So this is for your PQRS reporting?

Cheryl Kelly: Yes.

Lauren Fuentes: So if your — of course, you know, you decide your group size, you know, we do have that registration cutoff. But your — so you think you'll have people coming in after that point?

Cheryl Kelly: Yes, I know my group size is going to be — it's currently over 100. So I know it's just going to get larger ...

Lauren Fuentes: OK.

Cheryl Kelly: ... because I add additional providers.

Lauren Fuentes: So what's to advise them?

Cheryl Kelly: How do they report?

Lauren Fuentes: Right.

Cheryl Kelly: If they bill at any point in 2015 under my TIN, then they're covered.

Lauren Fuentes: Yes, they'll be covered under your group.

Cheryl Kelly: OK.

Amanda Barnes: OK, thank you.

Cheryl Kelly: Thanks.

Operator: Your next question comes from the line of Maracela Vela.

Maracela Vela: Hello, can you hear me?

Amanda Barnes: Yes we can.

Maracela Vela: OK. I represent a group of two EPs owned, and they only bill for hospital billings and we wanted to know like it's for Part A. They bill only under Part A. We wanted to know if this would be something that they would have to do and if there's a cap of the adjustment.

Lauren Fuentes: Hi, this is Lauren. So PQRS and Value Modifier are both based off of Medicare Part B. So if you're only billing Part A, then these programs wouldn't apply to you.

Maracela Vela: OK, OK. For hospital billing?

Lauren Fuentes: Is it part — it's only Part B. So I mean, if you're billing any Part B, then, yes, it would apply.

Maracela Vela: OK. Let's say that we do various minimal Part B billings for these two — what's the — for these two eligible professionals, what's the cap? Is there like cap or by size or ...

Lauren Fuentes: No, there's no threshold. So again, if you're billing Part B on the Medicare Physician Fee Schedule, then these programs would apply. And no, we do not have any type of minimum threshold regarding how many patients you see.

Maracela Vela: So would there be like a minimum on the adjustment, like, is it – because I know right now, the papers and the slides, it was at 2 percent. So would it be – would it stay at 2 percent or is it going to be exponentially increasing through the years?

Lauren Fuentes: So it's 2 percent for the PQRS program, and then I'll let Sabrina talk about the Value Modifier.

Sabrina Ahmed: Yes, so for the Value Modifier, it's also a 2 percent downward Value Modifier adjustment if you don't meet the PQRS reporter — reporting requirements as a group or if you don't — or if your EPs are not reporting as individuals, then you'd be subject to minus 2 percent as well.

Maracela Vela: So I will — so the recap for a total of 4 — 2 percent on PQRS and 2 percent on the Value Modifier?

Lauren Fuentes: Yes, that's correct.

Maracela Vela: OK, and it's only for Medicare Part B, not for Part A?

Lauren Fuentes: Correct.

Amanda Barnes: Thank you for your question.

Operator: Your next question comes from the line of Elly Mccue.

Elly Mccue: Hi, I have a similar question about what's an eligible provider under the system. We have — it's a specialty practice, infectious disease. We see very few patients in the office. We have a physician and we have two NPs and one PA. The NPs and the PA only see patients in the hospital. Last year, we recorded — we reported from our EHR for office patients; however, the other providers aren't in the EHR because they don't see patients in the office. Do they — do the provider — do the PA and NPs that only see hospital patients, do they — are they subject to report on them for PQRS and, therefore, go through a registry?

Lauren Fuentes: This is Lauren. So, you know, technically a PA and a nurse practitioner, they are eligible professionals. But, again, if you're not billing — if they're not billing

Medicare Part B on the Physician Fee Schedule, then PQRS would not apply to them. So — but if you are billing Part B for them, then they do need to report.

Elly Mccue: OK. So I guess — so if they're seeing patients in the hospital, they can still be under Part B?

Lauren Fuentes: Right. So it really —that's really the key. That really is what would trigger it, if they're billing the Medicare Part B.

Elly Mccue: OK. So since we can't have them in our EHR because they don't see hospital patients, our only option was — because they don't see patients in the office setting. The only option for us would be a registry.

Lauren Fuentes: If you wanted to do the group practice reporting.

Elly Mccue: Well how could we do — so you're saying if we did individual reporting for them, we'd have to do it just on the billing?

Lauren Fuentes: Yes, I mean you could if you want, if that was something you're interested in.

Elly Mccue: All right.

Lauren Fuentes: You could do that.

Elly Mccue: OK, thank you very much.

Amanda Barnes: Thank you.

Additional Information

Unfortunately, that's all the time we have for questions today. If we did not get to your question, you can email to one of the address listed on slide 48. An audio recording and written transcript of today's call will be posted to the [MLN Connects Call website](#). We will release an announcement in the [MLN Connects Provider eNews](#) when these are available.

This document has been edited for spelling and punctuation errors.

On slide 53 of the presentation, you will find information and a URL to evaluate your experience with today's call. Evaluations are anonymous, confidential, and voluntary. We hope you will take a few moments to evaluate your MLN Connects Call experience.

Again, my name is Amanda Barnes and I'd like to thank our presenters and also thank you for participating in today's MLN Connects Call on How to Register for PQRS GRPO in 2015. Have a great day everyone.

Operator: This concludes today's call. Presenters please hold.

-END-

