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National Provider Call

How to Register for the 2016 PQRS Group Practice Reporting Option

May 4, 2016

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Agenda and Learning Objectives

- Physician Quality Reporting System (PQRS) and Value Modifier: Incentives and adjustments for CY 2018
- 2016 PQRS reporting criteria for group practices reporting via the GPRO, including the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for PQRS survey
- How to obtain an Enterprise Identity Management (EIDM) account
- How to register for the PQRS GPRO in the PV-PQRS Registration System
- Where to call for help and resources
- Question & answer session

Acronyms

Acronyms in this Presentation

CAHPS: Consumer Assessment of Healthcare Providers and Systems
CEHRT: Certified Electronic Health Record Technology
CMS: Centers for Medicare & Medicaid Services
CNS: Clinical Nurse Specialist
CRNA: Certified Registered Nurse Anesthetist
CQMs: Clinical Quality Measures
DSV: Data Submission Vendor
EHR: Electronic Health Record
EIDM: Enterprise Identity Management
EP: Eligible Professional
GPRO: Group Practice Reporting Option
HHS: U.S. Department of Health & Human Services
MLN: Medicare Learning Network
MPFS: Medicare Physician Fee Schedule
NP: Nurse Practitioner
NPI: National Provider Identifier
NQS: National Quality Strategy
PA: Physician Assistant
PFS: Physician Fee Schedule
PQRS: Physician Quality Reporting System
PTAN: Provider Transaction Access Number
PV: Physician Value
QCDR: Qualified Clinical Data Registry
QRUR: Quality and Resource Use Report
SO: Security Official
TIN: Tax Identification Number
VM: Value-Based Payment Modifier
WI: Web Interface

GPRO Getting Started

Acronyms

What is a Group Practice

- A “group practice” under 2016 PQRS is defined **as a single Tax Identification Number (TIN) with 2 or more individual eligible professionals (EPs)** (**as identified by their individual National Provider Identifier [NPI])** 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.

Acronyms

PQRS GPRO Criteria

A group practice must meet all of the following requirements in order to participate:

- Group Size
- Participation
- Reporting Mechanism
- Registration

Acronyms

GPRO Size Requirements

- The group practice will determine its size based on the number of EPs billing under the TIN at the time of registration.
- During registration, group size will be categorized as 2-24 EPs, 25-99 EPs, and 100 or more EPs.
- Reporting requirements and available reporting mechanisms may vary based on the group size.

Acronyms

GPRO Participation Requirements

To participate in the 2016 PQRS GPRO, the group practice must comply with all of the following requirements:

1. Have billed Medicare Part B Physician Fee Schedule (PFS) on or after January 1, 2016 and prior to December 31, 2016

2. Agree to have the results of their performance on PQRS measures publicly posted on the Physician Compare website

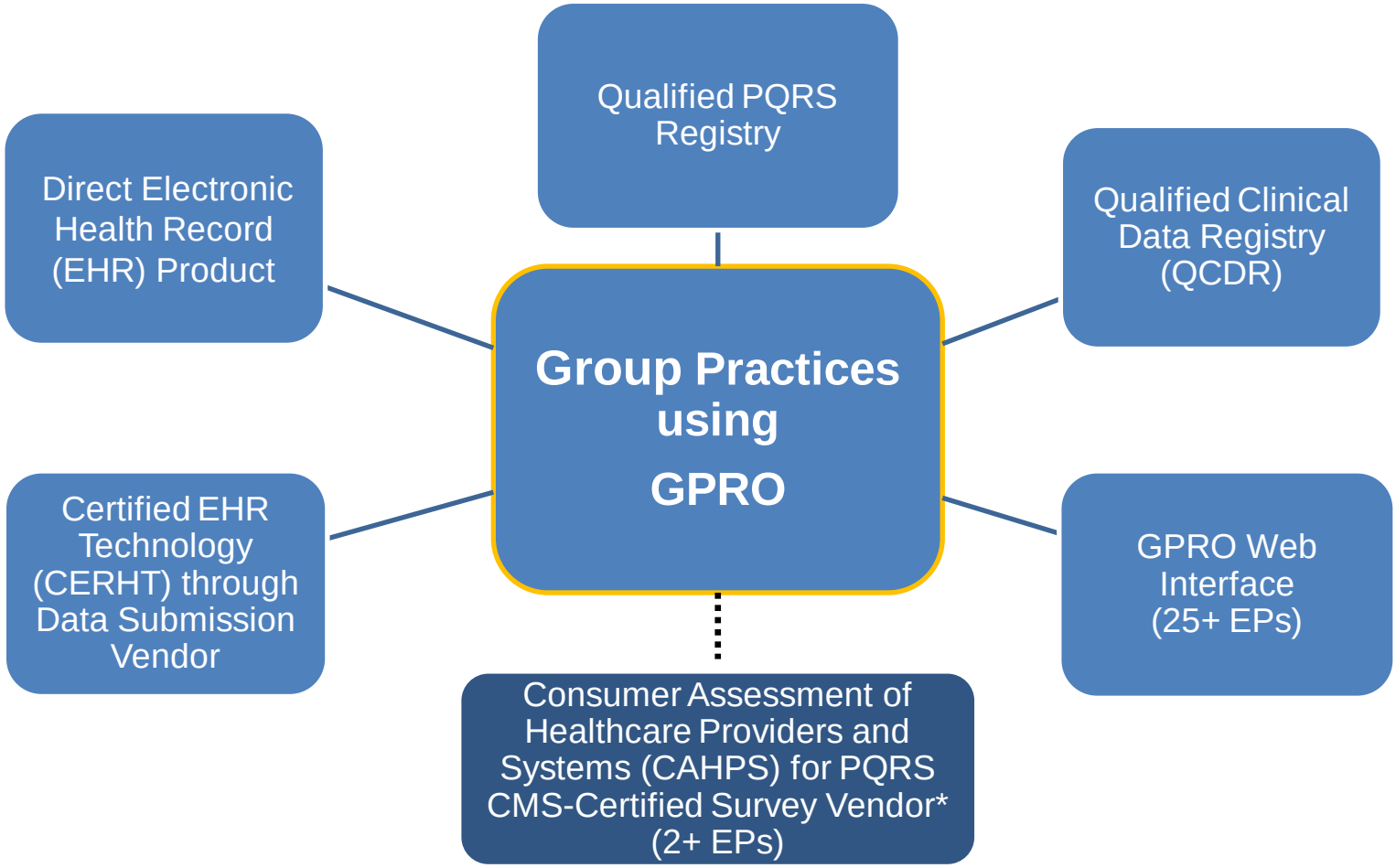
3. Be able to comply with a secure mechanism for data submission

4. Register to participate in PQRS GPRO via the Physician Value-Physician Quality Reporting System (PV-PQRS) between April 1 and June 30, 2016 (11:59 pm ET)

5. Provide all requested information through the PV-PQRS Registration System during registration

Acronyms

2016 GPRO Reporting Mechanisms



*Note: CAHPS for PQRS survey is required for PQRS group practices of 100+ EPs and **must** be reported in conjunction with another reporting mechanism.

Acronyms

EHR for 2+ EPs

SIZE	MEASURE TYPES	REPORTING MECHANISMS	SATISFACTORY REPORTING CRITERIA FOR PQRS GROUP PRACTICES
2-99 EPs	Individual Measures	Direct EHR Product **or** EHR Data Submission Vendor (DSV) Product	✓ Report 9 measures covering at least 3 NQS domains. ✓ If the group practice's direct EHR product or EHR DSV product does not contain patient data for at least 9 measures covering at least 3 National Quality Strategy (NSQ) domains, they must report all the measures where there is Medicare patient data. ✓ Report at least 1 measure for which there is Medicare patient data.

Note: PQRS group practices reporting electronically are required to use the July 2015 version of the ***Electronic Clinical Quality Measures (eCQMs)*** for 2016 reporting.

Acronyms

EHR for 2+ EPs (cont.)

SIZE	MEASURE TYPES	REPORTING MECHANISMS	SATISFACTORY REPORTING CRITERIA FOR PQRS GROUP PRACTICES
2-99 EPs that elect to report CAHPS for PQRS 100+ EPs that must report CAHPS for PQRS	Individual Measures **and** CAHPS for PQRS	Direct EHR Product + CMS-Certified Survey Vendor **or** EHR Data Submission Vendor Product + CMS-Certified Survey Vendor	✓ Must have all CAHPS for PQRS survey measures reported on its behalf via a CMS-certified survey vendor. ✓ Report at least 6 additional measures, outside of CAHPS for PQRS, covering at least 2 of the NQS domains using the direct EHR product or EHR DSV product. Of the additional measures, report at least 1 measure for which there is Medicare patient data. ✓ If less than 6 measures apply, report all measures for which there is Medicare patient data.

Note: PQRS group practices reporting electronically are required to use the July 2015 version of the ***Electronic Clinical Quality Measures (eCQMs)*** for 2016 reporting.

Acronyms

Qualified Registry for 2+ EPs

SIZE	MEASURE TYPES	REPORTING MECHANISMS	SATISFACTORY REPORTING CRITERIA FOR PQRS GROUP PRACTICES
2-99 EPs	Individual Measures	Qualified Registry	✓ Report on at least 9 measures covering at least 3 of the NQS domains. ✓ If less than 9 measures covering at least 3 NQS domains applies, report each measure that is applicable to the group ✓ PQRS group practices that report less than 9 measures or less than 3 NQS domains will be subject to Measure-Applicability Validation (MAV). ✓ Report each measure for at least 50% of the group's Medicare Part B FFS patients seen during the reporting period. ✓ Of the measures reported, if a PQRS group practice sees at least 1 Medicare patient in a face-to-face encounter, report at least 1 measure in the PQRS cross-cutting measure set. ✓ Measures with a 0% performance rate would not be counted.

Note: PQRS group practices electing to report via qualified registry will use the ***2016 PQRS Individual Claims and Registry Specifications.***

Acronyms

Qualified Registry for 2+ EPs (cont.)

SIZE	MEASURE TYPES	REPORTING MECHANISMS	SATISFACTORY REPORTING CRITERIA FOR PQRS GROUP PRACTICES
2-99 EPs that elect to report CAHPS for PQRS 100+ EPs that must report CAHPS for PQRS	Individual Measures **and** CAHPS for PQRS	Qualified Registry CMS-Certified Survey Vendor	✓ Must have all CAHPS for PQRS survey measures reported on its behalf via a CMS-certified survey vendor. ✓ Report at least 6 additional measures, outside of the CAHPS for PQRS survey, covering at least 2 of the NQS domains using the qualified registry. ✓ If less than 6 measures apply, report on each measure that is applicable. ✓ PQRS group practices that report less than 6 measures or less than 2 NQS domains will be subject to Measure-Applicability Validation (MAV). ✓ CAHPS for PQRS fulfills the cross-cutting measure requirement, there is no need to report an additional cross-cutting measure.

Note: PQRS group practices electing to report via qualified registry will use the ***2016 PQRS Individual Claims and Registry Specifications.***

Acronyms

QCDR for 2+ EPs

SIZE	MEASURE TYPES	REPORTING MECHANISMS	SATISFACTORY REPORTING CRITERIA FOR PQRS GROUP PRACTICES
2-99 EPs	Individual PQRS measures and/or Non-PQRS measures reportable via a QCDR	QCDR	✓ Report on at least 9 measures available for reporting under a QCDR covering at least 3 of the NQS domains. ✓ Report each measure for at least 50% of the group practice's patients. ✓ Of these measures, report at least 2 outcome measures. ✓ If 2 outcome measures are not available, report at least 1 outcome measure and at least 1 of the following types of measures – resource use, patient experience of care, efficiency/appropriate use, or patient safety.

Note: The QCDR will provide the PQRS group practice with instructions on collecting and providing patient data.

Acronyms

QCDR for 2+ EPs (cont.)

SIZE	MEASURE TYPES	REPORTING MECHANISMS	SATISFACTORY REPORTING CRITERIA FOR PQRS GROUP PRACTICES
2-99 EPs that elect to report CAHPS for PQRS 100+ EPs that must report CAHPS for PQRS	Individual PQRS measures and/or non-PQRS measures reportable via a QCDR **and** CAHPS for PQRS	QCDR and CMS-Certified Survey Vendor	✓ Must have all CAHPS for PQRS survey measures reported on its behalf via a CMS-certified survey vendor ✓ Report at least 6 additional measures outside of CAHPS for PQRS, covering at least 2 NQS domains. ✓ At least 1 measure must be an outcome measure.

Note: The QCDR will provide the PQRS group practice with instructions on collecting and providing patient data.

Acronyms

GPRO Web Interface for 25+ EPs

SIZE	MEASURE TYPES	REPORTING MECHANISMS	SATISFACTORY REPORTING CRITERIA FOR PQRS GROUP PRACTICES
25-99 EPs	Individual GPRO Measures in the GPRO Web Interface	GPRO Web Interface	✓ Report on all measures included in the GPRO Web Interface. ✓ 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 Disease Module and Care Coordination/Patient Safety and Preventive Care Measure ✓ If the pool of eligible assigned beneficiaries is less than 248, report 100% of assigned beneficiaries.

Note: PQRS group practices reporting via the GPRO WI will use the 2016 GPRO WI Narrative Specifications, Supporting Documents and Performance Calculations Measure Flows for reporting.

Acronyms

GPRO Web Interface for 25+ EPs (cont.)

SIZE	MEASURE TYPES	REPORTING MECHANISMS	SATISFACTORY REPORTING CRITERIA FOR PQRS GROUP PRACTICES
100+ EPs (if CAHPS for PQRS applies)	Individual GPRO Measures in the GPRO Web Interface **and** CAHPS for PQRS	GPRO Web Interface **and** CMS-Certified Survey Vendor	✓ Must report all CAHPS for PQRS survey measures via a CMS-certified survey vendor. ✓ Report on all measures included in the GPRO Web Interface. ✓ 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 Disease Module and Care Coordination/Patient Safety and Preventive Care Measure ✓ If the pool of eligible assigned beneficiaries is less than 248, report 100% of assigned beneficiaries.

Note: PQRS group practices reporting via the GPRO WI will use the 2016 GPRO WI Narrative Specifications, Supporting Documents and Performance Calculations Measure Flows for reporting.

Acronyms

Registration Requirements

- Registration must be completed through the online PV-PQRS Registration System during the registration period: **April 1, 2016 - June 30, 2016**

- In order to register, group practices must have an approved EIDM account and indicate their reporting mechanism for the 12-month period
    - At least one person from the group practice will need to obtain an EIDM account with a Security Official (SO) Role or a Group Representative Role to complete registration

- Step-by-step instructions for obtaining these roles may be found in the "Obtain an EIDM Account to Access the Registration System" section of the PQRS GPRO Registration webpage

Acronyms

Overview of the 2018 Value-Based Payment Modifier (VM)

Acronyms

Policies for the 2018 VM

- 2016 is the performance year for application of the 2018 VM.
- Applies to all physicians, physician assistants (PAs), nurse practitioners (NPs), clinical nurse specialists (CNSs), and certified registered nurse anesthetists (CRNAs) in groups with 2+ eligible professionals (EPs) and those who are solo practitioners, as identified by their Medicare Taxpayer Identification Number (TIN).
- Quality-tiering is mandatory; TINs consisting of non-physician EPs only will be held harmless from downward adjustments; all other TINs will be subject to upward, downward or neutral adjustments.
- 2018 is the final year for the VM

Acronyms

2018 VM and 2016 PQRS

CY 2018 VM payment adjustment, for physicians, PAs, NPs, CNSs, and CRNAs in groups with 2+ EPs and those who are solo practitioners

PQRS Reporters - 3 types – Category 1

1a. Group reporters: Report as a group via a PQRS GRPRO and meet the criteria to avoid the 2018 PQRS payment adjustment

OR

1b. Individual reporters in the group: at least 50% of EPs in the group report PQRS measures as individuals AND meet the criteria to avoid the 2018 PQRS payment adjustment

2. Solo practitioners: Report PQRS measures as individuals AND meet the criteria to avoid the 2018 PQRS payment adjustment

Mandatory Quality-Tiering Calculation

Physicians, PAs, NPs, CNSs & CRNAs in groups of physicians with 2-9 EPs and physician solo practitioners	Physicians, PAs, NPs, CNSs & CRNAs in groups of physicians with 10+ EPs	PAs, NPs, CNSs & CRNAs in groups consisting of non-physicians EPs only and those who are solo practitioners
Upward, no, or downward VM adjustment based on quality–tiering (-2.0% to +2.0x)	Upward, no, or downward VM adjustment based on quality–tiering (-4.0% to +4.0x)	Upward or no VM adjustment based on quality–tiering (0.0% to +2.0x)

Non-PQRS Reporters – Category 2

1. Groups: Do not avoid the 2018 PQRS payment adjustment as a group AND do not meet the 50% threshold option as individuals
2. Solo Practitioners: Do not avoid the 2018 PQRS payment adjustment as individuals

-2.0% (for physicians, PAs, NPs, CNSs & CRNAs in groups of physicians with 2-9 EPS; physician solo practitioners; PAs, NPs, CNSs and CRNAs in groups consisting of non-physician EPs only and those who are solo practitioners)

-4.0% (for physicians, PAs, NPs, CNSs & CRNAs in groups of physicians with 10+ EPs) (Automatic VM downward adjustments)

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

Acronyms

Quality-Tiering Approach for 2018 VM: Physicians, PAs, NPs, CNSs, & CRNAs in Groups of Physicians with 10+ EPs

- An automatic -4.0% VM downward adjustment will be applied for not meeting the satisfactory reporting criteria to avoid the 2018 PQRS payment adjustment.
- Under quality-tiering, the maximum upward adjustment is up to +4.0x ('x' represents the upward VM payment adjustment factor), and the maximum downward adjustment is -4.0%.

Cost/Quality	Low Quality	Average Quality	High Quality
Low Cost	+0.0%	+2.0x*	+4.0x*
Average Cost	-2.0%	+0.0%	+2.0x*
High Cost	-4.0%	-2.0%	+0.0%

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

Acronyms

Quality-Tiering Approach for 2018 VM: Physicians, PAs, NPs, CNSs, & CRNAs in Groups of Physicians with 2-9 EPs & Physician Solo Practitioners

- An automatic -2.0% VM downward adjustment will be applied for not meeting the satisfactory reporting criteria to avoid the 2018 PQRS payment adjustment.
- Under quality-tiering, the maximum upward adjustment is up to +2.0x ('x' represents the upward VM payment adjustment factor), and the maximum downward adjustment is -2.0%.

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

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

Acronyms

Quality-Tiering Approach for 2018 VM: PAs, NPs, CNSs, & CRNAs who are Solo Practitioners or in Groups Consisting of Non-Physician EPs only

- An automatic -2.0% VM downward adjustment will be applied for not meeting the satisfactorily reporting criteria to avoid the 2018 PQRS payment adjustment.
- Under quality-tiering, the maximum upward adjustment is up to +2.0x ('x' represents the upward VM payment adjustment factor) and held harmless from any downward adjustments for poor performance.

Cost/Quality	Low Quality	Average Quality	High Quality
Low Cost	+0.0%	+1.0x*	+2.0x*
Average Cost	+0.0%	+0.0%	+1.0x*
High Cost	+0.0%	+0.0%	+0.0%

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

Acronyms

Quality Measures Used to Calculate the Quality Composite for the 2018 VM

- Groups with 2+ EPs: Measures reported through the PQRS Group Practice Reporting Option (GPRO) **OR** individual PQRS measures reported by at least 50% of the EPs in the group (50% threshold option)
  - ***Note:*** *Under the 50% threshold option, at least 50% of EPs in the group must report PQRS as individuals AND meet the criteria to avoid the 2018 PQRS payment adjustment.*
- Solo practitioners: Individual PQRS measures reported by the solo practitioner

Acronyms

Quality Measures Used to Calculate the Quality Composite for the 2018 VM (cont.)

- Three claims-based outcome measures: All-Cause Hospital Readmissions, Composite of Preventable Hospitalizations for Acute Conditions, and Composite of Preventable Hospitalizations for Chronic Conditions
  - ***Note:*** *All-cause Hospital Readmissions measure will not apply to groups with 2 to 9 EPs and solo practitioners.*
- CAHPS for PQRS survey measures (applicable only for groups that elect to use their 2016 CAHPS for PQRS survey results in the calculation of their 2018 VM)
  - ***Note:*** *Although CAHPS for PQRS survey is required for groups with 100+ EPs, these groups can still elect to include their survey results in the calculation of their 2018 VM.*

Acronyms

Cost Measures Used to Calculate the Cost Composite for the 2018 VM

- Total per capita costs measure (Parts A & B)
- Total per capita costs for beneficiaries with 4 chronic conditions (Chronic Obstructive Pulmonary Disease, Heart Failure, Coronary Artery Disease, and Diabetes)
- Medicare Spending Per Beneficiary (MSPB) measure (3 days before and 30 days after an inpatient hospitalization)

Acronyms

2018 VM Policies for Participants of Certain Innovation Center Models

In 2018, the VM is waived for groups and solo practitioners, as identified by their TIN, if at least one EP who billed for PFS items and services under the TIN during 2016 participated in the:

- Pioneer ACO Model,
- Comprehensive Primary Care initiative, or
- Other similar Innovation Center models (e.g., the Next Generation ACO Model, Oncology Care Model, Comprehensive ESRD Care Model) in 2016.

Acronyms

2018 VM Policies for Shared Savings Program Participants

- TINs participating in a Shared Savings Program ACO in 2016 will be subject to the 2018 VM based on the ACO's performance in 2016.
  - The VM will be applied at the participant TIN level based on the size and composition of the TIN.
- If the ACO fails to successfully report on quality measures via the GPRO Web Interface in 2016, then the participant TINs under the ACO will be subject to an automatic downward adjustment under the 2018 VM.

Acronyms

2018 VM Policies for Shared Savings Program Participants (cont.)

- If the ACO successfully reports on quality measures via the GPRO Web Interface in 2016, then the 2018 VM for the participant TINs under the ACO will be calculated using the quality-tiering methodology.
- For TINs participating in a Shared Savings Program ACO in 2016, their VM in 2018 will be based on:
  - Cost composite = classified as “Average”
  - Quality composite = calculated based on quality data submitted by the ACO via the GPRO Web Interface, the CAHPS measures, and the ACO’s All-Cause Hospital Readmission measure for the 2016 performance period

Acronyms

Actions for Groups with 2+ EPs and Solo Practitioners in 2016 for the 2018 VM

- Choose a PQRS reporting mechanism and become familiar with the measures **AND** data submission timeframes
  - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html
- Decide whether and how to participate in the PQRS in 2016
  - Group reporting - Register for the 2016 PQRS GPRO between **April 1, 2016 and June 30, 2016**
    - https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html
  - Individual reporting – No registration necessary
    - ***Note:*** *Under the 50% threshold option for the VM, at least 50% of EPs in the group must report PQRS as individuals AND meet the criteria to avoid the 2018 PQRS payment adjustment.*

Acronyms

Actions for Groups with 2+ EPs and Solo Practitioners in 2016 for the 2018 VM (cont.)

- Review quality measure benchmarks under the VM; understand what is required for above average performance; and identify measures for distinguishing your performance
  - https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html
- Download your 2014 Annual Quality and Resource Use Report (QRUR) and 2015 Mid-Year QRUR at: https://portal.cms.gov
  - https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Obtain-2013-QRUR.html
- Watch for announcements about availability of the 2015 Annual QRUR to understand your TIN's quality and cost performance for the 2017 VM

Acronyms

How to Obtain an Enterprise Identity Management (EIDM) Account

EIDM Introduction

An Enterprise Identity Management (EIDM) account is required to access the PV-PQRS Registration System.

- 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 EIDM account, modify an existing EIDM account to add the correct role, or reset an EIDM account password (every 60 days) by visiting the CMS portal at https://portal.cms.gov.

Acronyms

EIDM Roles for Groups

Groups are identified in EIDM 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 EIDM account with the **Security Official** role.

- If additional persons need to register the group for PQRS GPRO, they can request the **Security Official** role or the **Group Representative** role in EIDM.

Please note that if you already have an EIDM account, then you must **modify** your existing account to sign up for one of the group roles described above.

Acronyms

EIDM Roles for Groups (cont.)

Security Official role allows the user to:

1. Register a group to participate in the PQRS GPRO.
2. Obtain the group's Mid-Year and Annual QRUR, Supplemental QRUR, and PQRS Feedback Report.
3. Submit a VM informal review request on behalf of the group.
4. Approve requests for the "Group Representative" role in EIDM.

Group Representative role allows the user to perform tasks 1, 2, and 3 listed above.

Acronyms

Steps to Sign Up for an EIDM Account

Gather, Enter, & Verify

1. Gather all of the required information you need to create User ID and Password.
2. Request Role.
3. Complete Remote Identity Proofing Verification and Multi-Factor Authentication Process.
4. Associate to existing organization or Create new Organization.
5. Verify information and submit request.

Note: *When signing up for an EIDM account, use an email address that you monitor regularly. Email notifications will be sent 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 EIDM for a new or existing EIDM account are available on the PQRS GPRO Registration Website (refer to slide 19).

Acronyms

Required Information Needed for EIDM Account

User Information

- *Your Information*: First Name, Last Name, E-mail Address, Social Security Number, Date of Birth, Home Address, City, State, Zip Code, and Primary Phone Number.
- *Business Contact Information*: Company Name, Address, City, State, Zip Code, Company Phone Number, and Office Phone Number.

Security Official

- *Organization Information*: Group'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.

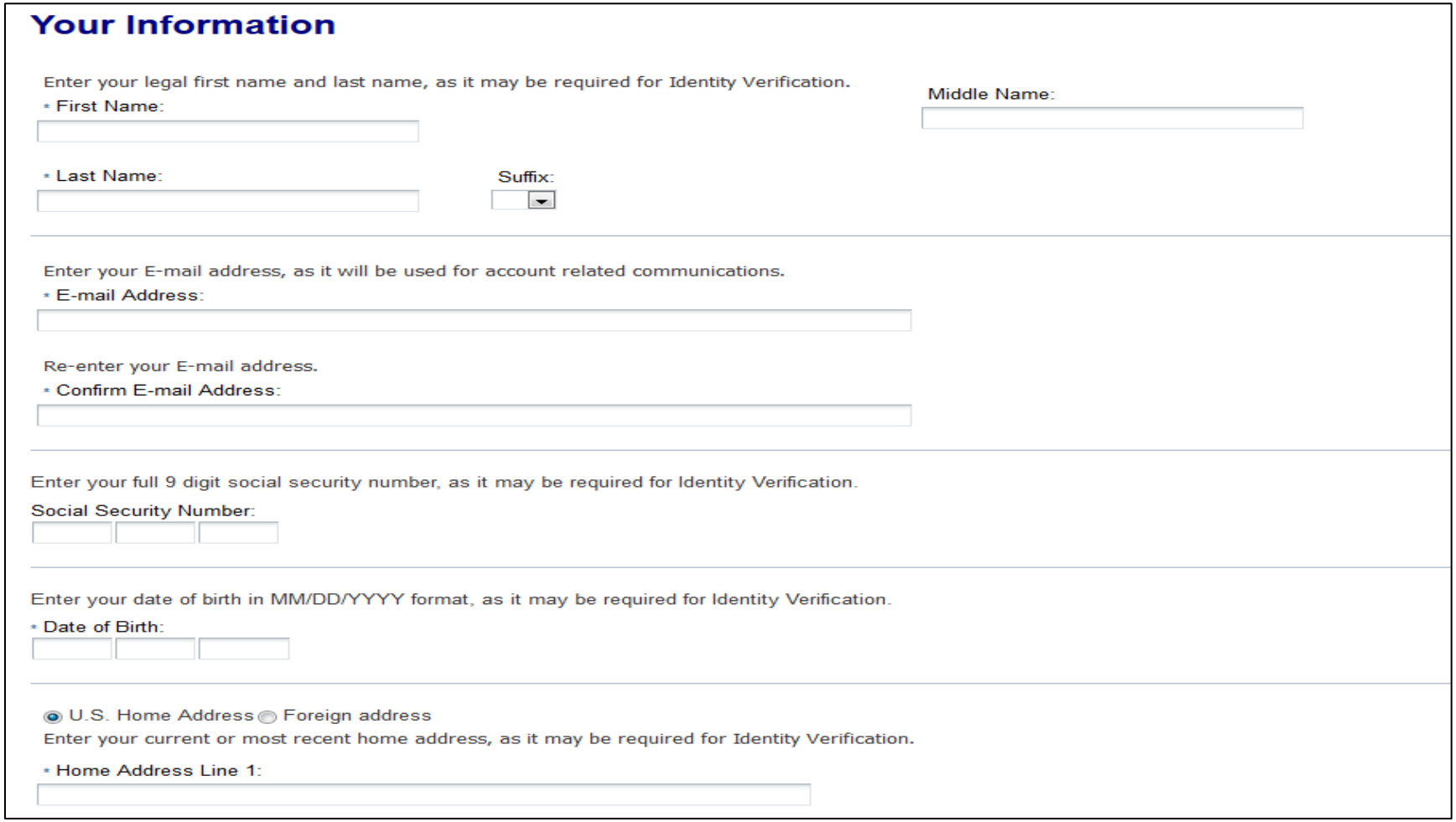
Group Representative

- Group's Medicare billing TIN, or the Legal Business Name and the State, or the Legal Business Name and the Street Address.

Acronyms

Security Official: New Registration

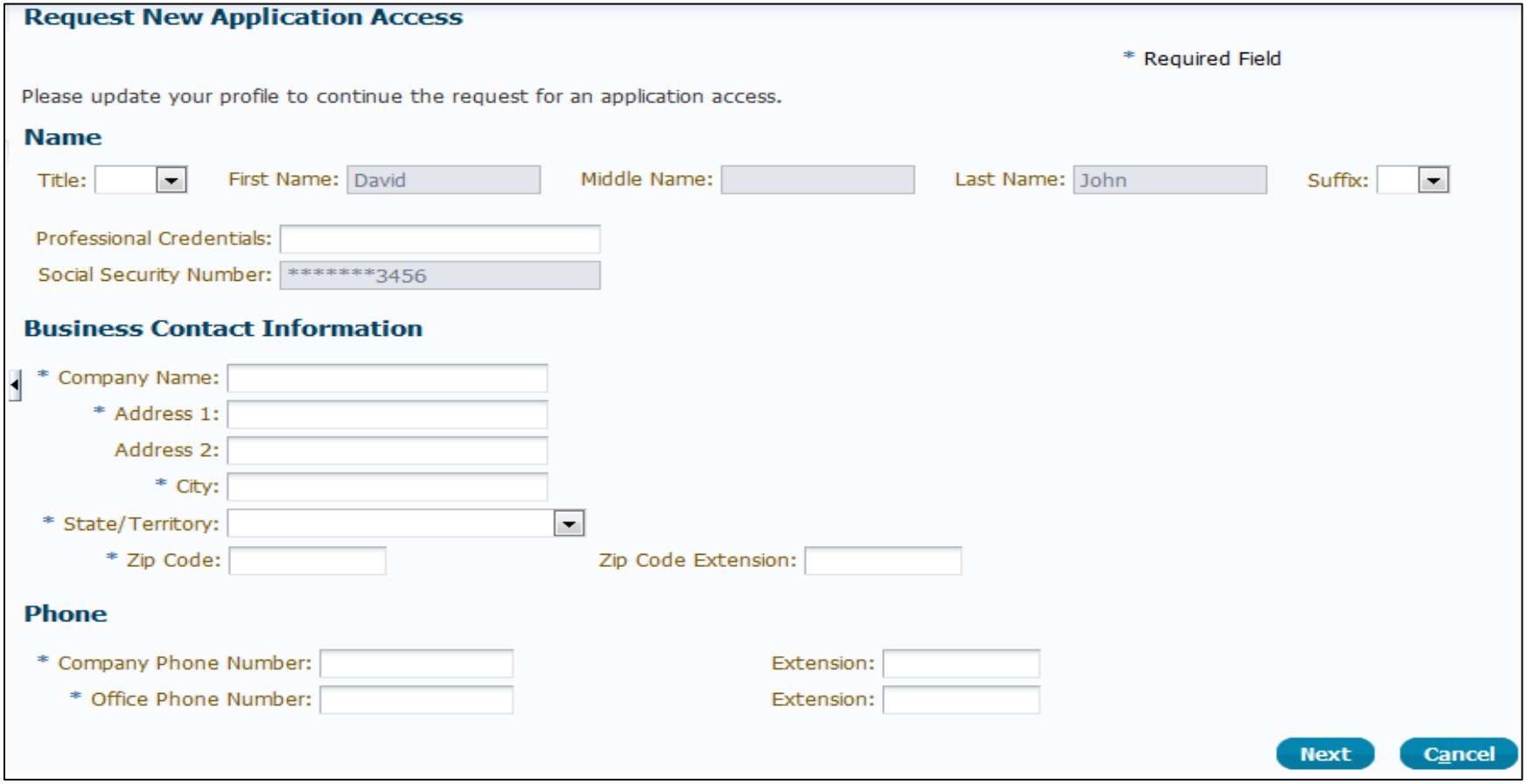
Enter the required information in the **Your Information** section**.**



Acronyms

Security Official: New Registration (cont.)

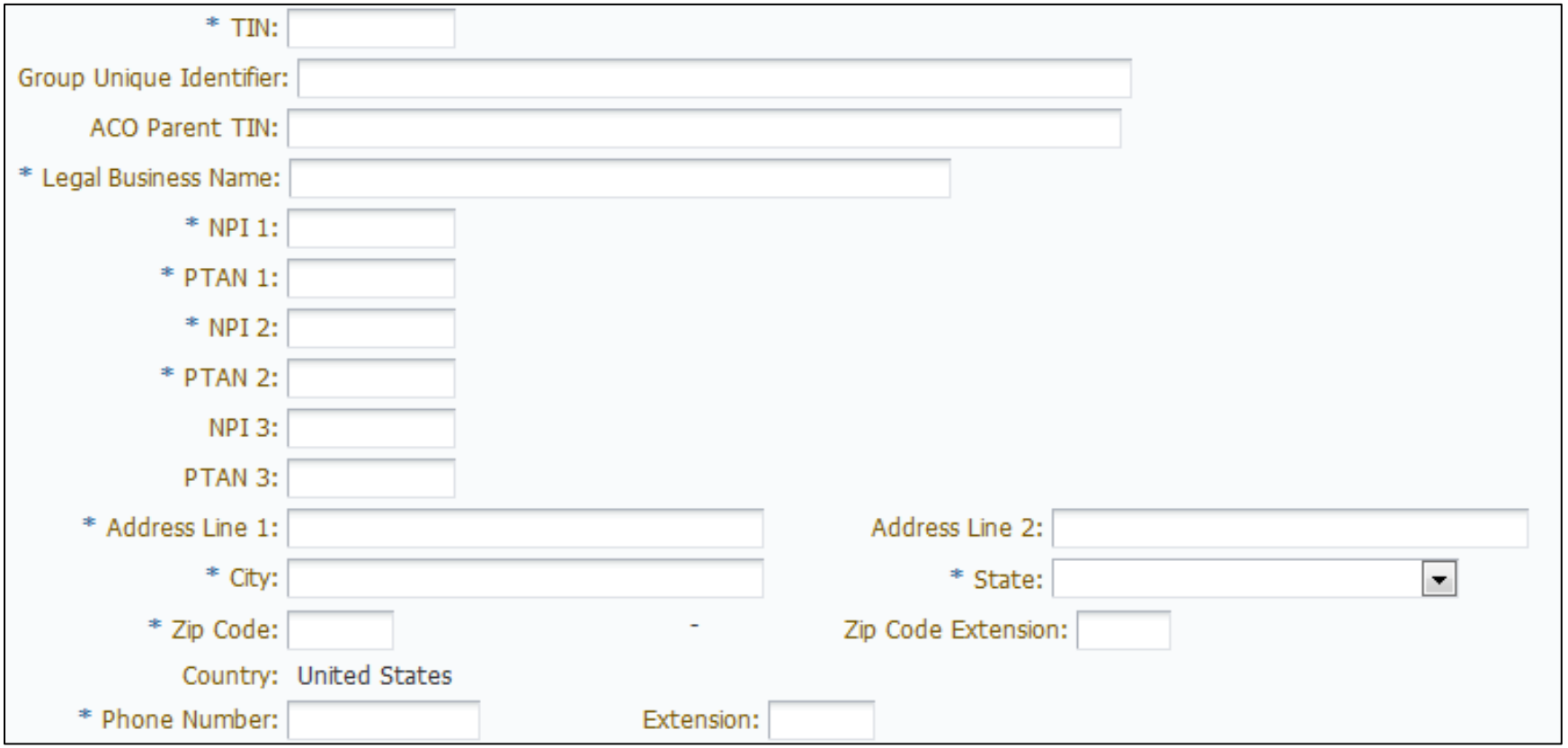
Enter the required information in the **Business Contact Information** section.



Acronyms

Security Official: New Registration (cont.)

Enter your group'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**.



How to Register for the 2016 PQRS GPRO in the PV-PQRS Registration System

PV-PQRS Registration System

The PV-PQRS Registration System is available from April 1, 2016 to June 30, 2016 (11:59 pm EDT) and will allow authorized representatives of a group to do the following:

1. Select or change the group's PQRS group reporting mechanism for 2016.
   - 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)
   - QCDR (available for groups with 2 or more EPs)

Acronyms

PV-PQRS Registration System (cont.)

2. If the group has 2-99 EPs, then the group can elect to supplement its PQRS group reporting mechanism with the CAHPS for PQRS survey in 2016. However, if the group has 100 or more EPs, then the group is required to report the CAHPS for PQRS survey in 2016.

- For 2016, 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 2016 CAHPS for PQRS survey in the calculation of their 2018 VM.

3. View a summary of the group's prior year PQRS GPRO registration information (if available).

Acronyms

Which Groups Do Not Have to Register?

- Groups that participate in the Medicare Shared Savings Program.
- Groups that **only** provide care to Medicare beneficiaries who are enrolled in a Medicare Advantage plan.
- EPs that choose to participate in the PQRS as an individual in 2016 via claims, registry, QCDR, or EHR.
  - ***Note:*** *Groups must ensure that at least 50% of the EPs in the group meet the criteria to avoid the 2018 PQRS payment adjustment as individuals in order for the group to avoid the automatic downward payment adjustment (-2.0% or -4.0% depending on the size and composition of the group) and qualify for adjustments based on performance under the Value Modifier in 2018.*

Acronyms

Three Steps to Register for the PQRS GPRO

Gather, Enter, & Verify

1. Gather all of the required information you need to submit your group's registration for participating in the PQRS GPRO in 2016.

2. Enter the required information into PV-PQRS Registration System at https://portal.cms.gov by logging in with your EIDM User ID and password.

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

Acronyms

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 2016 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)
  - QCDR (applicable for groups with 2 or more EPs)

Acronyms

Gather: Required Information for Group Registration (cont.)

Select the 2016 CAHPS for PQRS Survey (applicable for groups with 2-99 EPs)

Elect to include the 2016 CAHPS results in the calculation of the group's 2018 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

Acronyms

Enter: PV-PQRS Registration System

- Go to https://portal.cms.gov and select “Login to CMS Secure Portal” Accept the Terms and Conditions
- Follow steps described in the Appendix from page 63-74

Acronyms

Next Steps

- Get a new EIDM account or modify an existing account as soon as possible at https://portal.cms.gov/

- **April 1, 2016 – June 30, 2016 (11:59 pm ET):** Groups can register to participate in the 2016 PQRS GPRO at https://portal.cms.gov using an EIDM User ID and password.
  - Quick reference guide for registering for the 2016 PQRS GPRO is available on the PQRS GPRO Registration website (refer to slide 19)
  - Register early to avoid missing the deadline!

- If a group is not able to report on the selected PQRS GPRO reporting mechanism, then it is encouraged to report via another GPRO reporting mechanism or have the eligible professionals in the group participate in the PQRS as individuals in 2016.

Acronyms

FAQs

Top 5 FAQs

Question: Is registration needed/required for our group of providers?
Answer: No registration is necessary if the EPs in a group participate in the PQRS as individuals. If your practice is interested in participating as a PQRS group practice for 2016, then you must register via the PV-PQRS Registration System between April 1 and June 30, 2016.
Question: What steps are needed to successfully register?

Answer: The "2016 PQRS GPRO Registration Guide" provides step-by-step instructions to register.
Question: Once successfully registered, what does our group do next?

Answer: Visit the GPRO webpage for more detailed information on the PQRS GPRO reporting mechanism that your group selected during registration.

Acronyms

Top 5 FAQs (cont.)

Question: Can I change my GPRO reporting mechanism?
Answer: An existing 2016 GPRO registration can be modified by logging into the Registration System any time before the registration period closes on June 30, 2016 (at 11:59 pm EDT). Follow the steps in the 2016 PQRS GPRO Registration Guide.

Question: How do I cancel my GPRO registration?

Answer: If your group registered to participate in the 2016 PQRS GPRO, but wishes to cancel the registration, log into the Registration System and cancel the registration by following the steps described in the "2016 PQRS GPRO Registration Guide" OR contact the Physician Value Help Desk at 1-888-734-6433 (select option 3) before the registration period closes on June 30, 2016 (at 11:59 pm EDT).

Acronyms

Where to Call for Help & Resources

Where to Call for Help

QualityNet Help Desk

qnetsupport@hcqis.org

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

Monday-Friday 8:00 am - 8:00 pm ET

Physician Value Help Desk

pvhelpdesk@cms.hhs.gov

888-734-6433 Option 3

You will be asked to provide basic information such as name, practice, address, phone, and email.

Have a question, but not a lot of time?

Email your questions about today's National Provider Call with the subject: *NPC_05042016*

Acronyms

Where to Call for Help (cont.)

Provider Contact Center:

See *Review Contractor Directory - Interactive Map*

EHR Incentive Program Information Center:

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

Medicare Shared Savings Program Help Desk

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

Operational & Program Support: sharedsavingsprogram@cms.hhs.gov

CPC Initiative Help Desk:

800-381-4724 or cpcisupport@telligen.org

Acronyms

Resources

- PQRS website
  - Statute Regulation Program Instructions, Analysis and Payment, Measure Specifications
- Group Practice Reporting Option Web Interface
- Medicare FFS Physician Feedback Program/VM website
  - VM Information, GPRO Registration, QRUR Information
- PQRS GPRO Registration
- PV-PQRS System website
- Physician and Other Health Care Professionals Quality Reporting Portal
  - Archived Feedback Reports, Enterprise Identity Management (EIDM) information
- Communication Support Page website:
  - National Provider Identifier-level feedback on claims-based reporting
- CMS Enterprise Portal

Acronyms

Question & Answer Session

Acronyms

Evaluate Your Experience

Please help us continue to improve the MLN Connects® National Provider Call Program by providing your feedback about today's call.

To complete the evaluation, visit http://npc.blhtech.com and select the title for today's call.

Acronyms

CME and CEU

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:

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/CEInfo-MLNConnects-TC-L05042016.pdf

Acronyms

Thank You

For more information about the MLN Connects® National Provider Call Program, please visit https://cms.gov/Outreach-and-Education/Outreach/NPC/index.html.

For more information about the Medicare Learning Network®, please visit https://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html.

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Acronyms

Appendix

Enter: PV-PQRS Registration System

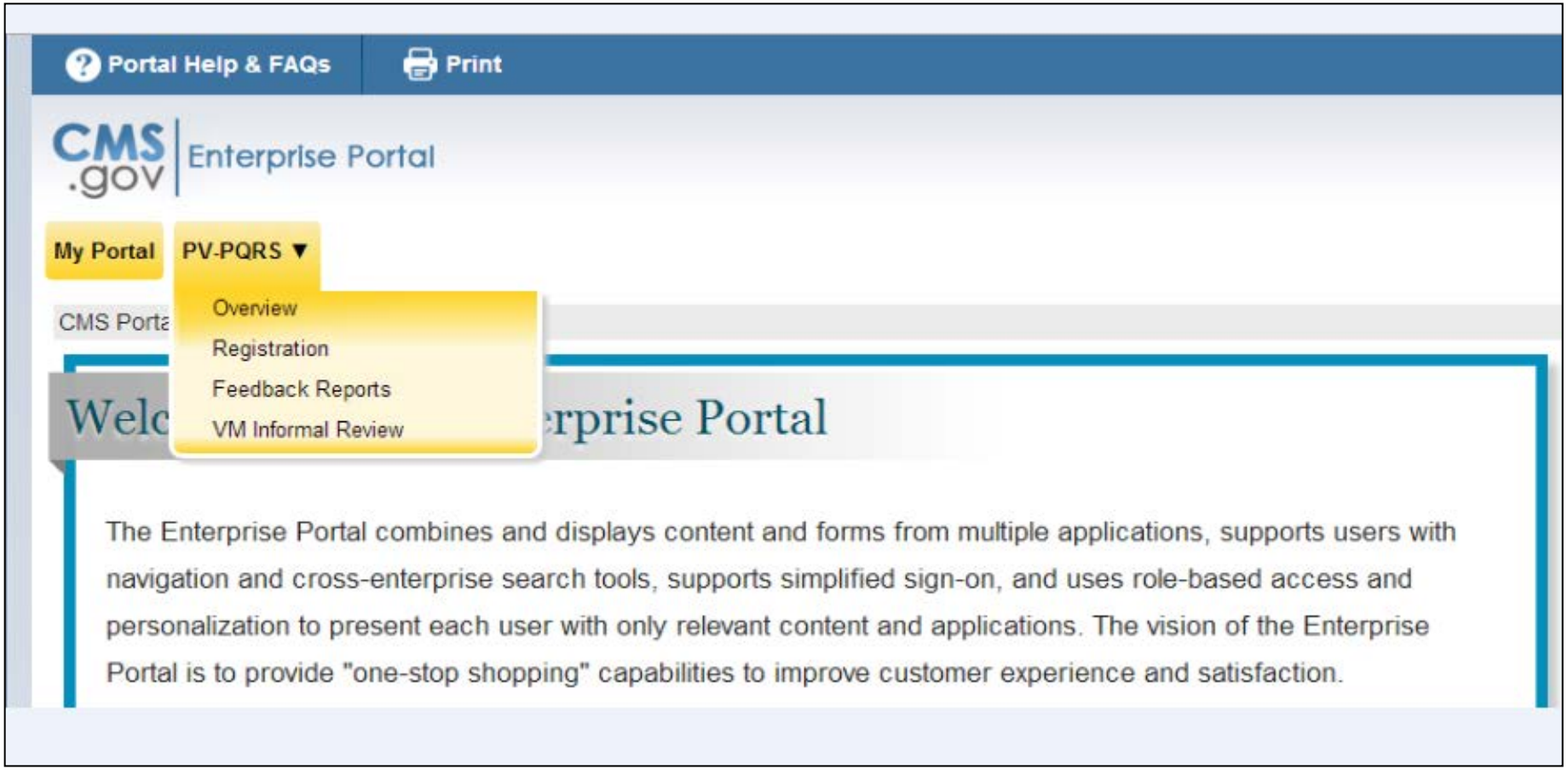
- Enter your EIDM User ID on the Login screen and select Next.

Enter: PV-PQRS Registration System

- Enter your EIDM Password and select Log In.

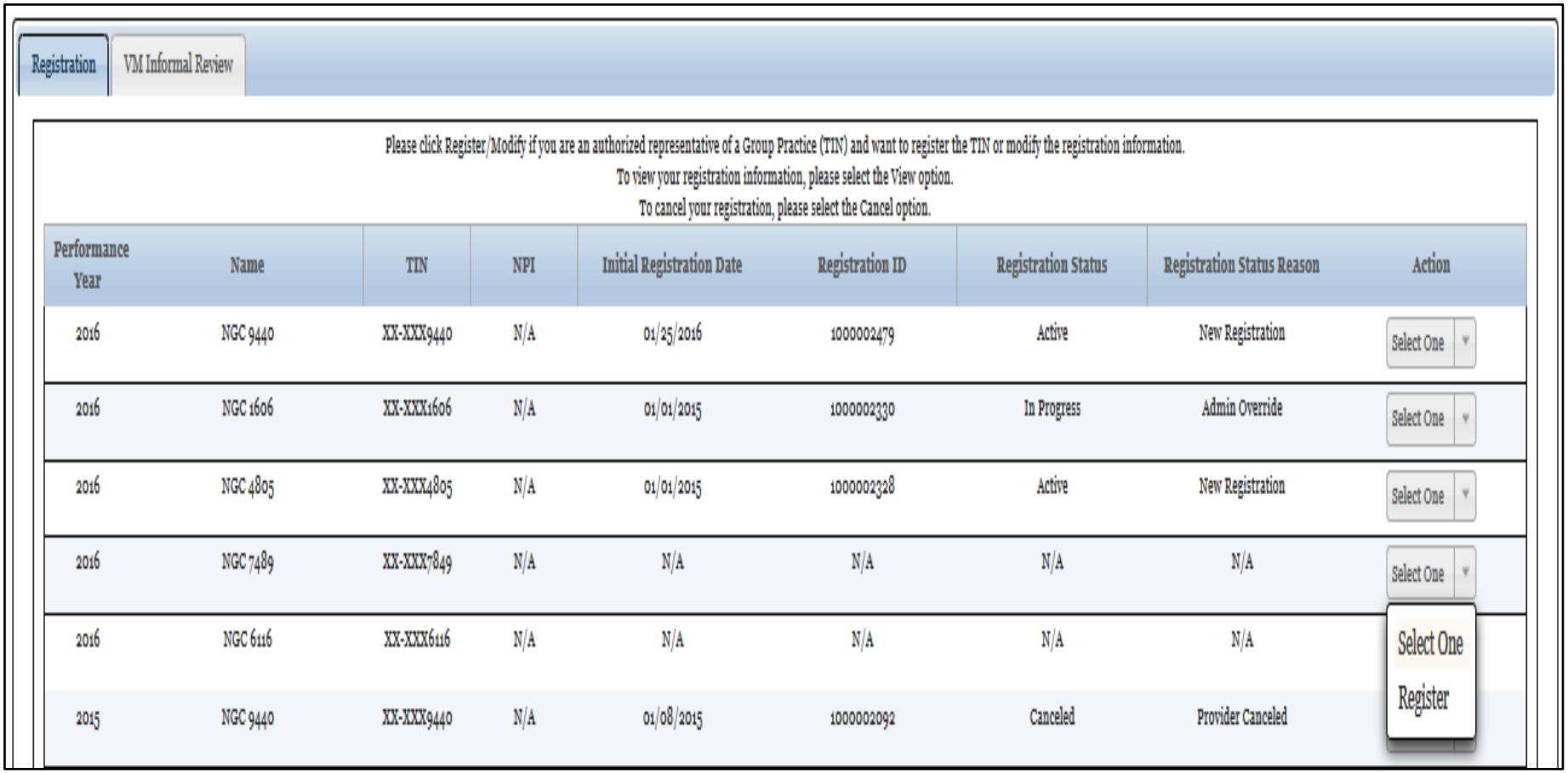
Select: Registration

- Select the Registration hyperlink from the PV-PQRS dropdown menu.



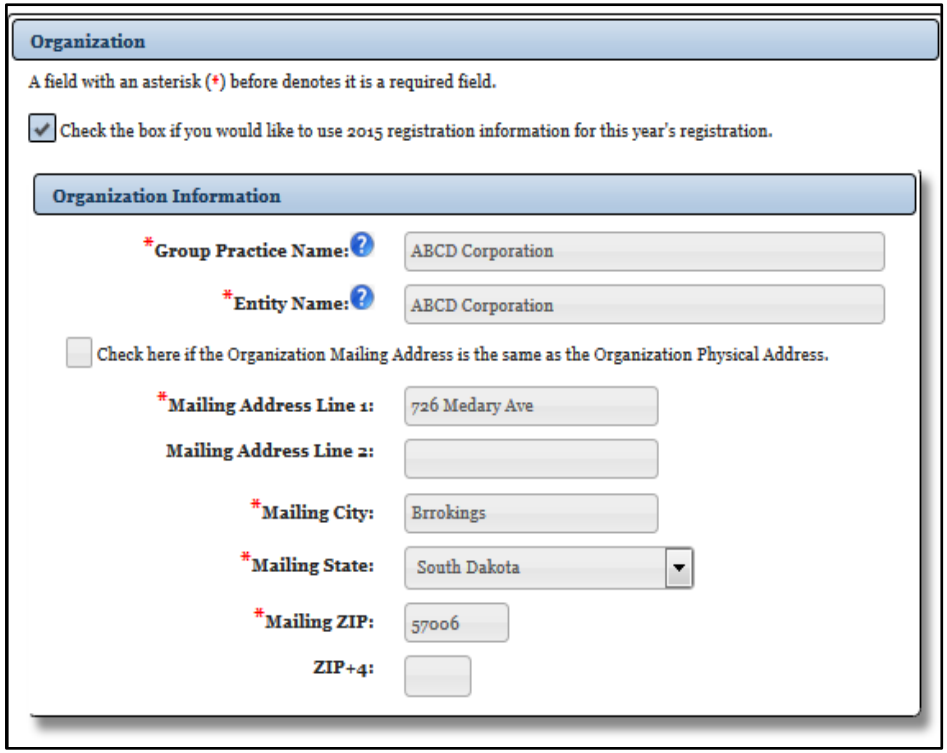
New Registration: Group Practice

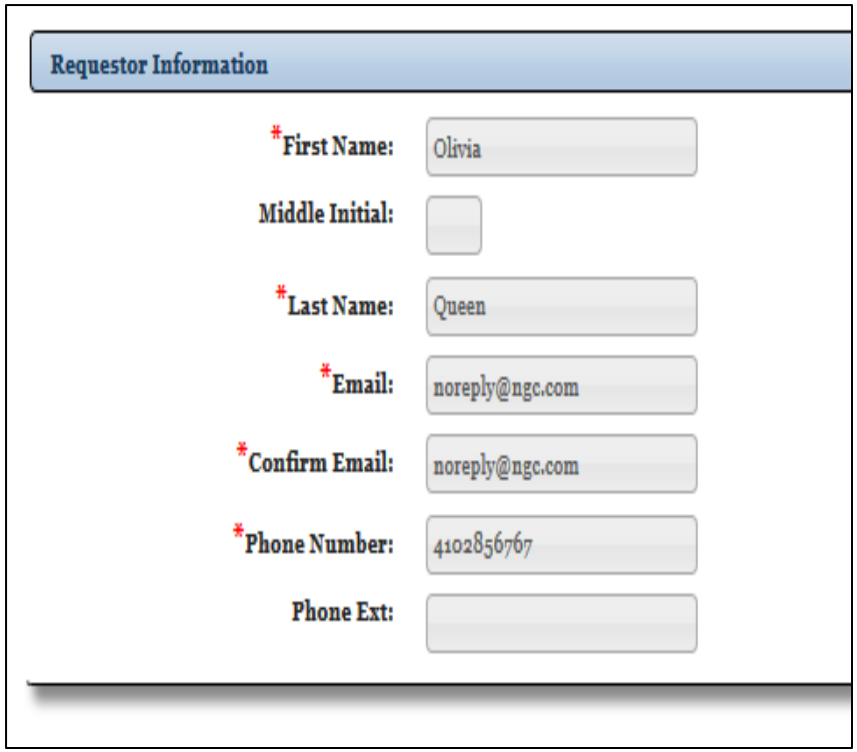
- This screen shows the TINs that are associated with your EIDM account.
- To register a TIN for the 2016 PQRS GPRO, select the “Register” link .



Enter: Group Practice Information

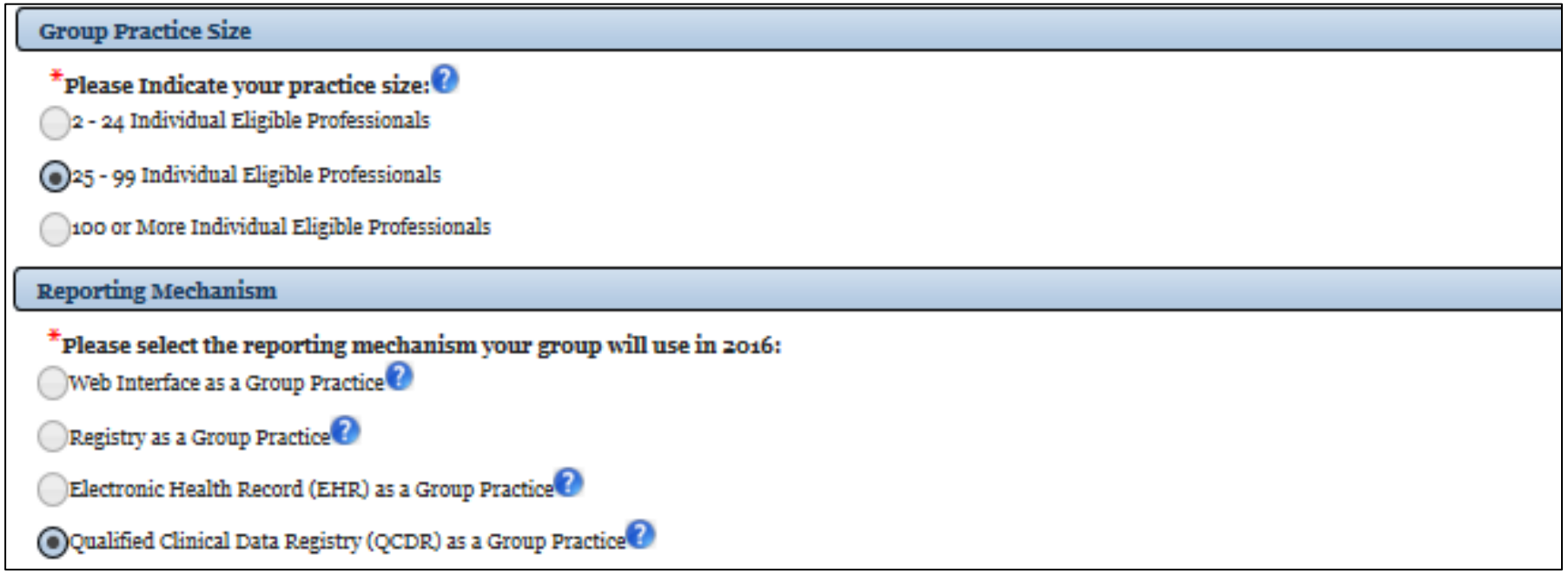
- Enter the required information in the Organization Information and Requestor Information sections.
- **Optional:** If 2015 registration information is available for your group, then you can select the check box to pre-populate the Organization Information and Requestor Information sections for 2016 with the 2015 registration information.





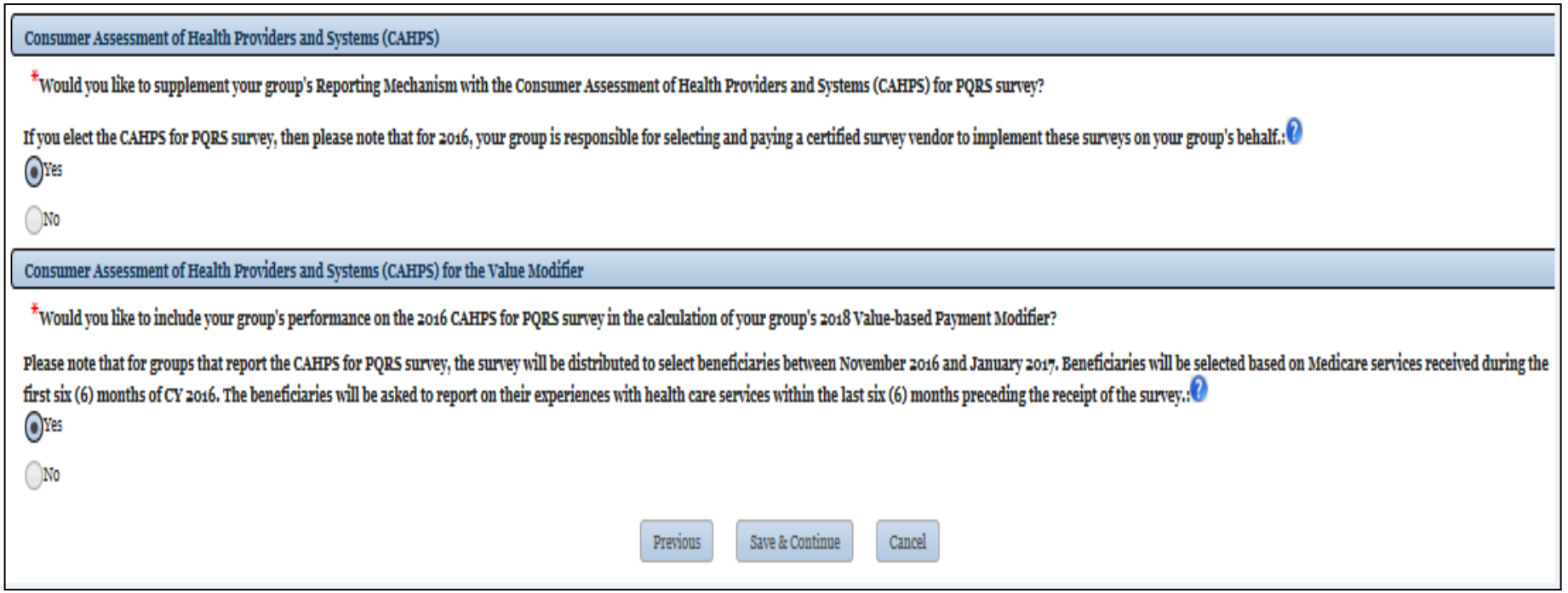
Enter: Group Practice Information (cont.)

- Select the appropriate Group Practice Size and the Group Reporting Mechanism.



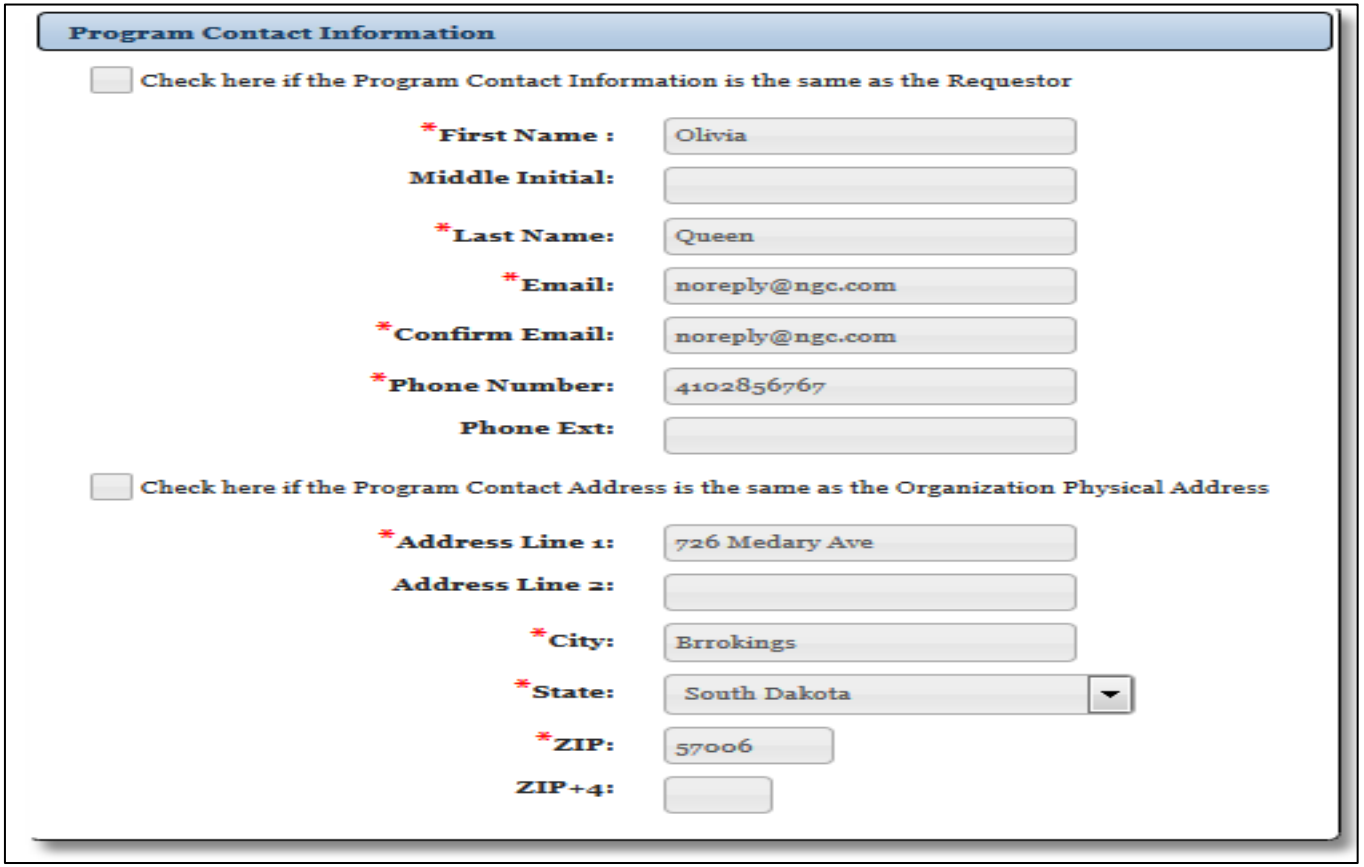
Enter: Group Practice Information (cont.)

- Select the appropriate CAHPS for PQRS survey options and click “Save & Continue”.



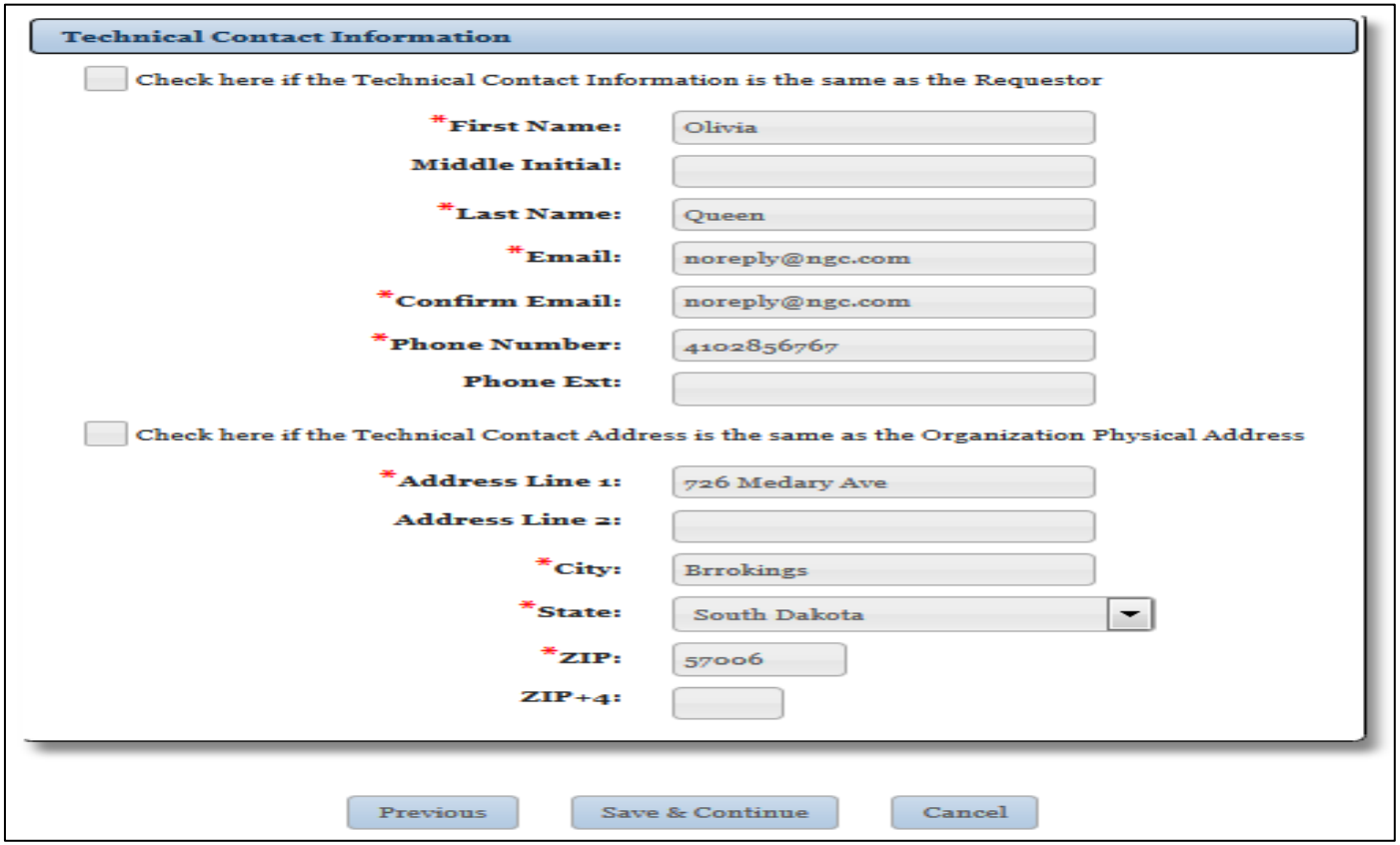
Enter: Group Practice Program Contact Information

- Enter the required information in the Program Contact Information.
- **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.



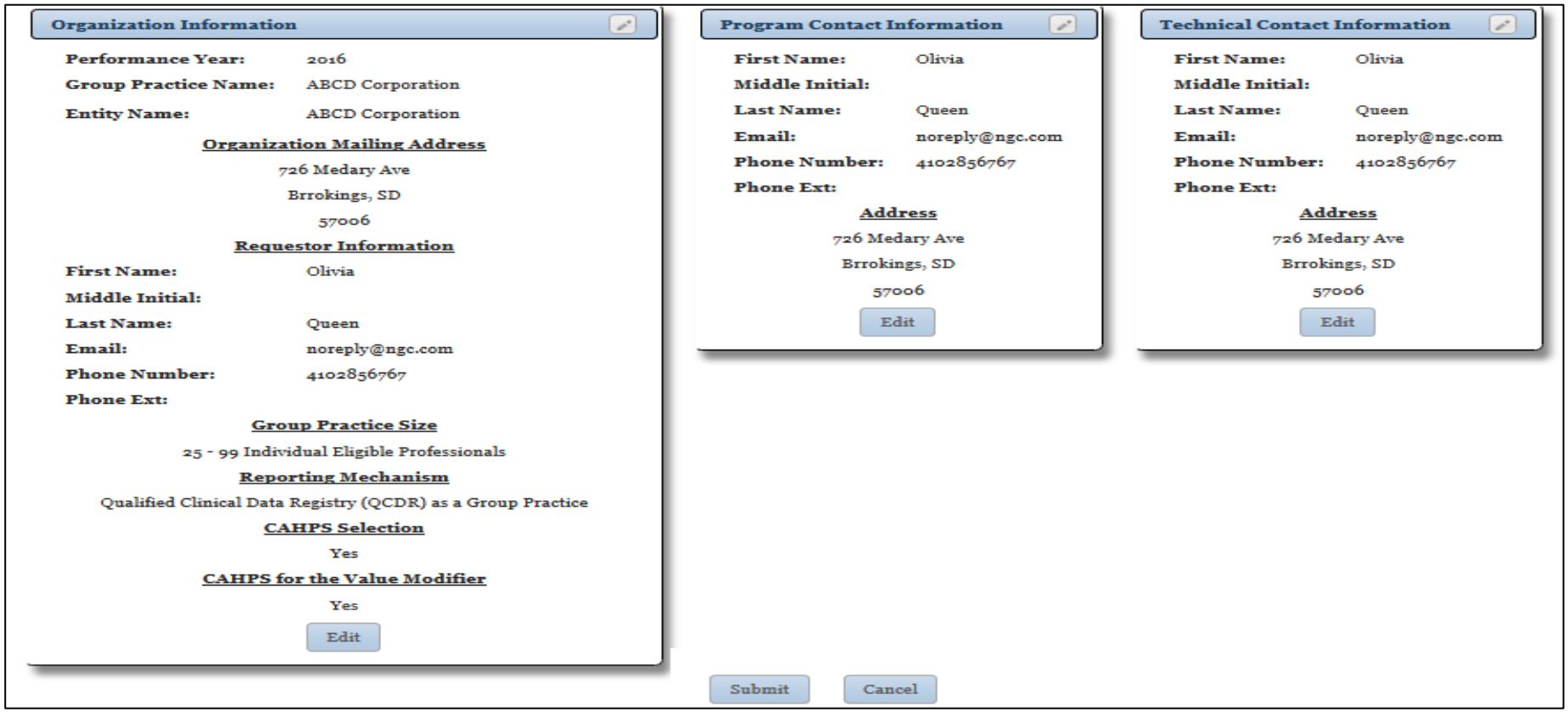
Enter: Group Practice Technical Contact Information

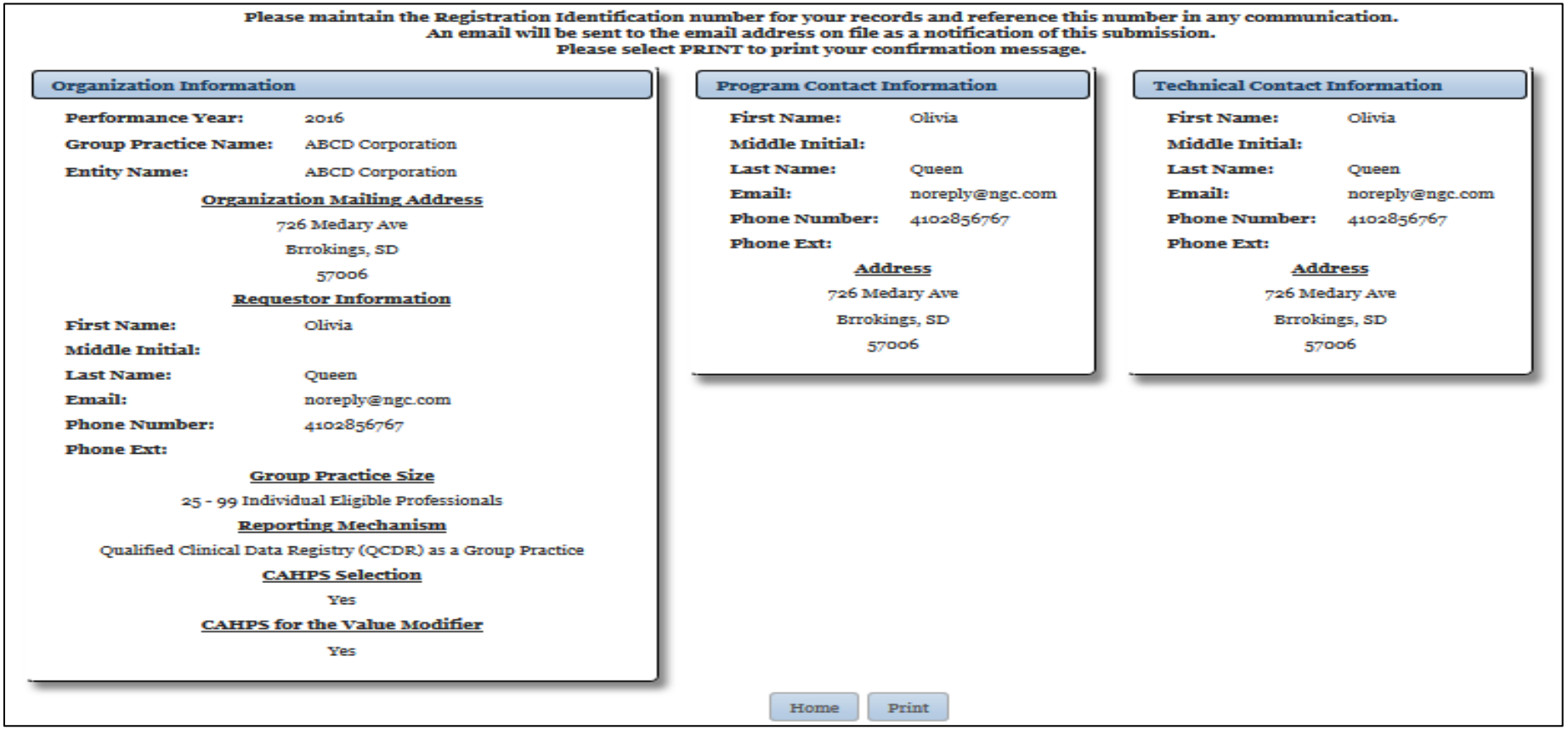
- Enter the required information in the Technical Contact Information section.
- **Optional:** Select the check boxes if you want to pre-populate these sections with the information in the Requestor Information and Organization Physical Address sections.



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.
  - **Note: To change any information before submission, select the “Edit” button in the desired section to change the information.**



Confirmation Message: Group Practice

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