



MLN Connects[®]

National Provider Call

How to Report Across 2016 Medicare Quality Programs

November 1, 2016



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Agenda and Learning Objectives

- How to Report Across 2016 Medicare Quality Programs for:
 - Individual Eligible Professionals (EPs)
 - Group Practices
 - Medicare Shared Savings Program Accountable Care Organizations (ACOs)
 - Pioneer and Next Generation ACOs
- Where to Call for Help & Resources
- Question & Answer Session

[Acronyms](#)

Acronyms in this Presentation

ACO: Accountable Care Organizations

CEHRT: Certified Electronic Health Record Technology

CMS: Centers for Medicare & Medicaid Services

CPC: Comprehensive Primary Care

CQM: Clinical Quality Measure

eCQI: Electronic Clinical Quality Improvement

EHR: Electronic Health Record

EP: Eligible Professional

GPRO: Group Practice Reporting Option

HHS: Health and Human Services

MACs: Medicare Administrative Contractors

MAV: Measure-Applicability Validation

MLN: Medicare Learning Network

NG: Next Generation

NPI: National Provider Identifier

PFS: Physician Fee Schedule

NQS: National Quality Strategy

PQRS: Physician Quality Reporting System

PY: Program Year

QCDR: Qualified Clinical Data Registry

QDCs: Quality Data Codes

QRDA: Quality Reporting Document Architecture

QRUR: Quality Resource and Usage Report

TIN: Tax Identification Number

Value Modifier: Value-Based Payment Modifier

Report Across 2016 Medicare Quality Programs: Eligible Professionals (EPs)

Presenter: Tim Jackson

2016 Reporting: Individual EPs

- Individual EPs can satisfactorily report quality measures during the 2016 program year in order to:
 - Avoid the 2018 Physician Quality Reporting System (PQRS) downward payment adjustment
 - Satisfy the clinical quality measure (CQM) component of the Medicare Electronic Health Record (EHR) Incentive Program
 - Avoid the automatic downward payment adjustment and qualify for upward, neutral, or downward adjustments based on performance under the Value-Based Payment Modifier (Value Modifier) in 2018, if at least 50% of the EPs in a TIN satisfactorily report as individuals in order to avoid the 2018 PQRS downward payment adjustment.
Note: In 2018, the Value Modifier will apply to physicians, nurse practitioners, physician assistants, certified nurse specialists, and certified registered nurse anesthetists who are solo practitioners or in groups with 2 or more EPs.

2016 Reporting: Individual EPs (cont.)

STEP	DESCRIPTION
1. Determine if you are an individual EP	<ul style="list-style-type: none">Review the 2016 PQRS List of EPs on the PQRS How to Get Started webpage.
2. Choose PQRS Electronic Reporting or Qualified Clinical Data Registry (QCDR) Reporting	<ul style="list-style-type: none">Choose PQRS electronic reporting using a direct EHR product that is certified electronic health record technology (CEHRT) or EHR data submission vendor that is CEHRT or a QCDR.The QRDA category I or III format must be used when submitting the eCQMs for purposes of PQRS and EHR Incentive Program participation. Please note that the correct version of the eCQM specifications must be used.<ul style="list-style-type: none">QCDRs must use QRDA category IIIEHR Direct and EHR data submission vendors may use either QRDA category I or III
3. Report on at least 9 measures covering at least 3 of the National Quality Strategy (NQS) domains	<ul style="list-style-type: none">If an EP's CEHRT does not contain patient data for at least 9 measures covering at least 3 NQS domains, then the EP must report the measure(s) for which there is Medicare patient data.An EP must report at least 1 measure containing Medicare patient data. Report data on all payers.Reporting period is 12 months, 1/1/16 – 12/31/16.

[Acronyms](#)

2016 Reporting: Individual EPs (cont.)

If an individual EP satisfactorily reports under PQRS for 2016, (s)he will:	If an individual EP does NOT satisfactorily report under PQRS for 2016, (s)he will:
<ul style="list-style-type: none">• Avoid the 2018 PQRS downward payment adjustment (-2.0%)	<ul style="list-style-type: none">• Be subject to the 2018 PQRS downward payment adjustment (-2.0%)
<ul style="list-style-type: none">• Satisfy the CQM component of the Medicare EHR Incentive Program	<ul style="list-style-type: none">• Not satisfy the CQM component of the Medicare EHR Incentive Program
<ul style="list-style-type: none">• Avoid the automatic downward payment adjustment and qualify for upward, neutral, or downward adjustments based on performance under the Value Modifier in 2018, if at least 50% of the EPs in a TIN satisfactorily report as individuals in order to avoid the 2018 PQRS downward payment adjustment	<ul style="list-style-type: none">• Will be subject to the automatic downward Value Modifier payment adjustment in 2018, if less than 50% of the EPs in a TIN satisfactorily report as individuals in order to avoid the 2018 PQRS downward payment adjustment; amounts will vary by the composition and size of the TIN

Report Across 2016 Medicare Quality Programs: Group Practices

2016 Reporting: Group Practices

- Group practices can satisfactorily report quality measures during the 2016 program year in order to:
 - Avoid the 2018 PQRS downward payment adjustment
 - Satisfy the CQM component of the Medicare EHR Incentive Program
 - Avoid the automatic downward payment adjustment and qualify for upward, neutral, or downward adjustments based on performance under the Value Modifier in 2018

[Acronyms](#)

2016 Reporting: Group Practices (cont.)

I am a PQRS EP who has assigned billing rights to a Group Practice TIN



Register for PQRS under one of the reporting mechanisms:

Product that is CEHRT or EHR data submission vendor that is CEHRT

Qualified Clinical Data Registry (QRDA III format)

GPRO Web Interface

[Acronyms](#)

2016 Reporting: Group Practices Reporting Electronically

Requirements for PQRS group practices of 2-99 EPs reporting electronically:

- Report on 9 measures covering at least 3 of the NQS domains.
- If a group practice's CEHRT does not contain patient data for at least 9 measures covering at least 3 NQS domains, then the group practice must report the measure(s) for which there is Medicare patient data. Report data on all payers.

Requirements for PQRS group practices reporting CAHPS for PQRS in conjunction with reporting electronically. CAHPS for PQRS is:

- Optional for PQRS group practices of 2-99 EPs
- Required for PQRS group practices of 100 or more EPs
- Have all CAHPS for PQRS summary survey measures (12) reported on the group's behalf via a CMS-certified survey vendor.
- Report on at least 6 additional measures covering 2 of the NQS domains.

Reporting period is 12 months, 1/1/16 – 12/31/16

Refer to the [Medicare EHR Incentive Program website](#) documents for a listing of measures that satisfy the CQM component, then utilize the eCQMs for those measures.

[Acronyms](#)

2016 Reporting: Group Practices Reporting via QCDR (QRDA III format)

Requirements for PQRS group practices of 2-99 EPs reporting via QCDR:	Requirements for PQRS group practices reporting CAHPS for PQRS in conjunction with reporting via QCDR. CAHPS for PQRS is:
<ul style="list-style-type: none">• Report on 9 measures covering at least 3 of the NQS domains.	<ul style="list-style-type: none">• Optional for PQRS group practices of 2-99 EPs• Required for PQRS group practices of 100 or more EPs
<ul style="list-style-type: none">• If a group practice's CEHRT does not contain patient data for at least 9 measures covering at least 3 NQS domains, then the group practice must report the measure(s) for which there is Medicare patient data. Report data on all payers.	<ul style="list-style-type: none">• Have all CAHPS for PQRS summary survey measures (12) reported on the group's behalf via a CMS-certified survey vendor.• Report on at least 6 additional measures covering 2 of the NQS domains.

Reporting period is 12 months, 1/1/16 – 12/31/16

[Acronyms](#)

2016 Reporting: Group Practices Reporting via GPRO Web Interface

Requirements for PQRS group practices of 25-99 EPs reporting via the GPRO Web Interface:

- Report on all measures included in the Web Interface for the pre-populated beneficiary sample.

Requirements for PQRS group practices reporting CAHPS for PQRS in conjunction with reporting via the GPRO Web Interface:

- Have all CAHPS for PQRS summary survey measures (12) reported on the group's behalf via a CMS-certified survey vendor.
- Report on all measures included in the Web Interface for the pre-populated beneficiary sample.

Reporting period is 12 months, 1/1/16 – 12/31/16

[Acronyms](#)

2016 Reporting: Group Practices (cont.)

If a group practice satisfactorily reports under PQRS for 2016, it will:	If a group practice does NOT satisfactorily report under PQRS for 2016, it will:
<ul style="list-style-type: none">• Avoid the 2018 PQRS downward payment adjustment (-2.0%)	<ul style="list-style-type: none">• Be subject to the 2018 PQRS downward payment adjustment (-2.0%)
<ul style="list-style-type: none">• Satisfy the CQM component of the Medicare EHR Incentive Program	<ul style="list-style-type: none">• Not satisfy the CQM component of the Medicare EHR Incentive Program
<ul style="list-style-type: none">• Avoid the automatic downward payment adjustment and qualify for upward, neutral, or downward adjustments based on performance under the Value Modifier in 2018	<ul style="list-style-type: none">• Will be subject to the automatic downward Value Modifier payment adjustment in 2018; amounts will vary by the composition and size of the TIN

[Acronyms](#)

Report Across 2016 Medicare Quality Programs: Medicare Shared Savings Program Accountable Care Organizations (ACOs)

2016 Reporting: Medicare Shared Savings Program ACOs

- When Medicare Shared Savings Program ACOs satisfactorily report web interface quality measures during the 2016 program year, then ACO participant TINs with EPs will:
 - Avoid the 2018 PQRS downward payment adjustment
 - Satisfy the CQM component of the Medicare EHR Incentive Program
 - Avoid the automatic downward VM payment adjustment and qualify for upward, neutral, or downward adjustments based on performance under the Value Modifier in 2018

Note: ACO participant TINs can report outside the ACO as individual EPs or as group practices to avoid the 2018 PQRS downward payment adjustment and avoid the automatic downward VM payment adjustment.

2016 Reporting: Medicare Shared Savings Program ACOs (cont.)

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



The ACO reports on all measures included in the GPRO Web Interface

Reporting period is 12 months, 1/1/16 – 12/31/16

[Acronyms](#)

2016 Reporting: Medicare Shared Savings Program ACOs (cont.)

If the ACO satisfactorily reports the GPRO Web Interface:	If the ACO does not satisfactorily report the GPRO Web Interface:
Satisfactorily reports for PQRS, so participant TINs:	Does NOT satisfactorily report for PQRS, so participant TINs:
<ul style="list-style-type: none"> Will avoid the 2018 PQRS downward payment adjustment (-2.0%) 	<ul style="list-style-type: none"> Will be subject to the 2018 PQRS downward payment adjustment (-2.0%)
<ul style="list-style-type: none"> Will satisfy the CQM component of the Medicare EHR Incentive Program 	<ul style="list-style-type: none"> Will not satisfy the CQM component of the Medicare EHR Incentive Program
<ul style="list-style-type: none"> Will avoid the automatic downward payment adjustment and qualify for upward, neutral, or downward adjustments based on performance under the Value Modifier in 2018 	<ul style="list-style-type: none"> Will be subject to the automatic downward Value Modifier payment adjustment in 2018; amounts will vary by the composition and size of the TIN

Report Across 2016 Medicare Quality Programs: Pioneer and Next Generation (NG) ACOs

2016 Reporting: Pioneer and NG ACOs

- Pioneer and NG ACOs can report quality measures during the 2016 program year in order to:
 - Avoid the 2018 PQRS downward payment adjustment
 - Satisfy the CQM component of the Medicare EHR Incentive Program

Note: 2018 Value Modifier is waived for a TIN, if at least one EP who bills for Medicare PFS items and services under the TIN during 2016 is a participant in a Pioneer or NG ACO in 2016

2016 Reporting: Pioneer and NG ACOs (cont.)

I am a PQRS EP who has assigned billing rights to a Pioneer or NG ACO Participant TIN



The Pioneer or NG ACO reports on all measures included in the GPRO Web Interface

Reporting period is 12 months, 1/1/16 – 12/31/16

[Acronyms](#)

2016 Reporting: Pioneer and NG ACOs (cont.)

Pioneer or NG ACO satisfactorily reports for PQRS; therefore, participant TINs:	Pioneer or NG ACO does not satisfactorily report for PQRS; therefore, participant TINs:
<ul style="list-style-type: none">• Will avoid the 2018 PQRS downward payment adjustment (-2.0%)	<ul style="list-style-type: none">• Are subject to the 2018 PQRS downward payment adjustment (-2.0%)
<ul style="list-style-type: none">• Will satisfy the CQM component of the Medicare EHR Incentive Program	<ul style="list-style-type: none">• Will not satisfy the CQM component of the Medicare EHR Incentive Program

FAQs

Top 5 FAQs

Question: How can I report for both Medicare EHR Incentive Program and PQRS?

Answer: CMS created the “How to Report Once for 2016 Medicare Quality Reporting Programs” document that outlines the various ways providers can report across multiple Medicare quality programs. This document is available on the [PQRS How to Get Started webpage](#).

Question: If I am reporting as an Accountable Care Organization (ACO), do I have to register to report via the group practice reporting option (GPRO)?

Answer: Participants in ACO programs will not need to register as a GPRO. If the ACO is successful, the TINs that are associated to the Parent (or primary) TIN will be considered successful GPROs for PQRS. In 2016, ACO participant TINs will also be allowed to report outside of the ACO as individual EPs or group practices.

[Acronyms](#)

Top 5 FAQs (cont.)

Question: How will we be able to satisfactorily report for 2016 PQRS if 9 different measures do not apply to our practice?

Answer: For situations where 9 measures cannot be reported, PQRS has the Measure- Applicability Validation (MAV) process.

- The “2016 PQRS MAV Process for Claims-Based Reporting of Individual Measures” document on the [PQRS Analysis and Payment webpage](#) provides guidance for individual eligible professionals (EPs) who satisfactorily submit quality-data codes for fewer than 9 PQRS measures or for fewer than 3 National Quality Strategy (NQS) domains, and describes how the MAV process will determine whether they should have submitted quality-data codes (QDCs) for additional measures.
- The “2016 PQRS MAV Process for Registry-Based Reporting of Individual Measures” document on the [PQRS Analysis and Payment webpage](#) provides guidance for those individual EPs or group practices who satisfactorily submit measures via a qualified registry for fewer than 9 PQRS measures or for fewer than 3 NQS domains, and how the MAV process will determine whether they should have submitted additional measures.

[Acronyms](#)

Top 5 FAQs (cont.)

Question: Can I combine reporting mechanisms (i.e., registry, claims, EHR, etc.) to successfully meet the requirements for PQRS?

Answer: No, you cannot combine data from multiple reporting mechanisms for PQRS reporting requirements. CMS will review data for all reporting mechanisms submitted.

Question: Where do I obtain my 2015 PQRS feedback report?

Answer: For information on 2015 feedback reports and how to access them, visit the [PQRS Payment Adjustment Information webpage](#) and the [How to Obtain a Quality Resource and Usage Report \(QRUR\) webpage](#). PQRS feedback reports for program year 2016 will be available in late 2017.

[Acronyms](#)

Where to Call for Help & Resources

Electronic Clinical Quality Improvement (eCQI) Resource Center

eCQI Resource Center

The screenshot shows the eCQI Resource Center website. At the top left is the logo "eCQI Resource Center" with the tagline "The one-stop shop for the most current resources to support Electronic Clinical Quality Improvement." To the right is the CMS logo, "The Office of the National Coordinator for Health Information Technology". Below the logo is a navigation menu with links for "About", "FAQ", "Glossary of eCQI Terms", and "eCQI Resource Center Contact Information". A search bar is located below the navigation menu with the text "Search by Category" and a search icon. Below the search bar is a blue navigation bar with links for "Topic areas", "EH Measures", "EP Measures", "CQL", "HQMF", "QDM", "QRDA", "Kaizen", "eCQM Tools", "Education", and "Implementers". The main content area has a dark blue header with the text "The one-stop shop for the most current resources to support Electronic Clinical Quality Improvement." and "Learn about eCQI resources and connect with the community of professionals who are dedicated to clinical quality improvement for better health". Below this header are three featured sections: "Getting Started" with a book icon and the text "A gentle introduction to understanding eCQI and this Resource Center"; "eCQMs" with a document icon and the text "The who, what, when, where, and why of eCQMs"; and "Education" with a graduation cap icon and the text "A selection of educational materials and resources to broaden your eCQI knowledge". Each section has a "More information" button. Below these sections are two columns: "Latest News" and "Upcoming Events". The "Latest News" column has two items: "eCQM Receiving System Accepting Production Files Beginning October 1, 2016" and "2016 Change Review Process (CRP) for eCQMs". The "Upcoming Events" column has two items: "FY 2017 IPPS Final Rule: IQR-EHR Incentive Program Requirements Webinar" and "Cypress Testing Tool 'Tech Talk'".

One-stop shop for the most current resources to support electronic clinical quality improvement

<https://ecqi.healthit.gov>

Acronyms

eCQI Resource Center (cont.)

- Provide feedback to ecqi-resource-center@hhs.gov
- Submit key eCQI events for highlighting on the eCQI Resource Center
- Add a link to the eCQI Resource Center from your website

Where to Call for Help

QualityNet Help Desk

qnetsupport@hcqis.org

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

Monday-Friday 7:00 am-7:00 pm CT

Physician Value Help Desk (for Value Modifier questions)

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_11012016*

[Acronyms](#)

Where to Call for Help (cont.)

Provider Contact Center:

See the [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 apospd@cms.hhs.gov

Operational & Program Support:

sharesavingsprogram@cms.hhs.gov

CPC Initiative Help Desk:

800-381-4724 or cpcisupport@telligen.org

[Acronyms](#)

Resources

- Fact sheet: [How to Report Once for 2016 Medicare Quality Programs](#)
- [2016 Medicare PFS Final Rule](#) and [2016 Medicare Physician Fee Schedule Final Rule, Correcting Amendment](#)
- [CMS PQRS Website](#)
 - How to Get Started, Statute Regulation Program Instructions, Analysis and Payment, Payment Adjustment Information, Measure Specifications
- [PFS Federal Regulation Notices](#)
- [Medicare Shared Savings Program](#)
- [CMS Value Modifier Website](#)
- [Frequently Asked Questions \(FAQs\)](#)
- [MLN Connects™ Provider eNews](#)
- [PQRS Listserv](#)

[Acronyms](#)

Question & Answer Session

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.

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-L11012016.pdf>

Thank You

- For more information about the MLN Connects® National Provider Call Program, visit <https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events.html>
- For more information about the Medicare Learning Network®, visit <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/Index.html>

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