

**Centers for Medicare & Medicaid Services
2013 PQRS Group Practice Reporting Option and Registry Reporting
National Provider Call
Moderator: Charlie Eleftheriou
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Operator: At this time, I would like to welcome everyone to today's 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 Charlie Eleftheriou. Thank you, Charlie, you may begin.

Announcements and Introduction

Charlie Eleftheriou: Hello, this is Charlie Eleftheriou from the Provider Communications Group here at CMS, and I'll serve as your moderator for today's call.

I'd like to welcome everyone for this Physician Quality Reporting System and Electronic Prescribing Incentive Program National Provider Call on 2013 PQRS Group Practice Reporting Option and Registry Reporting. Today's National Provider Call is part of the Medicare Learning Network, your source for official CMS information for Medicare providers.

Today's presentation will be followed by a question-and-answer session giving participants an opportunity to provide input and ask questions. Before we get started, there are few items I'd like to quickly cover.

There is a slide presentation for this session. A link to the presentation and today's announcements was e-mailed to all registrants around 12:30 today. If you did not receive the e-mail, please check your spam or junk mail folders for an e-mail from the CMS National Provider Calls Resource mailbox. Or you can find the presentation on the CMS National Provider Calls Web page at www.cms.gov/npc, as in National Provider Call. Again, that Web site is cms.gov/npc. Then click the National Provider Calls and Events link on the left-side navigation panel, and you'll see today's call by date on the list.

An audio recording and written transcript of today's call will be posted to this National Provider Call Details page within about 3 weeks.

Next, a reminder that this call is being recorded and transcribed. For transcription and attribution purposes, we ask that anyone presenting, asking, or answering a question during this call, please state their name and the name of their organization before commenting. And please note that all pertinent resources and contact information related to today's call are available on slides 27 through 29 of today's presentation.

And lastly, there will be no PQRS call in May. The next PQRS call will take place on June 5th, and registration will be opening within the next couple of weeks.

With all of that said, I'd like to now turn the call over to Alexandra Mugge. Alexandra?

Presentation

2013 PQRS Group Practice Reporting Option Overview

Alexandra Mugge: Hello, my name is Alexandra Mugge, and I would like to welcome you to the National Provider Call and thank you for joining.

Today, we'll be giving an overview of the 2013 Group Practice Reporting Option, also known as GPRO, including an overview of the two reporting mechanisms available for 2013 group reporting. Following the presentation, we will have that question-and-answer session that Charlie mentioned, so please note your questions as we go through the presentation.

Starting on slide 5: The Group Practice Reporting Option, commonly referred to as GPRO, was first implemented in 2010 as a way for groups to report on behalf of eligible professionals who have assigned their billing rights to the group's tax identification number, or TIN. By definition, in 2013, a group practice consists of a single TIN with two or more eligible professionals, or NPIs, associated with the group. Please note: This definition is different than in previous years.

Also worth noting: In past reporting years the only way for a group to participate in a PQRS GPRO was by using the GPRO tool in 2010, which was expanded to the GPRO Web interface in 2011 and 2012. In 2013, we've added a registry reporting option in addition to the Web interface. We'll go into that more in a moment.

Moving to slide 6: By reporting in PQRS GPRO in 2013, groups can earn a 2013 PQRS incentive payment, which is equal to 0.5 percent of the group's total estimated 2013 Medicare Part B Physician Fee Schedule allowed charges if the group reports satisfactorily. And/or groups can avoid the 2015 PQRS payment adjustment, which is a 1.5-percent reduction on the group's 2015 Medicare Part B Physician Fee Schedule services.

Moving on to slide 7: Here are a few benefits of reporting as a group, including a reduced burden to individual providers within the group and a potentially greater incentive payment.

Slide 8 provides a lot of important information for groups and eligible professionals who are participating in groups. Please note: The groups are analyzed and assessed at the TIN number submitted at the time of final self-nomination registration. For those of you familiar with self-nomination, self-nomination for 2013 took place in December of 2012 through January 31st of 2013. We also offer a registration period which will be July 15th through October 15th of 2013. During this registration period, groups can register for the first time or make changes to the information they submitted during self-nomination.

Individual eligible professionals within a group cannot report as individuals and will be assessed as part of the group if the group chooses to report through a registry or through the GPRO Web interface. The only exception to this rule is for groups that choose the administrative claims option, which allows groups to avoid the payment adjustments but

which they cannot – through which they cannot earn an incentive. An individual within one of these groups may choose to also report in PQRS as an individual and may be eligible for an individual PQRS incentive.

Please note the last bullet on this slide. If a group changes TINs, their participation does not carry over to the subsequent reporting year—meaning if a group is successful in 2013 but chooses to change their TIN in 2015, the new TIN may be assessed a payment adjustment because the TIN success in 2013 would not carry over.

Starting on slide 9, we go into the requirements for groups of different sizes. It's important to note that the size of your group will dictate which reporting option you can use. For groups of 2 to 24 eligible professionals, they can report through a registry or choose the administrative claims option. To report through a registry, the group must report three individual measures and report each measure for 80 percent of the group's Medicare Part B fee-for-service patients seen during the reporting period.

On slide 10 we have the requirements for groups of 25 to 99 eligible professionals. They can report through a registry under the same reporting requirements listed on slide 9 or through the GPRO Web interface. Please note: The size of your group will dictate the reporting requirements for the GPRO Web interface. For groups of this size, the reporting requirements are to report on 218 patients for each module, or 100 percent of those beneficiaries assigned to the group if the number is less than 218. These groups may also choose administrative claims for the purposes of avoiding a PQRS payment adjustment.

Slide 11: Groups of 100 or more eligible professionals can report through a registry under the same reporting requirements listed on slides 5, 9, or through the GPRO Web interface. For groups of this size, the reporting requirements in the GPRO Web interface are to report 411 patients for each module, or 100 percent of those beneficiaries assigned to the group if the number is less than 411. Again, these groups may choose the administrative claims option for the purposes of avoiding PQRS payment adjustment and value-based modifier.

Slide 12 goes over some of the self-nomination and registration requirements. At this point, since self-nomination is closed, groups must register to participate in PQRS GPRO. We will be having an additional National Provider Call in June to go over this registration process.

Slide 13: Once again, it is important to note that the size of your group will dictate which reporting mechanism you can utilize. The GPRO Web interface is available for groups of 25 or more eligible professionals, and the information on the GPRO Web interface is available on cms.gov.

As previously mentioned, we have a new registry reporting option for 2013. This option is available for groups of all sizes, and we will go into the details of registry reporting on the following slides.

I will turn it over to Molly MacHarris to review the requirements for registry reporting in 2013.

2013 PQRS GPRO Registry Reporting

Molly MacHarris: Thanks, Alex. So I'm going to go ahead and start on slide 15. And as Alex mentioned in her portion of the presentation, this is a new option available to group practices for the PQRS GPRO option in 2013. We have had this option available in years past for individual reporters, but this is the first year that we have this option available for group practices.

So, as slide 15 indicates, a registry is essentially a data intermediary that captures information from the group practice and submits it to CMS on behalf of the providers.

Moving on to slide 16: A registry can capture information from your group practice through a variety of mechanisms, including receiving copies of your claim, your EHR, or your chart. And one of the things we do want to note is that you will want to work with your selected registry to make sure that they transmit the data accurately to CMS.

Moving on to slide 17: For a registry-based reporting option, we do have a large selection of measures available to make your choices from. These include over 200 measures, and these measures are different from the GPRO Web interface measures. They are available on our Web site, and we do strongly encourage all group practices who will be selecting this option to look through the measures and find the measures that will most appropriately fit your practice. We also do post a list of qualified registries on our Web site, and the list of qualified registries includes both the registry name, the measures that they are qualified to report on behalf of, and we also have started including some information related to the costs that may be associated with the registry. We do post these registry postings through phases throughout the year. So, do check back our Web site frequently because the posting may have changed.

Moving on to slide 18: Again, as I just mentioned, the registry measures are different from the GPRO Web interface measures. They are called the 2013 PQRS Measure Specifications Manual for Claims and Registry Reporting of Individual Measures. So please make sure that if you are a group practice and you want to report through the registry option, you use that measure specification document. Again, it's called the 2013 Physician Quality Reporting System Measure Specifications Manual for Claims and Registry Reporting of Individual Measures. This is found on a different section of our PQRS Web site than the GPRO page. It's found on the Measure section of the PQRS Web site. So please make sure you are using the appropriate measures, because it will impact your incentive eligibility and your payment adjustment status.

And then again, as Alex mentioned earlier, for group practices selecting the registry option, the criteria is three measures for 80 percent of the group's patients who are eligible for the selected measures.

Moving on to slide 19: This is our decision tree to help group practices determine which option is best for you. As you can tell, this outlines the criteria except for your group size and then the options available—the registry options and then our traditional GPRO Web interface. And just a note: This is for the incentive criteria only. We do have an option for 2013 where group practices and individual eligible professionals can select administrative claims.

CG CAHPS Survey Administration

OK. So then moving on to slides 20 and 21, I'm going to talk briefly about the CG CAHPS surveys. And those will be administered to the GPROs that are of the large size, the 100 or greater eligible professionals. So as slide 21 indicates, there are a variety of survey modules included in the CG CAHPS that will be administered to the GPROs. They cover a variety of domains.

Moving on to slide 22: the survey content. So the survey will ask the respondents—so, the beneficiaries—to describe their experiences with a named “focal provider,” which is the one that provides the most primary care services to the beneficiary based on the number of visits. The focal provider can be a primary care provider or a specialist who provided primary care services. And other survey questions may ask about the health care team and the practice staff.

Slide 23: We briefly talk about our timeline for administration of CG CAHPS. In 2014, we will be administering the survey to Shared Savings Program ACOs and PQRS GPROs that have greater than or equal to 100 providers. And that will occur in the January through March 2014 timeframe for our 2013 program year. And it's only for those group practices who report through the GPRO Web interface. So if you would select registry option, you would not be receiving the survey for your 2013 program year. And survey results will be made available in the summer of 2014.

And then for our 2015 timeline, we will be administering the survey for GPROs who are the large size—again, 100 NPIs—through the timeframe of January through March 2015 for program year 2014. And, again, the results would be made available in the summer of 2015.

Slide 24: So – notifying your beneficiaries about the Medicare-administered CG CAHPS. So your practice may choose to promote participation in the Medicare-administered CG CAHPS. Promotion should be neutral to prevent influencing who responds or the direction of their responses. Any communication by the practice about the survey should be directed to all beneficiaries. So, again, don't just select a few beneficiaries; we want to provide communication to all. You should not be offering an incentive for participating in the survey, and you should not imply that a providers' office staff will be rewarded or gain some benefit if the response is positive.

Slide 25: Here's some basic information about the CAHPS surveys from the Agency for Healthcare Research and Quality. All the CAHPS surveys are in the public domain, which means that anyone can download those, and we have the Web site links there. And

then the CAHPS surveys that will be administered to GPROs can be found at the second link on slide 25.

And then slides 26, 27, 28, and 29 go over our standard resources. So in the interest of time at this point, I'll turn the call back over to Charlie.

Keypad Polling

Charlie Eleftheriou: All right, thank you. At this time, we're about to move into Q&A. But before we move into question-and-answers, I'd like to conduct keypad polling in order to obtain an estimate of the number of participants in attendance, to better document how many members of the provider community are receiving this valuable information. We're ready to start polling.

Operator: All right. CMS greatly appreciates that many of you minimize the Government's teleconference expense by listening to these calls together in your office using only one line.

At this time, please use your telephone keypad and enter the number of participants that are currently listening. 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 between 2 and 8. If there are nine or more of you in the room, enter 9. 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 between 2 and 8. If there are nine or more of you in the room, enter 9.

Please hold while we complete the polling.

Charlie Eleftheriou: And while we're holding, I'd like to take time to remind everyone again that the call is being recorded and transcribed. Before asking or answering a question, please state your name and the name of your organization. And in an effort to get to as many of your questions as possible, we ask that you limit your questions to one at a time please. If you have more than one question, you may press star 1 following your first question to get back in queue, and we'll address additional questions as time permits.

Question-and-Answer Session

Operator: And that concludes today's polling session of the call. We'll now move into the Q&A session. 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 ensure clarity. And please note: Your line will remain open during the time you are asking your question so anything you'd say or any background noise will be heard in the conference. Please hold while we compile the Q&A roster. And your first question comes from the line of Heather McGinness.

Heather McGinness: Good afternoon. Thank you so much for today's information. I apologize—I missed the first few minutes. I have a question from a single-provider

practice. And I just wanted to confirm that participated – her participation, she would need to register with a registry and submit her reports that way and – choosing either a measure group or three single measures across 80 percent of the available population. Is that correct?

Molly MacHarris: Sure. So this is Molly. I can answer your question. So for your single provider—we would refer to them in PQRS world as an individual eligible professional—and they have a variety of reporting mechanisms that they can choose. And they do not have to register; they can just start reporting on their measures. They could report through claims, and they could select three individual claim measures and report at a 50-percent rate. Or they could report via a claims measure group.

Secondly, they could choose to work with a registry. And they could report on three measures at an 80-percent reporting rate, or on one measure group. They could also report using one of our EHR-based reporting options. We have two available. One is to use the qualified EHR technology and to electronically submit that information directly to CMS. Or your provider could be working with an EHR data submission vendor. And we have a lot of information on the EHR and the registry options on our Alternative Reporting Mechanisms page on our cms.gov PQRS Web site. And those are our incentive options.

Heather McGinness: OK.

Molly MacHarris: If your provider is only interested in avoiding the PQRS payment adjustment, they could register and elect the administrative claims measures. And they would have to do that during the July 15th to October 15th timeframe. However, if they want to try and earn an incentive as well, we do strongly encourage folks to use one of the mechanisms that I previously described.

Heather McGinness: Perfect. And this is separate from any ACO participation?

Molly MacHarris: Correct.

Heather McGinness: OK, thank you so much.

Lauren Fuentes: And hi, this is Lauren. Just one additional thing to add to Molly's comment: We are moving away from using only the Alternative Reporting Mechanisms site on our Web site. So we actually are working on breaking it out. There's a registry page and an EHR reporting page. I just wanted to clarify that. Thank you.

Operator: Your next question comes from the line of Jeff Elmore.

Jeff Elmore: Hi, this is Jeff Elmore of Bayview Physicians. I apologize for being late to the call. Was there a roll call?

Charlie Eleftheriou: No, thank you.

Jeff Elmore: OK, thank you.

Operator: Your next question comes from the line of Jim May.

Jim May: Hi, this is Jim May with QED Clinical. We are a registry. On slide 6, you have a word – it says the 2013 PQRS incentive payment, half a percent of the group’s total estimated...

Charlie Eleftheriou: I’m sorry, could we please ask you just to speak up a little bit? Your phone is a little quiet.

Jim May: Let me try again. I neglected to pick up the handset as you had asked. Is that better?

Charlie Eleftheriou: Thank you, yes.

Molly MacHarris: Yes.

Jim May: OK. The – on page – on slide 6, there is a word that I hadn’t seen before. This is Jim May with QED Clinical. We’re a registry. And the first bullet point says the 2013 PQRS incentive payment, half a percent of the group’s total *estimated* Medicare Part B. Where does the word *estimated* fit in? Because in the past I thought it was based on actual.

Charlie Eleftheriou: I’m sorry we’re having – we’re having a hard time hearing you again. If you wouldn’t mind speaking up a little bit?

Jim May: OK. I’m sorry, I just got a voice that does not carry.

Charlie Eleftheriou: Oh, OK.

Jim May: OK. Bullet point 1 on slide 6, there is a – the word *estimated*. The incentive payment is a half a percent of the group’s total *estimated* Part B payment. In the past, I thought that was based on *actual* payment, and I’m curious about the word *estimated*.

Molly MacHarris: Hi, Jim, this is Molly.

Jim May: Hi, Molly.

Molly MacHarris: So we have traditionally always based it off of the estimated *allowed* charges. I think a little bit of the confusion is that the PQRS program, we base our payment off of the allowed amount not the paid amount. So the estimated allowed charges, that is something that we have always based our payments off of.

Jim May: OK. Thank you, Molly.

Molly MacHarris: Thanks, Jim.

Operator: Your next question comes from the line of Jackie Gisch.

Jackie Gisch: Hi, this is Jackie Gisch from Aurora Health Care. I just wanted to make sure I heard you correctly that the PQRS call in June is really going to be more of a discussion on the self-nomination process, because that's new for us. We've been participating individually.

Alexandra Mugge: Just registration?

Pam Cheetham Yes.

Alexandra Mugge: OK, yes, that's confirmed. The June – this is Alex. The June call is just focused on the registration process and the IACS fees associated with that registration process.

Molly MacHarris: And this is Molly. I just want to add to that. It will apply for both individual eligible professionals and group practices. So if you have any question on what the registration process would look like—and, again, the registration process applies for both PQRS and the value-based payment modifier—we do suggest that folks listen in to that.

Jackie Gisch: Thank you.

Operator: Your next question comes from the line of Susan Keen.

Susan Keen: Yes, this is Susan Keen with the University of Nebraska Medical Center. And I have a question in regards to our speech therapists, occupational therapists, and physical therapists. We were just recently told that they may fall under the PQRS reporting mechanism. However, I don't – I believe our statistical data show that we fall well under the Medicare percentage that would require them to participate. The division I work with—mostly it works with children with special needs.

So, I guess the question is, are we correct in that those three therapies are being required to participate in this program now? Sorry, it is a twofold question. And where can I find the data that shows me that we don't have to – or I mean, I've opted – I've worked with physicians where we've opted out before, because they met the criteria but they couldn't reach it. But I don't think the group in general sees enough Medicare patients to even participate, if that makes sense.

Molly MacHarris: Yes, thank you. And this is Molly. So just to clarify, the PQRS incentive and the payment adjustments, we don't have the authority to provide significant hardship exemptions or really any exemptions for either low-volume providers or really any types of providers. The PQRS program does apply to all eligible professionals.

So if your provider's bills on the Medicare – under the Medicare Part B Physician Fee Schedule, they would be eligible to participate in the PQRS program, to either earn an incentive or potentially receive a payment adjustment.

Christine Estella: And also—this is Christine—I believe on our PQRS Web site there is a list of eligible professionals that are eligible to participate in our program. So if you go on to our Web site, you'll see that list, and I believe those three are on there. And if you have any confusion, just contact the QualityNet Help Desk for information.

Charlie Eleftheriou: And this is Charlie. Those Web sites can be found, or the Web site that Christine was alluding to, can be found on slide 27.

Operator: And your next question comes from the line of Cindy O'Keefe.

Molly MacHarris: Hi, Cindy.

Operator: Cindy, your line is open.

Cindy O'Keefe: Hi, I'm ...

Molly MacHarris: Cindy, are you there?

Cindy O'Keefe: Hello.

Molly MacHarris: Yes, we can hear you.

Cindy O'Keefe: OK. This is Cindy O'Keefe from Cherokee Health Systems. I was just wondering if FQHCs are supposed to be doing PQRS.

Molly MacHarris: Sure. So, that's a good question. This is Molly. So, again, if you reference that list of eligible professionals that Christine just referred to the previous caller—and, again, that's on the PQRS Web site, which is – the information that is on slide 27. FQHCs are *eligible* to participate but not *able* to participate. And, again, that's because the PQRS program is based off of the Medicare Part B Physician Fee Schedule. So we'd be looking at any claims or services that come on your CMS 1500 claim forms.

Cindy O'Keefe: OK, that's what I needed to know. Thank you.

Molly MacHarris: Thank you.

Operator: The next question comes from the line of Susan Haymond.

Susan Haymond: Hi, this is Susan Haymond with Medical Specialists of the Palm Beaches. I'm looking at slide 8, the third bullet, where it speaks to a group being unsuccessful of avoiding the payment adjustment, that all NPIs would receive the

payment adjustment. So with that in mind, my question is, is group reporting more catered towards providers all in the same specialty? What if you have a multispecialty group, and the measures that you select for the group, if you have a subspecialty group that just doesn't really have reportable data?

Molly MacHarris: Sure. So this is Molly again. And the Group Practice Reporting Option we found is really open to groups of both single specialties and multispecialties. The measures that are available through the Web interface, they are somewhat primary care based, but we do have some composite modules including diabetes and (inaudible). So we have found that some multispecialty practices have been able to use the Web interface.

Additionally, the registry reporting option for the PQRS program—for 2013 we have close to over 250 measures available. And those cover the majority of specialties out there. So, the GPRO reporting option, we really have found that a lot of group practices like because it really allowed them to focus on a certain set of measures that all their providers' actions can be attributed to.

Susan Haymond: Thank you.

Molly MacHarris: Thank you.

Operator: Your next question comes from the line of Melissa Unger.

Melissa Unger: Hello, this is Melissa Unger from the Ohio State University Wexner Medical Center. And I just had a question. If we have a group that has 100 or more eligible professionals under a single billing TIN, and they continue to report individually via claims-based rather than the GPRO options, and 100 percent of them are not successfully reporting PQRS measures—will the value-based modifier be applied only to those EPs that did not successfully report, or all of the EPs under that TIN?

Alexandra Mugge: So this is Alex. And the value-based modifier applies to the TIN, so that would include all providers within your group unless your group decides to report either through the GPRO Web interface, or through registries, or elects the administrative claims option, under which your individual providers could continue to report individually and be assessed for PQRS as individuals. But your group TIN—just to be clear, if you're a TIN of 100 or more—does have to do something for the value modifier.

Melissa Unger: OK, thank you.

Operator: Your next question comes from the line of Josefina Rivera.

Josefina Rivera: Oh, I'm sorry. My name is Josefina Rivera, and I'm calling in from a single-practice cardiologist. And my question is: If – how would I find out, number one, that he qualifies, and number two, is there a place where I can find out whether he's registered or not?

Christine Estella: This is Christine. If you're talking about PQRS ...

Josefina Rivera: Yes.

Christine Estella: ...there is no requirement that you register to participate in our programs. You can simply start reporting.

Josefina Rivera: OK.

Christine Estella: Yes, as an individual. But if you are – if your practitioner is a cardiologist, you should be able to report – he or she should be able to report on some of our PQRS measures. We have a lot of measures for cardiologists for which they can report.

Josefina Rivera: OK.

Christine Estella: So if – and if you need help, you know, selecting those measures, again, you can contact the Help Desk. But, yeah, it should be fairly easy for your practitioner to report.

Josefina Rivera: OK, thank you.

Operator: Your next question comes from the line of (Bonnie Bold).

(Bonnie Bold): Hi there. We have a group practice of between 25 and 99, and we are wondering: What is the difference between going registry-based reporting options and going into the GPRO reporting option?

Female: For registry.

(Bonnie Bold): For registry. I'm sorry.

Alexandra Mugge: For the registry or GPRO?

Female: For Web interface.

Alexandra Mugge: Web interface, yes. Sorry, this is Alex Mugge again. And for registry reporting you would work with a registry to have them submit data on behalf of your group. With the GPRO Web interface, you would sign up, and we have a submission period that's usually early in the subsequent year. So for 2013, the submission period would be early 2014. And your group would be responsible for populating the Web interface with information on the patients that are assigned to you.

Right. Right. It's a – so additionally, if you do choose to go with registry reporting—again, that would be by picking a registry that submits data on behalf of your group—you

can choose the measures that your group reports on to CMS. With the Web interface it is a set number of measures under core modules in which you would have to report.

(Bonnie Bold): Sure. We have two different decision trees here, and one says Group Practice Reporting Option registry, and then one – the other one just says registry-based reporting. And I guess that was really my question – is – what is the difference between just the registry-based reporting and the Group Practice Reporting Option registry-based reporting?

Alexandra Mugge: OK, so I think what you are looking at is the decision tree for individual reporting. So that would be for individual eligible professionals who are not part of a group TIN, versus the one that we have here in the slides, on slide 19, is referring to group practice registry reporting.

(Bonnie Bold): Got it. OK, thank you so much.

Alexandra Mugge: Sure.

Operator: Your next question comes from the line of Kristi May.

Kristi May: Hello, this is Kristi May with Tennessee Orthopaedic Clinics. I have a question regarding the administrative-based claims, or claims-based reporting. You gave a little bit more information today than we have received on this. Basically, we register for this between July 15th through October 15th. Can you give me some more information regarding that?

Alexandra Mugge: So, this is Alex Mugge again. And the registration period that's coming up in July will be covered in the National Provider Call that's coming up in early June. And, again, registration for that call will be posted in the next few weeks.

Kristi May: OK.

Alexandra Mugge: Yes, the administrative claims option is a new option for this year, and you would have to register to use that.

Molly MacHarris: And this is Molly. I do want to clarify: The administrative claims option only applies for purposes of the PQRS payment adjustment and avoiding the downwards-based VBM. So if you actually want to try to earn an incentive, we suggest that you report through one of the other reporting options that we have available.

Kristi May: That's what we're – we're in the process of determining what would be best for us. We go live with our EHR but not until August 1st. So we're looking at several different options, registry reporting as well being one of them, but was curious on the administrative claims-based. So more information to come on that in the early June call?

Alexandra Mugge: Yes, there will be more information on the registration process in the June call. Additionally, we have some education and outreach for GPROs that will be starting in late spring, early summer, that will outline the different GPRO reporting options and which one is best for your group. And ...

Kristi May: OK.

Alexandra Mugge: ...those will be – but those should be posted – or information about those should be posted on our GPRO Web page on cms.gov. So, more on that to come as well.

Molly MacHarris: And then just one last ...

Kristi May: OK.

Molly MacHarris: ...thing is you – if you want to call the Help Desk, they'll walk through with you the different reporting options available and help you determine what will be the best for your group. And their information is available on slide 29.

Kristi May: Wonderful, thank you.

Molly MacHarris: Thank you.

Kristi May: I will give them a call.

Operator: Your next question comes from the line of (Diane Crownhill).

(Diane Crownhill): Hi.

Molly MacHarris: Hi, (Diane).

(Diane Crownhill): This is (Diane Crownhill) from St. Luke's. And I have – actually I have two questions. On the one side, you said that a lump sum payment will be made to the TIN. When you do the survey results that will be available, will they break it down by all the providers under the TIN number ...

Molly MacHarris: Are you referring ...

(Diane Crownhill): ...as they have in the past?

Molly MacHarris: Sorry. When you say "survey," are you referring to the CAHPS survey?

(Diane Crownhill): Well, you got – the CAHPS survey says that, but previously it said "lump sum payment to be made to the TIN."

Molly MacHarris: So, I guess, can you clarify your question? Are you asking about how the incentive payment is received? Or are you asking in ...

(Diane Crownhill): Yes.

Molly MacHarris: ...reference of the survey?

(Diane Crownhill): Well, both actually. I want to know how the payment will be received. We get a lump sum payment, but will we still get our breakdown report available on IACS so that we know what provider earned what? Because the reason I'm asking is, we will have four TINs that we're going to report through GPRO. And each TIN has, oh, greater than 100 providers.

Molly MacHarris: Sure. So this is Molly. And for the PQRS incentive payments, those are – and if you are reporting as a group practice, those payments are aggregated and provided as a lump sum payment to the billing TIN. You'll recall from the presentation, Alex made that point clear, that we will base it off of the billing TIN that you either self-nominate with or register with. So after we determine whether or not you are ...
[crosstalk]

(Diane Crownhill): OK. So then we will not get a – all right. So I just submit the physicians through the NPI numbers under that TIN. You will no longer get the breakdown report like IACS used to give to us?

Molly MacHarris: Well, it sounds to me like you're asking a couple of different questions here. So are you asking about the incentive payment, or are you asking about the quality feedback report?

(Diane Crownhill): Oh, I'm asking about the incentive payment. In the past, when we filed and we earned X amount of dollars, we would get a lump sum payment, but there was always a report on the IACS Web site that we could tell which physician earned how much in money. Will that still be available under the new system, under GPRO?

Molly MacHarris: So I do just want to clarify that – so what size is your group?

(Diane Crownhill): Each tax ID number is greater than a hundred providers.

Molly MacHarris: OK. OK. So you're correct that you would need to participate as a group practice so you would avoid the value-based payment modifier. And in the past, when you reported as an individual eligible professional, we did provide an NPI level of detail to the group, showing the quality information, how much each provider earned. That was not available as a group practice. And my understanding is that under the Physician Feedback Program, there will not be an NPI-level detailed report. And those reports ...

(Diane Crownhill): OK.

Molly MacHarris: ... actually will be going out through a different mechanism for group practices later this year and in the fall of next year. So you would not need to be going to the IACS Web site. Rather, you would be going to the PQRS PV portal to obtain your feedback report. And that report ...

(Diane Crownhill): OK.

Molly MacHarris: ... will have the information on your quality and your cost measures.

(Diane Crownhill): That's what I'm looking for. OK, great. And that information on how to get that Web site will be made available in the future?

Alexandra Mugge: Yes.

Molly MacHarris: Yes. That information – if ...

(Diane Crownhill): OK.

Molly MacHarris: ... you go to our resources slide, slide 27, you can start by getting some information on the value-based payment modifier Web site.

(Diane Crownhill): OK, thank you very much. And the second question: GPRO CAHPS. If you do GPRO, you don't have to do the CAHPS, do you?

Molly MacHarris: So as we indicated in the presentation, if you are a GPRO with 100 or more providers, and you report using the Web interface, the CAHPS will be made available to your beneficiary.

(Diane Crownhill): OK, I'm sorry I missed that. All right. Thank you very much.

Molly MacHarris: Thank you.

Charlie Eleftheriou: Before our next call, I just want to say, in the interest of time, we're accepting one call – one question per caller.

Operator: And your next question comes from the line of Susan Hunter.

Susan Hunter: Hi, this is Susan Hunter from Carroll Health Group. I think you've answered my question, but I just want to be sure that I understand it correctly. So the registry reporting and the group reporting through the Web portal is if you want to earn the PQRS incentive. But if all we're interested in doing is avoiding the 2015 adjustment, we would still register as a group, but we could select the administrative claims. And then on a call last week about the various programs, they said "or you could submit one valid measure for one Medicare beneficiary."

Alexandra Mugge: So, this is Alex. You are correct that by reporting through the GPRO Web interface or reporting at the GPRO through a registry, you are eligible to earn the incentive if you satisfactorily report and you avoid the payment adjustment and value-based modifier for groups of a hundred or more. If – and you were also correct that if you select the administrative claims option, you avoid the payment – you will just avoid the payment adjustment and the value-based modifier, but you will not be eligible for an incentive. And the reporting ...

Susan Hunter: OK.

Alexandra Mugge: ... criteria for each of those other options is, I believe, listed on the Web site. We have a couple of, like, how-to-use and GPRO-at-a-glance documents that will help you understand what the reporting requirements are for each of those reporting mechanisms.

Susan Hunter: OK. OK. Yes, this from the call the other day said, “you can avoid the 2015 payment adjustment by applying for the administrative claims option or by submitting one valid measure or measures group.” And they said that would just be for one Medicare beneficiary. So that was the part I was just wanting a little bit of clarification on.

Alexandra Mugge: Yes, that’s correct.

Susan Hunter: OK. All right, thank you.

Charlie Eleftheriou: Thank you.

Operator: Your next question comes from the line of Mary Jo Wideman.

Mary Jo Wideman: This is Mary Jo Wideman from Albuquerque Center for Rheumatology. If the registration is open from July 15th to October 15th, if we elect to report on 80 percent of our patients, is that for the whole year of 2013?

Molly MacHarris: Yes.

Mary Jo Wideman: But we’re not registering until the middle of it? So how – I don’t understand how that works.

Christine Estella: This is Christine. Basically, if you’re registering with a – or if you’re using a registry reporting option, the registry kind of looks at all your data at the end of the year, and they actually don’t submit until the end of the year anyways, after the reporting period is over December 31st. So they are actually going to be the ones to go in, take a look at your data, and submit on your behalf.

Alexandra Mugge: And that would be the same for the Web interface, since the submission period for 2013 does not start until early 2014. It's based on your claims for the entire year of 2013.

Mary Jo Wideman: But if we're picking certain values to report on, and the physicians aren't aware of that until we register, how – I don't understand. If it has to be 80 percent, we've already seen, you know, a whole half-year worth of patients.

Alexandra Mugge: Right. So we would ...

Mary Jo Wideman: Does that make sense?

Alexandra Mugge: Once you decide which – how you would like to report, if you go with a registry, they'll look back over everyone you've already reported on this year, and everyone that you continue to report on through December 31st. And likewise with the Web interface, if you choose to go that route, we will look at your claims for the entire year of 2013 in order to assign the beneficiaries on which you would report through the Web interface.

Christine Estella I just want to be clear for registry reporting when you're doing that – I'm assuming you're doing registry, because you're saying 80 percent. Is that right? Or you want ...

Mary Jo Wideman: That's what we were ...

Christine Estella: to do registry?

Mary Jo Wideman: That's what we were thinking about, yes.

Christine Estella: Yeah, yeah. So you're not reporting actually—using, like, claims-based, CPT II codes—like, you're not reporting on a G – like a 1500 claim. Basically what the registry is going to do is you're going to partner up with a registry, and they're going to look at your data. It's not anything that you have to report; the registry will report on your behalf.

Molly MacHarris: But we do ...

Mary Jo Wideman: OK.

Molly MacHarris: ... encourage you to go ahead and start taking a look at those registry measures FAQs that I referenced earlier in the presentation so you can ...

Mary Jo Wideman: OK.

Molly MacHarris: ... determine which measure you would want to have reported on your behalf by the registry.

Mary Jo Wideman: All right. I think the part that's confusing to me is – is that, you know, we're signing up for this in July, and we've already seen a whole half-year's worth of patients. So how do I know that those – that the physicians have covered the measures that are going to be needed?

Molly MacHarris: OK. So one of – one of other things we suggest is you can call our Help Desk and they ...

Mary Jo Wideman: OK.

Molly MacHarris: ... can help walk you through the process in more detail. And, again, their ...

Mary Jo Wideman: OK.

Molly MacHarris: ... information is available on slide 29.

Mary Jo Wideman: OK, thank you.

Molly MacHarris: Thank you.

Operator: Your next question comes from the line of Margaret Haynes.

Margaret Haynes: Yes. I'm a single practitioner, a licensed clinical social worker. And what my question is, is: My understanding is we do not have to register. Is that correct? If we're single?

Alexandra Mugge: That's correct unless you want to register for administrative claims.

Margaret Haynes: OK. Is it better to – I mean, if I do it single, there is no incentives, but I also don't get penalized. Is that correct?

Alexandra Mugge: Sorry. So this is Alex. So if you're – if you would like to participate in PQRS actively, either by claims or one of our other reporting mechanisms for an individual, you can go ahead and report, and you're eligible to earn an incentive. If you do not want to report and you – or would rather go with administrative claims, then you would have to register for that option. But otherwise, if you're reporting as an individual and you want to report through one of our traditional reporting mechanisms, you can just go ahead and start reporting.

Margaret Haynes: OK. And there's no penalty, and there's also no incentives, correct?

Molly MacHarris: Well, I just want to clarify. So the administrative claims reporting option, that's only available if you want to avoid the PQRS payment adjustment. The other options ...

Margaret Haynes: OK. But if I don't do that, if I just file single, then I will get a penalty and an adjustment?

Alexandra Mugge: If you're not satisfactory, that's correct.

Molly MacHarris: If you do nothing, you will receive a payment adjustment. But if you report on at least one measure, you would avoid the PQRS payment adjustment. And as an individual reporter ...

Margaret Haynes: OK. And I don't have to – OK. And I don't have to register if I do report?

Alexandra Mugge: That's correct.

Margaret Haynes: OK. And what measure would I use? I mean, is there a best measure to use?

Molly MacHarris: So, for that question, I'd suggest that you contact our Help Desk. Again, their info is on ...

Margaret Haynes: OK.

Molly MacHarris: ... slide 29. They can walk you through the different reporting options and the different measures available, to help you find one or more than one that best fits your practice.

Margaret Haynes: OK, thank you very much.

Molly MacHarris: Thank you.

Operator: Your next question comes from the line of (Lisa Schultz).

(Lisa Schultz): Yes, this is (Lisa Schultz) of the (Corvallis) Clinic. And I just want to be clear on when the penalties start for not reporting.

Molly MacHarris: The PQRS – this is Molly – the PQRS payment adjustment will begin on your dates of service in 2015. So the recording period to avoid the 2015 payment adjustment is calendar year 2013.

(Lisa Schultz): OK, thank you.

Molly MacHarris: Thank you.

Operator: Your next question comes from the line of Mary Koval.

Mary Koval: Hi, this is Mary Koval at Weill Cornell Physician Organization in New York. And we are a over-100-provider multispecialty group. And we're reporting PQRS right now individually, as we've had for the past few years. Am I correct in assuming that if we wanted to, we could switch over to Web interface GPRO in July and start using that option? Or are we – are we too late to make that decision?

Alexandra Mugge: No, that's correct. For 2013, you can select the GPRO Web interface during the registration period, which is July 15th through October 15th.

Mary Koval: OK, great. Thank you very much.

Alexandra Mugge: Sure.

Operator: Your next question comes from the line of Beth Labut.

Beth Labut: Hello, I am here. Can you hear me?

Charlie Eleftheriou: Yes.

Alexandra Mugge: Yes.

Molly MacHarris: Yes, we can hear you.

Christine Estella: Hello.

Beth Labut: Yes.

Alexandra Mugge: Welcome.

Beth Labut: OK. My question is the GPRO. If we're a group practice with only one single physician, do we not go into that GPRO reporting system? Do we have to use a registry base?

Alexandra Mugge: So this is Alex. And a group practice is two or more eligible professionals reporting ...

Beth Labut: Right.

Alexandra Mugge: ... under one TIN. So if you are only one eligible professional in one TIN, then you would report as an individual.

Beth Labut: And so then we have to go registry base?

Molly MacHarris: No.

Alexandra Mugge: No.

Molly MacHarris: There ...

Alexandra Mugge: No. We have other options. Go ahead, Molly.

Molly MacHarris: Yes. Sorry. This is Molly. Sorry to interrupt, Alex. We have a variety of reporting options available. We have ...

Beth Labut: We use PQRS right now, claims based.

Molly MacHarris: And you can continue to do that if you are a solo practitioner.

Beth Labut: OK.

Molly MacHarris: And if you have ...

Beth Labut: OK, thank you.

Molly MacHarris: ... additional questions, again, I would suggest contacting the Help Desk.

Beth Labut: OK, thank you.

Molly MacHarris: Thank you.

Operator: Your next question comes from the line of Elaine Stuart.

Elaine Stuart: Hi, this is Elaine Stuart calling from Prytania Pathology. And I just want to clarify that I understand what a registry is. We're a small group, five providers, and we are doing claims based through our billing service that uses a software vendor. So that would be the entity that would be considered the registry?

Molly MacHarris: This is Molly. And no, that's actually not correct. A registry would be more of a data intermediary that you would secondly go into a relation – a business relationship – business relationship with, and they would report data on your behalf. We do have a list of qualified registries available on our Web site. Again, our Web site is available on slide 27. And as Lauren mentioned, we are starting to move our registry information over to a separate registry page.

Elaine Stuart: I mean, we've been participating since, I think, day one, and we've been receiving money back. So without going – I mean, I looked and I didn't see what you were talking about for the list of registries.

Molly MacHarris: Sure. So I just want to clarify: so you're a group that has five providers. Is that correct?

Elaine Stuart: Right. We bill as a group TIN.

Molly MacHarris: OK. And you ...

Elaine Stuart: We submit, you know, electronically through this billing software. We also submit the measure at the same time.

Molly MacHarris: OK. So you append a quality data code to your claim when you send it in to your billing vendor?

Elaine Stuart: Yes.

Molly MacHarris: OK. So for 2013 you can continue to do that. And you – as long as you report on at least one measure for each of the TIN/NPI combinations, they should avoid the payment adjustment. And each of your TIN/NPIs, or each of your individual providers, they would have to meet the incentive eligibility criteria—so three measures at 50 percent or one measure group—to earn the incentive. So you can keep doing what you're doing, and if you have any additional questions on that, I'd suggest that you contact our Help Desk.

Elaine Stuart: OK, thank you very much.

Operator: Your next question comes from the line of Sandra Pogones.

Molly MacHarris: Hi, Sandra.

Sandy Pogones: Hi, this is Sandy – hi, this is Sandy Pogones from Primaris. On the registry measures that require at least two visits, if you're reporting as a group practice, that means two visits total under the TIN, not two visits for a certain provider under the TIN. Is that right?

Kimberly Schwartz: Hi, this is Kim. Actually, you can – it can be two visits under two different providers. It does not have to be specific to that one provider as long as the two visits ...

Sandy Pogones: OK.

Kimberly Schwartz: ... (have been documented).

Sandy Pogones: OK. So that's going to require a little bit of a change in some of the registry software. They're going to have to be able to recognize that some patients might be seen by different providers but still qualify under the measure if you're reporting as a group—right?

Molly MacHarris: Right. This is Molly. I mean, registries that want to offer the reporting option for group practices in addition to individual eligible professionals will need to make changes to their system.

Sandra Pogones: OK. OK, thank you so much.

Molly MacHarris: Thank you.

Operator: Your next question comes from the line of Shamus Holt.

Shamus Holt: Yes, I have a single dermatologist in a group, and we want to avoid the penalty. And based on the previous questions and answers, I've learned that I need to submit one measure on one Medicare patient for the year, and there has to be a minimum of two office visits with that Medicare patient. Is that correct?

Kimberly Schwartz: No. This is Kim again. No. The two office visits are specific to the actual measure specifications. So I would encourage you strongly to obviously view that measure spec, but in some instances, you can report one measure one time. And it does not require more than one visit.

Shamus Holt: OK. And to do this, is the registry option a good choice? It may be overkill, but is that sufficient—using the registry versus a claims-based option?

Molly MacHarris: This is Molly. And, you know, it's really up to you. It will depend on what will suit your practice or your provider's practice best. Again, we have a variety of reporting options—claims, registry, EHR—so ...

Shamus Holt: But my question was: Would the registry satisfy the requirement to avoid? I know there's multiple options, but my question is: Using the dermatology registry, would that satisfy the performance to avoid the penalty?

Molly MacHarris: Any of the reporting options will satisfy the requirement.

Shamus Holt: Thank you.

Molly MacHarris: Thank you.

Operator: Your next question comes from the line of Ayyad Baig.

Ayyad Baig: Yes. My question is: If a hospital has less number of registered providers but has more providers who use it as a facility, how will they report?

Christine Estella: Could you repeat your question, please? I'm sorry.

Ayyad Baig: I'm sorry. My name is Ayyad, and I'm calling from MTBC. My question is: If a hospital has less number of registered providers but has more providers who use it as a facility, so how will they report?

Alexandra Mugge: So I think – this is Alex. And I think you're asking about how those individuals, I guess, bill. They may come and use a facility but if they bill under a different TIN, they're not considered a part of your group. So, again, we assess groups using – under the TIN that they self-nominate or register with. So, I guess, if your hospital all bills under one TIN, but you have other providers that come in and bill their own TINs, they would not count, if that makes sense. Am I answering your question?

Ayyad Baig: Yes, that's fine.

Christine Estella: This is – this is Christine. Whether or not you can report a particular measure is all dependent on the codes – the denominator codes that are found in the measures, so – and they're all kind of related to some sort of, like, Part B service or charge. So to the extent that these eligible professionals are, you know, billing Part B regardless of what facility they use, they would be eligible to participate in PQRS.

Ayyad Baig: OK. Thank you.

Operator: Your next question comes from the line of David Cook.

David Cook: This is David Cook from HealthInsight. Can you just explain a little bit? This GPRO registry is a new option. Can you explain the difference between data submission vendor for individual, registry for individual, and then registry for GPRO? And are you still encouraging – or if a vendor is doing the submission, it's usually considered data submission vendor for an individual practice. Is that correct?

Christine Estella: Yes. So this is Christine Estella. And whether or not, you know, whatever option you choose, so some – you know, some registries actually are now classified as submission vendors. It's just a matter of, you know, what registry wants to be classified as what. So whether or not a registry wants to be classified as a data submission vendor, or as a registry that is only for individual reporting, or a registry that does both individual reporting and group reporting, you know, that's kind of how we classify – kind of, you know, how they choose to be classified.

As far as the differences in how you're reporting, obviously for the group versus individual registry option, basically whether or not the measure is applicable for individual reporting—determining whether or not a measure is applicable or whether you report it for 80 percent is only determined upon that one EP who's reporting. Whereas if you're looking at the group reporting registry option, we look at all the NPIs within that group to see whether or not a measure would have been applicable and could have been reported. So it's kind of the difference with that 80 percent as to what population you're looking at.

David Cook: Or the patient scope. And then, now, can a – can an electronic health record vendor be classified as a – for individual reporting, may be classified as a registry and as a data submission vendor and report for their clients under the registry option? They have in the past. Is that changing?

Alexandra Mugge: Are you asking in reference to program year 2013 or 2014?

David Cook: Yes, either and/or both.

Alexandra Mugge: Is that a yes to both? Well, for 2014, unfortunately, I think everybody knows that we can't really talk about that because we are beginning our rulemaking cycle. We do encourage folks to view our 2014 proposed rule, which should be available this summer. For our 2013 year, I believe you cannot be both an EHR direct vendor and a registry. You would have to be an EHR direct vendor and a data submission vendor. But I would actually suggest that you contact the Help Desk with this question, and they can route this to the appropriate year to get you the answer. I apologize; I just don't have my reg in front of me.

David Cook: Oh, that's fine. All right, thank you very much.

Alexandra Mugge: Thank you.

Operator: Your next question comes from the line of (Becky Martin).

(Becky Martin): My question was answered, thank you.

Alexandra Mugge: Thank you.

Operator: Your next question comes from the line of Becky Grando.

Becky Grando: Hi, I'm with Community Health Systems, and I have a question. We have four large groups, greater than 100 reporting under a single TIN, that they're doing PQRS via the individual NPI method of submission. However, I am aware that we're going to have to go through the Web portal to register to avoid the value-based adjustment. My question centers around the CG CAHPS survey. Can we expect that the Medicare patients with these groups would receive this, or is that just strictly for those that are also doing PQRS through the GPRO?

Alexandra Mugge: Hi, this is Alex. That is strictly for groups of 100 or more that report to the GPRO Web interface.

Becky Grando: OK, great. Thank you so much.

Alexandra Mugge: Sure.

Operator: Your next question comes from the line of Helena Carrothers.

(Wanda): Hi, this is actually (Wanda). My question is: If you belong to a Medicare Advantage plan—and I believe they're forwarding our PQRS measures to Medicare—what happens if that company is no longer in existence? Do you guys retain that information?

Molly MacHarris: So, this is Molly. I guess, can I ask what you mean – what do you mean by the company? Do you mean the MA plan?

(Wanda): The MA plan. The MA plan goes out of business, or we decide not to continue the MA plan in the middle of the year—what happens to our PQRS measures that were reported through them?

Molly MacHarris: You know, this is actually a good question that I suggest would go to our Help Desk, and our Help Desk, they can route it to the appropriate party here within CMS. Because, unfortunately, we don't have the subject-matter experts in the room here to answer that question, but we can definitely have our Help Desk get the answer for you on that one.

(Wanda): OK, thank you.

Molly MacHarris: Thank you.

Operator: And your next question comes from the line of Nina Ungar.

Nina Ungar: Hi, this is Nina Ungar from Johns Hopkins University in Baltimore. My question has to do with the period in July's directive where you can go in and register for which option you want to use for GPRO or claims-based – administrative claims. And my question is: Does each individual physician within a group have to register, or can you do it at the group level?

Alexandra Mugge: Hi, this is Alex. If you're registering for GPRO, you do register at the group level, and it would – you would need to be an authorized representative of your group in order to register.

Nina Ungar: And can you answer the question if we were going to select the administrative claims option?

Alexandra Mugge: It would be the same. If you're registering for administrative claims or for one of the GPRO reporting options, it would be the same thing. You would want to register at the group level.

Nina Ungar: Great, thank you so much.

Alexandra Mugge: Thank you.

Operator: Your next question comes from the line of Dave Lucey.

Alexandra Mugge: Hi.

Dave Lucey: Hi, we – hello. We are a hospital with owned physician practices. So we bill as provider based. So we bill under a single TIN with place of service 22. But the NPI for the individual physician is at each line item. So do we need to participate with PQRS or GPRO to avoid payment adjustment?

Alexandra Mugge: This is Alex. Can you just clarify how many providers bill under that one TIN?

Dave Lucey: About 70.

Alexandra Mugge: So then you would be a group practice of 70 eligible professionals under one TIN. So you would need to register to report.

Dave Lucey: Even though we bill place of service 22?

Molly MacHarris: This is Molly. And for place of service 22, I know we've had some history on that but I can't recall exactly what that is. So I apologize, but I would ask that you contact our Help Desk, and they can look into this particular issue. I know in the past on PQRS we have had pieces with POS 22, but I just can't recall what the resolution was. If you contact our Help Desk, and their info is on slide 29, we can work with you to get the resolution.

Dave Lucey: OK, thanks.

Operator: Your next question comes from the line of Mark Raffensberger.

Mark Raffensberger: Hi, good afternoon. This is Mark Raffensberger at WellSpan Health. We had been a registry or qualified as registry for several years up through 2011 and then stopped when the split was made between data submission vendors and registries and went to purely doing GPRO reporting for our providers.

The question I have, I guess, is – and I've been out of the registry/data submission vendor calls for a year now, so I'm not exactly sure what direction they're taking, but I'm trying to figure out is – you know, all of our data – at the time that split was made, the distinction between a registry and a data submission vendor was basically where the data was coming from. So if it was coming from an electronic health record, it was made pretty clear that you had to be a data submission vendor.

So all of our data is coming from an electronic health record. Can we use a registry that is not a data submission vendor to report as a GPRO? Or could we qualify as a registry now if we so desired at a future date to do that?

Molly MacHarris: Hi, Mark, this is Molly.

Mark Raffensberger: Hi, Molly.

Molly MacHarris: I believe what we finalized in our reg in 2013 was that, to be a qualified registry, you would have to be getting your data from a data source that is not 100 percent EHR based. That's something that we – and unfortunately, I don't have my reg in front of me so I can't confirm that.

Mark Raffensberger: Right.

Molly MacHarris: But I believe that is what we finalized. So for that particular example I don't believe you would be able to be a registry. Again, you can follow up with the Help Desk and they can confirm that fact. They can route you to the appropriate tier to get the answer on that.

Mark Raffensberger: OK.

Molly MacHarris: But I believe we do still have our rule in place for 2013 that to be a data submission vendor, you have to get your information from an EHR.

Mark Raffensberger: So I guess the real question, though, is if there is a vendor out there that, you know, that is a data submission vendor that we – you know, and I guess that's what we would have to use if we wanted to report our data. Do they – can they qualify as a registry for GPRO submitting? And I'm not sure if I'm making it clear what I'm asking, but ...

Molly MacHarris: So for 2013 the only options that are available to group practices are reporting your quality information through either a Web interface, through a qualified registry, or by selecting administrative claims. If your providers wanted to report using a data submission vendor, they would have to do so as individuals.

Mark Raffensberger: OK. And the only way that a – that a vendor could report our data is as a – as a data submission vendor, if I understand it correctly, because it's electronic based.

Molly MacHarris: Correct. If your information is coming 100 percent from an EHR, you would fall into the DSV bucket rather than the registry bucket.

Mark Raffensberger: So DSVs are not allowed to report for GPRO purposes.

Molly MacHarris: Not for program year 2013.

Mark Raffensberger: OK, great. All right, thank you.

Molly MacHarris: Thank you.

Operator: The next question comes from the line of Mary Ferguson.

Mary Ferguson: Hi, this is Mary from Agnesian. My question relates to the one measure for one patient/beneficiary to avoid the penalty. Can you re-explain that, please?

Christine Estella: Sure. This is – this is Christine. So basically that's the criteria to avoid the 2015 PQRS payment adjustment. And so basically if you – I don't know if you're an individual or a group practice, but basically each TIN/NPI would have to report one measure one time, or if you're a group practice, reporting one measure one time. And that would get you out of the 2015 PQRS payment adjustment. The reason we finalized that for 2015 was that we understand that we're trying to get folks to report. There are a lot of EPs that it will be their first time reporting, so we figure this is a good first step into, you know, getting people to practice reporting one measure one time.

I don't know what reporting mechanism you're trying to use, but really, I mean, for claims-based reporting – for the claims-based reporting mechanism, if you're trying to report one measure one time, we would still suggest that you're reporting, you know, a few others to cover your bases. And, you know, for registry or EHR or the GPRO Web interface, you know, you would be reporting on basically all beneficiaries anyways, so you would cover your bases there.

Mary Ferguson: OK. I think the key point is you said each NPI, each provider, would have to report on one measure one time, not one beneficiary.

Christine Estella: Yes, for at least ...

Mary Ferguson: OK.

Christine Estella: ... one – for at least one beneficiary.

Mary Ferguson: OK. But each ...

Christine Estella: Right.

Mary Ferguson: ... NPI provider has ...

Christine Estella: Yes.

Mary Ferguson: ... to apply.

Christine Estella: Yes.

Mary Ferguson: OK. Or has to submit. Thank you ...

Christine Estella: Right.

Mary Ferguson: ... very much.

Christine Estella: OK.

Operator: Your next question comes from the line of Holly Meyer.

Holly Meyer: Hi. Can you hear me?

Molly MacHarris: Yes ...

Alexandra Mugge: Yes.

Molly MacHarris: ... we can.

Holly Meyer: OK. We are a hospital-owned physician practice with 23 physicians, and it's multispecialty. And we believe that some of our providers will not meet criteria for any of these. If we report as a group and if the group meets, does it matter if we have one individual provider or four providers in the group that does not meet?

Molly MacHarris: Sure. So this is Molly. So if you are looking to report through one of the group practice options, and you said you're a group size of 23, so the only one that would be available to you would be three measures at an 80-percent reporting rate. We would look for three measures for 80 percent of the beneficiaries across the entire group. So, for example, if there is one provider who ends up not having any beneficiaries that would apply for the measures, that would be OK. I do just want to call out ...

Holly Meyer: OK.

Molly MacHarris: ... that you do have an additional option to not report as a group since you are a smaller group size. You could report as individuals if you so choose.

Holly Meyer: Yes. And that's what we were trying to determine, which was the best way. But we thought that if we report as a group and if we meet the criteria – the – oh ...

Molly MacHarris: The measures.

Holly Meyer: ... the measures, then we would all still get the incentive, versus having 20 doctors who report individually, and only those 20 meeting or getting the incentive. Does that make sense?

Molly MacHarris: Right. And that's correct. If you have additional ...

Holly Meyer: OK.

Molly MacHarris: ... questions on, you know, what option would be best for your practice to choose, again, you can call the Help Desk, and they'll walk through with you the different reporting options and the advantages and disadvantages of each.

Holly Meyer: OK, thank you.

Operator: The next question comes from the line of Diane Powell.

Diane Powell: Hi, this is Diane Powell calling from Mid-Atlantic Nephrology Associates. I'm not sure – we have 10 nurse practitioners in our practice. And when they see patients in an office setting, it's always billed as incident 2. And I just wanted to question as to whether they would ever be considered eligible providers?

Alexandra Mugge: Hold on just one moment, ma'am.

Kimberly Schwartz: Can you say your question again? I didn't hear the end of it.

Diane Powell: OK. We are a large group of 43 providers, 10 of those being nurse practitioners. When they see patients in the office setting, it's always billed as incident 2.

Kimberly Schwartz: Right.

Diane Powell: Therefore, I wanted to – we were wondering if they would ever be considered eligible professionals to meet any of the guidelines?

Kimberly Schwartz: Well, this is Kim. You are considered an eligible professional under the – under the Physician Quality Reporting program, but if ...

Diane Powell: Right.

Kimberly Schwartz: ... you're not billing – if you're billing under the physician NPI versus your own, then you would ...

Diane Powell: Then it would be no.

Kimberly Schwartz: ... not be eligible for an incentive or a payment adjustment.

Diane Powell: Right. But if we do the group, then obviously that wouldn't be an issue. Correct?

Kimberly Schwartz: Correct.

Diane Powell: OK. All right, thank you.

Kimberly Schwartz: You're welcome.

Operator: Your next question comes from the line of Vanessa Mitchell.

Vanessa Mitchell: Hello, my name is Vanessa Mitchell, and I'm calling you from Shore Wellness Center. I'm really confused with all of these. My main question is: Where would my therapists—there's only three of them and we're physical therapy—where do we go to sign up for this PQRI thing? I'm really confused with this.

Alexandra Mugge: So, this is Alex.

Vanessa Mitchell: And with three – and by it being three therapists, do I even need to even do this? I do – will it – would it be conducive for us to even do this?

Alexandra Mugge: Yes. So, yes, this is Alex. And since you are a group of three, you can report as a PQRS GPRO group practice, or for 2013 you can still report as individuals if that's your preferred approach. If they report as individuals, you do not need to register, but you do need to report through one of the individual reporting mechanisms. If you choose to report as a group, you will need to register, and that will be from, again, July 15th through October 15th. And more information on the registration process will be available at the next National Provider Call, which will be in early June.

Vanessa Mitchell: OK. And just one other thing: Does G-codes have anything to do with this?

Alexandra Mugge: Yes, they do. That's for reporting as an individual under the claims reporting option.

Molly MacHarris: And this is Molly. I mean, you can, again, contact the QualityNet Help Desk. Their info is on slide 29, and they will literally sit on the phone with you, and help you decide which reporting option and which reporting mechanism is best for your practice.

Vanessa Mitchell: OK. That's what I'm going to have to tell. Thank you so much.

Charlie Eleftheriou: Thank you. And, Holley, I think we'll take our last call.

Operator: Your final question will come from the line of Tiffani Scheel.

Tiffani Scheel: Hello. Hi, my name is Tiffani. And it's funny that the call before me was from a physical therapy office, and I too am in a physical therapy office. And my question was: We are reporting G-codes, and lo and behold, that's part of PQRS. So my question is this: We're a solo practice, but we do have a group PTAN for CMS. And we're going to be adding another physician – or actually another therapist. And we're going to be doing also our reporting through EHR. So my question is – probably you're going to direct me to the Help Desk to find out what's going to be the best option for us. Am I correct?

Molly MacHarris: Yes. This is Molly. So, I mean, that's one of the best options. And they can help walk you through that. You know, I do just want to say that each provider in PQRS, we view them as unique eligible professionals, and that's based off of the TIN/NPI combination. So ...

Tiffani Scheel: Sure, sure.

Molly MacHarris: ... we just want to make sure that each provider individually met the reporting criteria. But I would suggest that you contact the Help Desk just because they can walk through with you what will be best, because I've heard ...

Tiffani Scheel: OK.

Molly MacHarris: ... for your specific practice, because I heard you say that you're reporting G-codes, but then also you ...

Tiffani Scheel: We ...

Molly MacHarris: ... will be reporting via EHR. And for the PQRS system, they are actually viewed as two completely different reporting options.

Tiffani Scheel: OK, that was my question. I'm not registered for anything. I am a sole – we are a solo practice and a sole provider, and I am reporting G-codes for every Medicare – for every Medicare patient that is coming in. So – and of course, we are doing that now. So ...

Alexandra Mugge: So if ...

Tiffani Scheel: ... even – well ...

Alexandra Mugge: ... you are an individual or solo practitioner, you do not need to register as long as you've been submitting those codes. If you're intending to report through claims, then you should be fine.

Tiffani Scheel: OK, good to know that. All right, that's excellent. All right, thank you so much for your time. I hope there were not too many repetitive questions.

Multiple CMS Staff: Thank you.

Additional Information

Charlie Eleftheriou: Thank you. And that is all the time we have for today. If we did not get to your question, feel free to contact the QualityNet Support Help Desk at 866-288-8912 from 7:00 to 7:00 Central Time, Monday through Friday. Or e-mail them—their contact information, again, is on slide 29 of the presentation.

Now, on slide 31, you'll see information and a – and a Web link to evaluate your experience with today's National Provider Call. Evaluations are anonymous and strictly confidential. And we appreciate the feedback. All registrants of today's call will receive a reminder e-mail within about 2 business days regarding the opportunity to evaluate the call. You may disregard if you've already completed the evaluation.

That concludes today's call. Thank you for everyone who participated today. And have a great day.

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