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National Provider Call - Transcript

Centers for Medicare & Medicaid Services
How to Register for the PQRS Group Practice Reporting Option in 2014
MLN Connects National Provider Call
Moderator: Charlie Eleftheriou
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Operator: At this time, I would like to welcome everyone to today's MLN Connects National Provider Call. All lines will remain in a listen-only mode until the question-and-answer session. This call is being recorded and transcribed. If anyone has any objection, you may disconnect at this time.

I will now turn the call over to Charlie Eleftheriou. Thank you, you may begin

Announcements and Introduction

Charlie Eleftheriou: This is Charlie Eleftheriou from the Provider Communications Group here at CMS and as today's moderator, I would like to welcome everyone to the MLN Connects National Provider Call on how to register for the PQRS Group Practice Reporting Option in 2014, during which, CMS subject matter experts will provide a walkthrough of the Physician Value Physician Quality Reporting System Registration System.

The question-and-answer session will follow the presentation and, as always, this MLN Connects Call is brought to you by the Medicare Learning Network.

Before we get started, there are a few items I would like to quickly cover. One, you should have received a link to the slide presentation for today's call in an email today. If you have not seen the email, you can find today's presentation on the call details web page, which can be found by visiting www.cms.gov/npc, as in National Provider Call. Again, that's cms.gov/npc. On the left side of that page, select National Provider Calls and Events and then select today's call by date from the list. The slide presentation is located there in the call material section.

Second, continue education – continuing education credit is available for this call. Please refer to slide 36 for the presentation or visit the call details web page I just mentioned for more information on how to obtain credit for your participation today. I'll also note that this call is being recorded and transcribed. An audio recording and written transcript will be posted to the call details web page when it is available and an announcement will be placed in MLN Connects Provider eNews.

Finally, registrants were given the opportunity to submit questions in advance of today's call. We thank those of you who took time to do so. While we may not be able to address all of them today, they will be used in a future presentation to develop frequently asked questions and other educational materials.

And at this time, I'll the turn the call over to Ing Jye Cheng from the Performance-Based Policy – Payment Policy Group in the Center for Medicare.

Presentation

Ing Jye Cheng: Hi, good afternoon. This is Ing Jye Cheng and today we will be talking to you about the Value Modifier Program and how to register for PQRS Group Practice Reporting starting in 2014.

The Value-Based Modifier Program

So if you skip to slide 5, the first question to ask is, what is the Value-Based Modifier Program? It's a new incentive program created under the Affordable Care Act that began in calendar year 2015.

So in 2015, we begin to adjust – we will begin to adjust, excuse me, physician payment for the degree to which they are performing well on quality and costs in 2013. So starting in 2014, physicians will continue to report quality measures that they had in PQRS all along and it will be the second year of the Value Modifier Program and we're continuing to phase it in. So, the Value Modifier Program will be fully phased in by 2017. It will apply to all physicians and groups of physicians. In 2015, the very first year of its implementation, we only applied it to groups of 100-plus. In 2016, we're applying it to more physicians, so groups down to 10. And in 2017, we will phase it down to solo practitioners and all groups.

Today our focus really is talking about the 2016 payments, and the reason that's important is because that's what the data you're going to be reporting in 2014 will feed into.

Eligible Professionals

So if you skip to slide 6, if you turn to slide 6. Slide 6 tells you who the Value Modifier applies to, and we see the list here of eligible professionals. These are eligible professionals defined within the Medicare statute, physicians, which are MDs, DOs, podiatrists, dentists, optometrists, and chiropractors.

And the Value Modifier will apply to their payments only. However, when we look at group sizes in terms of the groups to which the Value Modifier will apply, if you look at the number of eligible professionals—and that goes beyond just the physician—then there are non-physician practitioners and PAs, CNSs, all the physicians listed on that slide, as well as therapists, physical therapists, occupational therapists, and speech-language therapists.

Slide 7 looks at how the Value Modifier really builds on the work that has been done to date in Physician Quality Reporting. The very first step in getting an incentive payment is actually reporting quality. And so, physicians and practitioners that do not report quality will be subject to a PQRS adjustment. And in addition to that, they will be subjected to a minus 2 percent automatic value modifier adjustment if they fail to meet the criteria for being a successful PQRS reporter.

Everybody else, however, will qualify for a Value Modifier adjustment, and we have two types of folks that we think about: People who registered as a group, and that's really the focus of our discussion today, the group reporters. And you can report either via the GPRO-Web Interface, through a third party registry, or through your EHR. Or if your group decides not to register, your group could still be subject to the Value Modifier and receive and an incentive adjustment if at least 50 percent of the eligible practitioners,

professionals in your group, meet the criteria to avoid that PQRS 2016 payment adjustment.

And so, if you fall into one of those two categories, you then can be subject to the Value Modifier, which will allow you to incur a positive or negative payment adjustment. Now in 2016, that positive and negative adjustment will apply to groups of 100 and plus eligible practitioners. However, if your group is smaller—between 10 and 99 eligible practitioners—you have the opportunity to receive an upward incentive adjustment. But if you do end up being subject to a net downward adjustment, you're held harmless in this 2016 first year of implementation.

The Value Modifier

On slide 8, we show what actually goes into the Value Modifier. The Value Modifier is meant to compare a hospital's quality, excuse me, a practitioner's quality against their costs performance. These – the quality area is lined up with the National Quality Strategy, and we do a composite score that includes the number of domains, clinical care, patient experience, population health, patient safety, care coordination, and efficiency.

On the cost side, we look at two things. First we looked at an aggregate cost, and there we look at total per capita costs. In 2016, we also supplemented that with the Medicare spending for beneficiary measure. In addition to the total per capita costs, within the cost composite we also look at condition-specific per capita costs, and this tend to be chronic conditions because for Medicare beneficiaries that helps us differentiate cost performance better. So, we take these two composites and we compare them against each other to determine whether your group – you had average cost, average quality, or had high or low cost or high or low quality – and determine your Value Modifier based on that.

Going to the next slide, you will see a diagram that shows the quality tiering system that we set up to implement the Value Modifier. As I mentioned before, what we do is we measure your quality composite and your cost composite and we determine whether or not each group's quality composite is average within one standard deviation of the mean or above or below average. Similarly, we do that for costs and based on your performance there, we plot you on the grid that looks a little bit like a tic-tac-toe board quite honestly. The large majority of providers and large majority of you will fall within that middle box and be average—average and, therefore, not be subject to an additional upward or downward incentive payment.

For 2016, the most that is at risk here, and these would be for the providers that are low quality and high costs, they would be subject to a minus 2 percent adjustment. Now remember I said earlier, it's not everybody in your group that will be subject to that minus 2 percent adjustment—it would just be the physicians—and that minus 2 percent is applied on the paid amount. The upward incentive will be determined at the end of the year, but it would be two times a certain factor that we'll have to figure out based on everybody's performance to make sure that we are allocating the pool of resources on a budget-control basis.

I should also mention while I'm on slide 9 that if your group sees beneficiaries and your average risk score – sees beneficiaries in the top quartile of all beneficiary risk scores – you're eligible for an additional level – an additional level of adjustment on the upward side.

Prepare for 2016

On the next page, slide 10, we have some key dates here for the 2016 payment period. The 2016 payment period, the adjustments for that period will depend on your reporting for quality in 2014 and your cost measures will also be based on your claims submitted in 2014.

The relevant dates here really are group registration, which opened several days ago on April 1st. It runs through September 30th, and we will give you a lot more details on how to register later on in this – in this presentation. Starting in January 1st of 2015, the Value Modifier will begin to apply to groups of physicians that are over or equal to 100 eligible practitioners. And then starting in 2016, January 1st, 2016, all the data that you're going to report in 2015—or in 2014, excuse me—will then be used to apply your value modifier in 2016.

Slides 11 and 12 go through the steps that we think groups should be taking to prepare appropriately for 2016. And the very first step is the most important one, which is deciding whether or how you want to participate in the PQRS Program in 2014.

As I said earlier, you can participate at the group level, which means you register as a group to report either through the GPRO-Web Interface, through a third-party registry, or through electronic health records. If you decide not to register as a group, individuals within your group – individual practitioners within your group can still report, and if greater than 50 percent of those individual practitioners successfully report, then your group can have a Value Modifier calculated for 2016.

If you do decide to report as a group, it's very important that your group register before September 30th. And as I said earlier, there's, you know, three different reporting mechanisms open to groups. Once you decided which reporting mechanism you're going to choose, it's incumbent on you and very important to understand which measures will be used within each of those mechanisms and also to understand the specification of each of those measures.

Slide 12. We also think it's important for groups to determine whether or not they wish to participate in the CG-CAHPS survey. This is new and the CAHPS survey option will be available only to groups of 25 or more eligible practitioners. I should mention, though, while it is available to all of those groups, it is required for the larger groups of 100-plus and for groups that have elected or required to report on CG-CAHPS. CMS has contracted with the survey vendor to implement this in 2014.

Step 4 would be to review the quality measure benchmark. So once you know which mechanism – reporting mechanism – you're going to use and which measures will apply

to you, which measures are – you will be – you'll be tracking, it's important to understand the benchmarks, and we provide a website that you can view the prior year benchmarks and download those to take a look at.

And fifth and finally, it's important to take a look at your quality and resource use reports. These are the physician feedback reports that CMS provides to each group that shows your performance relative to national benchmarks on each of the different measures – that shows what your quality composite would look like, what your cost composite would look like. It provides a host of additional supplemental information to assist you with care coordination. The 2013 reports, in other words, the report that will be used to determine your 2015 Value Modifier Adjustment – those will be available later this summer, late summer, early fall.

The 2014 report, as folks are just registering for 2014 quality reporting, the reports that will be developed using that data will be available in the late summer, early fall of 2015.

With that I'm going to turn it over to Sabrina Ahmed to talk a little bit and to begin our discussion on the registration process.

Registration Process

Sabrina Ahmed: Thank you, Ing Jye. So, starting with slide 13 – this slide provides a brief overview of IACS, which is the type of user account you will need in order to access the registration system. All IACS users are limited to one account per person. An IACS account can be associated with multiple group practices, which are identified by their Medicare billing TIN. In order to access the registration system, to register your group practice for the PQRS, you will need an IACS account with a group PV-PQRS system role.

If you already had an IACS account with the group PV-PQRS system role, which you requested in order to register your group for PQRS in 2013 or to get your group's 2012 Quality and Resource Use Report, then you can use the same user ID and password to access the registration system. If you forgot your password, then you can change the password yourself on the IACS application website. You can also call the QualityNet Help Desk and they will be able to walk you through the process. QualityNet contact information is listed on slide 33.

If you have an existing IACS account without a PV-PQRS system role—for example if your group submits PQRS data at the GPRO—you should already have an IACS account. In that case, you must first ensure that your account is still active. You can verify whether your account is active by contacting QualityNet and you must then add a group system role to your existing account.

The information on slides 14 through 17 apply only to those who need to request the new IACS account or need to modify an existing IACS account to add a group PV-PQRS system role. We strongly encourage representatives of group practices to request an

IACS account or modifying an existent account as soon as possible and not wait until close to the end of the registration period in September.

Before I get into the details of the IACS roles that are available for groups and how you can request the appropriate role, I want to provide a high level overview of how the IACS process works.

Each group for each TIN must designation one person, who needs to request the primary group's security official role. CMS approves this role request. The primary group security official then approves requests for the other two group roles. However, it is not necessary for groups to request any other role other than the primary group security official role in order to access the registration system.

In slides 14 and 15, I will review the PV-PQRS system roles that are available in IACS for group practices. I will review three roles that are available for groups, but a group is only required to have one person require – request – the primary group security official role in order to access the registration system.

Starting with slide 14, each group practice is identified in IACS by Medicare group billing TIN. If a group bills Medicare using multiple TINs, then each TIN must be registered in IACS.

During this presentation when we refer to a group or a group practice, we're referring to a group TIN. In order to request one of the group practice roles, the first thing that needs to happen is that one authorized representative of the group practice must sign up for an IACS account with the PV-PQRS Group Security Official role and register the group practice as an organization in IACS. This person will then be considered the group's primary security official.

In this case, EPs who bill under the TIN do not have to get an IACS account or report under the PQRS individually. Each group can have only one primary group security official, but there can be one or more backup group security officials. Most primary group security official role requests are approved by CMS within 24 hours after their request is submitted in IACS.

Slide 15 lists the tasks a user with a primary or backup group security official role can perform on behalf of the group practice. The PV-PQRS group representative role is the third type of group role available in IACS. It can be requested only after the group practice has an approved primary group security official in IACS. All three group roles will allow users to access the registration system and the group Quality and Resource Use Report.

After your request for one of the group's roles is approved, you will receive two email messages. The first email will contain your IACS user ID and the second email will contain a temporary password. You will then need to go back to the IACS application website, log into your account, and change the password.

Slide 16 describes the three steps you will need to follow in order to sign up for a new IACS account or to modify an existing IACS account to add a PV-PQRS system role for a group practice. Based on the IACS role you want to request, first, gather all of their required information you need to submit your request for a new IACS account or to modify your existing IACS account. These are listed on slide 17.

Then enter the required information into the IACS application website and lastly, verify that you entered all of their required information correctly and submit your request. Please refer to the quick reference guide we have available on our registration website that provides step-by-step instructions. The link for the registration website is shown on slide 33. It's very easy to submit an IACS request and should take about 5 minutes if you have all of the required information on hand.

Slide 17 lists the required information you need to have when requesting each of the three group practice roles. When requesting the primary group security official role, the user will need to enter the group practice's Medicare billing TIN, which is a taxpayer identification number, the rendering NPI for two different individual physicians who bill under the TIN, and their corresponding individual PTANS.

PTANS stands for Provider Transaction Access Number. It's not the same as the Medicare TIN, which is the provider identification number. If you do not know the individual PTANS, then please check the enrollment approver letter the physicians received from the Medicare Administrative Contractor or the MAC when enrolling in the Medicare Program or contact the MAC directly. Please do not use the group NPI or the group PTANS in this section of IACS.

The remaining slide will describe the registration system, which you will be able to access after your IACS account with the appropriate group roles has been approved by CMS.

I would now like to turn the presentation over to Tonya Smith.

Tonya Smith: Thank you, Sabrina, and just to recap, Ing Jye has given us a lovely overview of the Value Modifier and what a group of 10 or more EPs has to do to avoid the 2016 negative Value Modifier Payment Adjustment, and Sabrina has presented pretty much the nuts and bolts of what a group would need to do to get an IACS account, because as you know, an IACS account is needed to access the PV-PQRS registration system. Now, I will discuss the what, when, why, who, and how of registering and the registration system in that order.

But before I start, I would like to acknowledge those who submitted questions when they registered for the call. Ing Jye and Sabrina addressed some of the questions that we received regarding the Value Modifier and IACS in their presentation. There were other questions which pertain to the registration system, and I will address those during my portion of the call. Some of the examples of the questions that we received are, if you were registered as a GPRO for PQRS in 2013, do you need to register again for 2014?

We have nine orthopedic physicians and four PAs, does this qualify us to register as a group? If an organization is participating in an ACO, for example MSSP, does the organization need to register for PQRS and VPM? Are qualified – federally qualified health centers or critical assets hospitals required to participate? Is CG-CAHPS an option for groups with 100 or more EPs unless reporting via the GPRO Web Interface? How will the CG-CAHPS survey be administered? Or once registered, does this mean that the group is ready to start submitting the PQRS G-code? Or, is it true that once a group registers as a group and decides to change directions and do individual reporting, can they still do that?

And last, and my favorite question, I have absolutely no idea of what the PQRS system is and how it works. So I'm hoping that I will have a better understanding by the time we finish your presentation.

So that said, moving on to slide 18. OK, so let's now talk about the when, the what, and the why of the PV-PQRS registration system. Because I get a little tongue-tied, I will refer to the PV-PQRS registration system as the system. So when is the system open?

The system is open from April 1st, 2014, to September 30th, 2014. What is the system? The system is basically a web portal with services both to Value Modifier and PQRS program, and the system allows groups to select or change their group reporting mechanism for 2014 and also certain groups can elect CAHPS. Ing Jye alluded to this earlier in her presentation, and I will go into it in a little bit more detail about this as well. And finally, groups who registered in 2013 can review their 2013 registration information.

So why would a group need to register? I think that's a question you all want to know or callers would like to know. One of the first steps a group would need to take in order to avoid the negative PQRS payment adjustment or to be eligible for the PQRS payment adjustment and lastly to avoid the negative Value Modifier payment adjustment in 2016 is to register in the system and to select a PQRS group reporting mechanism.

To put what I had said into a context for better understanding, for PQRS, groups of two or more eligible professional who decide to report as a group in 2014 must register in the system and select the applicable reporting mechanism to avoid the PQRS payment adjustment or also to be eligible for the PQRS payment incentive. And depending on your group size, the reporting mechanisms that are available for groups will include EHR, CMS qualified registry, or the Web Interface.

For more information as to the criteria for the various criteria PQRS group reporting mechanisms, please see slide 33. For the links to the PQRS website or contact information for QualityNet is also noted on that slide. Please note that the email address for QualityNet has recently changed and the address that's on slide 33 is the correct one. For the Value Modifier, groups of 10 or more eligible professionals must register as a group and tell CMS which PQRS group reporting mechanism they will use and, of

course, we want them to meet the criteria to avoid the PQRS payment adjustment in 2016.

So for the inquirer who asks, we have nine orthopedic physicians and four PAs, does this qualify us to register as a group? The answer to that question would be yes. And Ing Jye went over the definition of an EP during her presentation and that information is on slide 6. Does the physicians and the PAs are EPs, also for PQRS? If this group wanted to register as a group to avoid the PQRS payment adjustment or be found eligible for the PQRS incentive, they could do so because their group consist of two – I mean more than two – EPs.

For the Value Modifier, this group has more than 10 EPs; thus, the group will be subject to the 2016 Value Modifier. Also, the group could participate in PQRS as a group to avoid the negative VM payment adjustment. Ing Jye went over the ways in which a group could participate in PQRS and the information can be found on slide 7.

Another benefit of the system is that groups with 25 or more EPs can utilize the system to elect – to supplement its PQRS reporting mechanism with the CAHPS survey. However, an important note is that if the group practice has a hundred or more EPs and has selected the Web Interface reporting mechanism for 2014, then the group is required to report the CAHPS survey.

So for the inquirer who asked, how will the CG-CAHPS survey be administered? CG-CAHPS will be administered via a survey vendor, and for programing in 2014, CMS has already contracted with the certified-survey vendor to implement these surveys on behalf of the group.

Lastly, the system will allow groups to review their 2013 registration information, and I will go into more detail about how to – how to review 2013 registration information later in the presentation.

So now moving on to slide 13. So I discussed the when, the who, and the why of the registration system. So now let's discuss the who. OK. So, typically on the next two slides, I will discuss who does and who doesn't have to register.

So for slide 19, some of the information as to who has to register I mentioned on the previous slide. However, slide 19 goes into more details and further reinforces CMS's efforts to align programs for the use of one registration system for both the PQRS and Value Modifier Programs, CMS. Also, as I moved on to slide 19 when I say group practices, this is inclusive of those groups who have EPs who also participate in the pioneer ACOs or the Comprehensive Primary Care initiative Care Initiative or CPC.

But for specific questions about the CMS initiative, please refer to the CMS program contact or to the program's specific help desk.

OK, so which group practices have to register? Group practices with two or more EPs that choose to participate in the PQRS as a group via a qualified registry or EHR; group practices with 25 or more EPs who want to select the Web Interface reporting; group practices with 25 or more who wants to select CAHPS; and to reiterate again, CAHPS reporting is required for groups of 100 or more EPs back and forth via the Web Interface; and lastly, group practices with 10 or more EPs that want to avoid the negative 2 percent automatic Value Modifier Payment Adjustment in 2016.

So, I have reviewed which groups have to register and when do they have to register. You're going to hear me say this frequently throughout this presentation for you, so by the end of this you'll really know. They have to register between April 1st and September 30th.

One of the questions we received asked, once the group has registered, when does the group have to start submitting data? And this is a good question. The data will have to be submitted to CMS during the first quarter 2015 for program year 2014, and CMS will provide more information as to the specific data submission dates in the upcoming months.

Now, let's move on to slide 20. Group practices that participate in the Medicare Shared Savings Program, as well as group practices that only practice in a Rural Health Clinic or a federally qualified health center do not have to register. But most importantly, group practices with individual EPs that choose to participate in the PQRS as an individual do not have to register.

Moving on to slide 21. OK, the rest of the slides pretty much discuss how to register but the next several slides are pretty much screenshots from the registration system, because I won't spend a lot of time on these slides but will point out the important information that you would need to know to be a successful registrant.

Slide 21 is just a reminder to be sure to have the information you need to register, and I will discuss what is needed on the next slide. You want to access the website just to gain entry into the system and, lastly, you will be – you will be given an opportunity to verify all information that you have submitted.

OK, slide 22. Slide 22 just tells what information you would need to have on hand. The system will time out after 30 minutes of nonactivity; thus, you want to make sure that you have the required information readily available.

Slide 23 shows you the registration website address you would need to access to register. On to slide 24, this slide shows you where to enter your IACS ID and password. And again, as Sabrina mentioned on slides 13 and 14, you would need an IACS account with the appropriate PV-PQRS system role to access the PV-PQRS registration system.

On to slide 25. This slide shows the registration hyperlink that you will need to select on the drop down.

On to slide 26. The red arrow pointing to the word "Registration" is what you want to select if you are registering in 2014 for the first time. You will also notice that there's an option that says modify or view above registration. This is for groups who have already registered in 2014 and the authorized group representative wants to change the group's reporting option or if the authorized group's representative wants to just modify their 2014 registration, they can do so by selecting modify or view before September 30th. Also, all registrants will receive an email 2 weeks before the registration closes just to let you know that registration is closing and that if the group wants to make any changes to the group's registration, do so now.

Lastly, to address the question we received regarding, if a group registered as a group and decides to change directions and do individual reporting, can they still do so? Well, the answer to that question is no. Once they have registered as a group, then the group has to report via one of the PQRS group reporting options.

So on to the next slide, slide 27. The highlighted area shows the box you would select if the group registered in program year 2013 and would like CMS to use the same requestor and organization information for program year 2014. So the information that would be used is basically shown, but keep in mind the group would still have to select a group reporting mechanism for 2014.

Moving forward, slides 28, 29, and 30 are pretty self-explanatory as far as the information that an authorized group representative would have to enter.

So let's progress and turn to slide – with slide 31. Slide 31 shows the confirmation screen that you will see once you have successfully registered. You will also receive an email after having registered. You want to hold onto this email as well.

Moving on to slide 32, so what our next steps will be? Well one, the group needs to make sure that an authorized member of the group has an IACS account with the appropriate PV-PQRS role in order to access the PV-PQRS system. Again, the registration period is from April 1st to September 30th. Please don't wait to the last minute to register.

Lastly, the 2013 QRUR will be available for all groups and solo practitioners, as Ing Jye mentioned earlier in the presentation. It's important to get your 2013 QRUR because they received input from physicians regarding the 2013 QRUR, which we have included. Thus, the 2013 QRUR will include drill-down tables. It will show beneficiary information and which beneficiary we've attributed to the group, as well as their resource use, specific chronic diseases, and hospitalizations. So, that's when we pick up your 2013 QRUR.

And lastly, as Ing Jye mentioned, it will – for certain groups – it will show what the group 2016 Value-Based Payment Modifier will be.

Resources

Onward to slide 33. Slide 33 is what I would like to call our resource slide. It contains website addresses for more information about the PQRS and the Value Modifier Program, as well as the QNet contact information for questions regarding IACS sign up or registering and the PV-PQRS registration system. Most importantly, there is a link to quick reference guides which will walk you through how to get an IACS account and how to register. So, there are plenty of resources to help you successfully register.

So, that concludes this portion of the presentation, but before we move on to the Q and A, I would like to leave you with just two take home points. Number one, the PV-PQRS registration system allows groups to select their reporting mechanism for 2014 and for certain groups that elect, CAHPS and the system allows groups to review their 2013 registration data.

And lastly, when does the registration system open and close? It's opens on April 1st – it is open from April 1st to September 30th. Thank you all for listening to me and for listening to the presentation.

Now I would turn it over to Charlie for Q and A.

Keypad Polling

Charlie Eleftheriou: Thank you. Before we move into Q and A, I would like to pause for a quick moment to complete keypad polling. This is so CMS has an accurate account of the number of participants on the line today. Please note there will be a moment of silence while we tabulate the results. And we're now ready to start polling.

Operator: CMS appreciates that you minimize the government's teleconference expense by listening to these calls together using one phone line. At this time, please use your telephone keypad and enter the number of participants that are currently listening in. If you are the only person in the room, enter one. If there are between two and eight of you listening in, enter the corresponding number. If there are nine of more with you in the room, enter nine. Please hold while we complete the polling.

Please continue to hold while we complete the polling. Please continue to hold while we complete the polling. Thank you for your participation. I will now turn the call back over to Mr. Eleftheriou.

Question-and-Answer Session

Charles Eleftheriou: Our subject matter experts will now take your questions. Because this call is being recorded and transcribed, please state your name and the name of your organization before asking your question. In an effort to hear from as many of you as possible, we ask that you limit yourself to one question at a time. If you have another round of questions, please press star one after your first question is answered to get back in the queue. We'll address additional questions as time permits. We're now ready to take our first question. We're ready to take our first question.

Operator: To ask a question, press star followed by the number one on your touchtone phone. To remove yourself from the queue, please press the pound key. Remember to pick up your handset before asking your question to assure clarity. Please note your line will remain open during the time you are asking your question, so anything you say or any background noise will be heard in the conference. Please hold while we compile the Q&A roster. Please continue to hold while we compile the Q&A roster.

Your first question comes from the line of Lovette Bolinger.

Babette Bolinger: Hi, it's Babette. I just had a question. We participated in an ACO Medicare Shared Savings Program, and the slide says if you do, you do not – you're not required to register, but – I mean the caveat to that, I guess is, if the ACO is successful in reporting to the web – for the GPRO, then we also are successful. But if we decided to go ahead and report also as a group, is that possible to do just on our own?

Lisa Lentz: No. This is Lisa Lentz. So, for the Medicare Shared Savings Program, you would report your ACO GPRO Quality Measures that would count for all of the participants in that ACO for your savings purposes, for their PQRS reporting eligibility, for the incentives as well as to avoid the 2016 payment adjustment, and then the ACO participant for Shared Savings Program would not be subject to Value Modifier. But we wouldn't look at any of the participants TIN reporting outside of the Shared Savings Program.

Babette Bolinger: OK. So, even if you were thinking, well just to be sure in case for some reason the ACO wasn't successful in its reporting, we would report on our own, you're not going to look at our data if we're part of an ACO?

Lisa Lentz: Correct.

Babette Bolinger: OK. So, there is no reason. OK. Well, I was – and I wasn't sure if you did register or if you had registered, are you required to report?

Alex Mugge: So, this is Alex Mugge, and just to follow on to Lisa's point, the registration system if you're an SSP ACO won't actually allow you to register.

Babette Bolinger: Oh.

Alex Mugge: It will tell you that your registration is unnecessary. If you're in a pioneer ACO, the circumstances are a little bit different, and we would defer you to the pioneer program to understand the best course for you, but, yes.

Babette Bolinger: OK. So, it would recognize your TIN and say this TIN participates in an ACO.

Alex Mugge: That's right.

Babette Bolinger: OK. OK. Thank you very much.

Operator: Your next question comes from the line of Kellie Glass.

Kellie Glass: Yes. This is Kelly Glass from Oklahoma Physical Therapy, Lawton. I have a question to see if we qualify for this program. We are a physical therapy with only licensed physical therapists and we have maybe four credentialed. Would we qualify for this program?

Ing Jye Cheng: At this time – this is Ing Jye Cheng. Thank you for your question. At this time and for 2016, the Value Modifier would not apply to your group it sounds like because your group is primarily focused on physical therapy and does not have any physician practitioners. Is that – am I hearing you correctly that you don't have physicians in your group?

Kellie Glass: We have no physicians, just licensed physical therapists.

Ing Jye Cheng: The Value Modifier at this time wouldn't apply.

KellieGlass: They do have doctorates, they are – they are licensed doctors but if you look at their medical licenses – but they're technically physical therapists.

Ing Jye Cheng: So, are they MDs or DOs or physical therapists?

Kellie Glass: They're physical therapists.

Ing Jye Cheng: They're physical therapists. So, if they're physical therapists, the Value Modifier would not apply.

Kellie Glass: OK.

Lisa Lentz: However, just to clarify, too. While the Value Modifier wouldn't apply for PQRS purposes, there is both an incentive and payment adjustment available there. So, your group could still choose to register and report as a group to qualify for that 2014 PQRS incentive and to avoid the 2016 payment adjustment. Alternatively, the providers in your practice could also choose to report separately as individuals for PQRS.

Kellie Glass: So, they – would they have – they would get the penalty in 2017?

Lisa Lentz: 2016.

Kellie Glass: 2016, they would get the penalty because I only have one actually there now. I mean, I have several credentialed but one just goes down there now because it's a small practice. So he has to start doing this so he doesn't get a penalty in 2016?

Lisa Lentz: Yes, yes. So, anybody who does not report in 2014 that is an eligible professional would need to do something in 2014 to avoid that 2016 payment adjustment. And you know, I might refer your group to maybe contact the QualityNet Help Desk with information on slide 33 and they can probably go over with your practice in more details some specifics.

Kellie Glass: OK. Thank you.

Operator: Your next question comes from the line of Michelle Wong.

Michelle Wong: Hi. Thank you for taking the question. My question is on how to report – how to identify which patient that we put a measure on, for example, if the – do we have to put like a G-code along with the visit so that way to identify that's the patient we're reporting the measure on? And when – and we're the group practice – so we will go through the group register so we are not – we're not able to send out the claim along with the G-code. So, my question is, how do we identify which patient that we are, you know, putting the measure?

Molly MacHarris: Hi. This is Molly. So, it depends on how you want to participate in the PQRS program and the Value-Based Payment Modifier program. So, what you're describing is a claim-based reporting option, which isn't available if you choose to participate as part of the group process. So, one of the things that would probably …

Michelle Wong: Yes. We – I'm sorry, actually, we have – probably, we have 10 providers including the doctors and PAs and so we have to go through the register and I don't think we'd be eligible for claims.

(Crosstalk)

Michelle Wong: So, how do we keep track on which patient we are report to the CMS?

Molly MacHarris: Sure. So, this is Molly again. So, just to clarify one thing, one of the changes that has been made for the 2016 Value-Based Payment Modifier, as Ing Jye and Sabrina, and Tonya mentioned earlier, is that you don't have to participate as a group process for the 2016 VM. Your group can all participate as individuals and if 50 percent do so satisfactorily, they would not be subject to the Value-Based Payment Modifier. But it does sound like your organization is just getting started. I'd actually recommend that you contact the QualityNet Help Desk whose info is available on slide 33. And what they can do is, they can actually sit with you and go over your particular type of practice, what types of measures would classify to your practice. Because once you identify the measures that would work best for you, that's really where you're going to find what would be the ideal reporting mechanism.

Michelle Wong: Actually, we already identified which measure, the nine measures out of three domain, we're going to report. My question is, how do I identify on when we

collect all the data, how do we identity, that's the patient that we are putting the measure on for data collection?

Molly MacHarris: So you need to do that based on the denominator of the measure. So, if you have your nine measures identified, you would need to look at the denominator statements that are included in the measure specification, and if you ever have a patient that falls into the denominator of that measure, you need to be – you would need to be performing the quality action if it applies and then, depending on how you're reporting, if you're reporting via claims, or you would attend the QDC figure claim form, then you would want to make sure that you do that on every denominator-eligible visit.

Michelle Wong: And how about – how about through the register, how do we apply those QDC to the claim? Do we do that?

Molly MacHarris: That's something you would need to talk to the registry about.

Michelle Wong: Registry. OK. OK. Thank you.

Molly MacHarris: Thank you.

Operator: Your next question comes from the line of Patricia Erickson.

Trisha Erickson: Hi. This is Trisha Erickson with Sanford Health in Fargo. And I had a question regarding the new patient satisfaction that you can use that as part of your scoring. It says that for a group study in 25 are given the option of using the satisfaction to report with. How does that affect the groups of 100 or more? So, do we have the option to use satisfaction or is it only 25 to 100?

Molly MacHarris: Hi. This is Molly MacHarris again. So, if your group is 100 or above, if you are reporting using the Web Interface, if that's the option that you would elect in the registration system that Tonya was talking about earlier, it automatically …

Trisha Erickson: We will be using the Web Interface.

Molly MacHarris: OK. So, that's just – the CG cap is just something that would be part of that reporting option. So, there wouldn't be, you know, an option for you to not have the CG cap available to your patient.

Trisha Erickson: So, it's already part of the Web Interface?

Lisa Lentz: Yes. So, this is Lisa Lentz. Just to add on what Molly said, the CG cap itself is not literally in the Web Interface, but rather CMS has partnered with a survey vendor and we disseminate the survey through the patients of your practice on your behalf. Those patients report those results back to the vendor. So, it's something that if you select Web Interface we are automatically doing this survey dissemination on your group's behalf.

Trisha Erickson: OK. So, it's not actually anything we would have to do. You guys are taking care of it, and then it's figured into to our results.

Lisa Lentz: Right.

Trisha Erickson: OK. Perfect. Thank you so much.

Lisa Lentz: Thank you.

Operator: Your next question comes from the line of Jason Shropshire.

Jason Shropshire: Hi. I have a two-part question. So my first question is for those of us who participated in calendar year 2013 PQRS. It looks like on one of the slides you're saying we will receive our QRUR report before we have to – before the registration deadline of September 30th. Is that correct?

Lisa Lentz: That's correct.

Jason Shropshire: So, I guess my question is, do we – what is the point of registering before that, meaning when we register for our group option, do we go – have to go ahead and choose the value modifier if we want to elect anything or do we just need to wait till we get that – those QRUR result?

Ing Jye Cheng: I think it's important to remember that the value modifiers are a program that builds on the PQRS, the Physician Quality Reporting program. So that, they are sort of separate things. I mean, regardless of what you see on your QRUR, yes, that's what will dictate what your payment adjustment will be starting in the next year and you could certainly wait. There are many groups who wait until later in the process to register.

We would encourage you to do it earlier. The traffic isn't so high. There is not as much volume. Your decision on whether or not you will report PQRS – and we would encourage all providers to report their quality through PQRS – and to the extent your group wants to do that as a group and not have your individual practitioners report independently, it really isn't connected with whether or not – you know, what your score is on your QRUR. You should be making that choice to register and thinking about how you want to report quality.

Jason Shropshire: So, I guess my question is, when I'm registering as a group for PQRS, do I also have to register over the Value Modifier at the same time or is that a completely separate process?

Ing Jye Cheng: Well, it's not a separate process. The Value Modifier simply takes your information from PQRS and computes the Value Modifier. So, there is no separate registration. You don't have to check another box to say, "Yes. I'd like to do Value Modifier." I think in the first year of implementation of the Value Modifier, we did ask

providers whether or not they wanted to elect quality tiering. In other words, they could choose to have an adjustment applied to them that was part of our transition and phase-in. And as we're moving more towards – into the sort of the completed implementation of this program so to speak, we're no longer making it an option. Quality tiering and the adjustment are mandatory for certain provider types – the smaller groups, 10 to 99. In 2016, we are holding those groups harmless if they have a negative payment adjustment. But as we move towards '17, where the law requires that the Value Modifier be applied to all physicians, there will no longer be an option to elect into Value Modifier.

Jason Shropshire: OK. So, basically, if I'm a group that's over 100, knowing that I will be subject to the Value Modifier and I don't have a choice, there is no – it makes no difference whether or not I go ahead and register now or after I receive my QRUR. You're saying there is no – there is nothing I need to fill out in regards to the Value Modifier. It will just be automatically computed behind the scenes and I don't have to register in any way.

Ing Jye Cheng: You do have to register for PQRS. We don't carry your registration over year to year.

Jason Shropshire: Right. I'm talking about registering for the value modifier.

Ing Jye Cheng: It's the same system. We use the exact same system.

Female: One registration …

Ing Jye Cheng: One registration, two programs.

Jason Shropshire: All right. Thank you.

Ing Jye Cheng: Sure.

Operator: Your next question comes from the line of Leanne Denissen.

Leanne Denissen: Hi. I have a question specific to slide 29. And it's showing two – or I think it's one slide where it asks for program contact information and technical contact information. Can you tell me the difference or what each of those contacts actually means? Is technical contact like an IS person, or who do you suggest we put in those fields?

Tonya Smith: Yes, hi. This is Tonya. And so, yes, you are correct. Yeah, like yeah, the technical contact – technical contact will be your IT or IACS or IS person and then your…

Leanne Denissen: OK.

Tonya Smith: And then your program contact information could actually be – Sabrina, correct me if I'm wrong – but it could be the authorized group representative.

Alex Mugge: So yes, this is Alex. I'm going to jump in, too, and just say I think it really defer to the group as to who they want those contacts to be. For some programs, they have one person who leads all points of contact and they would list themselves three times.

Leanne Denissen: OK.

Alex Mugge: If you have a technical person who you would like kept in the loop and also to receive the registration emails, you can list them as a technical contact and then the program contact may be someone other than the person who is actually doing the registration or they may, again, all be the same. So, it's really up to your organization who you assign as the point of contact.

Leanne Denissen: So then it sounds like whoever we put in these fields could be recipients of communication from CMS?

Alex Mugge: Yes, absolutely.

Leanne Denissen: OK. Great. Sounds good. Thank you.

Alex Mugge: Thank you.

Operator: Your next question comes from the line of Richard Phil.

Richard Phil: Hi. Thanks for my taking my call. I have lots of questions but I will get back in the queue. First, I'll just comment that the QualityNet Help Desk has been a great resource. They do answer your questions quite well. And then another comment, just that it seems to be that – I'm a medical director of a 36-physician internal medicine group practice in Dubuque, Iowa, and it seems like they've made it unnecessarily complex. You go into one IACS system like this row and then go into this portal system and try to sign up over there. But I'll plug through it. But my main question is, you know, we have one administrator and one end user in the IACS system. Is the administrator supposed to select this group security official role or is the end user or doesn't it matter, either of them can sign up for the group security official role?

Alex Mugge: Hi. This is Alex Mugge again. And again, we defer to your organization on who would be assigned that role. That role will be somebody who approves the other security officials and then the other security officials are – would be – I'm sorry, the other security are submitter roles. So, the other folks are the ones that would actually be the end user. So, anybody with an IACS encompasses a PQRS submitter role, those are folks that would, for example, log into the Web Interface or may submit data through the portal if you're putting through an EHR or something like that.

So, really, the first person that gets approved as your security official is the one who would need to know these other folks and who would be approving the other folks in the organization. So, for some organizations, they choose to go with the compliance officer. For some people, that's someone in their IT department. For other groups, it might be an administrator, or you know, upper level manager.

Richard Phil: No. I'm saying – I'm saying it doesn't matter what our title is in our organization. Our title in IACS is there is an administrator to the IACS account and there is an end user to the IACS account. Our administrator may be the end user. It's not really what our roles are internally. It's so, if I go in as the administrator in the IACS – let's see – we have one person set up as the administrator of the IACS account and one person set up as the end user of the IACS account – if I, as the end user to go into the IACS account, can I set myself up as the group security official?

Charlie Eleftheriou: Richard, can you give us a one quick second to confer?

Richard Phil: OK.

Alex Mugge: We're going to suggest that you contact the help desk. There are several different iterations of roles and depending on which system you're using, that role has a different function. So, if you could contact the QualityNet Help Desk, they'll triage your call to the appropriate place to answer questions.

Richard Phil: OK. And this is kind of tied into the same question. So, we signed up last year. We did the individual claims for PQRS, but we did the group practice reporting option for e-prescribing. Does that get us in a freebie for any of those stuff or do we have to go, anything carryover from that?

Alex Mugge: No. Unfortunately, registration does not carry over from year to year and your GPRO registration for eRx is not – is no longer valid. So you will need to log in and register again unless you choose to continue to report individually. In which case, there is no need to register. You only need to register if you're reporting as a GPRO.

Richard Phil: Yes. It seems like when I went into this portal a while ago I could see my QRUR reports. And now, when I went in recently, I can't see these QRUR reports from past years. Is that – did something expire or did they remove those or did I just …

Tonya Smith: Well, no. Your QRUR report that came out in the fall should still be on. I mean, you should still be able to access that through the PV-PQRS system. I'm not sure …

Richard Phil: OK. I'll try that again and …

Tonya Smith: OK.

Richard Phil: … contact the help desk if I need to get in the queue for hopefully another time for more.

Tonya Smith: OK.

Charlie Eleftheriou: We appreciate that.

Tonya Smith: Thank you.

Operator: Your next question comes from the line of Barbara Fontaine.

Barbara Fontaine: Hi. I am with a large group. We're over a hundred and we're multi-specialists and we've had problems getting all the physicians onboard for PRQS. If I'm over a hundred, do I still have the option of having individual professionals report individually rather than as a group?

Molly MacHarris: Hi. This is Molly again. So, no matter what your group size is – and just to clarify this for you but then for the other callers as well – for the 2016 Value-Based Payment Modifier, and this was the change from the first year of the Value-Based Payment Modifier, you do not have to participate as a group practice.

Barbara Fontaine: OK.

Molly MacHarris: You can participate as a group practice or an individual. The way that it will work is that if you are a group of 10 or more NPIs, the Value-Based Payment Modifier will apply to you. If you want to participate as a group practice, you will need to register through the mechanisms that Ing Jye, Sabrina, and Tonya discussed earlier in the call. If you want to participate as an individual, no signup is required. You can just start reporting your PQRS measures. The key with the individual reporting is that 50 percent or more of your entire set of EPs who are within your practice, they would need to meet the PQRS reporting criteria.

Barbara Fontaine: And if you don't, then they're subject to the modifier?

Molly MacHarris: Correct. Correct. The entire TIN would, the entire TIN.

Barbara Fontaine: OK. And then …

Molly MacHarris So, it really depends on what's going to be best for your practice.

Barbara Fontaine: OK. And they don't have to select the same measures or measures groups, right?

Molly MacHarris: If you're reporting as individuals, yes, because if you're a multi-specialty …

Barbara Fontaine: Right. OK.

Molly MacHarris: … practice there could be, you know, real reasons on why …

Barbara Fontaine: Yes. That's what we …

Molly MacHarris: … differences – whether it be reporting on the same set of measures.

Barbara Fontaine: Yes. We really can't figure out a same set of measures because there's such a wide variety of practices, so. OK. Well, thank you very much.

Molly MacHarris: Thank you.

Operator: Your next question comes from the line of Mira McMasters.

Mira McMasters: Hi, my question is regarding the 25 group for Group PRO Web. We were just right on the tipping point. We're a critical access hospital with rural health clinics as well as regular clinics and our concern is we might get some spillover and we would register as a Group PRO Web, and at the end of the year, we find out we only have 24 or 23 physicians. Is there a penalty for that or would you still be able to report as a Group PRO Web?

Lisa Lentz: So, for 2014 – so, if you're a group of 25 or more and you register for the GPRO Web Interface, we are going do some analyses to check if you are able to have patients that cell each of the different reporting modules within the Web Interface. And if it turns out you don't have any patient to report on, we would contact the group, make you aware of that, you know, and if there's enough time in the – in the registration period, you could go back in and elect the different option if you wish.

Mira McMasters: OK. So then we can go back into the registry and then resubmit through registry, for example?

Lisa Lentz: Right, right. Yes. This is depending on – again, depending on the timing where we are in the registration period, that's correct. You could go back and then select Registry or EHR.

Mira McMasters: OK. So, you'll determine that before December 31st of this year, right, then so we could make that contact with the registry then?

Lisa Lentz: Yes, yes. The registration closes September 30th …

Mira McMasters: OK. All right.

Lisa Lentz: Yes.

Mira McMasters: Yes. So, OK. Great. Great. OK. Thank you.

Lisa Lentz: You're welcome.

Operator: Your next question comes from the line of Rachel Nelson.

Rachel Nelson: Yes, hi. The question—excuse me I'm losing my voice—that our practice has – we do believe that we want to register as a group and we are a small physical therapy office. And there's been some confusion on if it was three measures that we were supposed to be reporting on, and then I heard on a different webinar that it was nine, and I'm just not fully understanding the difference or if it has to do with, you know, reporting individually versus a group. Could you kind of explain that to me?

Lisa Lentz: Sure, so this is Lisa again. Just to clarify things. So both pieces of information you just indicated are actually both correct. So there's a couple of different ways to avoid the payment adjustment for 2015 based on the 2014 reporting. So one would be is if you met the criteria for the 2014 PQRS incentive payment, which for most reporting options it's the nine measures across three domains.

For Web Interface reporting you would have to report on all of the measures within the Web Interface. So that would be both to earn a 2014 incentive as well as to avoid a 2016 payment adjustment. Now you could just seek to avoid the 2016 payment adjustment by reporting three measures in one domain, that would qualify you again to avoid the payment adjustment but it would not allow your TIN to be incentive eligible as a group.

Rachel Nelson: OK. So, it's basically just the difference of going for an incentive versus just not getting the penalty?

Lisa Lentz: Right.

Lauren Fuentes: And this is Lauren, just one thing that I wanted to add …

Rachel Nelson: I got …

Lauren Fuentes: … Is if you do report as a group for that, the three-measure option, you'll only be able to do that at the registry reporting.

Rachel Nelson: Oh, you can only do that through registry reporting?

Lauren Fuentes: Yes, if you report as a group.

Rachel Nelson: OK. And just to clarify something, look I apologize if that was said earlier, I just want to make sure I understood that – you cannot do -- make a claims-based reporting if you're registered as a group?

Lisa Lentz: That's correct. There's no claims-based reporting option for group for 2014.

Rachel Nelson: OK. So, like if I – every individual therapist putting these codes on like they do at G-codes and sending them out on the claim, they have to go through that – the registry that you're talking about, the interface.

Lisa Lentz: They could do – if you wanted to do group reporting, you could do registry reporting, EHR reporting, or the Web Interface or …

Rachel Nelson: OK.

Lisa Lentz: … you know, if your providers are still getting started and already doing this claims-based reporting, you could also go to route of, you know, just making sure 50 percent of more of the physicians or providers in your practice are doing individual reporting and then that would satisfy requirements for reporting for the whole TIN.

Rachel Nelson: OK. All right. Thank you.

Operator: Your next question comes from the line of Jennifer Montgomery.

Jennifer Montgomery: Hi, this is Jennifer Montgomery from Beth Israel Medical Center in New York. I just want to clarify when you say eligible EPs, for instance in the example with the ortho and the PAs, if they are nonbilling PAs, do they qualify as an EP?

Tonya Smith: Nonbilling through Medicare?

Jennifer Montgomery: Right.

Tonya Smith: Oh, or you say incident to?

Jennifer Montgomery: Good question. If they – well, they would all have their NPI numbers and may – yes, they may be credentialed in, if they're billing incident to – how do they, they then, they would become part of the group, right?

Molly MacHarris: OK.

Male: You have …

Charlie Eleftheriou: Could you give us one quick second, please? Sorry.

Jennifer Montgomery: Yes, sure.

Molly MacHarris: OK. Thanks for holding. This is Molly. So for this particular instance, so for the PQRS program, we would only be looking at PAs that bill. So, the way that we typically define an eligible professional has a unique TIN, the tax identification number, NPI, we do look to see what the eligible professional actually bills.

So, for PQRS, if they're nonbilling and they're not participating in the program, that would be OK because there wouldn't be anything to either penalize from their charges or either to provide an incentive on. It is a little different though for the Value-Based Payment Modifiers so…

Ing Jye Cheng: Sure. And so the Value-Based Payment Modifier Program, nonphysician EPs at this point aren't subject to the TIN payment adjustments. So for 2016, they're not subject to those adjustments. There could be a time after 2016 where they might be. However, you know, as you said, these folks are not billing into Medicare independently. Regardless we still include them in the group size calculation. So, for the …

Jennifer Montgomery: For the Value-Based Modifier?

Ing Jye Cheng: For the Value-Based Modifier. So, for example, if – if you have let's say eight practitioners billing Medicare but if you actually have 12 eligible practitioners in your group, so you have four PAs or NPs that are billing incident to somebody else or other types of practitioners that are billing incident to one of those other eight EPs, you would end up turning up as a group size of 12. So, therefore, you would be subject to the Value Modifier, although in 2016, there's only upside, no downside. So the programs are slightly different because the Value Modifier's applied at the group level whereas PQRS is applied at the individual TIN NPI level.

Jennifer Montgomery: Got you. OK. Yes. OK. All right. Thank you.

Operator: Your next question comes from the line of Lydia Hunter.

Molly Minehan: Hi. This is actually Molly Minehan from ReportingMD. I have a question about slide 19. The last bullet on slide 19 that says, "Group practices with 10 or more EPs that want to avoid that downward 2 percent automatic VM payment adjustment in 2016 by reporting PQRS quality data at the group level." It was my understanding that there was not going to be a negative payment adjustment for groups of 10 to 99 providers. Am I incorrect on that? I'm sorry, I'm very confused by that.

Ing Jye Cheng: That is only if – so for groups of 10 to 99, if you successfully report for PQRS, so you avoid the PQRS downward adjustment, then if you happen to be in a quality tier where you're subject to a negative Value Modifier, that negative Value Modifier would not apply. I can see how it's a little bit confusing. I mean, if you choose not to report through PQRS, so you're unable to report successfully and thus are subject to PQRS penalty, then there is an additional Value Modifier penalty applied.

Molly Minehan: OK. OK. So, it's only if you self-nominate to report under the GPRO that you would be subject to that downward automatic VM payment? Or is that wrong?

Ing Jye Cheng: If you don't – if you do not self-nominate and you do not - and so if the group does not register to report either through GPRO Web interface, by submitting EHR go through third party registry, or your group does not …

Molly Minehan: Yes.

Ing Jye Cheng: … have fewer than half of its EPs successfully participate at PQRS, then your group would be subject to both the PQRS penalty, as well – which is negative …

Molly Minehan: And, OK.

Ing Jye Cheng: … and the Value Modifier penalty of negative 2 percent. However, if you successfully report to PQRS …

Molly Minehan: OK.

Ing Jye Cheng: … avoid the PQRS penalty, and then because of the – your performance relative to – to national, you happen to be subject to a negative …

Molly Minehan: Yes.

Ing Jye Cheng: … Value Modifier adjustment, you'd be held harmless with that adjustment in 2016.

Molly Minehan: OK. Got you. Thank you.

Charlie Eleftheriou: Thank you.

Operator: Your next question comes from the line of Lindsey Wilson.

Lindsey Wilson: Hi. I just had a question about the Value-Based Modifier for 100 or more providers. If going downward, is it going downward because they're 100 or more or is it going downward based on the average cost and quality of the provider?

Ing Jye Cheng: Your Value Modifier is computed based on your average cost. It's comparing your average cost performance, to your average quality performance. So, if you look at – if you can refer back to slide 9, what you'll see is a sort of a tic-tac-toe grid where – if you have average quality and average cost, you will get paid exactly what you would have gotten paid if the Value Modifier did not exist.

If, however, your costs are let's say one standard deviation above the nation, we would consider you both higher cost; therefore, you'd have to be high quality to get that same payment as if the Value Modifier didn't exist. But if you're simply – if you're average quality, so within one standard deviation of the national norm, then you would receive 1 percent less than you otherwise would have received on you paid amount. Conversely …

Lindsey Wilson: So, the quality is really based on the PQRS that we're submitting?

Ing Jye Cheng: Yes, ma'am.

Lindsey Wilson: OK. And based on the PQRS that we're sending, that determines if it's high, average, or low?

Ing Jye Cheng: Yes, ma'am.

Lindsey Wilson: And that then determines if we're negative or positive in our Value-Based Modifier?

Ing Jye Cheng: That's correct. When you compare your quality to your cost you sort of have to plot out if you're high average or low quality and then on your cost, if you're high, average, or low cost. These are then put into one of these boxes on the tic-tac-toe grid.

Lindsey Wilson: OK. And then my other question is, because they're 100 or more and those were options to do a claim-based modifier or claim-based reporting the Web Interface, does that mean that we have to – that all of our information on the Web by the deadline?

Lisa Lentz: So, this is Lisa, again, so just to clarify, the Web Interface is a specific reporting portal that CMS provides the group that take that option. It does allow for you to either manually type in data to the secure portal or it also allows for some XML transition capability. We – actually on the PQRS Web page, you have a whole subsection dedicated to GPRO Web Interface if you'd like to view some of the educational information we have about that option and that should – that should assist you with determining if that's a good choice in a group.

Lindsey Wilson: OK. And if not, then we can just do individual basis to submit our claims the same way as 2013?

Lisa Lentz: Right. You could do that for individual reporting but there's also other reporting options available, too, through such registry or EHR-based reporting.

Lindsey Wilson: OK. Thank you for …

Lisa Lentz: Those are also available in addition to Web Interface.

Lindsey Wilson: OK. Thank you for your help.

Lisa Lentz: Sure.

Operator: Your next question comes from the line of Nina Wilson.

Nina Wilson: Hello. Thank you. This is Nina Wilson at Baptist Health in Kentucky. I have a question about the primary group security official. The person that we used last

– well, the person with our organization that last year filled in all the PQRS data for us, she's no longer with our organization. So, I suspect that she was our primary group security official. How do we go about getting another one since it appears from the presentation that you can only ever have one?

Sabrina Ahmed: If you contact the quality – this is Sabrina Ahmed. If you contact the QualityNet Help Desk, they will be able to help you with getting a new person added to the group security official role for your group.

Nina Wilson: OK. OK. Thank you very much.

Operator: Your next question comes from the line of Teri Beres.

Teri Beres: Yes, this is Teri Beres at Lexington Medical Center and I need to clarify the reporting option for 2014 for groups of 100 or more—is it just the registry, EHR, and Web Interface? Because I had heard that we could also report data submission vendor.

Lisa Lentz: Yes. So, just to clarify. You're correct. We actually, I guess count the data submission vendor as part of the EHR reporting. So, you're correct that that is available.

Teri Beres: All right. But the administrative claims option is not available.

Lisa Lentz: Correct.

Teri Beres: OK. Thank you very much.

Operator: Your next question comes from the line of Sue Buck.

Sue Buck: I have a question, thank you very much for taking it. Last year, my group did register for IACS. To my knowledge, they've never used it. I think password updates or renewals had come in and they weren't updated or renewed. So, I'm wondering, perhaps we don't even have an account anymore and I just go about re-registering fresh? Is that going to be confusing to the IACS group or how do you think I go about doing that?

Sabrina Ahmed: No, if you haven't reset your password within the last 60 days, then the first thing you can try to do is go to the IACS applications website. It's listed on p. 13, and the person who has an IACS account can try to reset their password that way, and then using your IACS user ID password, you can register. You can access the registration system. If that doesn't work, then I would suggest that you contact the QualityNet Help Desk. That's fine.

Sue Buck: And it would – and do you think that would be just starting from scratch because if they – if they haven't – if they haven't used it, I guess they wouldn't remember even their user login much less as resetting their password. I don't know that they would even have a login to go in with. So …

Sabrina Ahmed: If the person got an IACS account approved last year, then …

Sue Buck: Um, hum.

Sabrina Ahmed: … why don't you go on the IACS application website? There's a prompt there for – if you forgot your user ID and then also another prompt if you forgot your password. So, you can try to retrieve both through that mechanism or you can contact the QualityNet Help Desk and they'll be able to tell you whether your account is still active or not and what the next steps would be.

Sue Buck: And does a physician have to register or can it just be the practice administrator? I know that if I were – if I would need to have the PT TINs for two of my, you know, two of my physicians, but I think they just assume to have someone administrative do this for them.

Sabrina Ahmed: Yes, that would be fine. The administrator can register on behalf of the group practice.

Sue Buck: Great. Thank you so much.

Operator: Your next question comes from the line of Dana Jaffe.

Dana Jaffe: Yes. Hi. Are there requirements for an individual solo practitioner to file for the PQRS? And the second part of that is, what if he joins a group at a later time?

Molly MacHarris: Hi. So, this is Molly. So, for the individual eligible professional, are you just looking for basic requirements on how they participate?

Dana Jaffe: No, not only that but are they going to be penalized if they don't, if it's just a single practitioner?

Molly Mugge: Yes.

Dana Jaffe: If not in a group.

Molly MacHarris: Correct. So, just – let me clarify this for you and for the other callers, PQRS applies to all eligible professionals and our definition of an eligible professional includes physicians and your typical MD/DOs. It also includes PAs, practitioners, therapists. You have a definition of our list of eligible professionals on the home page of the PQRS website. So, regardless of how your EP would like to participate, whether as an individual or as a group, if they don't report on the quality measures, they could be subject to a negative payment adjustment. So, that's another first thing to clarify.

Second, if they, you know, if there is just one EP. They can participate as an individual eligible professional. We have a lot of different ways that they could participate. They could participate via claims. They could participate via registry. They could participate

electronically through one of our QDHR methods. They could participate using the qualified clinical data registry.

So there's a lot of different options out there. If you're just getting started, I suggest that you take a look at our website. We have a lot of educational resources materials out there. So the website is a great place to start and the link for the website is on slide 33.

And then just one other suggestion, you can always contact the QualityNet Help Desk. They're really good at, you know, working with, you know, first time providers and how to get started. So, if you have any questions, they can help you and then …

Dana Jaffe: OK. Thank you.

Molly MacHarris: OK. Great.

(Crosstalk)

Operator: Your next question …

Charlie Eleftheriou: I'm sorry. This is going to have to be our last question.

Operator: Your final question comes from the line of Carmen Barc.

Carmen Barc: Hi, yes, I'm just looking for clarification around the CAHPS survey option for this year. If you're a group practice that has 100 more EPs and they're going to report as group but not use the Web Interface reporting mechanism and we want to participate in the CAHPS survey, will CMS pay for that survey? And secondly, how are the calculations included in the Value-Based Modifier for the CAHPS survey?

Lisa Lentz: So, this is Lisa, I'll answer the first part of the question. Yes. So, if you are a group of 25 or more eligible professionals and you elect group reporting, you can select Web Interface, registry or EHR. And there will also be an option if you would like to elect the CAHPS survey. And if you select yes, then CMS will both have the survey administered on your behalf as well as pay the expense for it. And then I'll let one of my Value Modifier colleagues answer the other part of your questions.

Tonya Smith: Thank you. So, this is Tonya. So, for the Value Modifier, the CAHPS survey results would be considered as – will go in as part of the quality composite. Because remember the Value – the Value-Based Modifier uses both a quality composite and a cost composite. The CAHPS survey would be considered as part of the quality composite.

Carmen Barc: It'll be a separate domain?

Tonya Smith: It's a – no, it will be what's called the patient experience domain and that would be the …

Carmen Barc: OK.

Carmen Barc: That's – OK, that's one on the six. OK.

Lisa Lentz: Lisa, again. Just to clarify to my earlier statements because I said groups of 25 or more and, again, those that are 100 plus that elect Web Interface, they of course would be required to have the CAHPS reported.

Carmen Barc: If you participate in the CAHPS survey, is that automatically requiring the results to be included in your Value Modifier?

Tonya Smith: Yes. Well, those would be included into your – again, as part of the quality composite to calculate the Value Modifier.

Carmen Barc: OK. Thank you.

Additional Information

Charlie Eleftheriou: Thank you. And, unfortunately, that's all the time we have for questions today. If we do not get your question, please reference slide 33 and feel free to contact the QNet Support Help Desk.

On slide 35 you'll find information on how to evaluate your experience with today's call. Evaluations are anonymous, confidential, and voluntary. We hope you take a few moments to evaluate your experience with this MLN Connects Call.

And lastly, I just like to thank our subject matter experts and all participants who joined us for today's call. Have a great day.

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

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