



2015 PQRS EHR Vendor Support Call



**Supporting PQRS
Group Practices
using Electronic
Reporting**

July 23, 2015

CMS Disclaimer

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

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Electronic Reporting Disclaimer

If a group is reporting for PQRS through another CMS program (such as the Comprehensive Primary Care Initiative, Medicare Shared Savings Program, Pioneer Accountable Care Organizations), please check the program's requirements for information on how to report quality data to earn a PQRS incentive and/or avoid the PQRS payment adjustment.

Please note, although CMS has attempted to align or adopt similar reporting requirements across programs, EPs should look to the respective quality program to ensure they satisfy the PQRS, EHR Incentive Program, VM, etc. requirements for each of these programs.

Purpose

- This presentation will provide guidance for electronic reporting 2015 PQRS quality measure data via 2015 GPRO.
- Intended audience:
 - PQRS group practices who registered for 2015 GPRO via EHR
 - EHR vendors

Acronyms

- **CAHPS** – Consumer Assessment of Healthcare Providers and Systems summary surveys
- **CEHRT** – Certified Electronic Health Record Technology
- **CQMs** – Clinical Quality Measures
- **eCQMs** – Electronic Clinical Quality Measures [for PQRS Portal submission]
- **EHR** – Electronic Health Record
- **EIDM** – Enterprise Identity Management
- **EP** – Eligible Professional
- **FFS** – Fee-for-Service
- **GPRO** – Group Practice Reporting Option
- **IACS** – Individuals Authorized Access to CMS Computer Services
- **IPP** – Initial Patient Population
- **MCMP** – Medicare Care Management Performance
- **MPFS** – Medicare Physician Fee Schedule
- **NPI** – National Provider Identifier
- **ONC** – Office of the National Coordinator
- **PQRS** – Physician Quality Reporting System
- **PGP** – Physician Group Practice
- **PFS** – Physician Fee Schedule
- **Portal** – The Physician and Other Health Care Professionals Quality Reporting Portal
- **TIN** – Tax Identification Number
- **QRDA** – Quality Reporting Document Architecture

Agenda

- PQRS GPRO Overview
- Electronic Reporting Overview
 - Group Practice Reporting Options
 - Electronic Reporting Requirements
- Information for EHR Vendors
 - How to Report Quality Data
 - QRDA Considerations and Submission Requirements
- Information for PQRS Group Practices
- Resources & Where to Call for Help
- Question & Answer Session

Announcements

- 1. IACS to EIDM Reminder:** As of 7/13/2015, the IACS system was retired
 - Current/active IACS user accounts were automatically transitioned to EIDM (including their data and roles)
 - EIDM can be accessed from the “CMS Secure Portal” portion of the of the CMS Enterprise Portal (<http://Portal.cms.gov>)
 - Users will then access the Portal to submit data, retrieve submission reports, view feedback reports, and conduct various administrative and maintenance activities
 - New PQRS users or IACS users whose accounts were inactive will need to register for an account in EIDM
 - For more information, see the [Quick Reference Guides](#)
 - Any questions should be directed to the [QualityNet Help Desk](#)

Announcements (cont.)

- ## 2. Submission Engine Validation Tool (SEVT) is Open: 2015 test data can be entered and submitted through the Portal.
- Applies only to group practices submitting data via EHR Direct
 - The SEVT is available at all times, except during maintenance

Announcements

- 3. Upcoming planned system outages:** The Portal will be unavailable for scheduled maintenance and will not be accessible during the following periods:
- **Every Tuesday** starting at 8:00 pm ET–Wednesday at 6:00 am ET
 - **Every Thursday** starting at 8:00 pm ET–Friday at 6:00 am ET
 - **Third weekend of each Month** starting Friday at 8:00 PM ET–Monday at 6:00 AM ET
 - Upcoming maintenance weekend: 8/21/2015 - 8/23/2015
 - See the Portal website for the complete list of scheduled system outages, at <https://www.qualitynet.org/portal>

Announcements (cont.)

- 4. Review Resources:** Be sure to review all resources related to 2015 PQRS GPRO participation and electronic reporting using an EHR
- [2015 PQRS EHR Reporting Made Simple](#)
 - [2015 GPRO Guide for EHR Direct and EHR Data Submission Vendors](#)
 - [2015 Guide for Group Practices Using PQRS GPRO Reporting Using an EHR](#)
 - [eCQM Library](#)
 - [PQRS GPRO 2015 Criteria document](#)

Presenter: Michael Kerachsky, Contractor

PQRS GPRO OVERVIEW

Overview

- What is a group practice?
 - Defined as a single TIN with 2 or more individual EPs who have reassigned their billing rights to the TIN
 - Group practices can register to participate in PQRS via GPRO to be analyzed at the group TIN level
 - Referred to as “PQRS group practice”
- Originally modeled after CMS demonstration projects
 - Physician Group Practice (PGP)
 - Medicare Care Management Performance (MCMP)
- PQRS group practices that satisfactorily report in program year 2015 can avoid the negative payment adjustment in 2017

Overview (cont'd)

- Benefits of participating as a group practice in the PQRS GPRO
 - Billing and reporting staff may report one set of quality measures data on behalf of all EPs within a group practice, reducing the need to keep track of EPs' reporting efforts separately
 - Those EPs who have difficulty meeting the reporting requirements for individual EPs may benefit from group reporting
- If an organization or EP changes TINs, the participation under the old TIN does not carry over to the new TIN, nor is it combined for final analysis

PQRS GPRO Registration

- Group practices must have registered to participate in PQRS through the GPRO by June 30, 2015
 - Registration was completed through the [Physician Value \(PV\)-PQRS registration system](#)
- During registration, the group practice indicated the size of their group at the time they register
 - Group size is based on the number of EPs billing under the TIN
 - Update the group's Medicare Provider Enrollment, Chain, and Ownership System (PECOS) information before registration
 - Reporting mechanisms vary depending on the group size at the time of GPRO registration

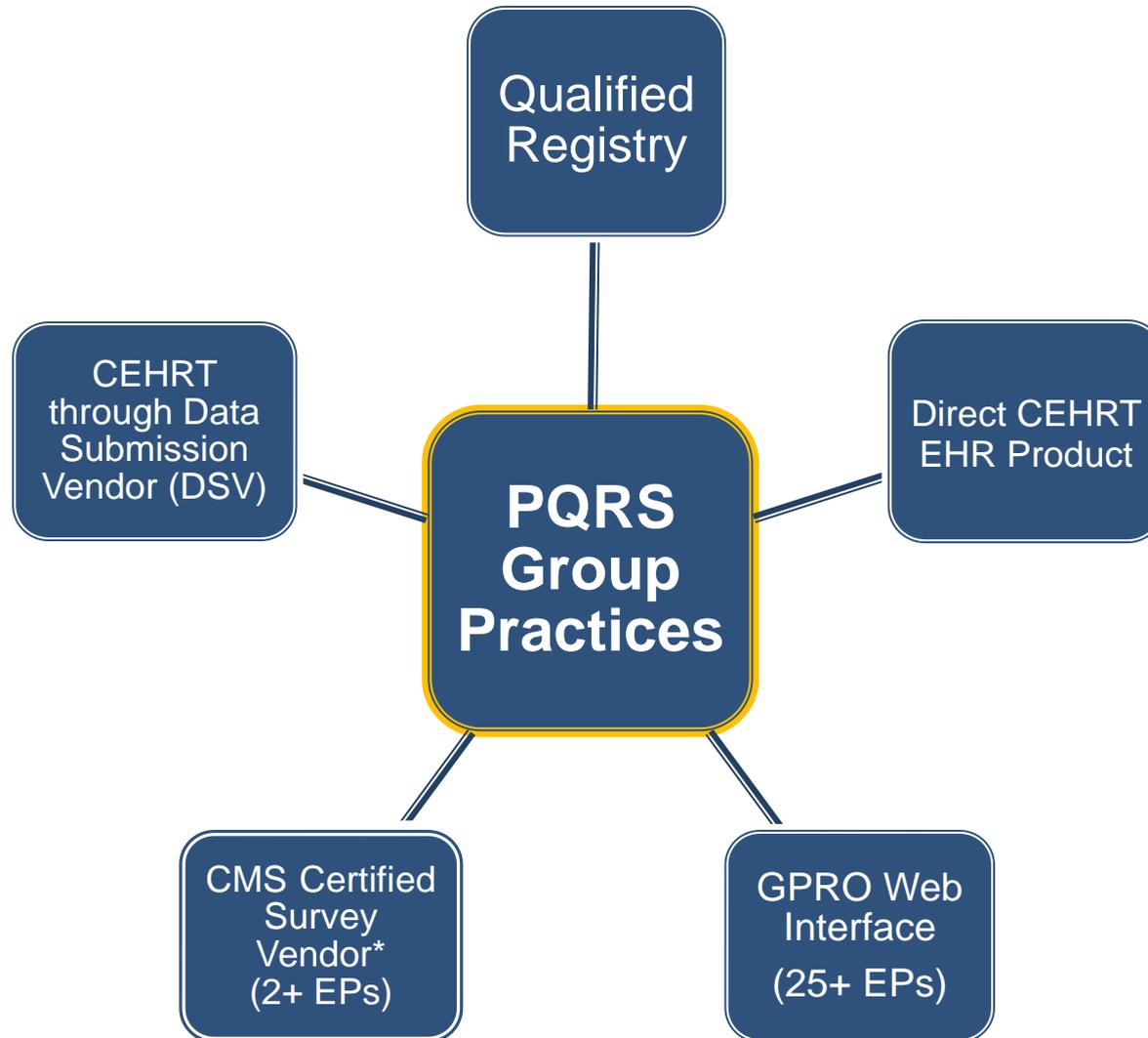
PQRS GPRO Registration (cont'd)

- There are three PQRS GPRO group sizes
 - 100+ EPs
 - 25-99 EPs
 - 2-24 EPs
- PQRS group practices participating via GPRO are encouraged to notify their group members that they have registered for PQRS GPRO
 - Be sure to inform the group members which reporting mechanism was selected during registration

Presenter: Jessica Schumacher, Contractor

ELECTRONIC REPORTING OVERVIEW

2015 PQRS Group Practice Reporting Options



*CAHPS is required for groups of 100+ EPs reporting via the GPRO

GPRO Electronic Reporting

- CMS has aligned several reporting requirements for those reporting electronically using an EHR
 - Reduce the burden on providers participating in multiple quality reporting programs
 - The eCQM specifications are used for multiple programs, including the electronic reporting option for PQRS and the Medicare EHR Incentive Program
- Satisfactory reporting of PQRS EHR quality measures will allow PQRS group practices to qualify for the CQM component of Meaningful Use
 - Individual NPIs, who are Medicare EHR Incentive Program EPs, will still be required to meet the other Meaningful Use objectives through the Medicare EHR Incentive Program Registration and Attestation System

GPRO Electronic Reporting (cont'd)

- The criteria for satisfactory electronic reporting using an EHR for PQRS are aligned with the CQM component of the Medicare EHR Incentive Program
 - Requires EPs and PQRS group practices to submit CQMs using an EHR product that is CEHRT
 - Product must be 2014 Edition CEHRT
 - ONC certification process has established standards and other criteria for structured data that EHRs must use
 - EHR vendors must work with their authorization and testing body to make sure they are able to submit the July 2014 update of the eCQMs data for 2015 PQRS and must be sure to meet the CMS requirements for form and manner in order to submit that data

Resource: For complete information, see [2015 PQRS: Reporting Using a Direct EHR Product or Data Submission Vendor Guide for Group Practices Using PQRS GPRO](#) document

GPRO Electronic Reporting (cont'd)

- **Direct EHR vendors** are those vendors that are certifying an EHR product and version for EPs or group practices to directly submit their PQRS measures data to CMS in the CMS-specified format(s) on their own behalf
- **EHR DSV** is an entity that collects clinical quality data directly from the EP's or PQRS group practice's EHR
 - DSVs will be responsible for submitting PQRS measures data to CMS in a CMS-specified format(s) on behalf of the EP or the PQRS group practice for the program year

Reporting Requirements



EHR: 2-99 EPs

Report 9 measures covering at least 3 domains

If the group practice's direct EHR product or EHR data submission vendor product does not contain patient data for at least 9 measures covering at least 3 domains, then the group practice must report the measures for which there is patient data*

** The PQRS group practice must report on at least 1 measure for which there is Medicare patient data.*

Note: If a PQRS group practice satisfactorily reports for 2015 PQRS using the electronic reporting option, the individual EPs are required to meet the other Meaningful Use objectives through the Medicare EHR Incentive Program Registration and Attestation System.

Reporting Requirements (cont.)

All CAHPS for PQRS survey measures must be reported on the group's behalf via a CMS-Certified Survey Vendor, **AND**

The group must report at least 6 additional measures (outside of CAHPS for PQRS) covering at least 2 of the NQS domains using the direct EHR product or EHR DSV product that is CEHRT

If less than 6 measures apply to the group practice, the group practice must report up to 5 measures*

** The PQRS group practice must report on at least 1 measure for which there is Medicare patient data.*

CMS- Certified Survey



Group Practice

EHR: 2-99 EPs



Group Practice

EHR: 100+ EPs

Presenter: Jessica Schumacher, Contractor

INFORMATION FOR EHR VENDORS

Confirm 2015 PQRS GPRO Registration

- Confirm the organization registered to participate via 2015 PQRS GPRO
 - A Registration Identification Number is provided in the Confirmation Message after a group practice completes registration
 - Work with your clients to confirm they received a Registration Identification Number
- Files submitted with the wrong code within the CMS Program Name will be accepted, but will be issued a system warning and request for resubmission
 - You must select the Program Name that correctly applies to your submission in order to ensure that CMS properly analyzes your quality reporting data
 - Valid CMS Program Names are found on the next two slides, and in the [2015 CMS QRDA Implementation Guide for Eligible Professional Programs and Hospital Quality Reporting](#)
 - Only codes listed in the 2015 QRDA Implementation Guide will be accepted

QRDA-I CMS Program Name

- Use one of the following QRDA-I codes to indicate 2015 PQRS submission

Table 6: QRDA-I CMS Program Name

Value Set: QRDA-I CMS Program Name 2.16.840.1.113883.3.249.14.103
Specifies the CMS Program for QRDA-I report submissions.

Code	Code System	Code System OID	Print Name
PQRS_MU_INDIVIDUAL	CMS Program	2.16.840.1.113883.3.249.7	PQRS Meaningful Use Individual
PQRS_MU_GROUP	CMS Program	2.16.840.1.113883.3.249.7	PQRS Meaningful Use Group
PIONEER_ACO	CMS	2.16.840.1.113883.3.249.7	Pioneer

QRDA-III CMS Program Name

- Use one of the following QRDA-III codes to indicate 2015 PQRS submission

Table 11: QRDA-III CMS Program Name

Value Set: QRDA-III CMS Program Name 2.16.840.1.113883.3.249.14.101 Specifies the CMS Program for QRDA-III report submissions.			
Code	Code System	Code System OID	Print Name
CPC	CMS Program	2.16.840.1.113883.3.249.7	CPC
PQRS_MU_INDIVIDUAL	CMS Program	2.16.840.1.113883.3.249.7	PQRS Meaningful Use Individual
PQRS_MU_GROUP	CMS Program	2.16.840.1.113883.3.249.7	PQRS Meaningful Use Group
MU_ONLY	CMS Program	2.16.840.1.113883.3.249.7	Meaningful Use Only

How to Report Quality Data

- The EHR vendor **must aggregate the data at the TIN level** to ensure that the data is calculated correctly for group practice reporting
 - If the EHR vendor does *not* aggregate measures at the TIN level, then some encounters may not be included when computing the measure, resulting in an incorrect reporting/performance rate

Example of Aggregating at TIN Level

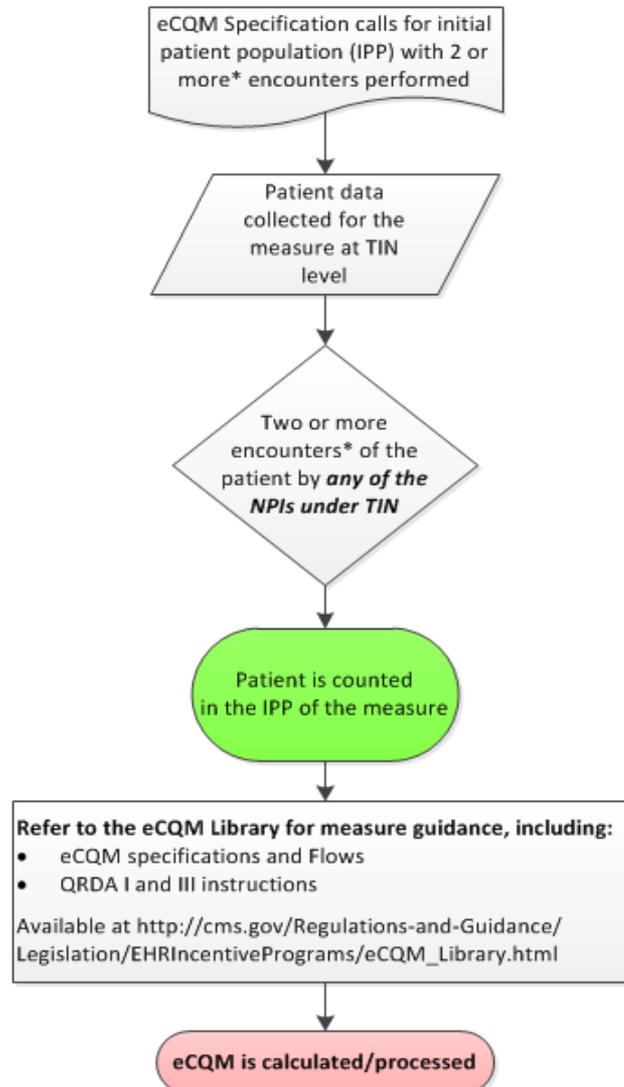
CMS measure #147- Preventive Care and Screening: Influenza Immunization:

- The measure requires two or more encounters during the measurement period
- The EHR vendor must take into account all patient visits from all EPs under the TIN
 - If a patient has multiple encounters with different EPs under the TIN, then the patient will be counted in the IPP for this measure only once
 - The group should submit data for the measure regardless of whether the group met the performance for this patient or not

Resource: [2015 GPRO Guide for EHR Direct and EHR Data Submission Vendors](#)

Example (cont.)

2015 GPRO EHR Reporting – Example of how Vendors Aggregate at TIN Level



*This is an illustrative example only, as different measures may have different encounter criteria.

QRDA Considerations

- QRDA-I submissions should contain all information for the patient, containing no duplications, and should represent the patient as seen by the TIN, not the individual NPIs within the TIN
- QRDA-III submissions should consist of one aggregate file for the entire TIN, containing no duplications, and should represent the data at the TIN level
- PQRS_MU_GROUP is a code within the CMS Program Name to select for PQRS group practices reporting via GPRO for PQRS and the Medicare EHR Incentive Program
 - Note: Using the correct program identifier is critical for successful submissions

QRDA Considerations (cont.)

- All EPs within a group practice must be using CEHRT for the group to be eligible to report via EHR
 - EHR vendors do not need to submit all NPIs under the group TIN within the QRDA-I or QRDA-III file
 - For purposes of the Medicare EHR Incentive Program, CMS will determine which NPIs satisfactorily report within a GPRO
- The NPI is an optional field within the QRDA-III and should not be included for PQRS GPRO reporting

Resource: 2015 CMS QRDA Implementation Guides for EP Clinical Quality Measures is available in the Downloads section of the [Clinical Quality Measures webpage](#).

QRDA Submission Requirements

- EHR vendors submitting PQRS GPRO data must:
 - Submit one file format, either QRDA category I or category III
 - DSVs must enter into and maintain with participating professionals an appropriate Business Associate Agreement that provides for the EHR vendor's receipt of patient-specific data from the group practice, as well as the EHR vendor's disclosure of patient-specific data on behalf of the group practice that wishes to participate in PQRS
 - Vendor to obtain and keep on file signed documentation that each holder of an NPI has authorized the EHR vendor to submit PQRS data on all patients to CMS for the purpose of PQRS and EHR Incentive Program participation
 - This documentation must be obtained at the time the group practice signs up with the EHR vendor for purposes of PQRS participation and must meet any applicable laws, regulations, and contractual business associate agreements

QRDA Submission Requirements (cont.)

EHR vendors submitting PQRS GPRO data must (cont.):

- Make sure that the data submitted are accurate
- EHR data for 2015 PQRS will be submitted one time during the submission period, ending on **February 29, 2016**
- Make sure all reporting periods under the 2015 PQRS GPRO are 12 months, January 1 – December 31, 2015
- Collect data for all payer types
 - To be eligible for PQRS, data must also contain at least one Medicare Part B Patient

Resource: EHR vendors wishing to participate in the 2015 PQRS and submit data for groups participating in PQRS GPRO should review the [2015 GPRO Guide for EHR Direct and EHR Data Submission Vendors](#) document.

Vendor's Next Steps

- Ensure your EIDM account is activated
- Participate in SEVT testing
 - Let your clients know if submission was successful
- Work with your clients
 - Confirm they successfully registered to participate via 2015 GPRO
 - Set up/test systems
- Attend upcoming eHealth Vendor Workgroups

Presenter: Dr. Daniel Green, CMS

INFORMATION FOR PQRS GROUP PRACTICES

Step 1: Determine Eligibility to Participate

- A [list of professionals](#) who are eligible to participate in 2015 PQRS is available on the CMS PQRS website
 - Read this list carefully, as not all providers are considered as an PQRS EP
- **IMPORTANT:** The definition of a PQRS EP differs from the Medicare EHR Incentive Program's definition
 - See the [Medicare EHR Incentive Program](#) website for information on who is eligible to participate

Step 2: Determine Applicable Measures

- Review the [Measures List](#) to become familiar with the different measures available for 2015 PQRS
 - Identify those measures that the implemented EHR system is able to report
- Review the 2014 eCQMs for Eligible Professionals, update July 2014, and supporting documents on the [eCQM Library](#) to become familiar with the measures
 - EPs wishing to report another version of the measures must do so by Attestation, which will only satisfy requirements for the EHR Incentive Program and not for PQRS

Step 3: Choose an ONC-Certified EHR Product

- PQRS group practices using a direct EHR product or DSV must use a product that is certified to the July 2014 specified eCQM versions and is 2014 Edition CEHRT
- For more information on determining if your product is CEHRT, please visit the [EHR Incentive Program Certified EHR Technology](#) website

Step 4: Document Patient Care and Related Info in EHR System

- Ensure you identify and capture **all eligible cases per the measure denominator** for each measure you choose to report
- It is important to review all of the denominator codes that can affect electronic reporting
 - Be aware of broadly applicable measures or measures that do not have an associated diagnosis (for example, CMS147v2 - Influenza Immunization) to ensure the correct quality action (if performed) is reported for the eligible case as instructed in the measure specifications

Step 5: Register for an EIDM Account

- **If you are submitting quality measure data directly from your EHR system, you must have an EIDM account**
 - Skip registering for an EIDM PQRS Submitter role if reporting via an EHR DSV
- Users who had an active IACS account when EIDM was implemented should have been automatically migrated to EIDM
 - A new EIDM account should not be needed
- For new users, it can take some time to get EIDM accounts set up and approved, so please begin as soon as possible
- EIDM accounts for PQRS group practices reporting via EHR Direct
 - EIDM account holders are limited to 1 account per person
 - One account may be associated with multiple TINs
 - One account may be associated with multiple roles
 - An existing EIDM account may **not** be transferred to another individual; however, a new account may be created
 - EIDM Account Users are responsible for submissions

EIDM Security Official (SO) Role

Step 5: Register for an EIDM Account continued...

- The Security Official (SO) is the authorized representative for the organization
 - Responsible for registering the specific organization in EIDM
 - There may be more than one SO for the organization
 - The SO approves the EIDM PQRS Submitter role within the organization
 - The SO cannot submit data in the PQRS Portal.
 - If the organization already has an SO account, make sure the SO account is active
 - If it is not active, follow the steps in EIDM to reactivate

EIDM PQRS Submitter Role

Step 5: Register for an EIDM Account continued...

- PQRS Submitter Role is for the organization users accessing the PQRS Portal to submit data
 - The group practice should have a back-up submitter account in case people leave the organization
- PQRS Submitter Role must be approved by the specific organization SO
- There may be multiple PQRS Submitters for the organization
- Once the PQRS Submitter role for the organization is obtained and the submission period begins; the PQRS Submitter will be ready to submit PQRS reporting data extracted from the EHR system

EIDM Account resources

Step 5: Register for an EIDM Account continued...

- For assistance with new and existing EIDM accounts, review the [Quick Reference Guides](#)
- Contact the QualityNet Help Desk with any questions
 - (866) 288-8912 (TTY 877-715-6222) or email at qnetsupport@hcqis.org

Step 6: Create Required Reporting Files

- Work with your EHR vendor to create the required reporting files from your EHR system so they can be uploaded through the Portal using EIDM
- If you are using CEHRT, your EHR should already be programmed to generate these files
 - You cannot report without using CEHRT

Step 7: Participate in Testing

- CMS strongly recommends EPs participate in the recommended testing for data submission or ensure your data submission vendor participates when available prior to payment submissions to ensure data errors do not occur
- The SEVT is available on the [Portal](#)
- Just because a product is CEHRT does not necessarily mean no issues could occur with PQRS submissions
- Speak with your EHR vendor or data submission vendor (if applicable) to discuss any data submission issues

Step 8: Ensure Submission

- Submit final EHR reporting files with quality measure data or ensure your data submission vendor has submitted your files by the data submission deadline of **February 29, 2016** to be analyzed and used for 2015 PQRS EHR measure calculations
- If reporting QDM-based QRDA-I files, a single file must be uploaded/submitted for each patient
 - Files can be batched but there will be file upload size limits
 - It is likely that several batched files will need to be uploaded to the Portal for each EP or group practice

Step 8: Ensure Submission (cont.)

- Following each successful file upload, notification will be sent to the EIDM user's e-mail address indicating the files were submitted and received
 - Submission reports will then be available to indicate file errors, if applicable
- Submit the data through the correction submission options in the Portal
 - QRDA files submitted through the EHR Aggregate option will receive a warning and will need to be resubmitted

CMS Initiatives

Resources & Where to Call for Help

Resources

- **CMS PQRS Website**
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS>
- **PFS Federal Regulation Notices**
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices.html>
- **Medicare and Medicaid EHR Incentive Programs**
<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms>
- **CMS Value-based Payment Modifier Website**
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>
- **Physician Compare**
<http://www.medicare.gov/physiciancompare/search.html>
- **Frequently Asked Questions (FAQs)**
<https://questions.cms.gov/>
- **MLN Connects Provider eNews**
<http://cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Index.html>
- **PQRS Listserv**
https://public-dc2.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_520

Where to Call for Help

- **QualityNet Help Desk:**

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

7:00 a.m.–7:00 p.m. CST M-F or gnetsupport@hcqis.org

You will be asked to provide basic information such as name, practice, address, phone, and e-mail

- **Provider Contact Center:**

Questions on status of 2013 PQRS/eRx Incentive Program incentive payment (during distribution timeframe)

See *Contact Center Directory* at <http://www.cms.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip>

- **EHR Incentive Program Information Center:**

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

- **VM Help Desk:**

888-734-6433 Option 3 or pvhelpdesk@cms.hhs.gov

- **CPC Initiative Help Desk:**

E-mail: cpcisupport@telligen.org

- **Physician Compare Help Desk:**

E-mail: PhysicianCompare@Westat.com

Time for

Questions & Answers