

03

ADVANCED



PQRS Training Module:

HOW TO REPORT ONCE FOR 2014 MEDICARE QUALITY REPORTING PROGRAMS

TRAINING MODULE OBJECTIVES

How to Report Once for 2014 is a training module for eligible professionals who are interested in reporting quality measures one time during the 2014 program year to become eligible for an incentive for multiple Medicare quality programs.

DISCLAIMER

If reporting for PQRS through another CMS program (such as the Medicare Shared Savings Program, Comprehensive Primary Care Initiative, 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.

NOTE:

Please note, although CMS has attempted to align or adopt similar reporting requirements across programs, eligible professionals should look to the respective quality program to ensure they satisfy the requirements of each of these programs.

Table of Contents

1. Overview of Reporting Once for 2014	5
2. Reporting Once for Individual Eligible Professionals	8
3. Overview of Group Practices in GPRO	19
4. Reporting Once for Group Practices	21
Reporting Once for Group Practices with 2-24 Eligible Professionals	21
Reporting Once for Group Practices with 25-99 Eligible Professionals	26
Reporting Once for Group Practices with 100+ Eligible Professionals	39
5. Reporting Once for Eligible Professionals in Medicare Shared Savings Program	51
6. Reporting Once for Eligible Professionals in Pioneer ACO	56
7. Quality Resources	58



OVERVIEW OF REPORTING ONCE FOR 2014

PQRS Training Module: How to Report Once for 2014 Medicare Quality Reporting Programs 5

1. OVERVIEW OF REPORTING
ONCE FOR 2014

2. FOR INDIVIDUAL ELIGIBLE
PROFESSIONALS

3. OVERVIEW OF GROUP
PRACTICES IN GPRO

4. FOR GROUP PRACTICES

5. FOR ELIGIBLE
PROFESSIONALS IN
MEDICARE SHARED
SAVINGS PROGRAM

6. FOR ELIGIBLE
PROFESSIONALS
IN PIONEER ACO

7. QUALITY RESOURCES

Benefits

Providers participating in the 2014 PQRS program may be eligible to report once for more than one Medicare quality reporting program and reap these benefits:

- Earn the 2014 PQRS incentive and avoid the 2016 PQRS payment adjustment.
- Satisfy the clinical quality measure (CQM) requirements of the Medicare Electronic Health Record (EHR) Incentive Program.
- Satisfy requirements for the 2016 Value-Based Payment Modifier (VM) and your Accountable Care Organization (ACO), depending on your eligibility.

Eligibility

You may be eligible to report once:



If you are participating in PQRS as:

- An individual eligible professional
- A group practice in the group practice reporting option (GPRO)



If you are participating in PQRS and the following ACO programs:

- Pioneer ACO
- Medicare Shared Savings program

NOTE:

All participants must be beyond their first year of meaningful use in the Medicare EHR Incentive Program to qualify for the reporting once options.



REPORTING ONCE FOR INDIVIDUAL ELIGIBLE PROFESSIONALS

PQRS Training Module: How to Report Once for 2014 Medicare Quality Reporting Programs 8

**1. OVERVIEW OF REPORTING
ONCE FOR 2014**

**2. FOR INDIVIDUAL ELIGIBLE
PROFESSIONALS**

**3. OVERVIEW OF GROUP
PRACTICES IN GPRO**

4. FOR GROUP PRACTICES

**5. FOR ELIGIBLE
PROFESSIONALS IN
MEDICARE SHARED
SAVINGS PROGRAM**

**6. FOR ELIGIBLE
PROFESSIONALS
IN PIONEER ACO**

7. QUALITY RESOURCES

Reporting Once Options

There are two options for individual eligible professionals reporting once:

EHR-Based

OR

**Qualified Clinical Data
Registry (QCDR)**

Option 1: EHR-Based Reporting

If you are an individual eligible professional participating in PQRS and the Medicare EHR Incentive Program, you can report once using the PQRS EHR-based reporting method and earn CQM credit for both programs.

Eligible professionals have two options for submitting data through the EHR-based reporting method:

- Submit PQRS quality measure data directly from the CEHRT
- Submit PQRS quality measure data extracted from the CEHRT to a qualified EHR Data Submission Vendor

EHR-Based Reporting Requirements

»» The data reported to CMS must originate from your 2014 Edition CEHRT.

»» Whether you are participating in Stage 1 or Stage 2 of the EHR Incentive Programs, you will report using the new 2014 CQM criteria.

»» For more information on 2014 CEHRT, please visit the Office of the National Coordinator for Health IT's (ONC's) [Certified Health IT Product List webpage](#).

Steps for Reporting Once Using Option 1 EHR-Based Reporting

1

Review the list of [eCQMs](#) to determine which June 2013 eCQMs apply to your practice. (Exception: CMS140 uses the December 2012 version)

- Individual eligible professionals must report on **9** measures covering at least **3** NQS domains for the 2014 calendar year

2

Choose your EHR-based reporting method:

- Submit PQRS quality measure data directly from the CEHRT
- Submit PQRS quality measure data extracted from the CEHRT to a qualified EHR Data Submission Vendor

3

Document patient care and visit-related information in your EHR system.

4

Submit data or coordinate with your Data Submission Vendor to submit data in [QRDA I](#) or [QRDA III](#) format to CMS by **February 28, 2015** through the [PQRS QualityNet portal](#).

Credit for Reporting Once Using Option 1 EHR-Based Reporting

PQRS and EHR Credit

If you satisfactorily report for 2014 PQRS using the EHR-based reporting option, you will also satisfy the CQM component of the Medicare EHR Incentive Program.

You are still required to meet the other meaningful use objectives through the Medicare EHR Incentive Program Registration and Attestation System.

VM Credit

You may be eligible for VM credit. See page 18 to learn more.

NOTE:

Visit the [EHR Incentive Programs webpage](#) for more information about meaningful use requirements.

Option 2: Qualified Clinical Data Registry

If you are an eligible professional participating in PQRS and the Medicare EHR Incentive Program, you can report once using the PQRS QCDR reporting method and earn CQM credit for both programs.

What Is A QCDR?

- A new PQRS reporting option in 2014, a QCDR is a CMS-approved entity that collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients.
- A QCDR will complete the collection and submission of PQRS quality measures data on behalf of eligible professionals.

Steps for Reporting Once Using Option 2 QCDR Reporting

- 1 Choose a QCDR from the [list](#) of CMS-designated QCDRs.
- 2 Report on **9** measures covering at least **3** NQS domains for the 2014 calendar year.
 - Must report using [June 2013 eCQM](#) Annual Update (Exception: CMS140 uses the December 2012 version)
- 3 Work directly with the QCDR to submit your PQRS data in the **QRDA III format** by **February 28, 2015**.

Credit for Reporting Once Using Option 2 QCDR Reporting

PQRS and EHR Credit

If you satisfactorily report for 2014 PQRS using the QCDR reporting option, you will also satisfy the CQM component of the Medicare EHR Incentive Program.

You are still required to meet the other meaningful use objectives through the Medicare EHR Incentive Program Registration and Attestation System.

VM Credit

You may be eligible for VM credit. See page 18 to learn more.

NOTE:

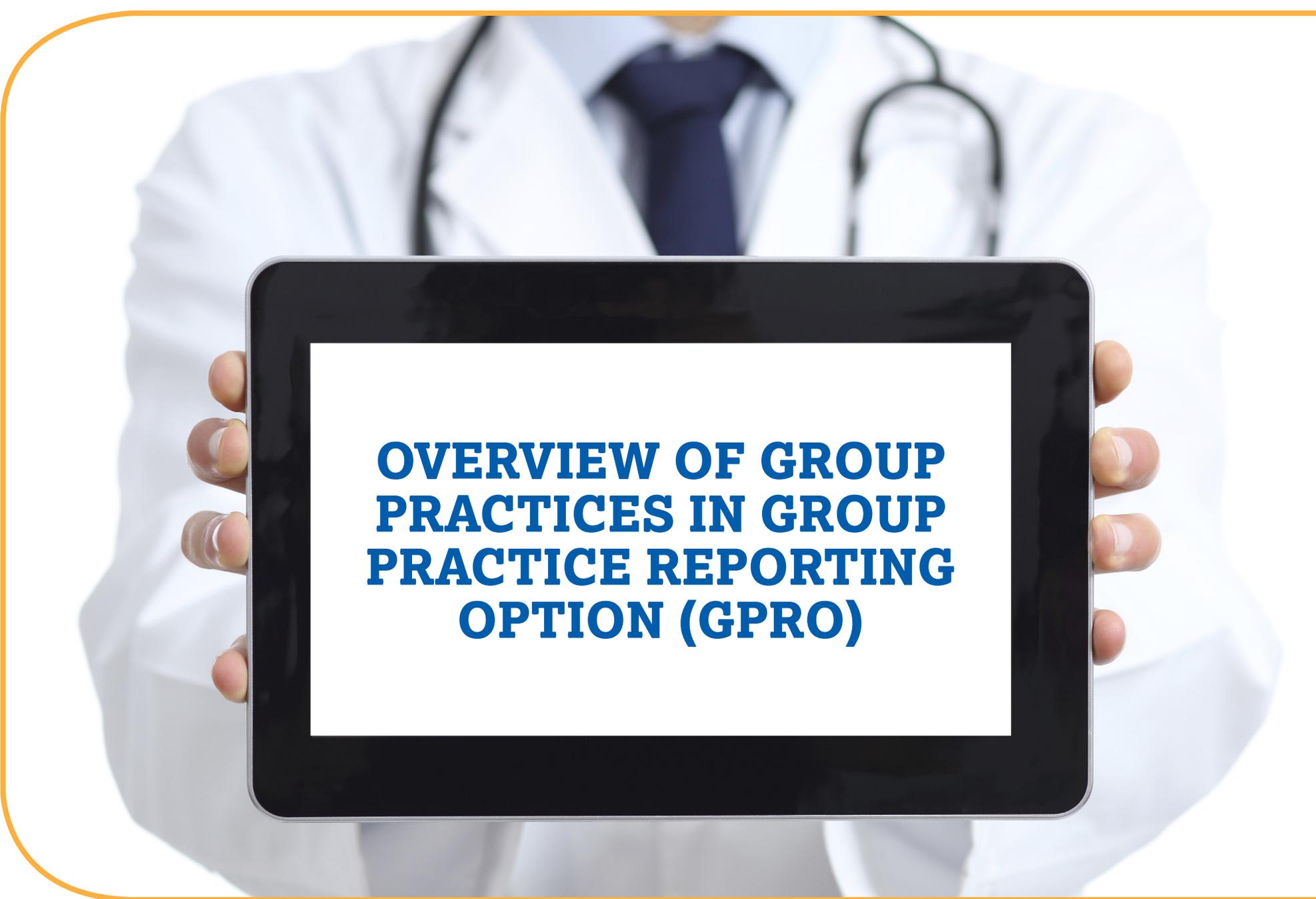
Visit the [EHR Incentive Programs webpage](#) for more information about meaningful use requirements.

VM Credit for Individual Eligible Professionals

For the 2014 PQRS program year, the 2016 VM will apply to groups of physicians with 10 or more eligible professionals.

Individual eligible professionals will be considered for the 2016 VM adjustment if:

-  They work in a group practice of 10 or more eligible professionals.
-  Their group practice has not registered as a GPRO.
-  At least 50% of the eligible professionals in the practice successfully avoid the 2016 payment adjustment.



OVERVIEW OF GROUP PRACTICES IN GROUP PRACTICE REPORTING OPTION (GPRO)

1. OVERVIEW OF REPORTING ONCE FOR 2014

2. FOR INDIVIDUAL ELIGIBLE PROFESSIONALS

3. OVERVIEW OF GROUP PRACTICES IN GPRO

4. FOR GROUP PRACTICES

5. FOR ELIGIBLE PROFESSIONALS IN MEDICARE SHARED SAVINGS PROGRAM

6. FOR ELIGIBLE PROFESSIONALS IN PIONEER ACO

7. QUALITY RESOURCES

Group Practice Reporting Options By Practice Size

Options for group practices reporting once vary by the group size:

**2-24 Eligible
Professionals**

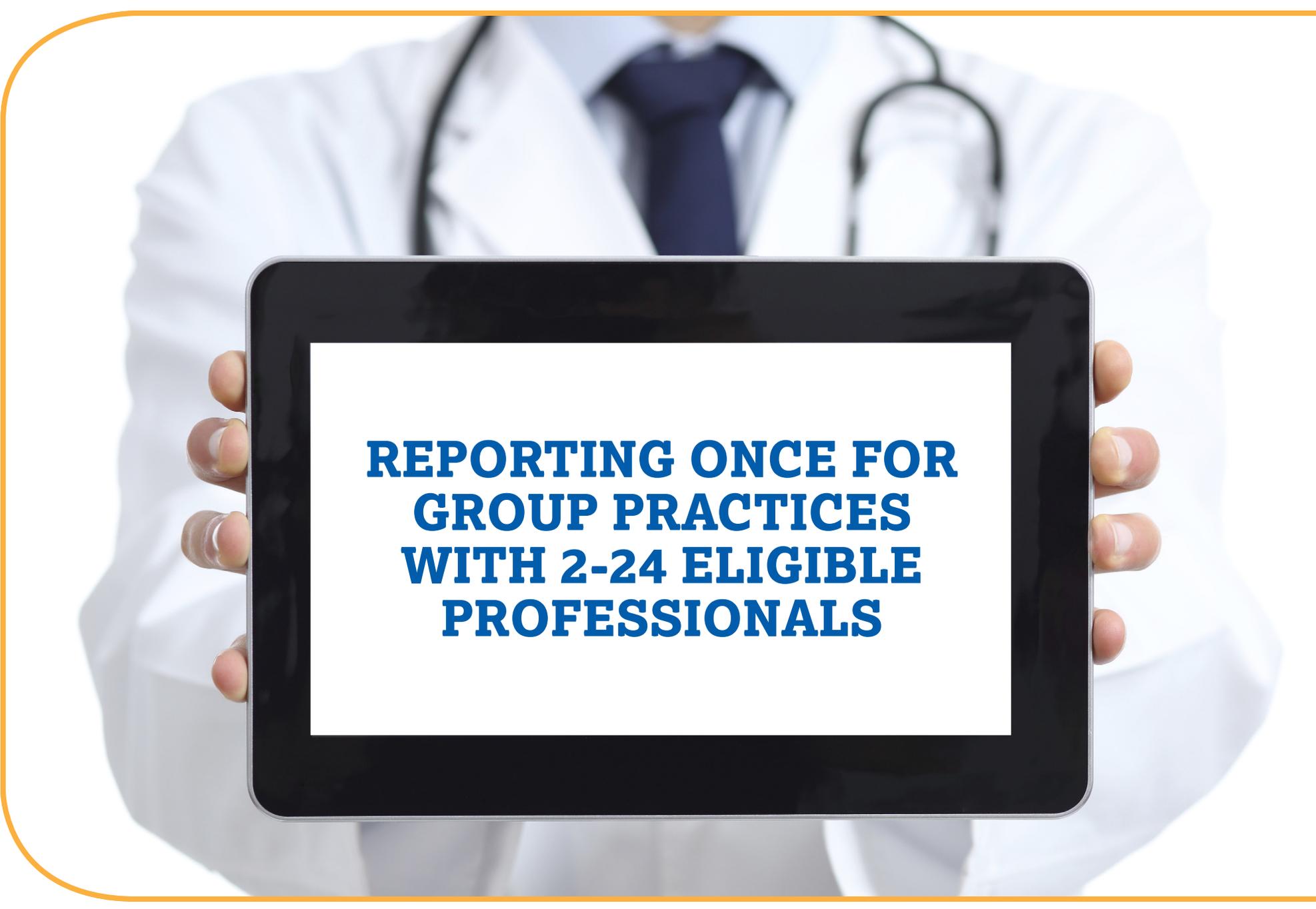
**25-99 Eligible
Professionals**

**100+ Eligible
Professionals**

NOTE:

A “group practice” for PQRS is defined as a single TIN with 2 or more eligible professionals (individual NPI reassigned billing rights to TIN).

Group practices must first register for the GPRO using the [PV-PQRS registration system](#) to report as a group for PQRS.



**REPORTING ONCE FOR
GROUP PRACTICES
WITH 2-24 ELIGIBLE
PROFESSIONALS**

PQRS Training Module: How to Report Once for 2014 Medicare Quality Reporting Programs 21

1. OVERVIEW OF REPORTING
ONCE FOR 2014

2. FOR INDIVIDUAL ELIGIBLE
PROFESSIONALS

3. OVERVIEW OF GROUP
PRACTICES IN GPRO

4. FOR GROUP PRACTICES

5. FOR ELIGIBLE
PROFESSIONALS IN
MEDICARE SHARED
SAVINGS PROGRAM

6. FOR ELIGIBLE
PROFESSIONALS
IN PIONEER ACO

7. QUALITY RESOURCES

EHR-Based Reporting Method

Group practices participating in PQRS and the Medicare EHR Incentive Program can report once using the PQRS EHR-based reporting method to earn credit for CQM submission for both programs.

Group practices of 2-24 eligible professionals have two options for submitting data through the EHR-based reporting method:

- Submit PQRS quality measure data directly from the CEHRT
- Submit PQRS quality measure data extracted from the CEHRT to a qualified EHR Data Submission Vendor

EHR-Based Reporting Requirements



Both EHR-based reporting options require the data reported to CMS must originate from your 2014 Edition CEHRT.



Whether you are participating in Stage 1 or Stage 2 of the EHR Incentive Programs, you will report using the new 2014 CQM criteria.



For more information on 2014 CEHRT, please visit the Office of the National Coordinator for Health IT's (ONC's) [Certified Health IT Product List webpage](#).

Steps For Reporting Once

- 1** Review the list of [eCQMs](#) to determine which June 2013 eCQMs apply to your practice. (Exception: CMS140 uses the December 2012 version)
 - Groups must report on **9** measures covering at least **3** NQS domains for the 2014 calendar year.
- 2** Choose your EHR-based reporting method:
 - Submit PQRS quality measure data directly from the CEHRT
 - Submit PQRS quality measure data extracted from the CEHRT to a qualified EHR Data Submission Vendor
- 3** Document patient care and visit-related information in your EHR system.
- 4** Submit data or coordinate with your Data Submission Vendor to submit data in [QRDA I](#) or [QRDA III](#) format to CMS **by February 28, 2015** through the [PQRS QualityNet portal](#).

Credit For Reporting Once

PQRS and EHR Credit

If your group satisfactorily reports for 2014 PQRS using the EHR-based reporting option, you will also satisfy the CQM component of the Medicare EHR Incentive Program.

You are still required to meet the other meaningful use objectives through the Medicare EHR Incentive Program Registration and Attestation System.

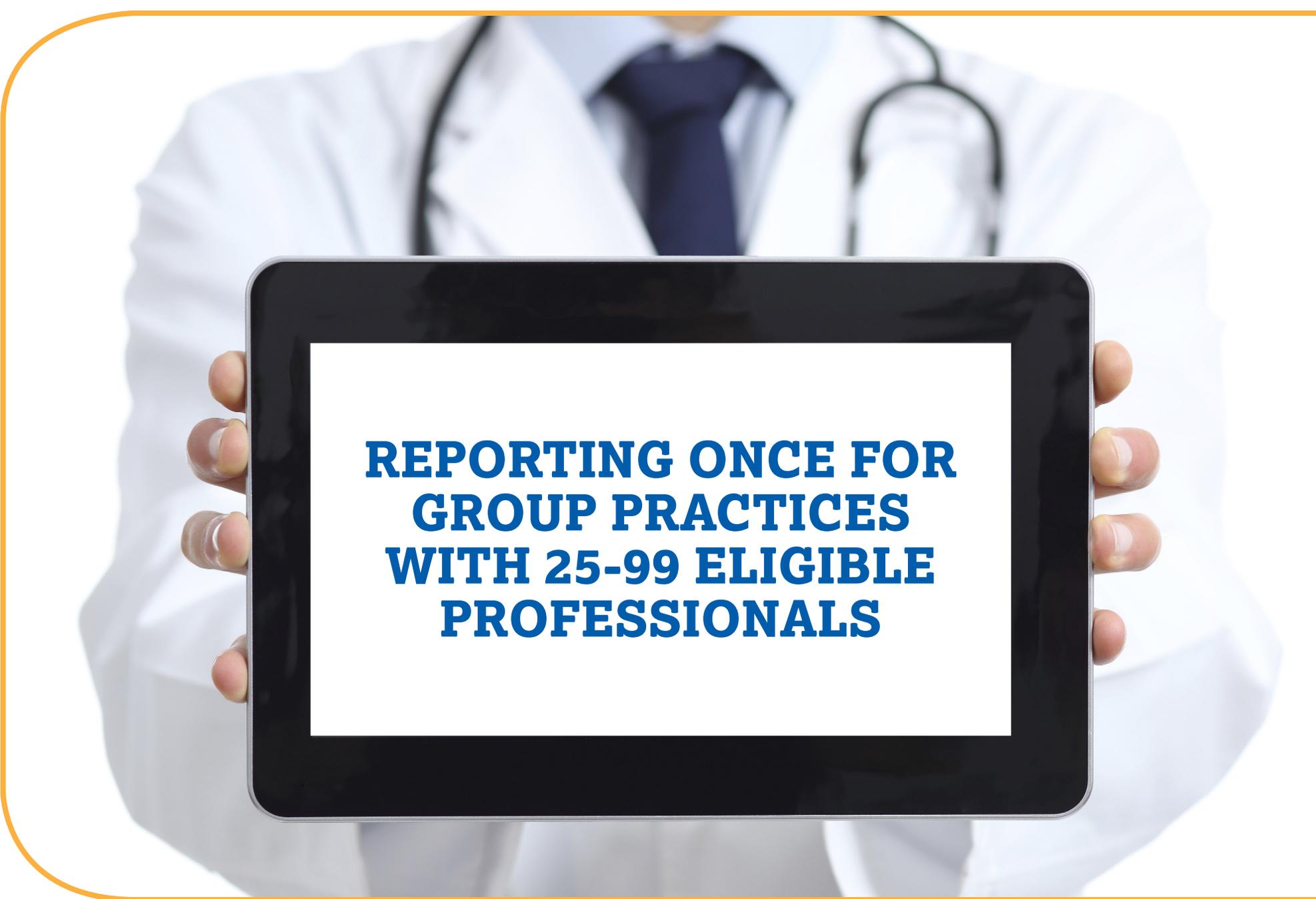
NOTE:

Visit the [EHR Incentive Programs webpage](#)

for more information about meaningful use requirements.

VM Credit

Groups of **10-99** will also will be subject to a neutral or positive 2016 VM adjustment, based on quality tiering.



**REPORTING ONCE FOR
GROUP PRACTICES
WITH 25-99 ELIGIBLE
PROFESSIONALS**

1. OVERVIEW OF REPORTING
ONCE FOR 2014

2. FOR INDIVIDUAL ELIGIBLE
PROFESSIONALS

3. OVERVIEW OF GROUP
PRACTICES IN GPRO

4. FOR GROUP PRACTICES

5. FOR ELIGIBLE
PROFESSIONALS IN
MEDICARE SHARED
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IN PIONEER ACO

7. QUALITY RESOURCES

Reporting Once Options

Group practices participating in PQRS with 25-99 eligible professionals have two options for reporting once:

EHR-Based

OR

GPRO Web Interface

Option 1: EHR-Based Reporting

If you are a group practice participating in PQRS and the Medicare EHR Incentive Program, you can report once using the PQRS EHR-based reporting method to earn credit for CQM submission for both programs.

Group practices with 25-99 eligible professionals have two options for submitting data through the EHR-based reporting method:

- Submit PQRS quality measure data directly from the CEHRT
- Submit PQRS quality measure data extracted from the CEHRT to a qualified EHR Data Submission Vendor

EHR-Based Reporting Requirements



Both EHR-based reporting options require the data reported to CMS must originate from your 2014 Edition CEHRT.



Whether you are participating in Stage 1 or Stage 2 of the EHR Incentive Programs, you will report using the new 2014 CQM criteria.



For more information on 2014 CEHRT, please visit the Office of the National Coordinator for Health IT's (ONC's) [Certified Health IT Product List webpage](#).

Steps For Reporting Once Using Option 1 EHR-Based Reporting

- 1 Review the list of [eCQMs](#) to determine which June 2013 eCQMs apply to your practice. (Exception: CMS140 uses the December 2012 version)

 - Group practices must report on **9** measures covering at least **3** NQS domains for the 2014 calendar year.
- 2 Choose your EHR-based reporting method:

 - Submit PQRS quality measure data directly from the CEHRT
 - Submit PQRS quality measure data extracted from the CEHRT to a qualified EHR Data Submission Vendor
- 3 Document patient care and visit-related information in your EHR system.
- 4 Submit data or coordinate with your Data Submission Vendor to submit data in [QRDA I](#) or [QRDA III format](#) to CMS **by February 28, 2015** through the [PQRS QualityNet portal](#).

EHR-Based Reporting With CAHPS For PQRS Requirements

Group practices also have the option to supplement their EHR reporting with CAHPS for PQRS survey if the group consists of 25-99 eligible professionals.



Patients report all **12** CAHPS for PQRS summary survey modules via a CMS-certified survey vendor (CMS will bear the cost of administering this optional survey).



The group practice reports at least **6** measures covering at least **2** of the NQS domains using a CEHRT direct product or a CEHRT data submission vendor.

The results may be posted on the CMS [Physician Compare](#).

CAHPS for PQRS Survey Modules

The 12 summary survey modules for use with the PQRS program include the following:

- Getting Timely Care, Appointments, and Information
- How Well Providers Communicate
- Patient's Rating of Provider
- Access to Specialists
- Health Promotion & Education
- Shared Decision Making
- Health Status/Functional Status
- Courteous and Helpful Office Staff
- Care Coordination
- Between Visit Communication
- Helping You to Take Medication as Directed
- Stewardship of Patient Resources

Reference

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/CMS-Certified-Survey-Vendor.html> for more information on the CAHPS for PQRS.

Credit For Reporting Once Using Option 1 EHR-Based Reporting

EHR and PQRS Credit

If your group satisfactorily reports for 2014 PQRS using the EHR-based reporting option (with or without CAHPS for PQRS), you will also satisfy the CQM component of the Medicare EHR Incentive Program.

You are still required to meet the other meaningful use objectives through the Medicare EHR Incentive Program Registration and Attestation System.

NOTE:

Visit the [EHR Incentive Programs webpage](#) for more information about meaningful use requirements.

VM Credit

Groups of 10-99 will be subject to a neutral or positive 2016 VM adjustment, based on [quality tiering](#).

Group practices of 25-99 that have selected the EHR based reporting option and have chosen CAHPS for PQRS can elect to include their performance on the 2014 CAHPS for PQRS in the calculation of the group's 2016 VM.

Option 2: GPRO Web Interface

Group practices of 25-99 eligible professionals participating in PQRS and the Medicare EHR Incentive Program can report once using the PQRS Web Interface reporting method to earn credit for CQM submission for both programs.

Steps For Reporting Once Using Option 2 Web Interface

1

Group practices must register to take part in PQRS GPRO by **September 30, 2014** through the **Physician Value Modifier (PV) PQRS Registration System**.

2

Once you have registered through the PV-PQRS Registration System, you will collect and submit your PQRS data through the GPRO Web Interface in the first quarter of 2015.

- Groups of 25-99 eligible professionals must report on all measures included in the Web Interface.
- Groups must also populate data fields for the first **218** consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or preventive care measure, or 100% of patients if their sample is less than 218.

GPRO Web Interface With CAHPS for PQRS Requirements

Group practices also have the option to supplement their Web Interface reporting with CAHPS for PQRS survey if the group consists of 25-99 eligible professionals.



Patients report all **12** CAHPS for PQRS summary survey modules via a CMS-certified survey vendor (CMS will bear the cost of administering this optional survey).



Group reports all **22** GPRO Web Interface measures.

The results may be posted on the CMS [Physician Compare](#).

CAHPS for PQRS Survey Modules

The 12 summary survey modules for use with the PQRS program include the following:

- Getting Timely Care, Appointments, and Information
- How Well Providers Communicate
- Patient's Rating of Provider
- Access to Specialists
- Health Promotion & Education
- Shared Decision Making
- Health Status/Functional Status
- Courteous and Helpful Office Staff
- Care Coordination
- Between Visit Communication
- Helping You to Take Medication as Directed
- Stewardship of Patient Resources

Reference

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/CMS-Certified-Survey-Vendor.html> for more information on the CAHPS for PQRS.

Credit For Reporting Once Using Option 2 Web Interface

EHR and PQRS Credit

If your group satisfactorily reports for 2014 PQRS using the Web Interface reporting option (with or without CAHPS for PQRS), you will also satisfy the CQM component of the Medicare EHR Incentive Program.

You are still required to meet the other meaningful use objectives through the Medicare EHR Incentive Program Registration and Attestation System.

NOTE:

Visit the [EHR Incentive Programs webpage](#) for more information about meaningful use requirements.

VM Credit

Groups of 10-99 will be subject to a neutral or positive 2016 VM adjustment, based on [quality tiering](#).

Group practices of 25-99 that have selected the Web Interface reporting option and have chosen CAHPS for PQRS can elect to include their performance on the 2014 CAHPS for PQRS in the calculation of the group's 2016 VM.



**REPORTING ONCE FOR
GROUP PRACTICES
WITH 100+ ELIGIBLE
PROFESSIONALS**

Reporting Once Options

Group practices participating in PQRS with 100 or more eligible professionals have two options for reporting once:

EHR-Based

OR

GPRO Web Interface

Option 1: EHR-Based Reporting

Group practices participating in PQRS and the Medicare EHR Incentive Program can report once using the PQRS EHR-based reporting method to earn credit for CQM submission for both programs.

Group practices with 100+ eligible professionals have two options for submitting data through the EHR-based reporting method:

- Submit PQRS quality measure data directly from the CEHRT
- Submit PQRS quality measure data extracted from the CEHRT to a qualified EHR Data Submission Vendor

EHR-Based Reporting Requirements



Both EHR-based reporting options require the data reported to CMS must originate from your 2014 Edition CEHRT.



Whether you are participating in Stage 1 or Stage 2 of the EHR Incentive Programs, you will report using the new 2014 CQM criteria.



For more information on 2014 CEHRT, please visit the Office of the National Coordinator for Health IT's (ONC's) [Certified Health IT Product List webpage](#).

Steps For Reporting Once Using Option 1 EHR-Based Reporting

- 1 Review the list of [eCQMs](#) to determine which June 2013 eCQMs apply to your practice. (Exception: CMS140 uses the December 2012 version)

 - Groups must report on **9** measures covering at least **3** NQS domains for the 2014 calendar year.
- 2 Choose your EHR-based reporting method:

 - Submit PQRS quality measure data directly from the CEHRT
 - Submit PQRS quality measure data extracted from the CEHRT to a qualified EHR Data Submission Vendor
- 3 Document patient care and visit-related information in your EHR system.
- 4 Submit data or coordinate with your Data Submission Vendor to submit data in [QRDA I](#) or [QRDA III](#) format to CMS **by February 28, 2015** through the [PQRS QualityNet portal](#).

EHR-Based Reporting With CAHPS For PQRS Requirements

Group practices also have the option to report via an EHR with CAHPS if the group consists of 100+ eligible professionals and wishes to supplement their PQRS EHR-based reporting with the CAHPS for PQRS survey.



Patients report all **12** CAHPS for PQRS summary survey modules via a CMS-certified survey vendor (CMS will bear the cost of administering this optional survey).



The group practice reports at least **6** measures covering at least **2** of the NQS domains using a CEHRT direct product or a CEHRT data submission vendor.

The results may be posted on the CMS [Physician Compare](#).

CAHPS for PQRS Survey Modules

The 12 summary survey modules for use with the PQRS program include the following:

- Getting Timely Care, Appointments, and Information
- How Well Providers Communicate
- Patient's Rating of Provider
- Access to Specialists
- Health Promotion & Education
- Shared Decision Making
- Health Status/Functional Status
- Courteous and Helpful Office Staff
- Care Coordination
- Between Visit Communication
- Helping You to Take Medication as Directed
- Stewardship of Patient Resources

Reference

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/CMS-Certified-Survey-Vendor.html> for more information on the CAHPS for PQRS.

Credit For Reporting Once Using Option 1 EHR-Based Reporting

PQRS and EHR Credit

If your group satisfactorily reports for 2014 PQRS using the EHR-based reporting option (with or without CAHPS for PQRS), you will also satisfy the CQM component of the Medicare EHR Incentive Program.

You are still required to meet the other meaningful use objectives through the Medicare EHR Incentive Program Registration and Attestation System.

NOTE:

Visit the [EHR Incentive Programs webpage](#) for more information about meaningful use requirements.

VM Credit

Groups of 100+ will also be subject to a negative, neutral, or positive 2016 VM adjustment, based on [quality tiering](#).

Group practices of 100+ that have selected the EHR based reporting option and have chosen CAHPS for PQRS can elect to include their performance on the 2014 CAHPS for PQRS in the calculation of the group's 2016 VM.

Option 2: GPRO Web Interface with CAHPS

Group practices of 100+ eligible professionals participating in PQRs and the Medicare EHR Incentive Program can report once using the PQRs Web Interface reporting method to earn credit for CQM submission for both programs.

Groups of 100+ who choose to report using the Web Interface are also **required** to report CAHPS for PQRs summary survey modules using a CMS-certified survey vendor.

CAHPS for PQRS Survey Modules

The 12 summary survey modules for use with the PQRS program include the following:

- Getting Timely Care, Appointments, and Information
- How Well Providers Communicate
- Patient's Rating of Provider
- Access to Specialists
- Health Promotion & Education
- Shared Decision Making
- Health Status/Functional Status
- Courteous and Helpful Office Staff
- Care Coordination
- Between Visit Communication
- Helping You to Take Medication as Directed
- Stewardship of Patient Resources

Reference

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/CMS-Certified-Survey-Vendor.html> for more information on the CAHPS for PQRS.

Steps For Reporting Once Using Option 2 Web Interface With CAHPS

- 1 Group practices must register your group practice to take part in PQRS GPRO and CAHPS by **September 30, 2014** through the [Physician Value Modifier \(PV\) PQRS Registration System](#).
- 2 Once you have registered through the PV-PQRS Registration System, you will collect and submit your PQRS data through the GPRO Web Interface by the first quarter of 2015.
 - You must report on all measures included in the Web Interface.
 - You must also populate data fields for the first **411** consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or preventive care measure, or 100% of patients if their sample is less than 411.
 - Patients must also report all **12** CAHPS for PQRS summary survey modules via a CMS-certified survey vendor (CMS will bear the cost of administering this optional survey.)

Credit For Reporting Once Using Option 2 Web Interface With CAHPS

EHR and PQRS Credit

If your group satisfactorily reports for 2014 PQRS using the Web Interface reporting option (with CAHPS for PQRS), you will also satisfy the CQM component of the Medicare EHR Incentive Program.

You are still required to meet the other meaningful use objectives through the Medicare EHR Incentive Program Registration and Attestation System.

NOTE:

Visit the [EHR Incentive Programs webpage](#) for more information about meaningful use requirements.

VM Credit

Groups of 100+ will also be subject to a negative, neutral, or positive 2016 VM adjustment, based on [quality tiering](#).

Group practices of 100+ that have selected the Web Interface reporting option and have chosen CAHPS for PQRS can elect to include their performance on the 2014 CAHPS for PQRS in the calculation of the group's 2016 VM.



**REPORTING ONCE
FOR ELIGIBLE
PROFESSIONALS IN
MEDICARE SHARED
SAVINGS PROGRAM**

1. OVERVIEW OF REPORTING
ONCE FOR 2014

2. FOR INDIVIDUAL ELIGIBLE
PROFESSIONALS

3. OVERVIEW OF GROUP
PRACTICES IN GPRO

4. FOR GROUP PRACTICES

5. FOR ELIGIBLE
PROFESSIONALS IN
MEDICARE SHARED
SAVINGS PROGRAM

6. FOR ELIGIBLE
PROFESSIONALS
IN PIONEER ACO

7. QUALITY RESOURCES

Overview of Medicare Shared Savings ACO Reporting Option

If you are an eligible professional who is part of a Shared Savings Program ACO Participating Tax Identification Number (TIN), you may be eligible to report once to satisfy the CQM requirements for 2014 for PQRS, the Medicare EHR Incentive Program, and your ACO.

➤ Medicare Shared Savings Program ACOs must satisfactorily report via the GPRO Web Interface on all GPRO reported measures for the 2014 PQRS reporting year.

- If the ACO reports satisfactorily, ACO participant TINs and the EPs billing through those TINS will meet PQRS requirements and the eCQM requirement for meaningful use.

NOTE:

Visit the [EHR Incentive Programs webpage](#) for more information about meaningful use requirements.

Steps For Reporting Once As Part of A Medicare Shared Savings Program ACO

- 1 Confirm your ACO participant TIN appears on the [certified list of ACO participants](#) submitted by the ACO to CMS at the beginning of each performance year.
- 2 Your ACO must register for an [Individuals Authorized Access to the CMS Computer Services](#) (IACS) account using the ACO's primary TIN.
- 3 ACO primary TIN reports all measures included in GPRO Web Interface for the 2014 calendar year.

Medicare Shared Savings Web Interface Reporting Requirements by Group Size



ACOs must report on all measures included in the Web Interface. They must also populate data fields for the first **411** consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module, or **100%** of their sample if the sample size is 411 or less.

Credit For One Submission With Web Interface Reporting

EHR and PQRS Credit

If your ACO satisfactorily reports for 2014 PQRS using the Web Interface, you will also satisfy the CQM component of the Medicare EHR Incentive Program and your ACO's PQRS reporting requirements.

You are still required to meet the other meaningful use objectives through the Medicare EHR Incentive Program Registration and Attestation System.

NOTE:

Visit the [EHR Incentive Programs webpage](#) for more information about meaningful use requirements.



**REPORTING ONCE
FOR ELIGIBLE
PROFESSIONALS IN
PIONEER ACO**

1. OVERVIEW OF REPORTING
ONCE FOR 2014

2. FOR INDIVIDUAL ELIGIBLE
PROFESSIONALS

3. OVERVIEW OF GROUP
PRACTICES IN GPRO

4. FOR GROUP PRACTICES

5. FOR ELIGIBLE
PROFESSIONALS IN
MEDICARE SHARED
SAVINGS PROGRAM

6. FOR ELIGIBLE
PROFESSIONALS
IN PIONEER ACO

7. QUALITY RESOURCES

Overview of Pioneer ACO Reporting Option

EHR and PQRS Credit

If you are an eligible professional participating in PQRS and also bill to a Pioneer ACO Participating Tax Identification Number (TIN), you may be eligible to report once to satisfy the CQM requirements of the EHR Incentive Program.



Pioneer ACO participants wishing to report once must report on all measures through the GPRO Web Interface for the 2014 PQRS reporting year.

You must still meet the other meaningful use objectives through the Medicare EHR Incentive Program Registration and Attestation System.

NOTE:

Visit the [EHR Incentive Programs webpage](#) for more information about meaningful use requirements.



QUALITY RESOURCES

1. OVERVIEW OF REPORTING
ONCE FOR 2014

2. FOR INDIVIDUAL ELIGIBLE
PROFESSIONALS

3. OVERVIEW OF GROUP
PRACTICES IN GPRO

4. FOR GROUP PRACTICES

5. FOR ELIGIBLE
PROFESSIONALS IN
MEDICARE SHARED
SAVINGS PROGRAM

6. FOR ELIGIBLE
PROFESSIONALS
IN PIONEER ACO

7. QUALITY RESOURCES

Resources For Reporting Once



PQRS Reporting Options

- [PQRS-EHR Based Reporting Made Simple](#)
- [Qualified Clinical Data Registry Reporting Made Simple](#)
- [GPRO Web Interface Made Simple](#)
- [CMS-certified Survey Vendor Made Simple](#)
- [How to Report Once for 2014 Medicare Quality Reporting Programs fact sheet](#)
- [Interactive How to Report Once for 2014 Medicare Quality Reporting Programs Tool](#)



Multiple CMS programs/eHealth

- [CMS eHealth website](#)

Additional PQRS and EHR Resources



Information on PQRS

- [CMS PQRS website](#)
- [2014 PQRS Overview Fact Sheet](#)



Information on the EHR Incentive Programs

- [CMS EHR Incentive Programs website](#)
- [Stage 1 Beginner's Guide for Medicare Eligible Professionals](#)
- [Stage 2 Beginner's Guide](#)



CQM Overview Information and 2014 CQMs

- [CMS CQMs webpage](#)
- [2014 CQM webpage](#)
- [eCQM Library](#)

Definitions of Terms

PQRS – Physician Quality Reporting System

CQM – Clinical Quality Measure

EHR – Electronic Health Record

ACO – Accountable Care Organization

VM – Value-Based Payment Modifier

GPRO – Group Practice Reporting Option

NQS – National Quality Strategy

CEHRT – Certified Electronic Health Record Technology

QCDR – Qualified Clinical Data Registry

QMAT – Quality Measure Assessment Tool

TIN – Tax Identification Number

QRDA – Quality Reporting Document Architecture

CAHPS – Consumer Assessment of Healthcare Providers and Systems

Quality Help Desks

QualityNet Help Desk:

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

7:00 a.m.–7:00 p.m. CT M-F or

 qnetsupport@hcqis.org

- Portal password issues
- PQRS/eRx feedback report availability and access
- IACS registration questions
- IACS login issues
- PQRS and eRx Incentive Program questions

NOTE:

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

EHR Incentive Program Information Center:

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

VM Help Desk:

 1-888-734-6433 or

 pvhelpdesk@cms.hhs.gov

ACO Help Desk:

 1-888-734-6433 or

 cmsaco@cms.hhs.gov