

02

INTERMEDIATE

2014 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) GROUP PRACTICE REPORTING OPTION (GPRO): GPRO Web Interface Reporting Made Simple



Background

Physician Quality Reporting System (PQRS) is a reporting program that uses a combination of incentive payments and payment adjustments to promote reporting of quality information by eligible professionals (EPs). The program provides an incentive payment to group practices identified by Tax Identification Number (TIN) that are choosing the group practice reporting option (GPRO) that satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries (including Railroad Retirement Board and Medicare Secondary Payer). Additionally, EPs and group practices that do not satisfactorily report in the 2014 PQRS program year will be subject to a payment adjustment in 2016.

Purpose

This document applies to group practices that have registered to take part in 2014 PQRS using the GPRO Web Interface. Information regarding group practices using the PQRS GPRO to report measures through Certified EHR Technology (CEHRT) or qualified registry can be found at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group-Practice-Reporting-Option.html>.

Note: *If taking part in PQRS through another CMS program (such as the Medicare Shared Savings Program), please check the program's requirements for information on how to simultaneously report under PQRS and the respective program.*

GPRO – Quick Facts

- For the 2014 program year, a “group practice” is defined as a single Tax Identification Number (TIN) with 2 or more individual eligible professionals (as identified by Individual National Provider Identifier [NPI]) who have reassigned their billing rights to the TIN.
- Once a group practice TIN has registered to take part in PQRS GPRO, the reporting method chosen is the only PQRS submission method that will be analyzed by CMS to determine incentive eligibility or subjectivity to payment adjustment for the group and all individual NPIs who bill Medicare under the group's TIN.
- If an organization or individual eligible professional changes TINs, the registration under the old TIN does not carry over to the new TIN, nor is it combined for final analysis.

2014 Registration for PQRS GPRO

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

During registration, group practices must indicate their reporting method for the 12-month period. Once a group has registered for 2014 as a PQRS GPRO, the group will not be able to withdraw its registration.

STEP 1:

Prior to signing up for the PQRS reporting mechanism, both group practices and individuals will need to register for an Individuals Authorized Access to the CMS Computer Services (IACS) account if they do not already have one, or add the appropriate IACS role to an existing account. Please go to <https://applications.cms.hhs.gov/> to register for an IACS account.

STEP 2:

After signing up for an IACS account, group practices will need to go to <https://portal.cms.gov/> and select the **PV PQRS** option near the bottom of the page to register for PQRS GPRO.

For additional registration information, please go to <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html>.

For assistance signing up for the appropriate IACS account or help registering for 2014 GPRO, please contact the QualityNet Help Desk at **866-288-8912** (available 7 a.m. to 7 p.m. CST Monday through Friday, TTY 877-715-6222) or via e-mail at Qnetsupport@hcqis.org.

How to Report for PQRS

To earn a 2014 PQRS incentive payment and avoid the 2016 PQRS payment adjustment, group practices taking part in PQRS GPRO via the Web Interface must meet the requirements for satisfactory reporting, outlined below.

Table 1: 2014 PQRS GPRO Reporting

| Reporting Period | Measure Type | Reporting Mechanism | Satisfactory Reporting for 2014 PQRS Incentive and Avoid the 2016 PQRS Payment Adjustment |
|-----------------------------|-------------------------|------------------------------|--|
| 12-month (Jan. 1 - Dec. 31) | PQRS GPRO Web Interface | 25-99 eligible professionals | Report on all measures included in the Web Interface; AND 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. If the pool of eligible assigned beneficiaries is less than 218, then report on 100 percent of assigned beneficiaries. |
| 12-month (Jan. 1 - Dec. 31) | PQRS GPRO Web Interface | 100+ eligible professionals | Report on all measures included in the Web Interface; AND 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. If the pool of eligible assigned beneficiaries is less than 411, then report on 100 percent of assigned beneficiaries. In addition, the group practice choosing to take part in the PQRS GPRO must also report all CG CAHPS summary survey modules via a CMS-certified survey vendor. |

Group practices that submit using the Web Interface can find the *2014 Physician Quality Reporting System GPRO Narrative Specifications for Web Interface* and other supporting documentation at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html under "Downloads".

How to Align PQRS GPRO Web Interface with Meaningful Use

Group practices that successfully complete the PQRS GPRO Web Interface will also satisfy the CQM component of the Medicare EHR Incentive Program as long as the EHR product is CEHRT. EPs will still be required to report the other meaningful use objectives through the Medicare EHR Incentive Programs Registration and Attestation System. Additionally, group practices choosing to take part in the PQRS GPRO may be subject to a negative, neutral, or positive Value-Based Payment Modifier (VBM), based on group size and quality tiering (this is not relevant to ACO GPROs). More information on VBM can be found at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>.

Additional Information

- For more information on 2014 PQRS GPRO and requirements for submission of PQRS measure data, go to http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/CMS-Selected-Group_Practice_Reporting_Option.html.
- For more information on the 2016 PQRS payment adjustment, go to <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Payment-Adjustment-Information.html>.
- For more information on the Value-based Payment Modifier, go to <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>.
- For more information on the other 2014 PQRS GPRO reporting methods, go to http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/How_To_Get_Started.html, as well as, the 2014 Measures List Implementation Guide zipped file under “Related Links “at the bottom of that page.
- Medicare Shared Saving Program ACO information can be found by following this link <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html>.
- More information on Pioneer ACOs can be found at <http://innovation.cms.gov/initiatives/Pioneer-ACO-Model/?q=Pioneer+GPRO>.