



June 2014

2014 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) GROUP PRACTICE REPORTING OPTION (GPRO)

GUIDE FOR GROUP PRACTICES REPORTING VIA EHR DIRECT OR DATA SUBMISSION VENDOR

Background

What is a Group Practice?

A “group practice” under 2014 Physician Quality Reporting System (PQRS) consists of a physician group practice, as defined by a single Tax Identification Number (TIN) with 2 or more individual PQRS eligible professionals (EPs), as identified by individual National Provider Identifier (NPI), who have reassigned their billing rights to the TIN. A complete list of eligible Medicare care professionals that are considered to be EPs for purposes of PQRS is available at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/PQRS_List-of-EligibleProfessionals_022813.pdf.

Group practices may register in the PQRS group practice reporting option (GPRO) to participate and be analyzed as a group, or at the TIN level, for purposes of earning the 2014 PQRS incentive payment and/or avoiding the 2016 PQRS payment adjustment.

Reporting for Multiple Medicare Quality Reporting Programs

Group practices participating in the GPRO who satisfactorily report for 2014 PQRS via any reporting method will also satisfy the reporting requirements for the Value-based Payment Modifier (VM). Satisfactorily reporting through the GPRO using the EHR-based reporting method, the Web Interface, or the enhanced Consumer Assessment of Healthcare Providers and Systems (CAHPS) for PQRS in combination with EHR-based reporting or the Web Interface will satisfy the clinical quality measures (CQM) component of the Medicare EHR Incentive Program. EHR Incentive Program EPs will still be required to meet the core and menu set Meaningful Use objectives through the Medicare EHR Incentive Program Registration and Attestation System (Attestation) as individuals, even though their electronic CQMs (eCQMs) were submitted as part of the group. See the Resources section of this document for links to the VM and EHR Incentive Program websites.

Complete information about how to report once for multiple Medicare quality reporting programs is available on the Educational Resources page of the CMS PQRS web site at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/EducationalResources.html>.

Purpose

The purpose of this document is to assist group practices participating in the 2014 PQRS GPRO in understanding how to report via EHR Direct or EHR Data Submission Vendors.

Disclaimer: *If a group is reporting for PQRS through another Centers for Medicare & Medicaid Services’ (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.

2014 PQRS GPRO Reporting via EHR

A group practice **must have registered** to report via EHR during the 2014 PQRS GPRO registration period, 4/1/2014 – 9/30/2014, in order for the group’s EHR data submission to count for PQRS. See the “2014 PQRS: EHR Reporting Made Simple” for complete information about the 2014 PQRS GPRO EHR reporting requirements, available at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html>.

EPs within the group practice [participating in GPRO] **beyond their first year of Meaningful Use** need to report the 12-months of eCQMs as a group (i.e. TIN level) through the GPRO EHR reporting method to meet the eCQM requirements of both Meaningful Use and PQRS. Under the GPRO EHR reporting method, each EP in the group would **not** individually submit CQM data or submit individual CQM data rolled-up to the TIN level. Rather the group practice must meet the satisfactory reporting criteria as a group (i.e. TIN level). EPs also would not need to separately participate in the Meaningful Use option of individually submitting three months of eCQMs data via attestation. However, if they submit both 12-months of eCQMs via GPRO EHR and three-months of eCQMs via attestation, the attestation will **not** count for PQRS, therefore the 12-months of GPRO EHR data will be used for final analysis for purposes of PQRS reporting. In addition, the EPs within the group must individually attest to meet the core and menu set Meaningful Use objectives, during which will indicate if they will submit eCQMs via the “Medicare EHR Incentive eReporting” option, or select Option 1, as outlined in the “EHR Incentive Program Stage 2 Attestation User Guide for Eligible Professionals” document available at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/UserGuide_Stage2AttestationEP.pdf.

EPs within the group practice [participating in GPRO] **in their first year of Meaningful Use** during the 2014 program year will need to report both Meaningful Use objectives **and** three-months of CQMs via attestation by **10/1/2014** to avoid the 2015 EHR Incentive Program payment adjustment. This attestation will **not** count for PQRS; therefore, these EPs will also need to report 12-months of data for services rendered 1/1/2014 – 12/31/2014 through a PQRS reporting method or as part of a group practice participating in the GPRO in order to meet the PQRS reporting requirements.

EHR Measure Specifications

Group practices participating in the GPRO EHR reporting option will reference the Medicare EHR Incentive Program’s eCQM Library webpage to obtain the “2014 eCQM Specifications for Eligible Professionals” released June 2013 and supporting documentation. **They will be required to use the June 2013 version of the eCQMs with the exception of CMS140, which is to be reported using the December 2012 version (CMS140v1).** Those wishing to report another version of this measure must do so by attestation, which will only count for the EHR Incentive Program and not for PQRS.

Resources

The following links provide additional information about 2014 PQRS:

- 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/Group_Practice_Reporting_Option.html.
- The “2014 PQRS: EHR Reporting Made Simple” is available at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014PQRS_EHR_Made_Simple_F12-20-2013.pdf.

- Complete information about the VM is available on the CMS Physician Feedback Program/Value-Based Payment Modifier website at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>.
- Complete information about the 2014 PQRS GPRO registration through the PV-PQRS Registration System is available at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html>.
- For additional assistance, contact the **QualityNet Help Desk** at **1-866-288-8912** (TTY 1-877-715-6222) from 7:00 a.m. to 7:00 p.m. CST Monday through Friday, or e-mail Qnetsupport@sdps.org.

The following links provide additional information about the 2014 EHR Incentive Program:

- For more information on the EHR Incentive Program, go to <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>.
- The “2014 eCQM Specifications for Eligible Professionals” and supporting documentation is available at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html.
- The “2014 CMS QRDA Implementation Guides for EP Clinical Quality Measures” is available in the Downloads section at <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html>.
- For information about the EHR Incentive Program and EHR measure specifications contact the EHR Information Center at **(888) 734-6433**.