



# How to Report Once for 2014 Medicare Quality Reporting Programs

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# How to Report Once for 2014 Medicare Quality Reporting Programs: Individual Eligible Professionals

## Overview

This document serves as a guide to individual eligible professionals wishing to report quality measures one time during the 2014 program year in order to become incentive eligible for the 2014 Physician Quality Reporting System (PQRS), avoid the 2016 PQRS payment adjustment, and satisfy the clinical quality measure (CQM) component of the Electronic Health Record (EHR) Incentive Program.

## How to Report Once for 2014 Medicare Quality Reporting Programs: Individual Eligible Professionals

### I Am An Individual Eligible Professional

- Review the list of eligible professionals on the 'How to Get Started' page of the CMS PQRS Website
- Must participate in PQRS as an individual (not a member of a group practice who has registered or self-nominated as a PQRS GPRO)

CHOOSE PQRS EHR-BASED REPORTING OPTIONS or \*QUALIFIED CLINICAL DATA REGISTRY:

DIRECT EHR PRODUCT THAT IS CERTIFIED EHR TECHNOLOGY (CEHRT) or  
EHR DATA SUBMISSION VENDOR THAT IS CEHRT

\* Reports at least 9 of the eCQMs finalized in the Stage 2 final rule for a full 12-month reporting period

### REPORT ON 9 MEASURES COVERING AT LEAST 3 OF THE NATIONAL QUALITY STRATEGY DOMAINS

If an eligible professional's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the eligible professional must report the measure for which there is Medicare patient data.

12 MONTHS  
1/1/14 – 12/31/14

Refer to the EHR Incentive Program website documents for a listing of measures that satisfy the CQM component, then utilize the eCQMs for those measures

### Satisfactorily report under PQRS for 2014

YES

NO

- PQRS Incentive Eligible for 2014 (+0.5%)
- Avoid the 2016 PQRS payment adjustment
- Satisfy the CQM component of the Medicare EHR Incentive Program
- Satisfy requirements for VM
- Individual EPs will be considered for a Value Modifier payment adjustment if at least 50% of the individual eligible professionals successfully avoid the 2016 PQRS payment adjustment.

*NOTE: You will still be required to report the other meaningful use objectives through the Medicare and Medicaid EHR Incentive Programs Registration and Attestation System*

- Not PQRS Incentive Eligible for 2014
- Subject to the 2016 PQRS payment adjustment (-2.0%)
- Will not satisfy the CQM component of the Medicare EHR Incentive Program

## Note:

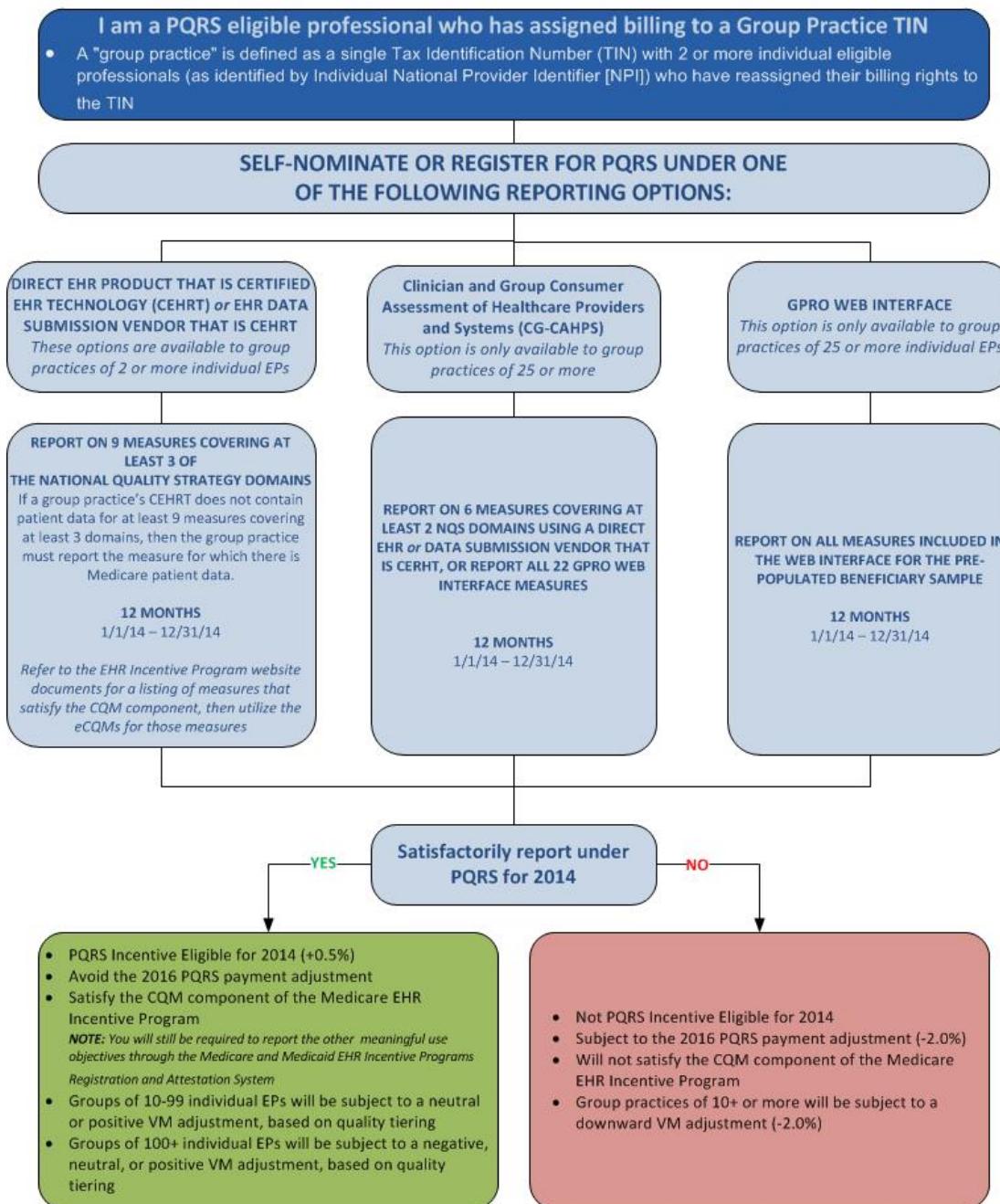
- For the 2014 program year, group practices of 10 or more individual EPs will be considered for a Value Modifier payment adjustment if at least 50% of the individual eligible professionals successfully avoid the 2016 PQRS payment adjustment.
- PQRS EHR reporting option for MU is only available to EPs with EHRs certified to the June 2013 version of the eCQMs (except for CMS140v1: Breast Cancer: Hormonal Therapy for Stage IC - IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer where the EHR needs to be certified to the Dec 2012 version). EPs whose EHRs are not certified to the version of eCQM required by PQRS will still need to attest their CQMs for MU and select a different reporting method for PQRS reporting.
- The reporting period for 2014 PQRS is 12 months; The EHR Incentive Program's 90-day reporting period does not apply to PQRS.

# How to Report Once for 2014 Medicare Quality Reporting Programs: Group Practices

## Overview

This document serves as a guide to group practices wishing to report quality measures one time during the 2014 program year in order to become incentive eligible for the 2014 Physician Quality Reporting System (PQRS), avoid the 2016 PQRS payment adjustment, satisfy the clinical quality measure (CQM) component of the Electronic Health Record (EHR) Incentive Program, and satisfy requirements regarding the 2016 Value-Based Payment Modifier (VM) adjustment.

## How to Report Once for 2014 Medicare Quality Reporting Programs: Group Practices



**Note:** This is only available to eligible professionals who are beyond their first year of Meaningful Use. Eligible professionals who are in their first year of Meaningful Use in 2014, including those who are part of a group practice that is participating in the PQRS GPRO, an MSSP ACO, or a Pioneer ACO, need to report their CQMs via attestation by October 1, 2014 to avoid a Meaningful Use payment adjustment in 2015.

# How to Report Once for 2014 Medicare Quality Reporting Programs: Medicare Shared Savings Program Accountable Care Organizations

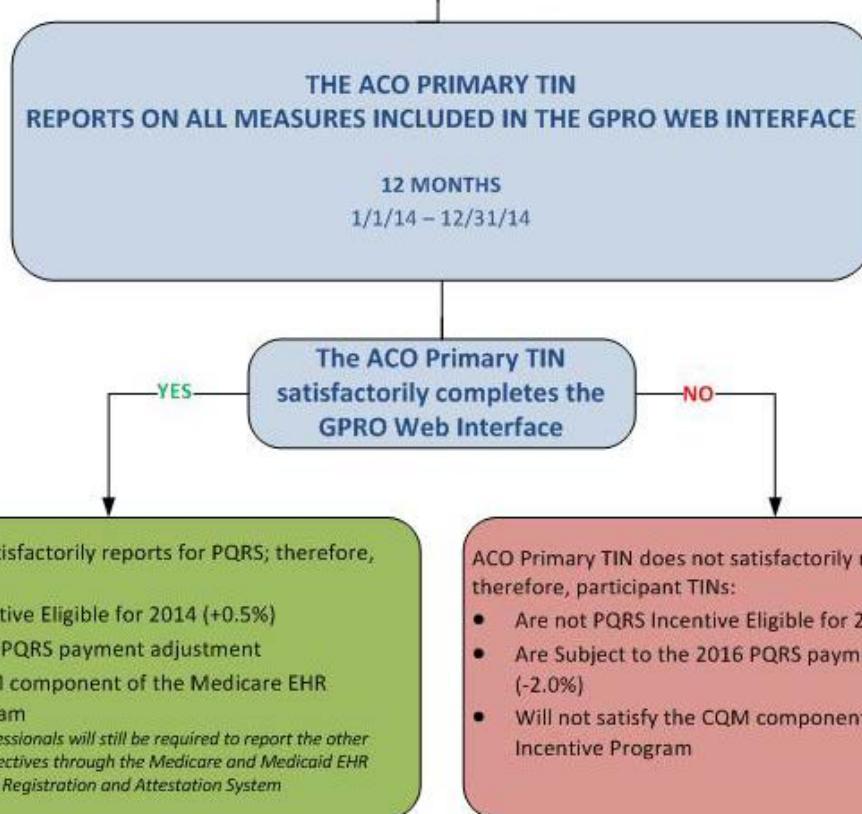
## Overview

This document serves as a guide to Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs) participants wishing to become incentive eligible for the 2014 Physician Quality Reporting System (PQRS), avoid the 2016 PQRS payment adjustment, and satisfy the clinical quality measure (CQM) component of the Electronic Health Record (EHR) Incentive Program.

**Note:** ACOs *will not* be subject to the 2016 Value-Based Payment Modifier.

## I am a PQRS eligible professional who has assigned billing to a Shared Savings Program ACO Participant TIN

ACO participants provide information to the primary TIN, the primary TIN reports information on participants' behalf



**Note:** This is only available to eligible professionals who are beyond their first year of Meaningful Use. Eligible professionals who are in their first year of Meaningful Use in 2014, including those who are part of a group practice that is participating in the PQRS GPRO, an MSSP ACO, or a Pioneer ACO, need to report their CQMs via attestation by October 1, 2014 to avoid a Meaningful Use payment adjustment in 2015.

# How to Report Once for 2014 Medicare Quality Reporting Programs: Pioneer Accountable Care Organizations

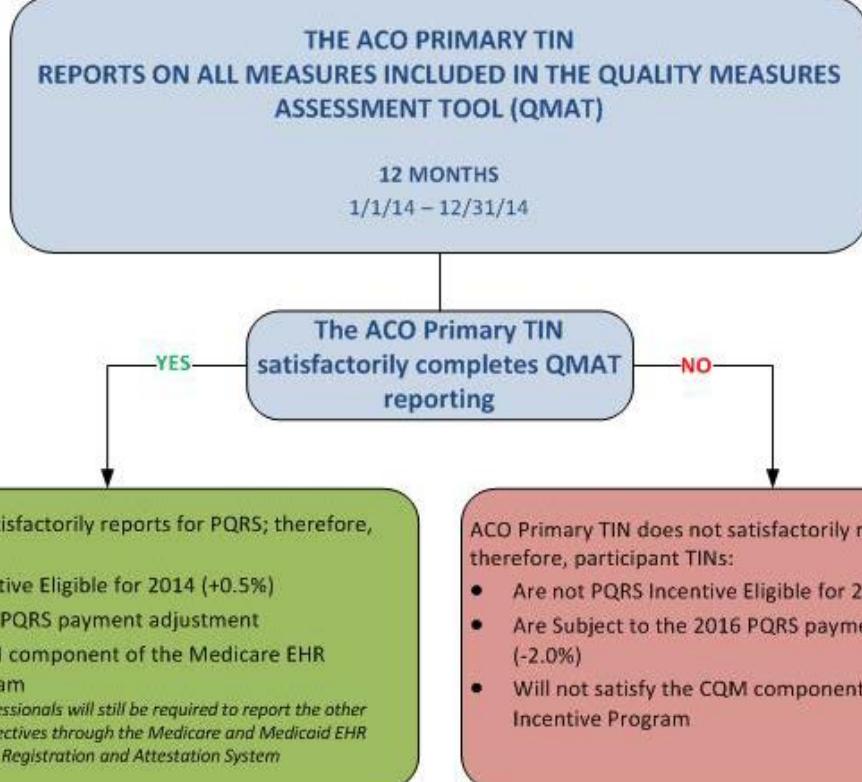
## Overview

This document serves as a guide to Pioneer ACOs wishing to become incentive eligible for the 2014 Physician Quality Reporting System (PQRS), avoid the 2016 PQRS payment adjustment, and satisfy the clinical quality measure (CQM) component of the Electronic Health Record (EHR) Incentive Program. Non-participating providers in Pioneer ACO TINs should refer to GPRO Requirements for Submission, available at [http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014\\_PQRS\\_GPRO\\_Requirements\\_010314.pdf](http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014_PQRS_GPRO_Requirements_010314.pdf).

**Note:** ACOs will not be subject to the 2016 Value-Based Payment Modifier.

## I am a PQRS eligible professional who has assigned billing to a Pioneer ACO Participant TIN

ACO participants provide information to the primary TIN, the primary TIN reports information on participants' behalf



**Note:** This is only available to eligible professionals who are beyond their first year of Meaningful Use. Eligible professionals who are in their first year of Meaningful Use in 2014, including those who are part of a group practice that is participating in the PQRS GPRO, an MSSP ACO, or a Pioneer ACO, need to report their CQMs via attestation by October 1, 2014 to avoid a Meaningful Use payment adjustment in 2015.