



# How to Report Once for 2014 Medicare Quality Reporting Programs

March 2014

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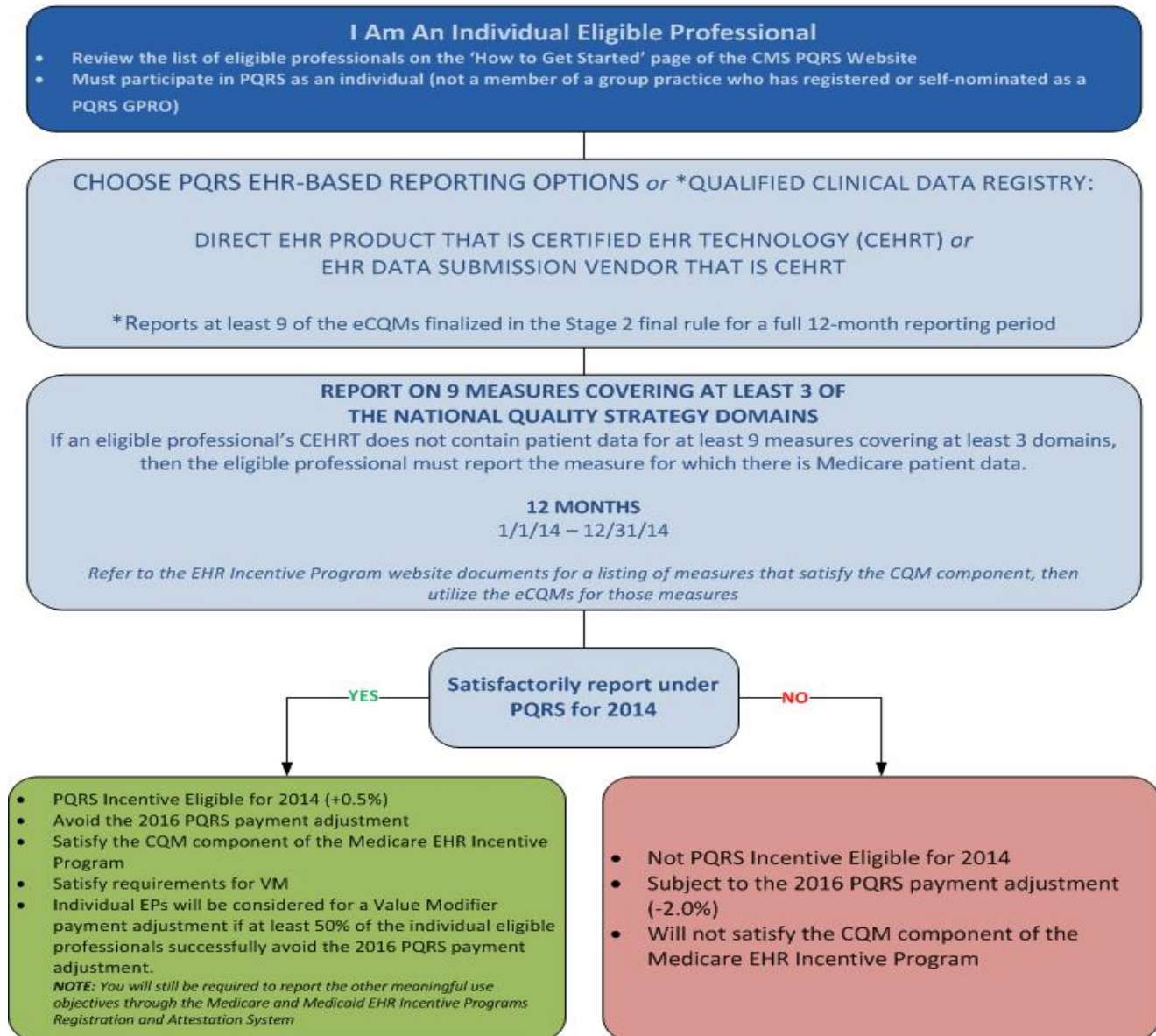
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# How to Report Once for 2014 Medicare Quality Reporting Programs: Individual Eligible Professionals

## 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



## Note:

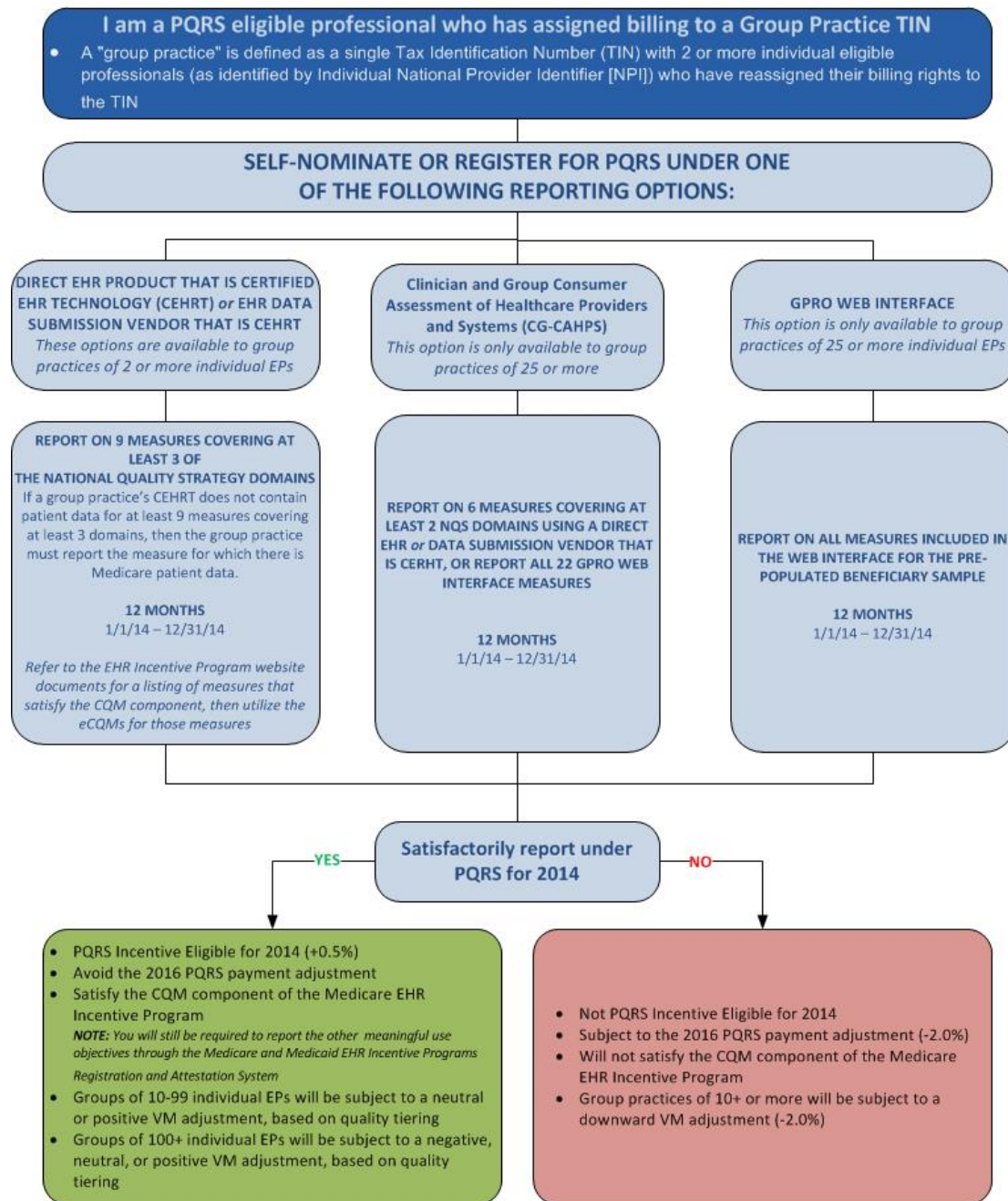
- For the 2014 program year, group practices of 10 or more individual EPs will be considered for a Value Modifier payment adjustment if at least 50% of the individual eligible professionals successfully avoid the 2016 PQRS payment adjustment.
- PQRS EHR reporting option for MU is only available to EPs with EHRs certified to the June 2013 version of the eQMs (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



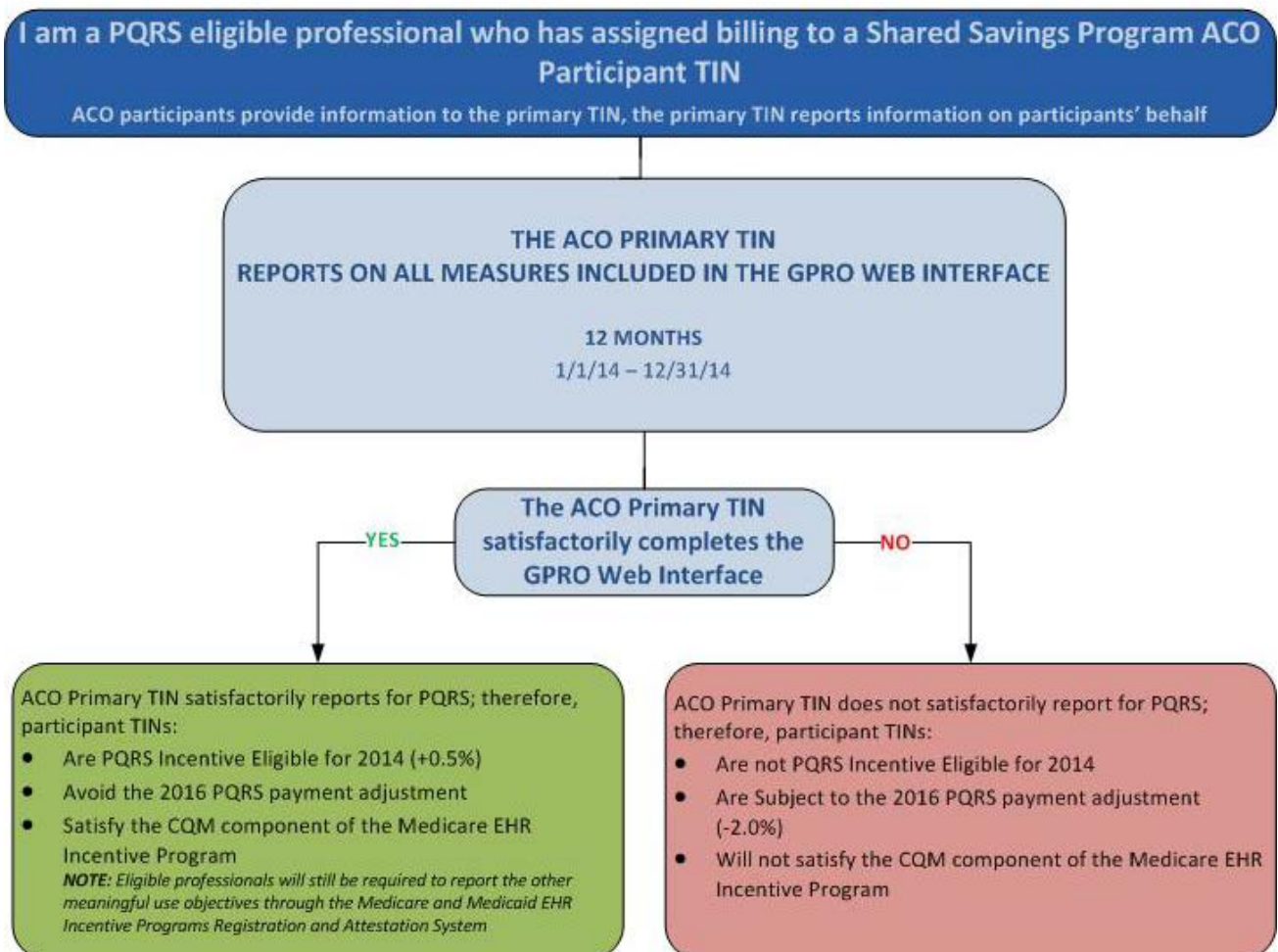
**Note:** This is only available to eligible professionals who are beyond their first year of Meaningful Use. Eligible professionals who are in their first year of Meaningful Use in 2014, including those who are part of a group practice that is participating in the PQRS GPRO, an MSSP ACO, or a Pioneer 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.



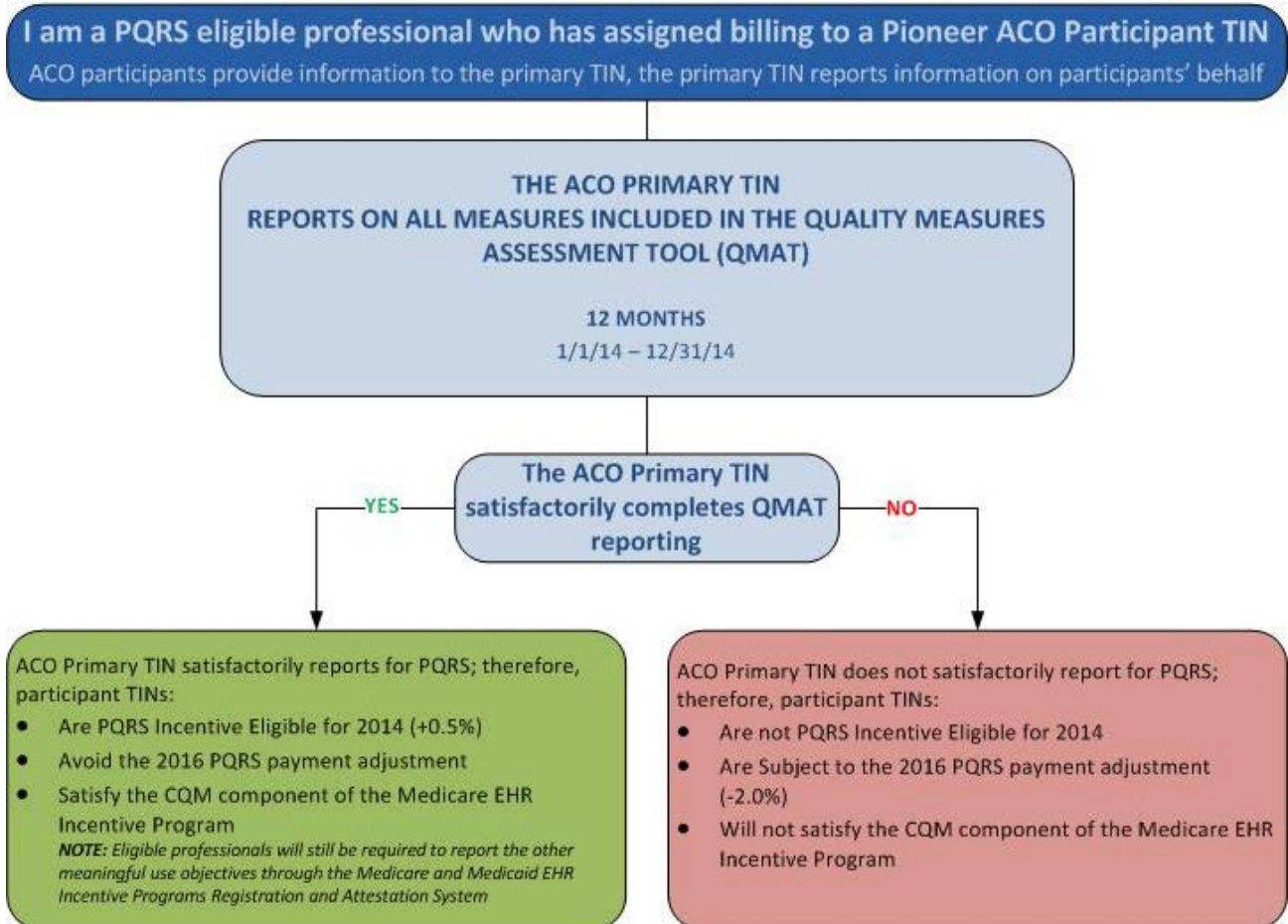
**Note:** This is only available to eligible professionals who are beyond their first year of Meaningful Use. Eligible professionals who are in their first year of Meaningful Use in 2014, including those who are part of a group practice that is participating in the PQRS GPRO, an MSSP ACO, or a Pioneer 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.



**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.