eHealthUniversity
CENTERS FOR MEDICARE & MEDICAID SERVICES

QUALITY

02

INTERMEDIATE

» PQRS Fact Sheet:
2014 GROUP PRACTICE REPORTING OPTION
(GPRO) REQUIREMENTS

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Background

Disclaimer: *If reporting for Physician Quality Reporting System (PQRS) through another Centers for Medicare and Medicaid Services' (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. Please note, although CMS has attempted to align or adopt similar reporting requirements across programs, eligible professionals (EPs) should look to the respective quality program to ensure they satisfy the PQRS, Electronic Health Record (EHR) Incentive Program, Value-based Payment Modifier (VM), etc. requirements of each of these programs.*

PQRS Group Practice Reporting Option (GPRO)

A "group practice" under 2014 PQRS consists of a physician group practice, as defined by a single Tax Identification Number (TIN), with 2 or more individual EPs, as identified by individual National Provider Identifier or NPI, who have reassigned their billing rights to the TIN. Group practices can register to participate in PQRS through the group practice reporting option (GPRO) to be analyzed at the group or TIN level. An individual EP who is a member of a group practice participating in PQRS GPRO is not eligible to separately earn a PQRS incentive payment as an individual EP under that same TIN (that is, for the same TIN/NPI combination). Once a group practice (TIN) registers to participate in the GPRO, this is the only PQRS reporting method available to the group and all individual NPIs who bill Medicare under the group's TIN for 2014. If an organization or EP changes TINs, the participation under the old TIN does not carry over to the new TIN, nor is it combined for final analysis.

Additional information regarding the Medicare EHR Incentive Program can be found on the EHR Incentive Program section of the CMS website at:

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/

Medicare Electronic Health Record (EHR) Incentive Program

The Medicare EHR Incentive Program provides incentive payments to EPs, eligible hospitals, and critical access hospitals (CAHs) as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology. Individual EPs within a group practice are able to satisfactorily participate through two of the PQRS GPRO reporting methods (EHR and CMS Web Interface) for purposes of meeting the electronic clinical quality measure (eCQM) reporting component of meaningful use for the Medicare EHR Incentive Program beginning in 2014.

Value-based Payment Modifier (VM)

The implementation of the VM is based on participation in PQRS. EPs must satisfactorily report or participate in PQRS for purposes of the VM payment adjustment. The VM assesses both quality of care furnished and the cost of that care under the Medicare Physician Fee Schedule (PFS). For the 2014 PQRS program year, the 2016 VM will apply to groups of physicians with 10 or more EPs. Groups of physicians with between 10 and 99 EPs are only subject to an upward or no adjustment based on quality tiering. That is, for the 2016 VM, groups with between 10 and 99 EPs cannot receive a downward adjustment under quality-tiering, whereas groups of 100 or more EPs may receive an upward, downward or no adjustment. 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

02

INTERMEDIATE

The list of 2014 PQRS qualified registries will be posted during the summer of 2014 on the PQRS website under the Registry Reporting page at:

http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Registry-Reporting.html

PQRS GPRO Criteria

The requirements to be considered a group practice participating in the GPRO for the 2014 PQRS program year are listed below. The group practice must meet **all** of these requirements.

Participation Requirements

To be considered as a 2014 PQRS GPRO, participants must comply with the following requirements:

- Have billed Medicare Part B PFS on or after January 1, 2014 and prior to December 31, 2014;
- Agree to have the results on the performance of their PQRS measures publicly posted on the Physician Compare website;
- Have the following technical capabilities, at a minimum: standard PC image with Microsoft® Office and Microsoft® Access software installed; and minimum software configurations (only applies to group practices reporting via the Web Interface);
- Be able to comply with a secure method for data submission;
- Allow CMS access to review the Medicare beneficiary data on which PQRS GPRO submissions are founded or provide to CMS a copy of the actual data;
- Indicate desire to participate in PQRS through the GPRO via registration; and
- Provide all requested data through the Physician Value-Physician Quality Reporting System (PV-PQRS) Registration System during registration.

Determine Group Size

A group practice must have 2 or more EPs in order to participate through the PQRS GPRO. The group practice will determine its size based on the number of EPs (NPIs) billing under the TIN at the **time of registration**. During registration, group size will be categorized as 2-24 EPs, 25-99 EPs and 100 or more EPs. The group practice will need to indicate their group size to CMS by selecting one of these size categories. Reporting requirements and available reporting methods will vary based on the group size.

Determine Reporting Method

Group practices will need to determine the best reporting method for the group. The reporting method will be selected during registration and the group will need to meet the reporting requirements for the group size regardless of changes to the group size after registration. Following are the different reporting methods available for participation in 2014 PQRS through the GPRO:

- **Qualified Registry (2 or more EPs)**
  There are two sets of criteria for group practices participating in the 2014 PQRS GPRO via qualified registries: one to earn the 2014 PQRS incentive, which automatically excludes the group from the payment adjustment, and one to only avoid the 2016 PQRS payment adjustment. Complete information about registry reporting is available in the 2014 PQRS: Registry Reporting Made Simple document on the Registry Reporting page of the PQRS website at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Registry-Reporting.html.

- **EHR Reporting (2 or more EPs)**
  Group practices participating in the 2014 PQRS GPRO via EHR Direct or EHR Data Submission Vendor (DSV) will be able to participate in both PQRS and the EHR Incentive Program by reporting once for both programs. Complete information about EHR reporting is available in the 2014 PQRS:

  *Note: EPs in their first year of meaningful use will need to report 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 mechanism, or through the PQRS GPRO, in order to meet the PQRS reporting requirements. Additional information will be available on the CMS Frequently Asked Question (FAQ) website at https://questions.cms.gov/.*

- **GPRO Web Interface Reporting (25 or more EPs)**
  The GPRO Web Interface is a web-based reporting tool that is partially pre-populated with an assigned sample of Medicare Part B PFS beneficiaries; this sample is based on the claims history for the group practice, and contains demographic and utilization information for those assigned beneficiaries.

  Group practices reporting via the Web Interface will be required to populate all of the remaining data fields necessary for capturing quality measure information for each consecutively assigned Medicare beneficiary (218 beneficiaries for groups with 25-99 EPs or 411 beneficiaries for groups with 100 or more EPs) with respect to services furnished during the 2014 reporting period. The group practices will be able to access the Web Interface for 2014 data submission, during the first quarter of 2015.

  In addition, group practices with 100 or more EPs reporting through the Web Interface will be required to report the Clinician & Group Consumer Assessment of Healthcare Providers and Systems (CG CAHPS) measures through a CMS-Certified Survey Vendor. CMS will bear the cost of administering the CG CAHPS measures for group practices with 100 or more EPs reporting through the Web Interface. Using a CMS-Certified Survey Vendor to report the CG CAHPS measures is discussed in the next section of this document.

  The 2014 GPRO Web Interface Narrative Specifications, assignment and sampling information, and additional information about reporting 2014 PQRS through the Web Interface is available on the Web Interface section of the PQRS website at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html.

02

INTERMEDIATE

- **CMS-Certified Survey Vendor (25 or more EPs)**
  A CMS-Certified Survey Vendor is a new reporting mechanism available to group practices taking part in PQRS under the GPRO beginning in 2014. This method is available to group practices of 25 or more EPs wishing to report the CG CAHPS survey.

  Unchanged for 2014 is the requirement of group practices of 100 or more EPs reporting via GPRO Web Interface to have patients report the CG CAHPS survey based on their experience and care from that group practice. CMS will continue to bear the cost of the CG CAHPS survey for group practices of 100 or more EPs reporting via Web Interface.

  » CMS will **NOT** bear the cost of administering the CG CAHPS summary survey modules to patients for any of the group practices of 25-99 EPs reporting via the Web Interface or groups of more than 25 EPs, not reporting via the Web Interface, that elect the CMS-Certified Survey Vendor option.

  » Likewise, CMS will **NOT** bear the cost of administering the CG CAHPS summary survey modules to patients, regardless of size, for those groups choosing to use a method beyond the Web Interface, such as a qualified registry or a certified electronic health record technology (CEHRT) product.

  Additional information about CMS-Certified Survey Vendors and reporting requirements can be found in the 2014 CMS-Certified Survey Vendors Made Simple fact sheet on the CMS-Certified Survey Vendor page of the CMS website:

  http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/CMS-Certified-Survey-Vendor.html

  A list of CMS-certified survey vendors and contact information will be available soon on the CMS PQRS website at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/

Registration

Registration must be completed through the online PV-PQRS Registration System during the registration period, **April 1, 2014 - September 30, 2014**. The PV-PQRS Registration System is a web-based application that serves the PV and PQRS programs. During registration, group practices must indicate their reporting method though they may change this method at any time prior to the September 30, 2014 deadline. Groups who register for the 2014 PQRS GPRO will *not* be able to withdraw their registration.

Please use the following information and instructions to register for the 2014 PQRS GPRO:

- Go to https://portal.cms.gov. On the right hand side, select **Login to CMS Secure Portal.**
- After accepting the **Terms and Conditions**, enter your IACS User ID and Password in the **Welcome to CMS Enterprise Portal** screen. Select **Login** to continue.
- Select the **PV-PQRS** tab at the top of the screen, and then select **Registration** from the dropdown menu.
- You will see a screen where the group practice(s) and EP(s) (if applicable) that are associated with your IACS account are listed. To register a group practice for the first time, select the **Register** link to the right of the group practice you want to register.

02

INTERMEDIATE

Note: *If your group practice is participating in an Accountable Care Organization (ACO), you will see an alert message letting you know that it is not necessary for you to register the group practice or EP (if applicable) in the PV-PQRS Registration System.*

Complete registration information and step-by-step instructions for IACS and 2014 PQRS GPRO registration will be available on the Self Nomination/Registration page of the Physician Feedback Program website at in the upcoming weeks at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.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.
- CMS provides educational videos about the PQRS GPRO at http://go.cms.gov/GPROPlaylist.

Help Desk

For additional assistance regarding the PQRS GPRO, contact the QualityNet Help Desk.

The help desk is available Monday-Friday from 7:00AM-7:00 PM CT:

Phone: 1-866-288-8912

TTY: 1-877-715-6222

Email: Qnetsupport@sdps.org

To avoid security violations, **do not** include personal identifying information, such as Social Security Number or TIN, in e-mail inquiries to the QualityNet Help Desk.