

Physician Quality Reporting System (PQRS)

CMS-Selected Group Practice Reporting Option (GPRO)

Program Year 2012

Monthly Support Call

September 5, 2012

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Your GPRO Support Team



◆ CMS

- ◆ Regina Reymann Chell, RN, BSN, GPRO Lead
- ◆ Alexandra Mugge MPH, Health Insurance Specialist

◆ CMS Contractors

- ◆ Web Interface Development Team – “DECC”
 - ◆ Jane Schiemer, Application Architect
- ◆ Program Management and Measures Team – “PMBR”
 - ◆ Courtney Rose, Health Informatics Analyst
 - ◆ Kris Peters, Clinical Analyst
 - ◆ Carol Noyes, Clinical Analyst
- ◆ Vetting/Support Call Team – “Vetting Contractor”
 - ◆ Tom Campbell, Lead
 - ◆ Ann Bagchi, Lead
- ◆ QualityNet Help Desk
 - ◆ Gregory Salvato, Jr., PMP – Sr. Inquiry Support Mgr. – Tier III Help Desk

Agenda



- ◆ Welcome
- ◆ Review of Electronic Prescribing (eRx) GPRO Participation
- ◆ Q&A

Reminders



- ◆ Monthly Support Calls are mandatory for each GPRO
 - ◆ Slides from previous support calls are posted under the Downloads section on the CMS website in the zip titled "2012 Physician Quality Reporting CMS-Selected GPRO Training Materials": http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/CMS-Selected-Group_Practice_Reporting_Option.html

2012 eRx GPRO Participation Overview

Requirements for eRx GPRO – 2012 Incentive



- ◆ eRx information in this section is specific to groups who self-nominated and were selected to participate in eRx GPRO in 2012
- ◆ If your eligible professionals are participating in eRx as individuals, please refer to the Individual eRx Measure Specifications:
http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/E-Prescribing_Measure.html

Participation Requirements



- ◆ Self-nominated by January 31, 2012
- ◆ Met technical/other requirements, including:
 - ◆ Provided the group practice's tax identification number (TIN), name of group practice, and contact information
 - ◆ Agreed to participate in all mandatory training sessions/Support Calls
 - ◆ Have billed Medicare Part B on or after January 1, 2011 and prior to October 29, 2011
- ◆ Selected to participate by CMS
- ◆ In order to participate in eRx GPRO, the group must be participating in one of the following:
 - ◆ PQRS GPRO
 - ◆ ACO GPRO
 - ◆ PGP Transition Demonstration

Requirements for eRx GPRO – 2012 Incentive



- ◆ Reporting period
 - ◆ January 1, 2012 to December 31, 2012
- ◆ Report via claims or qualified registry per self-nomination letter

2012 eRx Measure Specifications



In addition to meeting the criteria for “successful electronic prescriber” above, at least 10% of the group practice's Medicare Part B charges must be comprised of the codes in the denominator of the measure in order for the group practice to be incentive eligible.

Downloads

[2012 CMS-Selected GPRO eRx Measure Specifications, Release Notes and Claims Based Reporting Principles \[ZIP, 481KB\]](#)

[2012 ERx CMS-Selected GPRO Training Materials \[ZIP, 682KB\]](#)

[GPRO I Self Nomination Requirements \[PDF, 48KB\]](#)

[GPRO II Self Nomination Requirements \[PDF, 53KB\]](#)

[2011 GPRO I eRx Claims Based Reporting Principles, Measure Specifications and Release Notes \[ZIP, 153KB\]](#)

[GPRO Requirements for Submission of 2010 Physician Quality Reporting System Data \[PDF, 27KB\]](#)

[2010 eRx Measure Specifications for the 2010 eRx GPRO \[PDF, 41KB\]](#)

Related Links

[CMS-Selected Group Practice Reporting Option](#)

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/CMS-Selected-Group-Practice-Reporting-Option.html>

2012 eRx GPRO Incentive



- ◆ Incentive payment of 1% of Part B Physician Fee Schedule (PFS) allowed charges for a successful group
- ◆ Adopt a qualified eRx system
- ◆ Successfully report for eligible eRx events
 - ◆ January 1, 2012 through December 31, 2012
 - ◆ Small GPROs: ≥ 625 unique encounters
 - ◆ Large GPROs: $\geq 2,500$ unique encounters
- ◆ $\geq 10\%$ of total allowed charges must be for services in the measure denominator

Successful eRx GPRO Submission Methods for Incentive – 2012



- ◆ Groups must participate in eRx GPRO for incentive via the method selected during self-nomination
- ◆ Claims reporting:
 - ◆ Submit denominator CPT code and numerator G-code (G8553) on the claim for requisite number of events by group size for encounters occurring between January 1 and December 31, 2012
- ◆ Registry reporting:
 - ◆ Submit denominator CPT code and electronically generated and transmitted prescription for requisite number of events by group size for encounters occurring between January 1, 2012 and December 31, 2012

Successful eRx GPRO Submission for Incentive – 2012



Reporting Mechanism	Group Size	Reporting Period	Criteria for Successful eRx Submission
Claims	25-99 Eligible Professionals	January 1, 2012 – December 31, 2012	Submit both a denominator CPT code and the numerator G-code (G8553) on the same claim representing the eligible encounter for at least 625 unique MPFS encounters.
Claims	100+ Eligible Professionals	January 1, 2012 – December 31, 2012	Submit both a denominator CPT code and the numerator G-code (G8553) on the same claim representing the eligible encounter for at least 2,500 unique MPFS encounters
Registry	25-99 Eligible Professionals	January 1, 2012 – December 31, 2012	Submit a denominator CPT code and electronically generated and transmitted prescription (not faxed) for at least 625 unique MPFS encounters
Registry	100+ Eligible Professionals	January 1, 2012 – December 31, 2012	Submit a denominator CPT code and electronically generated and transmitted prescription (not faxed) for at least 2,500 unique MPFS encounters

2013 eRx Payment Adjustment



- ◆ For group practices that do not meet eRx reporting criteria, the 2013 eRx payment adjustment of 1.5% will result in a group practice receiving 98.5% of their Medicare Part B PFS amount for covered professional services for dates of service January 1 through December 31, 2013
 - ◆ eRx GPROs are analyzed at the TIN level
 - ◆ If an eRx GPRO is unsuccessful at avoiding a payment adjustment, all NPIs under the TIN during the unsuccessful reporting period will receive the payment adjustment
 - ◆ Payment adjustment applies whether or not the group practice participates in the eRx Incentive Program or Health Information Technology for Economic and Clinical Health (HITECH) program

Avoiding 2013 eRx Payment Adjustment – GPRO



◆ Participate as an eRx GPRO

AND one of the following:

- ◆ Selected as 2011 eRx GPRO and successfully electronically prescribed for 2011 eRx incentive
- ◆ Report required eRx events from January 1 to June 30, 2012 via claims
- ◆ Request and receive hardship exemption by June 30, 2012

Avoiding the 2014 eRx Payment Adjustment - GPRO



- ◆ For group practices that do not meet eRx reporting criteria in 2012, the 2014 eRx payment adjustment of 2.0% will result in a group practice receiving 98% of their Medicare Part B PFS amount for covered professional services for dates of service January 1 through December 31, 2014
 - ◆ eRx GPROs are analyzed at the TIN level
 - ◆ If an eRx GPRO is unsuccessful at avoiding a payment adjustment, all NPIs under the TIN during the unsuccessful reporting period will receive the payment adjustment
- ◆ Successfully submit the required number of eRx events in 2012
 - ◆ May avoid the 2014 eRx payment adjustment and earn the 2012 eRx incentive
- ◆ GPROs must continue participating as an eRx GPRO each year in order to be analyzed for avoiding future payment adjustments

Upcoming GPRO Support Calls



- ◆ October 10, 2012, 3-4 pm ET
 - ◆ Topic: IACS Training
- ◆ November 14, 2012, 3-4 pm ET
 - ◆ Topic: XML Training
- ◆ December 5, 2012, 3-4 pm ET
- ◆ January 16, 2013, 3-5 pm ET
- ◆ February 6, 2013, 3-4 pm ET
- ◆ Note: The PQRS GPRO support calls are not applicable to ACOs and PGPs.

Resources/Where to Begin

[Medicare](#)[Medicaid/CHIP](#)[Medicare-Medicaid Coordination](#)[Insurance Oversight](#)[Innovation Center](#)[Regulations and Guidance](#)[Research, Statistics, Data and Systems](#)[Outreach and Education](#)

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Electronic Prescribing Incentive Program

[Spotlight](#)[Statute Regulations Program Instructions](#)[Eligible Professionals](#)[Electronic Prescribing Measure](#)[CMS-Selected Group Practice Reporting Option](#)[Alternative Reporting Mechanism](#)[Educational Resources](#)[Analysis and Payment](#)[Help Desk Support](#)[Payment Adjustment Information](#)[2009 e-Rx Incentive Program](#)[2010 eRx Incentive Program](#)

CMS-Selected Group Practice Reporting Option

In accordance with section 1848(m)(3)(C) of the Social Security Act (the Act), CMS is introducing a new group practice reporting option (GPRO) for the Electronic Prescribing (eRx) Incentive Program beginning with the 2010 eRx Incentive Program. Group practices that are successful electronic prescribers for a particular reporting period are eligible to earn an eRx incentive payment equal to a specified percentage of the group practice's total estimated Medicare Part B PFS allowed charges for covered professional services furnished during the reporting period. For the 2010 eRx Incentive Program, the incentive payment is equal to 2% of the group practice's total estimated Medicare Part B PFS allowed charges for covered professional services furnished during the 2010 reporting period. As required by section 1848(m)(3)(C) (iii) of the Act, an individual eligible professional who is a member of a group practice selected to participate in the eRx GPRO is not eligible to separately earn an eRx incentive payment as an individual eligible professional under that same Tax Identification Number (TIN) (that is, for the same TIN/National Provider Identifier, or NPI, combination). Once a group practice (TIN) is selected to participate in the GPRO, this is the only method of eRx reporting available to the group and all individual NPIs who bill Medicare under the group's TIN.

2012 eRx CMS-Selected GPRO

The eRx CMS-selected GPRO Measure has been updated for the 2012 eRx Program year. The measure may be reported through various reporting options. The file is named "2012 CMS-Selected GPRO eRx Measure Specifications, Release Notes and Claims Based Reporting Principles". The zip file contains three helpful documents:

1. 2012_eRx_GPROMeasureSpecification_111011.pdf – Contains the eRx Measure Specification for the 2012

Program Year

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/CMS-Selected-Group-Practice-Reporting-Option.html>

If You Still Have Questions...



◆ QualityNet Help Desk

- ◆ Monday – Friday: 7:00 am - 7:00 pm CT
 - ◆ E-mail: qnetsupport@sdps.org
 - ◆ Phone: (866) 288-8912 (TTY 1-877-715-6222)
 - ◆ Fax: (888) 329-7377
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- ◆ When calling the QualityNet Help Desk, please identify yourself as a 2012 GPRO participant
 - ◆ Tickets may be escalated to the appropriate Tier in order to assist you