

Physician Quality Reporting System (PQRS) GPRO Registration and Reporting in 2015

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- Payment Adjustments
- Group Practice Reporting Option (GPRO)
- Individuals Authorized Access to CMS Computer Services (IACS)
- Registering for GPRO
- Reporting Considerations
- Noteworthy Items for 2015 PQRS
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- Next Steps
- Questions

PQRS Overview

The Purpose of PQRS

- In an effort to improve the quality and lower the cost of health care, the Centers for Medicare and Medicaid Services (CMS) is moving toward performance-based reimbursement and away from the fee-for-service (FFS) payment model
- PQRS is one of several initiatives designed to accomplish that goal
- PQRS is a reporting program that uses payment adjustments to promote reporting of quality information by Eligible Professionals (EPs)

PQRS Eligibility

PQRS Eligibility

- PQRS is relevant to you if you furnish services to Medicare Part B FFS beneficiaries and are considered an Eligible Professional:

	PQRS		Value Modifier		EHR Incentive Program		
	Eligible for Incentive	Subject to Payment Adjustment	Included in Definition of "Group" (1)	Subject to VM (2)	Eligible for Medicare Incentive(3)	Eligible for Medicaid Incentive (4,5)	Subject to Medicare Payment Adjustment (7,8)
Medicare Physicians							
Doctor of Medicine	X	X	X	X	X	X	X
Doctor of Osteopathy	X	X	X	X	X	X	X
Doctor of Podiatric Medicine	X	X	X	X	X		X
Doctor of Optometry	X	X	X	X	X		X
Doctor of Oral Surgery	X	X	X	X	X	X	X
Doctor of Dental Medicine	X	X	X	X	X	X	X
Doctor of Chiropractic	X	X	X	X	X		X
Practitioners							
Physician Assistant	X	X	X			X (6)	
Nurse Practitioner	X	X	X			X	
Clinical Nurse Specialist	X	X	X				
Certified Registered Nurse Anesthetist (10)	X	X	X				
Certified Nurse Midwife	X	X	X			X	
Clinical Social Worker	X	X	X				
Clinical Psychologist	X	X	X				
Registered Dietician	X	X	X				
Nutrition Professional	X	X	X				
Audiologists	X	X	X				
Therapists							
Physical Therapist	X	X	X				
Occupational Therapist	X	X	X				
Qualified Speech-Language Therapist	X	X	X				

Payment Adjustments

PQRS Payment Adjustments – Failure to Report

- PQRS payment penalty for failure to report: **-2.0%**
 - Payment adjustments for reporting year 2015 apply to Medicare reimbursements in 2017
- PQRS Payment adjustments will continue
 - Failure to report PQRS in 2016 will result in a payment adjustment in 2018, and so on
- These penalties are in addition to MU penalties and Value Modifier penalties

Value Modifier Payment Adjustments – Failure to Report

- Value Modifier payment adjustments for failure to report:
 - -2% for solo practitioners and groups of 2-9
 - -4% for groups of 10 or more
- Value Modifier payment adjustments for failure to report in 2015 will be applied to Medicare Part B billing in 2017
- PQRS reporting is the basis for Value Modifier payment adjustments

Total Payment Adjustments – Failure to Report

- If an EP fails to report in 2015, the following payment adjustments will apply to their 2017 reimbursements:

PQRS Penalty	Value Modifier Penalty	
<i>applies to all EPs</i>	<i>solo EPs and groups of 2-9</i>	<i>groups of 10+</i>
-2%	-2%	-4%

- **Bottom line: Total penalty for failing to report in 2015**
 - -4% for solo EPs and groups of 2-9
 - -6% for groups of 10 or more

- To avoid PQRS and VM payment adjustments in 2017, Eligible Professionals (EPs) must do one of the following:
 - Satisfy PQRS requirements as an individual EP (solo practitioners) or be part of a group where at least 50% of the EPs within the group successfully report PQRS measures individually
 - Satisfy PQRS requirements via Group Practice Reporting Option (GPRO)

Group Practice Reporting Option (GPRO)

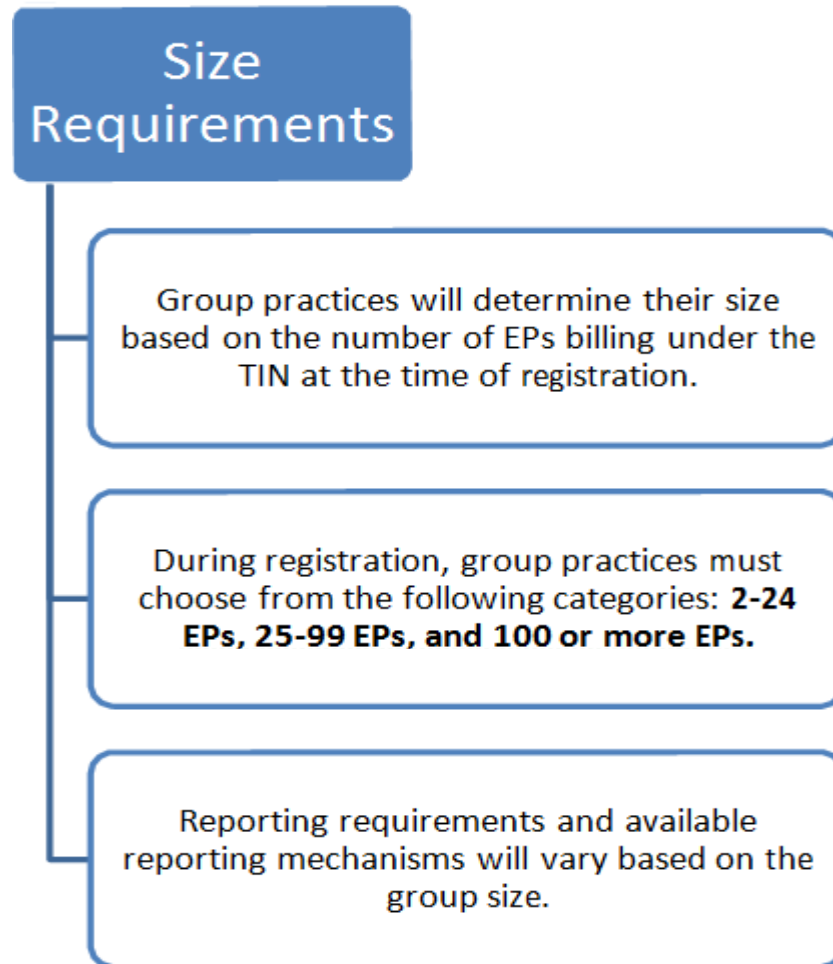
Group Practice Reporting Option (GPRO)

- A group is defined as 2 or more individual EPs who have reassigned their billing rights to the group TIN
- GRPO allows groups to aggregate their PQRS data across all providers
- Depending on the group size, groups can report PQRS data using the following methods:
 - Qualified registry
 - Direct EHR using CEHRT
 - CEHRT via Data Submission Vendor
 - Web interface (groups of 25+ only)
- Clinician & Group Consumer Assessment of Healthcare Providers and Systems (CG CAHPS) via CMS-certified survey vendor (**mandatory** for groups of 100+, optional for groups of 2-99)

Group Practice Reporting Option (GPRO)

- **Deadline to register as a group for PQRS 2015 is June 30, 2015**
 - Registration takes place through the CMS Physician Value-Physician Quality Reporting System (PV-PQRS) Registration System
- **Benefits of GPRO**
 - Billing and reporting staff may report one set of quality measures data on behalf of all EPs within a group practice, reducing the need to keep track of PQRS measures separately for each EP
 - Those EPs who have difficulty meeting the reporting requirements for individual EPs may benefit from group reporting
- **Considerations**
 - Choosing the right reporting method, because after the registration deadline (June 30, 2015), your selection is “locked in.”

GPRO Size Requirements



Source: CMS webinar 4/16/15

PQRS GPRO Participation Requirements

- To participate in 2015 GPRO, the group practice must comply with all of the following requirements:
 - Have billed Medicare Part B Physician Fee Schedule (PFS) on or after January 1, 2015 and prior to December 31, 2015
 - Agree to have the results of their performance on PQRS measures publicly posted on the [Physician Compare website](#)
 - Be able to comply with a secure mechanism for data submission
 - Register to participate in PQRS via the GPRO between April 1, 2015 and June 30, 2015 (11:59 pm EDT)
 - Provide all requested information through the Physician Value-Physician Quality Reporting System (PV-PQRS) Registration System during registration

Source: CMS webinar 4/16/15

PQRS GPRO Registration Requirements

- Each group practice (TIN) that wants to participate in the PQRS GPRO in 2015 must register in the PV-PQRS Registration System at <https://portal.cms.gov> between **April 1, 2015 - June 30, 2015 (11:59 pm EDT)**.
- One person from the group will need to obtain an Individuals Authorized Access to the CMS Computer Services (IACS) account with the correct role to log into the PV-PQRS Registration System.

Source: CMS webinar 4/16/15

Individuals Authorized Access to CMS Computer Services (IACS)

IACS Introduction

- An Individuals Authorized Access to the CMS Computer Services (IACS) account is required to access the PV-PQRS Registration System.
- Users are limited to 1 account per person.
 - An existing IACS account cannot be transferred to another individual.
 - An account can be associated with multiple groups practices (TIN) or individual EPs (TIN/National Provider Identifier (NPI)).
- If you want to know whether there is already someone who can register your group for PQRS GPRO → Contact the QualityNet Help Desk and provide the TIN and name of your group.
- You can sign up for a new IACS account, modify an existing IACS account, or reset an IACS account password (every 60 days) on the IACS website at <https://applications.cms.hhs.gov>.

Source: CMS webinar 4/16/15

IACS Roles for Group Practices

- One person from the group must first sign up for an IACS account with the **primary Group Security Official** role.
- There can be only one primary Group Security Official, but one or more backup Group Security Officials or Group Representatives.
 - Primary Group Security role requests: approved by CMS within 24 hours after the request is submitted
 - Backup Group Security Official role requests: approved by CMS after phone verification with the primary Group Security Official
 - Group representative role requests: must be approved by the primary or backup Group Security Official within 12 calendar days after request is submitted
- Primary or backup Group Security Official role allows the user to:
 1. Register a group to participate in the PQRS GPRO
 2. View the group practice's QRUR and Supplemental QRUR
 3. Approve requests for the "PV-PQRS Group Representative" role in IACS.
- Group Representative role allows the user to perform tasks 1 and 2 listed above.

Source: CMS webinar 4/16/15

Three Steps to Sign Up for an IACS Account

Gather, Enter, & Verify

1. Gather all of the required information you need to submit your request for an IACS account or to modify your existing IACS account. (Refer to slide 26)
2. Enter the required information into IACS at:
<https://applications.cms.hhs.gov/>
3. Verify that you entered all of the required information correctly and submit your request.

Note: When signing up for an IACS account, use an email address that you monitor regularly. CMS will send emails with your User ID, temporary password and information about password resets and recertification.

Source: CMS webinar 4/16/15

Required Information Needed for IACS Account

All Group Practice Roles

- *User Information*: First name, Last Name, Social Security Number, Date of Birth, and E-mail.
- *Professional Contact Information*: Office Telephone, Company Name, and Address.

1. Primary Group Security Official

- *Organization Information*: Group practice's Medicare billing TIN, Legal Business Name, Rendering NPIs for **two different** eligible professionals who bill under the TIN and their corresponding individual Provider Transaction Access Numbers (PTANS) (do not use the Group NPI or Group PTAN), Address and Phone Number.

2. Backup Group Security Official

- Group practice's Medicare billing TIN

3. Group Representative

- Group practice's Medicare billing TIN.

Source: CMS webinar 4/16/15

Registering for GPRO

- Once you have an IACS Account, you are ready to register for GPRO

Three Steps to Register for the PQRS GPRO

Gather, Enter, & Verify

1. Gather all of the required information you need to submit your group practice's registration for participating in the PQRS GPRO in 2015
2. Enter the required information into PV-PQRS Registration System at <https://portal.cms.gov> by logging in with your IACS User ID and password.
3. Verify that you entered all of the required information correctly and submit your registration.

Source: CMS webinar 4/16/15

Gather: Required Information for Group Registration

- *Organization Information:* Group Practice Name, Entity name, and Mailing Address
- *Requestor Information:* First Name, Last Name, E-mail, and Phone Number
- Group Practice Size (2-24 EPs, 25-99 EPs, or 100 or more EPs)
- Select a 2015 PQRS group reporting mechanism
 - Web Interface (applicable for groups with 25 or more EPs)
 - Registry (applicable for groups with 2 or more EPs)
 - Electronic Health Record (applicable for groups with 2 or more EPs)

Source: CMS webinar 4/16/15

Gather: Required Information for Group Registration (cont.)

- Elect to include the 2015 CAHPS results in the calculation of the group's 2017 VM (applicable for groups with 2 or more EPs)
- *Program Contact Information:* First Name, Last Name, E-mail, Phone Number, and Address
- *Technical Contact Information:* First Name, Last Name, E-mail, Phone Number, and Address

Source: CMS webinar 4/16/15

Enter: PV-PQRS Registration System

- Go to <https://portal.cms.gov> and select “Login to CMS Secure Portal”. (Figure 4)
- Accept the Terms and Conditions.

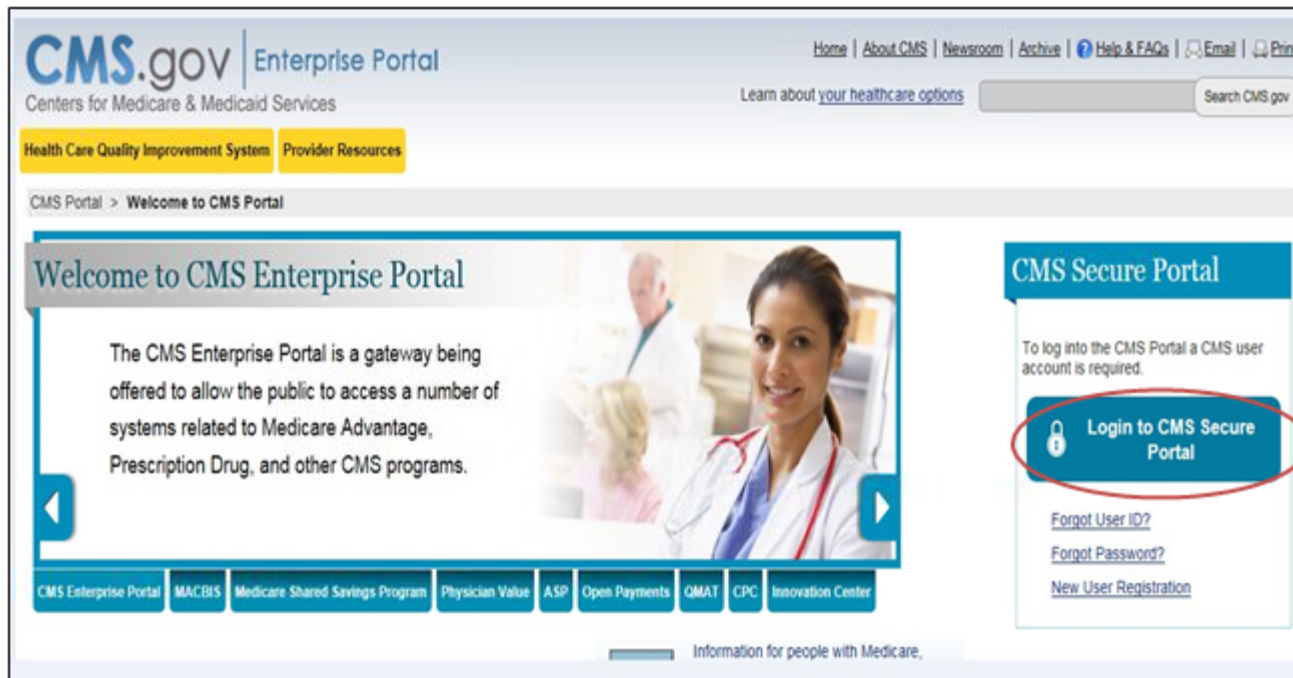


Figure 4: Login to CMS Secure Portal

Source: CMS webinar 4/16/15

New Registration: Group Practice

- Figure 7 shows the TINs that are associated with your IACS account.
- To register a TIN for the 2015 PQRS GPRO, select the “Register” link.

The screenshot shows a web interface for the Physician Value Physician Quality Reporting Portal. At the top, there are tabs for 'Registration' and 'VM Informal Review'. Below the tabs is a welcome message: 'Welcome to Physician Value Physician Quality Reporting Portal'. Underneath, there is a section for 'IACS User Account Information' with the following details: 'First Name: Jacob', 'Middle Initial:', and 'Last Name: Smith-Williams'. A message instructs the user to click 'Register/Modify' if they are an authorized representative of a Group Practice (TIN) and want to register the TIN or modify the registration information. Below this message is a table with columns: Program Year, Registrati Type, Name, TIN, NPI, Initial Registrati Date, Registrati ID, Registrati Status, Registrati Status Reason, and Action. The table contains two rows of data. The first row is for the year 2015, with a 'Group' type, 'PQRS GPRO 3' name, 'XX-XXX32' TIN, 'N/A' NPI, 'N/A' Initial Registrati Date, 'N/A' Registrati ID, 'N/A' Registrati Status, 'N/A' Registrati Status Reason, and a 'Select One' action dropdown. The second row is for the year 2014, with a 'Group' type, 'PQRS GPRO 3' name, 'XX-XXX32' TIN, 'N/A' NPI, '04/25/2014' Initial Registrati Date, '100000196' Registrati ID, 'Active' Registrati Status, 'New Registrati Reason', and a 'Select One' action dropdown. A 'Register' link is visible below the 2014 row.

Program Year	Registrati Type	Name	TIN	NPI	Initial Registrati Date	Registrati ID	Registrati Status	Registrati Status Reason	Action
2015	Group	PQRS GPRO 3	XX-XXX32	N/A	N/A	N/A	N/A	N/A	Select One
2014	Group	PQRS GPRO 3	XX-XXX32	N/A	04/25/2014	100000196	Active	New Registrati Reason	Select One Register

Figure 7: New Registration – Group Practice

Source: CMS webinar 4/16/15

Registering a Group Practice

- Enter and Verify Group Practice Information
- After all information is entered and verified, you will receive a confirmation message

Confirmation Message: Group Practice

- Retain the Registration Identification Number provided in the confirmation message or click “Print” to print the confirmation message. (Figure 14)
- Click “Home” to go back to the “Welcome Screen”.

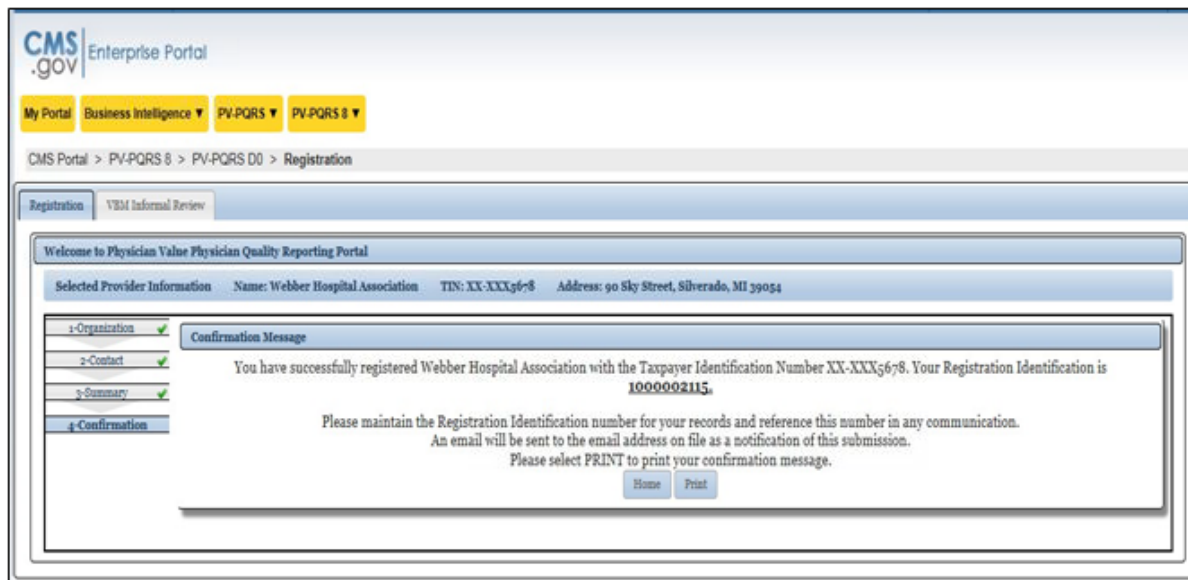


Figure 14: Confirmation Message

Source: CMS webinar 4/16/15

PQRS Reporting Considerations

PQRS Reporting Considerations

- If reporting using GPRO, must report Individual Measures
 - Data is aggregated for all providers in the group
 - Must report on at least 50 percent of eligible instances
 - Definition of “eligible instance” depends on the measure
 - Must report on **9** measures across **3** NQS domains
 - Must include at least 1 **cross-cutting measure**
 - All measures must have a >0% performance rate (i.e. must be performed successfully for at least 1 eligible patient)

Measures-Applicability Validation (MAV)

- If an EP reports less than 9 measures (or reports ≥ 9 measures across less than 3 domains) the MAV process will be applied
- **MAV determines if an EP or group has met the requirements to avoid the PQRS payment adjustment**, despite reporting less than 9 measures (or reporting ≥ 9 measures covering less than 3 domains)
- To avoid the payment adjustment in the above circumstances, the group must report on at least one cross-cutting measure, and either:
 - satisfactorily report all applicable measures within a clinical cluster (clinically related measures) **OR**
 - satisfactorily report on measures not included within a clinical cluster **AND** pass the clinical relation/domain test based on the measures within the clinical cluster

PQRS Reporting Considerations

The following factors should be considered when selecting measures for reporting:

- Clinical conditions usually treated
- Types of care typically provided – e.g., preventive, chronic, acute
- Settings where care is usually delivered – e.g., office, emergency department (ED), surgical suite
- Quality improvement goals for 2015
- Other quality reporting programs in use or being considered
- Additional considerations:
 - Diagnosis codes
 - Procedure codes
 - Intent of measure
 - Data reporting capabilities
 - EHR, practice management system, billing software, etc

Noteworthy Items for 2015 PQRS

- Noteworthy for 2015
 - New requirement: cross-cutting measure
 - Value Modifier payment adjustments apply to groups of all sizes, including solo EPs
 - Increased automatic Value Modifier adjustment for groups of 10 or more EPs who fail to report (-4%)
 - Reporting once for all CMS Quality Programs
 - EPs who report PQRS measures using CEHRT can meet CQM requirements for Meaningful Use as well
 - EPs who choose to report via MeHI's registry will have to separately report CQMs for all other CMS quality programs (EHR Incentive, Shared Savings, etc)

MeHI's Qualified Registry

MeHI offers a CMS Qualified Registry for PQRS

- Easiest, most efficient way to report
- Subject matter experts to assist you along the way
 - Interpretation of Medicare eligibility and reporting requirements
 - Measures selection guidance by specialty
 - Support for performing data collection, data entry, and submission
 - Customized support for reporting Individual Measures
 - Help with IACS and GPRO Registration process
- MeHI can help you strategize and prepare for future reporting years to avoid future penalties

Next Steps

Next Steps for GPRO Registration and Reporting

- Set up a new IACS account or modify an existing account at applications.cms.hhs.gov/
- Register to participate in the 2015 PQRS GPRO at portal.cms.gov using an IACS User ID and password by **June 30, 2015**
- Get started with MeHI's PQRS Registry and Services
 - Contact us at 1-855-MassEHR or pqrs@masstech.org
 - Visit the [PQRS page](#) on our website to learn more and complete our [PQRS Interest Form](#)

Questions?

Contact Us

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