How to Report Once for 2014 Medicare Quality Reporting Programs
March 2014
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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.

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.
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

I am a PQRS eligible professional who has assigned billing to a Group Practice TIN
• A "group practice" is defined as a single Tax Identification Number (TIN) with 2 or more individual eligible professionals (as identified by Individual National Provider Identifier [NPI]) who have re-assigned their billing rights to the TIN

SELF-NOMINATE OR REGISTER FOR PQRS UNDER ONE OF THE FOLLOWING REPORTING OPTIONS:

DIRECT EHR PRODUCT THAT IS CERTIFIED EHR TECHNOLOGY (CEHRT) or EHR DATA SUBMISSION VENDOR THAT IS CEHRT
These options are available to group practices of 2 or more individual EPS

Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG CAHPS)
This option is only available to group practices of 25 or more

GPRO WEB INTERFACE
This option is only available to group practices of 25 or more individual EPS

REPORT ON 9 MEASURES COVERING AT LEAST 3 OF THE NATIONAL QUALITY STRATEGY DOMAINS
If a group practice’s CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the group practice 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

REPORT ON 6 MEASURES COVERING AT LEAST 2 NQS DOMAINS USING A DIRECT EHR or DATA SUBMISSION VENDOR THAT IS CEHRT, OR REPORT ALL 32 GPRO WEB INTERFACE MEASURES

12 MONTHS
1/1/14 – 12/31/14

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
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
• Groups of 10-99 individual EPS will be subject to a neutral or positive VM adjustment, based on quality tiering
• Groups of 100+ individual EPS will be subject to a negative, neutral, or positive VM adjustment, based on quality tiering

• 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
• Group practices of 10+ or more will be subject to a downward VM adjustment (-2.0%)

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

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

THE ACO PRIMARY TIN REPORTS ON ALL MEASURES INCLUDED IN THE QUALITY MEASURES ASSESSMENT TOOL (QMAT)
12 MONTHS
1/1/14 – 12/31/14

The ACO Primary TIN satisfactorily completes QMAT reporting

ACO Primary TIN satisfactorily reports for PQRS; therefore, participant TINs:
• Are PQRS Incentive Eligible for 2014 (+0.5%)
• Avoid the 2016 PQRS payment adjustment
• Satisfy the CQM component of the Medicare EHR Incentive Program

Note: Eligible professionals will still be required to report the other meaningful use objectives through the Medicare and Medicaid EHR Incentive Programs Registration and Attestation System

ACO Primary TIN does not satisfactorily report for PQRS; therefore, participant TINs:
• Are not PQRS Incentive Eligible for 2014
• Are Subject to the 2016 PQRS payment adjustment (-2.0%)
• Will not satisfy the CQM component of the Medicare EHR Incentive Program

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.