Making Reporting Easy
GPRO - Registry Data Submission for PQRS

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This white paper is written to help practices with over two eligible professionals to understand Physician Quality Reporting System, PQRS, data submission under the Group Provider Reporting Option, GPRO.
The GPRO data reporting and submission is unique from other forms of PQRS submission, because the practice is reporting at the tax identification number (TIN) level. What does this mean? Medicare payments are made to a practice based on the TIN and the National Provider Identification number, NPI, for Medicare patients seen. Hundreds of patients may have seen one provider (NPI) or multiple providers under one TIN. Several providers can role-up under one TIN. Let’s assume that a practice has one TIN with 100 providers. That practice will select measures and be held accountable for qualified patients per each measure specifications denominator. Each measure has a clinical event or events that needs to be achieved. In the end, CMS Medicare GPRO is really looking at how well the practice manages patient care for the specified measures submitted by a registry.

With the GPRO PQRS submission process there are three main steps for practices to follow. If you miss one or elect the wrong option for your group it could be a very costly decision. Work with an experienced team that has at least 8 years of PQRS experience and data submission capabilities. Use these firms to save time and add revenue to your practice. The four main PQRS GPRO steps are: GPRO registration, understanding the value modifier, timely management of patient care per the measure specifications, and selecting a data submission pathway.

Registration:

This year, CMS is penalizing up to 4% of 2017 Medicare B fee for service money for groups that are larger than 10 eligible professionals for poor performance in the Cost and Quality Scores as defined in their QRUR report, which will be based on 2015 data and released either late summer or early fall of 2016. The registration period is from April 1, 2015 to June 30, 2015. This process requires setting up an Individuals Authorized to Access CMS Computer Services (IACS) account for the PV- PQRS program and selecting data submission reporting option. In our experience, we’ve found that setting up an IACS account and completing the self-nomination can take 2-6 weeks. Plan on starting this process as early as possible and use an experienced firm to help you.

Selecting a Data submission pathway:

You have three data submission options:

1. Web based GPRO – most measures are for primary care and care for chronic diseases, and you need to submit results for 411 patients that Medicare selects at random.

2. Registry – Select 9 qualified PQRS measures that span at least 3 National Quality Strategy (NQS) domains and include at least 1 cross-cutting measure to report on behalf of your TIN to avoid the PQRS penalty.
Select a reporting option that, as a practice, you have control over. Under the GPRO Web submission, Medicare elects the patients at random for whom a practice needs to provide the quality results. This list of patients is provided well after the patient has come and gone from the practice, so you have little chance to correct a quality score with the GPRO web option. However, a good registry with reporting based at regular intervals will allow the practice to manage performance through the year and obtain a high quality score. A good registry will allow you to see how all providers performed for the practice as a whole and for each provider individually, and it will have the capacity to identify outliers with tools to help reduce outliers.

**Understanding the Value Modifier:**

It is important to select a reporting data submission pathway that gives you the best chance to receive the highest possible quality score. Your future value modifier (VM) is, in part, based on the quality score you submit to CMS. The other part is based on cost. Quality and Resource Use Reports (QRURs) will be released and will include your two composite scores (quality of care; cost of care) based on your groups standardized performance (e.g. how far away your scores are from the national mean). For example, if your QRUR shows low cost and high quality composites in comparison to the national mean, then you may want to consider the same measure selections for the current reporting year as it may result in an upward adjustment. On the same note, if you have high cost and low quality it could result in a downward adjustment. In this circumstance, consider changing your data collection and reporting pathways and align outliers with health coaches or case managers to help with population health management as it pertains to the measures.

**Recommendations:**

Electing the right options, a proper submission pathway, and making sure you register for GPRO will all lead to revenue retention and possible bonus payments for 2016. However, it is the long range planning and tools that will help practices manage performance per the PQRS measure specifications that will ultimately pay practices the largest reward. The GPRO program by CMS is evolving and it’s not going away anytime soon. Team up with a quality firm that has been doing PQRS reporting and submission to help navigate the PQRS GPRO pathway. Use a firm that has been reporting for more than 8 years. Look for one that can offer consulting, reporting, and data submission services. These types of firms can help make reporting easy.
Company background:
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