



ReportingMD®

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Customer Questions

Q: How can I get in touch with the Center for Medicare Services (CMS) to ask about the various quality programs?

A: You can contact the CMS quality net helpdesk at the following:
qnetsupport@hcqis.org
1-866-288-8912

Q: I am an eligible professional trying to report for the .5% PQRS incentive in 2014 but there are only 6 measures that I have eligible patients for. Am I still eligible for the incentive or am I only eligible to avoid the penalty?

A: Yes, you are still eligible for the incentive. CMS will run the Measure Applicability Validation (MAV) on you and if they agree that there were only 6 measures you could have reported on then you will be eligible for the incentive. If CMS finds 7 measures you could have reported on then you will not be eligible for the incentive

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ReportingMD Quarterly Newsletter

Quarter - 1 - 2014

It's Not Too Late...

... To begin 2014 PQRS reporting to either receive the incentive and avoid the penalty or just to avoid the penalty.

... PQRS and MU can be reported seamlessly together by ReportingMD to qualify for both programs.

Did You Know...

... If you are part of a group practice with 2 or more eligible professionals and you would like to report under the Group Practice Reporting Option (GPRO), the portal is now open for you to self-nominate. The portal will be open from 4/1/14 until 9/30/14 and you will need an IACS account to complete this self-nomination. More information about self-nominating for GPRO reporting for PQRS can be found [HERE](#)

... the 2014 Medicare PFS Final Rule is now on display at the following website:
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1600-FC.html>

Feel free to also [Contact us](#) for more information.

2014 PQRS Incentive, Payment Adjustment, and Reporting Methods

2014 PQRS Incentive:

For 2014, eligible professionals that satisfactorily report data on PQRS quality measures are eligible to receive an incentive equal to 0.5 percent of the total estimated Medicare Part B allowed charges for all covered professional services furnished by the eligible professional or group practice during the applicable reporting period.

2014 PQRS Payment Adjustment:

but you will still avoid the 2% penalty in 2016.

Send us your question(s)
info@ReportingMD.com

Important Links

[Feedback Reports website](#)

[CMS PQRS website](#)

[Physician Compare website](#)

ReportingMD Brochures

[Products Brochure](#)

[Medical Informatics Calculator \(MICMD\)](#)

[Total Outcomes Management \(TOMMD\)](#)

[ReportingMD Services](#)

[Meaningful Use Brochure](#)

New Hampshire Trivia

What stone formation resembling the profile of a face in New Hampshire was discovered by a surveying team around 1805 then collapsed on May 2003. This formation can be seen on New Hampshire license plates and some state route signs?

[Trivia Answer](#)

Join Our Mailing List!

Eligible professionals who do not report under PQRS in 2014 will receive a 2.0% downward payment adjustment in 2016.

2014 PQRS Claims/Registry Reporting Methods for the Incentive:

- **Registry:** Eligible Professionals (EPs) can report on at least 9 individual measures covering at least 3 NQS domains. If less than 9 measures covering at least 3 NQS domains apply to the EP, report 1 to 8 measures covering 1 to 3 NQS domains, AND report each measure for at least 50 percent of the Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0% performance rate will not be counted. EPs who report less than 9 measures will be subject to a Measure Applicability Validation (MAV) process to confirm no additional measures/NQS domains applied to them.
- **Registry:** (When not reporting under the group practice reporting option (GPRO) so all EPs reporting individually) Eligible Professionals (EPs) in practices with less than 100 EPs can choose to report on at least 1 measures group, AND report each measures group for at least 20 patients, a majority of which must be Medicare Part B FFS patients.
 - There is a 6 month and a 12 month reporting option for Measures Group reporting. The reporting requirements are the same for both 6 month and 12 month reporting.
- **Registry:** Group practices who register to report under the Group Practice Reporting Option (GPRO) can report on 9 individual measures covering at least 3 NQS domains AND report each measure for at least 50 percent of the Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0% performance rate will not be counted. Group practices who report less than 9 measures will be subject to the downward payment adjustment of 2%
- **Claims:** Eligible Professionals (EPs) can report on at least 9 individual measures covering at least 3 NQS domains. If less than 9 measures covering at least 3 NQS domains apply to the EP, report 1 to 8 measures covering 1 to 3 NQS domains, AND report each measure for at least 50 percent of the Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0% performance rate will not be counted. EPs who report less than 9 measures will be subject to a Measure Applicability Validation (MAV) process to confirm no additional measures/NQS domains applied to them.

EHR Incentive Program/Meaningful Use

If you are an eligible professional who has not yet reported on the EHR Incentive Program, its not too late to start and report to receive an incentive. You have until the end of June to begin your 90 days reporting for the stage 1 first year attestation to be eligible for the incentive. Your eCQM's for MU need to be submitted electronically this year.

To learn more about the Meaningful Use/EHR Incentive Program, click [here](#).

Value-based Modifier (VM) for groups of 10+ EPs

In 2014, groups of 100+ eligible professionals (EPs) will be subject to the upward, neutral and downward value modifier payment adjustment. Groups of 10 to 99

EPs will only be subject to the upward or neutral value-modifier payment adjustment (not the downward payment adjustment).

Groups of 10+ EPs who want to report under the Group Practice Reporting Option (GPRO) and groups of 100+EPs will need to register in 2014 in order to register to report under the GPRO. This registration period is open from April 1, 2014 to September 30, 2014

In the fall of 2014, Quality and Resource Use Reports (QRURs) will be released for groups of 10+ EPs 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 2013 scores are from the national mean).

How Do I...

... Access my feedback reports from 2013 PQRS reporting? Please note that feedback reports are not available from CMS until the Fall of the year following the reporting year. Each provider will need to register to create an IACS account to access their feedback reports from a given reporting year. This can be done [HERE](#)

Recent Shows...

ReportingMD was on display at the 2014 AMGA Conference at the Gaylord Texan Resort & Convention Center in January of 2014. Take a look at our display...

We hope you found this newsletter informative. Please provide us with any feedback and/or topics you would like addressed in future publications. You can email us at [Contact Us](#)

Sincerely,

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[1] 2014 Physician Fee Schedule Final Rule: Quality Reporting in 2014 (December 17, 2013). [Adobe .PDF Presentation]
Retrieved from Medicare Learning Network (MLN) Connects National Provider Call website:
<http://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/2013-12-17-NPC-PFS-Presentation.pdf>