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Customer Questions

Q: Can I start reporting PQRS throughout the year instead of waiting until the end of the year?

A: Yes! You can do your reporting throughout the reporting year.

Q: How will I know if I reported satisfactorily for 2014?

A: In the Fall of 2015, CMS will post feedback reports online and you can access those reports to find out how you did on your 2014 performance.

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

Important Links

[Feedback Reports website](#)

[CMS PQRS website](#)

[Physician Compare website](#)

ReportingMD Brochures

April 2015

ReportingMD Quarterly Newsletter

Quarter - 1 - 2015

It's Not Too Late...

... To report as a group for 2015. The Group Practice Reporting Period (GPRO) registration period for the 2015 reporting year is 4/1/15 to 6/30/15.

Did You Know...?

... There is no incentive for reporting under the Physician Quality Reporting System (PQRS) in 2015.

... If you don't report PQRS at all in 2015, you will be subject to the 2% PQRS penalty AND either a 2% or 4% Value-Based Payment Modifier (VBPM) penalty as well. Depending on the size of the practice, you could be penalized by up to 6% for not reporting anything for PQRS in 2015. [Contact us](#) for help

... Eligible Professionals in Critical Access Hospitals billing method II can participate in PQRS using all reporting mechanisms.

... the Meaningful Use Stage 3 Proposed Rule is now on display at the following website: <https://www.federalregister.gov/articles/2015/03/30/2015-06685/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3>

... ACO's are now subject to the Value-Based Payment Modifier (VBPM).

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

2015 PQRS Incentive, Payment Adjustment, and Reporting Methods

2015 PQRS Payment Adjustment:

Individual Eligible Professional Submission:

[Products Brochure](#)

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

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

[Meaningful Use Brochure](#)

New Hampshire

Trivia

How many gallons of sap does it take to make 1 gallon of maple syrup?

[Trivia Answer](#)

Join Our Mailing List!

Eligible professionals who do not report under PQRS in 2015 will receive a 2.0% downward payment adjustment in 2017.

Providers will need to do one of the following to satisfactorily report to avoid the penalty for PQRS in 2015:

- Report on 1 Measure Group. Must report on 20 unique patients of which at least 11 must be Medicare Part B patients. OR,
- Report on 9 individual Measures that cross 3 NQS domains including at least 1 cross-cutting measure. Must report at least 50% of the eligible events for each of the 9 measures
 - If less than 9 measures are reportable, the Measure Applicability Validation (MAV) will run.

Group Practice Reporting Option Submission:

Group Practices reporting under the Group Practice Reporting Option (GPRO) who do not report under PQRS in 2015 will receive a 2.0% downward payment adjustment in 2017.

GPROs will need to do the following to satisfactorily report to avoid the penalty for PQRS in 2015:

- Report on 9 individual Measures across 3 NQS domains including at least 1 cross-cutting measure. Must report at least 50% of the eligible events for each of the 9 measures
 - If less than 9 measures are reportable, the Measure Applicability Validation (MAV) will run.

For both Individual and GPRO Submissions:

Groups of 100+ eligible providers must report on 6 individual measures that cross 2 NQS domains as well as the CAHPS measures. CAHPS is optional for groups of 2-99 EPs. A group must be registered under the Group Practice Reporting Option (GPRO) in order to be eligible to report on the CAHPS measures.

Groups of 100+ eligible providers must report on 6 individual measures that cross 2 NQS domains as well as the CAHPS measures. CAHPS is optional for groups of 2-99 EPs.

Updates to PQRS Reporting Options in 2015:

CMS has added the following Measure Groups:

- Sinusitis MG
- Acute Otitis Externa (AOE) MG

CMS has retired the following Measure Groups (MG) for reporting for PQRS:

- Back Pain MG
- Cardiovascular Prevention MG
- Ischemic Vascular Disease (IVD) MG
- Perioperative Care MG
- Hypertension MG

GPRO Web Interface is available as a PQRS reporting mechanism for groups with 25 or more providers only.

EHR Incentive Program/Meaningful Use



Please make sure your EMR vendor is in compliance with Meaningful Use Stage 2 and is ONC certified.

ReportingMD's TOM application is ONC certified for submitting your eCQM and PQRS data electronically.

The Meaningful Use Stage 1 and Stage 2 Proposed Rule changes are now on display at the following website:

[Medicare and Medicaid Programs; Electronic Health Record Incentive Program- Modifications to Meaningful Use in 2015 Through 2017.](#)

Main objectives of this newly proposed rule:

- ONC is proposing to allow new participants in the EHR Incentive Program to attest to meaningful use for an EHR reporting period of any continuous 90-day period within the calendar year.
- Align Stage 1 and Stage 2 objectives and measures with the long-term proposals for Stage 3
- Build progress toward program milestones
- Reduce complexity
- Simplify providers' reporting

The intent of the proposed rule is to allow providers to focus more attention on the use of their Certified EHR Technology (CEHRT) to support health information exchange and quality improvement and less attention on figuring out program rules and reporting requirements.

Comment period for the above Meaningful Use Stage 1 and 2 Proposed Rule ends 6/10/15. You can submit comments at the following website:

<http://www.regulations.gov/#/submitComment;D=CMS-2015-0045-0001>

The Meaningful Use Stage 3 Proposed Rule is now on display at the following website:

<https://www.federalregister.gov/articles/2015/03/30/2015-06685/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3>

Comment period for the Meaningful Use Stage 3 Proposed Rule:

The public can [submit comments](#) in several ways, including via electronic submission or mail:

1. Electronically
 - You may submit electronic comments to <http://www.regulations.gov>. Follow the "Submit a comment" instructions.
2. By regular mail
3. By express or overnight mail
4. By hand or courier

View the [Stage 3](#) and [2015 Edition certification criteria](#) proposed rules online for more information. Submissions must be received by **11:59pm ET on May 29, 2015** in order to be considered.

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

Value-based Payment Modifier (VBPM)

In 2015, if a practice does not successfully report PQRS in 2015, they will be subject to an automatic Value-Based Payment Modifier penalty as follows:

- 1-9 Providers - 2%
- 10+ Providers - 4%

Physicians in groups with 2-9 EPs and physician solo practitioners receive only the upward or neutral VM adjustment under quality-tiering

Physicians in groups with 10+ EPs can receive upward, neutral, or downward VM adjustment under quality-tiering

Value-Based Payment Modifier (VBPM) – Quality Tiering Approach for 2017 (based on 2015 reporting year); Groups of 10+ eligible providers:

Cost/Quality	Low Quality	Average Quality	High Quality
Low Cost	+0.0%	+2.0X*	+4.0X*
Average Cost	-2.0%	+0.0%	+2.0X*
High Cost	-4.0%	-2.0%	+0.0%

Value-Based Payment Modifier (VBPM) – Quality Tiering Approach for 2017 (based on 2015 reporting year); Groups of Solo Practitioners and Groups of 2-9 Eps:

Cost/Quality	Low Quality	Average Quality	High Quality
Low Cost	+0.0%	+1.0X*	+2.0X*
Average Cost	+0.0%	+0.0%	+1.0X*
High Cost	+0.0%	+0.0%	+0.0%

In the fall of 2015, 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 group's standardized performance for 2014 reporting year. If you wish to protest the QRUR data, you will have 60 days following the release of the QRUR data.

Beginning in CY 2018, the VM will apply to non-physician EPs in groups with 2+ EPs and to non-physician EPs who are solo practitioners



Accountable Care Organization (ACO) Reporting -

If the ACO fails to successfully report on quality measures, all groups and solo practitioners under the ACO will be subject to the automatic downward adjustment

There are 33 Accountable Care Organization measures across 4 domains

If the Accountable Care Organization (ACO) fails to effectively "REPORT" on behalf of the participants then the participants will receive:

- 2% PQRS penalty
- 4% VBM penalty (2% for groups under 10)

Groups and solo practitioners participating in an ACO under the **Shared Savings Program** in the CY 2015 performance period will have their Value Modifier calculated as follows for the CY 2017 payment adjustment period:

- The Cost Composite for the VBPM will be set to average
- The Quality Composite will be based on the ACO's quality data reported

Physician solo practitioners and physician groups in which at least one eligible professional participates in the **Pioneer ACO Model or CPC Initiative** in 2015 will have their Value Modifier calculated as follows for 2017:

- Cost Composite: Average
- Quality Composite: Average

Solo practitioners and groups in which at least one eligible professional participates in the **Pioneer ACO Model or CPC Initiative** in 2015 will be classified as Category 1 and will not be subject to the VM downward adjustment for CY 2017.

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



How Do I...

... Register to report under the Group Practice Reporting Option (GPRO) for 2015? You can review the following article on how to register for the GPRO reporting option for 2015: www.ReportingMD.com/2015-PQRS-GPRO-Registration-Guide.pdf

Recent/Upcoming Shows...

ReportingMD was in attendance at the 2015 Healthcare Information and Management Systems Society HIMSS Annual Conference in Chicago 4/12 - 16, 2015.



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](mailto:info@ReportingMD.com)

Sincerely,

Michael T. Deyett, MHA
President
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