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Customer Questions

Q: Do you have to attest to demonstrating meaningful use every year to receive an incentive and avoid a payment adjustment?

A: Yes, you must attest every year to receive an incentive and avoid a payment adjustment.

Q: Is there an "avoid the penalty" option for PQRS in 2014, like there was in 2013?

A: Yes, to just avoid the penalty in 2014, an EP can report on at least 3 measures with a reporting rate of 50% via claims or registry to avoid the 2016 downward payment adjustment

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

Important Links

[Feedback Reports website](#)

December 2013

ReportingMD Quarterly Newsletter

Quarter - 4 - 2013

It's Not Too Late...

... to report PQRS for the 2013 reporting year. Registries can submit your PQRS data from 2013 and your providers will be eligible to receive the full incentive and avoid the penalty in 2015. [Contact us](#) for more information.

Did You Know...

... even if most of the providers in your practice are part of a pioneer ACO, the non-Pioneer ACO providers can still report for the Physician Quality Reporting System (PQRS) to receive an incentive?

... eligible professionals, support staff, and group practices who submitted 2012 PQRS data can now request to have an informal review of their 2012 PQRS performance if their feedback report reveals that the EP or group did not earn an incentive or if the incentive payment amount was not as they expected? Informal review requests will be accepted from November 1, 2013 through February 28, 2014. In order to request an informal review of 2012 PQRS performance, CMS must receive a valid informal review request via the web-based tool. More information on the informal review process can be found [HERE](#)

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

The 2014 Final Rule

The 2014 Medicare PFS Final Rule is now on display here: [2014 FINAL RULE](#)

You can also review the December 17, 2013 National Provider Call: <http://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/2013-12-17-NPC-PFS-Presentation.pdf> [1] for information relating to 2014 topics like:

[CMS PQRS website](#)

[Physician Compare website](#)

ReportingMD Brochures

[Products Brochure](#)

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

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

[ReportingMD Services](#)

[Meaningful Use Brochure](#)

- Changes to measures and reporting criteria
- Information on the new Qualified Clinical Data Registry vendor type
- Removal of Claims method for reporting measures groups
- Elimination of Administrative Claims method of reporting to avoid the 2016 payment adjustment
- In 2014, Groups of between 10 and 99 providers are not required to report under the Group Practice Reporting Option. They can still report on their providers individually if they choose and can also report on measures groups in 2014

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

New Hampshire Trivia

Which "Presidential" peak held the record for the fastest gusting wind speed on the planet at 231 MPH until 2010?

[Trivia Answer](#)

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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:

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:

- **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.
- **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 although the reporting requirements are the same for both 6 month and 12 month reporting.

EHR Incentive Program/Meaningful Use

Eligible Professionals and the Medicare EHR Incentive Program:

December 31, 2013 marks the end of the 2013 meaningful use reporting year. Eligible professionals (EPs) participating in the Medicare EHR Incentive Program have until midnight EST on February 28th, 2014 to attest to demonstrating meaningful use.

Payment adjustments, which are determined will be applied beginning January 1st, 2015 if you have not demonstrated meaningful use.

Eligible Hospitals and Critical Access Hospitals (CAHs) and the Medicare EHR Incentive Program:

Eligible hospitals and Critical Access Hospitals (CAHs) had the deadline of November 30th, 2013 to register and submit attestation in fiscal year 2013 for the Medicare EHR Incentive Program. Eligible hospitals and CAHs must have successfully attested to demonstrating meaningful use by this date in order to receive a 2013 incentive payment.

Payment adjustments will be applied to eligible hospitals and CAHs that are not meaningful users of Certified Electronic Health Record Technology (CEHRT) under the Medicare EHR Incentive Programs at the beginning of the fiscal year 2015 (October 1, 2014).

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 self-nominate in 2014 in order to register to report under the GPRO.

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 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 2013 MGMA National Conference in San Diego, CA in October of 2013. 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,

Michael T. Deyett, MHA
President
ReportingMD, Inc.

ReportingMD, Inc. | (888) 783-5280 | 1294 Route 11, Unit 3 (PO Box 1014) Georges Mills, NH 03751

<http://www.ReportingMD.com>
info@ReportingMD.com

[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>