



# ReportingMD®

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## Customer Questions

**Q:** Where can I access my PQRS feedback reports for the 2013 reporting year?

**A:** Under the menu below, Important Links, there is a link to the Feedback Reports website, we have not heard about any difficulties with the GPRO registration process in 2014.

**Q:** When is the deadline to submit 2014 reporting year data to ReportingMD?

**A:** February 28th, 2015.

Send us your question(s)  
[info@ReportingMD.com](mailto:info@ReportingMD.com)

## Important Links

[Feedback Reports website](#)

[CMS PQRS website](#)

[Physician Compare website](#)

December 2014

## ReportingMD Quarterly Newsletter

Quarter - 4 - 2014

### It's Not Too Late...

... To report for the 2014 PQRS reporting year to either receive the incentive and avoid the penalty or just to avoid the penalty.

### Did You Know...?

... CMS has released comparative benchmark data for PQRS measures. YOU can view this data at the following location: <http://www.reportingmd.com/PY2014-Prior-Year-Benchmarks.pdf>

... ReportingMD's TOM clients can now see comparative benchmark data in the Total Outcomes Management (TOM) system. TOM clients can use this data to see how they perform in comparison to their peers.

... the 2015 Medicare PFS Final Rule is now on display at the following website: <https://www.federalregister.gov/articles/2014/11/13/2014-26183/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-clinical-laboratory>

... Starting in 2015, your performance on ALL individual measures and measure groups for PQRS will be posted on the Physician Compare website for public viewing. You can access the Physician Compare website by clicking on the link to the left under Important Links.

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

## 2015 PQRS Incentive, Payment Adjustment, and Reporting Methods

### 2015 PQRS Incentive:

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

## ReportingMD Brochures

[Products Brochure](#)

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

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

[ReportingMD Services](#)

[Meaningful Use Brochure](#)

## New Hampshire Trivia

What is New Hampshire's state motto?

[Trivia Answer](#)

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### 2015 PQRS Payment Adjustment:

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 patients for each of the 9 measures
  - If less than 9 measures are reportable, the Measure Applicability Validation (MAV) will run.

Groups of 100+ eligible providers must report on 6 individual measures that cross 2 NQS domains as well as the CAHPS measures

### Group Practice Reporting Option:

Registration to report as a GPRO will be by 6/30/15.

### Updates to PQRS Reporting Options in 2015:

In 2015, CMS has removed 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

CMS has added the following Measure Groups:

- Sinusitis MG
- Acute Otitis Externa (AOE) MG

*\*\*\*If you are a provider planning to report via registry using a measures group (e.g. Perioperative Care or Diabetes Measures Groups), do not register under the Group Practice Reporting Option (GPRO). Measures Group reporting is not an option for any practice that has registered to report under the Group Practice Reporting Option (GPRO).\*\*\**

## EHR Incentive Program/Meaningful Use

2015 is the first year where practices must submit a full year of Meaningful Use eCQM data and it must be submitted electronically.

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

ReportingMD is positioned to submit all of your eCQM data electronically.

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

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

In 2015, the final rule finalized that, beginning with the CY 2017 payment adjustment period, the VM will apply to physicians in groups with two or more eligible professionals and to physicians who are solo practitioners

If a group of 1 to 9 providers fails to report for PQRS, they are subject to the PQRS penalty as well as the value-based payment modifier penalty of an **additional 2%**.

If a group of 10+ providers fails to report for PQRS, they are subject to the PQRS penalty as well as the value-based payment modifier penalty of an **additional 4%**.

All providers are subject to quality tiering, which is the value-based payment modifier (VBM) method for determining performance. The following shows the percentage of Medicare reimbursement at stake based on performance and the VBM:

- Groups of 1 to 9 providers - 2% payment adjustment at risk
- Groups of 10+ providers - 4% payment adjustment at risk

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. You will have 60 days the QRUR data.

## Accountable Care Organization (ACO) Reporting -

There are 33 Accountable Care Organization measures across 4 domains

If the participants of an ACO fail to report satisfactorily in 2015, they will be subject to the 2% PQRS penalty as well as the 4% value-based payment modifier (VBM) penalty (2% VBM penalty for groups of 1 to 9 eligible professionals). This is based on 2015 data for which the penalty will be applied in 2017.

For the value based payment modifier, the cost-composite will be set to average. The quality composite, however, will be based on 17 of the 33 ACO measures. If it is a 2nd year ACO and their performance on the 17 measures is poor, they will likely be subject to a 2% VBM penalty based on poor performance.

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

## How Do I...

... Submit a public comment regarding the final rule? ...To submit a public comment on the newly posted 2015 Medicare PFS Final Rule by going to the following website: <http://www.regulations.gov/#!submitComment:D=CMS-2014-0094-2364>

... Access my feedback reports from 2013 PQRS reporting? 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/Upcoming Shows...

**ReportingMD** was on display at the 2014 MGMA Annual Conference in Las Vegas, NV October 26-29, 2014.

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>

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