



ReportingMD®

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Customer Questions

Q: When does the GPRO registration need to be completed by?

A: 6/30/16 but you should register well in advance of that deadline.

Q: When will providers and practices find out how they did on their 2015 PQRS reporting?

A: CMS will begin releasing feedback reports in the Fall, which will tell providers how they performed on their PQRS reporting from 2015.

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

ReportingMD Quarterly Newsletter

Quarter - 2 - 2016

ReportingMD News/Updates

ReportingMD works with several University Health Systems. It is through this collaboration that Academic Research for Clinical Outcomes (ARCO) was founded by ReportingMD and has been accepted as a Qualified Clinical Data Registry (QCDR) for the 2016 reporting year.

For practices and providers using ReportingMD's Total Outcomes Management (TOM) application, make sure to log in and check your quality performance information throughout the year.

Check out the News link on the ReportingMD website for important news and program updates <http://reportingmd.com/important-updates/>

[Contact us](#) if you have any questions.

It's Not Too Late...

... to register to report under the Group Practice Reporting Option (GPRO) with CMS for the 2016 reporting year. The registration window is open from 4/1/16 to 6/30/16. [Click here](#) to access the GPRO registration guide or call us if you have questions about the GPRO method of reporting.

[Contact us](#) to help figure out how.

Did You Know...?

The 2017 Proposed Rule, "Medicare Program: Merit-Based Incentive Payment System and Alternative Payment Model Incentive under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models", is available for download here:

Important Links

[Feedback Reports website](#)

[CMS PQRS website](#)

[Physician Compare website](#)

ReportingMD

Brochures

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

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

[Meaningful Use Brochure](#)

New Hampshire

Trivia

How many states does NH border?

[Trivia Answer](#)

Join Our Mailing List!

<https://www.federalregister.gov/articles/2016/05/09/2016-10032/medicare-program-merit-based-incentive-payment-system-and-alternative-payment-model-incentive-under>

... you can review your 2015 PQRS 2015 Mid-Year Quality and Resource Use Reports (QRURs). The mid-year QRURs are informational only and are not used to calculate your 2015 Value-based Payment Modifier (VBM) cost or quality scores. The Mid-Year QRUR provides interim information about performance on the six cost and three quality outcomes measures that CMS calculates from Medicare claims. These are some of the measures used in the calculation of the Value Modifier. Visit the [News/Updates page](#) on the ReportingMD website for more information and for a link to access your mid-year QRURs.

... if you don't report PQRS at all in 2016, you will be subject to the 2% PQRS penalty AND either a 2% or 4% Value-Based Payment Modifier (VBM) 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 2016.

[Contact us](#) for more information.

2016 PQRS Incentive, Payment Adjustment, and Reporting Methods

Links to the 2016 CMS Specifications Manuals are below:

- 2016 Individual Measures (IMs) - http://reportingmd.com/wp-content/uploads/2016_PQRS_IM_SpecManual.pdf
- 2016 Measures Groups (MG) - http://reportingmd.com/wp-content/uploads/2016_PQRS_MG_SpecManual.pdf

[2016 PQRS Payment Adjustment:](#)

Individual Eligible Professional (EP) Submission:

EPs who do not report PQRS in 2016 will receive a 2.0% downward payment adjustment in 2018 plus the VBM penalty of either 2% or 4% depending on the size of the practice.

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

- 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 PQRS in 2016 will receive a 2.0% downward payment adjustment in 2018.

GPROs will need to do the following to satisfactorily report to avoid the

penalty for PQRS:

- 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 Groups of 100+ EPs registered as GPRO for 2016:

GPRO group practices of 100+ eligible professionals must report on 6 individual measures that cross 2 NQS domains as well as the CAHPS for PQRS measures. CAHPS for PQRS 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 for PQRS measures.

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 Meaningful Use vendor is in compliance with Meaningful Use Stage 2 and is ONC certified. ReportingMD is ONC certified for all measures and can submit your data for both PQRS and MU in one file submission.

ReportingMD's TOM application is ONC certified for submitting your eCQM and PQRS data electronically. This can be accomplished for singular data submission for each program or combined for one submission for both MU and PQRS. This submission would include GPRO clients.

Key facts from the Meaningful Use Final Rule:

EHR Reporting Period

- The EHR reporting period must be completed between January 1 and December 31 of the 2016 calendar year
 - For all returning participants, the EHR reporting period will be a full calendar year from January 1, 2016 through December 31, 2016
 - For "new" participants (EPs, eligible hospitals, and CAHs that have not successfully demonstrated meaningful use in a prior year) it will be any continuous 90-day period within the 2016 calendar year

Objectives and Measures

- All providers are required to attest to a single set of objectives and measures. This replaces the core and menu structure of previous stages.
- For MU Stage 2 Program in 2015 through 2017 (including 2016)
 - 10 objectives for Eligible Professionals (EPs), including 2 public health reporting objectives
 - 9 objectives for eligible hospitals and Critical Access Hospitals (CAHs), including 3 public health reporting objectives

- CQMs reporting for all is same as previously finalized
- View the 2016 Specification Sheets for [Eligible Professionals](#) and [Eligible Hospitals and CAHs](#)
- In 2016, all providers must report objectives and measures using EHR technology certified to the 2014 Edition. All providers may report objectives and measures using EHR technology certified to the 2015 Edition, or a combination of the two (if the 2015 Edition is available).
- **For MU Stage 3 Program in 2017**
 - 8 objectives for EPs, eligible hospitals and CAHs
 - More flexible options for measure selection for the public health reporting element
 - CQM reporting is aligned with the CMS quality reporting programs
 - Stage 3 requirements are optional for all providers in 2017. Those providers choosing to start MU Stage 3 in 2017 will only have a 90 day reporting period. In 2018, however, all participants will be required to comply with MU Stage 3 requirements (using HER technology that is certified to the 2015 edition)

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

Value Based Payment Modifier (VBM)

For 2016:

In 2016, if a practice does not successfully report PQRS, they will be subject to a PQRS penalty of 2% as well as an automatic Value Based Payment Modifier (VBM) penalty as follows:

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

Physicians in groups with 2-9 EPs and physician solo practitioners receive upward, downward or neutral VBM adjustment under quality-tiering

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

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

Feel free to [Contact us](#) for more information about the Value-based Payment Modifier.

Accountable Care Organization (ACO) Reporting -

Organizations interested in applying for the first-time or renewing participation in the Medicare Shared Savings Program (MSSP) ACO for the 2017 performance year will need to submit notices of intent to participate in the MSSP between May 2, 2016 and May 31, 2016. Visit the [News/Updates page](#) on the ReportingMD website for more information about the ACO participation process.

ACO Reporting Facts:

- If an ACO fails to successfully report on quality measures, all groups and solo practitioners under the ACO will be subject to the automatic downward adjustment
- 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)**
- The 2018 VBM for Shared Savings Program Participants will have their VBM calculated as follows for the 2018 VM (2016 performance year):

Cost Composite for the VBM will be set to average **Quality Composite** based on ACOs quality data submitted through the GPRO web-interface and the ACO all-cause hospital readmissions measure as calculated under the Shared Savings Program

- If the ACO is not successful in satisfactorily reporting quality data as required for the Shared Savings Program, all groups and solo EPs participating in the ACO will be subject to the automatic downward VBM adjustment

[Contact us](#) for more information.

How Do I...

... Access my feedback reports for PQRS? You will need to log into the new Enterprise Identify Management (EIDM) portal, which you can access by clicking on "CMS Secure Portal" at the following website:

<http://portal.cms.gov>

If you have trouble logging in using your old IACS account credentials, you will need to contact the CMS QualityNet Help Desk at 1-866-288-8912 or via email at qnetsupport@hcgis.org

Recent/Upcoming Shows...

ReportingMD recently exhibited at the Ohio State Medical Association 2016 Education Symposium in Columbus, OH on April 1, 2016.

ReportingMD will be exhibiting at the New England Regional MGMA Conference at

the Mount Washington Hotel in Bretton Woods, NH May 4-6, 2016.

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

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