DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services

2012 Physician Quality Reporting System and Electronic Prescribing (eRx) Incentive Program Group Practice Reporting Option (GPRO):

Participation for the Incentive Payment Made Simple

FACT SHEET http://www.cms.gov/PQRS

Background

Introduced in 2010, the Group Practice Reporting Option (GPRO) is again available for the 2012 Physician Quality Reporting System (Physician Quality Reporting). This is similar to the 2011 GPRO I reporting option, as GPRO II is not available for the 2012 program year. Group practices that satisfactorily report data on Physician Quality Reporting measures for assigned Medicare beneficiaries for 2012 are eligible for an incentive payment equal to 0.5 percent of the group practice's total estimated Medicare Part B Physician Fee Schedule (PFS) allowed charges for covered professional services.

The Medicare Electronic Prescribing (eRx) Incentive Program, which began January 1, 2009, and is authorized under the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008, provides for an incentive payment equal to 1.0 percent of the group practice's total estimated 2012 Medicare Part B PFS allowed charges for covered professional services to group practices that are successful electronic prescribers.

Under section 1848(a)(5)(A) of the Social Security Act, for years 2012 through 2014, a PFS payment adjustment applies to eligible professionals and group practices who are not successful electronic prescribers at an increasing rate through 2014. Specifically, if the eligible professional or group practice is not a successful electronic prescriber for the respective reporting period for the appropriate program year, the PFS amount for covered professional services during the year shall be a percentage less than the PFS amount that would otherwise apply. The amount of the percentage varies by year.

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Purpose

This fact sheet provides guidance for group practices wishing to participate in 2012 Physician Quality Reporting and the 2012 eRx Incentive Program as a Centers for Medicare & Medicaid Services (CMS)-selected group practice.

GPRO – Quick Facts

- For the 2012 program year, a "group practice" is defined as a single Tax Identification Number (TIN) with 25 or more individual eligible professionals (as identified by individual National Provider Identifiers [NPIs]) who have reassigned their billing rights to the TIN.
- Once a group practice (TIN) is selected to participate in GPRO, this is the only Physician Quality Reporting submission method available to the group and all individual NPIs who bill Medicare under the group's TIN.
- If a group practice self-nominates to participate in eRx GPRO, this is the only submission method available to the group and all individual NPIs who bill Medicare under the group's TIN.
- CMS will determine a group practice's size based on the number of NPIs within the group.
- Incentive payment for Physician Quality Reporting is based on the completion of the GPRO web interface.
- Incentive payment for the eRx Incentive Program is based on successful reporting of the required number of eRx events.

Self-Nomination for Physician Quality Reporting

Group practices need to submit self-nomination letters to CMS between January 1 and January 31, 2012, to be considered by CMS for participation in Physician Quality Reporting as a CMS-selected group practice in 2012. Once received, CMS will review the letters and select groups for participation in 2012 GPRO.

For more information about self-nomination requirements, details regarding how to self-nominate, and a list of the 2012 GPRO Narrative Specifications, visit http://www.cms.gov/PQRS/22_Group_Practice_Reporting_Option.asp on the CMS website.

NOTE: Group practices that do **not** self-nominate will not be considered a CMS-selected group practice for the purposes of 2012 Physician Quality Reporting.

How to Report for Physician Quality Reporting

STEP 1: Report via a web interface that is partially pre-populated with an assigned sample of beneficiaries in the first quarter of 2013.

STEP 2: Populate the remaining data fields necessary for capturing quality measure information for each consecutively assigned Medicare beneficiary with respect to services furnished during the 2012 reporting period.

STEP 3: Complete the web interface and return to CMS within the specified time.

All group practices participating in 2012 Physician Quality Reporting GPRO, regardless of size, are required to report on all quality measures within six disease modules as well as care coordination/patient safety measures:

- Care Coordination/Patient Safety (Care),
- Chronic Obstructive Pulmonary Disease (COPD),
- Coronary Artery Disease (CAD),
- Diabetes Mellitus (DM),
- Heart Failure (HF),
- Hypertension (HTN),
- Ischemic Vascular Disease (IVD), and
- Preventive (Prev) Care.

Submission Requirements

Although both large and small group practices will report on all 29 measures within the web interface, completion requirements differ between large and small group practices. Table 1 outlines the differences.

Table 1. Submission Requirements for Large and Small Group Practices

CMS-Selected Group Practice Size	Must Populate Data Fields in the Web Interface for Capturing Quality Information
Small 25-99 eligible professionals	On each of the assigned beneficiaries – up to 218 beneficiaries (with an over-sample of 327 beneficiaries)*
Large 100+ eligible professionals	On each of the assigned beneficiaries – up to 411 beneficiaries (with an over-sample of 616 beneficiaries)*

* If there are fewer applicable beneficiaries, the group will need to complete information on 100 percent of the sample for each disease module and patient care measure.

Self-Nomination for the eRx Incentive Program

Participation in the 2012 eRx Incentive Program is voluntary for group practices selected for participation in the GPRO. CMS requires that group practices participate in Physician Quality Reporting as a CMS-selected group practice to be eligible to participate in eRx GPRO.

If the group practice is planning to participate in the eRx Incentive Program as a GPRO, it must include this information when self-nominating for Physician Quality Reporting (see requirements above). Group practices are required to indicate the reporting mechanism they intend to use to qualify for the 2012 eRx incentive.

For more specific information regarding self-nomination and reporting requirements for CMS-selected group practices wishing to participate in eRx GPRO, visit http://www.cms.gov/PQRS/22_Group_Practice_Reporting_Option.asp on the CMS website.

NOTE: CMS recommends that eRx reporting begins immediately in 2012. Do not wait for a response from CMS regarding the status of self-nomination letters.

How to Report for eRx GPRO

To earn an incentive for 2012 GPRO, group practices participating in eRx GPRO must submit the required number of denominator-eligible eRx events using the method indicated in their self-nomination letter. Table 2 outlines the reporting methods and requirements.

Table 2. Reporting Methods and Requirements for eRx GPRO

Group Size	Reporting Period	Reporting Mechanism	Criteria for Being a Successful Electronic Prescriber
25-99 eligible professionals	January 1, 2012 – December 31, 2012	Claims	Report the electronic prescribing measure's numerator for at least 625 unique denominator-eligible visits
25-99 eligible professionals	January 1, 2012 – December 31, 2012	Registry	Report the electronic prescribing measure's numerator for at least 625 unique denominator-eligible visits
25-99 eligible professionals	January 1, 2012 – December 31, 2012	Electronic Health Record (EHR) (Direct EHR-based reporting and EHR Data Submission Vendor)	Report the electronic prescribing measure's numerator for at least 625 unique denominator-eligible visits
100+ eligible professionals	January 1, 2012 – December 31, 2012	Claims	Report the electronic prescribing measure's numerator for at least 2,500 unique denominator-eligible visits
100+ eligible professionals	January 1, 2012 – December 31, 2012	Registry	Report the electronic prescribing measure's numerator for at least 2,500 unique denominator-eligible visits
100+ eligible professionals	January 1, 2012 – December 31, 2012	EHR (Direct EHR-based reporting and EHR Data Submission Vendor)	Report the electronic prescribing measure's numerator for at least 2,500 unique denominator-eligible visits

2013 eRx Payment Adjustment

To avoid the 2013 eRx payment adjustment, group practices participating in 2012 eRx GPRO must submit the required number of eRx events via claims between January 1 and June 30, 2012. Table 3 outlines the reporting requirements and methods to avoid the 2013 payment adjustment.

NOTE: CMS recommends that reporting to avoid the 2013 eRx payment adjustment begins immediately in 2012. Do not wait for a response from CMS regarding the status of self-nomination letters.

Table 3. Reporting Methods and Requirements to Avoid the eRx Payment Adjustment

Group Size	Reporting Period	Reporting Mechanism	Criteria for Avoiding the 2013 eRx Payment Adjustment
25-99 eligible professionals	January 1, 2012 – December 31, 2012	Claims	Report Healthcare Common Procedure Coding System (HCPCS) code G8553 for at least 625 unique Medicare Part B PFS encounters. The eRx G-code can be reported on any allowed Medicare Part B claim **regardless** of whether the claim contains coding in the eRx measure's denominator.
100+ eligible professionals	January 1, 2012 – December 31, 2012	Claims	Report HCPCS code G8553 for at least 2,500 unique Medicare Part B PFS encounters. The eRx G-code can be reported on any allowed Medicare Part B claim **regardless** of whether the claim contains coding in the eRx measure's denominator.

Resources

- For more information about 2012 GPRO and requirements for submission of Physician Quality Reporting measure data, visit http://www.cms.gov/PQRS/22_Group_Practice_Reporting_Option.asp on the CMS website.
- For more information about 2012 GPRO and requirements for submission of the eRx measure data, visit http://www.cms.gov/ERxIncentive/07_Group_Practice_Reporting_Option.asp on the CMS website.
- For more information about the eRx Payment Adjustment, visit http://www.cms.gov/ERxIncentive/20_Payment_Adjustment_Information.asp on the CMS website.
- The Medicare Learning Network® (MLN) Educational Web Guides MLN Guided Pathways to Medicare Resources help providers gain knowledge on resources and products related to Medicare and the CMS website. For more information applicable to you, refer to the section about your provider type in the "MLN Guided Pathways to Medicare Resources Provider Specific" booklet at http://www.cms.gov/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf on the CMS website. For all other "Guided Pathways" resources, visit http://www.cms.gov/MLNEdWebGuide/30_Guided_Pathways.asp on the CMS website.

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