GPRO Registration Ends June 30—Don't Lose Your PQRS Reporting Advantage!

written by Dave Halpert | June 3, 2015

The clock is winding down—have you registered your practice for the Group Practice Reporting Option (GPRO) for PQRS? To report as one collective unit, you must register with Medicare by June 30.

If you don't complete this step, you'll still have to participate in PQRS, but your group's providers will need to report on a person-by-person basis, which can be an administrative nightmare and make it much more challenging to succeed under the Value-Based Payment Modifier (VBPM). Tick-tock!

GPRO registration is only the first administrative step. There's a lot more to know in order to avoid penalties, either from failure to meet PQRS reporting requirements or through VBPM penalties that stem from poor PQRS performance. Here's how the Group Practice Reporting Option can help you succeed in PQRS and VBPM:

Why Report Using GPRO?

Typically, we recommend that our clients utilize GPRO, whether they are a single specialty group, multi-specialty group, large or small. That isn't to say that there's never a time for individual reporting, but it's the exception, rather than the rule. Here's why:

> You can better align your quality efforts. When your providers each report different sets of metrics, it's difficult to see who is doing well and even more challenging to see if your practice is improving quality and increasing efficiency. Nonetheless, Medicare will find a way. Whether your group reports individually or as a unit, CMS will treat your practice as a group and calculate cost and quality composites for VBPM.

If your group providers are reporting individually, your group's quality composite will be calculated from an amalgamation of everyone's reporting; one person's scores can disproportionately bring down the total score. Finding nine relevant measures across three NQS Domains can be tricky. In order to avoid automatic penalties, some providers discover that they are forced to report measures with less-than-desired performance.

When Medicare looks at your group's performance compared to peers, they look at performance on the measures you've reported. But if your providers are individually reporting poor performance on measures in order to avoid automatic PQRS penalties, they are putting the group at risk for downstream VBPM penalties.

To maintain some control of Medicare's calculation and its financial implications, report as a group. That way you can limit the PQRS portion of your quality score to a defined set that your group has identified.

It's easier to administer. A Registry partner that also provides VBPM consultation services with an analysis of your CMS QRUR results can help you determine which measures you could report successfully (completed to the required level with strong performance) for PQRS. Based on your selections, some providers may have more eligible patients than others, but as a group, it is easier to see where you stand and easier to show you where and how you can improve. Remember, Medicare is calculating VBPM at the TIN level; reporting in a different way than you'll be scored can only make things more risky and complicated.

You can avoid the "50 Percent Rule" pitfall. Not to be confused with the 50 percent reporting that is required to count a PQRS measure, Medicare's 50 Percent Rule applies to the number of providers who avoid PQRS penalties in your group, when reporting as individuals. If less than half of the providers in the group report PQRS successfully, the entire group will automatically incur a VBPM penalty—even the providers who succeeded in PQRS!

Note that the 50 Percent Rule is based on a provider head count—not on charges. So, a practice with one physician and two physician assistants may decide that it's not worth the time and effort to report PQRS for the PA services, based on the amount of PA-billed services and the salaries of the Physician Assistants. But that strategy will come back to haunt that group—since more than half of the providers have a reporting failure, the entire group is penalized.

What Reporting Mechanism Should Your Group Practice Use?

As a group practice, you have the ability to pick one of three mechanisms: Registry, EHR-Direct, or Web Interface. Which one should you choose? We recommend groups report via Registry. Full disclosure: we are a Registry. Nevertheless, our recommendation is rooted in fact, because Registry reporting gives you the greatest control over your Quality Composite.

Remember, you must complete at least nine measures for 50 percent of eligible patients and use measures that cross three NQS Domains, including at least one cross-cutting measure. For some groups, that will be easier than others. Whether you are one of the lucky groups with plenty of options or a group with a more limited focus, your Registry can steer you toward measures that put you in the best light for VBPM, and report them to Medicare.

To confirm that your partner can report the measures you'd like to submit, use Medicare's 2015 Qualified Registries list. (Hint: If you aren't sure which measures may apply to you, visit your specialty society's website). The greater the number of measures your Registry can report, the less likely that you'll be pinned into reporting measures that hamper your ability to meet reporting requirements.

EHR-Direct reporting is, in all likelihood, going to require the least amount of effort. But beware: although your EMR/EHR may report PQRS seamlessly, easy PQRS reporting doesn't mean that you are positioned well for VBPM. EHR-Direct reporting is a massive data push directly from your EMR to Medicare, meaning that everything goes without any filtering. You do not have an ability to correct erroneous data; nor, in many cases, can you see where you stand throughout the year. Furthermore, your EMR has likely built its export to CMS already. Custom templates may make the system much better for you at the point of care, but the information collected there may not be picked up by your EMR before that data is pushed to Medicare, meaning that EHR-Direct reporting may hurt you in the long run.

The Medicare GPRO Web Interface is your "brute force" method. At the end of the year, Medicare will provide you access to a reporting portal, along with a list of patients. Your job is to find those patients' records and enter the results into Medicare's portal. The process is not complex, but it is risky. The measures are pre-selected by Medicare—unless you've been focusing on these throughout the year, you may find that you do not have the necessary documentation. Even if you do, if your performance is poor for the patients assigned, you may be digging yourself into a VBPM hole. You have no say in who is reported; the list comes from Medicare, meaning that your VBPM will be based on the luck of the draw, and may include your most challenging patients.

Avoid These GPRO Registration Stumbling Blocks

It happens every year—a group wants to register, plans on registering, but never completes the process. There are three primary culprits:

> Groups were unaware that registration is required yearly. There's actually a good reason for registering annually: should you decide you'd like to participate as individuals next year, perhaps in a Qualified Clinical Data Registry (QCDR), you can. In other words, you are not permanently locked in. The corollary is that you must remember to register every year. Even though you may have registered less than a year ago (the 2014 deadline was September 30), you still need to register for 2015 by June 30.
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> IACS delays prevented timely registration. IACS is Medicare's portal for practices to register for GRPO, view reports and more. To register a group, you need to have a security officer role within IACS, and those credentials can take time to obtain, as CMS requires documentation. Waiting too long to designate a security officer may mean that, by the time confirmation comes through, the opportunity to register has passed.
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> The "I thought you were doing it" scenario. There are variations on this theme. For example, someone may have registered a practice last year, but that person is no longer with the practice, and the responsibility for registering is unknown or unclaimed. The end result is the same.

So, confirm that you're registered for GPRO in 2015—don't assume! Here's the link to sign up. June 30 is just around the corner . . . tick-tock.

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