Over the course of the past year, I have participated on the Steering Committees for two very important strategic planning processes. You are familiar with one of these efforts—Family Medicine for America’s Health (FMAH)—as we have been sending you regular updates about the progress of this project, and more importantly, you have had the opportunity to provide input into this process via your participation in virtual town hall meetings and your written suggestions that we have received electronically. You will remember that the genesis of this project was driven by four key questions:

1. What are the core attributes of family medicine today, and what do they need to be in the future for our specialty to help achieve the Triple Aim?

2. How should family medicine change to respond to the challenges of an evolving healthcare system in order to best meet the needs of the nation?

3. What changes are needed in the continuum of medical education to train family physicians needed in the new healthcare system?

4. How do we best communicate to relevant stakeholders the value and benefits of family medicine and the important role family physicians play in meeting the healthcare needs of the US population?

Over a nine-month period, a parallel process facilitated by two external consultants, the Center for Applied Research (CFAR) and APCO Worldwide, helped us create the strategic plan and the accompanying communication strategy. Eight Family Medicine organizations participated in the process, and all eight approved the final plans for implementation of each part of the project. More importantly, all eight organizations have each made significant financial commitments to fund the implementation of this project over the next five years at a total cost of over 20 million dollars.

We are just completing a manuscript describing the major elements of FMAH that will appear in a special supplement of the Annals of Family Medicine in conjunction with the official kick-off of this initiative at the annual Assembly of the American Academy of Family Physicians in Washington, DC in October. However, you have had an opportunity to preview some of the major facets of this ambitious effort in the most recent update emailed to you last month. Critical to this effort are actions that we must take linked to strategies in six key areas: practice, payment, technology, research, engagement, and workforce education.

During this same period of time, I have been serving on the Strategic Planning Committee for the American Board of Medical Specialties (ABMS). This strategic planning process will chart where ABMS will head in the next five years. While this effort is not as far along as FMAH, we have had the opportunity to review data from interviews with internal and external stakeholders and have used that information to establish a strategic framework that will now begin to drive the development of specific strategies and tactics.

Particularly interesting was the information gathered from the external stakeholder interviews. An expressed desire for accountability, transparency, incorporation of team-based interprofessional care into measured competencies, and a strong commitment to measurement, improvement and reporting were apparent. This was balanced by the clear message from internal stakeholders to make participation in maintenance of certification (MOC) more efficient, to better integrate MOC into the fabric of the day-to-day practice of busy diplomates, and to continue to create added value for MOC.

The American Board of Family Medicine will play an important role in assisting with the implementation of both of these strategic plans. Fortunately, the course that we have recently set for our organization based upon our own strategic planning process is complementary to both FMAH and what I envision will eventually become the ABMS strategic plan. Namely, our movement toward developing the mechanisms to collect important data, with your permission, about the care that you deliver to your patients will allow us to help you deliver better care, provide better health to the patient population that you serve, and thus lower the cost of care for that population—the Triple Aim. At the same time, we will provide the opportunity for you to use this data to meet not only your Part IV requirements for Maintenance of Certification for Family Physicians (MC-FP) but also to meet Physician Quality Reporting System (PQRS) and Meaningful Use requirements.

We will embark on the first phase of this project with the implementation of TRADEMaRQ—the Trial of Aggregate Data.
A Message from the President

Exchange for MOC and Raising Quality. We have just received word from the Agency for Healthcare Research and Quality that we have qualified for funding of this project. Bob Phillips and his team will now begin the important work with our collaborators to facilitate meaningful data exchange by the end of this year. Learn more about this study and the latter phases of our data extraction project in the article inside this issue.

As you have heard from me before, this is the centerpiece of our strategy to move from an organization that simply measures knowledge to one that measures quality outcomes and helps family physicians deliver the best possible care to their patients. However, it will take us some time and effort to reach this goal. In the meantime, we must work to continuously improve the assessment tools that we currently use. In this regard, we are in the process of totally redesigning our Part IV platform for MC-FP. Our qualitative research team is analyzing your feedback on the evaluations that you complete after finishing one of our Performance in Practice Modules (PPMs) to serve as the starting point for this important redesign work.

Please don't overlook the article in this issue on PQRS for 2014. We have again been approved by the Center for Medicare and Medicaid Services (CMS) as a reporting registry for this year. This is a continued effort on our part to work on providing added value for your participation in MC-FP. You can avoid the 2% payment adjustment that will be levied against your Medicare billings in 2016 by allowing us to report your data through our registry. You can also use this data to facilitate your Part IV requirement, and if you wish, you can also earn a 0.5% bonus on your eligible Medicare billings for this year by meeting the additional MOC participation requirements.

Our Board Eligibility Policy has recently been revised and approved by our Board of Directors to remain in compliance with the recent changes in ABMS policy. We will honor the eligibility of those who were affected by this policy between the time that it went into effect on January 1, 2012 and the effective date of our revised policy, April 30, 2014, to use the term if they meet the requirements outlined in the original policy.

We introduce you to our new officers as well as newly elected members of our Board of Directors in this issue. This is a stellar group of individuals, and we hope you will take the time to read more about them inside.

Finally, we provide an update inside on the transition to a unified accreditation system for graduate medical education. This transition will take place between 2015 and 2020 as osteopathic training programs will be able to apply for ACGME accreditation. In anticipation of this transition, our Board of Directors recently re-affirmed our eligibility policy for certification of osteopathic trainees. Namely, we will accept up to 12 months of advanced placement credit for training in an osteopathically accredited program, but the candidate must have completed the final 24 months of training in an ACGME accredited program to be eligible to apply for certification.

As you can see, this will be a busy summer for us. However, we continue to work to make MC-FP the best that it can be, and I hope that you have gained some insight into how our work will integrate with the two important strategic planning processes that I have described above. Best wishes to you and your family for a fun and enjoyable summer.
Change in Board Policy Regarding the Term Board Eligible

At the request of credentialing organizations, the American Board of Medical Specialties (ABMS) asked all member boards to develop a policy for physicians to utilize in representing themselves as being ‘board eligible.’ The ABFM developed such a policy that was effective January 1, 2012 and applied to those physicians who previously were certified as well as residents completing training after that date. These physicians would be board eligible for a period of up to seven years as long as they continuously met the Guidelines for Professionalism, Licensure and Personal Conduct and the requirements for MC-FP entry or re-entry.

At the April 2014 meeting of the board of directors of ABMS, its policy changed and consequently, effective May 1, 2014, the ABFM has altered its policy to comply with this new set of guidelines. The only change is that the term board eligible will now only apply to residents completing training after January 1, 2012. Physicians who lost certification prior to May 1, 2014, and eligible to call themselves board eligible under the former policy, will be able to continue to refer to themselves as board eligible until the expiration of the applicable 7-year period. After May 1, 2014, Diplomates who lose their certification will not be able to use the term ‘board eligible.’ This does not mean that the Diplomates losing certification status after April 30, 2014 are unable to apply for the examination. Instead, adherence to the MC-FP requirements or MC-FP re-entry process along with compliance with the Guidelines for Professionalism, Licensure, and Personal Conduct will enable these physicians, losing certification after April 30, 2014, to continue to be eligible to apply for the examination.

### MC-FP Examination Important Dates – Fall 2014

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>Registration Begins—online applications available</td>
<td>July 25</td>
</tr>
<tr>
<td>First Deadline to Submit Online Application—no late fee</td>
<td>August 25</td>
</tr>
<tr>
<td>Final Deadline to Submit Online Application—with late fee</td>
<td>September 15</td>
</tr>
<tr>
<td>Deadline to Submit Special Testing Accommodations Documentation</td>
<td>September 15</td>
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<tr>
<td>Last Day to Complete All MC-FP Requirements</td>
<td>September 15</td>
</tr>
<tr>
<td>Last Day to Clear Application Deficiencies (except license &amp; completion of training)</td>
<td>September 30</td>
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<tr>
<td>Deadline to Make Official Name Change with ABFM for Examination</td>
<td>September 30</td>
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<tr>
<td>Deadline to Select Testing Date/Location</td>
<td>October 1</td>
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<tr>
<td>All Family Medicine Residency Training Must Be Completed</td>
<td>December 31</td>
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<tr>
<td>Deadline to Withdraw from Examination without Cancellation Fee</td>
<td>30 days prior to scheduled exam</td>
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<tr>
<td>Deadline to Withdraw from Examination without Seat Fee</td>
<td>5 days prior to scheduled exam</td>
</tr>
<tr>
<td>Deadline to Change Testing Date/Location</td>
<td>48 hours prior to scheduled exam</td>
</tr>
<tr>
<td>Final Deadline to Meet All Certification Requirements (residency verification and licensure)</td>
<td>June 30, 2015</td>
</tr>
<tr>
<td>Examination Dates</td>
<td>November 10, 11, 12, 13, 14, 15</td>
</tr>
<tr>
<td>Examination Results</td>
<td>December 19</td>
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Please visit the website for more details at https://www.theabfm.org/moc/datescerti.aspx
Continuing Efforts to Make MC-FP Easier and More Meaningful

The US Agency for Healthcare Research and Quality (AHRQ) notified the ABFM in May that the Trial of Aggregate Data Exchange for MOC and Raising Quality (TRADEMaRQ) study qualified for funding. The TRADEMaRQ study is a partnership between the ABFM, Kaiser Permanente of Colorado, OCHIN, and the South East Texas Medical Associates. TRADEMaRQ has the goal of enrolling at least 1,000 family physicians to test: (1) automated clinical quality measure exchange with the ABFM, (2) if different ways of presenting quality comparisons affect quality effort selection, and (3) if different ways of presenting quality comparisons affect improvement. The ABFM will fund two-thirds of this trial and AHRQ one-third. It will be a two-year study that will likely start in July with the first data exchanges slated to start at the end of 2014.

The ABFM is also developing a second study, DAIQUERI, Data Aggregation and Intelligence Quality Engine for Research and Improvement. While TRADEMaRQ builds out the ABFM’s capacity to passively receive whole-panel patient quality measures, DAIQUERI is designed to offer Diplomates a tool that can pull data from their Electronic Health Record (EHR) and turn that data into useful information. The goal is to hand data back to the physician as patient-level quality measures and quality dashboards, and to give Diplomates the ability to hand off aggregate data to whomever they choose—the ABFM for MC-FP, CMS for PQRS, the Office of the National Coordinator for Health Information Technology (ONC) for Meaningful Use, etc.

The ABFM has engaged a company with more than five years’ experience in fulfilling this function for three other specialties across 55 EHRs. If DAIQUERI goes as planned, it may help thousands of family physicians who are struggling to make their EHR systems work for them, and make MC-FP easier and more meaningful. In late 2014 or early 2015, the ABFM will be contacting Diplomates working with 10-14 EHRs commonly used in small practices to be part of a pilot to test the implementation and utility of the DAIQUERI tool. There will be no additional costs to Diplomates for participating in either study or the pilot.

ATTENTION: Diplomates Who Certified in 2005

Diplomates who certified or recertified in 2005 are required to complete three MC-FP modules for Stage Three: one SAM (Part II module), one Part IV module (PPM, MIMM, or approved Part IV alternative), and one additional module of choice (Part II or Part IV).

Diplomates planning to take the MC-FP Exam in April 2015 may open and begin an examination application in December 2014, but until MC-FP requirements are met, the application cannot be approved and finalized. Test centers and dates may not be chosen until an application is complete.

ATTENTION: Diplomates Who Certified in 2008

Diplomates who certified or recertified in 2008 are required to complete three MC-FP modules for Stage Two by December 31, 2014 in order to remain eligible for the 10-year certification path. For Stage Two requirements, Diplomates are required to complete one SAM (Part II module), one Part IV module (PPM, MIMM, or an approved alternative), and one module of choice.

Diplomates who do not complete Stage Two requirements on schedule will continue on the 7-year certification path. The 7-year cycle requirements include 3 SAMs (Part II), 1 PPM (or approved alternate Part IV activity) and 3 additional modules (your choice of Part II or Part IV), which must be completed either prior to or during the application process for the next exam. To guarantee your eligibility for the 10-year certification, you must successfully complete three MC-FP modules by the end of this year.
Changes Coming to MC-FP Part IV Performance in Practice Modules (PPMs)

The ABFM introduced PPMs in 2005 as a vehicle for Diplomates to complete MC-FP Part IV requirements. The Board designed these modules to represent ‘baby steps’ in introducing Diplomates to quality improvement methodology and concepts. The PPMs consist of several components: survey of performance on nationally-accepted quality measures, development and conduct of a quality improvement project around these measures, and a post-intervention audit of subsequent performance. The quality-improvement project step includes access to multiple web-based interventions organized according to Wagner’s Chronic Care Model, which includes Community Resources and Policies, Patient Self-Management Support, Delivery System Design, Decision Support, and Clinical Information Systems concepts.

ABFM ultimately created PPMs for Hypertension, Diabetes Mellitus, Chronic Heart Failure, Asthma, Depression, Coronary Artery Disease, and Comprehensive Care. For the disease-specific modules, ABFM relied on standardized quality measures developed and promoted by organizations such as the American Diabetes Association (ADA), Physicians Consortium for Performance Improvement (PCPI), and the National Quality Forum (NQF). The Comprehensive Care measures came from the Ambulatory Quality Alliance (AQA) ‘starter set’ of 26 indicators plus several adopted from the Physicians Quality Reporting System (PQRS) measures sets.

As family physicians have become more familiar with quality improvement concepts, user feedback suggests that Diplomates increasingly find the PPM structure not well-suited for their individual practice contexts. Consequently, the ABFM Content Development group has begun a process for revising the PPMs to better fit contemporary practice environments. This process will start with a systematic review of PPM evaluation data, including qualitative analysis of the unstructured free text comments we have received from almost 10,000 Diplomates completing one of the PPMs. Additional changes could include more flexible choices for interventions, a single PPM module that includes all of our existing measures, as well as greater access to quality improvement methodology educational tools. Stay tuned to future issues of the Phoenix for progress reports on this effort!

ATTENTION: Diplomates Who Certified in 2011

Diplomates who certified or recertified in 2011 are required to complete three MC-FP modules for Stage One by December 31, 2014 in order to remain eligible for the 10-year certification path. For Stage One requirements, Diplomates are required to complete one SAM (Part II module), one Part IV module (PPM, MIMM, or an approved alternative), and one additional module of choice, accumulating at least 50 MC-FP points, as well as 150 CME credits completed during the 3-year Stage and an active, valid, full, and unrestricted license on file with the ABFM.

Diplomates who do not complete Stage requirements on schedule will be listed as ‘not certified’ on the ABFM website. A Diplomate has three years after becoming ‘not certified’ to regain certification status by completing the required MC-FP activities. Once the delinquent modules are completed, the Diplomate will again be listed as board-certified.
Accreditation Council for Graduate Medical Education Creates Single Accreditation System

The Accreditation Council for Graduate Medical Education (ACGME) recently announced the creation of a single accreditation system to set standards and oversee the education and training of future generations of physicians to serve the American public. This agreement between the ACGME, the American Association of Colleges of Osteopathic Medicine (AACOM), and the American Osteopathic Association (AOA), sets in motion the accreditation of all GME programs under the auspices of an expanded ACGME.

Representatives from the three organizations determined that a single accreditation system could achieve four significant aims:

- Ensure that the evaluation and accountability for the competency of physicians in graduate medical education programs are consistent across all programs
- Eliminate unnecessary duplication in the accreditation of graduate medical education
- Achieve efficiencies and other cost savings for institutions that sponsor ‘dually accredited’ or ‘parallel accredited’ allopathic and osteopathic medical residency programs
- Enable residents to be eligible to enter all accredited programs in the United States, and transfer from one accredited program to another without being required to repeat training and without causing the sponsoring institutions to lose Medicare funding.

In February, all three governing boards (ACGME, AOA, and AACOM) approved a Memorandum of Understanding, outlining the framework and time course for development and implementation of a single accreditation system. While many implementation details are yet to be developed, disclosure of the overall dimensions of the agreement will help the entire community understand the key elements of the agreement. Outlined below are those major dimensions, with the cautionary note that all details are not contained in this description, and that detailed implementation steps are yet to be developed.

- The Bylaws of the ACGME will be modified, expanding the ACGME Board of Directors over a five-year period (2015-2020) from 30 to 38 individuals through the addition of two new Member Organizations, AOA and AACOM. They will join the American Board of Medical Specialties (ABMS), the American Hospital Association (AHA), the American Medical Association (AMA), the Association of American Medical Colleges (AAMC), and the Council of Medical Specialty Societies (CMSS) in nominating individuals to the ACGME Board of Directors. The Board of Directors will continue to include three Public Directors, two Resident Directors, a Director from the Council of Review Committee Chairs, and four At-Large Directors, and there will continue to be two Federal representatives to the ACGME.

- The ACGME will accredit AOA-approved programs under the terms of this agreement from July 1, 2015 through June 30, 2020. AOA-approved programs, once they apply, will be eligible to apply multiple times during the five-year window with payment of only a single initial application fee.

- Programs that enter the accreditation process will be assigned a ‘status’ of ‘pre-accreditation.’ Individuals who graduate from programs with a ‘status’ of ‘pre-accreditation’ during the five-year period will be eligible for entry into ACGME accredited advanced standing residencies and fellowships determined by specialty specific eligibility standards that are in place today, rather than the eligibility standards that will take effect in July 2016. Once a program achieves accreditation, graduates will be considered to be of an ACGME-accredited program, and will be eligible for all advanced training positions in all ACGME-accredited programs.

- Certification by the relevant AOA specialty board of AOA-approved program faculty will be a certification credential acceptable to the relevant Review Committee for faculty in programs applying for ACGME accreditation during this five-year period.

II.B.2. The physician faculty must have current certification in the specialty by the American Board of ____, or possess qualifications acceptable to the Review Committee.

- The Program Director must meet qualifications under the existing ACGME Common and Specialty Program Requirement standards, including that relating to ABMS specialty certification.

II.A.3.b) current certification in the specialty by the American Board of ____, or specialty qualifications that are acceptable to the Review Committee.

A program may have Co-Program Directors. One of the Co-Program Directors must be ABMS-certified, or have

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specialty qualifications acceptable to the Review Committee, and that Co-Program Director must fulfill the role and responsibilities outlined in Section II.A. of the Common and Specialty Program Requirements.

• No other existing ACGME Institutional, Common, or Specialty Program Requirements are modified by virtue of this agreement. The Residency Review Committees will render all accreditation decisions, and will apply the standards evenly and consistently across all programs under their purview. The ACGME Board of Directors, through its Monitoring Committee, will continue to review the work of each of the review committees.

• Within the ACGME, committees currently do not exist with the expertise to fulfill two responsibilities necessitated by this agreement. Two new committees will be created within the ACGME. The first of these is the Osteopathic Principles Committee, whose purpose will be to establish standards and evaluate program compliance in the Osteopathic Principles dimension of residency training for those programs that wish to be recognized as offering training in Osteopathic Principles. The second is the Neuromusculoskeletal Review Committee, which will set standards and render accreditation decisions for neuromusculoskeletal and osteopathic manipulative medicine programs.

• All residency positions in ACGME-accredited programs will continue to honor the eligibility standards for entry into the initial phase of graduate medical education as outlined in the Institutional Requirements. Thus, all medical school graduates (MD, DO) will be eligible for all residency positions. In other words, MD graduates currently not eligible to enter AOA-Approved residency programs will be eligible for all programs. It should be noted that programs that are recognized as offering training in Osteopathic Principles may require certain competencies to be demonstrated by all matriculants, whether DO or MD.

• AOA will cease accreditation of GME programs on or before June 30, 2020.

Significant details of processes and timelines will be formalized over the next 15 months in order to promote the smooth and orderly implementation of this agreement. All parties desire that all GME programs, whether allopathic or osteopathic, continually grow in quality and effectiveness, and believe that a single accreditation system will foster greater accountability to the American public for the outcomes that are needed in the health care delivery system of the future. A single accreditation system provides the greatest opportunity for optimization of use of the GME resources provided by the public to the profession.

ABFM Elects New Officers and Board Members

The American Board of Family Medicine (ABFM) is pleased to announce the election of four new officers and four new board members. The new officers elected at the ABFM’s spring board meeting in April are: Carlos Roberto Jaén, MD, PhD, of San Antonio, Texas elected as Chair; James Kennedy, MD of Winter Park, Colorado as Chair Elect; Alan K. David, MD of Milwaukee, Wisconsin as Treasurer; and Jimmy H. Hara, MD of Los Angeles, California as Member-at-Large, Executive Committee. In addition, the ABFM welcomes this year’s new members to the Board of Directors: Joseph W. Gravel, Jr., MD of North Reading, Massachusetts; Jerry E. Kruse MD, MSPH of Springfield, Illinois; Lorna Anne Lynn, MD of Wynnewood, Pennsylvania; and David E. Soper, MD of Mt. Pleasant, South Carolina.

The returning members of the Board include: Elizabeth G. Baxley, MD, of Greenville, North Carolina; Diane Beebe, MD, of Jackson, Mississippi; Laura M. Brooks, MD, of Lynchburg, Virginia; Montgomery Douglas, MD, of Valhalla, New York; Christine C. Matson, MD, of Norfolk, Virginia; David W. Mercer, MD, of Omaha, Nebraska; Marcia J. Nielsen, PhD, MPH, of Lawrence, Kansas; Kailie R. Shaw, MD of Tampa, Florida; and Keith L. Stelter, MD, of Mankato, Minnesota.

The ABFM Board of Directors looks forward to working with the new members as it continues to implement and enhance the Maintenance of Certification for Family Physicians (MC-FP) program and the important task of sustaining the mission of the ABFM. For more information on the current Board members, please visit the Board of Directors page on our website.
Centers for Medicare and Medicaid Services 2014 Physician Quality Reporting System Now Available through ABFM

The Centers for Medicare and Medicaid Services (CMS) Physician Quality Reporting System (PQRS) is a reporting program that uses a combination of incentive payments and payment adjustments to promote reporting of quality information by eligible professionals (EPs). EPs satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries. By reporting PQRS quality measures, providers also can quantify how often they are meeting a particular quality metric. Using the feedback report provided by the CMS, providers can compare their performance on a given measure with their peers. Beginning in 2015, the program will begin applying a payment adjustment to eligible professionals who do not satisfactorily report data on quality measures for covered professional services.

2014 PQRS

• You are able to participate at no cost in the ABFM-approved diabetes registry online from your Physician Portfolio.

• Eligible professionals that do not satisfactorily report data on quality measures for the January 1, 2014 – December 31, 2014 reporting period will be subject to the 2.0% payment reduction in their fee schedule amount in 2016.

• Physicians working for more than one organization need to meet the reporting criteria for each tax identification number (TIN) used at each location where you work during the 2014 PQRS program year to avoid the 2016 PQRS payment adjustment for each TIN.

• The deadline for entering your data into the ABFM diabetes registry is January 10, 2015.

2014 ABFM PQRS-specific requirements

• You are only required to enter data for 20 diabetes patients, of which the majority (11) must be Medicare Part B beneficiaries.

• If you submit the required data successfully, you will be eligible to earn an incentive payment of 0.5% of your total allowed charges for Physician Fee Schedule (PFS)-covered professional services furnished during the reporting period (January 1, 2014 – December 31, 2014).

MC-FP Benefit

• Any Diplomate who successfully completes our 2014 PQRS module can continue the activity for MC-FP credit and CME credit by implementing a quality improvement plan along with post-quality improvement data collection to complete the activity as a Performance in Practice Module (PPM).

PQRS: MOC

• The CMS also offer an additional PQRS: MOC incentive program that ABFM Diplomates may be eligible to earn an additional 0.5% incentive payment when Maintenance of Certification Program requirements have been met more frequently.

• In order to be eligible for the PQRS: MOC incentive program, physicians working at more than one organization must meet the PQRS reporting requirement for each tax identification number (TIN) used at each location where he or she works.

• For more information on this program, please refer to our MOC Incentive Guide, which can be found on our website at https://www.theabfm.org/moc/pqrs.aspx.
Physician Quality Reporting for 2014 and Avoiding 2016 CMS Payment Adjustment

Once again the ABFM is proud to be a registry approved by the Center for Medicare and Medicaid Services (CMS) in 2014 and offer ABFM physicians the opportunity to complete the Physician Quality Reporting System (PQRS) reporting requirements for diabetes mellitus. ABFM physicians are able to participate at no cost in the PQRS registry online from their ABFM physician portfolios. Here are three important points for 2014 reporting:

- 2014 is the last scheduled year to receive a 0.5% incentive payment for PQRS reporting
- 2014 is the required reporting year in order to avoid the payment adjustment in 2016
- 2014 is the last scheduled year to receive a 0.5% MOC incentive program payment

Incentive Payment

Physicians who satisfactorily report quality-measures data for services completed between January 1, 2014 and December 31, 2014 are eligible to earn a 0.5% incentive payment of the estimated total allowed charges for covered Medicare Part B Physician Fee Schedule (PFS) services provided during the 2014 reporting period. By satisfactorily completing the ABFM 2014 PQRS Diabetes activity online through your ABFM physician portfolio, you can become eligible for the 0.5% incentive payment. This potential incentive payment will only apply to Medicare Physician Fee Schedule (MPFS) payments associated with the unique National Provider Identifier (NPI) and Tax Identifier Number (TIN) number entered by the participating physician in the ABFM registry. To complete the registry, physicians are required to provide 20 unique diabetes mellitus patients between the ages of 18-75 and a majority (11) is required to be Medicare Part B beneficiaries. CMS-approved financial incentives earned for 2014 reporting are scheduled to be paid in mid-2015 from the federal Supplementary Medical Insurance (Part B) Trust Fund. The deadline to complete all necessary data entry for the 2014 Physician Quality Reporting is January 10, 2015.

Physicians who participate in the 2014 PQRS reporting should pay close attention to detail to ensure the correct information is provided in order to be eligible for the incentive payment. In past years, several physicians have missed out on the incentive payment because the wrong NPI and TIN numbers were provided. Make certain to provide the correct individual NPI and TIN with the registry data. In addition, make certain that the patient sample that you provide has at least one patient that meets the performance criteria for each of the quality-measures. Physicians can review other frequently asked questions on our website at www.theabfm.org/moc/pqrs.aspx.

Avoiding the 2016 Payment Adjustment

Beginning in 2015, the CMS Physician Quality Reporting System program will begin to apply payment adjustments to eligible professionals’ Part B professional services under Medicare Physician Fee Schedule (PFS). In order to avoid the 1.5% payment adjustment in 2015, eligible professionals had to satisfactorily report data on quality measures in 2013. There will also be a similar payment adjustment of 2.0% of the MPFS amount for that service in 2016 for eligible professionals who do not satisfactorily report on PQRS quality measures in 2014. To help meet the 2014 PQRS reporting requirement and avoid the 2016 payment adjustment, the ABFM 2014 Diabetes PQRS activity can be used for MPFS associated with the TIN/NPI number of the participating physician as entered in the ABFM Registry.

CMS has made it clear this year that in order to avoid the 2016 payment adjustment, “EPs working for more than one organization need to meet the reporting criteria for each TIN under which (s)he works during the 2014 PQRS program year to avoid the 2016 PQRS payment adjustment for each TIN. CMS will determine whether an individual EP (defined by individual rendering NPI) is subject to the 2016 PQRS payment adjustment for each TIN; therefore, if an EP changes TINs, the participation under the old TIN does not carry over to the new TIN, nor is it combined for final analysis.” For complete details on Avoiding 2016 PQRS Payment Adjustments visit http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Payment-Adjustment-Information.html.

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Physician Quality Reporting for 2014 and Avoiding 2016 CMS Payment Adjustment

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ABFM physicians may complete the ABFM 2014 Diabetes PQRS registry activity for one TIN and NPI combination. If you are an eligible professional working at more than one organization and need to report PQRS quality measure data for multiple TINs, you can use the ABFM activity for only one of these. For other reporting options, you can visit the AAFP website which provides a PQRS reporting option at www.aafp.org and the ABMS website which provides a reporting option at mocmatters.abms.org.

The ABFM registry for diabetes mellitus is just one way for completing the PQRS reporting. There are many other ways to report using registry reporting, EHR incentive program reporting, group practice reporting options or qualified clinical data registries. For complete information and to find the right reporting option(s) for you, visit the CMS Physician Quality Reporting System website at www.cms.gov/PQRS.

MOC Incentive Program Payment
The PQRS Maintenance of Certification (MOC) incentive program is available again in 2014, but this is the last year for the additional 0.5% incentive payment for physicians who participate in MOC more frequently. Physicians will have the opportunity to earn the Physician Quality Reporting System incentive and an additional incentive of 0.5% by completing the following:

- Satisfactorily submit data to CMS (regardless of submission method) on quality measures under PQRS
- Successfully complete a qualified MC-FP practice assessment (Part IV)
- Complete a patient experience survey
- Participate in ABFM MC-FP more frequently in calendar year 2014
- Complete an MOC Attestation

Physicians who are incentive eligible for PQRS can receive an additional 0.5% incentive payment when the above MOC program incentive requirements have been met. This incentive will be paid at the same time as the 2014 PQRS incentive payments for those physicians who qualify. Physicians cannot receive more than one additional 0.5% Maintenance of Certification Program incentive, even if they complete a Maintenance of Certification Program in more than one specialty.

ABFM participation in the PQRS Registry requires that we audit at least 3% of the participating physicians on a random basis. This audit will be performed by an outside consultant in the spring of 2015. The audit is designed to evaluate reporting compliance. Consequently, please retain documentation of the patient data you enter into the registry in case you are selected for audit.

For more information, visit the ABFM website at https://www.theabfm.org/moc/pqrs.aspx.

For help with logging in, completing MC-FP modules, and tracking your progress—

Contact us at the ABFM Support Center

877-223-7437 or help@theabfm.org

Hours:   Monday through Friday   8:00am – 9:00pm
   Saturday   9:00am – 5:00pm