

Requirements for the 2014 PQRS Incentive: Individual Eligible Professionals

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria/Satisfactory Participation Criterion
12-month (Jan 1 — Dec 31)	Individual Measures	Claims	<p>Report at least 9 measures covering at least 3 NQS domains, OR, if less than 9 measures covering at least 3 NQS domains apply to the eligible professional, report 1—8 measures covering 1—3 NQS domains, AND report each measure for at least 50 percent of the Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted.</p> <p>* For an eligible professional who reports fewer than 9 measures covering 3 NQS domains via the claims-based reporting mechanism, the eligible professional will be subject to the MAV process, which would allow us to determine whether an eligible professional should have reported quality data codes for additional measures and/or covering additional NQS domains.</p>
12-month (Jan 1 — Dec 31)	Individual Measures	Qualified Registry	<p>Report at least 9 measures covering at least 3 of the NQS domains, OR, if less than 9 measures covering at least 3 NQS domains apply to the eligible professional, report 1—8 measures covering 1-3 NQS domains for which there is Medicare patient data, AND report each measure for at least 50 percent of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted.</p> <p>* For an eligible professional who reports fewer than 9 measures covering 3 NQS domains via the registry-based reporting mechanism, the eligible professional will be subject to the MAV process, which would allow us to determine whether an eligible professional should have reported on additional measures and/or measures covering additional NQS domains.</p>
** 12-month (Jan 1 — Dec 31)	Individual Measures	Direct EHR product that is CEHRT and EHR data submission vendor that is CEHRT	<p>Report 9 measures covering at least 3 of the NQS domains. If an eligible professional's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the eligible professional must report the measures for which there is Medicare patient data.</p> <p>An eligible professional must report on at least 1 measure for which there is Medicare patient data.</p>
** 12-month (Jan 1 — Dec 31)	Measures Groups	Qualified Registry	Report at least 1 measures group, AND report each measures group for at least 20 patients, a majority of which must be Medicare Part B FFS patients.
** 6-month (Jul 1 — Dec 31)	Measures Groups	Qualified Registry	Report at least 1 measures group, AND report each measures group for at least 20 patients, a majority of which must be Medicare Part B FFS patients.
12-month (Jan 1 — Dec 31)	Measures selected by Qualified Clinical Data Registry	Qualified Clinical Data Registry	<p>Report at least 9 measures covering at least 3 NQS domains AND report each measure for at least 50 percent of the eligible professional's applicable patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted.</p> <p>Of the measures reported via a qualified clinical data registry, the eligible professional must report on at least 1 outcome measure.</p>

Requirements for Avoiding the 2016 Payment Adjustment: Individual Eligible Professionals

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria/Satisfactory Participation Criterion
12-month (Jan 1 — Dec 31)	Individual Measures	Claims	<p>Report at least 9 measures covering at least 3 NQS domains, OR, if less than 9 measures covering at least 3 NQS domains apply to the eligible professional, report 1—8 measures covering 1—3 NQS domains, AND report each measure for at least 50 percent of the Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted.</p> <p>* For an eligible professional who reports fewer than 9 measures covering 3 NQS domains via the claims-based reporting mechanism, the eligible professional will be subject to the MAV process, which would allow us to determine whether an eligible professional should have reported quality data codes for additional measures and/or covering additional NQS domains.</p>
** 12-month (Jan 1 — Dec 31)	Individual Measures	Claims	<p>Report at least 3 measures, OR, If less than 3 measures apply to the eligible professional, report 1—2 measures*; AND Report each measure for at least 50 percent of the eligible professional’s Medicare Part B FFS patients seen during the reporting period to which the measure applies.</p> <p>Measures with a 0 percent performance rate will not be counted.</p>
12-month (Jan 1 — Dec 31)	Individual Measures	Qualified Registry	<p>Report at least 9 measures covering at least 3 of the NQS domains, OR, if less than 9 measures covering at least 3 NQS domains apply to the eligible professional, report 1—8 measures covering 1-3 NQS domains for which there is Medicare patient data, AND report each measure for at least 50 percent of the eligible professional’s Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted.</p> <p>* For an eligible professional who reports fewer than 9 measures covering at least 3 NQS domains via the registry-based reporting mechanism, the eligible professional will be subject to the MAV process, which would allow us to determine whether an eligible professional should have reported on additional measures and/or measures covering additional NQS domains.</p>
12-month (Jan 1 — Dec 31)	Individual Measures	Qualified Registry	<p>Report at least 3 measures covering at least 1 of the NQS domains, OR, if less than 3 measures apply to the eligible professional, report 1—2 measures covering at least 1 NQS domain for which there is Medicare patient data, AND report each measure for at least 50 percent of the eligible professional’s Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted.</p> <p>* For an eligible professional who reports fewer than 3 measures covering 1 NQS domain via the registry-based reporting mechanism, the eligible professional will be subject to the MAV process, which would allow us to determine whether an eligible professional should have reported on additional measures.</p>

Requirements for Avoiding the 2016 Payment Adjustment: Individual Eligible Professionals (cont.)

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria/Satisfactory Participation Criterion
** 12-month (Jan 1 – Dec 31)	Individual Measures	Direct EHR product that is CEHRT and EHR data submission vendor that is CEHRT	Report 9 measures covering at least 3 of the NQS domains. If an eligible professional's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the eligible professional must report the measures for which there is Medicare patient data. An eligible professional must report on at least 1 measure for which there is Medicare patient data.
** 12-month (Jan 1 – Dec 31)	Measures Groups	Qualified Registry	Report at least 1 measures group, AND report each measures group for at least 20 patients, a majority of which must be Medicare Part B FFS patients.
** 6-month (Jul 1 – Dec 31)	Measures Groups	Qualified Registry	Report at least 1 measures group, AND report each measures group for at least 20 patients, a majority of which must be Medicare Part B FFS patients.
12-month (Jan 1 – Dec 31)	Measures selected by Qualified Clinical Data Registry	Qualified Clinical Data Registry	Report at least 9 measures covering at least 3 NQS domains AND report each measure for at least 50 percent of the eligible professional's applicable patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted. Of the measures reported via a qualified clinical data registry, the eligible professional must report on at least 1 outcome measure.
12-month (Jan 1 – Dec 31)	Measures selected by Qualified Clinical Data Registry	Qualified Clinical Data Registry	Report at least 3 measures covering at least 1 NQS domain AND report each measure for at least 50 percent of the eligible professional's applicable patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted.

* Subject to the MAV process.

** Finalized in the CY 2013 PFS final rule (see Table 91 at 77 FR 69194).

Requirements for the 2014 PQRS Incentive: Group Practices Participating in GPRO

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria/Satisfactory Participation Criterion
** 12-month (Jan 1 — Dec 31)	GPRO Web interface	25-99 eligible professionals	Report on all measures included in the web interface; AND Populate data fields for the first 218 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 218, then report on 100 percent of assigned beneficiaries.
** 12-month (Jan 1 — Dec 31)	GPRO Web interface	100+ eligible professionals	Report on all measures included in the web interface; AND Populate data fields for the first 411 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 411, then report on 100 percent of assigned beneficiaries. In addition, the group practice must also report all CG CAHPS survey measures via certified survey vendor.
12-month (Jan 1 — Dec 31)	Qualified Registry	2 + eligible professionals	Report at least 9 measures covering at least 3 of the NQS domains, OR, if less than 9 measures covering at least 3 NQS domains apply to the group practice, report 1—8 measures covering 1-3 NQS domains for which there is Medicare patient data, AND report each measure for at least 50 percent of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted. For a group practice who reports fewer than 9 measures covering at least 3 NQS domains via the registry-based reporting mechanism, the group practice will be subject to the MAV process, which would allow us to determine whether a group practice should have reported on additional measures and/or measures covering additional NQS domains.
** 12-month (Jan 1 — Dec 31)	Direct EHR product that is CEHRT/ EHR data submission vendor that is CEHRT	2+ eligible professionals	Report 9 measures covering at least 3 of the NQS domains. If a group practice's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the group practice must report the measures for which there is Medicare patient data. A group practice must report on at least 1 measure for which there is Medicare patient data.
12-month (Jan 1 — Dec 31)	CMS-certified survey vendor + qualified registry, direct EHR product, EHR data submission vendor, or GPRO web interface	25+ eligible professionals	Report all CG CAHPS survey measures via a CMS-certified survey vendor, AND report at least 6 measures covering at least 2 of the NQS domains using a qualified registry, direct EHR product, EHR data submission vendor, or GPRO web interface.

* Subject to the MAV process.

** Finalized in the CY 2013 PFS final rule (see Table 91 at 77 FR 69194).

Requirements for Avoiding the 2016 Payment Adjustment: Group Practices Participating in GPRO

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria/Satisfactory Participation Criterion
** 12-month (Jan 1 — Dec 31)	GPRO Web interface	25-99 eligible professionals	Report on all measures included in the web interface; AND Populate data fields for the first 218 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 218, then report on 100 percent of assigned beneficiaries.
** 12-month (Jan 1 — Dec 31)	GPRO Web interface	100+ eligible professionals	Report on all measures included in the web interface; AND Populate data fields for the first 411 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 411, then report on 100 percent of assigned beneficiaries. In addition, the group practice must report all CG CAHPS survey measures via certified survey vendor.
12-month (Jan 1 — Dec 31)	Qualified Registry	2 + eligible professionals	Report at least 9 measures covering at least 3 of the NQS domains, OR, if less than 9 measures covering at least 3 NQS domains apply to the group practice, report 1—8 measures covering 1-3 NQS domains for which there is Medicare patient data, AND report each measure for at least 50 percent of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted. For a group practice who reports fewer than 9 measures via the registry-based reporting mechanism, the group practice would be subject to the MAV process, which would allow us to determine whether a group practice should have reported on additional measures and/or measures covering additional NQS domains.
12-month (Jan 1 — Dec 31)	Qualified Registry	2 + eligible professionals	Report at least 3 measures covering at least 1 of the NQS domains, OR, if less than 3 measures covering 1 NQS domain apply to the group practice, report 1—2 measures covering 1 NQS domain for which there is Medicare patient data, AND report each measure for at least 50 percent of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted. For a group practice who reports fewer than 3 measures covering 1 NQS domain via the registry-based reporting mechanism, the group practice would be subject to the MAV process, which would allow us to determine whether a group practice should have reported on additional measures.
** 12-month (Jan 1 — Dec 31)	Direct EHR product that is CEHRT/ EHR data submission vendor that is CEHRT	2+ eligible professionals	Report 9 measures covering at least 3 of the NQS domains. If a group practice's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the group practice must report the measures for which there is Medicare patient data. A group practice must report on at least 1 measure for which there is Medicare patient data.
12-month (Jan 1 — Dec 31)	CMS-certified survey vendor + qualified registry, direct EHR product, EHR data submission vendor, or GPRO web interface	25+ eligible professionals	Report all CG CAHPS survey measures via a CMS-certified survey vendor, AND report at least 6 measures covering at least 2 of the NQS domains using a qualified registry, direct EHR product, EHR data submission vendor, or GPRO web interface.

* Subject to the MAV process.

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