

Physician Quality Reporting System (PQRS)

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PQRS Overview

- CY2018 payment adjustments, based on PY2016 reporting: -2.0% MPFS
- Changes to PQRS
 - Definition of eligible professional (EP) for purposes of participating in PQRS
 - Changes to the requirements for the qualified clinical data registry (QCDR) and qualified registries
 - QCDRs and qualified registries have more time in which to self-nominate
 - Revised auditing requirements for entities submitting PQRS quality measures data (qualified registries, QCDR, direct EHR, or direct Data Submission Vendor [DSV] product)

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Definition of an Eligible Professional (EP)

Under PQRS, an EP is defined as one of the following types of professionals:

- Medicare physicians
 - Doctor of Medicine
 - Doctor of Osteopathy
 - Doctor of Podiatric Medicine
 - Doctor of Optometry
 - Doctor of Oral Surgery
 - Doctor of Dental Medicine
 - Doctor of Chiropractic
- Practitioners
 - Physician Assistant
 - Nurse Practitioner*
 - Clinical Nurse Specialist*
 - Certified Registered Nurse Anesthetist* (and Anesthesiologist Assistant)
 - Certified Nurse Midwife*
- Therapists
 - Clinical Social Worker
 - Clinical Psychologist
 - Registered Dietician
 - Nutrition Professional
 - Audiologists
 - *Includes Advanced Practice Registered Nurse (APRN)

*View the [2016 PQRS List of Eligible Professionals](#) on the PQRS webpage.

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Changes to PQRS Reporting Criteria

- Changes to group practice reporting option (GPRO):
 - New QCDR reporting option
 - Optional Consumer Assessment of Healthcare Providers and Systems (CAHPS) reporting for groups of 25-99 EPs
 - Required CAHPS reporting for groups of 100 or more EPs regardless of reporting mechanism
- Changes for QCDR Vendors
 - Support tax identification number (TIN)-level reporting
 - New process for self-nomination and attestation
 - Revised auditing requirements
- Changes Registry Vendors
 - New process for self-nomination and attestation
 - Revised auditing requirements
- EHR
 - Revised auditing requirements

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Individual Reporting

- Available reporting mechanisms for 2016 program year:
 - Claims
 - Registry
 - EHR (Direct or Data Submission Vendor)
 - QCDR

Individual Reporting: Claims

- There were no changes for claims reporting for individual EPs

9 measures covering at least 3 National Quality Strategy (NQS) domains **OR** if <9 measures or <3 domains apply, report on each applicable measure

AND report each measure for at least 50% of the Medicare Part B Fee-for-Service (FFS) patients for which the measure applies

- If an EP sees one Medicare patient in a face-to-face encounter, they must report on at least 1 cross-cutting measure (included in the 9 measures)
- Measures with 0% performance rate will not count

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Individual Reporting: Registry and Measures Groups via Registry

- There were no changes for registry-based reporting for individual EPs

9 measures covering at least 3 NQS domains **OR** if <9 measures or <3 domains apply, report on each applicable measure

AND report each measure for at least 50% of the Medicare Part B FFS patients for which the measure applies

- There were no changes for measures groups via registry reporting for individual EPs

1 measures group for 20 applicable patients of each EP

- A majority of patients (11 out of 20) must be Medicare Part B FFS patients
- Measures groups containing a measure with a 0% performance rate will not be counted

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Individual Reporting: EHR (Direct or DSV)

9 measures covering at least 3 of the NQS domains. **If** an EP's EHR does not contain patient data for at least 9 measures covering at least 3 domains, then the EP must report on all the measures for which there is Medicare patient data.

Report on at least 1 measure for which there is Medicare patient data.

- Certified EHR Technology (CEHRT) Requirement for Electronic Clinical Quality Measures (CQM) reporting
 - Providers must use technology that is CEHRT
 - Providers must create an electronic file using CEHRT that can be accepted by CMS for reporting

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Individual Reporting: QCDR

9 measures (PQRS measures and/or non-PQRS measures) available for reporting under a QCDR covering at least 3 NQS domains

AND each measure for at least 50% of the EP's patients

- Of these measures, EP would report on at least 2 outcome measures

OR

- If 2 outcome measures are not available, report on at least 1 outcome measure and at least 1 resource use, patient experience of care, efficiency/appropriate use, or patient safety measure

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Group Practice Reporting Option (GPRO)

- Available reporting mechanisms for 2016 program year:
 - Web Interface (WI)
 - Registry
 - EHR (Direct or DSV)
 - QCDR
 - CAHPS for PQRS
 - CAHPS is **optional** for groups of 25-99 EPs
 - CAHPS is **required** for groups of 100+ EPs
- Groups must register to report via the GPRO

GPRO Reporting: Web Interface (WI)

PQRS Group Practices not reporting CAHPS for PQRS:

- Report on all measures included in the WI for the first 248 consecutively ranked and assigned beneficiaries or 100% of assigned beneficiaries if fewer than 248 are assigned to the group
- Must report on at least 1 measure for which there is Medicare patient data**

PQRS Group Practices reporting CAHPS for PQRS*:

- Report ALL CAHPS for PQRS survey measures via a certified survey vendor **AND**
- Report on all measures included in the WI for the first 248 consecutively ranked and assigned beneficiaries or 100% of assigned beneficiaries if fewer than 248 are assigned to the group
- Must report on at least 1 measure for which there is Medicare patient data**

*CAHPS is required for groups of 100+ EPs

**If a group practice has no Medicare patients for which any of the GPRO WI measures are applicable, the group practice will not meet the criteria for satisfactory reporting using the GPRO WI

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GPRO Reporting: Registry

PQRS Group Practices not reporting CAHPS for PQRS:

- Report at least 9 measures, covering at least 3 of the NQS domains
 - Of these measures, if a group practice has an EP that sees at least 1 Medicare patient in a face-to-face encounter, the group practice must report at least 1 measure in the PQRS cross-cutting measures set
 - If < 9 measures covering 1-3 NQS domains apply, group practices must report on each applicable measure, AND report each measure for at least 50% of the PQRS group practice's Medicare Part B FFS patients seen during the reporting period
 - Subject to Measure-Applicability Validation (MAV)
- Measures with 0% performance rate will not be counted

PQRS Group Practices reporting CAHPS for PQRS*:

- Report ALL CAHPS for PQRS survey measures via a certified survey vendor, AND
- Report ≥ 6 additional measures, outside of the CAHPS for PQRS survey, covering ≥ 2 NQS domains using the qualified registry
 - If < 6 measures covering < 2 NQS domains apply, report each applicable measure
 - CAHPS for PQRS fulfills the cross-cutting measure requirement; PQRS group practices do not need to report an additional cross-cutting measure

*CAHPS is required for groups of 100+ EPs

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GPRO Reporting: EHR (Direct or DSV)

PQRS Group Practices not reporting CAHPS for PQRS:

- Report on 9 measures covering ≥ 3 NQS domains,
 - If the direct EHR product or DSV does not contain patient data for ≥ 9 measures covering ≥ 3 NQS domains then report measures for which there is patient data
 - Must report on at least 1 measure for which there is Medicare patient data

PQRS Group Practices reporting CAHPS for PQRS*:

- Report ALL CAHPS for PQRS survey measures via a certified survey vendor, **AND**
- Report at least 6 additional measures (outside CAHPS for PQRS), covering ≥ 2 NQS domains using an EHR. If < 6 measures apply, report all applicable measures
 - Of the non-CAHPS PQRS measures reported, a group must report on at least 1 measure for which there is Medicare patient data

*CAHPS is required for groups of 100+ EPs

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GPRO Reporting: QCDR

New for 2016

- 2+ EPs participating in the GPRO have an option to report quality measures via a QCDR
- For group practices of 2-99 EPs, same criterion as individual EPs to satisfactorily participate in a QCDR for the 2018 PQRS payment adjustment
- Reporting period: January 1 - December 31, 2016 for group practices participating in the GPRO, to satisfactorily participate in a QCDR to avoid the 2018 payment adjustment. This would be for the CY 2016 reporting period

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GPRO Reporting: QCDR

PQRS Group Practices not reporting CAHPS for PQRS via a QCDR:

- Report on 9 measures covering ≥ 3 NQS domains
 - Of these measures, must report 2 outcome measures
 - If < 2 outcome measures apply, then must report at least 1 outcome measure and 1 of the following other measure types:
 - 1 resource use, OR patient experience of care, OR efficiency appropriate use, OR patient safety measure.

PQRS Group Practices reporting CAHPS for PQRS* via a QCDR:

- Report ALL CAHPS for PQRS survey measures via a certified survey vendor
- Must report at least 6 additional measures, outside of CAHPS for PQRS, covering at least 2 NQS domains
 - At least 1 of these measures must be an outcome measure

*CAHPS is required for groups of 100+ EPs

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Measure-Applicability Validation (MAV)

For Claims and Registry Reporting of Individual Measures:

- MAV will apply to those who report on <9 measures or fewer than 3 NQS domains.
- For more information: <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/pqrs/analysisandpayment.html>

Requirements for the QCDR Vendor

A QCDR must perform the following functions:

- Submit quality measures data or results on behalf of its EPs or PQRS group practices
 - The QCDR XML file must be used to submit data for PQRS
 - The quality data reporting architecture (QRDA) III file must be used to submit data for PQRS and the EHR Incentive Program
- Submit quality measures data on multiple payers, not just Medicare patients
- Provide timely feedback, at least four times a year, on the measures for which the QCDR reports on the EP's or PQRS group practice's behalf
- Possess benchmarking capacity that compares the quality of care an EP or PQRS group practice provides with those performing the same or similar functions
- A QCDR must have in place mechanisms for the transparency of data elements and specifications, risk models, and measures

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Changes for QCDR Vendors and Qualified Registries

Self-nomination Period Timeframe:

- Begins on December 1 of the prior year and ends on January 31; allows more time (one additional month) for entities to self-nominate

Attestation Statements:

- In lieu of submitting an attestation statement via email, beginning in 2016, we will require registries to attest during the submission period
- Selecting the web-based check box mechanism verifies that the quality measure results and any and all data including numerator and denominator data provided to CMS are accurate and complete

Changes for QCDR Vendors and Qualified Registries (cont.)

Data Validation Requirements:

- CMS is adding the following requirements for QCDRs to the existing guidance on validation strategy:
 - Organization name, program year, and vendor type
 - Methods for data collection, TIN verification, data reporting and verification, rate calculation, and PQRS measure specification confirmation
 - Process for data auditing and sampling methodology
- 2016 PQRS QCDR Criteria Toolkit is available on the [PQRS Qualified Clinical Data Registry Reporting webpage](#).

Quality Measures Updates

- **New Measures:**

- 4 additional cross cutting measures (being added to the existing cross-cutting measures)
- 37 for individual reporting
- NQS domains covered

2016 Finalized New Measures by Domain	
Domain	Total
Effective Clinical Care	18
Patient Safety	9
Efficiency and Cost Reduction	4
Community/ Population Health	1
Communication and Care Coordination	3
Person and Caregiver-Centered Experience and Outcomes	2

- **Measures for Removal:**

- 10 total removals from PQRS
- 9 measures being removed from claims and/or registry

- **Changes to Existing Measures:**

- 18 measures have a reporting mechanism update

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Revised Auditing Requirements

- **Revised auditing requirements for the following entities submitting PQRS quality measures data:**
 - Qualified Registries
 - QCDR
 - Direct EHR
 - Direct DSV product
- **Beginning in 2016, any vendor submitting quality measures data for the PQRS must comply with the following requirements:**
 - The vendor make available to CMS the contact information of each EP on behalf of whom it submits data. The contact information will include, at a minimum, the EP practice's phone number, address, and if applicable email
 - The vendor must retain all data submitted to CMS for the PQRS program for a minimum of seven years

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