

Additional PQRS Options for Multi-Specialty Groups

◆ What is PQRS?

Since 2007, the Physician Quality Reporting System (PQRS) has been a voluntary federal program, offering Medicare incentive payments to those who report quality measure data to CMS. **Starting with the 2015 reporting year, eligible professionals (EPs) may no longer earn incentive payments under the PQRS. EPs and group practices must satisfy PQRS reporting requirements in 2015, in order to avoid a penalty in 2017.** The 2015 PQRS reporting year also will be used to determine an additional physician payment adjustment under the Value-Based Payment Modifier (VM), which will apply to **all physicians regardless of group practice size in 2017.** Furthermore, starting in 2016, CMS will publicly report 2015 quality measure performance data for all physicians.

◆ PQRS Incentives and Penalties in 2014 and 2015

Increasing Impact of PQRS Participation		
	2014	2015
PQRS		
Bonus for Traditional PQRS*	+0.5% payment in 2015	~No Incentives~
Bonus for PQRS MOC	+0.5% payment in 2015	
Penalty For Failure to Satisfy PQRS	-2.0% in 2016	-2.0% in 2017
Value-Based Payment Modifier		
Additional Penalty for Failure to Satisfy PQRS	-2.0% in 2016	Up to -4.0% in 2017
Total Potential Penalties	-4.0% in 2016	Up to -6.0% in 2017

*Under most PQRS reporting options, EPs have until February 27, 2015 to submit 2014 data.

◆ How to Avoid the 2017 PQRS Penalty

- Decide whether to report as an individual or as a group practice (group reporting is available to practices with 2 or more EPs)
- Determine which reporting mechanism you will use
 - Options available to individuals include:
 - Claims-based reporting (available only for individual reporting);
 - Qualified Registry reporting
 - EHR direct vendor or EHR data submission vendor reporting; or
 - Qualified Clinical Data Registry (QCDR) reporting via ACEP's [Clinical Emergency Data Registry](#) (CEDR)
 - Options available under the Group Practice Reporting Option (GRPO) include:
 - GPRO Web Interface (for group practices with 25 or more EPs);
 - Qualified Registry reporting, such as PQRS wizard (for group practices with 2 or more EPs);
 - EHR direct vendor or EHR data submission vendor reporting (for group practices with 2 or more EPs); or
 - CAHPS for PQRS (groups of 25 or more EPs may combine any of the above options with submission of patient experience survey measure data via a CMS-certified survey vendor).

**Note: CAHPS reporting is a requirement for groups with 100 or more EPs, but optional for groups with 25-99 EPs.*
- Decide which measures available under your selected reporting method are most relevant to your practice. Note that not all measures are available under every option.
- Submit data to CMS related to services provided over the 12-month reporting period (Jan. 1 – Dec. 31, 2015).

- a. There is no registration for individual-level PQRS participation. If using the claims-based reporting option, simply start reporting the Quality-Data Codes (QDCs) listed in the measure specifications you have selected on applicable Medicare Part B claims. Check with third party entities, such as a qualified registry or EHR vendor, which have their own set of registration and reporting deadlines.
- b. Group practices electing to participate in the PQRS GPRO **must register online by June 30, 2015.**

◆ How Many Measures are Needed to Meet the Requirements?

For reporting via claims, qualified registry, or EHR

- At least 9 measures covering at least 3 National Quality Strategy (NQS) domains¹, **including 3 cross-cutting measures**, for at least 50% of eligible Medicare patients – OR --
- If less than 9 measures covering at least 3 NQS domains apply, report 1-8 measures covering 1-3 NQS domains, AND report each measure for at least 50% of applicable Medicare patients (subject to the Measure Applicability Validation, or MAV, process). Measures with a 0% performance rate will not be counted.
- Group practices opting to report via EHR or qualified registry AND report CAHPS for PQRS only need to report on 6 measures across 2 NQS domains, for at least 50% of Medicare patients, in addition to reporting all CAHPS survey measures via a CMS-certified vendor.

For reporting via QCDR

- At least 9 measures across 3 NQS domains, including 2 outcomes measures, for at least 50% of all patients seen (Medicare and non-Medicare).

For reporting via the GPRO Web Interface

- All measures included in the Web Interface AND populate data fields for the first 248 consecutively assigned beneficiaries in the order in which they appear in the group's sample for each module or preventive care measure. If the group practice is assigned less than 248 Medicare beneficiaries, then report on 100% of assigned beneficiaries. The group practice must report on at least 1 measure for which there is Medicare patient data.
- If also reporting CAHPS for PQRS, Web Interface reporting requirement is the same, but group practice also must report all CAHPS for PQRS survey measures via a CMS-certified survey vendor.

Additional Resources

For more detailed information regarding PQRS reporting options available to emergency physicians, including a list of relevant measures (including cross-cutting measures) and more detailed information on the 2015 MAV process, as well additional information on the Value-Based Payment Modifier and public reporting, please visit: <http://www.acep.org/quality/pqrs>

For more information on the GPRO, including registration and Web Interface instructions, please visit: www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group_Practice_Reporting_Option.html

For more information about CAHPS for PQRS, please visit: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/CMS-Certified-Survey-Vendor.html>

For a complete list of 2015 PQRS measures, please visit: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>

For a list of PQRS eligible professionals, please visit: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/PQRS_List-of-EligibleProfessionals_022813.pdf

¹ All PQRS measures are categorized under one of the following National Quality Strategy domains: 1) Person and Caregiver-Centered Experience; 2) Patient Safety; 3) Communication and Care Coordination; 4) Community and Population Health; 5) Efficiency and Cost Reduction; 6) Effective Clinical Care