PHYSICIAN QUALITY REPORTING SYSTEM (PQRS)
GROUP PRACTICE REPORTING OPTION (GPRO)
2015 CRITERIA
January 2015

Background

The Physician Quality Reporting System (PQRS) is a voluntary quality reporting program that promotes the reporting of quality information by eligible professionals (EPs). The program applies a negative payment adjustment to practices with EPs (identified on claims by their individual National Provider Identifier [NPI] and Tax Identification Number [TIN]) or PQRS group practices participating via the group practice reporting option (GPRO) who **do not** satisfactorily report data on quality measures for covered Medicare Physician Fee Schedule (MPFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries (including Railroad Retirement Board and Medicare Secondary Payer). Those who satisfactorily report for the 2015 program year will avoid the 2017 PQRS negative payment adjustment.

Defining a Group Practice

A "group practice" under 2015 PQRS is defined as a single Tax Identification Number (TIN) with 2 or more individual EPs who have reassigned their billing rights to the TIN. Group practices can register to participate in PQRS through the group practice reporting option (GPRO) to be analyzed at the group (TIN) level.

An individual EP who is a member of a group practice participating in PQRS GPRO is not eligible to separately report under PQRS as an individual EP under that same TIN (that is, for the same TIN/NPI combination). Once a group practice (TIN) registers to participate in the GPRO, this is the only PQRS reporting method available to the group and all individual NPIs who bill Medicare under the group's TIN for 2015.

If an organization or EP changes TINs, the participation under the old TIN does not carry over to the new TIN, nor is it combined for final analysis.

Disclaimer: *If reporting for PQRS through another Centers for Medicare & Medicaid Services' (CMS) program (such as the Medicare Shared Savings Program, Comprehensive Primary Care Initiative, Pioneer Accountable Care Organizations), please check the program's requirements for information on how to avoid the PQRS payment adjustment. Please note, although CMS has attempted to align or adopt similar reporting requirements across programs, EPs should look to the respective quality program to ensure they satisfy the PQRS, Medicare Electronic Health Record (EHR) Incentive Program, Value-based Payment Modifier (VM), etc. requirements of each of these programs.*

Purpose

This document applies to group practices interested in taking part in 2015 PQRS through the GPRO via a qualified registry, Certified Electronic Health Record Technology (CEHRT), or the GPRO Web Interface reporting mechanism.

PQRS GPRO Criteria

The group practice must meet all of the following requirements in order to be considered a group practice participating in the GPRO for the 2015 PQRS program year:

1. Participation Requirements

To participate through the 2015 PQRS GPRO, participants must comply with all of the following requirements:

- Have billed Medicare Part B PFS on or after January 1, 2015 and prior to December 31, 2015;
- Agree to have the results of their performance on PQRS measures publicly posted on the Physician Compare website; Be able to comply with a secure method for data submission;
- Allow CMS access to review the Medicare beneficiary data on which PQRS GPRO submissions are founded or provide to CMS a copy of the actual data;
- Register to participate in PQRS through GPRO by June 30, 2015; and
- Provide all requested information through the Physician Value-Physician Quality Reporting System (PV-PQRS) Registration System during registration.

Additionally, **GPRO Web Interface participants** must have the following technical capabilities, at a minimum: standard PC image with Microsoft® Office and Microsoft® Access software installed; and minimum software configurations.

2. Determine Group Size

A group practice must have 2 or more EPs in order to participate through the PQRS GPRO. The group practice will determine its size based on the number of EPs billing under the TIN at the ***time of registration***. During registration, group size will be categorized as 2-24 EPs, 25-99 EPs and 100 or more EPs. The group practice will need to indicate their group size to CMS by selecting one of these size categories. Reporting requirements and available reporting methods will vary based on the group size.

3. Determine Reporting Method

The group practice will need to determine the best reporting method for the group. Group practices will select their reporting method during registration and the group will need to meet the reporting requirements for the group size selected regardless of changes to the group size after registration. Following are the different reporting mechanisms available for participation in 2015 PQRS through the GPRO.

Note that for each reporting mechanism, there is also an option to combine that reporting mechanism with the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for PQRS survey. The CAHPS for PQRS survey is mandatory for groups of 100 or more EPs, but is an option for smaller groups to combine with other reporting methods. CMS will **not** bear the cost of administering the CAHPS for PQRS survey measures for group practices with 25 or more EPs reporting through the GPRO Web Interface during the 2015 program year and beyond.

- **Qualified Registry (2 or more EPs)**

  The group practice must satisfactorily report at least 9 measures, covering at least 3 of the National Quality Strategy (NQS) domains. Of these measures, if a group practice sees at least 1 Medicare patient in a face-to face encounter, the group practice would report on at least 1 applicable measure in the cross-cutting measure set.

  - If less than 9 measures covering at least 3 domains apply to the group practice, report 1-8 measures covering 1-3 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.
    - The group practice would be subject to the Measure-Applicability Validation (MAV)

process, which allows CMS to determine whether the group practice could have reported additional measures and/or measures covering additional domains.

- Measures with a 0 percent performance rate would not be counted.

Complete information about registry reporting is available in the *2015 PQRS: Registry Reporting Made Simple* document on the Registry Reporting page of the PQRS website. Additionally, the list of 2015 PQRS qualified registries will be posted during the summer of 2015 on the PQRS website under the Registry Reporting page. Group practices reporting via qualified registry must select a registry that supports TIN-level analysis and submission for GPRO reporting.

CAHPS for PQRS Option with Registry Reporting

CAHPS for PQRS is required for PQRS group practices of 100 or more EPs, but is optional for groups of 2-99 EPs. PQRS group practices participating in CAHPS for PQRS may choose a qualified registry, in conjunction with reporting the CAHPS for PQRS survey measures, the group practice must have all CAHPS for PQRS survey measures reported on its behalf via a CMS-Certified Survey Vendor, and report at least 6 additional measures, outside of CAHPS for PQRS, covering at least 2 of the domains using the qualified registry.

- Of the additional measures that must be reported in conjunction with reporting the CAHPS for PQRS survey measures, if any EP in the group practice sees at least 1 Medicare patient in a face-to-face encounter, the group practice must report on at least 1 measure in the crosscutting measure.

If a group practice ***does not*** have at least 6 applicable measures, the group may still meet the satisfactory reporting criterion by reporting on as many measures that are applicable, including the measures in the cross-cutting measure set specified.

- If a group practice reports on less than 6 individual measures using the qualified registry reporting mechanism in conjunction with a CMS-certified survey vendor to report CAHPS for PQRS, the group practice would be subject to the MAV process, which allows CMS to determine whether the group practice could have reported additional measures and/or measures covering additional domains.

- **Electronic Health Record (EHR) Reporting (2 or more EPs)**

  Group practices participating in the 2015 PQRS GPRO via EHR Direct or EHR Data Submission Vendor (DSV) must satisfactorily report 9 measures covering at least 3 domains. If the 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 patient data. A group practice must report on at least 1 measure for which there is Medicare patient data.

  All of the following requirements must be met in order for a group practice to be eligible to report via EHR:

  1. All EPs within the group practice participating through the GPRO must use CEHRT.
  2. The final set of data must be submitted utilizing 2014 Edition CEHRT. EPs and group practices are not required to have 2014 CEHRT for the full year of PQRS or have 2014 CEHRT implemented on the first day of the reporting year, which is 1/1/2015. The EP or PQRS group practice will only be able to participate in 2015 PQRS if the group practice implements 2014 CEHRT in time for submission.

     Note: Group practices participating in 2015 PQRS GPRO via GPRO Web Interface are also required to use 2014 CEHRT to populate the GPRO Web Interface to participate in both 2015 PQRS and the EHR Incentive Program.
  3. The CEHRT must be able to analyze the group's data at the TIN level. The EHR vendor must aggregate the data at the TIN level to ensure that the data is calculated correctly for group practice reporting. If the EHR vendor does not analyze this measure at the TIN level, then some encounters may not be included when computing the measure; resulting

in an incorrect reporting rate. Be sure the group's CEHRT supports GPRO reporting at the TIN level before selecting this reporting mechanism.

Complete information about EHR reporting is available in the *2014 PQRS: EHR Reporting Made Simple* on the Electronic Health Record Reporting page of the PQRS website.

CAHPS for PQRS Option with EHR Reporting

CAHPS for PQRS is required for PQRS group practices of 100 or more EPs, but is optional for groups of 2-99 EPs. PQRS group practices participating in CAHPS for PQRS may choose to use a direct EHR product that is CEHRT or EHR data submission vendor that is CEHRT in conjunction with reporting the CAHPS for PQRS survey measures. The group practice must have all CAHPS for PQRS survey measures reported on its behalf via a CMS-Certified Survey Vendor, and report at least 6 additional measures, outside of CAHPS for PQRS, covering at least 2 of the domains using the direct EHR product that is CEHRT or EHR data submission vendor product that is CEHRT.

- If less than 6 measures apply to the group practice, the group practice must report up to 5 measures.
- Of the additional 6 measures that must be reported in conjunction with reporting the CAHPS for PQRS survey measures, a group practice would be required to report on at least 1 measure for which there is Medicare patient data.

- **GPRO Web Interface Reporting (25 or more EPs)**

  The GPRO Web Interface is a web-based reporting tool that is partially pre-populated with an assigned sample of Medicare Part A and B PFS beneficiaries; this sample is based on the claims history for the group practice, and contains demographic and utilization information for those assigned beneficiaries.

  Group practices reporting via the GPRO Web Interface will be required to populate all of the remaining data fields necessary for capturing quality measure information for each consecutively assigned Medicare beneficiary (248 beneficiaries for all group sizes) with respect to services furnished during the 2015 reporting period. If the group practice is assigned less than 248 Medicare beneficiaries, then the group practice must report on 100 percent of its assigned beneficiaries. A group practice must report on at least 1 measure for which there is Medicare patient data. The group practices will be able to access the GPRO Web Interface for 2015 data submission, during the first quarter of 2016.

  Group practices participating in 2015 PQRS GPRO via GPRO Web Interface are required to use 2014 CEHRT to populate the GPRO Web Interface to participate in both 2015 PQRS and the EHR Incentive Program.

  The *2015 GPRO Web Interface Narrative Specifications*, assignment and sampling information, and additional information about reporting 2015 PQRS through the GPRO Web Interface can be found on the GPRO Web Interface section of the PQRS website.

  Note: *Before selecting the GPRO Web Interface reporting mechanism, groups are encouraged to review the* 2015 GPRO Web Interface Narrative Specifications *to make sure that the group practice will be able to report on the measures. Given the assignment methodology, some group practices (such as groups consisting only of non-physician practitioners) might* ***not be able*** *to report PQRS quality measures using the GPRO Web Interface because no beneficiaries will be assigned to them. CMS advises those group practices to participate in the PQRS via another reporting mechanism.*

  CAHPS Option with GPRO Web Interface Reporting

  Group practices with 100 or more EPs reporting through the GPRO Web Interface will be required to report the CAHPS for PQRS measures through a CMS-Certified Survey Vendor in addition to satisfactorily reporting PQRS measures via the GPRO Web Interface.

  If a group practice of 25-99 EPs chooses to use the GPRO Web Interface in conjunction with reporting

the CAHPS for PQRS survey measures, the group practice must have all CAHPS for PQRS survey measures reported on its behalf via a CMS-Certified Survey Vendor. In addition, the group practice must satisfactorily report PQRS measures via the GPRO Web Interface.

4. Registration

Registration must be completed through the online PV-PQRS Registration System during the registration period, **April 1, 2015 - June 30, 2015**. The PV-PQRS Registration System is a web-based application that serves the PV and PQRS programs.

The group practice will need to designate a Security Official (SO) PV-PQRS Role and Representative PV-PQRS Role to complete registration. Additional information and step-by-step instructions for obtaining PV-PQRS Roles for registering are available in the "Downloads" section of the Self Nomination/Registration page of the CMS website.

Please use the following information and instructions to register for the 2015 PQRS GPRO:

STEP 1: Go to the PV-PQRS Registration System website. On the right hand side, select **Login to CMS Secure Portal**.

STEP 2: After accepting the **Terms and Conditions**, enter your IACS User ID and Password in the **Welcome to CMS Enterprise Portal** screen. Select **Log In** to continue.

STEP 3: Select the **PV-PQRS** tab at the top of the screen, and then select **Registration** from the dropdown menu.

STEP 4: You will see a screen where the group practice(s) and EP(s) (if applicable) that are associated with your IACS account are listed. To register a group practice for the first time, select the **Register** link to the right of the group practice you want to register.

Note: *If your group practice is participating in an* ***Accountable Care Organization (ACO),*** *then you do* ***not*** *need to register for PQRS GPRO via the PV-PQRS System.*

Complete information and step-by-step instructions for registering a new group for participation in 2015 PQRS GPRO or for modifying a previous registration is available on the Self Nomination/Registration page of the Medicare FFS Physician Feedback Program/Value-Based Payment Modifier website.

Canceling or Updating 2015 GPRO Registration

During the registration period, group practices may change their reporting method or update organizational information at any time prior to the June 30, 2015 deadline. Groups who register for the 2015 PQRS GPRO will ***not*** be able to change or update their registration after the deadline.

Group practices that register for 2015 GPRO, but wish to cancel their registration must log in to the PV-PQRS Registration System and cancel their registration ***before*** the registration period closes on **June 30, 2015 (at 11:59 p.m. ET)**. Group practices will not be allowed to cancel their 2015 GPRO registration after this date.

If a group practice cancels their PQRS GPRO registration, then the group can still avoid the downward VM payment adjustment in 2017, if the EPs in the group participate in the PQRS as individuals in 2015 and **at least 50% of the EPs** in the group meet the satisfactory reporting criteria as individuals via claims, qualified registry, or CEHRT (or in lieu of satisfactory reporting, satisfactorily participate in a qualified clinical data registry). No registration is necessary if the EPs in a group practice participate as individuals after canceling the groups GPRO registration.

Report Once for Multiple CMS Programs

Group practices participating in PQRS GPRO will be able to report quality measures data once and receive credit for more than one Medicare quality reporting program. For guidance on how to report once across Medicare quality reporting programs (PQRS, EHR Incentive Program, Value-based Modifier, and Accountable Care Organizations), please see the *How to Report Once for 2015 Medicare Quality Reporting Programs* on the How to Get Started page of the CMS PQRS website.

Medicare Electronic Health Record (EHR) Incentive Program

The Medicare EHR Incentive Program provides incentive payments to EPs, eligible hospitals, and critical access hospitals (CAHs) as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology. PQRS group practices are able to satisfactorily participate through two of the PQRS GPRO reporting methods (EHR and GPRO Web Interface) for purposes of meeting the electronic clinical quality measure (eCQM) reporting component of meaningful use for the Medicare EHR Incentive Program beginning in 2015.

EPs in their first year of Meaningful Use are required to collect CQM data for an EHR reporting period of any 90 consecutive days in 2015, and attest through the EHR Incentive Program Attestation System by 2/28/2016, in order to avoid the 2017 EHR Incentive Program payment adjustment. If the EP wishes to attest early to retroactively avoid the 2016 payment adjustment they would otherwise receive for not participating in 2014, they must attest by October 1, 2015. Attestation will **not** count for PQRS; therefore, these EPs will also need to report 12 months of data for services rendered 1/1/2015 – 12/31/2015 through a PQRS reporting mechanism, or through the PQRS GPRO, in order to meet the PQRS reporting requirements.

Additional information regarding the Medicare EHR Incentive Program can be found on the EHR Incentive Program section of the CMS website.

Value-based Payment Modifier (VM)

The Value-based Payment Modifier (VM) provides for differential payment to a physician or group of physicians under the MPFS based upon the quality of care furnished compared to cost during a performance period. The 2017 VM (based on 2015 reporting) will apply to solo practitioners and groups of physicians with two or more EPs.

Additional information regarding VM can be found on the Value-based Payment Modifier section of the CMS website.

Additional Information

- For more information on 2015 PQRS GPRO and requirements for submission of PQRS measure data, go to the Group Practice Reporting Option page of the CMS PQRS website.
- For more information on the 2017 PQRS payment adjustment, go to the Payment Adjustment Information page of the CMS PQRS website.
- For more information on the VM, go to the Value-Based Payment Modifier page of the Medicare FFS Physician Feedback Program/Value-Based Payment Modifier website.
- For additional assistance regarding the PQRS GPRO, contact the **QualityNet Help Desk** at **1-866-288-8912 (TTY 1-877-715-6222)** from 7:00 a.m. to 7:00 p.m. CST Monday through Friday, or via e-mail. To avoid security violations, do **not** include personal identifying information, such as Social Security Number or TIN, in e-mail inquiries to the QualityNet Help Desk.