



# 2016 Physician Quality Reporting System (PQRS): Registry Reporting Made Simple

February 2016

## Background

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The Physician Quality Reporting System (PQRS) is a voluntary quality reporting program that applies a negative payment adjustment to promote the reporting of quality information by individual eligible professionals (EPs) and group practices. The program applies a negative payment adjustment to practices with eligible professionals (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), referred to as PQRS group practices, 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 report satisfactorily for the 2016 program year will avoid the 2018 PQRS negative payment adjustment.

For more information on PQRS or the payment adjustment, visit [the PQRS webpage](#).

*This document applies only to registry reporting for PQRS. It **does not** provide guidance for other Medicare or Medicaid incentive programs, such as the [Electronic Health Record \(EHR\) Incentive Program](#), or the [Value-Based Payment Modifier](#).*

## Purpose

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This document outlines the steps necessary in selecting a qualified registry for 2016 PQRS reporting and applies to:

- Individual EPs who wish to report via qualified registry
- PQRS group practices that registered for qualified registry-based reporting under GPRO

Please see the Decision Trees for reporting mechanism criteria in the *2016 PQRS Implementation Guide*, found in the [PQRS How to Get Started webpage](#).

## Qualified Registry Vendors

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A qualified registry is an entity that collects clinical data from an EP or PQRS group practice and submits it to CMS on behalf of the participants. EPs and PQRS group practices participating should work directly with their chosen registry in order to submit data satisfactorily on the selected measures or measures groups (measures groups are only available to individual eligible professionals).

EPs and PQRS group practices can avoid the 2018 PQRS negative payment adjustment by satisfactorily reporting quality measures data using a qualified registry. The qualified registry must submit this data to CMS via defined .xml specifications, which will be posted by fall 2016 on the [PQRS Registry Reporting webpage](#)

## Reporting Criteria for Individual EPs

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EPs can *avoid the 2018 PQRS negative payment adjustment* by meeting one of the following criteria:

1. **Report on at least 9 individual measures covering 3 National Quality Strategy (NQS) domains for at least 50% of the EP's Medicare Part B FFS patients seen during the reporting period**
  - EPs who satisfactorily report only **1 to 8 PQRS** measures or for **fewer than 3 NQS domains** will be subject to [Measure-Applicability Validation \(MAV\)](#) to determine if additional measures or NQS domains could have been reported.
  - Measures with a 0% performance rate will not be counted.
  - An EP who sees at least 1 Medicare patient in a face-to-face encounter must report on 1 cross-cutting measure (counts as 1 measure).
    - For broadly applicable measures that are defined as cross-cutting, reference the “2016 PQRS List of Face-To-Face Encounter Codes” on the [PQRS Measures Codes webpage](#).
  - For this reporting option, EPs should use the “2016 Physician Quality Reporting System (PQRS) Individual Measure Specifications for Claims and Registry Reporting” on the [PQRS Measures Codes webpage](#).

OR

2. **Report at least 1 measures group on a 20-patient sample, a majority of which (at least 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.
  - For this reporting option, EPs should use the “2016 Physician Quality Reporting System (PQRS) Measures Groups Specifications Manual” and “2016 Physician Quality Reporting System (PQRS) Getting Started with Measures Groups” on the [PQRS Measures Codes webpage](#).

## Reporting Criteria for PQRS Group Practices

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A group practice *must* have registered to report via qualified registry under the GPRO for 2016 PQRS. PQRS group practices can *avoid the 2018 PQRS negative payment adjustment* by meeting the following criteria:

1. **For PQRS group practices of 2-99 EPs, report on at least 9 measures covering 3 NQS domains for at least 50% of the group's Medicare Part B FFS patients.**
  - Group practices that satisfactorily report only **1 to 8 PQRS** measures or for **fewer than 3 NQS domains** will be subject to [Measure-Applicability Validation \(MAV\)](#) to determine if additional measures or NQS domains could have been reported.
  - Measures with a 0% performance rate will not be counted.
  - If the group practice has an EP who sees at least 1 Medicare patient in a face-to-face encounter during the reporting period, the PQRS group practice must report on at least 1 cross-cutting measure (counts as 1 measure)
    - For broadly applicable measures that are defined as cross-cutting, reference the “2016 PQRS List of Face-To-Face Encounter Codes” on the [PQRS Measures Codes webpage](#).

Those PQRS group practices electing to report via registry will use the “2016 Physician Quality Reporting System (PQRS) Individual Measure Specifications for Claims and Registry Reporting” to find applicable measures.

## **CAHPS for PQRS Option with Registry Reporting for Group Practices**

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

If a group practice of 2-99 EPs chooses to report via 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. In addition, the group practice must satisfactorily report PQRS measures via the qualified registry.

For more information on CAHPS requirements, please see the “2016 CMS-Certified Survey Vendor Made Simple” on the [PQRS CMS-Certified Survey Vendor webpage](#).

## **2016 Registration for PQRS Group Practices Reporting via Qualified Registry**

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PQRS group practices choosing to participate in PQRS via qualified registry must register by June 30, 2016. Registration must be completed online through the Physician Value Modifier (PV) - PQRS Registration System. For additional information on PQRS group practice qualified registry registration and requirements please refer to the “2016 PQRS GPRO Registration Quick Reference Guide” that will be located on the [PQRS How to Get Started webpage](#) during the first quarter of 2016.

## How to Get Started

Step	Description
<p><b>Step 1:</b> Determine if you are eligible to participate in PQRS</p>	<p>A list of professionals who are eligible to participate in PQRS is available <a href="#">on the CMS website</a>. Read this list carefully, as not all are considered EPs.</p> <p>PQRS group practices are analyzed at the TIN level; therefore, all EPs (NPIs) under the group's TIN will be taken into account for the 2016 PQRS analysis.</p> <p><b>IMPORTANT:</b> The PQRS definition of an EP differs from the Medicare EHR Incentive Program's definition. Find information on who is eligible to participate within the <a href="#">Medicare EHR Incentive Program</a>.</p>
<p><b>Step 2:</b> Decide if you will report individual measures or measures groups</p>	<p>Review the "2016 PQRS Measures List", a comprehensive resource that describes all PQRS measures including titles, descriptions, numbering, NQS domain, and the reporting mechanism(s) for which the measure is available. This document is available on the <a href="#">PQRS Measures Codes webpage</a>.</p> <p>Individual EPs and PQRS group practices can also use the new <a href="#">PQRS Web-Based Measure Search Tool</a> to easily identify applicable PQRS measures. Users can search and filter important measure-related information such as measure number, reporting mechanisms, NQS domain, cross-cutting measures and measure steward. The tool also allows users to view the individual claims and registry measure specifications for 2016.</p> <p>Determine which measures or measures group(s) may apply to your practice.</p> <p><b>Note:</b> <i>Measures groups reporting is not available to group practices participating via GPRO.</i></p> <p><b>Individual Measures</b></p> <ul style="list-style-type: none"> <li>For measure details, reference the "2016 Physician Quality Reporting System (PQRS) Individual Measure Specifications for Claims and Registry Reporting" on the <a href="#">PQRS Measures Codes webpage</a>. <ul style="list-style-type: none"> <li>Group practices reporting via qualified registry should reference the claims and registry measure specifications manual and <b>not</b> attempt to report with "GPRO Web Interface Narrative Specifications or Supporting Documents".</li> </ul> </li> </ul>

Step	Description
<p><b>Step 2: Continued</b></p>	<ul style="list-style-type: none"> <li>Choose applicable measures for submission that will impact clinical quality within the practice. <p><i>Individual measures with a 0% performance rate (or 100% in the case of inverse measures) will <b>not</b> be counted as satisfactorily reported. The recommended clinical quality action must be performed on at least 1 patient for each individual measure reported. When a lower rate indicates better performance, such as Measure #1, a 0% performance rate will be counted as satisfactory reporting (100% performance rate would not be considered satisfactory reporting). Performance exclusion quality-data codes are not counted in the performance denominator. If the registry submits all performance exclusion quality-data codes, the performance rate would be 0/0 (null) and the measure would be considered satisfactorily reported.</i></p> </li> </ul> <p><b>Measures Groups (not available to PQRS group practices)</b></p> <ul style="list-style-type: none"> <li>Reference the “2016 Physician Quality Reporting System (PQRS) Measures Groups Specifications” on the <a href="#">PQRS Measures Codes webpage</a>. Measures group specifications are different from those of the individual measures that form the measures group. Since they are different, the specifications and instructions for measures group reporting are provided in a separate manual.</li> <li>Choose at least 1 measures group on which to report.</li> <li>A majority of the patients in the measures group, at least 11 out of 20, have to be Medicare Part B FFS patients.</li> <li>Review “2016 Physician Quality Reporting System (PQRS) Getting Started with Measures Groups” on the <a href="#">PQRS Measures Codes webpage</a>. This document outlines the different options for reporting measures groups and serves as a guide to implementing the 2016 PQRS measures groups.</li> </ul> <p><i>Measures groups containing a measure with a 0% performance rate (or 100% in the case of inverse measures) will not be counted. The recommended clinical quality action must be performed on at least one patient for each applicable measure within the measures group reported by the EP. If a measure within a measures group is not applicable to a patient, the patient would not be counted in the performance denominator for that measure (e.g., Preventive Care Measures Group - Measure #39: Screening for Osteoporosis for Women Aged 65-85 Years of Age would not be applicable to male patients according to the patient sample criteria). If the measure is not applicable for all patients within the sample, the performance rate would be 0/0 (null) and the measure would be considered satisfactorily reported. Performance exclusion quality-data codes are not counted in the performance denominator. If the registry submits all performance exclusion quality-data codes, the performance rate would be 0/0 (null) and the measure would be considered satisfactorily reported.</i></p>
<p><b>Step 3: Choose your qualified registry</b></p>	<p>Once you have selected the measures you would like to report, review the list of registries that report 2016 PQRS measures. This list will be made available late spring/early summer of 2016 on the <a href="#">PQRS Registry Reporting webpage</a>.</p>

Step	Description
<p><b>Step 3: Continued</b></p>	<p>The list of participating registries includes:</p> <ul style="list-style-type: none"> <li>• Registry name</li> <li>• Registry contact information</li> <li>• Cost information</li> <li>• Which measures/reporting options the registry can report (i.e., measures groups or individual measures)</li> <li>• Whether the registry supports the group practice reporting option <ul style="list-style-type: none"> <li>○ PQRS group practices must ensure the selected vendor supports GPRO</li> </ul> </li> </ul> <p><b><u>After you have selected your registry</u></b></p> <p>Once you have selected a registry, you will be required to enter into and maintain an appropriate legal agreement. These arrangements provide for the registry's receipt of the patient-specific data and allow the registry to release quality measure data on behalf of CMS.</p> <p><b>Note for individual EPs:</b> It is important that you provide the correct Tax Identification Number/National Provider Identifier (TIN/NPI) combination to your registry for payment adjustment purposes. Below are some tips to help individuals submit the correct information:</p> <ul style="list-style-type: none"> <li>• Report the TIN and individual NPI to which Medicare Part B charges are billed.</li> <li>• CMS analyzes PQRS data strictly per the Federal Tax ID shown on the Part B claims you submit. On the CMS-1500 paper form, that is field 25 where you would enter a 9-digit number and then check whether it is a Social Security Number (SSN) or Employee ID Number (EIN). On the CMS-1450 paper form, that is field 5 where you enter a 9-digit number.</li> <li>• Use your <b>individual</b> rendering <b>NPI, not the group NPI</b>. The individual rendering provider ID field is 24J on a paper claim (not applicable to GPRO).</li> </ul> <p><b>Note for PQRS group practices:</b> It is important that you provide the correct TIN to your registry for payment adjustment purposes. Below are some tips to help group practices submit the correct information:</p> <ul style="list-style-type: none"> <li>• Report the TIN to which Medicare Part B charges are billed.</li> <li>• CMS analyzes PQRS data strictly per the Federal Tax ID shown on the Part B claims you submit. On the CMS-1500 paper form, that is field 25 where you would enter a 9-digit number and then check whether it is a Social Security Number (SSN) or Employee ID Number (EIN). On the CMS-1450 paper form, that is field 5 where you enter a 9-digit number.</li> </ul>



Step	Description
<b>Step 3:</b> Continued	Registries have a limited timeframe during the submission window to correct invalid TIN/NPI submissions. If CMS does not receive correct TIN/NPI information, you may be subject to a negative payment adjustment, even if you reported satisfactorily.
<b>Step 4:</b> Work directly with your registry	Your registry will provide you specific instructions on how and when to submit data for the selected measures or measures group(s) you choose to report. The 2016 PQRS data submission window will be in the first quarter of 2017. You will work directly with your registry to ensure data is submitted appropriately.

## Additional Information

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- For more information related to the 2018 PQRS negative payment adjustment, please refer to the [PQRS Payment Adjustment Information webpage](#).
- For more information on reporting via qualified registry, go to the [PQRS Registry Reporting webpage](#).
- For more information on cross-cutting measures and a list of face-to-face encounter codes, go to the [PQRS Measures Codes webpage](#).
- For more information on what's new for 2016 PQRS, go to the [PQRS webpage](#).
- To find answers to frequently asked questions, visit the [CMS FAQ webpage](#).

## Questions?

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Contact the **QualityNet Help Desk** at **1-866-288-8912** (TTY 1-877-715-6222), available 7 a.m. to 7 p.m. Central Time Monday through Friday, or via e-mail at [qnetssupport@hcqis.org](mailto:qnetssupport@hcqis.org). To avoid security violations, **do not** include personal identifying information, such as Social Security Number or TIN, in email inquiries to the QualityNet Help Desk.