



2016 Physician Quality Reporting System (PQRS) Group Practice Reporting Option (GPRO) Training Guide

July 2016

Background

The group practice reporting option (GPRO) was originally modeled after CMS demonstration projects, including the Physician Group Practice (PGP) demonstration and the Medicare Care Management Performance (MCMP) demonstration. The GPRO was first introduced to the Physician Quality Reporting System (PQRS) in 2010. Group practices participating in the PQRS GPRO are analyzed at the Tax Identification Number (TIN)-level using the TIN submitted at the time of final GPRO registration. This means that all eligible professionals (EPs) under the TIN, who bill using the Medicare Physician Fee Schedule (MPFS) during the 2016 reporting year, will be included in analysis for purposes of the 2018 PQRS negative payment adjustment. If an organization or EP changes their TIN, participation under the old TIN does not carry over to the new TIN, nor are they combined for final analysis.

Participating as a PQRS group practice is beneficial because billing and reporting staff may report one set of quality measures data on behalf of all EPs within a group practice, reducing the need to keep track of EPs' reporting efforts separately. Another benefit of reporting via GPRO, is that those EPs who have difficulty meeting the reporting requirements for individual EPs may benefit from group reporting.

Take Action in 2016 to Avoid the 2018 PQRS Negative Payment Adjustment

Group practices participating in 2016 PQRS GPRO can avoid the 2018 PQRS negative payment adjustment by meeting the satisfactory reporting requirements for the GPRO reporting mechanism chosen during registration.

Purpose

This document will cover the 2016 PQRS GPRO reporting mechanisms and their requirements for avoiding the 2018 PQRS negative payment adjustment. This document is intended for EPs who wish to participate in PQRS via GPRO.

Note: If reporting for PQRS through another CMS program such as the Medicare Shared Savings Program, Pioneer Accountable Care Organization (ACO), Next Generation ACO, or Comprehensive Primary Care (CPC) Initiative, please refer to that program's requirements for information on how to report quality data and how to avoid the PQRS negative payment adjustment. Some of these other CMS programs do not allow their participants to separately participate in PQRS.

Although CMS has attempted to align or adopt similar reporting requirements across quality reporting programs, group practices and/or EPs should refer to the specific requirements of each program (PQRS, Electronic Health Record [EHR] Incentive Program, Value-based Payment Modifier [Value Modifier], etc.) to ensure their respective requirements are met.

2016 PQRS GPRO Overview

What is a PQRS group practice?

As outlined in the 2016 MPFS Final Rule, a “group practice” consists of a physician group practice and defined by a single TIN, with 2 or more individual EPs (as identified by individual National Provider Identifiers [NPIs]) who have reassigned their billing rights to the TIN. Group practices can register to participate in PQRS via GPRO to have their quality data analyzed at the group (TIN)-level. Group practices that successfully register to participate via GPRO are referred to as a “PQRS group practice”.

Participation in PQRS via GPRO will count for multiple programs, including PQRS, the [Value Modifier](#), and the Clinical Quality Measure (CQM) component of Meaningful Use for the [Medicare EHR Incentive Program](#). Note, EPs will earn credit for the CQM component of Meaningful Use only if the group registers to report via Web Interface or electronic reporting via an EHR that is CEHRT (certified EHR technology). EPs, within the PQRS group practice, will need to individually meet the other Meaningful Use objectives through the Medicare EHR Incentive Program Registration and Attestation System (attestation). Complete information regarding participation requirements for other CMS programs is available on their respective websites.

2016 Requirements and Participation Options

GPRO Registration

In order to participate via GPRO, the group practice must complete GPRO registration through the online Physician Value-Physician Quality Reporting System (PV-PQRS) Registration System on the [CMS Enterprise Portal](#) during the **April 1, 2016 - June 30, 2016** (11:59 p.m. ET) registration period. PQRS group practices may change or cancel their registration only during this timeframe. In order to register, group practices must have an approved **Enterprise Identity Management (EIDM)** account and indicate their reporting mechanism for the 12-month period. The group practice will need to designate a **Security Official (SO) Role or a Group Representative Role** to complete registration. See step-by-step instructions for obtaining PV-PQRS Roles in the “Obtain an EIDM Account to Access the Registration System” section of the [PQRS GPRO Registration webpage](#). EIDM users are required to recertify their accounts on an annual basis.

Note: *If your group practice is participating in an Medicare Shared Savings Program or Next Generation ACO, then you may participate in the PQRS only through the parent ACO and do **not** need to register for PQRS GPRO via the PV-PQRS Registration System.*

Selecting an Appropriate Reporting Mechanism

Reporting mechanisms available to group practices participating via GPRO will vary based on group size at the time of registration. PQRS group practices are encouraged to notify their group members that they have registered for PQRS GPRO, and indicate the reporting mechanism the group will be using.

Reporting Mechanisms for PQRS Group Practices of 2-24 EPs



**If a PQRS group practice satisfactorily reports using this option for 2016 PQRS, the participating NPIs will also satisfy the CQM component of Meaningful Use; however, the individual EPs will still be required to meet the other Meaningful Use objectives through attestation. If reporting via QCDR, only QRDA Category III submissions will count for the CQM component of Meaningful Use.*

Reporting Mechanisms for PQRS Group Practices of 25 or more EPs



**If a PQRS group practice satisfactorily reports using this option for 2016 PQRS, the participating NPIs will also satisfy the CQM component of Meaningful Use; however, the individual EPs will still be required to meet the other Meaningful Use objectives through attestation. If reporting via QCDR, only QRDA Category III submissions will count for the CQM component of Meaningful Use.*

See the "2016 PQRS Implementation Guide" on the [PQRS How to Get Started](#) webpage for decision trees that outline the different 2016 PQRS GPRO reporting requirements. Also, review the following resources for complete information about satisfactory reporting requirements for each mechanism:

- "2016 GPRO Web Interface Made Simple" available on the [PQRS GPRO Web Interface](#) webpage
- "2016 PQRS Reporting Using an Electronic Health Record (EHR) Made Simple" available on the [PQRS Electronic Reporting Using an EHR](#) webpage
- "2016 PQRS: Registry Reporting Made Simple" available on the [Registry Reporting](#) webpage

- “2016 QCDR Reporting Made Simple” available on the [Qualified Clinical Data Registry Reporting webpage](#)
- “2016 CMS-Certified Survey Vendor Made Simple” available on the [CMS-Certified Survey Vendor](#) webpage

Note: Although the administration of the CAHPS for PQRS Survey is required for PQRS group practices of 100 or more EPs, PQRS group practices with 2-99 EPs have the option to elect to participate in the administration of the CAHPS for PQRS Survey during PQRS GPRO registration. This option is available for PQRS group practices with 2-99 EPs using an EHR Direct, DSV, QCDR, or qualified registry, or groups of 25-99 EPs reporting via GPRO Web Interface.

Which Reporting Mechanism is Right for My Group?

Group practices participating in 2016 PQRS GPRO should report via the reporting mechanism selected during 2016 PQRS GPRO registration. PQRS group practices should select the reporting mechanism that applies best to their practice. Review the measures specifications for each applicable reporting mechanism. Consider which measures apply to services provided by the group practice, and select a reporting mechanism that includes those measures.

When working with EHR Direct product, Data Submission Vendor, QCDR, or qualified registry, it is the responsibility of the PQRS group practice to verify that the vendor is able to support the group practice’s reporting needs. CMS will *not* combine data from different reporting mechanisms when analyzing PQRS program data. If a group practice is not able to report on the selected PQRS GPRO reporting mechanism, then it is encouraged to report via another GPRO reporting mechanism or have the EPs in the group participate in the PQRS as individuals in 2016.

See the [Appendix](#) for a chart that compares the different features for each reporting mechanisms available to group practices participating via 2016 PQRS GPRO.

Participating via GPRO and Physician Compare

[Physician Compare](#) is a CMS website that allows consumers to find and choose physicians and other health care professionals enrolled in Medicare. The Physician Compare public reporting plan was finalized in the 2012, 2013, 2014, 2015, and 2016 [MPFS Final Rules](#). Any measure finalized as “available for public reporting” in the PFS final rule may be included on Physician Compare. However, only those measures that are statistically comparable, valid, reliable, and meet the established public reporting criteria, including the minimum sample size of 20 patients, will be published on the site. All measures submitted, reviewed, and deemed valid and reliable will be publicly reported via a downloadable database on [data.medicare.gov](#). Only those measures that are deemed most useful and best understood by consumers will be included on Physician Compare profile pages.

In late 2017, the following group-level data will be available for public reporting:

1. All 2016 PQRS GPRO measures collected via any reporting mechanism for groups of 2 or more EPs
2. Twelve 2016 CAHPS for PQRS summary survey measures

For more information on public reporting, visit the [Physician Compare Initiative Public Reporting website](#).

Next Steps

Review measure specifications for each available reporting mechanism for the group size to determine which mechanism supports measures applicable to the group practice.

Step 01

Update PECOS information for NPIs billing under the TIN

Step 02

Register for 2016 PQRS GPRO from 4/1/2016- 6/30/2016

Step 03

Additional Website Resources

- PQRS page on the CMS website: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>
- To find answers to frequently asked questions (FAQs), visit the [CMS FAQ webpage](#).
- For information about GPRO, go to the How to Get Started page of the PQRS website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/How_To_Get_Started.html.
- PQRS GPRO Registration website: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html>
- Quick reference guides for obtaining PV-PQRS Registration System roles in IACS and for registering in the PV-PQRS Registration System : <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html>
- Value Modifier website: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>

Questions?

Contact the QualityNet Help Desk

QualityNet Help Desk

☎ 866-288-8912 (TTY 877-715-6222)
7:00 a.m. – 7:00 p.m. CT Mon-Fri

✉ qnetsupport@hcqis.org

Physician Compare Team

✉ PhysicianCompare@Westat.com

EHR Incentive Program Information Center

☎ 888-734-6433 (TTY 888-734-6563)

NOTE: 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.

Appendix – 2016 GPRO Reporting Mechanism Comparison

The chart below compares the different features between the reporting mechanisms available to group practices participating in 2016 PQRS GPRO.

Features to Consider	GPRO Web Interface	Qualified Registry	QCDR	DSV and EHR Direct Products	CMS-Certified Survey Vendor
Group Size	<ul style="list-style-type: none"> • 25 or more EPs 	<ul style="list-style-type: none"> • 2 or more EPs 	<ul style="list-style-type: none"> • 2 or more EPs 	<ul style="list-style-type: none"> • 2 or more EPs 	<ul style="list-style-type: none"> • 2 or more EPs • CAHPS for PQRS Survey is required for groups with 100+ EPs, regardless of reporting mechanism. • Group practices required or opting to participate in the administration of the CAHPS for PQRS Survey in 2016 will need to select an approved CMS-Certified Survey Vendor. See the “CMS-Certified Survey Vendor Made Simple” document available on the CMS-Certified Vendor webpage for complete information.
Reporting	<ul style="list-style-type: none"> • First quarter 2017 	<ul style="list-style-type: none"> • First quarter 2017 	<ul style="list-style-type: none"> • First quarter 2017 	<ul style="list-style-type: none"> • 1/1/2017 - 2/28/2017 	<ul style="list-style-type: none"> • November 2016 to February 2017 • See the Quality Assurance Guidelines page of the CAHPS for PQRS web site for a complete schedule.
Reporting Method	<ul style="list-style-type: none"> • Web-based via the Physician and Other Health Care Professionals Quality Reporting Portal (Portal) 	<ul style="list-style-type: none"> • Registry submits on behalf of the group practice 	<ul style="list-style-type: none"> • QCDR submits on behalf of the group practice 	<ul style="list-style-type: none"> • DSV submits on behalf of the group practice • EHR Direct is submitted via the Portal 	<ul style="list-style-type: none"> • Vendor submits CAHPS for PQRS Survey on behalf of the group practice

Features to Consider	GPRO Web Interface	Qualified Registry	QCDR	DSV and EHR Direct Products	CMS-Certified Survey Vendor
Measures	<ul style="list-style-type: none"> • 17 pre-selected GPRO quality measures. • All Web Interface measures need to be reported on regardless of specialty. See the “2016 GPRO Web Interface Made Simple” document available on the PQRS GPRO Web Interface webpage for additional Information. 	<ul style="list-style-type: none"> • At least 9 individual measures across at least 3 National Quality Strategy (NQS) domains on at least 50% of the group’s applicable Medicare Part B fee-for-service (FFS) patients for those measures. • One (1) cross-cutting measure if they have at least one (1) Medicare patient with a face-to-face encounter. 	<ul style="list-style-type: none"> • At least 9 individual measures across at least 3 NQS domains on at least 50% of the group’s applicable Medicare Part B FFS patients for those measures. • At least 2 outcome measures, or in lieu of 2 outcome measures, at least 1 outcome measure and 1 resource use, patient experience of care, efficiency/ appropriate use, or safety measure. 	<ul style="list-style-type: none"> • At least 9 measures across at least 3 NQS domains. 	<ul style="list-style-type: none"> • All (12) CAHPS for PQRS modules AND at least 6 measures across 2 NQS domains via qualified registry, DSV, EHR Direct, QCDR, or all measures within the GPRO Web Interface (for group practices of 25 or more EPs). • Satisfactorily reporting CAHPS for PQRS and at least 6 measures across 2 NQS domains via DSV, EHR Direct or QCDR will allow the participating NPIs to also satisfy the CQM component of Meaningful Use; however, the individual EPs will still be required to meet the other Meaningful Use objectives through attestation.
Patient Assignment	<ul style="list-style-type: none"> • CMS assigned 	<ul style="list-style-type: none"> • Selected by the registry/group practice 	<ul style="list-style-type: none"> • Selected by the QCDR/group practice 	<ul style="list-style-type: none"> • Selected by the CEHRT 	<ul style="list-style-type: none"> • Selected by the CMS-Certified Survey Vendor
Public Reporting	<ul style="list-style-type: none"> • All 2016 measures for group practices of 2 or more EPs 	<ul style="list-style-type: none"> • All 2016 measures for group practices of 2 or more EPs 	<ul style="list-style-type: none"> • All 2016 measures for group practices of 2 or more EPs 	<ul style="list-style-type: none"> • All 2016 measures for group practices of 2 or more EPs 	<ul style="list-style-type: none"> • Twelve 2016 CAHPS for PQRS summary survey measures for all group practice sizes
Educational Resources	<ul style="list-style-type: none"> • GPRO Web Interface page of the PQRS website 	<ul style="list-style-type: none"> • Registry Reporting page of the PQRS website 	<ul style="list-style-type: none"> • Qualified Clinical Data Registry Reporting page of the PQRS website 	<ul style="list-style-type: none"> • Electronic Reporting Using an Electronic Health Record (EHR) page of the PQRS website • EHR Incentive Program website • eCQM Library 	<ul style="list-style-type: none"> • CMS-Certified Survey Vendor page of the PQRS website • CAHPS® for PQRS Survey website

Features to Consider	GPRO Web Interface	Qualified Registry	QCDR	DSV and EHR Direct Products	CMS-Certified Survey Vendor
Notes	<ul style="list-style-type: none"> • Not recommended for newly formed group practices or group practices that do not provide primary care services. • Free online tool available via the Physician and Other Health Care Professionals Quality Reporting Portal (Portal) 	<ul style="list-style-type: none"> • Vendors will have a fee and may only support specific measures. 	<ul style="list-style-type: none"> • Vendors will have a fee and may only support specific measures. 	<ul style="list-style-type: none"> • Vendors will have a fee and may only support specific measures. • Some CEHRT may not support PQRS GPRO. 	<ul style="list-style-type: none"> • Vendors will have a fee. • CMS will not bear the cost for administering the CAHPS for PQRS Survey.