



# 2016 Physician Quality Reporting System (PQRS): Group Practice Reporting Option (GPRO)

## GPRO Web Interface Reporting Made Simple

May 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 EPs, identified on claims by their individual National Provider Identifier (NPI) and Tax Identification Number (TIN), or 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 PQRS group practices reporting PQRS. It **does not** provide guidance for other Medicare or Medicaid incentive programs, such as the [Electronic Health Record \(EHR\) Incentive Program](#), [Accountable Care Organizations \(ACOs\)](#), or the [Value-Based Payment Modifier \(Value Modifier\)](#).*

### Purpose

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This document applies to PQRS group practices that have registered to participate in 2016 PQRS via the GPRO Web Interface reporting mechanism. Information regarding PQRS group practices reporting via Certified Electronic Health Record Technology (CEHRT), qualified clinical data registry (QCDR), or qualified registry can be found on their respective webpages.

Please see the PQRS GPRO Web Interface Process flow in Appendix H of the “2016 PQRS Implementation Guide”, found in the [PQRS How to Get Started webpage](#).

**Note:** *If taking part in PQRS through another CMS program (such as the Medicare Shared Savings Program ACOs, Pioneer ACOs or Comprehensive Primary Care initiative), please check the program’s requirements for information on how to report quality data to avoid the PQRS payment adjustment. Although CMS has attempted to align or adopt similar reporting requirements across programs, individual EPs and group practices should look to the*

*respective quality program to ensure they satisfy the PQRS, EHR Incentive Program, Value Modifier, etc. requirements for each of these programs.*

## **2016 Participation via the GPRO Web Interface**

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The GPRO Web Interface is a secure internet-based application (requires Enterprise Identity Management system [EIDM] login) made available by CMS in the Physician and Other Health Care Professionals Quality Reporting Portal (Portal) to pre-registered users. PQRS group practices must elect GPRO Web Interface when registering to participate as a PQRS group practice. PQRS group practices that register to report via GPRO Web Interface must satisfactorily report quality data, or satisfactorily complete the GPRO Web Interface, for the 2016 reporting period to avoid the PQRS negative payment adjustment in 2018.

**Note:** Those PQRS group practices electing to report via the GPRO Web Interface should refer to the “2016 GPRO Web Interface Narrative Measure Specifications” and other supporting documentation, available on the [PQRS GPRO Web Interface webpage](#), to ensure that the group practice will be able to report on the measures. Given the GPRO Web Interface beneficiary 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 the number of beneficiaries assigned to them will be insufficient. CMS advises those group practices to participate in PQRS via another reporting mechanism.

CMS will partially pre-populate the GPRO Web Interface with 2016 claims data from Medicare Part A and B beneficiaries; this sample is based on the claims history for the group practice, and contains demographic and utilization information for those assigned beneficiaries. PQRS group practices are then responsible for populating the remaining data fields and submitting the data during the submission period in the first quarter of 2017.

Data can either be manually entered or uploaded into the GPRO Web Interface via an Extensible Markup Language (XML) file, which can be populated by CEHRT. CMS will calculate the reporting and performance rates.

Individual EPs within a PQRS group practice that satisfactorily complete the GPRO Web Interface will also receive credit for the clinical quality measure (CQM) component of the EHR Incentive Program. EHR Incentive Program EPs will still be required to report the other meaningful use objectives through the [Medicare and Medicaid EHR Incentive Programs Registration and Attestation System](#).

## **2016 Registration for PQRS GPRO Web Interface**

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PQRS group practices choosing to participate in PQRS via the GPRO Web Interface must register by **June 30, 2016**. Registration must be completed online through the Physician Value Modifier (PV) - PQRS Registration System. For additional information on GPRO Web Interface 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 Report for PQRS

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### Determine Group Size

A group practice must have 25 or more EPs in order to participate via the PQRS GPRO Web Interface. 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 mechanisms may vary based on the group size. A group practice must have 25 or more EPs in order to participate via the PQRS GPRO Web Interface.

To *avoid the 2018 PQRS negative payment adjustment*, PQRS group practices participating via the PQRS GPRO Web Interface must meet the 2016 PQRS reporting requirements as outlined in Table 1 below.

**Table 1: 2016 PQRS GPRO Web Interface Reporting Requirements**

Reporting Period	Group Size	Satisfactory Reporting to Avoid the 2018 PQRS Payment Adjustment
12-month (Jan. 1 — Dec. 31)	25-99 EPs	<p>Report on all measures included in the GPRO Web Interface; <b>AND</b></p> <p>Populate data fields for the first 248 consecutively ranked and assigned beneficiaries in the order in which they appear in the group’s sample for each module or patient care measure.</p> <ul style="list-style-type: none"> <li>• If the pool of eligible assigned beneficiaries is less than 248, then report on 100 percent of assigned beneficiaries.</li> </ul> <p>In addition, the PQRS group practice participating via GPRO Web Interface may also choose to participate in Consumer Assessment of Healthcare Providers and Systems (CAHPS) for PQRS survey measures. If that election is made during registration, the group practice must also report all CAHPS for PQRS summary survey measures via a CMS-certified survey vendor. CMS will <b>not</b> bear the cost of administering the CAHPS for PQRS survey measures.</p>

Reporting Period	Group Size	Satisfactory Reporting to Avoid the 2018 PQRS Payment Adjustment
12-month (Jan. 1 — Dec. 31)	100+ EPs	<p>Report on all measures included in the GPRO Web Interface; <b>AND</b></p> <p>Populate data fields for the first 248 consecutively ranked and assigned beneficiaries in the order in which they appear in the group’s sample for each module or patient care measure.</p> <ul style="list-style-type: none"> <li>• If the pool of eligible assigned beneficiaries is less than 248, then report on 100 percent of assigned beneficiaries.</li> </ul> <p>In addition, the PQRS group practice reporting via GPRO Web Interface <b>must</b> also report all CAHPS for PQRS summary survey measures via a CMS-certified survey vendor. CMS will <b>not</b> bear the cost of administering.</p>

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

## How to Report Once for PQRS and Other Medicare Quality Reporting Programs

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PQRS group practices that satisfactorily report through the GPRO Web Interface will also satisfy the Clinical Quality Measure (CQM) component of the Medicare EHR Incentive Program as long as their EHR product is 2014 Edition CEHRT. EHR Incentive Program EPs will still be required to report the other meaningful use objectives through the Medicare EHR Incentive Programs Registration and Attestation System.

### 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 the other 2016 PQRS GPRO reporting mechanisms, see the “2016 PQRS Measures List” on the [PQRS How to Get Started webpage](#) or the new [PQRS Web-Based Measure Search Tool](#).
- Medicare Shared Saving Program ACO information can be found on the [Shared Savings webpage](#) of the CMS website.
- More information on Pioneer ACOs can be found on the [Pioneer ACO webpage](#) on the CMS website.
- For more information on obtaining an EIDM account, including links to the [Quick Reference Guides](#), please refer to the [Physician and Other Health Care Professionals Quality Reporting Portal](#).
- Register for weekly [MLN Connects Provider eNews](#) announcements.

## Questions?

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For assistance please 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 email 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.