

2016 Physician Quality Reporting System (PQRS) Reporting Updates



***American Psychiatric
Association (APA)***

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Agenda

- PQRS Program Overview
- 2016 Individual Reporting Updates
- 2016 Group Practice Reporting Options (GPRO) Updates
- 2016 Payment Adjustments
- Physician Compare
- Acronyms, Resources, & Where to Call for Help
- Questions and Answers Session

2016 PQRS Updates

PQRS REPORTING OVERVIEW

What is PQRS?

- The 2016 PQRS is a reporting program that promotes reporting of quality information by eligible professionals (EPs).
- Individual EPs and group practices that do not participate or satisfactorily report in PQRS will be subject to a payment adjustment.

PQRS Program Year	PQRS Payment Adjustment Period	Negative Adjustment Rate
2014	2016	-2.0%*
2015	2017	-2.0%*
2016	2018	-2.0%*

**Applies to all of the EP's or group practice's Medicare Part B PFS covered professional services under MPFS during the payment adjustment period*

Who Can Participate?

- A list of eligible medical care professionals is available on the How to Get Started page of the CMS PQRS website, [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/How To Get Started.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/How_To_Get_Started.html).

Medicare physicians

- Doctor of Medicine
- Doctor of Osteopathy
- Doctor of Podiatric Medicine
- Doctor of Optometry
- Doctor of Oral Surgery
- Doctor of Dental Medicine
- Doctor of Chiropractic

Practitioners

- Physician Assistant
- Nurse Practitioner*
- Clinical Nurse Specialist*
- Certified Registered Nurse Anesthetist* (and Anesthesiologist Assistant)
- Certified Nurse Midwife*
- Clinical Social Worker
- Clinical Psychologist
- Registered Dietician
- Nutrition Professional
- Audiologists

Therapists

- Physical Therapist
- Occupational Therapist
- Qualified Speech-Language Therapist

* Includes Advanced Practice Registered Nurse (APRN)

Why PQRS?

- EPs are provided the opportunity to assess the quality of care provided to patients, helping ensure patients get the right care at the right time.
- EPs are able to quantify how often particular care metrics are met.
- EPs receive feedback reports comparing their performance on a given measure with other participating EPs.

How to Participate in PQRS?

- EPs can participate:
 - as individuals analyzed at the rendering/individual NPI level;
 - OR**
 - as a group under the group practice reporting option (GPRO), analyzed at the TIN level
- EPs may also participate in PQRS under other programs, such as the Medicare Shared Savings Program, Pioneer Accountable Care Organization (ACO) Model, or Comprehensive Primary Care (CPC) initiative.

PQRS Measure Selection

The following factors should be considered when deciding which measures to select for PQRS reporting:

- Clinical condition usually treated
 - Review diagnosis coding in the measure's denominator, if applicable
- Settings where care is usually delivered (e.g., office, emergency department [ED], surgical suite)
 - Review CPT coding in the measure's denominator
- Quality action (Numerator) intended to be captured by the measure
 - Clinical care typically provided to patients (e.g. preventive, chronic, acute) harmonize with the eligible professionals (EPs) clinical practice and the numerator of the measure

Selecting Measures

- EP/group practice should consider
 - Clinical conditions commonly treated
 - Types of care provided – e.g., preventive, chronic, acute
 - Settings where care is often delivered – e.g., office, clinical
 - Flow and processes – e.g., group or individual
 - Appropriate reporting mechanism
 - Domain associated with each measure
 - Quality improvement goals for 2016
 - Other quality reporting programs in use or considered
- See 2016 measures specifications documents on CMS PQRS website – for respective reporting method chosen, at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>
- PQRS measure set and resulting measure specifications change from year to year

2016 PQRS Measures Resources

- **2016 PQRS Implementation Guide** – will be posted to CMS website soon.
 - Provides guidance about how to select measures for reporting, how to read and understand a measure specification, and outlines the various reporting methods available for 2016 PQRS.
 - The Implementation Guide also details how to implement claims-based reporting of measures to facilitate satisfactory reporting of quality-data codes by eligible professionals.
- **2016 PQRS Measures List**
 - Identifies and describes the measures used in PQRS, including all available reporting methods/options, corresponding PQRS number and NQF number, NQS domains, plus measure developers and their contact information.

Finalized Quality Measures Updates

- **New Measures**

- 4 additional cross cutting measures (being added to the existing cross-cutting measures)
- 37 for individual reporting
- NQS domains covered

2016 Finalized New Measures by Domain	
Domain	Total
Effective Clinical Care	18
Patient Safety	9
Efficiency and Cost Reduction	4
Community/ Population Health	1
Communication and Care Coordination	3
Person and Caregiver-Centered Experience and Outcomes	2

- **Measures for Removal**

- 10 total removals from PQRS
- 9 measures being removed from claims and/or registry

- **Changes to Existing Measures**

- 18 measures have a reporting mechanism update
- "Check the Spec!"

PQRS

2016 INDIVIDUAL REPORTING UPDATES

Individual Reporting

- Available reporting methods for 2016 program year:
 - Claims
 - Registry
 - EHR (Direct or Data Submission Vendor)
 - QCDR

Individual Reporting: Claims

- If an EP sees one Medicare patient in a face-to-face encounter, they must report on at least 1 cross-cutting measure (included in the 9 measures)
- Measures with 0% performance rate will not count*

9 measures covering at least 3 National Quality Strategy (NQS) domains **OR** if <9 measures or <3 domains apply, report on each applicable measure

AND report each measure for at least 50% of the Medicare Part B Fee-for-Service (FFS) patients for which the measure applies

Individual Reporting: Registry and Measures Groups via Registry

9 measures covering at least 3 NQS domains **OR** if <9 measures or <3 domains apply, report on each applicable measure

AND report each measure for at least 50% of the Medicare Part B FFS patients for which the measure applies

1 measures group for 20 applicable patients of each EP

- A majority of patients (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

Individual Reporting: EHR (Direct or DSV)

- Certified EHR Technology (CEHRT) Requirement for Electronic Clinical Quality Measures (CQM) reporting
 - Providers must use technology that is CEHRT
 - Providers must create an electronic file using CEHRT that can be accepted by CMS for reporting

9 measures covering at least 3 of the NQS domains. **If** an EP's EHR does not contain patient data for at least 9 measures covering at least 3 domains, then the EP must report on all the measures for which there is Medicare patient data.

Report on at least 1 measure for which there is Medicare patient data.

Individual Reporting: QCDR

9 measures (PQRS measures and/or non-PQRS measures) available for reporting under a QCDR covering at least 3 NQS domains

AND each measure for at least 50% of the EP's patients

- Of these measures, EP would report on at least 2 outcome measures

OR

- If 2 outcome measures are not available, report on at least 1 outcome measure and at least 1 resource use, patient experience of care, efficiency/appropriate use, or patient safety measure

Measure-Applicability Validation (MAV)

- MAV, used with both claims and registry-based PQRS reporting, is a process used to review and validate an individual EP's or group practice's inability to report or submit at least nine measures covering at least three NQS domains.
- CMS will analyze data to validate, using the clinical relation/domain test and the minimum threshold test to confirm that additional measures and/or NQS domains were not applicable to the individual EP's or group practice's scope of practice.
- If it is determined that at least one cross-cutting measure was not reported, the individual EPs or group practices with face-to-face encounters will be automatically subject to the 2018 PQRS payment adjustment and MAV will not be utilized for that individual EP or group practice.
 - CMS will analyze claims data to determine if at least 15 cross-cutting measure denominator eligible encounters can be associated with the individual EP.
 - For those individual EPs or group practices with no face-to-face encounters, MAV will be utilized for those that report less than nine measures and/or less than three NQS domains.

If additional measures or NQS domains are found to be applicable through MAV, the individual EP or group practice would be subject to the 2018 PQRS payment adjustment.

MAV

MAV also applies when:

For measures reported, there must be *at least one* patient or procedure reported in the numerator that is counted as meeting performance.

- For measures that move toward 100 percent (100%), to indicate higher quality outcome, the performance rate must be greater than zero percent (0%).
- For inverse measures where higher quality moves the rate toward zero percent (0%), the performance rate must be less than 100%.

MAV and Cross-Cutting Measures

- At least 1 cross-cutting measure must be satisfactorily reported for those individual EPs or group practices with face-to-face encounters.
 - CMS will analyze claims data to determine if at least 15 cross-cutting measure denominator eligible patients or encounters can be associated with the individual EP or group practice.
 - If it is determined that at least 1 cross-cutting measure was **not** reported, the individual EP or group practice with face-to-face encounters will be automatically subject to the 2017 PQRS payment adjustment and MAV will not be utilized for that individual EP or group practice.
 - For those individual EP or group practices with no face-to-face encounters, MAV will be utilized for those that report less than 9 measures and/or less than 3 domains.

2016 PQRS Updates

2016 GPRO REPORTING UPDATES

Group Practice Reporting Option (GPRO)

- Available reporting mechanisms for 2016 program year:
 - Web Interface (WI)
 - Registry
 - EHR (Direct or DSV)
 - QCDR
 - CAHPS for PQRS
 - CAHPS is **optional** for groups of 25-99 EPs
 - CAHPS is **required** for groups of 100+ EPs
- Groups must register to report via the GPRO

GPRO Reporting: Web Interface (WI)

PQRS Group Practices not reporting CAHPS for PQRS:

- Report on all measures included in the WI for the first 248 consecutively ranked and assigned beneficiaries or 100% of assigned beneficiaries if fewer than 248 are assigned to the group
- Must report on at least 1 measure for which there is Medicare patient data**

PQRS Group Practices reporting CAHPS for PQRS*:

- Report ALL CAHPS for PQRS survey measures via a certified survey vendor **AND**
- Report on all measures included in the WI for the first 248 consecutively ranked and assigned beneficiaries or 100% of assigned beneficiaries if fewer than 248 are assigned to the group
- Must report on at least 1 measure for which there is Medicare patient data**

*CAHPS is required for groups of 100+ EPs

**If a group practice has no Medicare patients for which any of the GPRO WI measures are applicable, the group practice will not meet the criteria for satisfactory reporting using the GPRO WI

GPRO Reporting: Registry

PQRS Group Practices not reporting CAHPS for PQRS:

- Report at least 9 measures, covering at least 3 of the NQS domains
 - Of these measures, if a group practice has an EP that sees at least 1 Medicare patient in a face-to-face encounter, the group practice must report at least 1 measure in the PQRS cross-cutting measures set
 - If < 9 measures covering 1-3 NQS domains apply, group practices must report on each applicable measure, AND report each measure for at least 50% of the PQRS group practice's Medicare Part B FFS patients seen during the reporting period
 - Subject to Measure-Applicability Validation (MAV)
- Measures with 0% performance rate will not be counted

PQRS Group Practices reporting CAHPS for PQRS:

- Report ALL CAHPS for PQRS survey measures via a certified survey vendor, AND
- Report ≥ 6 additional measures, outside of the CAHPS for PQRS survey, covering ≥ 2 NQS domains using the qualified registry
 - If < 6 measures covering < 2 NQS domains apply, report each applicable measure
 - CAHPS for PQRS fulfills the cross-cutting measure requirement; PQRS group practices do not need to report an additional cross-cutting measure

*CAHPS is required for groups of 100+ EPs

GPRO Reporting: EHR (Direct or DSV)

PQRS Group Practices not reporting CAHPS for PQRS:

- Report on 9 measures covering ≥ 3 NQS domains,
 - If the direct EHR product or DSV does not contain patient data for ≥ 9 measures covering ≥ 3 NQS domains then report measures for which there is patient data
 - Must report on at least 1 measure for which there is Medicare patient data

PQRS Group Practices reporting CAHPS for PQRS:

- Report ALL CAHPS for PQRS survey measures via a certified survey vendor, **AND**
- Report at least 6 additional measures (outside CAHPS for PQRS), covering ≥ 2 NQS domains using an EHR. If < 6 measures apply, report all applicable measures
 - Of the non-CAHPS PQRS measures reported, a group must report on at least 1 measure for which there is Medicare patient data

*CAHPS is required for groups of 100+ EPs

GPRO Reporting: QCDR

New for 2016:

- 2+ EPs participating in the GPRO have an option to report quality measures via a QCDR.
- For group practices of 2-99 EPs, same criterion as individual EPs to satisfactorily participate in a QCDR for the 2018 PQRS payment adjustment.
- Reporting period: January 1 - December 31, 2016 for group practices participating in the GPRO, to satisfactorily participate in a QCDR to avoid the 2018 payment adjustment. This would be for the CY 2016 reporting period.

GPRO Reporting: QCDR

PQRS Group Practices not reporting CAHPS for PQRS via a QCDR:

- Report on 9 measures covering ≥ 3 NQS domains
 - Of these measures, must report 2 outcome measures
 - If < 2 outcome measures apply, then must report at least 1 outcome measure and 1 of the following other measure types:
 - 1 resource use, OR patient experience of care, OR efficiency appropriate use, OR patient safety measure.

PQRS Group Practices reporting CAHPS for PQRS via a QCDR:

- Report ALL CAHPS for PQRS survey measures via a certified survey vendor
- Must report at least 6 additional measures, outside of CAHPS for PQRS, covering at least 2 NQS domains
 - At least 1 of these measures must be an outcome measure

*CAHPS is required for groups of 100+ EPs

PQRS

2016 PAYMENT ADJUSTMENT

CY 2018 Payment Adjustments

- 2018 PQRS payment adjustment based on 2016 reporting
- -2.0% percent of Medicare Part B claims

2018 Payment Adjustments

Program	Applicable to	Adjustment Amount	Based on PY
PQRS	All EPs	-2.0% of Medicare Physician Fee Schedule (MPFS)	2016
Medicare EHR Incentive Program	Medicare physicians (if not a meaningful user)	-3.0% of MPFS	2016
Value-based Payment Modifier	All physicians in groups with 2+ EPs and physicians who are solo practitioners	<p>Mandatory Quality-Tiering for PQRS reporters:</p> <ul style="list-style-type: none"> Groups with 2-9 EPs and solo practitioners: Upward or neutral, or downward VM adjustment only based on quality-tiering (-2.0% to +2.0x of MPFS) Groups with 10+ EPs: Upward, neutral, or downward VM adjustment based on quality-tiering (-4.0% to +4.0x of MPFS) <p>Groups and solo practitioners receiving an upward adjustment are eligible for an additional +1.0x if their average beneficiary risk score is in the top 25% of all beneficiary risk scores nationwide.</p> <p>Non-PQRS reporters:</p> <ul style="list-style-type: none"> Groups with 2-9 EPs and solo practitioners: automatic -2.0% of MPFS downward adjustment Groups with 10+ EPs: Automatic -4.0% of MPFS downward adjustment 	2016

2016 PQRS Updates

PHYSICIAN COMPARE

2016 Public Reporting Updates

- **The following 2016 measures are available for public reporting:**
 - All PQRS measures for individual EPs and group practices
 - All CAHPS for PQRS measures for groups of 2 or more EPs who meet the specified sample size requirements and collect data via a CMS-specified certified CAHPS vendor
- All data must meet the public reporting standards – measures must be statistically accurate, valid, reliable, and comparable and must resonate with consumers.
- CMS can publicly report all measures submitted, reviewed, and deemed valid and reliable in the Physician Compare downloadable file.
- As required by MACRA, we are **finalizing** the following proposals:
 - All individual and group-level QCDR measures are available for public reporting
 - Adding utilization data to the public downloadable database

2016 Updates

ACRONYMS, RESOURCES, AND WHERE TO GO FOR HELP

Acronyms in this Presentation

ACO: Accountable Care Organization
APM: Alternative Payment Model
CAHPS: Consumer Assessment of Healthcare Providers & Systems
CEHRT: Certified EHR Technology
CMS: Centers for Medicaid & Medicare Services
CY: Calendar Year
DSV: Data Submission Vendor
eCQM: Electronic Clinical Quality Measure
EIDM: Enterprise Identity Management
EHR: Electronic Health Record
EP: Eligible Professional
FFS: Fee-for-Service
GPRO: Group Practice Reporting Option
IACS: Individuals Authorized Access to the CMS Computer Services
MACRA: Medicare Access and CHIP Reauthorization Act of 2015
MIPS: Merit-based Incentive Payment System
MLN: Medicare Learning Network
MPFS: Medicare Physician Fee Schedule
NPI: National Provider Identifier
PQRS: Physician Quality Reporting System
PY: Program Year
QCDR: Qualified Clinical Data Registry
QRDA: Quality Reporting Data Architecture
TIN: Taxpayer Identification Number
Value-Modifier: Value-based Payment Modifier
WI: Web Interface
XML: Extensible Markup Language

Resources

- **2016 MPFS Final Rule**
<https://www.federalregister.gov/articles/2015/11/16/2015-28005/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other-revisions>
- **PQRS Website**
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS>
- **PQRS Payment Adjustment Information**
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Payment-Adjustment-Information.html>
- **PFS Federal Regulation Notices**
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices.html>
- **Medicare Electronic Health Record (EHR) Incentive Program**
<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>
- **Physician Compare**
<http://www.medicare.gov/physiciancompare/search.html>
- **Frequently Asked Questions (FAQs)**
<https://questions.cms.gov/>
- **MLN Connects™ Provider eNews**
<http://cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Index.html>
- **PQRS Listserv**
https://public-dc2.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_520

Resources (cont.)

- **Claims-based MAV**

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2016_PQRS_MAV_ProcessforClaimsBasedReporting_111715.pdf

- **Registry-based MAV**

http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2016_PQRS_MAV_ProcessforRegistryBasedReporting_121815.pdf

- **2016 PQRS Measures List**

http://www.cms.gov/apps/ama/license.asp?file=/PQRS/Downloads/PQRS-2016-Measure-List_01042016.xlsx

- **PQRS Web-Based Measure Search Tool for 2016 PQRS Individual Claims and Registry Measure Specification**

<https://pqrs.cms.gov/#/home>

Where to Call for Help

- **QualityNet Help Desk:**
866-288-8912 (TTY 877-715-6222)
7:00 a.m.–7:00 p.m. CST M-F or gnetsupport@hcqis.org
You will be asked to provide basic information such as name, practice, address, phone, and e-mail
- **EHR Incentive Program Information Center:**
888-734-6433 (TTY 888-734-6563)
- **Physician Compare Help Desk:**
E-mail: PhysicianCompare@Westat.com

Time for

QUESTION & ANSWER SESSION

APPENDICES

Appendix A: 2016 Mental Health Measures

NQF #	PQRS #	NQS Domain	Measure Title	Reporting Method
0105	12	Effective Clinical Care	Anti-Depressant Medication Management	Electronic Health Record (EHR)
97	46	Communication and Care Coordination	Medication Reconciliation	Claims and Registry
104	107	Effective Clinical Care	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	EHR
421	128	Community/Population Health	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Claims, Registry, EHR, Group Practice Reporting Option Web Interface (GPRO WI), and Measure Groups
419	130	Patient Safety	Documentation of Current Medications in the Medical Record	Claims, Registry, EHR, GPRO WI, and Measure Groups
420	131	Community/Population Health	Pain Assessment and Follow-Up	Claims, Registry, and Measure Groups

Appendix A: 2016 Mental Health Measures (cont.)

NQF #	PQRS #	NQS Domain	Measure Title	Reporting Method
418	134	Community/Population Health	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Claims, Registry, EHR, GPRO WI, and Measure Groups
N/A	181	Patient Safety	Elder Maltreatment Screen and Follow-Up Plan	Claims and Registry
28	226	Community/Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Claims, Registry, EHR, GPRO WI, and Measure Groups
N/A	317	Community/Population Health	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Claims, Registry, EHR, GPRO WI, and Measure Groups
N/A	325	Communication and Care Coordination	Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions	Registry
108	366	Effective Clinical Care	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	EHR

Appendix A: 2016 Mental Health Measures (cont.)

NQF #	PQRS #	NQS Domain	Measure Title	Reporting Method
N/A	367	Effective Clinical Care	Bipolar Disorder and Major Depression: Appraisal for Alcohol or Chemical Substance Use	EHR
710	370	Effective Clinical Care	Depression Remission at Twelve Months	Registry, EHR, and GPRO WI
712	371	Effective Clinical Care	Depression Utilization of the PHQ-9 Tool	EHR
1365	382	Patient Safety	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	EHR
1879	383	Patient Safety	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Registry
N/A	402	Community/Population Health	Tobacco Use and Help with Quitting Among Adolescents	Registry and Measure Groups
711	411	Communication and Care Coordination	Depression Remission at Six Months	Registry

Appendix A: 2016 Mental Health Preferred Specialty Measure Set (cont.)

NQF #	PQRS #	NQS Domain	Measure Title	Reporting Method
418	134	Community/Population Health	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Claims, Registry, EHR, GPRO WI, and Measure Groups
N/A	181	Patient Safety	Elder Maltreatment Screen and Follow-Up Plan	Claims and Registry
28	226	Community/Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Claims, Registry, EHR, GPRO WI, and Measure Groups
N/A	325	Communication and Care Coordination	Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions	Registry
1879	383	Patient Safety	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Registry
576	391	Communication and Care Coordination	Follow-Up After Hospitalization for Mental Illness (FUH)	Registry
N/A	402	Community/Population Health	Tobacco Use and Help with Quitting Among Adolescents	Registry and Measure Groups

Appendix B: Summary of Finalized Requirements for the 2018 PQRS Payment Adjustment: Individual Reporting Criteria for the Satisfactory Reporting of Quality Measures Data via Claims, Qualified Registry, and EHRs and Satisfactory Participation Criterion in QCDRs

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting/Satisfactory Participation Criteria
12-month (Jan 1– Dec 31, 2016)	Individual Measures	Claims	Report at least 9 measures, covering at least 3 of the NQS domains AND report each measure for at least 50% of the EP's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Of the measures reported, if the EP sees at least 1 Medicare patient in a face-to-face encounter, the EP will report on at least 1 measure contained in the PQRS cross-cutting measure set. If less than 9 measures apply to the EP, the EP would report on each measure that is applicable , AND report each measure for at least 50% of the Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0% performance rate would not be counted.
12-month (Jan 1– Dec 31, 2016)	Individual Measures	Qualified Registry	Report at least 9 measures, covering at least 3 of the NQS domains AND report each measure for at least 50% of the EP's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Of the measures reported, if the EP sees at least 1 Medicare patient in a face-to-face encounter, the EP will report on at least 1 measure contained in the PQRS cross-cutting measure set. If less than 9 measures apply to the EP, the EP would report on each measure that is applicable, AND report each measure for at least 50% of the Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0% performance rate would not be counted.

Appendix B: Summary of Finalized Requirements for the 2018 PQRS Payment Adjustment: Individual Reporting Criteria for the Satisfactory Reporting of Quality Measures Data via Claims, Qualified Registry, and EHRs and Satisfactory Participation Criterion in QCDRs (cont.)

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting/Satisfactory Participation Criteria
12-month (Jan 1– Dec 31, 2016)	Individual Measures	Direct EHR Product or EHR Data Submission Vendor Product	Report 9 measures covering at least 3 of the NQS domains. If an EP's direct EHR product or EHR data submission vendor product does not contain patient data for at least 9 measures covering at least 3 domains, then the EP would be required to report all of the measures for which there is Medicare patient data. An EP would be required to report on at least 1 measure for which there is Medicare patient data.
12-month (Jan 1– Dec 31, 2016)	Measures Groups	Qualified Registry	Report at least 1 measures group AND report each measures group for at least 20 patients, the majority (11 patients) of which are required to be Medicare Part B FFS patients. Measures groups containing a measure with a 0% performance rate will not be counted.
12-month (Jan 1– Dec 31, 2016)	Individual PQRS measures and/or non-PQRS measures reportable via a QCDR	Qualified Clinical Data Registry (QCDR)	Report at least 9 measures available for reporting under a QCDR covering at least 3 of the NQS domains, AND report each measure for at least 50% of the EP's patients. Of these measures, the EP would report on at least 2 outcome measures, OR, if 2 outcomes measures are not available, report on at least 1 outcome measures and at least 1 of the following types of measures – resource use, patient experience of care, efficiency/appropriate use, or patient safety.

Appendix C: Summary of Finalized Requirements for the 2018 PQRS Payment Adjustment: Group Practice Reporting Criteria for Satisfactory Reporting of Quality Measures Data via the GPRO

Reporting Period	Size	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria
12-month (Jan 1–Dec 31, 2016)	25-99 EPs	Individual GPRO Measures in the GPRO Web Interface	GPRO Web Interface	Report on all measures included in the web interface; AND 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 preventive care measure. If the pool of eligible assigned beneficiaries is less than 248, then the group practice must report on 100 % of assigned beneficiaries. In other words, we understand that, in some instances, the sampling methodology we provide will not be able to assign at least 248 patients on which a group practice may report, particularly those group practices on the smaller end of the range of 25–99 EPs. If the group practice is assigned less than 248 Medicare beneficiaries, then the group practice must report on 100% of its assigned beneficiaries. A group practice must report on at least 1 measure for which there is Medicare patient data.
12-month (Jan 1–Dec 31, 2016)	100+ EPs (if CAHPS for PQRS applies)	Individual GPRO Measures in the GPRO Web Interface + CAHPS for PQRS	GPRO Web Interface + CMS-Certified Survey Vendor	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 report on all measures included in the GPRO web interface; AND 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 preventive care measure. If the pool of eligible assigned beneficiaries is less than 248, then the group practice must report on 100% of assigned beneficiaries. A group practice will be required to report on at least 1 measure for which there is Medicare patient data. Please note that if the CAHPS for PQRS survey is applicable to a group practice who reports quality measures via the Web Interface, the group practice must administer the CAHPS for PQRS survey in addition to reporting the Web Interface measures.
12-month (Jan 1–Dec 31, 2016)	2-99 EPs	Individual Measures	Qualified Registry	Report at least 9 measures, covering at least 3 of the 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 measure in the PQRS cross-cutting measure set. If less than 9 measures covering at least 3 NQS domains apply to the group practice, the group practice would report on each measure that is applicable to the group practice, AND report each measure for at least 50 percent of the group's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted.

Appendix C: Summary of Finalized Requirements for the 2018 PQRS Payment Adjustment: Group Practice Reporting Criteria for Satisfactory Reporting of Quality Measures Data via the GPRO (cont.)

Reporting Period	Group Practice Size	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria
12-month (Jan 1–Dec 31, 2016)	2—99 EPs that elect CAHPS for PQRS; 100+ EPs that must report CAHPS for PQRS	Individual Measures + CAHPS for PQRS	Qualified Registry + CMS-Certified Survey Vendor	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 the CAHPS for PQRS survey, covering at least 2 of the NQS domains using the qualified registry. If less than 6 measures apply to the group practice, the group practice must report on each measure that is applicable to the group practice. 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 PQRS cross-cutting measure set.
12-month (Jan 1–Dec 31, 2016)	2—99 EPs	Individual Measures	Direct EHR Product or EHR Data Submission Vendor Product	Report 9 measures covering at least 3 domains. If the group practice's direct EHR product or EHR data submission vendor product 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.
12-month (Jan 1–Dec 31, 2016)	2—99 EPs that elect CAHPS for PQRS; 100+ EPs that must report CAHPS for PQRS	Individual Measures + CAHPS for PQRS	Direct EHR Product or EHR Data Submission Vendor Product + CMS-Certified Survey Vendor	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 NQS domains using the direct EHR product or EHR data submission vendor product. If less than 6 measures apply to the group practice, the group practice must report all of the measures for which there is Medicare patient data. 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.

Appendix C: Summary of Finalized Requirements for the 2018 PQRS Payment Adjustment: Group Practice Reporting Criteria for Satisfactory Reporting of Quality Measures Data via the GPRO (cont.)

Reporting Period	Group Practice Size	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria
12-month (Jan 1–Dec 31, 2016)	2-99 EPs	Individual PQRS measures and/or non-PQRS measures reportable via a QCDR	Qualified Clinical Data Registry (QCDR)	Report at least 9 measures available for reporting under a QCDR covering at least 3 of the NQS domains, AND report each measure for at least 50% of the group practice's patients. Of these measures, the group practice would report on at least 2 outcome measures, OR, if 2 outcome measures are not available, report on at least 1 outcome measures and at least 1 of the following types of measures – resource use, patient experience of care, efficiency/appropriate use, or patient safety.
12-month (Jan 1–Dec 31, 2016)	2—99 EPs that elect CAHPS for PQRS; 100+ EPs that must report CAHPS for PQRS	Individual PQRS measures and/or non-PQRS measures reportable via a QCDR + CAHPS for PQRS	QCDR + CMS-Certified Survey Vendor	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 covering at least 2 NQS domains using the QCDR. Of the additional measures that must be reported in conjunction with reporting the CAHPS for PQRS survey measures, at least 1 measure must be an outcome measure.