



# 2015 Physician Quality Reporting System (PQRS): Reporting Using a Direct Electronic Health Record (EHR) Product or Data Submission Vendor Guide for Group Practices Using PQRS Group Practice Reporting Option (GPRO) March 2015; Revised July 2015

## 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 eligible professionals (EPs). The program applies a negative 2% 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). Beginning in 2015, the program will apply a negative payment adjustment to EPs and PQRS group practices who did not satisfactorily report data on quality measures for covered professional services in 2013. Those who report satisfactorily for the 2015 program year will avoid the 2017 PQRS negative payment adjustment.

## Purpose

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The purpose of this document is to assist 2015 PQRS group practices in understanding how to report electronically using a direct Electronic Health Record (EHR) product or EHR Data Submission Vendor that meets the definition of certified EHR technology (CEHRT). For more information on CEHRT, please visit the [EHR Incentive Program Certified EHR Technology website](#).

**Disclaimer:** *If a group is reporting for PQRS through another Centers for Medicare & Medicaid Services (CMS) program (such as the Comprehensive Primary Care Initiative, Medicare Shared Savings Program, or Pioneer Accountable Care Organizations), please check the program's requirements for information on how to report quality data 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 requirements for each program (such as PQRS, Medicare EHR Incentive Program, Value-based Payment Modifier (VM), etc.) in which they participate.*

## Reporting as a Group Practice

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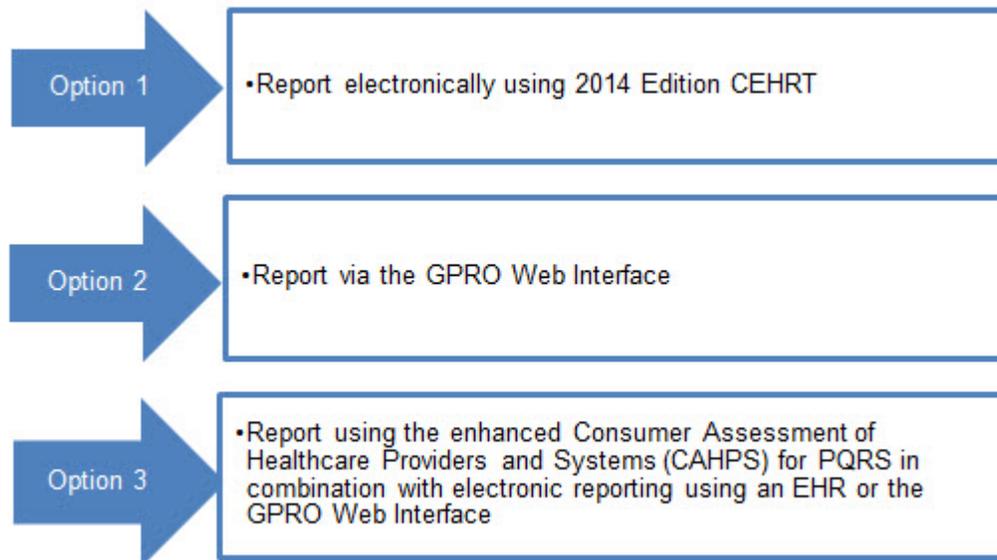
### What Is a PQRS Group Practice?

A "group practice" under 2015 PQRS is defined as a single TIN with two or more EPs, as identified by individual NPI, who have reassigned their billing rights to the TIN. Refer to the complete *List of Eligible Medicare Professionals* on the [PQRS How to Get Started](#) webpage for information regarding who is considered an EP for purposes of PQRS.

Group practices may register to participate in PQRS via the group practice reporting option (GPRO) and will be analyzed as a group, or at the TIN level, for purposes of avoiding the 2017 PQRS payment adjustment.

## Reporting for Multiple Medicare Quality Reporting Programs

Group practices participating in the PQRS via GPRO who satisfactorily report in 2015 via any reporting mechanism will also satisfy the reporting requirements for the Value-based Payment Modifier (VM). Group practices may also satisfy the clinical quality measure (CQM) component of the Medicare EHR Incentive Program by satisfactorily reporting through GPRO in one of the following ways:



**Note:** EHR Incentive Program EPs will still be required to meet the core and menu set meaningful use objectives through the Medicare EHR Incentive Program Registration and Attestation System (Attestation) as individuals, even though their electronic CQMs (eCQMs) were submitted as part of the group. They can also submit their CQMs via attestation, but will not receive PQRS or VM credit. For more information visit the [VM](#) and/or [EHR Incentive Program](#) webpages.

Complete information about **how to report once** for multiple Medicare quality reporting programs is available on the CMS PQRS [Educational Resources](#) webpage. For more information on PQRS or the payment adjustment, visit [the PQRS webpage](#).

## 2015 PQRS GPRO Using an EHR

A PQRS group practice **must register** to report electronically using an EHR during the 2015 PQRS GPRO registration period (4/1/2015–6/30/2015) in order for the group's EHR data submission to satisfactorily meet PQRS reporting requirements. See the [2015 PQRS: EHR Reporting Made Simple](#) document for complete information about 2015 PQRS GPRO EHR reporting requirements.

### Important Considerations for EPs in Their First Year of Meaningful Use

- EPs within the group practice (participating via GPRO) who are in their first year of EHR participation are required to collect data for functional objectives and CQMs for an EHR reporting period of any 90 consecutive days in calendar year 2015. They must also attest through the CMS Registration & Attestation System by 2/29/2016 (and must meet other program criteria) in order to avoid the 2017 Medicare EHR Incentive Program payment adjustment.
- If a first-time participant is seeking to attest early to avoid the 2016 payment adjustment that the EP would otherwise receive for not participating in 2014, the EP must attest by October 1, 2015.
- This attestation will **not** count for PQRS. In order to meet PQRS reporting requirements, 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 as part of a group practice participating via GPRO.

### Important Considerations for EPs Beyond First Year of Meaningful Use

- EPs within the group practice (participating via GPRO) need to report 12 months of eCQMs as a group (i.e., at the TIN level) through GPRO using a 2014 Edition CEHRT to meet the CQM requirements of both the Medicare EHR Incentive Program and PQRS.
- Under the GPRO electronic reporting mechanism, each EP in the group would **not** individually submit CQM data or submit individual CQM data rolled up to the TIN level. Rather, the group practice must meet the satisfactory reporting criteria as a group (i.e., at the TIN level).
- The EPs within the group practice must individually attest to meeting the core and menu set meaningful use objectives through the CMS Registration & Attestation System, and should also indicate in the system that they will submit eCQMs via the “Medicare EHR Incentive eReporting” option, **OR** “Option 1,” as outlined in the [EHR Incentive Program Stage 2 Attestation User Guide for Eligible Professionals](#).

**Note:** EPs within the group practice (reporting via GPRO) who have not successfully demonstrated meaningful use for the 2015 program year will not be eligible to receive any incentive payment under the Medicare EHR Incentive Program, and will be subject to a payment adjustment unless they applied for and received a hardship exception. This payment adjustment is independent from other adjustments, including PQRS and VM. For more information about Medicare EHR Incentive Program payment adjustments, visit the [EHR Payment Adjustments & Hardship Exceptions webpage](#).

## EHR Measure Specifications

Group practices participating in GPRO using an EHR should reference the Medicare EHR Incentive Program’s [eCQM Library](#) webpage to obtain the *2015 eCQM Specifications for Eligible Professionals* (released July 2014) and supporting documentation. **EPs will be required to select and report the July 2014 version of the eCQMs for 2015 electronic reporting.** Those wishing to report another version of the measures must do so by attestation, which will only satisfy requirements for the Medicare EHR Incentive Program and not for PQRS.

## Additional Information

The following links provide additional information about 2015 PQRS:

- View 2015 PQRS GPRO requirements for submission of PQRS measure data on the [PQRS GPRO webpage](#).
- View steps on how to report electronically using an EHR in the [2015 PQRS: EHR Reporting Made Simple](#) document.
- View information about VM on the [CMS Physician Feedback Program/Value-Based Payment Modifier](#) webpage.
- Refer to the [PQRS Self-Nomination/Registration](#) webpage for information on how to register for the 2015 PQRS GPRO through the PV-PQRS Registration System.

The following links provide additional information about the 2015 EHR Incentive Programs:

- Refer to the [EHR Incentive Programs](#) website for the following resources:
  - [2015 eCQM Specifications for Eligible Professionals](#) and supporting documentation
  - [2015 CMS QRDA Implementation Guides for EP Clinical Quality Measures](#)

## Questions?

Contact your EHR vendor or data submission vendor with technical questions and/or file submission errors. If your vendor is unable to answer your questions, or if you have questions regarding obtaining an EIDM account, 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 e-mail at [qnetsupport@hcqis.org](mailto:qnetsupport@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. For information about the EHR Incentive Program and EHR measure specifications, contact the EHR Information Center at **1-888-734-6433**.