

2014 Physician Quality Reporting System (PQRS): CMS-Certified Survey Vendor Reporting Made Simple

Background

The Physician Quality Reporting System (PQRS) is a program that uses a combination of incentive payments and payment adjustments to promote reporting of quality measures by eligible professionals (EPs). The program provides an incentive payment to group practices taking part in the group practice reporting option (GPRO) that satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries (including Railroad Retirement Board and Medicare Secondary Payer). Additionally, EPs that do not satisfactorily report in the 2014 PQRS program year will be subject to a payment adjustment in 2016.

Purpose

This document explains CMS-certified survey vendors and outlines steps for utilizing this method to report CAHPS for PQRS.

***Note:** If taking part in PQRS through another CMS program (such as the Medicare Shared Savings Program, Comprehensive Primary Care Initiative, Pioneer Accountable Care Organizations), please check the program's requirements for information on how to report quality data to earn a PQRS incentive and/or avoid the PQRS payment adjustment. Please note, although CMS has attempted to align or adopt similar reporting requirements across programs, eligible professionals should look to the respective quality program to ensure they satisfy the PQRS, EHR Incentive Program, Value-Based Payment Modifier (VBM), etc. requirements of each of these programs.*

What is a CMS-Certified Survey Vendor?

A CMS-certified survey vendor is a new reporting mechanism available to group practices taking part in PQRS under the GPRO beginning in 2014. This method is available to group practices of 25 or more EPs wishing to report the Clinician & Group Consumer Assessment of Healthcare Providers and Systems (CG CAHPS) summary survey modules.

- CAHPS for PQRS survey modules are available to group practices that register to take part in the GPRO. Group practices must register to take part in PQRS GPRO by September 30, 2014. Registration must be completed online through the Physician Value Modifier (PV) PQRS Registration System. During registration, group practices must indicate their reporting method.
- Unchanged for 2014 is the requirement of group practices of 100 or more EPs reporting via GPRO Web Interface to require patients complete the 12 CAHPS for PQRS summary survey modules on behalf of their experience and care within that group practice. CMS will continue to bear the cost of the CAHPS for PQRS summary survey modules for this specific group.
 - Likewise, CMS **WILL** bear the cost of administering the CAHPS for PQRS summary survey modules to patients, regardless of reporting option (i.e. web interface, qualified registry, or certified EHR technology), for those groups of 25-99 EPs reporting CAHPS. *Note: Group practices with an insufficient number of beneficiaries to produce reliable data may not be allowed to choose this option.*
- The CMS-certified survey vendor will administer and collect all 12 summary survey modules on behalf of the group practice's patients. The results of which will subsequently be posted on the CMS Physician Compare website.

The 12 summary survey modules for use with the PQRS program include the following:

1. Getting Timely Care, Appointments, and Information
 2. How Well Providers Communicate
 3. Patient's Rating of Provider
 4. Access to Specialists
 5. Health Promotion & Education
 6. Shared Decision Making
 7. Health Status/Functional Status
 8. Courteous and Helpful Office Staff
 9. Care Coordination
 10. Between Visit Communication
 11. Helping You to Take Medication as Directed
 12. Stewardship of Patient Resources
- **Assignment of beneficiaries** to a group practice using the 2014 CMS-certified survey vendor reporting method follows the same assignment methodology that is used for the GPRO Web Interface (WI).
 - This method focuses on assigning beneficiaries to a group based on whether the group provided the plurality of primary care services.
 - Therefore, the CAHPS for PQRS summary survey modules are not an appropriate method for groups of physicians that do not provide primary care services (for example, a group of surgeons).

Reporting Criteria

Group practices reporting via the GPRO can *earn a 2014 PQRS incentive and avoid the 2016 PQRS payment adjustment* by meeting the following criteria for using CAHPS summary survey modules via a CMS-certified survey vendor:

- Groups of 25 or more EPs whose patients report all 12 CAHPS for PQRS summary survey modules via a CMS-certified survey vendor (CMS **WILL** bear the cost of administering this optional survey) **AND**
 - report at least 6 measures covering at least 2 of the NQS domains using a qualified registry, a CEHRT direct product, or a CEHRT data submission vendor
- OR**
- report all 22 GPRO Web Interface measures (CMS **WILL** bear the cost of administering this optional survey to groups of 25-99)
- Group practices of 100 or more EPs reporting via the GPRO Web Interface must report all 12 CAHPS for PQRS summary survey modules via a CMS-certified survey vendor (CMS **WILL** bear the cost of administering this required survey) **AND**
 - complete all 22 GPRO Web Interface measures

Selecting a CMS-Certified Survey Vendor

CMS has selected the CMS-Certified Survey Vendor for CAHPS for PQRS for the 2014 performance year on behalf of group practices. Group practices will not need to contact the CMS-certified survey vendor directly to participate in CAHPS for PQRS. Once CAHPS for PQRS has been identified as a valid option for a group practice to report, CMS will work with the certified survey vendor on survey implementation. The CMS-certified survey vendor's contact information is pqrscahps@hcqis.org and is available on the CMS PQRS website in case group practices have questions about the timeline and implementation process.

Resources

Reference documents can be found under the *downloads* section on the CMS FY 2014 Final Rule Home Page at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2014-IPPS-Final-Rule-Home-Page.html>.

- For more information on reporting via a CMS-certified survey vendor, go to <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/>.
- For more information on *What's New for 2014 PQRS*, go to <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/>.
- To find answers to frequently asked questions about PQRS, go to the CMS website at <https://questions.cms.gov/>.

Questions?

Contact the QualityNet Help Desk at 1-866-288-8912 (TTY 1-877-715-6222) or via email to Qnetsupport@hcqis.org. They are available from 7:00 a.m. to 7:00 p.m. CST Monday through Friday.