



2015 Physician Quality Reporting System (PQRS) Group Practice Reporting Option (GPRO): GPRO Web Interface Reporting Made Simple

January 2015; Revised July 2015

Background

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 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.

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](#), or the [Value-based Modifier](#).*

Purpose

This document applies to group practices that have registered to take part in 2015 PQRS through the GPRO Web Interface reporting method. Information regarding PQRS group practices using the PQRS GPRO to report measures through Certified Electronic Health Record Technology (CEHRT) or qualified registry can be found on the [GPRO section](#) of the [PQRS webpage](#).

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 avoid the PQRS payment adjustment. 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 PQRS, Electronic Health Record (EHR) Incentive Program, Value-Based Payment Modifier (VM), etc. requirements of each of these programs.

2015 Registration for PQRS GPRO Web Interface

PQRS group practices choosing to take part in PQRS through the GPRO Web Interface must submit a valid registration by **June 30, 2015**. Registration must be completed online through the Physician Value Modifier (PV) - PQRS Registration System. For additional information on GPRO Web Interface registration, please refer to the *2015 PQRS GPRO Requirements* document located on the [PQRS website](#).

Please note: All EPs, regardless of whether or not they are part of a PQRS group practice or are a solo practitioner, will be subject to an upward, neutral, or downward VM.

How to Report for PQRS

The GPRO Web Interface is a secure internet-based application available in the PQRS Portal to pre-registered users. The GPRO Web Interface is partially pre-populated with 2015 claims data from Medicare Part A and B patients. PQRS group practices are then responsible for populating and submitting the remaining data fields during the submission period in the first quarter of 2016. Data can be manually entered or uploaded into the GPRO Web Interface via an XML file, which can be populated by CEHRT. CMS will calculate the reporting and performance rates.

To avoid the 2017 PQRS payment adjustment, PQRS group practices taking part in PQRS GPRO via the Web Interface must meet the reporting requirements, outlined in Table 1, below.

Table 1: 2015 PQRS GPRO Web Interface Reporting Requirements

Reporting Period	Group Size	Satisfactory Reporting to Avoid the 2017 PQRS Payment Adjustment
12-month (Jan. 1 — Dec. 31)	25-99 EPs	<p>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.</p> <ul style="list-style-type: none"> • If the pool of eligible assigned beneficiaries is less than 248, then report on 100 percent of assigned beneficiaries. • A PQRS group practice must report on at least 1 measure for which there is Medicare patient data. <p>In addition, the PQRS group practice choosing to take part in the PQRS GPRO Web Interface may additionally choose to participate in CAHPS for PQRS. If that election is made, the group practice must also report all CAHPS summary survey modules via a CMS-certified survey vendor (CAHPS for PQRS). CMS will not bear the cost of administering.</p>
12-month (Jan. 1 — Dec. 31)	100+ EPs	<p>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.</p> <ul style="list-style-type: none"> • If the pool of eligible assigned beneficiaries is less than 248, then report on 100 percent of assigned beneficiaries. • A PQRS group practice must report on at least 1 measure for which there is Medicare patient data. <p>In addition, the PQRS group practice choosing to take part in the PQRS GPRO Web Interface must also report all CAHPS summary survey modules via a CMS-certified survey vendor (CAHPS for PQRS). CMS will not bear the cost of administering.</p>

PQRS group practices that submit using the GPRO Web Interface can find the [2015 Physician Quality Reporting System GPRO Narrative Specifications for Web Interface](#) and other supporting documentation on the [CMS PQRS website](#).

How to Align PQRS GPRO Web Interface with Meaningful Use

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

Additionally, PQRS group practices choosing to take part in the PQRS GPRO may be subject to a downward, neutral, or upward Value-Based Payment Modifier (VM), based on group size and quality tiering (this is not relevant to ACO GPROs). The VM applies to all physicians in groups with 2 or more EPs and physicians who are solo practitioners. More information on VM can be found on the [CMS VM website](#).

Additional Information

- For more information on 2015 PQRS GPRO and requirements for submission of PQRS measure data, see the [GPRO section](#) of the [CMS PQRS website](#).
- For more information related to the 2017 PQRS payment adjustment, please refer to the [Payment Adjustment section](#) of the [CMS PQRS website](#).
- For more information on the Value-based Payment Modifier, see the [VM webpage](#) on the CMS website.
- For more information on the other 2015 PQRS GPRO reporting methods, see the [How to Get Started section](#) on the [CMS PQRS website](#), as well as the *2015 Measures List Implementation Guide* zipped on that page.
- 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

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 qnet-support@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.