



2016 Physician Quality Reporting System (PQRS): How to Report Across Medicare Quality Programs

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Table of Contents

Individual Eligible Professionals	3
Group Practices	5
Medicare Shared Savings Program Accountable Care Organizations.....	7
Pioneer and Next Generation Accountable Care Organizations.....	9

This document is a high-level outline of how to report quality measures across Medicare quality programs during the 2016 program year to fulfill requirements for more than one Medicare program. 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, Medicare EHR Incentive Program, Value-Based Payment Modifier (Value Modifier), etc. requirements of each of these programs. For more specific information on a particular program, visit the following websites: Medicare [Electronic Health Records \(EHR\) Incentive Programs](#), [Value-Based Payment Modifier](#) and [Shared Savings Program](#).

How to Report Across 2016 Medicare Quality Programs: Individual Eligible Professionals

Overview

This section serves as a guide to individual eligible professionals who want to report quality measures across Medicare quality programs during the 2016 program year in order to avoid the 2018 Physician Quality Reporting System (PQRS) downward payment adjustment, satisfy the clinical quality measure (CQM) component of the Medicare Electronic Health Record (EHR) Incentive Program, and avoid the automatic downward adjustment and qualify for adjustments based on performance under the Value-Based Payment Modifier (Value Modifier) in 2018.

Note: In 2018, the Value Modifier will apply to payments made under the Medicare Physician Fee Schedule (PFS) to all physicians, physician assistants (PAs), nurse practitioners (NPs), clinical nurse specialists (CNSs), and certified registered nurse anesthetists (CRNAs) in groups of 2+ eligible professionals (EPs) and those who are solo practitioners. Groups and solo practitioners are identified by their Medicare-enrolled Taxpayer Identification Number (TIN). Physicians, PAs, NPs, CNSs, and CRNAs who are solo practitioners can avoid the automatic -2.0% Value Modifier payment adjustment in 2018 by participating in the PQRS as individuals in 2016 and meeting the satisfactory reporting criteria to avoid the 2018 PQRS downward payment adjustment. Physicians, PAs, NPs, CNSs, and CRNAs in groups can avoid the automatic -2.0% or -4.0% Value Modifier payment adjustment (depending on the composition and size of the group) in 2018 by (1) participating in the PQRS group practice reporting option (GPRO) in 2016 and meeting the satisfactory reporting criteria to avoid the 2018 PQRS downward payment adjustment, or (2) ensuring that the EPs in the group participate in the PQRS as individuals in 2016 and at least 50% of the EPs in the group meet the satisfactory reporting criteria to avoid the 2018 PQRS payment adjustment.

This section applies to individual EPs in a group or those who are solo practitioners that want to meet the 2018 Value Modifier requirements by reporting under PQRS as an individual.

- EPs are required to use the most recent version of the electronic specifications for the CQMs when electronically reporting for the Medicare EHR Incentive Program and PQRS.
- The reporting period for 2016 PQRS is 12 months, January 1 through December 31, 2016; The Medicare EHR Incentive Program's 90-day reporting period only applies to first-time participants, so all other providers must report a full year of data.
- Qualified clinical data registries (QCDRs) intending to submit eCQM data must:
 - Use Certified Electronic Health Record Technology (CEHRT) that meets all of the certification criteria required for eCQMs as required under the Medicare EHR Incentive Program.
 - Report eCQMs included in the Stage 2 final rule and use the same electronic specifications established for the Medicare EHR Incentive Program.
 - Submit the eCQM data in a quality data reporting architecture (QRDA) category III format.
- EHR Direct and data submission vendors (DSVs) intending to submit eCQM data must:
 - Use CEHRT that meets all of the certification criteria required for eCQMs as required under the Medicare EHR Incentive Program.
 - Report eCQMs included in the Stage 2 final rule and use the same electronic specifications established for the Medicare EHR Incentive Program.
 - Submit the eCQM data in a QRDA category I or III format.

Note: For more information on QCDR reporting for PQRS only (XML format), please see "2016 PQRS QCDR Participation Made Simple" on the [PQRS Qualified Clinical Data Registry Reporting webpage](#).

How to Report Across 2016 Medicare Quality Programs: Individual Eligible Professionals

I Am An Individual EP

- Review the list of eligible professionals on the PQRS How to Get Started webpage
- Must participate in PQRS as an individual (not a member of a group practice who has registered for the group practice reporting option [GPRO] via PQRS)

CHOOSE PQRS ELECTRONIC REPORTING USING A DIRECT EHR PRODUCT THAT IS CEHRT or EHR DATA SUBMISSION VENDOR THAT IS CEHRT (QRDA category I or III)*

OR

A QUALIFIED CLINICAL DATA REGISTRY (QRDA category III)*

*QRDA category I or III format must only be used when submitting the eCQMs for purposes of PQRS and EHR Incentive Program participation. Please note that the correct version of eCQM specifications must be used.

REPORT ON 9 MEASURES COVERING AT LEAST 3 OF THE NATIONAL QUALITY STRATEGY DOMAINS

If an eligible professional's CEHRT does not contain patient data for at least 9 measures covering at least 3 NQS domains, then the eligible professional must report the measure(s) for which there is Medicare patient data. An eligible professional must report at least 1 measure containing Medicare patient data. Report data on all payers.

12 MONTHS

1/1/16 – 12/31/16

Refer to the EHR Incentive Program website documents for a listing of measures that satisfy the CQM component, then utilize the eCQMs for those measures

Satisfactorily report under
PQRS for 2016

YES

NO

- Avoid the 2018 PQRS downward payment adjustment (-2.0%)
- Satisfy the CQM component of the Medicare EHR Incentive Program
- The 2018 Value Modifier adjustment amounts will vary by the composition and size of the TIN
 - Physicians, NPs, PAs, CNSs, and CRNAs in TINs containing physicians with 10 or more EPs can receive upward, neutral, or downward adjustment under quality-tiering: -4.0% to +4.0x ('x' represents the upward adjustment factor)
 - Physicians, NPs, PAs, CNSs, and CRNAs in TINs containing physicians with 2-9 EPs and physician solo practitioners can receive upward, neutral, or downward adjustment under quality-tiering: -2.0% to +2.0x
 - NPs, PAs, CNSs, and CRNAs who are solo practitioners or in TINs consisting only of non-physician EPs can receive upward or neutral adjustment under quality-tiering: +0.0% to +2.0x
 - TINs that receive an upward adjustment are eligible for an additional +1.0x if the TIN has an average beneficiary risk score in the top 25% of all beneficiary risk scores nationwide.

NOTE: You will still be required to report the other meaningful use objectives through the Medicare and Medicaid EHR Incentive Programs Registration and Attestation System

- Subject to the 2018 PQRS downward payment adjustment (-2.0%)
- Will not satisfy the CQM component of the Medicare EHR Incentive Program
- The 2018 automatic downward Value Modifier adjustment amounts will vary by the composition and size of the TIN
 - -4.0% for physicians, NPs, PAs, CNSs, and CRNAs in TINs containing physicians with 10 or more EPs
 - -2.0% for physicians, NPs, PAs, CNSs, and CRNAs in TINs containing physicians with between 2 and 9 EPs and physician solo practitioners
 - -2.0% for NPs, PAs, CNSs, and CRNAs who are solo practitioners or in TINs consisting only of non-physician EPs

Note: In order to avoid the automatic downward payment adjustment and qualify for adjustments based on performance under the Value Modifier in 2018, at least 50% of the EPs in a group must satisfactorily report PQRS as individuals and meet the criteria to avoid the 2018 PQRS downward payment adjustment.

How to Report Across 2016 Medicare Quality Programs: Group Practices

Overview

This section serves as a guide to group practices wishing to report quality measures across Medicare quality programs during the 2016 program year in order to avoid the 2018 Physician Quality Reporting System (PQRS) downward payment adjustment, satisfy the clinical quality measure (CQM) component of the Medicare Electronic Health Record (EHR) Incentive Program, and avoid the automatic downward adjustment and qualify for adjustments based on performance under the Value-Based Payment Modifier (Value Modifier) in 2018.

Note: In 2018, the Value Modifier will apply to payments made under the Medicare Physician Fee Schedule (PFS) to all physicians, physician assistants (PAs), nurse practitioners (NPs), clinical nurse specialists (CNSs), and certified registered nurse anesthetists (CRNAs) in groups of 2+ eligible professionals (EPs) and those who are solo practitioners. Groups and solo practitioners are identified by their Medicare-enrolled Taxpayer Identification Number (TIN). Physicians, PAs, NPs, CNSs, and CRNAs in groups can avoid the automatic -2.0% or -4.0% Value Modifier payment adjustment (depending on the composition and size of the group) in 2018 by (1) participating in the PQRS group practice reporting option (GPRO) in 2016 and meeting the satisfactory reporting criteria to avoid the 2018 PQRS downward payment adjustment, or (2) ensuring that the EPs in the group participate in the PQRS as individuals in 2016 and at least 50% of the EPs in the group meet the satisfactory reporting criteria to avoid the 2018 PQRS downward payment adjustment.

This section applies to groups that want to meet the 2018 Value Modifier requirements by reporting under PQRS using one of the group practice reporting options.

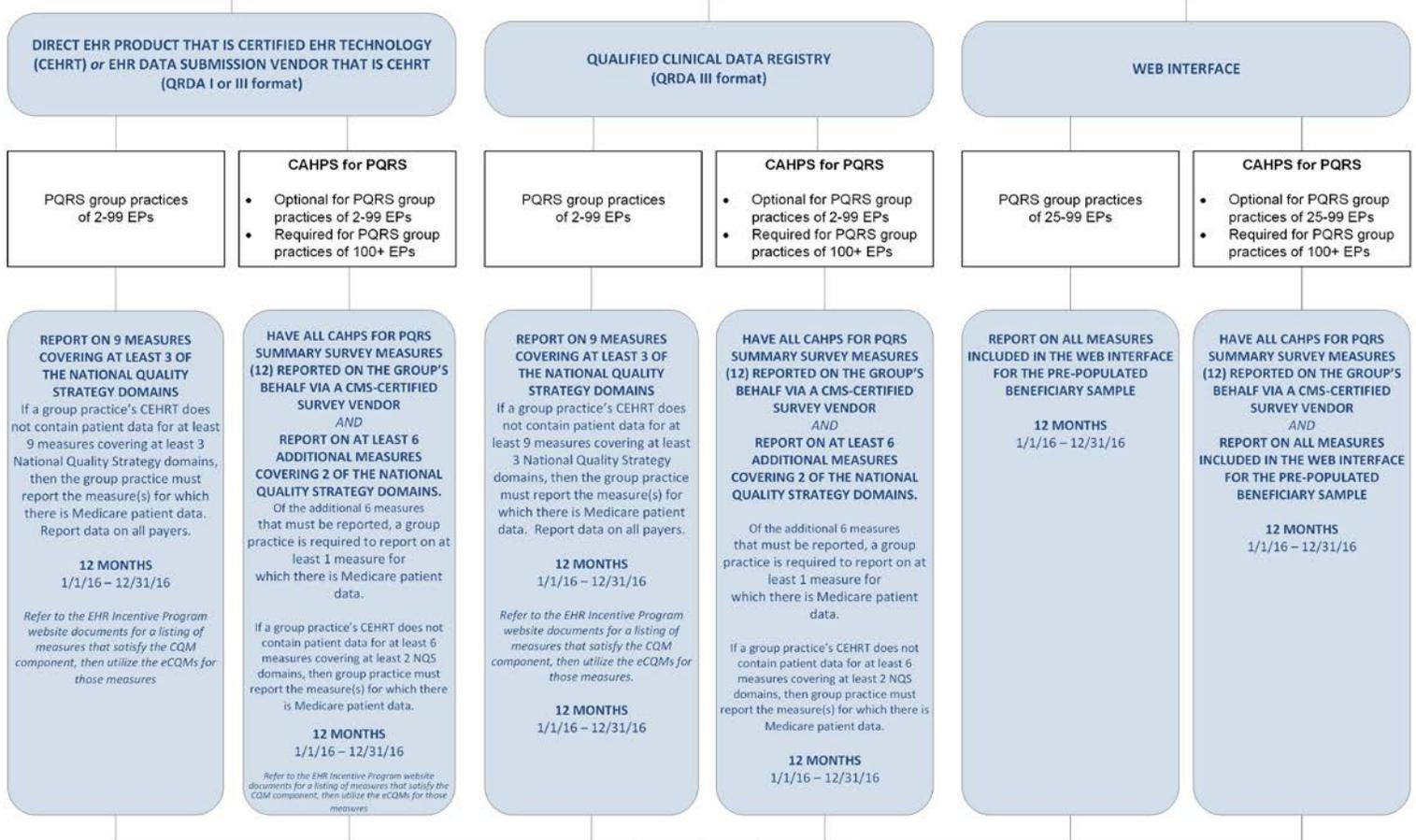
- EPs within the group practice may use the group reporting option either electronically using QRDA or via the Web Interface and are required to collect CQM data for an EHR reporting period of the full calendar year of 2016, and attest through the Medicare EHR Incentive Program Attestation System by February 28, 2017, in order to avoid the 2018 Medicare EHR Incentive Program payment adjustment.
- The reporting period for 2016 PQRS is 12 months, January 1 through December 31, 2016; the Medicare EHR Incentive Program's 90-day reporting period only applies to first-time participants, so all other providers must report a full year of data.
- Qualified clinical data registries (QCDRs) intending to submit eCQM data must:
 - Use Certified Electronic Health Record Technology (CEHRT) that meets all of the certification criteria required for eCQMs as required under the Medicare EHR Incentive Program.
 - Report eCQMs included in the Stage 2 final rule and use the same electronic specifications established for the Medicare EHR Incentive Program.
 - Submit the eCQM data in a quality data reporting architecture (QRDA) category III format.
- EHR Direct and data submission vendors (DSVs) intending to submit eCQM data must:
 - Use CEHRT that meets all of the certification criteria required for eCQMs as required under the Medicare EHR Incentive Program.
 - Report eCQMs included in the Stage 2 final rule and use the same electronic specifications established for the Medicare EHR Incentive Program.
 - Submit the eCQM data in a QRDA category I or III format.

Note: For more information on QCDR reporting for PQRS only (XML format), please see "2016 PQRS QCDR Participation Made Simple" on the [PQRS Qualified Clinical Data Registry Reporting webpage](#).

How to Report Across 2016 Medicare Quality Programs: Group Practices

I am a PQRS EP who has assigned billing rights to a Group Practice TIN
 A "group practice" is defined as a single Tax Identification Number (TIN) with 2 or more individual eligible professionals (as identified by Individual National Provider Identifier [NPI]) who have reassigned their billing rights to the TIN

REGISTER FOR PQRS UNDER ONE OF THE FOLLOWING REPORTING OPTIONS:



Satisfactorily report under PQRS for 2016

YES

NO

- Avoid the 2018 PQRS downward payment adjustment (-2.0%)
- Satisfy the CQM component of the Medicare EHR Incentive Program
NOTE: Eligible professionals will still be required to report the other meaningful use objectives through the Medicare and Medicaid EHR Incentive Programs Registration and Attestation System
- The 2018 Value Modifier adjustment amounts will vary by the composition and size of the TIN
 - Physicians, NPs, PAs, CNSs, and CRNAs in TINs containing physicians with 10 or more EPs can receive upward, neutral, or downward adjustment under quality-tiering: -4.0% to +4.0x ('x' represents the upward adjustment factor)
 - Physicians, NPs, PAs, CNSs, and CRNAs in TINs containing physicians with 2-9 EPs can receive upward, neutral, or downward adjustment under quality-tiering: -2.0% to +2.0x
 - NPs, PAs, CNSs, and CRNAs in TINs consisting only of non-physician EPs can receive upward or neutral adjustment under quality-tiering: +0.0% to +2.0x
 - TINs that receive an upward adjustment are eligible for an additional +1.0x if the TIN has an average beneficiary risk score in the top 25 percent of all beneficiary risk scores nationwide

- Subject to the 2018 PQRS downward payment adjustment (-2.0%)
- Will not satisfy the CQM component of the Medicare EHR Incentive Program
- The 2018 automatic downward Value Modifier adjustment amounts will vary by the composition and size of the TIN
 - -4.0% for physicians, NPs, PAs, CNSs, and CRNAs in TINs containing physicians with 10 or more EPs
 - -2.0% for physicians, NPs, PAs, CNSs, and CRNAs in TINs containing physicians with between 2 and 9 EPs
 - -2.0% for NPs, PAs, CNSs, and CRNAs in TINs consisting only of non-physician EPs

How to Report Across 2016 Medicare Quality Programs: Medicare Shared Savings Program Accountable Care Organizations

Overview

This section serves as a guide to Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs) participants wishing to avoid the 2018 Physician Quality Reporting System (PQRS) downward payment adjustment, satisfy the clinical quality measure (CQM) component of the Medicare Electronic Health Record (EHR) Incentive Program, and avoid the automatic downward adjustment and qualify for adjustments based on performance under the Value-Based Payment Modifier (Value Modifier) in 2018.

Note: *EPs billing through an ACO participant TIN may avoid the 2018 PQRS downward payment adjustment when the ACO satisfactorily reports through the Web Interface, and avoid the automatic downward adjustment and qualify for adjustments based on performance under the Value Modifier in 2018. The 2018 Value Modifier will apply to physicians, NPs, PAs, CNSs, and CRNAs in TINs that participate in the Shared Savings Program during the 2016 performance year. Medicare EPs within the ACO participant TIN (participating via Web Interface) are required to attest to the objectives and measures of meaningful use by February 28, 2017 to demonstrate meaningful use in the Medicare EHR Incentive Program.*

How to Report Across 2016 Medicare Quality Programs: Medicare Shared Savings Program Accountable Care Organizations

I am a PQRS EP who has assigned billing rights to a Shared Savings Program ACO Participant TIN
ACO participants provide information to the ACO, and the ACO reports information on the participants' behalf

THE ACO REPORTS ON ALL MEASURES INCLUDED IN THE WEB INTERFACE
12 MONTHS
1/1/16 – 12/31/16

The ACO satisfactorily completes the Web Interface

YES

NO

ACO satisfactorily reports for PQRS; therefore, participant TINs:

- Avoid the 2018 PQRS downward payment adjustment (-2.0%)
- Satisfy the CQM component of the Medicare EHR Incentive Program
NOTE: Eligible professionals will still be required to report the other meaningful use objectives through the Medicare and Medicaid EHR Incentive Programs Registration and Attestation System
- The 2018 Value Modifier adjustment amounts will vary by the composition and size of the TIN
 - Physicians, NPs, PAs, CNSs, and CRNAs in TINs containing physicians with 10 or more EPs can receive upward, neutral, or downward adjustment under quality-tiering: -2.0% to +2.0x ('x' represents the upward adjustment factor)
 - Physicians, NPs, PAs, CNSs, and CRNAs in TINs containing physicians with 2-9 EPs and physician solo practitioners can receive upward, neutral, or downward adjustment under quality-tiering: -1.0% to +1.0x
 - NPs, PAs, CNSs, and CRNAs who are solo practitioners or in TINs consisting only of non-physician EPs can receive upward or neutral adjustment under quality-tiering: +0.0% to +1.0x
 - TINs that receive an upward adjustment are eligible for an additional +1.0x if the ACO in which the TIN participated in during 2016 has an assigned patient population with an average beneficiary risk score in the top 25 percent of all beneficiary risk scores nationwide.

ACO does not satisfactorily report for PQRS; therefore, participant TINs:

- Subject to the 2018 PQRS downward payment adjustment (-2.0%)
- Will not satisfy the CQM component of the Medicare EHR Incentive Program
- The 2018 automatic downward Value Modifier adjustment amounts will vary by the composition and size of the TIN
 - -4.0% for physicians, NPs, PAs, CNSs, and CRNAs in TINs containing physicians with 10 or more EPs;
 - -2.0% for physicians, NPs, PAs, CNSs, and CRNAs in TINs containing physicians with between 2 and 9 EPs and physician solo practitioners
 - -2.0% for NPs, PAs, CNSs, and CRNAs who are solo practitioners or in TINs consisting only of non-physician EPs

Note: EPs billing through an ACO participant TIN may avoid the 2018 PQRS downward payment adjustment when the ACO satisfactorily reports through the Web Interface, and avoid the automatic downward adjustment and qualify for adjustments based on performance under the Value Modifier in 2018. The 2018 Value Modifier will apply to physicians, NPs, PAs, CNSs, and CRNAs in TINs that participate in the Shared Savings Program during the 2016 performance year.

How to Report Across 2016 Medicare Quality Programs: Pioneer and Next Generation Accountable Care Organizations

Overview

This section serves as a guide to Pioneer and Next Generation (NG) ACOs wishing to avoid the 2018 Physician Quality Reporting System (PQRS) downward payment adjustment and satisfy the clinical quality measure (CQM) component of the Medicare Electronic Health Record (EHR) Incentive Program.

***Note:** In 2018, the application of the Value Modifier is waived for groups and solo practitioners, as identified by their TIN, if at least one EP who billed for Medicare PFS items and services under the TIN during 2016 participated in the Pioneer ACO Model, CPC Initiative, or other similar Innovation Center models (e.g., the Next Generation ACO Model, Oncology Care Model, Comprehensive ESRD Care Initiative) in 2016.*

- For Pioneer and NG ACO providers in “split” participation TINs (participating TINs under which only some providers (identified by NPIs) opt to participate in the ACO) can participate in PQRS outside of the ACO via the options below:
 - Split TINs can participate as an entire group (both ACO and non-ACO participating providers) by reporting via one of the PQRS GPRO reporting options or
 - Non-ACO participating providers in split TINs can participate as PQRS individuals via EHR, registry, QCDR, or claims-based reporting.
 - EPs within the Pioneer and NG ACO group practice (participating via Web Interface) can satisfy the CQM component of the Medicare EHR Incentive Program by satisfactory reporting of all Web Interface quality measures.

How to Report Across 2016 Medicare Quality Reporting Programs: Pioneer and Next Generation Accountable Care Organizations

I am a PQRS EP who has assigned billing rights to a Pioneer or NG ACO Participant TIN
ACO participants provide information to the primary TIN, the primary TIN reports information on participants' behalf

THE PIONEER OR NG ACO PRIMARY TIN
REPORTS ON ALL MEASURES INCLUDED IN THE WEB INTERFACE

12 MONTHS
1/1/16 – 12/31/16

YES
The Pioneer or NG ACO
Primary TIN satisfactorily
completes the Web Interface
NO

Pioneer or NG ACO Primary TIN satisfactorily reports for PQRS; therefore, participant TINs:

- Avoid the 2018 PQRS downward payment adjustment (-2.0%)
- Satisfy the CQM component of the Medicare EHR Incentive Program

NOTE: Eligible professionals will still be required to report the other meaningful use objectives through the Medicare and Medicaid EHR Incentive Programs Registration and Attestation System

Pioneer or NG ACO Primary TIN does not satisfactorily report for PQRS; therefore, participant TINs:

- Subject to the 2018 PQRS downward payment adjustment (-2.0%)
- Will not satisfy the CQM component of the Medicare EHR Incentive Program

Note: In 2018, the application of the Value Modifier is waived for TINs, if at least one EP who billed for Medicare PFS items and services under the TIN during 2016 participated in the Pioneer ACO Model or the Next Generation ACO Model in 2016.