



2015 Physician Quality Reporting System (PQRS) Group Practice Reporting Option (GPRO) Training Guide

November 2015

Background

The group practice reporting option (GPRO) was originally modeled after CMS demonstration projects, including the Physician Group Practice (PGP) demonstration and the Medicare Care Management Performance (MCMP) demonstration. The GPRO was first introduced to the Physician Quality Reporting System (PQRS) in 2010. Groups participating in the PQRS GPRO are analyzed at the Tax Identification Number (TIN)-level using the TIN submitted at the time of final GPRO registration. This means that all eligible professionals (EPs) under the TIN, who bill using the Medicare Part B Physician Fee Schedule (PFS) during the 2015 reporting year, will be included in analysis for purposes of the 2017 PQRS payment adjustment. If an organization or EP changes their TIN, participation under the old TIN does not carry over to the new TIN, nor are they combined for final analysis.

Participating in PQRS as a group practice is beneficial because billing and reporting staff may report one set of quality measures data on behalf of all EPs within a group practice, reducing the need to keep track of EPs' reporting efforts separately. Another benefit of reporting via GPRO, is that those EPs who have difficulty meeting the reporting requirements for individual EPs may benefit from group reporting.

Take Action in 2015 to Avoid the 2017 PQRS Payment Adjustment

Group practices participating in 2015 PQRS GPRO can avoid the 2017 PQRS payment adjustments by meeting the satisfactory reporting requirements for the GPRO reporting mechanism chosen during registration. Please see the [2015 PQRS Implementation Guide](#) for complete information on the satisfactory reporting requirements.

Purpose

This document will cover the 2015 PQRS GPRO reporting mechanisms and their requirements for avoiding future payment adjustments. This document is intended for EPs who wish to participate in PQRS via GPRO.

Note: If reporting for PQRS through another CMS program (such as the Medicare Shared Savings Program, Pioneer Accountable Care Organization [ACO], or Comprehensive Primary Care [CPC] Initiative), please refer to that program's requirements for information on how to report quality data and how to avoid the PQRS payment adjustment. Note that some of these other CMS programs do not allow their participants to separately participate in PQRS.

Although CMS has attempted to align or adopt similar reporting requirements across quality reporting programs, practices and/or EPs should refer to the specific requirements of each program to ensure their respective requirements are met (PQRS, Electronic Health Record [EHR] Incentive Program, Value-based Payment Modifier [Value Modifier], etc.).

2015 PQRS GPRO Overview

What is a PQRS group practice?

As defined in the 2015 PFS Final Rule, a “group practice” under 2015 PQRS consists of a physician group practice, as defined by a single TIN, with 2 or more individual EPs (as identified by individual national provider identifiers [NPIs]) who have reassigned their billing rights to the TIN. Group practices can register to participate in PQRS via GPRO to have their quality data analyzed at the group (TIN) level. Please see the [PQRS GPRO 2015 Criteria](#) document for complete information about participating via GPRO.

Participation in PQRS via GPRO will count for multiple programs, including PQRS, the [Value Modifier](#), and the Electronic Clinical Quality Measure (eCQM) component of Meaningful Use for the [EHR Incentive Program](#). Note, EPs will earn credit for the eCQM component of Meaningful Use only if the group registers to report via Web Interface or EHR Reporting. EPs, within the group practice, will need to individually meet the other Meaningful Use objectives through the Medicare EHR Incentive Program Registration and Attestation System (attestation). Complete information regarding participation requirements for other CMS programs are available on their respective websites.

2015 Requirements and Participation Options

See the [PQRS GPRO 2015 Criteria](#) document for a complete list of requirements, including GPRO registration and reporting requirements by reporting mechanism. PQRS group practices participating via GPRO are encouraged to notify their group members that they have registered for PQRS GPRO, and indicate the reporting mechanism the group will be using. Group Practices will only be assessed for PQRS via the method selected during registration.



Reporting methods available to PQRS group practices participating via GPRO will vary based on group size at the time of registration. The following table outlines the available reporting mechanisms by group size:

Group Size	Reporting Method
2-24 EPs	Registry Certified EHR Technology (CEHRT) Data Submission Vendor or EHR Direct* CMS-Certified Survey Vendor
25-99 EPs	Registry CEHRT Data Submission Vendor or EHR Direct* GPRO Web Interface* CMS-Certified Survey Vendor
100+ EPs	Registry CEHRT Data Submission Vendor or EHR Direct* GPRO Web Interface* CMS-Certified Survey Vendor

**If a group practice satisfactorily reports using this option for 2015 PQRS, the participating NPIs will also satisfy the eCQM component of Meaningful Use; however, the individual EPs will still be required to meet the other Meaningful Use objectives through attestation.*

See the [2015 PQRS Implementation Guide](#) for decision trees that outline the different 2015 PQRS GPRO criteria.

Which Reporting Mechanism is Right for My Group?

Group practices participating in 2015 PQRS GPRO must report via the reporting mechanism selected during [2015 PQRS GPRO registration](#). As outlined in the PQRS GPRO 2015 Criteria document, the 2015 PQRS registration period is open 4/1/2015 – 6/30/2015. *Group practices are allowed to change their reporting mechanism or cancel their registration at any time during the registration period. Once the registration period ends, registration is closed and no changes or cancellations are allowed.*

Group practices should select the reporting mechanism that applies best to their practice. Review the measures and the specifications for each applicable reporting mechanism. Consider which measures apply to services provided by the group practice, and select a reporting mechanism that includes those measures. When working with CEHRT Data Submission Vendors or CMS qualified registries, it is the responsibility of the group practice to verify that the vendor or registry is able to support the group practice's reporting needs. CMS will *not* combine data from different reporting mechanisms when analyzing PQRS program data. Group Practices will only be assessed for PQRS via the method selected during registration.

The following chart compares the different reporting mechanisms available to group practices participation in 2015 PQRS GPRO:

Features to Consider	Web Interface	Registry	EHR	CMS-Certified Survey Vendor
Group Size	• 25 or more EPs	• 2 or more EPs	• 2 or more EPs	• 2 or more EPs
Submission	• First quarter 2016	• First quarter 2016	• 1/1/2016 - 2/29/2016	• Follow submission for supplemental method • CAHPS for PQRS is required for groups with 100+ EPs, regardless of reporting mechanism
Submission Method	• Web-based via the Physician and Other Health Care Professionals Quality Reporting Portal (Portal)	• CMS Qualified Registry submits on behalf of the group	• CEHRT DSV submits on behalf of the group • CEHRT EHR Direct is submitted via Portal	• Vendor submits CAHPS for PQRS on behalf of the group • Follow submission for supplemental method
Measures	• 17 pre-selected GPRO quality measures • All Web Interface measures need to be reported on regardless of specialty. See the 2015 GPRO Web Interface Made Simple for additional information.	• At least 9 individual measures across at least 3 National Quality Strategy (NQS) domains on at least 50% of the group's applicable Medicare Part B fee-for-service (FFS) patients for those measures • One (1) cross-cutting measure if they have at least one (1) Medicare patient with a face-to-face encounter	• At least 9 measures across at least 3 NQS domains	• All (12) CAHPS for PQRS modules AND at least 6 measures across 2 NQS domains via qualified registry, DSV, EHR Direct or all measures within the Web Interface (for group practices of 25 or more EPs)

Features to Consider	Web Interface	Registry	EHR	CMS-Certified Survey Vendor
Patient Assignment	<ul style="list-style-type: none"> • CMS assigned 	<ul style="list-style-type: none"> • Selected by the registry/group 	<ul style="list-style-type: none"> • Selected by the CEHRT 	<ul style="list-style-type: none"> • Selected by the CMS-Certified Survey Vendor
Public Reporting	<ul style="list-style-type: none"> • All 2015 measures for groups of 2 or more EPs 	<ul style="list-style-type: none"> • All 2015 measures for groups of 2 or more EPs 	<ul style="list-style-type: none"> • All 2015 measures for groups of 2 or more EPs 	<ul style="list-style-type: none"> • Twelve 2015 CAHPS for PQRS summary survey measures for all group sizes
Notes	<ul style="list-style-type: none"> • Not recommended for newly formed groups or groups that do not provide primary care services • Free online tool 	<ul style="list-style-type: none"> • Vendors will have a fee and may only support specific measures 	<ul style="list-style-type: none"> • Vendors will have a fee and may only support specific measures • Some CEHRT may not support the PQRS GPRO 	<ul style="list-style-type: none"> • CMS will not bear the cost for administering CAHPS for PQRS

Participating via GPRO and Physician Compare

[Physician Compare](#) is a CMS website that allows consumers to find and choose physicians and other health care professionals enrolled in Medicare. The Physician Compare public reporting plan was finalized in the 2012, 2013, 2014, and 2015 [Physician Fee Schedule \(PFS\) Final Rules](#). Any measure finalized as “available for public reporting” in the PFS final rule may be included on Physician Compare. However, only those measures that are statistically comparable, valid, reliable, and meet the established public reporting criteria, including the minimum sample size of 20 patients, will be published on the site. All measures submitted, reviewed, and deemed valid and reliable will be publicly reported via a downloadable database on data.medicare.gov. Only those measures that are deemed most useful and best understood by consumers will be included on Physician Compare profile pages.

In late 2016, the following group-level data will be available for public reporting:

1. All 2015 PQRS GPRO measures collected via any reporting mechanism for groups of 2 or more EPs
2. Twelve 2015 CAHPS for PQRS summary survey measures

For more information on public reporting, visit the Physician Compare Initiative Public Reporting [website](#).

Next Steps

Review measure specifications for each available reporting mechanism for the group size to determine which mechanism supports measures applicable to the group practice.

Step 01

Update PECOS information for NPIs billing under the TIN

Step 02

Register for 2015 PQRS GPRO from 4/1/2015- 6/30/2015

Step 03

Groups will need Identity Management accounts with “PV Security Official” or “PV-PQRS Representative” roles to access the registration system. See the [PQRS GPRO Registration](#) page of the Value Modifier website for complete information about Identity Management roles and steps for registration.

Additional Website Resources

- PQRS page on the CMS website: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>
- To find answers to frequently asked questions (FAQs), visit the [CMS FAQ webpage](#).
- PQRS GPRO website: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group_Practice_Reporting_Option.html
- PQRS GPRO Registration website: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html>
- GPRO Web Interface page of CMS PQRS website: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html
- Registry Reporting page of CMS PQRS website: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Registry-Reporting.html>
- Electronic Health Record Reporting page of CMS PQRS website: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html>
- CMS-Certified Survey Vendor page of CMS PQRS website: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/CMS-Certified-Survey-Vendor.html>
- Quick reference guides for obtaining PV-PQRS Registration System roles in IACS and for registering in the PV-PQRS Registration System : <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html>
- VM website: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>

Questions?

Contact the QualityNet Help Desk

QualityNet Help Desk

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