

# 2015 Physician Quality Reporting System (PQRS): CMS-Certified Survey Vendor Reporting Consumer Assessment of Healthcare Providers and Systems (CAHPS) for PQRS Made Simple

January 2015; Revised May 2015; Revised October 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 during the 2013 program year. 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](#).

## Purpose

This document explains CMS-certified survey vendors and outlines steps for utilizing this method to report Consumer Assessment of Healthcare Providers and Systems (CAHPS) for PQRS.

**Note:** *If taking part in PQRS through another CMS program (such as the Medicare Shared Savings Program, Comprehensive Primary Care Initiative, or the 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, eligible professionals should look to the respective quality program to ensure they satisfy the PQRS, EHR Incentive Program, Value-Based Payment Modifier (Value Modifier), etc. requirements of each of these programs.*

## What is a CMS-Certified Survey Vendor?

CMS will select survey vendors during an application process. Vendors whose applications are approved and who successfully participate in training will be designated to be a CMS-certified survey vendor. CMS-certified survey vendors will then work with CMS to distribute and collect the CAHPS for PQRS survey. The CAHPS for PQRS survey was developed to collect information about patient experience and care within that group practice. For program year 2015, the CMS-certified survey vendor will be responsible for distributing the CAHPS for PQRS survey to select patients from November 2015-January 2016.

Reporting CAHPS for PQRS through a CMS-certified survey vendor is available to group practices taking part in PQRS under the GPRO in 2015 to supplement their PQRS reporting. This method is available to group practices of 2 or more EPs wishing to report the CAHPS for PQRS survey.

- The CAHPS for PQRS survey is available to group practices that register to take part in the GPRO. Group practices must register to take part in PQRS GPRO by **June 30, 2015**. Registration must be completed online through the Physician Value Modifier (PV)-PQRS Registration System. During registration, group practices must indicate their reporting method as well as CAHPS for PQRS participation.
- New for program year 2015, ALL group practices of 100 or more EPs must report the CAHPS for PQRS survey.
- New for program year 2015, CMS will **no longer** bear the cost of the CMS-certified survey vendor distributing the CAHPS for PQRS survey.
- The CMS-certified survey vendor will administer and collect 12 summary survey modules on behalf of the group practice's patients. These results may 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

- **CAHPS for PQRS assignment of beneficiaries** to a group practice using the 2015 CMS-certified survey vendor reporting method follows the same assignment process that is used for the GPRO Web Interface.
  - This process focuses on assigning beneficiaries to a group based on whether the group provided a wide variety primary care services.
    - Note: The CAHPS for PQRS survey is not an appropriate method for groups of physicians that do not provide primary care services (for example, a group of surgeons).
  - Some group practices might not have a sufficient number of beneficiaries to produce reliable data and it is recommended that they not choose this option. These group practices will be notified if they do not have a sufficient number of beneficiaries.

## Reporting Criteria

The CMS-certified survey vendor reporting mechanism is available to group practices of 2 or more EPs wishing to supplement their PQRS reporting with the CAHPS for PQRS survey. Although required for group practices of 100 or more EPs, this is an extra and companion reporting option for groups with 2-99 EPs and for EHR and registry reporting.

The CAHPS for PQRS survey is equal to 3 individual measures and 1 NQS domain.

Beginning in 2015, the CAHPS for PQRS survey will have 3 options for group practices to satisfactorily report:

1: PQRS group practices of 2 or more EPs reporting via qualified registry with CAHPS for PQRS*	2: PQRS group practices of 2 or more EPs reporting via EHR with CAHPS for PQRS*	3: PQRS group practices of 25 or more EPs reporting via GPRO Web Interface*
<ul style="list-style-type: none"> <li>• Must participate via CMS-certified survey vendor to have 12 CAHPS for PQRS survey measures administered to eligible beneficiaries seen during the 12-month reporting period</li> <li>• Must report at least 6 additional measures, outside of CAHPS for PQRS, covering at least 2 NQS domains               <ul style="list-style-type: none"> <li>• If less than 6 measures apply, 1-5 measures covering 1-2 domains must be reported</li> <li>• CAHPS for PQRS fulfills the PQRS requirement to report a cross-cutting measure (the group will not need to report another cross-cutting measure)</li> <li>• Groups reporting on less than 6 measures or less than 2 domains will be subject to MAV</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Must report all 12 CAHPS for PQRS measures for the 12-month reporting period</li> <li>• Must report at least 6 additional measures, outside of CAHPS for PQRS, covering at least 2 NQS domains               <ul style="list-style-type: none"> <li>• At least 1 of these measures must contain Medicare patient data</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Must participate via CMS-certified survey vendor to have 12 CAHPS for PQRS survey measures administered to eligible beneficiaries seen during the 12-month reporting period</li> <li>• Must report all 21 measures within the GPRO Web Interface and populate date fields for the first 248 consecutively ranked and assigned beneficiaries               <ul style="list-style-type: none"> <li>• If less than 248 beneficiaries are available, groups must report on 100 percent of assigned beneficiaries</li> <li>• At least 1 measure containing Medicare patient date must be reported</li> </ul> </li> </ul>

**\*Note:** CAHPS for PQRS is required for group practices of 100 or more EPs participating in PQRS via GPRO, but is optional for group practices with 2-99 EPs participating in PQRS via GPRO. The group practice must contract with a CMS-certified survey vendor and cover the cost of administering the 2015 CAHPS for PQRS survey.

**CMS will NOT bear the cost of administering CAHPS for PQRS for the 2015 program year.**

## Selecting a CMS-Certified Survey Vendor

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CMS will certify survey vendors who demonstrate the facilities, project experience, and staff expertise that is required to conduct the CAHPS for PQRS survey administration with appropriate rigor given the demands of the survey procedures and timeline. PQRS group practices will be required to select a CMS-certified survey vendor with which to work. Once CAHPS for PQRS has been identified as a valid option for a group practice to report, CMS will work with the certified survey vendors on survey implementation. For technical assistance, the CMS-certified survey vendors' contact information is [pqrscahps@hcqis.org](mailto:pqrscahps@hcqis.org). [This info](#) is available on the CMS PQRS website in case group practices have questions about the timeline and implementation process.

## Resources

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Reference documents can be found under the *Downloads* section on the [CMS FY 2015 Final Rule Home Page](#).

- For more information on reporting via a CMS-certified survey vendor, go to [the PQRS webpage](#).
- To find answers to frequently asked questions about PQRS, go to the [CMS Frequently Asked Questions \(FAQs\) website](#).

## Questions?

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If you have questions, 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 [qnet support@hcqis.org](mailto: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.