



# 2016 Physician Quality Reporting System (PQRS): CMS-Certified Survey Vendor Reporting Consumer Assessment of Healthcare Providers and Systems (CAHPS) for PQRS Made Simple

September 2016

## 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 individual eligible professionals (EPs) and group practices. 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 (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries (including Railroad Retirement Board and Medicare Secondary Payer). Those who report satisfactorily for the 2016 program year will avoid the 2018 PQRS negative payment adjustment.

For more information on PQRS or the payment adjustment, visit [the PQRS webpage](#).

*This document applies only to CMS-certified survey vendor reporting. This document **does not** provide guidance for other Medicare or Medicaid incentive programs, such as the [EHR Incentive Program](#), or the [Value-Based Payment Modifier](#).*

## 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.

Please see the Decision Trees for reporting mechanism criteria in Appendix B of the “2016 PQRS Implementation Guide,” found on the [PQRS Measures Codes 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. 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 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. The survey measures patient experience with, and ratings of, health care providers. For program year 2016, the CMS-certified survey vendor will be responsible for distributing the CAHPS for PQRS survey to select patients during a time period that CMS will communicate at a later date. Data collected will be submitted on behalf of the group practice by the CMS-certified survey vendor. Complete information about the 2016 CAHPS for PQRS survey measures will be available on the [PQRS CAHPS webpage](#).

## What is the CAHPS for PQRS Survey?

---

The 12 summary survey measures for use with PQRS 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 and Education
6. Shared Decision Making
7. Health Status and Functional Status
8. Courteous and Helpful Office Staff
9. Care Coordination
10. Between Visit Communication
11. Helping You to Take Medications as Directed
12. Stewardship of Patient Resources

### CAHPS for PQRS applies if:

- **The group practice has an applicable focal provider.**
  - The provider named in the survey must have provided the beneficiary with the majority of the primary care services delivered by the group practice. The provider named in the survey can be a physician (primary care provider or specialist), nurse practitioner (NP), physician's assistant (PA), or clinical nurse specialist (CNS).

- **The group practice meets the minimum requirement of beneficiaries for the CAHPS for PQRS survey.**
  - 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.
  - CAHPS for PQRS assignment of beneficiaries to a group practice using the 2016 CMS-certified survey vendor reporting method follows the same assignment process that is used for the GPRO Web Interface.
    - For practices with 100 or more eligible providers, the desired sample is 860, and the minimum sample is 416.
    - For practices with 25 to 99 eligible providers, the desired sample is 860, and the minimum sample is 255.
    - For practices with 2 to 24 eligible providers, the desired sample is 860, and the minimum sample is 125.
    - 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).

The following beneficiaries are excluded in the practice's patient sample: beneficiaries under age 18 at the time of the sample draw; beneficiaries known to be institutionalized at the time of the sample draw; and beneficiaries with no eligible focal provider.

## Reporting Criteria

---

In order for group practices to participate in PQRS via GPRO, they must register by **June 30, 2016**.

- Registration must be completed online through the Physician Value Modifier (PV)-PQRS Registration System. During registration, group practices must select the reporting mechanism that applies best to their practice as well as elect to administer the CAHPS for PQRS survey. For additional information on GPRO registration and requirements please refer to the "2016 PQRS GPRO Registration Quick Reference Guide" that is located on the PQRS How to Get Started webpage.

Group practices with 100 or more EPs participating in PQRS via GPRO are required to administer the CAHPS for PQRS survey. Groups with 2-99 EPs participating in PQRS GPRO have the option to elect the administration of the CAHPS for PQRS survey during PQRS GPRO registration.

After the close of the PQRS GPRO registration, CMS begins an attribution process, in which the assignment and sampling of beneficiaries is conducted for each group. At the conclusion of the attribution process, groups will be notified as to whether or not their beneficiary sampling meets the threshold determining the applicability of the CAHPS for PQRS requirement.

Groups that meet the beneficiary sampling threshold will need to select a CMS-Certified Survey Vendor (see section below) in order to administer the CAHPS for PQRS Survey. For groups that do not have a sufficient number of beneficiaries to produce valid and reliable CAHPS for PQRS

data, they will not need to participate in the administration of the CAHPS for PQRS survey or select a CMS-Certified Survey Vendor to administer the CAHPS for PQRS survey.

The CAHPS for PQRS survey is equal to 3 individual measures and 1 National Quality Strategy (NQS) domain. Therefore, PQRS group practices using an EHR, QCDR, or qualified registry that register to participate through a CMS-certified survey vendor will be allowed to report fewer individual PQRS measures. However, PQRS group practices reporting via the GPRO Web Interface will not be allowed to report fewer measures.

If a group is not able to report on the selected PQRS GPRO reporting mechanism, then it is encouraged to report via another GPRO reporting mechanism or have the eligible professionals in the group participate in PQRS as individuals in 2016.

The CAHPS for PQRS survey has 4 options for group practices to satisfactorily report:

Group Size	Reporting Mechanism	Satisfactory Reporting/Satisfactory Participation Criteria
2 or more EPs	Qualified Registry	<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> </ul> </li> <li>• Groups reporting on less than 6 measures or less than 2 domains will be subject to MAV</li> </ul>
2 or more EPs	EHR	<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>• If less than 6 measures apply, must report all of the measures for which there is patient data</li> <li>• At least 1 of these measures must contain Medicare patient data</li> </ul> </li> <li>• <b>Report on all payers</b></li> </ul>
2 or more EPs	QCDR	<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>• At least 2 of these measures must be an outcome measure. If 2 outcome measures are not available, report at least 1 outcome measure and at least 1 of the following other type of measure: resource use, patient experience of care, efficiency appropriate use, or patient safety measure.</li> </ul> </li> </ul>
25 or more EPs	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 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 data must be reported</li> </ul> </li> </ul>

**CMS will NOT bear the cost of administering CAHPS for PQRS for the 2016 program year.**

## Selecting a CMS-Certified Survey Vendor

---

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 PQRS group practice to report, CMS will work with the certified survey vendors on survey implementation. Information is available on the CMS PQRS website in case group practices have questions about the timeline and implementation process. A list of approved vendors can be found on the [CAHPS for PQRS website](#). For technical assistance and information, contact the CAHPS for PQRS project team at [pqrscahps@hcqis.org](mailto:pqrscahps@hcqis.org).

## Additional Information

---

Reference documents can be found under the *Downloads* section on the [CMS FY 2016 Final Rule Home Page](#).

- For more information on reporting via a CMS-certified survey vendor, go to [the PQRS website](#).
- To find the CAHPS for PQRS Decision Tree, see Appendix B of the “2016 PQRS Implementation Guide” on the [PQRS How To Get Started webpage](#).
- To find answers to frequently asked questions about PQRS, go to the [CMS Frequently Asked Questions \(FAQs\) website](#).

## Questions?

---

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 [qnetssupport@hcqis.org](mailto:qnetssupport@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.