2014 Physician Quality Reporting System (PQRS) Submission Process

January 13, 2015

The Medicare Learning Network®

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Agenda

- 2014 Physician Quality Reporting System (PQRS) Information
- Submission Information
  - Qualified Registry
  - Qualified Clinical Data Registry (QCDR)
  - Electronic Health Record (EHR)-based Reporting
  - Accountable Care Organization (ACO) and PQRS Group Practice Reporting Option (GPRO) Web Interface
  - Maintenance of Certification Program (MOCP)
- Resources & Who to Call for Help
- Question and Answer Session
- Appendices

Acronyms in this Presentation

- ACO: Accountable Care Organization
- CAHPS: Consumer Assessment of Healthcare Providers & Systems
- CEHRT: Certified EHR Technology
- CMS: Centers for Medicaid and Medicare Services
- DSV: Data Submission Vendor
- eCQM: Electronic Clinical Quality Measure
- EHR: Electronic Health Record
- EP: Eligible Professional
- FFS: Fee-for-Service
- GPRO: Group Practice Reporting Option
- IACS: Individuals Authorized Access to the CMS Computer Services
- MLN: Medicare Learning Network
- MOCP: Maintenance of Certification Program
- MPFS: Medicare Physician Fee Schedule
- NPI: National Provider Identifier
- PQRS: Physician Quality Reporting System
- QCDR: Qualified Clinical Data Registry
- QRDA: Quality Reporting Data Architecture
- SEVT: Submission Engine Validation Tool
- TIN: Taxpayer Identification Number
- VM: Value-based Payment Modifier
- WI: Web Interface
- XML: Extensible Markup Language

2014 Physician Quality Reporting System (PQRS) Information

2014 PQRS Participation

- To start reporting at this time there are only limited options available for reporting in program year 2014.

  – Registration for group practice reporting through the group practice reporting option (GPRO) ended October 3, 2014.

  – It's too late to start participating via claims-based reporting.

- PQRS participation may also satisfy requirements for the EHR Incentive Program, MOC, ACO and Value-based Payment Modifier (VM).

  – EPs are encouraged to participate now to gain experience in reporting PQRS measures to avoid future adjustments.

2014 PQRS Participation (cont.)

- Individual eligible professionals (EPs) still have time to participate in 2014 PQRS through the following reporting methods:

  - Qualified registry,

  - QCDR,

  - Certified EHR Technology (CEHRT) EHR Direct, and

  - EHR Data Submission Vendor that is CEHRT

Submission Information

2014 PQRS Submission

2014 PQRS Submission Timelines

PQRS Vendor Type	Submission Dates*
CEHRT EHR Direct Product	1/1/2015 – 2/28/2015**
CEHRT EHR DSV	1/1/2015 – 2/28/2015**
QCDR (EHR Incentive Program)	1/1/2015 – 2/28/2015**
QCDR (PQRS Only)	1/1/2015 – 3/31/2015
MOC Incentive Program	1/1/2015 – 3/31/2015
Qualified Registry	1/1/2015 – 3/31/2015
GPRO Web Interface	1/26/2015 – 3/20/2015

Submission ends at 8:00 PM ET on the submission end date listed above. Submissions will not be accepted after this time.
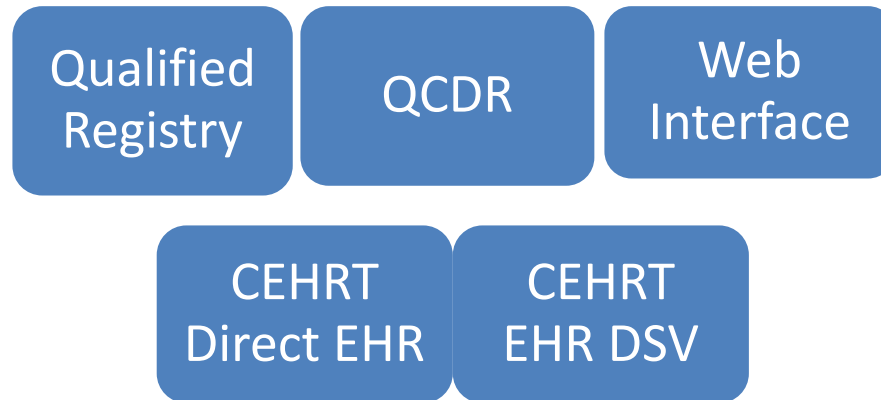
***Quality Data Reporting Architecture (QRDA) I and III files will not be accepted **after February 28, 2015.** Any submissions that occur **after February 28, 2015,** will not be processed for the EHR Incentive Program.*

Note: Submit early and often to ensure data is submitted and questions/issues can be resolved prior to the end of the submission period.

Individuals Authorized Access to the CMS Computer Services (IACS)

- An IACS account is required to access the data submission portlets.

Reporting Methods that Require IACS

Qualified Registry	QCDR	Web Interface
CEHRT Direct EHR	CEHRT EHR DSV	

- For assistance with new and existing IACS accounts, review the Quick Reference Guides on the PQRS website:

  https://www.qualitynet.org/portal/server.pt/gateway/PTARGS_0_207_374_212_229_43/http;/pdpqap42-app.sdps.org;7087/publishedcontent/publish/pqri_content/pqri_guest_community/userrefguide.html

2014 PQRS Submission

Test Submission

- CMS strongly encourages that all applicable entities (qualified registry, QCDR, MOC, EHR DSV, Direct EHR users) submit a test file to assist in alleviating any issues that may occur during production submission.
- Qualified registries, QCDRs, DSVs and Direct EHR users will utilize the Submission Engine Validation Tool (SEVT) through the Physician and Other Health Care Professionals Quality Reporting Portal (also known as the PQRS Portal) for test submissions only.

Production Submission

- The PQRS Portal is used for production submission: https://www.qualitynet.org/portal/server.pt/community/pqri_home/212.

Qualified Registry

2014 Qualified Registry

- Qualified registries must:
  - aggregate measures and calculate the data on behalf of their EPs,
  - collect all needed data elements and transmit the data to CMS in the CMS-approved Qualified Registry XML, and
  - use CMS-approved Qualified Registry XML format.

- The Qualified Registry XML Specifications are available on the Registry Reporting webpage of the PQRS website: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Registry-Reporting.html.

2014 Qualified Registry Submission

- Each XML file is limited to a single submission method.
  - One XML file can **only** contain data for individual EPs or group practices, but can't contain data for both individual EPs and group practices.
  - One XML file will need to be submitted for each of the submission methods.

- Only 2014 PQRS registry measures are able to be submitted.
  - Make sure that the measures submitted are in the 2014 measure specifications, which are located on the CMS PQRS website, Measures Codes web page at: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html.

2014 Qualified Registry Submission (cont.)

- Collection method can be done by the following:
  - EHR
  - Claims
  - Practice Management System
  - Web-based Tool

- Individual EP data must include the individual NPI of the EP. A group NPI must not be submitted.

- If submitting GPRO data, the National Provider Identifier (NPI) value must not be submitted. Data should be aggregated at the Tax Identification Number (TIN) level for group practices reporting via GPRO.
  - A group practice must have registered to report via qualified registry under the GPRO for 2014 PQRS.

2014 Qualified Registry Submission (cont.)

- A qualified registry will provide specific instructions on how and when to submit data.
    - Each qualified registry must have an IACS account to submit test and production data.

- Confirm data was submitted
    - Work directly with qualified registry to make sure data is submitted appropriately by the data submission deadline.

Qualified Clinical Data Registry (QCDR)

2014 QCDR Submission

- The data submitted to CMS via a QCDR covers quality measures across multiple payers and is not limited to Medicare beneficiaries.

- QCDRs will aggregate and calculate measure data on behalf of their EPs.

- QCDRs must be able to collect all needed data elements and transmit the data to CMS in one of two formats:
  - QCDR XML
  - QRDA Category III

2014 QCDR Submission (cont.)

- Data Submission Size Restrictions
  - QCDR XML files must be greater than 0 bytes, but not exceed 80 MB.
  - QRDA Category III must be greater than 0 bytes, but not exceed 10 MB.
  - Production files of the same file type may be zipped

2014 QCDR Submission (cont.)

- QCDR XML
  - The CMS-approved QCDR XML format must be used when submitting PQRS-specified measures or QCDR-specified measures for purposes of PQRS participation.
    - QCDR XML submissions will be accepted through March 31, 2015.
  - The QCDR XML Specifications are available on the Qualified Clinical Data Registry Reporting webpage of the PQRS website: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Qualified-Clinical-Data-Registry-Reporting.html.
- QRDA Category III
  - The QRDA Category 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.
    - QRDA Category III submissions will be accepted through February 28, 2015.
  - The QRDA Category III specifications are available on the Clinical Quality Measure webpage of the EHR Incentive Program website: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html

EHR-based Reporting

2014 EHR-based Reporting Methods

- EHR will need to be considered CEHRT
- EHR Direct that is CEHRT
  - Vendor who certified an EHR product and version for EPs to utilize to directly submit their PQRS data.
  - Requires an IACS account.
- EHR DSV that is CEHRT
  - Vendor who submits measure data on the EP's behalf.
  - Collects an EP's clinical quality data directly from the EP's EHR.
  - Vendors will be responsible for submitting PQRS measures data from an EP's EHR system to CMS in a CMS-specified format(s).

2014 EHR-based Reporting Methods (cont.)

- EHR vendors submitting PQRS data will only need to submit one file format, either QRDA category I (patient level) or category III (aggregate).
  - EHR vendors, submitting PQRS GPRO data, must aggregate the data at the TIN level to ensure that the data is calculated correctly for group practice reporting.
    - QRDA I and QRDA III submissions should represent the patient as seen by the TIN, not the individual NPIs within the TIN. Therefore for those measures that require two or more encounters, the EHR vendor must take into account encounters from all of the NPIs under the TIN.
- The QRDA specifications are available on the Clinical Quality Measure webpage of the EHR Incentive Program website.
  - For more information please go to the eCQM website at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html

2014 EHR-based Reporting Methods (cont.)

- EPs and group practices must submit the final set of data via 2014 CEHRT.
  - All EPs within a group practice participating through the GPRO **must** be using CEHRT to be eligible for PQRS reporting via EHR.
  - A group practice must have registered to report via EHR under the 2014 PQRS GPRO in order for their EHR data submission to count for PQRS.

2014 EHR-based Reporting Methods (cont.)

- Work with EHR vendor to create the required reporting files from EHR system so they can be uploaded through the Portal using IACS.

- Confirm data was submitted
  - Submit final EHR reporting files with quality measure data or ensure data submission vendor has submitted files by the data submission deadline.

2014 CEHRT EHR Direct & EHR DSV (cont.)

- EHR vendors do not need to submit all NPIs within the group practice.
  - For purposes of the Medicare EHR Incentive Program, CMS will determine which NPIs satisfactorily report within a group practice.
- If an EP or group practice changes TINs, participation under the old TIN does not carry over to the new TIN, nor is it combined for final analysis.

2014 CEHRT EHR Direct & DSV (cont.)

- DSV's must enter into and maintain with participating professionals an appropriate Business Associate Agreement.

- Group practices who registered to participate in the PQRS GPRO reporting through EHR Direct or a Data Submission Vendor will need to be analyzed at the TIN level.

ACO and PQRS GPRO Web Interface

2014 GPRO Web Interface Submission

- Group practices reporting via GPRO with 25+ EPs may participate via Web Interface.

  – A Group practice reporting via GPRO must have registered to report via GPRO Web Interface during the 2014 GPRO registration period.

  – GPRO Web Interface reporting is available for Group practices reporting via PQRS GPRO and Accountable Care Organizations (ACO) GPRO.

- Measures specifications and supporting documents for are located at: (middle of the page)
  http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014_GPROWebInterface_MeasuresList_NarrativeSpecs_ReleaseNotes_12132013.zip

2014 GPRO Web Interface Submission (cont.)

- The GPRO Web Interface is updated each year based on PQRS program needs and user feedback.

- Updates for 2014 GPRO Web Interface include:
  - Pull-down menus on the measure tabs include a blank option to "erase" a previously entered answer.
  - The user's name appears on all screens and reports instead of their IACS ID.
  - New Comments Report.
    - The CARE and PREV comments are separate on the screens and in the report.
    - Comments are limited to 140 characters.

2014 GPRO Web Interface Submission (cont.)

- Group practices that satisfactorily report through the GPRO Web Interface may also satisfy the eCQM component of the Medicare EHR Incentive Program.
  - EPs wishing to satisfy the eCQM component will need to use CEHRT 2014 Edition to collect data for the GPRO Web Interface.

Maintenance of Certification Program

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Maintenance of Certification Program (MOCP)

- Individual EPs earn the PQRS incentive and an additional incentive of 0.5% by working with an MOCP entity.

- Data is submitted for individual EPs by the MOCP.

- MOC entities should submit their data using Maintenance of Certification Program XML specification for PQRS program participation.

  - To view click on following link:
    https://www.qualitynet.org/imageserver/pqrs/mocp/index.htm

Resources

Resources

- **2015 MPFS Final Rule**
  https://s3.amazonaws.com/public-inspection.federalregister.gov/2014-26183.pdf
- **CMS PQRS Website**
  http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS
- **PFS Federal Regulation Notices**
  http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices.html
- **Federal Register**
  https://www.federalregister.gov/public-inspection
- **Medicare and Medicaid EHR Incentive Programs**

  http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms
- **Medicare Shared Savings Program**
  http://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/ Quality_Measures_Standards.html
- **CMS Value-based Payment Modifier (VM) Website**
  http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ PhysicianFeedback Program/ValueBasedPaymentModifier.html
- **Physician Compare**
  http://www.medicare.gov/physiciancompare/search.html
- **Frequently Asked Questions (FAQs)**

  https://questions.cms.gov/
- **MLN Connects™ Provider eNews**

  http://cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Index.html
- **PQRS Listserv**
  https://public-dc2.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_520

Who to Call for Help

- ## QualityNet Help Desk:

  866-288-8912 (TTY 877-715-6222)

  7:00 a.m.–7:00 p.m. CST M-F or **qnetsupport@hcqis.org**

  You will be asked to provide basic information such as name, practice, address, phone, and e-mail

- ## Provider Contact Center:

  Questions on status of 2013 PQRS/eRx Incentive Program incentive payment (during distribution timeframe)

  See *Contact Center Directory* at http://www.cms.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip

- ## EHR Incentive Program Information Center:

  888-734-6433 (TTY 888-734-6563)

- ## ACO Help Desk via the CMS Information Center:

  888-734-6433 Option 2 or cmsaco@cms.hhs.gov

- ## Comprehensive Primary Care (CPC) Initiative Help Desk:

  800-381-4724 or cpcisupport@telligen.org

- ## Physician Value Help Desk (for VM questions)

  Monday – Friday: 8:00 am – 8:00 pm EST

  Phone: 888-734-6433, press option 3

Question & Answer Session

CME and CEU

- This call has been approved by CMS for continuing medical education (CME) and continuing education unit (CEU) credit.

- To obtain continuing education credit
  - Review CE Activity Information & Instructions for specific details: http://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/TC-L01132015-Marketing-Materials.pdf

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Evaluate Your Experience

- Please help us continue to improve the MLN Connects National Provider Call Program by providing your feedback about today's call.
- To complete the evaluation, visit http://npc.blhtech.com/ and select the title for today's call.

Thank You

- For more information about the MLN Connects National Provider Call Program, please visit http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html.
- For more information about the Medicare Learning Network , please visit http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html.

Appendices

Appendix A: Summary of Requirements for the 2014 PQRS Incentive: Individual EPs

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria/Satisfactory Participation Criterion
12-month (Jan 1 — Dec 31)	Individual Measures	Claims	Report at least 9 measures covering at least 3 NQS domains, OR, if less than 9 measures covering at least 3 NQS domains apply to the eligible professional, report 1—8 measures covering 1—3 NQS domains, AND report each measure for at least 50 percent of the Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted. * For an eligible professional who reports fewer than 9 measures covering 3 NQS domains via the claims-based reporting mechanism, the eligible professional will be subject to the MAV process, which would allow us to determine whether an eligible professional should have reported quality data codes for additional measures and/or covering additional NQS domains.
12-month (Jan 1 — Dec 31)	Individual Measures	Qualified Registry	Report at least 9 measures covering at least 3 of the NQS domains, OR, if less than 9 measures covering at least 3 NQS domains apply to the eligible professional, report 1—8 measures covering 1-3 NQS domains for which there is Medicare patient data, AND report each measure for at least 50 percent of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted. * For an eligible professional who reports fewer than 9 measures covering 3 NQS domains via the registry-based reporting mechanism, the eligible professional will be subject to the MAV process, which would allow us to determine whether an eligible professional should have reported on additional measures and/or measures covering additional NQS domains.

Appendix A: Summary of Requirements for the 2014 PQRS Incentive: Individual EPs (cont.)

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria/Satisfactory Participation Criterion
** 12-month (Jan 1 — Dec 31)	Individual Measures	Direct EHR product that is CEHRT and EHR DSV that is CEHRT	Report 9 measures covering at least 3 of the NQS domains. If an eligible professional's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the eligible professional must report the measures for which there is Medicare patient data. An eligible professional must report on at least 1 measure for which there is Medicare patient data.
** 12-month (Jan 1 — Dec 31)	Measures Groups	Qualified Registry	Report at least 1 measures group, AND report each measures group for at least 20 patients, a majority of which must be Medicare Part B FFS patients.
** 6-month (Jul 1 – Dec 31)	Measures Groups	Qualified Registry	Report at least 1 measures group, AND report each measures group for at least 20 patients, a majority of which must be Medicare Part B FFS patients.
12-month (Jan 1 — Dec 31)	Measures selected by QCDR	Qualified Clinical Data Registry	Report at least 9 measures covering at least 3 NQS domains AND report each measure for at least 50 percent of the eligible professional's applicable patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted. Of the measures reported via a qualified clinical data registry, the eligible professional must report on at least 1 outcome measure.

** Finalized in the CY 2015 PFS final rule (see Table 91 at 77 FR 69194).

Appendix B: Summary of Requirements for Avoiding the 2016 Payment Adjustment: Individual EPs

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria/Satisfactory Participation Criterion
12-month (Jan 1 — Dec 31)	Individual Measures	Claims	Report at least 9 measures covering at least 3 NQS domains, OR, if less than 9 measures covering at least 3 NQS domains apply to the eligible professional, report 1—8 measures covering 1—3 NQS domains, AND report each measure for at least 50 percent of the Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted. * For an eligible professional who reports fewer than 9 measures covering 3 NQS domains via the claims-based reporting mechanism, the eligible professional will be subject to the MAV process, which would allow us to determine whether an eligible professional should have reported quality data codes for additional measures and/or covering additional NQS domains.
** 12-month (Jan 1 — Dec 31)	Individual Measures	Claims	Report at least 3 measures, OR, If less than 3 measures apply to the eligible professional, report 1—2 measures*; AND Report each measure for at least 50 percent of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate will not be counted.
12-month (Jan 1 — Dec 31)	Individual Measures	Qualified Registry	Report at least 9 measures covering at least 3 of the NQS domains, OR, if less than 9 measures covering at least 3 NQS domains apply to the eligible professional, report 1—8 measures covering 1-3 NQS domains for which there is Medicare patient data, AND report each measure for at least 50 percent of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted. * For an eligible professional who reports fewer than 9 measures covering at least 3 NQS domains via the registry-based reporting mechanism, the eligible professional will be subject to the MAV process, which would allow us to determine whether an eligible professional should have reported on additional measures and/or measures covering additional NQS domains.

** Finalized in the CY 2015 PFS final rule (see Table 91 at 77 FR 69194).

Appendix B: Summary of Requirements for Avoiding the 2016 Payment Adjustment: Individual EPs (cont.)

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria/Satisfactory Participation Criterion
12-month (Jan 1 — Dec 31)	Individual Measures	Qualified Registry	Report at least 3 measures covering at least 1 of the NQS domains, OR, if less than 3 measures apply to the eligible professional, report 1—2 measures covering at least 1 NQS domain for which there is Medicare patient data, AND report each measure for at least 50 percent of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted. * For an eligible professional who reports fewer than 3 measures covering 1 NQS domain via the registry-based reporting mechanism, the eligible professional will be subject to the MAV process, which would allow us to determine whether an eligible professional should have reported on additional measures.
** 12-month (Jan 1 — Dec 31)	Individual Measures	Direct EHR product that is CEHRT and EHR DSV that is CEHRT	Report 9 measures covering at least 3 of the NQS domains. If an eligible professional's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the eligible professional must report the measures for which there is Medicare patient data. An eligible professional must report on at least 1 measure for which there is Medicare patient data.

** Finalized in the CY 2013 PFS final rule (see Table 91 at 77 FR 69194).

Appendix B: Summary of Requirements for Avoiding the 2016 Payment Adjustment: Individual EPs (cont.)

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria/Satisfactory Participation Criterion
** 12-month (Jan 1 — Dec 31)	Measures Groups	Qualified Registry	Report at least 1 measures group, AND report each measures group for at least 20 patients, a majority of which must be Medicare Part B FFS patients.
** 6-month (Jul 1 – Dec 31)	Measures Groups	Qualified Registry	Report at least 1 measures group, AND report each measures group for at least 20 patients, a majority of which must be Medicare Part B FFS patients.
12-month (Jan 1 — Dec 31)	Measures selected by Qualified Clinical Data Registry	Qualified Clinical Data Registry	Report at least 9 measures covering at least 3 NQS domains AND report each measure for at least 50 percent of the eligible professional's applicable patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted. Of the measures reported via a qualified clinical data registry, the eligible professional must report on at least 1 outcome measure.
12-month (Jan 1 — Dec 31)	Measures selected by Qualified Clinical Data Registry	Qualified Clinical Data Registry	Report at least 3 measures covering at least 1 NQS domain AND report each measure for at least 50 percent of the eligible professional's applicable patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted.

** Finalized in the CY 2013 PFS final rule (see Table 91 at 77 FR 69194).

Appendix C: Summary of Requirements for the 2014 PQRS Incentive: Group Practices Reporting via GPRO

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria/Satisfactory Participation Criterion
** 12-month (Jan 1 — Dec 31)	GPRO Web interface	25-99 eligible professionals	Report on all measures included in the web interface; AND Populate data fields for the first 218 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 218, then report on 100 percent of assigned beneficiaries.
** 12-month (Jan 1 — Dec 31)	GPRO Web interface	100+ eligible professionals	Report on all measures included in the web interface; AND Populate data fields for the first 411 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 411, then report on 100 percent of assigned beneficiaries. In addition, the group practice must also report all CG CAHPS survey measures via certified survey vendor.
12-month (Jan 1 — Dec 31)	Qualified Registry	2 + eligible professionals	Report at least 9 measures covering at least 3 of the NQS domains, OR, if less than 9 measures covering at least 3 NQS domains apply to the group practice, report 1—8 measures covering 1-3 NQS domains for which there is Medicare patient data, AND report each measure for at least 50 percent of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted. For a group practice who reports fewer than 9 measures covering at least 3 NQS domains via the registry-based reporting mechanism, the group practice will be subject to the MAV process, which would allow us to determine whether a group practice should have reported on additional measures and/or measures covering additional NQS domains.

** Finalized in the CY 2013 PFS final rule (see Table 91 at 77 FR 69194).

Appendix C: Summary of Requirements for the 2014 PQRS Incentive: Group Practices Reporting via GPRO (cont.)

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria/Satisfactory Participation Criterion
** 12-month (Jan 1 — Dec 31)	Direct EHR product that is CEHRT/ EHR DSV that is CEHRT	2+ eligible professionals	Report 9 measures covering at least 3 of the NQS domains. If a group practice's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the group practice must report the measures for which there is Medicare patient data. A group practice must report on at least 1 measure for which there is Medicare patient data.
12-month (Jan 1 — Dec 31	CMS-certified survey vendor + qualified registry, direct EHR product, EHR DSV, or GPRO web interface	25+ eligible professionals	Report all CG CAHPS survey measures via a CMS-certified survey vendor, AND report at least 6 measures covering at least 2 of the NQS domains using a qualified registry, direct EHR product, EHR data submission vendor, or GPRO web interface.

** Finalized in the CY 2013 PFS final rule (see Table 91 at 77 FR 69194).

Appendix D: Summary of Requirements for Avoiding the 2016 Payment Adjustment: Group Practices reporting via GPRO

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria/Satisfactory Participation Criterion
** 12-month (Jan 1 — Dec 31)	GPRO Web interface	25-99 eligible professionals	Report on all measures included in the web interface; AND Populate data fields for the first 218 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 218, then report on 100 percent of assigned beneficiaries.
** 12-month (Jan 1 — Dec 31)	GPRO Web interface	100+ eligible professionals	Report on all measures included in the web interface; AND Populate data fields for the first 411 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 411, then report on 100 percent of assigned beneficiaries. In addition, the group practice must report all CG CAHPS survey measures via certified survey vendor.
12-month (Jan 1 — Dec 31)	Qualified Registry	2 + eligible professionals	Report at least 9 measures covering at least 3 of the NQS domains, OR, if less than 9 measures covering at least 3 NQS domains apply to the group practice, report 1—8 measures covering 1-3 NQS domains for which there is Medicare patient data, AND report each measure for at least 50 percent of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted. For a group practice who reports fewer than 9 measures via the registry-based reporting mechanism, the group practice would be subject to the MAV process, which would allow us to determine whether a group practice should have reported on additional measures and/or measures covering additional NQS domains.

** Finalized in the CY 2013 PFS final rule (see Table 91 at 77 FR 69194).

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Appendix D: Summary of Requirements for Avoiding the 2016 Payment Adjustment: Group Practices reporting via GPRO (cont.)

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria/Satisfactory Participation Criterion
12-month (Jan 1 — Dec 31)	Qualified Registry	2 + eligible professionals	Report at least 3 measures covering at least 1 of the NQS domains, OR, if less than 3 measures covering 1 NQS domain apply to the group practice, report 1—2 measures covering 1 NQS domain for which there is Medicare patient data, AND report each measure for at least 50 percent of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted. For a group practice who reports fewer than 3 measures covering 1 NQS domain via the registry-based reporting mechanism, the group practice would be subject to the MAV process, which would allow us to determine whether a group practice should have reported on additional measures.
** 12-month (Jan 1 — Dec 31)	Direct EHR product that is CEHRT/ EHR DSV that is CEHRT	2+ eligible professionals	Report 9 measures covering at least 3 of the NQS domains. If a group practice's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the group practice must report the measures for which there is Medicare patient data. A group practice must report on at least 1 measure for which there is Medicare patient data.
12-month (Jan 1 — Dec 31	CMS-certified survey vendor + qualified registry, direct EHR product, EHR DSV, or GPRO web interface	25+ eligible professionals	Report all CG CAHPS survey measures via a CMS-certified survey vendor, AND report at least 6 measures covering at least 2 of the NQS domains using a qualified registry, direct EHR product, EHR data submission vendor, or GPRO web interface.

** Finalized in the CY 2013 PFS final rule (see Table 91 at 77 FR 69194).