MLN Connects™

National Provider Call

2016 PQRS Reporting: Avoiding 2018 Negative Payment Adjustments

April 21, 2016

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Agenda and Learning Objectives

- CMS Initiatives and Quality Measurement
- Physician Quality Reporting System (PQRS) Getting Started
- 2016 PQRS Reporting
- 2016 Reporting Mechanisms:
  - Claims Reporting
  - Qualified Registry Reporting
  - Qualified Clinical Data Registry (QCDR)
  - Electronic Reporting using an Electronic Health Record (EHR)
  - Group Practice Reporting Option (GPRO) Web Interface
  - Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- Resources and Where to Call for Help
- Question & Answer Session

Acronyms

Acronyms in this Presentation

ACA: Affordable Care Act
ACO: Accountable Care Organizations
CAHPS: Consumer Assessment of Healthcare Providers and Systems
CEHRT: Certified Electronic Health Record Technology
CMS: Centers for Medicare & Medicaid Services
CPC: Comprehensive Primary Care
CQM: Clinical Quality Measures
DSV: Data Submission Vendor
EHR: Electronic Health Record
EP: Eligible Professional
GPRO: Group Practice Reporting Option
HHS: Health and Human Services
MLN: Medicare Learning Network
MPFS: Medicare Physician Fee Schedule
NG: Next Generation
NQS: National Quality Strategy
PQRS: Physician Quality Reporting System
PY: Program Year
QCDR: Qualified Clinical Data Registry
TIN: Tax Identification Number
VM: Value-Based Payment Modifier
WI: Web Interface

CMS Initiatives and Quality Measurement

Acronyms

Transformation of Health Care at the Front Line

The Affordable Care Act requires the Secretary of the Department of Health and Human Services to establish a *national* strategy that will improve:

- Delivery of health care services
- Patient health outcomes
- Population health

The Secretary established a National Quality Strategy (NQS) that sets priorities to guide this effort and includes a strategic plan for how to achieve it

Acronyms

6 National Quality Strategy Domains

NQS priorities for health care quality improvement

- Patient Safety
- Person and Caregiver-Centered Experience and Outcomes
- Communication and Care Coordination
- Effective Clinical Care
- Community/ Population Health
- Efficiency and Cost Reduction

Acronyms

Physician Quality Reporting System (PQRS)

Acronyms

What is PQRS?

PQRS is a quality reporting program that encourages individual eligible professionals (EPs) and group practices to report information on the quality of care to Medicare

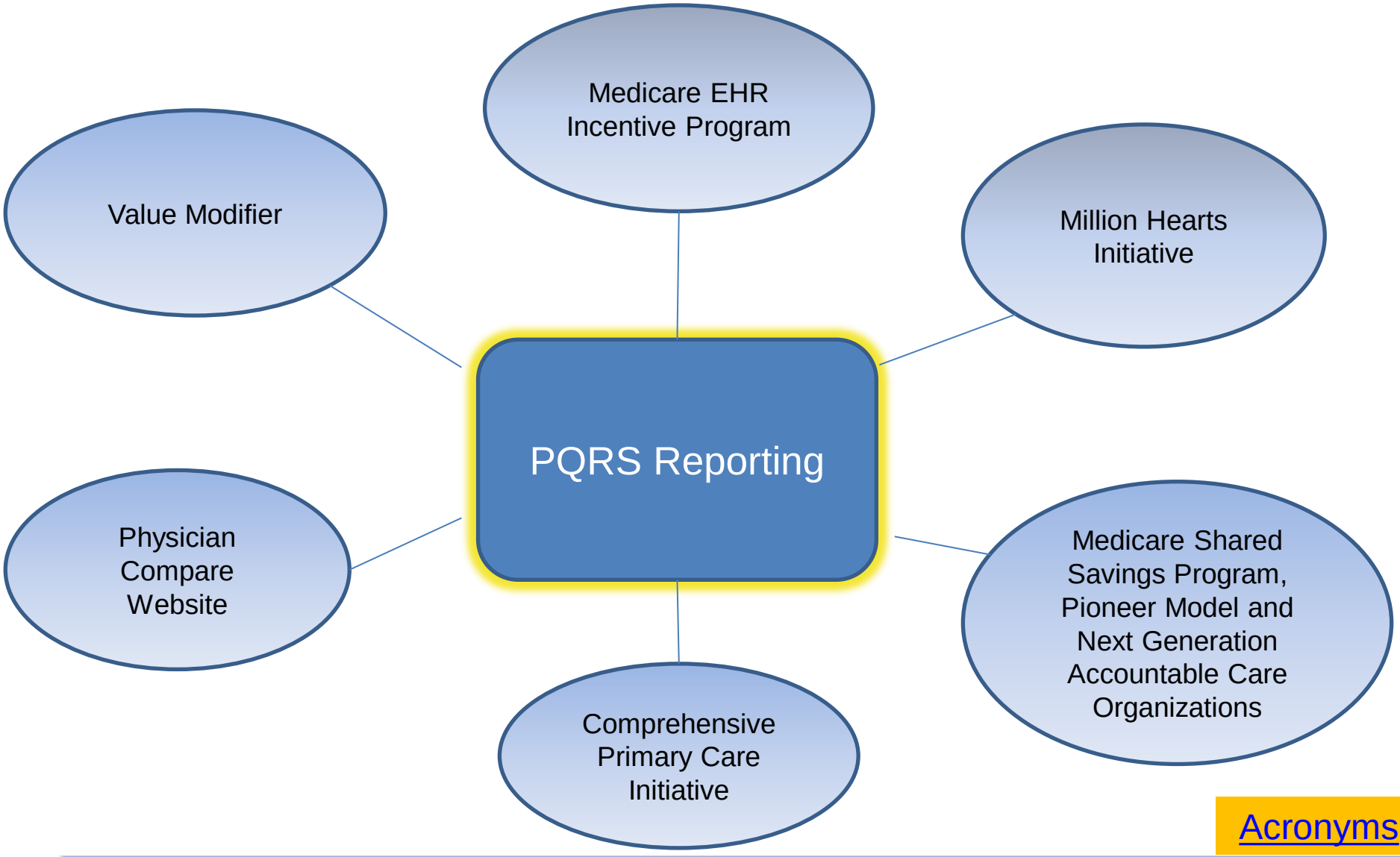
Individual EPs and PQRS group practices that do not satisfactorily report or participate in the 2016 PQRS program year will be subject to a negative payment adjustment in 2018

- Applies to all of the individual EP's or PQRS group practice's Part B covered professional services under Medicare Physician Fee Schedule (MPFS) during the payment adjustment period

PQRS Program Year	PQRS Payment Adjustment Period	Negative Adjustment Rate
2013	2015	-1.5%*
2014	2016	-2.0%*
2015	2017	-2.0%*
2016	2018	-2.0%*

Acronyms

PY2016 PQRS Alignment



Acronyms

2016 PQRS

GETTING STARTED

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Who Can Participate?

A list of eligible professionals is available on the PQRS How to Get Started webpage

Medicare Physicians	Practitioners	Therapists
• Doctor of Medicine • Doctor of Osteopathy • Doctor of Podiatric Medicine • Doctor of Optometry • Doctor of Oral Surgery • Doctor of Dental Medicine • Doctor of Chiropractic	• Physician Assistant • Nurse Practitioner* • Clinical Nurse Specialist* • Certified Registered Nurse Anesthetist* (and Anesthesiologist Assistant) • Certified Nurse Midwife* • Clinical Social Worker • Clinical Psychologist • Registered Dietician • Nutrition Professional • Audiologists	• Physical Therapist • Occupational Therapist • Qualified Speech-Language Therapist

**** Includes Advanced Practice Registered Nurse (APRN)***

Acronyms

How EPs Can Participate in PQRS

Individual EPs

Identified on claims by their individual National Provider Identifier (NPI) and Tax Identification Number (TIN)

Group Practices

A single TIN with 2 or more individual EPs who have reassigned their billing rights to the TIN

Note: If reporting for PQRS through another CMS program, check the program's requirements for how to report quality data to avoid the PQRS negative payment adjustment.

Acronyms

High-Level PQRS Process

Step 1: Reporting and Participation

- Individual EP or PQRS group practice submits quality measures data

Step 2: Analysis

- CMS analyzes data for meeting reporting criteria

Step 3: Results and Feedback

- Receive feedback reports on
  1) Success in reporting **OR**
  2) Subject to the PQRS negative payment adjustment

Step 4: Informal Review of Reporting Performance (Optional)

- Individual EP or PQRS group practices who feel the PQRS negative payment adjustment was assessed in error may request an informal review of their reporting performance

Acronyms

GPRO Registration

Group practices must:

- Register to participate in PQRS via GPRO
  - See the PQRS GPRO Registration webpage for more information
- Use Physician Value - PQRS Registration System
- Update the group's Medicare Provider Enrollment, Chain, and Ownership System (PECOS) information before registration
- Indicate the size of their group at the time they register for GPRO
  - Group size based on the number of EPs billing under the TIN
  - Reporting mechanisms and requirements vary depending on group size at time of registration

2016 PQRS GPRO registration occurs April 1, 2016 through June 30, 2016

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2016 PQRS

REPORTING

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2016 Reporting

PQRS offers several reporting mechanisms for reporting measures

There may be different options available within the specific reporting mechanism to satisfactorily report to avoid the 2018 PQRS negative payment adjustment

Appendix B in the 2016 PQRS Implementation Guide contains decision trees designed to help participants select a reporting mechanism. Visit the PQRS How to Get Started webpage for details.

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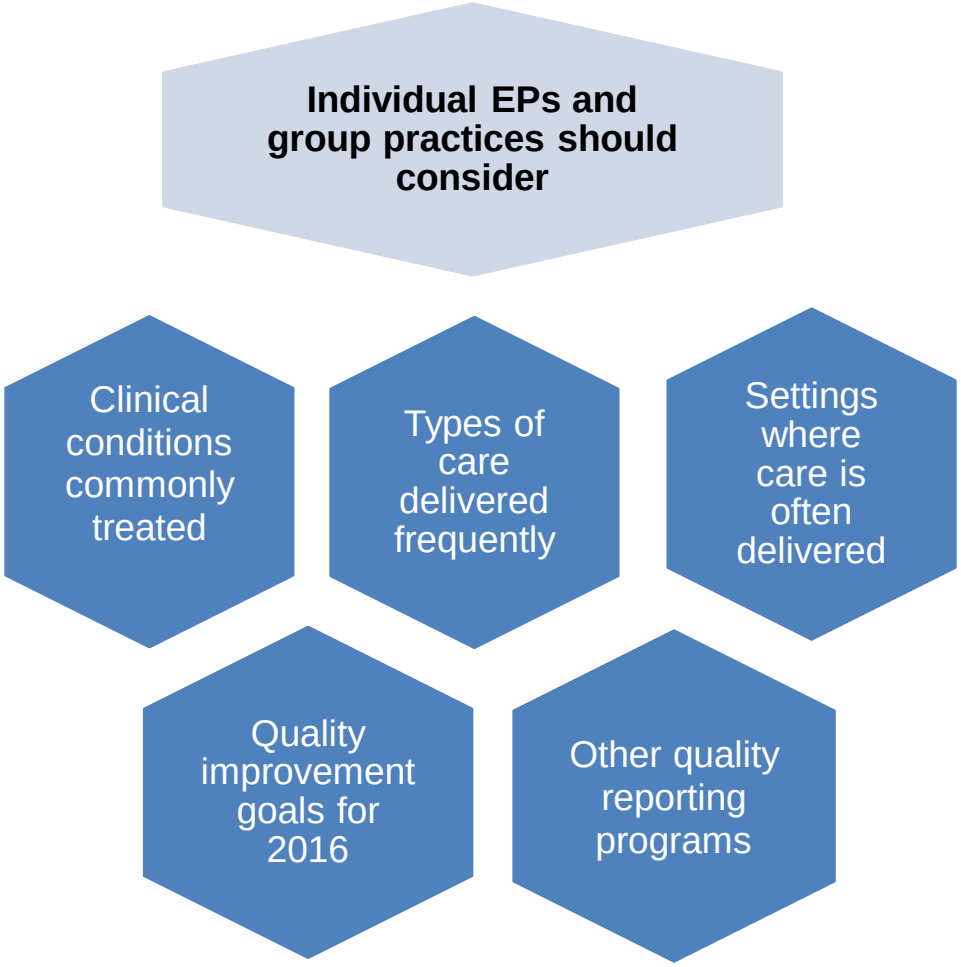
Selecting Measures



2016 PQRS Measures List and the PQRS Web-Based Measure Search Tool is on the PQRS Measures Codes webpage

Note: The PQRS measure set and resulting specifications change from year to year

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2016 PQRS

2016 REPORTING MECHANISMS

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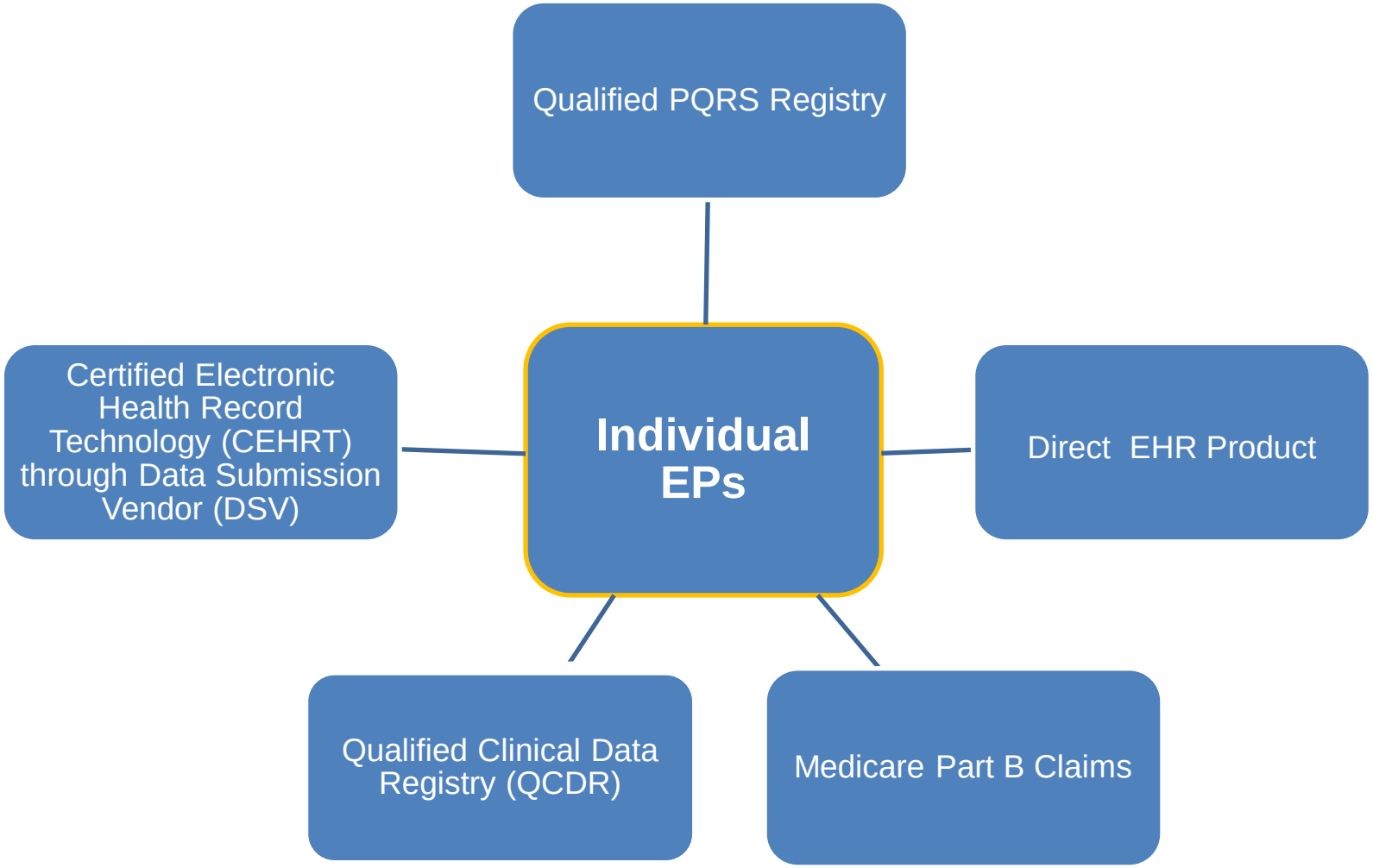
2016 Reporting Mechanisms



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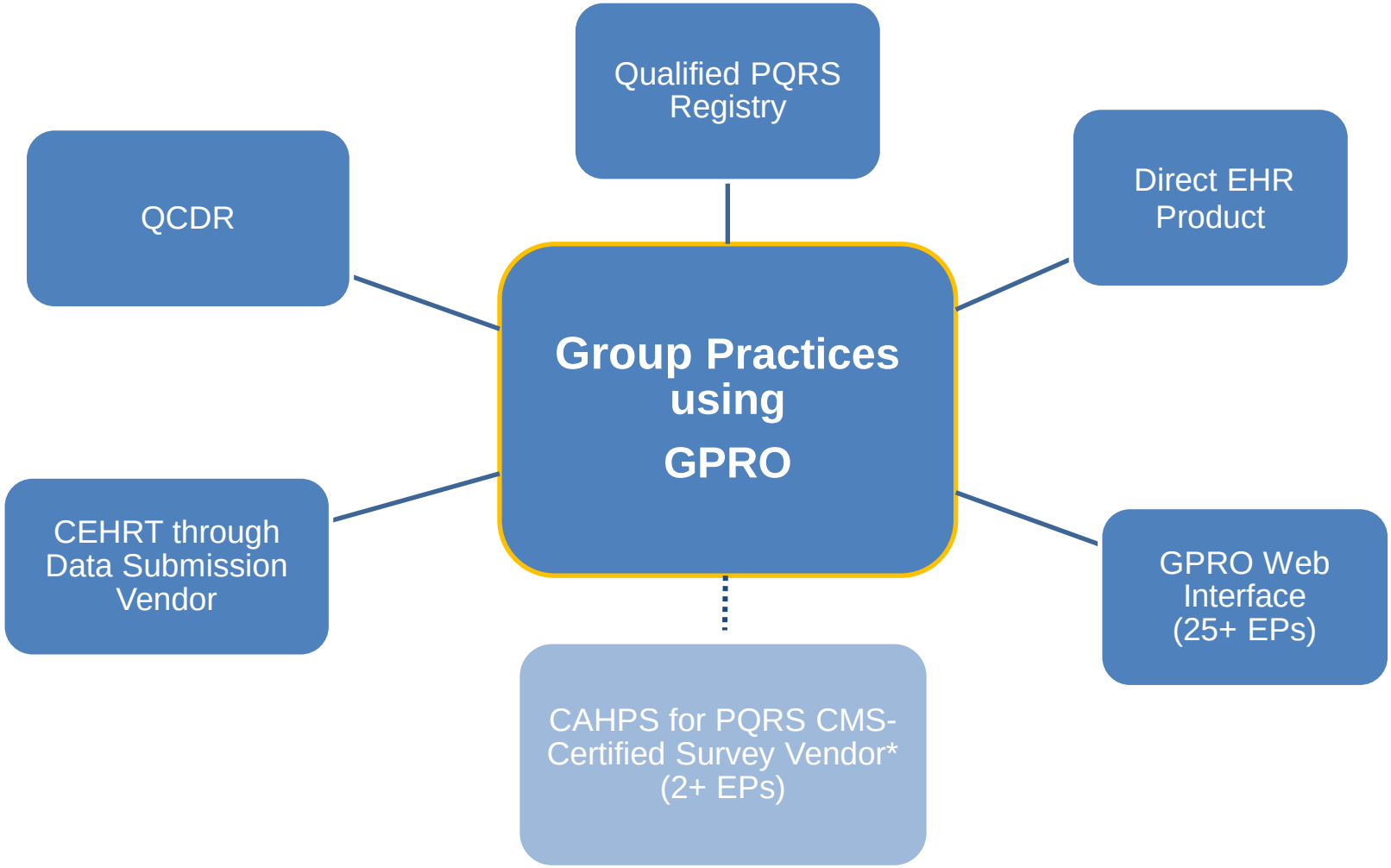
2016 Reporting Mechanisms



*Note: CAHPS for PQRS survey is required for PQRS group practices of 100+ EPs and **must** be reported in conjunction with another reporting mechanism.

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2016 Cross-Cutting Measures Requirement

Cross-cutting measures are defined as measures that are broadly applicable

Individual EPs and PQRS group practices are required to report one cross-cutting measure if they have at least one Medicare patient with a face-to-face encounter

- The following resources can be found on the PQRS Measures Codes webpage:
  - 2016 PQRS Measures List and 2016 Cross-Cutting Measures List - identify cross-cutting measures
  - 2016 PQRS List of Face-To-Face Encounter Codes - includes the billable codes that identify face-to-face encounters 2016

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2016 PQRS

CLAIMS REPORTING

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Claims-Based Reporting

Benefits:

- Readily accessible as it is a part of routine billing processes
- No need to contact a registry or EHR vendor to submit data
- Simple to select measures and begin reporting

Claims-based reporting is only available to individual EPs

See the 2016 PQRS Implementation Guide on the PQRS How To Get Started webpage for sample 1500 and 1450 claim forms

The following resources are available on the PQRS Measures Codes webpage:

- 2016 PQRS Claims Reporting Made Simple
- 2016 PQRS Claims Based-Coding and Reporting Principles

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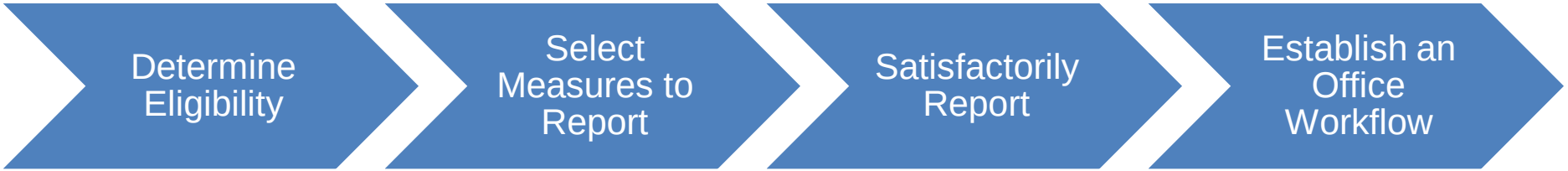
Claims-Based Reporting

Getting Started



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QUALIFIED REGISTRY REPORTING

Acronyms

Reporting via Qualified Registry

A qualified registry is an entity that collects clinical data from an individual EP or PQRS group practice and submits it to CMS on behalf of the participants; and is available to:

- Individual EPs
- PQRS group practices of 2-99 EPs
- PQRS group practices of 100 or more EPs when reported in conjunction with CAHPS for PQRS

The following resources are available on the PQRS Registry Reporting webpage:

- List of 2016 Qualified Registries
- 2016 PQRS Registry Reporting Made Simple

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Reporting via Registry

Getting Started

Acronyms

Qualified Clinical Data Registry (QCDR)

Acronyms

Participation via QCDR

A QCDR is a CMS-approved entity that collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients; and is available to:

- Individual EPs
- PQRS group practices of 2-99 EPs
- PQRS group practices of 100 or more EPs when reported in conjunction with CAHPS for PQRS

Individual EPs and PQRS group practices select a QCDR to work with

- The QCDR will provide data submission instructions

The following resources are available on the PQRS Qualified Clinical Data Registry Reporting webpage:

- List of 2016 QCDRs
- 2016 PQRS QCDR Participation Made Simple

Acronyms

Participation via QCDR

Getting Started

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Qualified Registry vs. QCDR

Vendor Type/Characteristics	Qualified Registry	Qualified Clinical Data Registry
CMS qualified entity that submits PQRS data on your behalf	Yes	Yes
PQRS measures	Yes	Yes
Non-PQRS measures	No	Yes
Supports Individual Measures	Yes	Yes
Supports Measures Groups	Yes	No
Available to PQRS group practices	Yes	Yes
Ability to align with Medicare EHR Incentive Program	No	Yes

Acronyms

2016 PQRS

Electronic Reporting Using an Electronic Health Record (EHR)

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Electronic Reporting

CMS has aligned several reporting requirements for those reporting electronically:

- The electronic clinical quality measures (eCQM) specifications are used for multiple programs, including PQRS and the Medicare EHR Incentive Program
- Satisfactory reporting of PQRS EHR quality measures allows individual EPs and PQRS group practices to satisfy the clinical quality measures (CQM) component of meaningful use
- Individual EPs and PQRS group practices are required to submit CQMs using a direct EHR product or EHR DSV that is CEHRT

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Direct EHR Vendor

EHR product and version for individual EPs and PQRS group practices to directly submit PQRS measures data to CMS in the CMS-specified format(s) on their own behalf

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EHR Data Submission Vendor

Entity that collects an individual EP's or group practice's clinical quality data directly from their EHR

- DSVs responsible for submitting PQRS measures data from an individual EP's or PQRS group practice's CEHRT to CMS in a CMS-specified format(s) on their behalf for the program year

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Electronic Reporting (cont.)

Electronic reporting using an EHR is available to:

- Individual EPs
- PQRS group practices of 2-99 EPs
- PQRS group practices of 100 or more EPs when reported in conjunction with CAHPS for PQRS

Individual EPs and PQRS group practices select an EHR product based on reporting and data submission type

2016 PQRS Reporting Using an Electronic Health Record (EHR) Made Simple is available on the PQRS Electronic Reporting Using an Electronic Health Record (EHR) webpage

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2016 PQRS

Group Practice Reporting Option (GPRO) Web Interface

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GPRO Web Interface

The GPRO Web Interface is a secure internet-based application available in the PQRS Portal to pre-registered users

- CMS pre-populates the GPRO Web Interface with a sample of the group's patients
  - PQRS group practice completes data for the pre-populated patients
- CMS calculates reporting and performance rates

Participation via the GPRO Web Interface is available to:

- PQRS group practices of 25-99 EPs
- PQRS group practices of 100 or more EPs when reported in conjunction with CAHPS for PQRS

2016 PQRS GPRO Web Interface Reporting Made Simple is available on the PQRS GPRO Web Interface webpage

Acronyms

Reporting via GPRO Web Interface

Getting Started

Acronyms

2016 PQRS

Consumer Assessment of Healthcare Providers and Systems (CAHPS) for PQRS

Acronyms

CAHPS for PQRS

CMS-certified survey vendors will be responsible for distributing the CAHPS for PQRS survey to select patients

- CMS-certified survey vendor will submit data collected on behalf of the group practice
- PQRS group practices will be required to select a CMS-certified survey vendor with which to work

CAHPS for PQRS is:

- **Optional** for PQRS group practices of 2-99 EPs reporting electronically, using a QCDR, or a Qualified Registry
- **Optional** for PQRS group practices of 25-99 EPs reporting via GPRO Web Interface
- **Required** for all PQRS group practices of 100 or more EPs, regardless of reporting mechanism

Note: CAHPS for PQRS must be reported in conjunction with the mechanism selected during registration

Additional resources are available on the PQRS CMS-Certified Survey Vendor webpage

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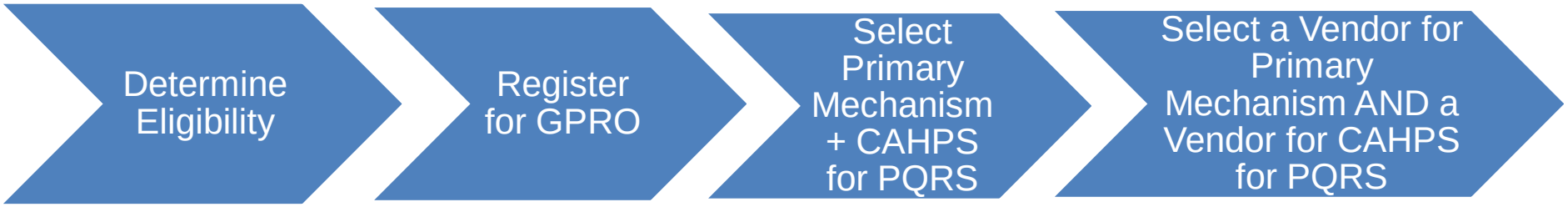
CAHPS Survey

Getting Started



2016 resources for selecting a CAHPS for PQRS vendor will be available at http://www.pqrscahps.org/en/

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FAQs

Top 5 FAQs

Question: Why am I subject to the 2016 PQRS negative payment adjustment?

Answer: The 2016 negative payment adjustment is based on PQRS participation in program year 2014. If you did not satisfactorily report PQRS in 2014, you are subject to the 2016 negative payment adjustment.

Question: How do I report for 2016 PQRS?

Answer: PQRS offers several mechanisms for reporting. Please see the 2016 Beginner Reporter Toolkit on the PQRS How To Get Started webpage various options and information on how to begin reporting.

Question: Where can I get assistance in finding measures to report for our practice?

Answer: Review the 2016 PQRS Measures List and/or the PQRS Web-Based Measure Search Tool located on the PQRS Measures Codes webpage for assistance finding measures to report.

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Top 5 FAQs (cont.)

Question: How do I access the Feedback/Dashboard Interim Feedback reports?

Answer: The Dashboard Feedback reports are only available to EPs that reported for PQRS via the Claims-based reporting mechanism. An EIDM account is required with the appropriate role(s) to access the PQRS Feedback reports. Visit the PQRS Analysis and Payment webpage for more information. **Note:** Interim Dashboard data is not yet available for 2016. 2015 PQRS feedback reports will be available in the fall of 2016.

Question: Am I eligible to participate in 2016 PQRS?

Answer: PQRS is a voluntary initiative for EPs who choose to participate. Review the 2016 PQRS List of Eligible Professionals located on the PQRS How To Get Started webpage to determine whether or not you are eligible to participate in PQRS.

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Where to Call for Help & Resources

Where to Call for Help

QualityNet Help Desk

qnetsupport@hcqis.org

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

7:00 am - 7:00 pm CT M-F

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

Have a question, but not a lot of time?

Skip the call and email your questions about today's National Provider Call with the subject *MLN NPC: 2016 PQRS*

Acronyms

Where to Call for Help (cont.)

Provider Contact Center:

See *Contact Center Directory*

EHR Incentive Program Information Center:

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

Medicare Shared Savings Program Help Desk

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

Operational & Program Support: sharedsavingsprogram@cms.hhs.gov

CPC Initiative Help Desk:

800-381-4724 or cpcisupport@telligen.org

Physician Value Help Desk (for VM questions)

888-734-6433 Option 3

Acronyms

Resources

- **PQRS website**
  - Statute Regulation Program Instructions, Analysis and Payment, Measure Specifications
- **Medicare FFS Physician Feedback Program/VM website**
  - VM Information, GPRO Registration, QRUR Information
- **Physician Compare website:**
- **Physician and Other Health Care Professionals Quality Reporting Portal**
  - Archived Feedback Reports, Enterprise Identity Management (EIDM) information
- **Communication Support Page website:**
  - National Provider Identifier level feedback on claims-based reporting
- **PV-PQRS System website**
- **CMS Enterprise Portal**
- **A Blueprint for the CMS Measures Management System**

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Question & Answer Session

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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.

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CME and CEU

This call is being evaluated by CMS for CME and CEU continuing education credit. For more information about continuing education credit, review the *CE Activity Information & Instructions* document available at the link below for specific details:

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/CEInfo-MLNConnects-TC-L04212016.pdf

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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.

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Acronyms

Appendix

Acronyms

Claims Requirements for the 2018 PQRS Payment Adjustment: Individual EPs

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting/Satisfactory Participation Criteria
12-month (Jan 1– Dec 31, 2016)	Individual Measures	Claims	Report at least 9 measures, covering at least 3 of the NQS domains AND report each measure for at least 50% of the EP's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Of the measures reported, if the EP sees at least 1 Medicare patient in a face-to-face encounter, the EP will report on at least 1 measure contained in the PQRS cross-cutting measure set. If less than 9 measures apply to the EP, the EP would report on each measure that is applicable , AND report each measure for at least 50% of the Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0% performance rate would not be counted.

Acronyms

Qualified Registry Requirements for the 2018 PQRS Payment Adjustment: Individual EPs

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting/Satisfactory Participation Criteria
12-month (Jan 1– Dec 31, 2016)	Individual Measures	Qualified Registry	Report at least 9 measures, covering at least 3 of the NQS domains AND report each measure for at least 50% of the EP's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Of the measures reported, if the EP sees at least 1 Medicare patient in a face-to-face encounter, the EP will report on at least 1 measure contained in the PQRS cross-cutting measure set. If less than 9 measures apply to the EP, the EP would report on each measure that is applicable, AND report each measure for at least 50% of the Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0% performance rate would not be counted.
12-month (Jan 1– Dec 31, 2016)	Measures Groups	Qualified Registry	Report at least 1 measures group AND report each measures group for at least 20 patients, the majority (11 patients) of which are required to be Medicare Part B FFS patients. Measures groups containing a measure with a 0% performance rate will not be counted.

Acronyms

Qualified Registry Requirements for the 2018 PQRS Payment Adjustment: PQRS Group Practices

Reporting Period	Size	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria
12-month (Jan 1–Dec 31, 2016)	2-99 EPs	Individual Measures	Qualified Registry	Report at least 9 measures, covering at least 3 of the NQS domains. Of these measures, if a group practice sees at least 1 Medicare patient in a face-to-face encounter, the group practice would report on at least 1 measure in the PQRS cross-cutting measure set. If less than 9 measures covering at least 3 NQS domains apply to the group practice, the group practice would report on each measure that is applicable to the group practice, AND report each measure for at least 50 percent of the group'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.
12-month (Jan 1–Dec 31, 2016)	2-99 EPs that elect CAHPS for PQRS; 100+ EPs that must report CAHPS for PQRS	Individual Measures + CAHPS for PQRS	Qualified Registry + CMS-Certified Survey Vendor	The group practice must have all CAHPS for PQRS survey measures reported on its behalf via a CMS-certified survey vendor, and report at least 6 additional measures, outside of the CAHPS for PQRS survey, covering at least 2 of the NQS domains using the qualified registry. If less than 6 measures apply to the group practice, the group practice must report on each measure that is applicable to the group practice. Of the additional measures that must be reported in conjunction with reporting the CAHPS for PQRS survey measures, if any EP in the group practice sees at least 1 Medicare patient in a face-to-face encounter, the group practice must report on at least 1 measure in the PQRS cross-cutting measure set.

Acronyms

Qualified Registry Requirements for the 2018 PQRS Payment Adjustment: Individual EPs

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting/Satisfactory Participation Criteria
12-month (Jan 1– Dec 31, 2016)	Individual PQRS measures and/or non-PQRS measures reportable via a QCDR	Qualified Clinical Data Registry (QCDR)	Report at least 9 measures available for reporting under a QCDR covering at least 3 of the NQS domains, AND report each measure for at least 50% of the EP's patients. Of these measures, the EP would report on at least 2 outcome measures, OR, if 2 outcomes measures are not available, report on at least 1 outcome measures and at least 1 of the following types of measures – resource use, patient experience of care, efficiency/appropriate use, or patient safety.

Acronyms

QCDR Requirements for the 2018 PQRS Payment Adjustment: PQRS Group Practices

Reporting Period	Size	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria
12-month (Jan 1–Dec 31, 2016)	2-99 EPs	Individual PQRS measures and/or non-PQRS measures reportable via a QCDR	Qualified Clinical Data Registry (QCDR)	Report at least 9 measures available for reporting under a QCDR covering at least 3 of the NQS domains, AND report each measure for at least 50% of the group practice's patients. Of these measures, the group practice would report on at least 2 outcome measures, OR, if 2 outcomes measures are not available, report on at least 1 outcome measures and at least 1 of the following types of measures – resource use, patient experience of care, efficiency/appropriate use, or patient safety.
12-month (Jan 1–Dec 31, 2016)	2-99 EPs that elect CAHPS for PQRS; 100+ EPs that must report CAHPS for PQRS	Individual PQRS measures and/or non-PQRS measures reportable via a QCDR + CAHPS for PQRS	QCDR + CMS-Certified Survey Vendor	The group practice must have all CAHPS for PQRS survey measures reported on its behalf via a CMS-certified survey vendor, and report at least 6 additional measures covering at least 2 NQS domains using the QCDR. Of the additional measures that must be reported in conjunction with reporting the CAHPS for PQRS survey measures, at least 1 measure must be an outcome measure.

Acronyms

Electronic Reporting Requirements for the 2018 PQRS Payment Adjustment: Individual EPs

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting/Satisfactory Participation Criteria
12-month (Jan 1– Dec 31, 2016)	Individual Measures	Direct EHR Product or EHR Data Submission Vendor Product	Report 9 measures covering at least 3 of the NQS domains. If an EP's direct EHR product or EHR data submission vendor product does not contain patient data for at least 9 measures covering at least 3 domains, then the EP would be required to report all of the measures for which there is Medicare patient data. An EP would be required to report on at least 1 measure for which there is Medicare patient data.

Acronyms

Electronic Reporting Requirements for the 2018 PQRS Payment Adjustment: PQRS Group Practices

Reporting Period	Size	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria
12-month (Jan 1–Dec 31, 2016)	2-99 EPs	Individual Measures	Direct EHR Product or EHR Data Submission Vendor Product	Report 9 measures covering at least 3 domains. If the group practice's direct EHR product or EHR data submission vendor product 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 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, 2016)	2-99 EPs that elect CAHPS for PQRS; 100+ EPs that must report CAHPS for PQRS	Individual Measures + CAHPS for PQRS	Direct EHR Product or EHR Data Submission Vendor Product + CMS-Certified Survey Vendor	The group practice must have all CAHPS for PQRS survey measures reported on its behalf via a CMS-certified survey vendor, and report at least 6 additional measures, outside of CAHPS for PQRS, covering at least 2 of the NQS domains using the direct EHR product or EHR data submission vendor product. If less than 6 measures apply to the group practice, the group practice must report all of the measures for which there is Medicare patient data. Of the additional 6 measures that must be reported in conjunction with reporting the CAHPS for PQRS survey measures, a group practice would be required to report on at least 1 measure for which there is Medicare patient data.

Acronyms

GPRO WI Requirements for the 2018 PQRS Payment Adjustment

Reporting Period	Size	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria
12-month (Jan 1–Dec 31, 2016)	25-99 EPs	Individual GPRO Measures in the GPRO Web Interface	GPRO Web Interface	Report on all measures included in the GPRO web interface; AND populate data fields for the first 248 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 248, then the group practice must report on 100 % of assigned beneficiaries. In other words, we understand that, in some instances, the sampling methodology we provide will not be able to assign at least 248 patients on which a group practice may report, particularly those group practices on the smaller end of the range of 25–99 EPs. If the group practice is assigned less than 248 Medicare beneficiaries, then the group practice must report on 100% of its assigned beneficiaries. A group practice must report on at least 1 measure for which there is Medicare patient data.
12-month (Jan 1–Dec 31, 2016)	100+ EPs (if CAHPS for PQRS applies)	Individual GPRO Measures in the GPRO Web Interface + CAHPS for PQRS	GPRO Web Interface + CMS-Certified Survey Vendor	The group practice must have all CAHPS for PQRS survey measures reported on its behalf via a CMS-certified survey vendor. In addition, the group practice must report on all measures included in the GPRO web interface; AND populate data fields for the first 248 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 248, then the group practice must report on 100% of assigned beneficiaries. A group practice will be required to report on at least 1 measure for which there is Medicare patient data. Please note that if the CAHPS for PQRS survey is applicable to a group practice who reports quality measures via the Web Interface, the group practice must administer the CAHPS for PQRS survey in addition to reporting the Web Interface measures.

Acronyms