2016 Physician Quality Reporting System (PQRS):

How to Report Once for Medicare Quality Programs

May 2016

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This document is a high-level outline of how to report quality measures one time during the 2016 program year to fulfill requirements for more than one Medicare program. Although CMS has attempted to align or adopt similar reporting requirements across programs, EPs should look to the respective quality program to ensure they satisfy the PQRS, Medicare EHR Incentive Program, Value-Based Payment Modifier (Value Modifier), etc. requirements of each of these programs. For more specific information on a particular program, visit the following websites: Medicare Electronic Health Records (EHR) Incentive Programs, Value-Based Payment Modifier and Shared Savings Program.

How to Report Once for 2016 Medicare Quality Programs: Individual Eligible Professionals

Overview

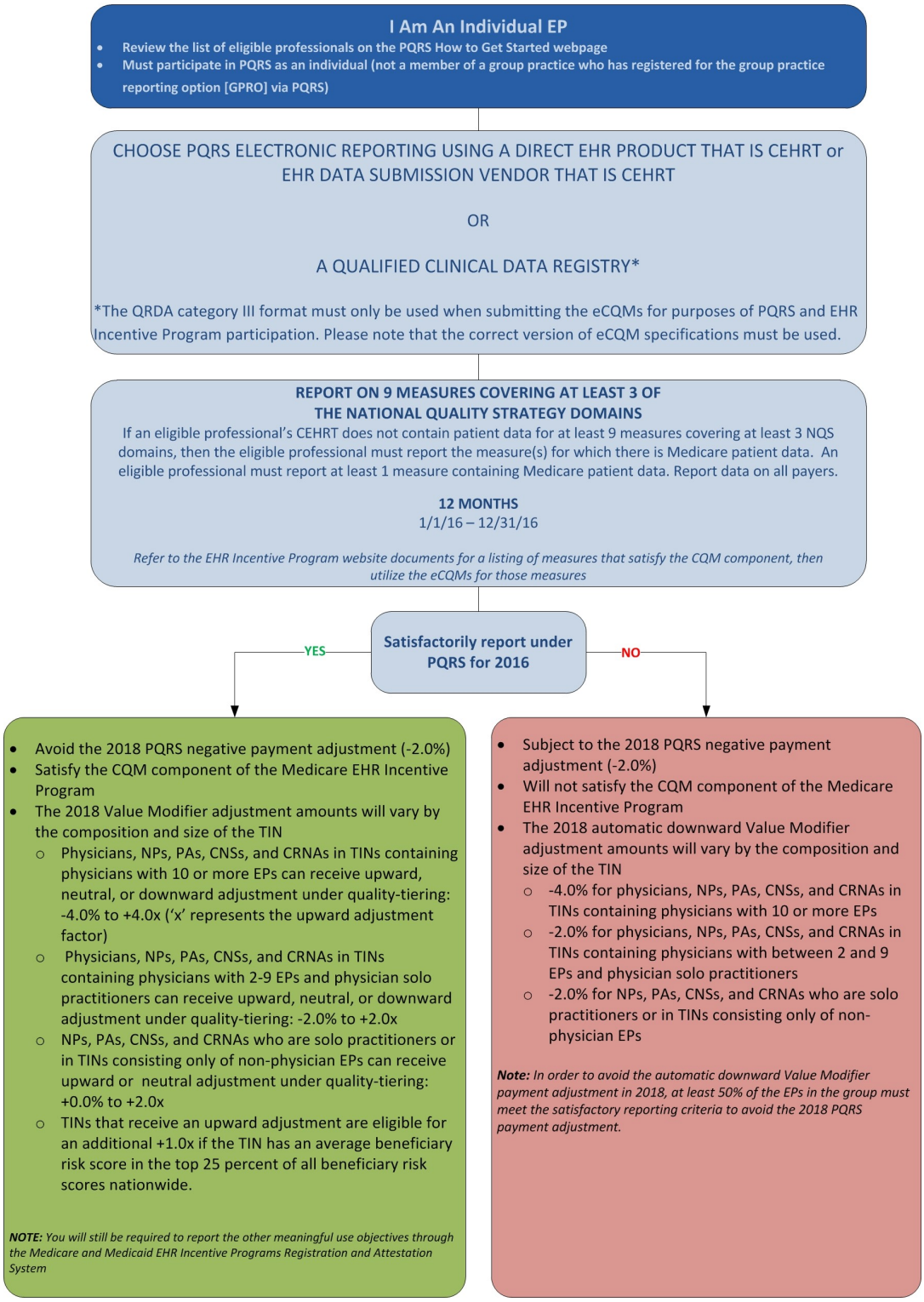
This section serves as a guide to individual eligible professionals who want to report quality measures one time during the 2016 program year in order to avoid the 2018 Physician Quality Reporting System (PQRS) negative payment adjustment, satisfy the clinical quality measure (CQM) component of the Medicare Electronic Health Record (EHR) Incentive Program, and avoid the automatic downward adjustment and qualify for adjustments based on performance under the Value-Based Payment Modifier (Value Modifier) in 2018.

> ***Note:*** *In 2018, the Value Modifier will apply to payments made under the Medicare Physician Fee Schedule (MPFS) to all physicians, physician assistants (PAs), nurse practitioners (NPs), clinical nurse specialists (CNSs), and certified registered nurse anesthetists (CRNAs) in groups of 2+ eligible professionals (EPs) and those who are solo practitioners. Groups and solo practitioners are identified by their Medicare-enrolled Taxpayer Identification Number (TIN). Physicians, PAs, NPs, CNSs, and CRNAs who are solo practitioners can avoid the automatic -2.0% Value Modifier payment adjustment in 2018 by participating in the PQRS as individuals in 2016 and meeting the satisfactory reporting criteria to avoid the 2018 PQRS negative payment adjustment. Physicians, PAs, NPs, CNSs, and CRNAs in groups can avoid the automatic -2.0% or -4.0% Value Modifier payment adjustment (depending on the composition and size of the group) in 2018 by (1) participating in the PQRS group practice reporting option (GPRO) in 2016 and meeting the satisfactory reporting criteria to avoid the 2018 PQRS negative payment adjustment, or (2) ensuring that the EPs in the group participate in the PQRS as individuals in 2016 and at least 50% of the EPs in the group meet the satisfactory reporting criteria to avoid the 2018 PQRS payment adjustment.*

- EPs are required to use the most recent version of the electronic specifications for the CQMs when electronically reporting for the Medicare EHR Incentive Program and PQRS.
- The reporting period for 2016 PQRS is 12 months, January 1 through December 31, 2016; The Medicare EHR Incentive Program's 90-day reporting period only applies to first-time participants, so all other providers must report a full year of data.
- Qualified clinical data registries (QCDRs) intending to submit eCQM data must:
  - Use Certified Electronic Health Record Technology (CEHRT) that meets all of the certification criteria required for eCQMs as required under the Medicare EHR Incentive Program.
  - Report eCQMs included in the Stage 2 final rule and use the same electronic specifications established for the Medicare EHR Incentive Program.
  - Submit the eCQM data in a quality data reporting architecture (QRDA) category III format.

  Note: For more information on QCDR reporting for PQRS only (XML format), please see "2016 PQRS QCDR Participation Made Simple" on the PQRS Qualified Clinical Data Registry Reporting webpage.

How to Report Once for 2016 Medicare Quality Programs: Individual Eligible Professionals



How to Report Once for 2016 Medicare Quality Programs: Group Practices

Overview

This section serves as a guide to group practices wishing to report quality measures one time during the 2016 program year in order to avoid the Physician Quality Reporting System (PQRS) 2018 negative payment adjustment, satisfy the clinical quality measure (CQM) component of the Medicare Electronic Health Record (EHR) Incentive Program, and avoid the automatic downward adjustment and qualify for adjustments based on performance under the Value-Based Payment Modifier (Value Modifier) in 2018.

> ***Note:*** *In 2018, the Value Modifier will apply to payments made under the Medicare Physician Fee Schedule (MPFS) to all physicians, physician assistants (PAs), nurse practitioners (NPs), clinical nurse specialists (CNSs), and certified registered nurse anesthetists (CRNAs) in groups of 2+ eligible professionals (EPs) and those who are solo practitioners. Groups and solo practitioners are identified by their Medicare-enrolled Taxpayer Identification Number (TIN). Physicians, PAs, NPs, CNSs, and CRNAs in groups can avoid the automatic -2.0% or -4.0% Value Modifier payment adjustment (depending on the composition and size of the group) in 2018 by (1) participating in the PQRS group practice reporting option (GPRO) in 2016 and meeting the satisfactory reporting criteria to avoid the 2018 PQRS negative payment adjustment, or (2) ensuring that the EPs in the group participate in the PQRS as individuals in 2016 and at least 50% of the EPs in the group meet the satisfactory reporting criteria to avoid the 2018 PQRS negtative payment adjustment.*
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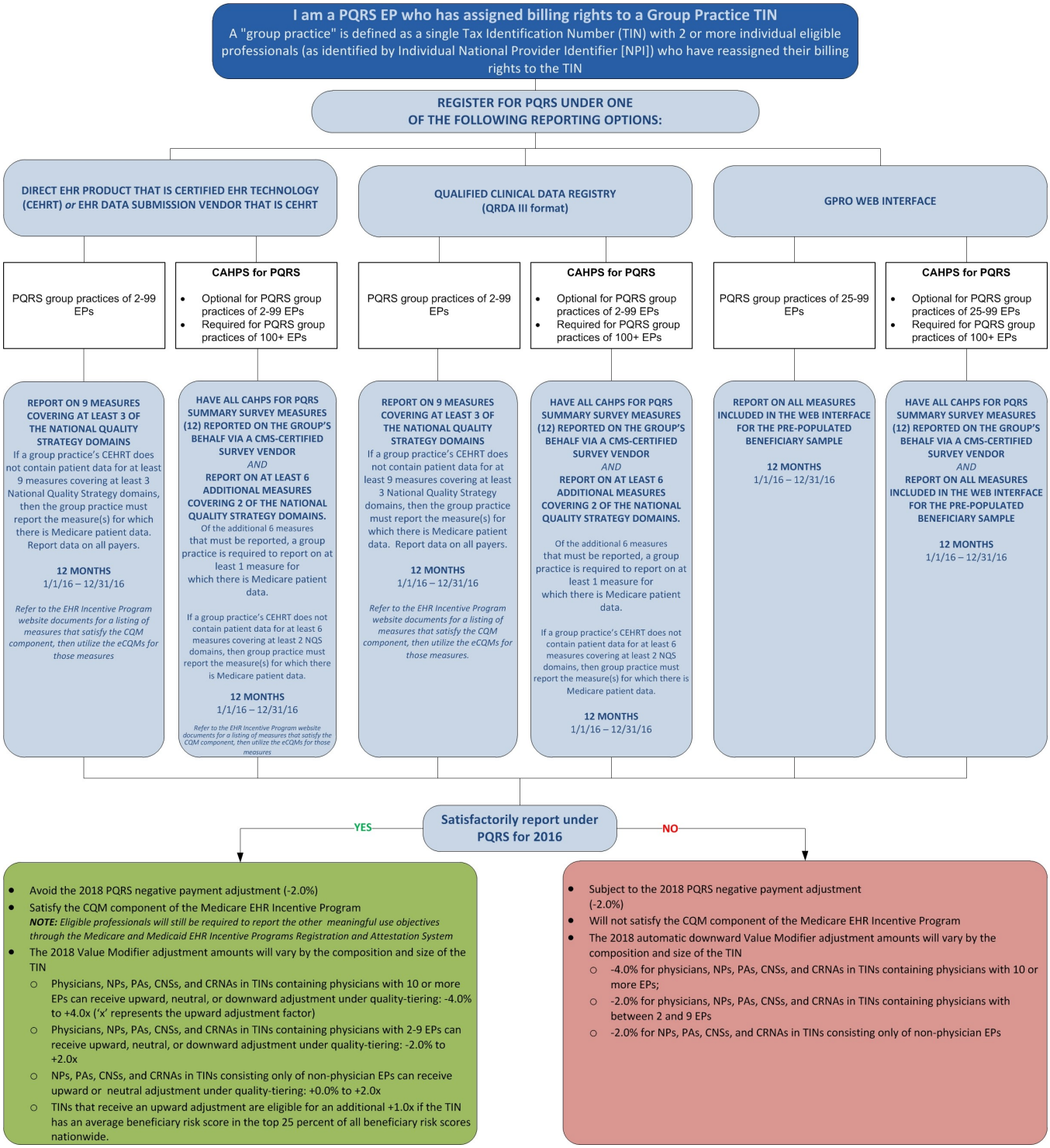
> *This section applies to groups that want to meet the 2018 Value Modifier requirements by reporting under the PQRS using one of the group practice reporting options.*

- EPs within the group practice may use the group reporting option either electronically using QRDA or via GPRO Web Interface and are required to collect CQM data for an EHR reporting period of the full calendar year of 2016, and attest through the Medicare EHR Incentive Program Attestation System by February 28, 2017, in order to avoid the 2018 Medicare EHR Incentive Program payment adjustment.
- The reporting period for 2016 PQRS is 12 months, January 1 through December 31, 2016; The Medicare EHR Incentive Program's 90-day reporting period only applies to first-time participants, so all other providers must report a full year of data.
- Qualified clinical data registries (QCDRs) intending to submit eCQM data must:
  - Use Certified Electronic Health Record Technology (CEHRT) that meets all of the certification criteria required for eCQMs as required under the Medicare EHR Incentive Program.
  - Report eCQMs included in the Stage 2 final rule and use the same electronic specifications established for the Medicare EHR Incentive Program.
  - Submit the eCQM data in a quality data reporting architecture (QRDA) category III format.

  Note: For more information on QCDR reporting for PQRS only (XML format), please see "2016 PQRS QCDR Participation Made Simple" on the PQRS Qualified Clinical Data Registry Reporting webpage.

How to Report Once for 2016 Medicare Quality Programs: Group Practices



How to Report Once for 2016 Medicare Quality Programs: Medicare Shared Savings Program Accountable Care Organizations

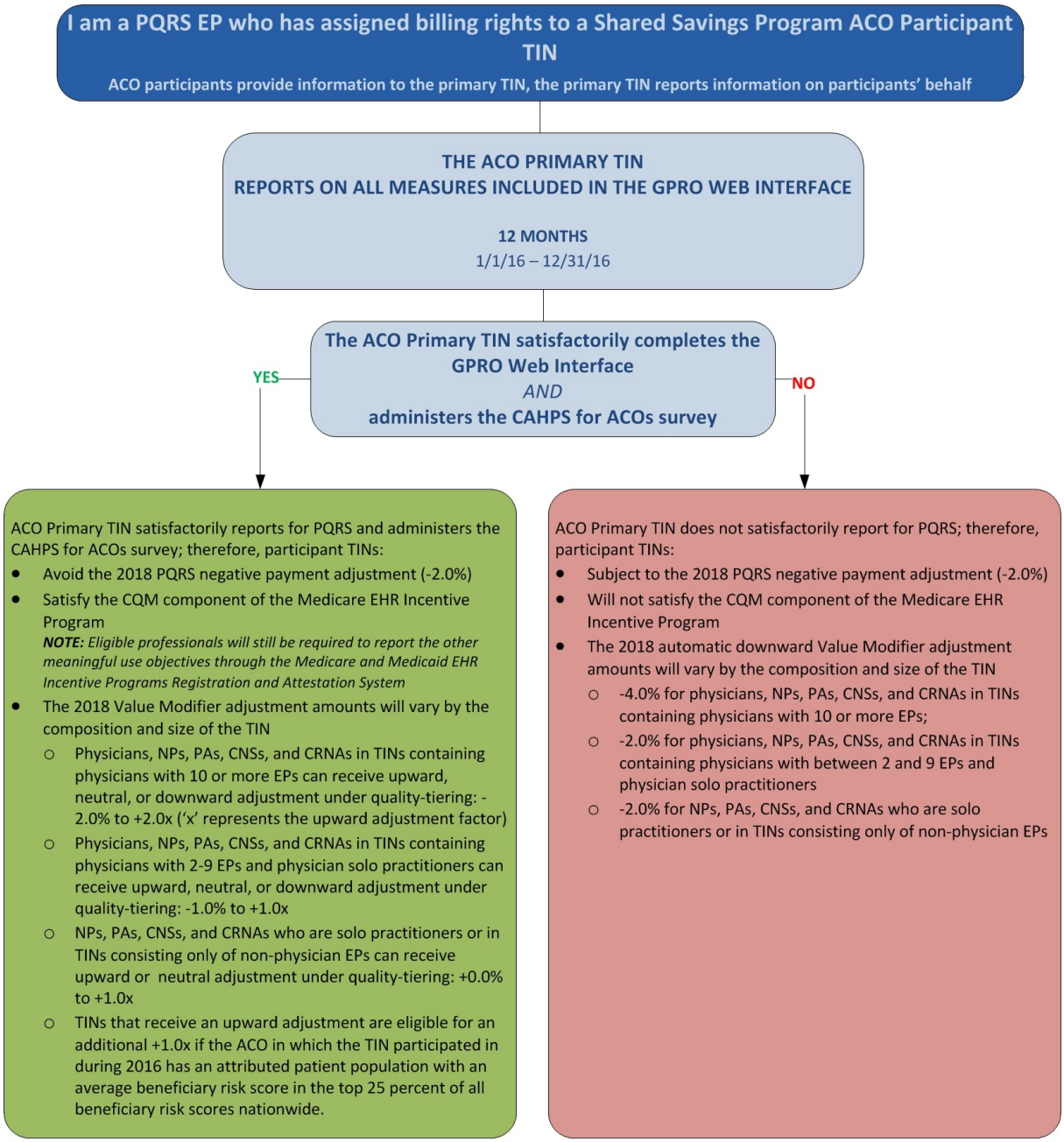
Overview

This section serves as a guide to Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs) participants wishing to avoid the 2018 Physician Quality Reporting System (PQRS) negative payment adjustment, satisfy the clinical quality measure (CQM) component of the Medicare Electronic Health Record (EHR) Incentive Program, and avoid the automatic downward adjustment and qualify for adjustments based on performance under the Value-Based Payment Modifier (Value Modifier) in 2018.

> ***Note:*** *EPs within an ACO participant TIN may avoid the 2018 PQRS negative payment adjustment when the ACO satisfactorily reports through the GPRO Web Interface. The 2018 Value Modifier will apply to physicians, NPs, PAs, CNSs, and CRNAs in TINs that participate in the Shared Savings Program during the calendar year 2016 performance period. In order for physicians, NPs, PAs, CNSs, and CRNAs within an ACO participant TIN to avoid the automatic downward adjustment and qualify for adjustments based on performance under the Value Modifier in 2018, the ACO must satisfactorily report all Shared Savings Program quality measures, which includes measures collected through the CAHPS for ACO survey and the GPRO Web Interface.*

- Medicare EPs within the ACO participant TIN (participating via GPRO Web Interface) are required to attest to the objectives and measures of meaningful use by February 28, 2017 to demonstrate meaningful use in the Medicare EHR Incentive Program.

How to Report Once for 2016 Medicare Quality Programs: Medicare Shared Savings Program Accountable Care Organizations



Note: EPs within an ACO participant TIN may avoid the 2018 PQRS negative payment adjustment when the ACO satisfactorily reports through the GPRO Web Interface. The 2018 Value Modifier will apply to physicians, NPs, PAs, CNSs, and CRNAs in TINs that participate in the Shared Savings Program during the calendar year 2016 performance period. In order for physicians, NPs, PAs, CNSs, and CRNAs within an ACO participant TIN to avoid the automatic downward adjustment and qualify for adjustments based on performance under the Value Modifier in 2018, the ACO must satisfactorily report all Shared Savings Program quality measures, which includes measures collected through the CAHPS for ACO survey and the GPRO Web Interface.

How to Report Once for 2016 Medicare Quality Programs: Pioneer and Next Generation Accountable Care Organizations

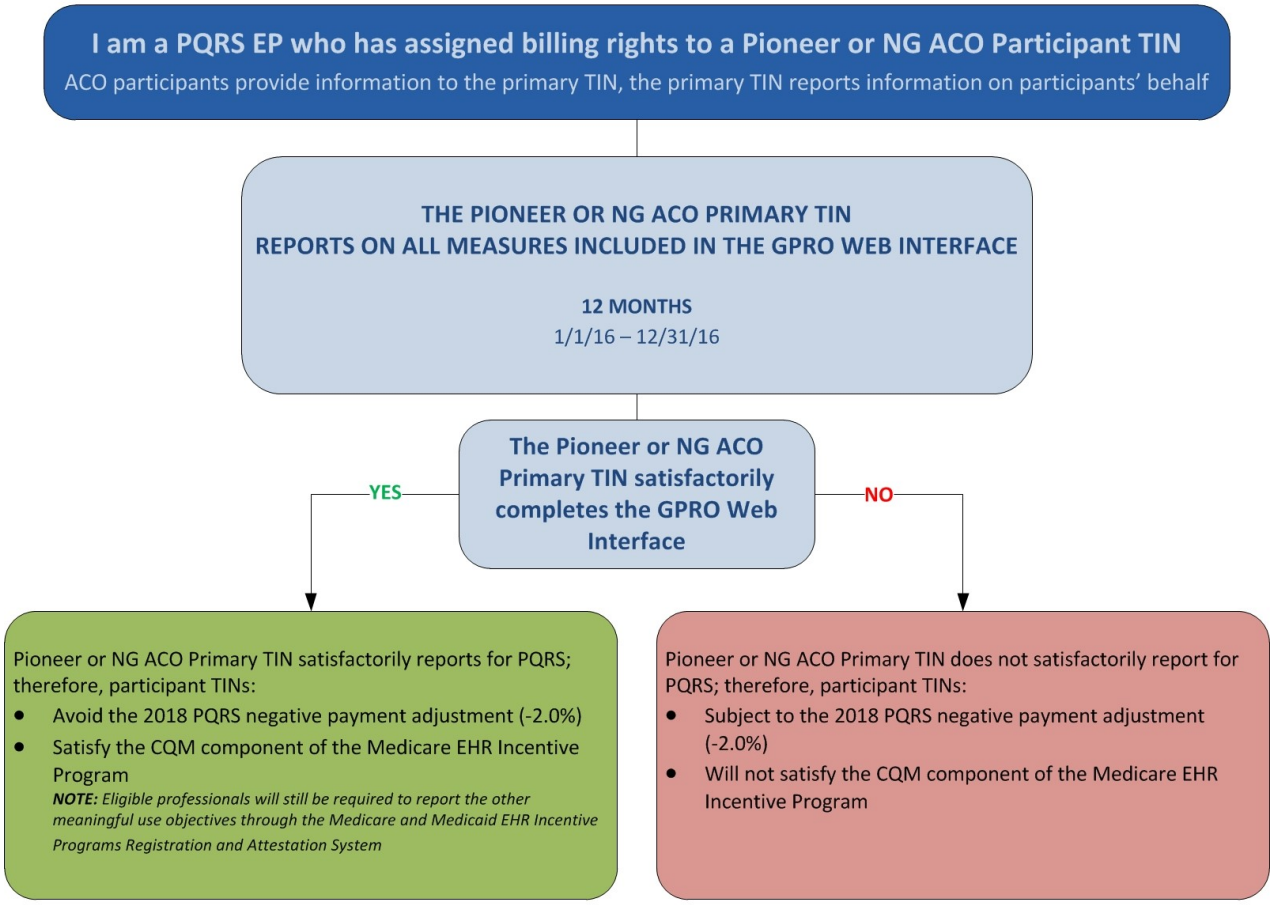
Overview

This section serves as a guide to Pioneer and Next Generation (NG) ACOs wishing to avoid the 2018 Physician Quality Reporting System (PQRS) negative payment adjustment and satisfy the clinical quality measure (CQM) component of the Medicare Electronic Health Record (EHR) Incentive Program. Non-participating providers in Pioneer and NG ACO TINs should refer to *GPRO Requirements for Submission*, available on the PQRS GPRO webpage.

> ***Note:*** *In 2018, the application of the Value-Based Payment Modifier (Value Modifier) is waived for groups and solo practitioners, as identified by their TIN, if at least one EP who billed for MPFS items and services under the TIN during 2016 participated in the Pioneer ACO Model, CPC Initiative, or other similar Innovation Center models (e.g., the Next Generation ACO Model, Oncology Care Model, Comprehensive ESRD Care Initiative) in 2016.*

- For Pioneer and NG ACO providers in "split" participation TINs (participating TINs under which only some providers (identified by NPIs) opt to participate in the ACO) can participate in PQRS outside of the ACO via the options below:
  - Split TINs can participate as an entire group (both ACO and non-ACO participating providers) by reporting via one of the PQRS GPRO reporting options or
  - Non-ACO participating providers in split TINs can participate as PQRS individuals via EHR, registry, QCDR, or claims-based reporting.
  - If there is at least one EP billing under a TIN that participates in the Pioneer and NG ACO Model in 2016, the TIN will receive average cost and average quality and a neutral (0%) Value Modifier in 2018, regardless of whether other EPs under the TIN participate in the Pioneer and NG ACO Model.
  - EPs within the Pioneer and NG ACO group practice (participating via GPRO Web Interface) can satisfy the CQM component of the Medicare EHR Incentive Program by satisfactory reporting of all GPRO Web Interface quality measures.

How to Report Once for 2016 Medicare Quality Reporting Programs: Pioneer and Next Generation Accountable Care Organizations



Note: CMS will not apply the Value Modifier to TINs in which at least one eligible professional (EP) who billed for MPFS items and services under the TIN during 2016 participated in the Pioneer or NG ACO Model in 2016.