

Introduction to Quality Reporting

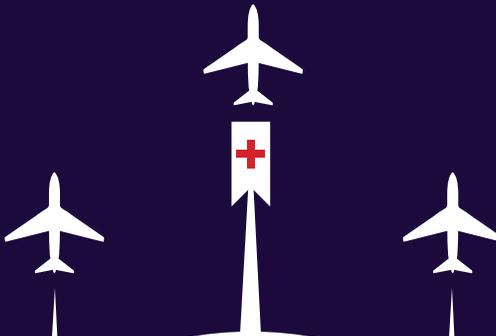
Improving the quality of health care is a core function of the Centers for Medicare & Medicaid Services (CMS).

For over a decade, the U.S. Department of Health and Human Services (HHS) and CMS have launched quality initiatives to improve quality health care for all Americans through accountability and public disclosure.

CMS supports health care providers in achieving better outcomes for beneficiaries and communities by driving care improvement through quality initiatives.

What is quality reporting?

Health care providers report quality measures to CMS about health care services provided to Medicare beneficiaries. Quality measures are tools that help CMS assess various aspects of care such as health outcomes, patient perceptions, and organizational structure. The measures reported by health care professionals inform the ability to provide high-quality health care and relate to the goal of effective, safe, efficient, patient-centered, equitable, and timely care.



QUALITY REPORTING ROAD MAP

How does quality reporting impact you?

By reporting quality measures, clinicians can:

Assess the quality of care they provide to their patients

Quantify how often they are meeting a particular quality metric

View their published quality metrics alongside that of their peers on the Physician Compare website

Avoid Physician Quality Reporting System (PQRS) negative payment adjustments

Receive Medicare Electronic Health Record (EHR) Incentive Program incentive payments and avoid the program's payment adjustments

Avoid the automatic downward Value-Based Payment Modifier (Value Modifier) payment adjustment and be eligible for an upward, neutral, or downward payment adjustment based on performance

FOLLOW THIS ROAD MAP

Follow this road map to see how you can participate in CMS quality programs and obtain the potential benefits the programs offer to both you and your patients.



REPORTING MECHANISM OPTIONS BY PRACTICE SIZE

Individual Eligible Professionals (EPs)

- Claims Reporting
- Registry Reporting
- Electronic Reporting Using Certified EHR Technology (CEHRT)
- Qualified Clinical Data Registry Reporting

Group Practices

- Registry Reporting
- Electronic Reporting Using CEHRT
- Group Practice Reporting Option (GPRO) via Web Interface*
- CAHPS for PQRS via CMS-certified survey vendor (for group practices of 2+) to supplement PQRS group practice reporting
- Qualified Clinical Data Registry Reporting

*Only available for groups of 25+ EPs.

Determine Eligibility

In order to participate in 2016 PQRS to avoid the 2018 negative payment adjustment, you must first determine eligibility. For information on how to determine your eligibility, see the 2016 List of Eligible Professionals, available on the [PQRS How to Get Started webpage](#).

The reporting period for 2016 is January 1, 2016 - December 31, 2016

Choose Your Reporting Mechanism

You can visit the [PQRS How to Get Started webpage](#) and view the documents that outline your chosen mechanism, such as:

- Claims Reporting
- Registry Reporting
- Electronic Reporting Using CEHRT
- Qualified Clinical Data Registry Reporting
- Group Practice Reporting Option Web Interface

Select and Report Your Measures

The 2016 PQRS measures address various aspects of care, such as disease prevention, chronic- and acute-care management, and procedure-related care.

See the 2016 Measures List, available on the [PQRS Measures Codes webpage](#). After choosing your reporting mechanism, you may report quality information using the guidelines in the Made Simple documents for that mechanism referenced above.





Satisfactorily Report Your Data



Congratulations! You now have the tools to satisfactorily report your data and avoid a PQRS negative payment adjustment. Individual EPs and group practices who satisfactorily report quality measures can not only avoid the PQRS negative payment adjustment, but also satisfy the clinical quality measure (CQM) component of the Medicare EHR Incentive Program and avoid an automatic downward adjustment under the Value Modifier.

For more information, please see the How to Report Once for 2016 Medicare Quality Reporting Programs document on the [PQRS How to Get Started webpage](#).

For more information, please see the 2016 Physician Quality Reporting System (PQRS) Implementation Guide on the [PQRS How to Get Started webpage](#).

For questions, contact the [QualityNet Help Desk](#).



Use Your Results

The data you have reported are used for a range of CMS quality initiatives. Data are available for public reporting on [Physician Compare](#), a website that displays information about physicians and other health care professionals who provide care to people with Medicare.

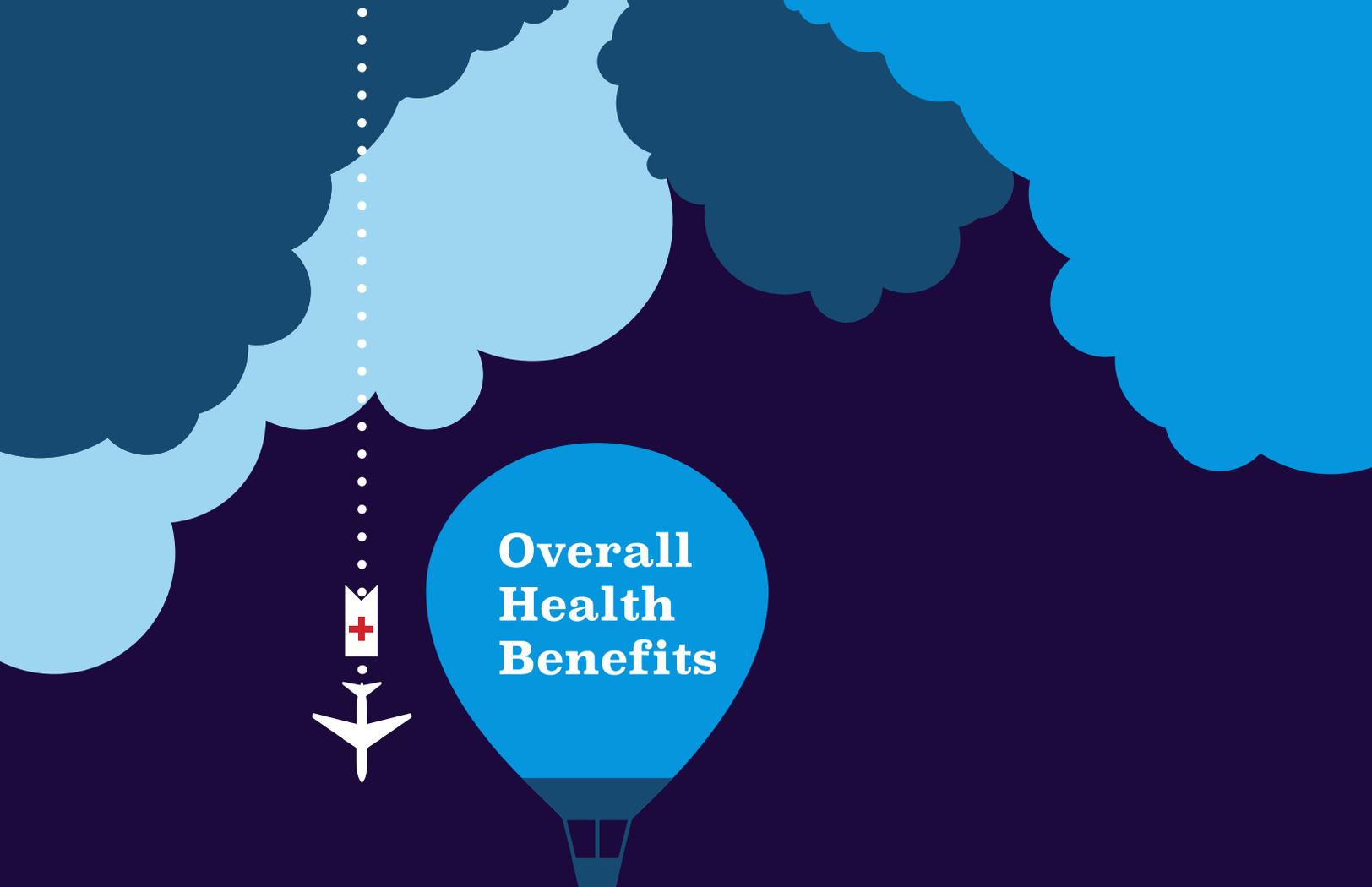
With Physician Compare, you can see your performance as well as the performance of your peers on a series of publicly reported measures. This website enables you to track your performance, and allows consumers to make informed choices about the health care they receive.

The data you report are also used to calculate the Value Modifier for physicians and certain practitioners in 2018. The 2018 Value Modifier is based on quality of care and cost data from 2016. The Value Modifier will apply to payments under the Medicare Physician Fee Schedule for physicians, nurse practitioners, physician assistants, clinical nurse specialists, and certified registered nurse anesthetists who are solo practitioners or in groups with 2 or more EPs.

Visit the [Value Modifier webpage](#) to learn more.

In addition, the data are used as part of the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. The EHR Incentive Programs provide incentive payments to individual EPs, eligible hospitals, and critical access hospitals (CAHs) who adopt, implement, upgrade or demonstrate meaningful use of CEHRT. The EHR Incentive Programs will continue through 2018.

To learn more about meaningful use, visit the [EHR Incentive Programs webpage](#).



Overall Health Benefits



By participating in the quality reporting process outlined in this road map, you can enhance the quality of health care for your patients and for your community.



Your ability to see your data and peer performance enables you to quantify and track the quality of your health care services.



The powerful knowledge you gain from this resource means that you and your patients can make informed health care decisions together.



For your patients, informed decisions lead to improved quality of care, improved health outcomes, and an increase in their overall quality of life.

For payers and employers, healthier patients lead to reduced costs and improved health and productivity.

For more information, please visit the [National Quality Strategy website](#), as well as the [CMS Quality Strategy webpage](#).

