

Navigate PQRS: Group Practice

Step 1: Determine Eligibility

If any of the following apply, you are eligible for and must participate in PQRS to avoid a penalty:

- You are an independent contractor and you bill Medicare Part B claims
- You are providing covered professional services paid under or based on the Medicare Physician Fee Schedule (MPFS) (including Medicare Part B primary claims, Medicare Part B secondary payer claims, and Railroad Medicare Part B claims)
- You are a Medicare-enrolled provider

Step 2: Decide How to Participate

If you work in a group of 2 or more physicians AND have reassigned your billing rights to a group Tax Identification Number (TIN), you are in a:

Group Practice

- Single Tax Identification Number (TIN) with 2 or more individual EPs who have reassigned their billing rights to the TIN
 - PQRS reporting is analyzed at the group or TIN level rather than individual NPI
 - **Deadline for 2016:** Group practices choosing PQRS GPRO must self-nominate/register between **April 1, - June 30, 2016** via www.qualitynet.org
 - A group practice will determine its size based on the number of EPs (NPIs) billing under the TIN at the time of registration: 2- 24 EPs, 25-99 EPs, and 100 or > EPs
 - During registration, group practices must also indicate their reporting method for the 12-month period
- Once a group practice (TIN) registers to participate in the GPRO, this is the only PQRS participation available to the group & all individual EPs who bill Medicare under the group's TIN for 2016
 - Groups who register for the 2016 PQRS GPRO will not be able to withdraw its registration
- PQRS for Groups (GPROs) are analyzed at the TIN level under the TIN submitted at the time of the final self-nomination / registration
- If a group is unsuccessful at preventing a PQRS payment adjustment, all NPIs under the TIN during the unsuccessful reporting period will receive the payment adjustment

Step 3: Choose a Reporting Method

You are in a group practice. You can report PQRS information in the following ways:

- **[Registry Reporting](#)** is when a group practice of 2-99 EPs reports their PQRS data through a qualified registry. The registry is an entity that collects clinical data from EPs and submits it to CMS on behalf of the participants.
- **[Electronic Health Records \(EHR\) Reporting](#)** is when a group practice of 2-99 EPs report their PQRS data electronically using an Electronic Health Record. Individual EPs have the following CEHRT-based reporting options:
 - Submit PQRS quality measure data directly from the CEHRT or
 - Submit PQRS quality measure data extracted from their CEHRT to a qualified EHR data submission vendor (DSV) who submits on behalf of the EP or PQRS group practice.
- **[Qualified Clinical Data Registry \(QCDR\) Reporting](#)** is when a group practice of 2-99 EPs will use a QCDR to complete the collection and submission of PQRS quality measures. To be considered a QCDR for purposes of PQRS, an entity must self-nominate and successfully complete a qualification process. Your Academy is working towards building a spine focused QCDR.
- **[Group Practice Reporting Option \(GPRO\) Web Interface Reporting](#)** is a web-based reporting tool that is partially pre-populated with an assigned sample of Medicare Part A and B FFS beneficiaries; this sample is based on the claims history for the group practice, and contains demographic and utilization information for those assigned beneficiaries. Group practices reporting via the GPRO Web Interface will be required to populate all of the remaining data fields necessary for capturing quality measure information for each consecutively assigned Medicare beneficiary (248 beneficiaries for all group sizes). This option is only available for group practices with 25+ EPs.

Step 4: Select Measures

- **[GPRO Web interface](#):**
 - **25+ EPs/group:** report designated measures on 1st consecutive 248 designated Medicare patients; if less, report 100% of assigned
 - **2-24 EPs/group:** cannot report through this option
- **Qualified Registry/Qualified Clinical Data Registry/Electronic Health Record (2-99 EP groups):**
 - Individual Measures
 - Eligible GPRO practices can select measures based on their desired reporting outcome by reporting:
 - On nine (9) individual measures
 - Select at least 1 Cross Cutting measure if you see patients in a face-to-face encounter
 - Eligible GPRO practices that cannot report on 9 measures or less than 3 domains would be subject to the [Measure-Applicability Validation \(MAV\) process](#), but can still avoid penalties

- Across at least three (3) NQS domains
- For at least fifty percent (50%) of eligible Medicare Patients

Need more help?

- Visit www.aapmr.org/pqrs or contact healthpolicy@aapmr.org.
- Check out AAPM&R's [PQRS Reporting Tool: PQRSwizard](#).
- Required to participate but cannot meet the requirements? Learn about the [MAV process](#).