

# Navigate PQRS: Individual Eligible Professional

## 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 bill using your individual National Provider Identifier (NPI)/Tax Identification Number (TIN), you are an:

### Individual Eligible Professional

- **Individual EPs reporting in multiple Tax IDs:** PQRS payment adjustment would be applied to each unsuccessful NPI/TIN reporting. Individual EPs can successfully report PQRS under 1 TIN and still have penalty adjustments applied for not successfully reporting under their different TIN.
- **Individual EPs within a group practice that report as individuals:** Are free to choose which PQRS measures/measures groups to report and are not required to register to participate as an individual EP.
  - Analysis is based on the individual/rendering NPI – not group NPI.
  - There is potential for some individual EPs in a group practice to successfully report while other EPs in the same group may be subject to penalty
- **Individual EPs in solo practices:** Participating in PQRS as an individual is the only option.

## Step 3: Choose a Reporting Method

**You are an individual eligible professional. You can report PQRS information in the following ways:**

- **Claims-Based Reporting** is when an individual EP reports their PQRS data via Medicare Part B claims. It is readily accessible to EPs as it is a part of routine professional and institutional billing processes, they simply need to start reporting on the Quality Data Codes listed in the individual measures they select.

- **Registry Reporting** is when an individual EP 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 an individual EP reports 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 an individual EP 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.

## Step 4: Select Measures

### Measures Groups

- Individual eligible providers can select Measures Group reporting to satisfy their 2016 PQRS requirements. This reporting option is only available through registry reporting in 2016.
  - Select just ONE Measures Group per provider to satisfy PQRS requirements!
  - Report on 20 of your patients seen in 2016, 11 of which must be Medicare part B Fee-For Service (FFS) patients.
- The top Measures Groups used for 2015 reporting by PM&R physicians were:
  - Chronic Kidney Disease Measures Group
  - Diabetes Measures Group
  - Preventative Measures Group
  - Total Knee Replacement Measures Group

### Individual Measures

- Individual eligible providers 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
    - EPs 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
  - On at least fifty percent (50%) of eligible Medicare Patients

## Need more help?

- Visit [www.aapmr.org/pqrs](http://www.aapmr.org/pqrs) or contact [healthpolicy@aapmr.org](mailto: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](#).