

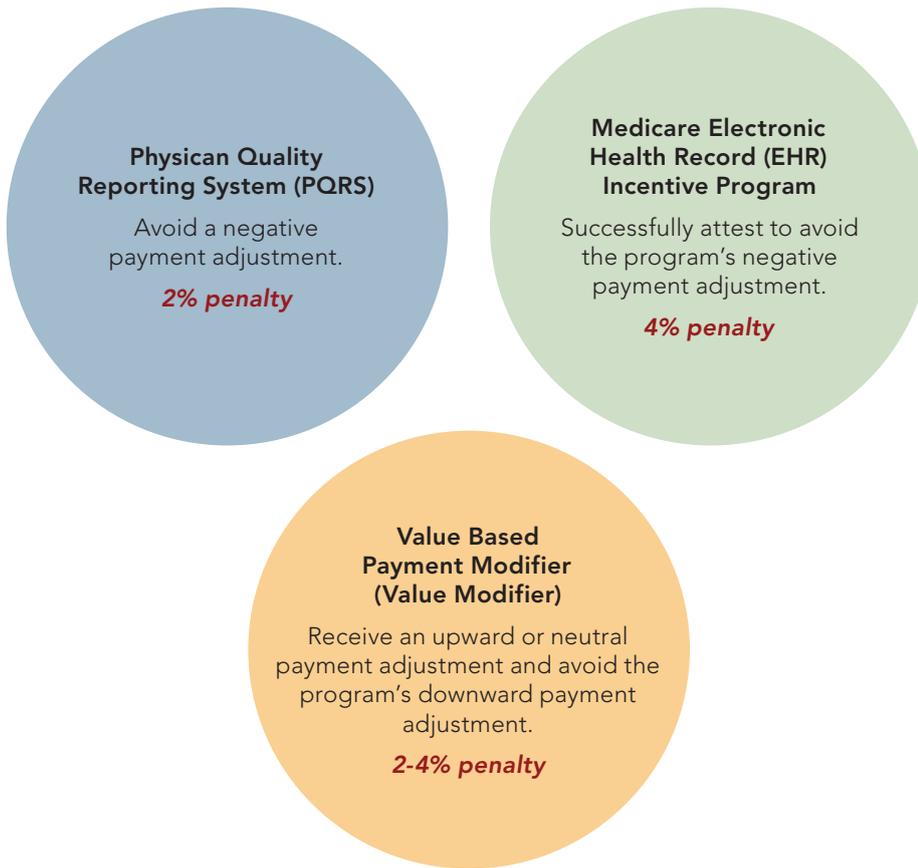
2016 Physician Quality Reporting System Requirements: Part 1

The Physician Quality Reporting System (PQRS) is a Centers for Medicare & Medicaid Services (CMS) quality reporting program that gives eligible professionals (EPs) incentives and negative payment adjustments to promote reporting of quality information by individual EPs and group practices. PQRS gives participating EPs and group practices the opportunity to assess the quality of care they are providing, quantify how often they are meeting a particular quality metric, and compare their performance with peers.

Why Participate in PQRS?

- Physicians who successfully participate in PQRS will avoid a penalty in 2018.
- Physicians who choose not to participate in 2016 will be subject to a **2% penalty** on all their 2018 Medicare Part B, Medicare as a Secondary Payer, and Railroad Medicare allowables.
- Non-PQRS reporters will also experience an **additional penalty** under the Value-Based Payment Modifier Program, potentially an additional **2-4% penalty**.

You could potentially be at risk for a 2-9% penalty if you choose not to report.



Am I Required to Participate?

Reporting PQRS is not about where you practice. It's about how you practice and bill.

If you are providing covered professional services paid under or based on the Medicare Physician Fee Schedule (MPFS), you are considered an eligible professional under PQRS. This includes Medicare Part B primary claims, Medicare Part B Secondary Payer claims, and Railroad Medicare Part B claims.

If you are a solo practitioner, in a group practice or work as a consultant, and you bill Medicare Part B, you are required to report PQRS to avoid the penalty.

How Do I Participate?

Answer the following questions to determine how you should report PQRS:

1. Do you bill using your individual National Provider Identifier (NPI)/Tax Identification Number (TIN)?

If yes, you are required to participate as an individual eligible professional. You do not need to register with CMS to report as an individual eligible professional.

2. Do you work in a group of 2 or more physicians AND have you reassigned your billing rights to a group TIN?

If yes, you should participate as a group practice. Your group practice must register with CMS before June 30, 2016 at www.qualitynet.org. Talk to your practice administrator to ensure you are reporting correctly!

If you are required to participate but cannot meet the requirements, you will be subject to the **Measure Applicability Validation (MAV) Process**. The MAV process is designed for eligible professionals who may not be able to identify 9 measures across 3 National Quality Strategy (NQS) domains that are applicable to their practice.

During the MAV process, CMS will audit claims to apply a 'clinical relation/domain test'—comparing 'clusters' or sets of closely related measures to determine whether additional measures and/or domains may have also been applicable. If CMS finds that there are additional measures applicable for the reporting period, you will not avoid the payment adjustment. In addition to the MAV cluster reported, at least 1 cross-cutting measure must be satisfactorily reported for those individual providers or group practices with face-to-face encounters.

Be sure to save this article to assist you with 2016 reporting!

Individual Eligible Professional

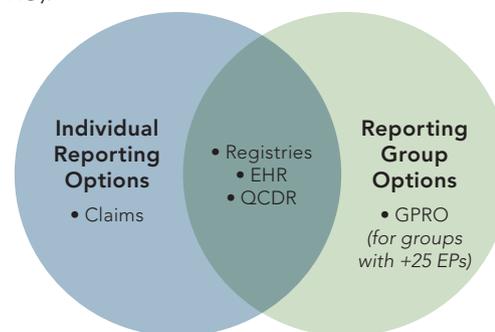
- PQRS reporting analysis is based on each individual NPI/Tax ID (TIN) combination.
 - Individual EPs reporting in multiple Tax IDs: PQRS payment adjustments would be applied to each unsuccessful NPI/TIN reporting.
- Individual EPs within a group practice that report as individuals are free to choose which PQRS measures/measures group to report.
 - There is NO requirement to register to participate as an individual EP.
 - Analysis is based on the individual/rendering NPI—not group NPI.
- Individual EPs can successfully report PQRS under 1 TIN and have penalty adjustments applied for not successfully reporting under a different TIN.
- There is a potential for some individual EPs in a group practice to successfully report while other EPs in the same group may be subject to a penalty.
- For EPs in solo practices, participating in PQRS as an individual is the only option.

Group Reporting Option

- Group Practices: Single Tax Identification Number (TIN) with 2 or more individual EPs who have reassigned their billing rights to the TIN.
 - PQRS reporting analyzed at the group or TIN level rather than the individual NPI.
 - Deadline for 2016: Group practices choosing PQRS for Groups (GPRO) must self-nominate/register between April 1-June 30, 2016 via: www.qualitynet.org.
 - Group practices 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 more 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 GRPO, 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.
- 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.

The Specifics: How to Report

Reporting PQRS can be done in a variety of ways. You can report through claims, registries, Electronic Health Record (EHR), Qualified Clinical Data Registries (QCDR) or the Group Practice Reporting Option (GPRO).



For individual EPs, the simplest way to report is through a registry. Registry reporting allows for the physician to report via a measures group or individual measures.

One solution for your PQRS reporting needs is the PQRSwizard®, the Academy-Sponsored PQRS Registry Reporting Vendor. Stay tuned to aapmr.pqrswizard.com—PQRSwizard® will open in the summer!

Measure Groups

- Eligible individual providers can select measure groups 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.

Individual Measures

- Eligible individual providers can select measures based on their desired reporting outcome by:
 - Reporting on 9 individual measures
 - Select at least 1 cross-cutting measure if you see patients in a face-to-face encounter.
 - Across at least 3 National Quality Strategy (NQS) domains. The NQS domains are:
 - Person and Caregiver-Centered Experience Outcomes
 - Patient Safety
 - Communication and Care Coordination
 - Community, Population, and Public Health
 - Efficiency and Cost Reduction Use or Health Care Resources
 - Effective Clinical Care

Group practices should speak with their administrators to ensure they are reporting correctly.

Your Academy is developing several resources to help you report PQRS in 2016, including webinars and other tools. Please visit our website periodically—www.aapmr.org/quality-practice—to access information as it develops. In the meantime, contact healthpolicy@aapmr.org with any questions about the 2016 PQRS program. ❖

Look for Part 2 of this article in the summer!