**PQRS: What You Need to Know About Participating in 2016**

Since 2007, the Physician Quality Reporting System (PQRS) has been a voluntary federal program, offering Medicare incentive payments to physicians who report quality measure data to CMS. However, the Affordable Care Act of 2010 phased out incentive payments and, starting in 2015, began imposing penalties on physicians who fail to satisfy PQRS reporting requirements. As a result, those who do not satisfy the program’s requirements in 2016 will be ***subject to a 2.0% penalty in 2018***. PQRS measure data also is used by CMS to calculate a separate *performance-based* payment adjustment known as the Value-Based Payment Modifier. Given the payment implications of these policies and the fact that many elements of these two programs will be preserved under the newly authorized Merit-Based Incentive Payment System (MIPS), slated to begin in 2017, it is important for AAHPM members to familiarize themselves with the program and to begin participating as soon as possible.

## Upcoming PQRS Penalties

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| **Action** | **Reporting Year** | **Affected Payment Year** | **Payment Adjustment** |
| Satisfy PQRS reporting criteria | 2016 | 2018 | No adjustment |
| Fail to satisfy PQRS reporting criteria | 2016 | 2018 | -2.0% |

*\*Payment adjustments are applied to total allowed charges for covered Medicare Part B Physician Fee Schedule services provided during the reporting year.*

## 2016 PQRS Reporting Methods

Eligible professionals (EPs) can choose from multiple reporting options to satisfy PQRS reporting requirements, including:

* Reporting as an individual physician or as a group practice under the Group Practice Reporting Option (GPRO);
* Reporting individual measures or measures groups, which are sets of clinically relevant measures that must be reported together *(currently, there are no measures groups entirely relevant to hospice or palliative care providers);*
* Reporting via claims, qualified registry, electronic health record (EHR), or qualified clinical data registry (QCDR).

### How to Get Started

**1. Determine your eligibility**

[Click here](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2016_PQRS_List_of_EPs.pdf) for more information on which professionals are considered eligible for purposes of the PQRS. Since the program is now penalty-only, this list is important to review because it indicates all of the professionals in a practice that may be subject to a penalty if they do comply with programs requirements. Please also note that not all professionals are considered eligible if reimbursed under fee schedule methods other than the Medicare Physician Fee Schedule.

In terms of the GPRO, CMS defines “group practice” as those with 2 or more EPs, identified by individual National Provider Identifiers (NPIs), who reassign their billing rights to a single Tax Identification Number (TIN). All individual EPs who have reassigned their billing rights to a TIN and whose group self-nominates and reports satisfactorily *as a group* will be considered satisfactory PQRS reporters even if the group does not report measure data specifically related to each individual professional’s services.

**2. Review each method’s specific reporting criteria to determine which reporting option is best for you.**

For 2016, most reporting options require that the individual or group practice report on 9 measures, including 1 “cross-cutting” measure, for 50% of all applicable Medicare Part B patients over the reporting year. PQRS measures are categorized into National Quality Strategy (NQS) domains and the 9 measures reported must come from at least 3 of these domains.

[Click **here**](#Graphs) for more information about the requirements linked to each reporting option. Additional resources with more detailed instructions are listed below:

* [Click here](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html) for more detailed instructions on how to report quality measures data via claims.
* [Click here](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Registry-Reporting.html) for additional information about reporting via a **qualified PQRS registry,** including a list of qualified registry vendors and a guide titled, “2016 PQRS Registry Reporting Made Simple.” AAHPM is not affiliated with a qualified registry for 2016. However, there are multiple vendors that can, for a fee, collect data on any PQRS measure on behalf of an EP and submit it to CMS so you are encouraged to review the list of vendors if you are interested in this option*.*
* [Click here](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Qualified-Clinical-Data-Registry-Reporting.html) for additional information about reporting via a **qualified clinical data registry (QCDR)**, including a list of qualified QCDR vendors and a guide titled, “2016 PQRS QCDR Reporting Made Simple.” QCDRs are a newer and potentially more attractive reporting option under the PQRS since they allow for the reporting of more unique and specialty focused measures that are not necessarily part of the traditional PQRS measure set. While AAHPM does not, at this time, offer its own QCDR, other independent entities, such as ICLOPS, LLC., offer non-PQRS measures that were developed with the direct input of AAHPM members and more directly relevant to palliative care providers. The Global Palliative Care Alliance (GPCQA) is currently testing the measures in this QCDR using its QDACT system with select practices across the country. See our [Registries page](http://aahpm.org/membership/registries-in-hpm) for more information on AAHPM's collaborative work with GPCQA, the Palliative Care Quality Alliance, and the the National Palliative Care RegistryTM.
* [Click here](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html) for additional information about the **EHR reporting option**, including a guide titled, “2016 PQRS EHR Reporting Made Simple.”
* [Click here](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2016PQRS_GPRO_ORG.pdf) for additional information about the **GPRO**, including instructions for larger group practices wishing to use the Web Interface.

When selecting a reporting method, make sure to consider whether there are a sufficient number of measures applicable to your practice that are available under that reporting method.

**3. Select your measures**

The challenge for AAHPM members is choosingwhich PQRS measures to report because, at this time, there are still no PQRS measures designed specifically for hospice or palliative care providers. The table below lists individual 2016 PQRS measures that may be relevant to your patient population. You are encouraged to review the complete list of individual measures, measures groups, and cross-cutting measures available for 2016. All of these lists, including more detailed specifications, can be downloaded [here](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html). Once you identify measures that are potentially relevant to your practice, you will want to closely examine the measure specifications, including the numerator, denominator and any applicable exclusions. Please also take note of available reporting mechanisms for each measure since some are only available for reporting via a single mechanism.

While there are also currently no PQRS measures groups that are, in their entirety, directly relevant to hospice/palliative care providers, those who practice under another primary specialty may be able to identify an applicable measures group. Please keep in mind that measures groups can only be reported via qualified registry and must be reported as an entire set.

### 2016 PQRS Measures Potentially Relevant to Hospice and/or Palliative Care Providers

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| **PQRS #** | **Measure Title** | **Measure Description** | **National Quality Strategy Domain** | **PQRS Reporting Mechanisms** |
| 46 | Medication Reconciliation  *\*cross-cutting measure* | Percentage of patients aged 18 years and older discharged from any inpatient facility (e.g., hospital, skilled nursing facility, or rehabilitation facility) and seen within 30 days following discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care who had a reconciliation of the discharge medications with the current medication list in the outpatient medical record documented. | Communication and Care Coordination | Claims, Registry |
| 47 | Care Plan  *\*cross-cutting measure* | Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan | Communication and Care Coordination | Claims, Registry |
| 130 | Documentation of Current Medications in the Medical Record  *\*cross-cutting measure* | Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list *must* include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND *must* contain the medications’ name, dosage, frequency and route of administration | Patient Safety | Claims, Registry, EHR, GPRO Web Interface |
| 131 | Pain Assessment and Follow-Up  *\*cross-cutting measure* | Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present | Community/  Population Health | Claims, Registry |
| 134 | Depression Screening Follow-Up  *\*cross-cutting measure* | Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen | Community/  Population Health | Claims, Registry, EHR, GPRO Web Interface |
| 143 | Oncology: Medical and Radiation – Pain Intensity Quantified | Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified | Person and Caregiver-Centered Experience and Outcomes | Registry, EHR |
| 144 | Oncology: Medical and Radiation – Plan of Care for Pain | Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain | Person and Caregiver-Centered Experience and Outcomes | Registry |
| 154 | Falls: Risk Assessment  *\*cross-cutting measure*  *(note: this is a two part measure paired with measure #155)* | Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months | Patient Safety | Claims, Registry |
| 155 | Falls: Plan of Care  *\*cross-cutting measure*  *(note: this is a two part measure paired with measure #154)* | Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months | Communication and Care Coordination | Claims, Registry |
| 282 | Dementia: Functional Status Assessment | Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of functional status is performed and the results reviewed at least once within a 12 month period | Effective Clinical Care | Measure Group |
| 283 | Dementia: Neurological/Psychological Assessment | Percentage of patients, regardless of age, with a diagnosis of dementia and for whom an assessment of neuropsychiatric symptoms is performed and results reviewed at least once in a 12 month period | Effective Clinical Care | Measure Group |
| 288 | Dementia: Caregiver Education and Support | Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND referred to additional sources for support within a 12 month period | Communication and Care Coordination | Measure Group |
| 318 | Falls: Screening for Falls Risk  *\*cross-cutting measure* | Percentage of patients 65 years of age and older who were screened for future fall risk at least once during the measurement period. | Patient Safety | EHR, GPRO Web Interface |
| 342 | Pain Brought Under Control within 48 Hours | Patients aged 18 and older who report being uncomfortable because of pain at the initial assessment (after admission to palliative care services) who report pain was brought to a comfortable level within 48 hours | Person and Caregiver-Centered Experience and Outcomes | Registry |

**4. Start Reporting or Register**

Individual physicians DO NOT have to register with CMS to participate in the 2016 PQRS. If using the claims-based reporting option, simply start reporting the Quality-Data Codes (QDCs) listed in the specifications of the measures you have selected on applicable Medicare Part B claims. If using a third party entity to submit your measure data to CMS, such as a qualified registry, please check with the entity to determine whether it has its own set of registration and reporting deadlines.

Registration IS REQUIRED for the GPRO. Group practices opting to take part in the PQRS GPRO for the 2016 reporting year had to have **registered by June 30, 2016.** Once a group has registered for the 2016 GPRO, the group will not be able to withdraw its registration. Also, if a group practice registers for GPRO, its member EPs cannot also participate in the PQRS as individuals.

## Additional Resources

CMS’ [2016 PQRS Implementation Guide](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2016_PQRS_ImplementationGuide.pdf)provides a comprehensive overview of the PQRS, including guidance on how to select measures, how to read and understand measure specifications, and the various reporting methods available for 2016.You are also encouraged to visit the [CMS website](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/How_To_Get_Started.html) regular updates and additional resources.

## 2016 PQRS Reporting Options to Avoid a Penalty if Participating as an Individual

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| **Reporting**  **Period** | **Measure**  **Type** | **Reporting**  **Mechanism** | **Satisfactory Reporting Criteria** |
| 12-month  (Jan 1 —  Dec 31, 2016) | Individual  Measures | Claims | Report at least 9 measures covering at least 3 National Quality Strategy (NQS) domains,\* including 1 cross-cutting measure, AND report each measure for at least 50% of the Medicare Part B FFS patients seen during the reporting period to which the measure applies. If less than 9 measures apply, report 1-8 measures covering 1-3 NQS domains, but subject to Measures Applicability Validation (MAV) process.+ Measures with a 0 performance rate will not be counted. |
| 12-month  (Jan 1 —  Dec 31, 2016) | Individual  Measures | Qualified  Registry | Report at least 9 measures covering at least 3 NQS domains, OR, if less than 9 measures covering at least 3 NQS domains apply, report 1-8 measures covering 1-3 NQS domains, AND report each measure for at least 50% of the Medicare Part B FFS patients seen during the reporting period to which the measure applies. If less than 9 measures apply, report 1-8 measures covering 1-3 NQS domains, but subject to the MAV process.+ Measures with a 0 performance rate will not be counted. |
| 12-month  (Jan 1 —  Dec 31, 2016) | Individual  Measures | Direct EHR product or EHR data submission vendor | Report 9 measures covering at least 3 of the NQS domains. If an EP’s EHR product/vendor does not contain patient data for at least 9 measures covering at least 3 domains, then the EP would be required to report all of the measures for which there is Medicare patient data. EPs are required to report on at least 1 measure for which there is Medicare patient data. |
| 12-month  (Jan 1 —  Dec 31, 2016) | Measures  Groups | Qualified  Registry | Report at least 1 measures group, AND report each measures group for at least 20 patients, the majority (11 patients) of which much be Medicare Part B FFS patients. Measures groups containing a measure with a 0 percent performance rate will not be counted. |
| 12-month  (Jan 1 —  Dec 31, 2016) | Individual PQRS and/or non-PQRS measures reportable by a  QCDR | Qualified  Clinical  Data  Registry (QCDR) | Report at least 9 measures available for reporting under a QCDR covering at least 3 of the NQS domains, AND report each measure for at least 50% of all applicable patients (both Medicare and non-Medicare). Of these measures, at least 2 must be outcome measures, OR, if 2 outcomes measures are not available, at least 1 outcome measures and at least 1 resource use, patient experience of care,  efficiency/appropriate use, or patient safety measure. |

*\*PQRS measures are categorized under the following National Quality Strategy (NQS) domains: Patient and Family Engagement; Patient Safety; Care Coordination; Population and Public Health; Efficient Use of Healthcare Resources; and Clinical Processes/Effectiveness*

*+The Measures Applicability Validation (MAV) process is what CMS uses to verify whether an EP could have reported on additional clinically relevant measures. It is only triggered when an EP reports on less than 9 measures and/or less than 3 NQS domains. For more information, click* [*here*](https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/pqrs/analysisandpayment.html)*.*

## 2016 PQRS Reporting Options to Avoid a Penalty if Participating as a Group Practice

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| **Reporting**  **Period** | **Group Practice Size** | **Reporting Mechanism** | **Measure**  **Type** | **Satisfactory Reporting Criteria** |
| 12-month  (Jan 1 —  Dec 31, 2016) | 25-99 eligible professionals (EPs)  100+ EPs (if  CAHPS for PQRS does not apply) | GPRO Web Interface | Individual GPRO measures in GPRO Web  Interface | Report on all measures included in the Web Interface; AND populate data fields for the first 248 consecutively ranked and assigned beneficiaries in the order in which they appear in the group’s sample for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 248, then the group practice must report on 100% of assigned beneficiaries. A group practice must report on at least 1 measure for which there is Medicare patient data. |
| 12-month  (Jan 1 —  Dec 31, 2016) | 25-99 EPs that elect CAHPS for  PQRS  100+ EPs (if CAHPS for PQRS applies) | GPRO Web  Interface +  CMS Certified CAHPS  Survey  Vendor | Individual  GPRO  measures in the GPRO  Web  Interface +  CAHPS for  PQRS | The group practice must report on all measures included in the GPRO Web Interface; AND populate data fields for the first 248 consecutively ranked and assigned beneficiaries in the order in which they appear in the group’s sample for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 248, then the group practice must report on 100% of assigned beneficiaries. A group practice will be required to report on at least 1 measure for which there is Medicare patient data.  If the CAHPS for PQRS survey is  applicable to a group practice of 100+ EPs who reports quality measures via the Web Interface, the group practice must administer the CAHPS for PQRS survey in addition to reporting the Web Interface measures. |
| 12-month (Jan 1 —  Dec 31, 2016) | 2-99 EPs  100+ EPs (if  CAHPS for PQRS does not apply) | Qualified Registry | Individual  Measures | Report at least 9 measures covering at least 3 NQS domains, including 1 cross-cutting measure, AND report each measure for at least 50% of the Medicare Part B FFS patients seen during the reporting period to which the measure applies. If less than 9 measures apply, report 1-8 measures covering 1-3 NQS domains, but subject to MAV.+ Measures with a 0 performance rate will not be counted. |
| 12-month (Jan 1 —  Dec 31, 2016) | 2-99 EPs that elect CAHPS for PQRS  100+ EPs (if CAHPS for PQRS applies) | Qualified  Registry +  CMS Certified  Survey  Vendor | Individual  Measures +  CAHPS for  PQRS | The group practice must have all CAHPS for PQRS survey measures reported on its behalf via a CMS-certified survey vendor, and report at least 6 additional measures, outside of CAHPS for PQRS, covering at least 2 of the NQS domains using the qualified registry. If less than 6 measures apply to the group practice, the group practice must report up to 5 measures. Of the additional measures that must be reported in conjunction with reporting the CAHPS for PQRS survey measures, the group practice must report on at least 1 measure in the cross-cutting measure set. |
| 12-month  (Jan 1 —  Dec 31, 2016) | 2-99 EPs  100+ EPs (if  CAHPS for PQRS does not apply) | Direct EHR  Product or  EHR Data  Submission  Vendor Product | Individual Measures | Report 9 measures covering at least 3 of the NQS domains. If the group’s EHR product/vendor does not contain patient data for at least 9 measures covering at least 3 domains, then the group would be required to report all of the measures for which there is Medicare patient data. A group must report on at least 1 measure for which there is Medicare patient data. |
| 12-month  (Jan 1 —  Dec 31, 2016) | 2-99 EPs that elect CAHPS for PQRS  100+ EPs (if CAHPS for PQRS applies) | Direct EHR  Product or  EHR Data  Submission  Vendor  Product +  CMS Certified  Survey  Vendor | Individual  Measures +  CAHPS for  PQRS | The group practice must have all CAHPS for PQRS survey measures reported on its behalf via a CMS-certified survey vendor, and report at least 6 additional measures, outside of CAHPS for PQRS, covering at least 2 of the NQS domains using the direct EHR product or EHR data submission vendor product. If less than 6 measures apply to the group practice, the group practice must report up to 5 measures. Of the additional 6 measures that must be reported in conjunction with reporting the CAHPS for PQRS survey measures, a group practice would be required to report on at least 1 measure for which there is Medicare patient data. |
| 12-month  (Jan 1 —  Dec 31, 2016) | 2+ EPS | Qualified Clinical Data Registry (QCDR) | Individual  PQRS  measures  and/or non-  PQRS  measures  reportable  via a QCDR | Report at least 9 measures available for reporting under a QCDR covering at least 3 of the NQS domains, AND report each measure for at least 50% of the group  practice’s patients. Of these measures, the group practice would report on at least 2 outcome measures, OR, if 2 outcomes measures are not available, report on at least 1 outcome measures and at least 1 of the following types of measures: resource use, patient experience of care, efficiency/appropriate use, or patient  safety. |

*\*PQRS measures are categorized under the following National Quality Strategy (NQS) domains: Patient and Family Engagement; Patient Safety; Care Coordination; Population and Public Health; Efficient Use of Healthcare Resources; and Clinical Processes/Effectiveness*

*+The Measures Applicability Validation (MAV) process is what CMS uses to verify whether an EP could have reported on additional clinically relevant measures. It is only triggered when an EP reports on less than 9 measures and/or less than 3 NQS domains. For more information, click* [*here*](https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/pqrs/analysisandpayment.html)*.*