Issue Brief

2016 Physician Quality Reporting System (PQRS) Program

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PQRS is a quality reporting program that encourages individual eligible professionals (including physicians and non-physicians) and group practices to report information on the quality of care to Medicare. The program will apply a negative payment adjustment in 2016 to individual EPs and group practices who did not satisfactorily report data on quality measures in 2014. Those who report satisfactorily in 2016 will avoid the 2018 PQRS negative payment adjustment.

Reporting Mechanism	Group	Individual	Requirements for 2018 PQRS Program (based on 2016 Performance)	Timing / Commitment	Other Comments
GPRO Web + CAHPS for PQRS	X		Report all measures in the web interface for a sample of patients Group must report on at least 1 measure for which there is Medicare data (Note: practices can report GPRO Web without CAHPS if CAHPS is not appropriate)	Annual submission	Available to groups with 25 or more EPs. CAHPS required for groups of 100+ EPs
Qualified Clinical Data Registry (QCDR)	X	X	9 measures/3 domains for 50% of applicable patients Must report at least 2 outcome measures OR at least 1 outcome measure+ 1 resource use, patient experience, efficiency/appropriate use, or patient safety measure	Registry submits data annually.	New reporting option for groups 2 or more in 2016.
Registry	X	X	9 measures/3 domains (unless fewer than 9 measures apply) for 50% of Medicare Part B Pts. Report 1 cross-cutting measure if ≥ 1 face-to-face encounter Measures with 0% performance rate are not counted	Registry submits annually.	CAHPS for PQRS required for GPRO registry reporting for groups of 100+ EPs
EHR	X	X	9 measures/3 domains (unless fewer apply) Must use appropriate EHR specifications. At least 1 measure must include a Medicare patient;	Annual submission EHR or thru EHR Data Vendor	CAHPS for PQRS required for GPRO EHR reporting for groups of 100+ EPs
EHR/Registry + CAHPS for PQRS	X		CAHPS for PQRS AND 6 measures/2 domains from EHR/Registry (see additional requirements for EHR/Registry above) Groups must use certified survey vendor.	CMS to identify patients to be surveyed. Annual submission.	Available to groups with 2 or more EPs that choose CAHPS reporting.
Claims		X	9 measures/3 domains (unless fewer than 9 measures apply) for 50% of Medicare Part B Pts. Report 1 cross-cutting measure if ≥ 1 face-to-face encounter Measures with 0% performance rate are not counted	Report concurrently with claims submission.	
Registry w/ Measures Groups		X	Report at least 1 measures group for at least 20 patients the majority of which are required to be Medicare Part B FFS patients. Measures groups containing a measure with 0% performance rate will not be counted.	Registry submits annually.	

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