



TAKE A MOMENT & PARTICIPATE



Introduction to Quality Reporting

Improving the quality of health care is a core function of the Centers for Medicare & Medicaid Services (CMS).

For over a decade, the U.S. Department of Health and Human Services (HHS) and CMS have launched quality initiatives to improve quality health care for all Americans through accountability and public disclosure.

CMS supports health care providers in achieving better outcomes for beneficiaries and communities by driving care improvement through quality initiatives.

What is quality reporting?

Health care providers report quality measures to CMS about health care services provided to Medicare beneficiaries.

Quality measures are tools that help CMS assess various aspects of care such as health outcomes, patient perceptions, and organizational structure.

The measures reported by health care professionals inform the ability to provide high-quality health care and relate to the goal of effective, safe, efficient, patient-centered, equitable, and timely care.

How does quality reporting impact you?

By reporting quality measures, clinicians can:

- Assess the quality of care they provide to their patients
- Quantify how often they are meeting a particular quality metric
- View their published quality metrics alongside that of their peers on the Physician Compare website
- Avoid Physician Quality Reporting System (PQRS) negative payment adjustments
- Receive Medicare Electronic Health Record (EHR) Incentive Program incentive payments and avoid the program's payment adjustments
- Avoid the automatic downward Value-Based Payment Modifier (Value Modifier) payment adjustment and be eligible for an upward, neutral, or downward payment adjustment based on performance

Why should you participate in CMS quality initiatives?

Participating in CMS quality initiatives like PQRS helps measure the quality of care for Medicare beneficiaries. Through PQRS, individual eligible professionals (EPs) and group practices report quality measures information to CMS for services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries (including Railroad Retirement Board and Medicare Secondary Payer). The data gathered through PQRS has a wide reach across other quality initiatives, such as demonstrating meaningful use using certified EHR technology (CEHRT), computing the Value Modifier, and presenting quality performance on the Physician Compare website.

View the flowchart below to learn about how quality measures reported through PQRS impact the three initiatives. To learn more about how to participate in quality initiatives, review the Quality Reporting Road Map, a companion to this resource and part of the Beginner Reporter Toolkit, available on the [PQRS How to Get Started webpage](#).

Quality Reporting

The data you report for PQRS is used for:

EHR

PQRS data are used as part of the Medicare EHR Incentive Program.

- The Medicare EHR Incentive Program provides incentive payments to individual EPs, eligible hospitals, and critical access hospitals (CAHs) who adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology (CEHRT).
- The Medicare EHR Incentive Program asks providers to demonstrate meaningful use of the capabilities of their EHRs to achieve benchmarks that can lead to improved patient care.
- View the [Introduction to the Medicare EHR Incentive Program for Eligible Professionals Beginners Guide](#) to learn more about the Medicare EHR Incentive Program.

Value Modifier

PQRS data are used to calculate the Value Modifier for physicians and certain practitioners in 2018.

- The 2018 Value Modifier is based on quality of care and cost data from 2016. The Value Modifier will apply to payments under the Medicare Physician Fee Schedule for physicians, nurse practitioners, physician assistants, clinical nurse specialists, and certified registered nurse anesthetists who are solo practitioners or in groups with 2 or more EPs.
- In order to be eligible for upward, downward, or neutral payment adjustments under the Value Modifier quality-tiering methodology, and to avoid an automatic downward Value Modifier payment adjustment in 2018, EPs in groups and solo practitioners MUST participate in PQRS and satisfy reporting requirements as a group or as an individual in 2016.
- Visit the [Value-based Payment Modifier webpage](#) to learn more about the Value Modifier.

Physician Compare

Several PQRS measures are publicly reported on [Physician Compare](#), a website that displays information about individual EPs and group practices who provide care to people with Medicare.

- On Physician Compare, individual EPs and group practices can see their performance, as well as the performance of their peers, on a series of publicly reported measures.
- This website enables individual EPs and group practices to track their performance, and allows consumers to make informed choices about the health care they receive.