



# 2016 Physician Quality Reporting System (PQRS): Reporting Using an Electronic Health Record (EHR) Made Simple

February 2016

## Background

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The Physician Quality Reporting System (PQRS) is a voluntary quality reporting program that applies a negative payment adjustment to promote the reporting of quality information by individual eligible professionals (EPs) and group practices. The program applies a negative payment adjustment to practices with EPs, identified on claims by their individual National Provider Identifier (NPI) and Tax Identification Number (TIN), or PQRS group practices participating via the group practice reporting option (GPRO), referred to as PQRS group practices, who **do not** satisfactorily report data on quality measures for covered Medicare Physician Fee Schedule (MPFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries (including Railroad Retirement Board and Medicare Secondary Payer). Those who report satisfactorily for the 2016 program year will avoid the 2018 PQRS negative payment adjustment.

For more information on PQRS or the payment adjustment, visit [the PQRS webpage](#).

This document applies only to electronic reporting using an EHR for PQRS. It **does not** provide guidance for other Medicare or Medicaid incentive programs, such as the [Electronic Health Record \(EHR\) Incentive Program](#), or the [Value-Based Payment Modifier](#).

## Purpose

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This document outlines electronic reporting using an EHR for 2016 PQRS and applies to:

- Individual EPs who wish to report electronically using an EHR
- PQRS group practices that registered to report electronically using an EHR via GPRO

Please see the Decision Trees for reporting mechanism criteria in the “2016 PQRS Implementation Guide”, found on the [PQRS How to Get Started webpage](#).

## Requirements for Reporting Electronically Using an EHR

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To reduce the burden on providers participating in multiple quality reporting programs, CMS has aligned several reporting requirements for those reporting electronically using an EHR:

- eCQM specifications: The electronic clinical quality measures (eCQM) specifications are used for multiple programs, including the electronic reporting mechanism for PQRS as well as the Medicare EHR Incentive Program.
- Criteria for satisfactory reporting: The criteria for satisfactory reporting under PQRS using an EHR are aligned with the Medicare EHR Incentive Program. Satisfactory reporting of PQRS EHR quality measures will allow EPs and PQRS group practices to qualify for the clinical quality measures (CQM) component of meaningful use. Group practices electing to report electronically using an EHR can refer to the “Medicare EHR Incentive Programs Clinical Quality Measures for Eligible Professionals” document posted on the [eCQM Library webpage](#) for reporting guidance.
- Using Certified EHR Technology: EPs and group practices are required to submit CQMs using a direct EHR product or EHR DSV that is Certified EHR Technology (CEHRT). The Office of the National Coordinator for Health Information Technology (ONC) certification process has established standards and other criteria for structured data that EHRs must use.

## Reporting Criteria for Individual EPs

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Individual EPs can avoid the 2018 PQRS payment adjustment by meeting the following criteria for satisfactory reporting:

1. Report on at least 9 measures covering at least 3 National Quality Strategy (NQS) domains
2. Use a direct EHR product that is CEHRT or EHR data submission vendor (DSV) that is CEHRT
  - If the EP’s CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the EP must report all the measures for which there is Medicare patient data. An EP must report on at least 1 measure containing Medicare patient data.  
**Report on all payers.**

**Note for EHR Incentive Program participants only:** If an EP satisfactorily reports for 2016 PQRS using the electronic reporting option, (s)he will also satisfy the CQM component of the EHR Incentive program; however, EPs will still be required to meet the other meaningful use objectives through the Medicare EHR Incentive Program Registration and Attestation System.

## Reporting Criteria for Group Practices: EHR Reporting Without CAHPS

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PQRS group practices of groups of 2-99 EPS can avoid the 2018 PQRS negative payment adjustment by meeting the following criteria:

- Report on at least 9 measures covering at least 3 NQS domains
- Use a direct EHR product that is CEHRT or EHR DSV that is CEHRT

- If the PQRS group practice's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the group practice must report all the measures for which there is Medicare patient data. A group practice must report on at least 1 measure containing Medicare patient data. Report on all payers.

**Note for EHR Incentive Program participants only:** If a PQRS group practice satisfactorily reports for 2016 PQRS using the electronic reporting option, the participating NPIs will also satisfy the CQM component of the EHR Incentive program; however, the individual EPs will still be required to meet the other meaningful use objectives through the Medicare EHR Incentive Program Registration and Attestation System.

For more information on CAHPS requirements, please see the "2016 CMS-Certified Survey Vendor Made Simple" on the [PQRS CMS-Certified Survey Vendor webpage](#).

## **CAHPS for PQRS Option with EHR Reporting for Group Practices**

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Group practices with 100 or more EPs will be required to report the CAHPS for PQRS measures through a CMS-Certified Survey Vendor in addition to satisfactorily reporting PQRS measures using an EHR.

If a group practice of 25-99 EPs chooses to report electronically using an EHR in conjunction with reporting the CAHPS for PQRS survey measures, the group practice must have all CAHPS for PQRS survey measures reported on its behalf via a CMS-Certified Survey Vendor. In addition, the group practice must satisfactorily report PQRS measures using an EHR.

For more information on CAHPS requirements, including specific reporting criteria, please see the 2016 CMS-Certified Survey Vendor Made Simple on the PQRS CMS-Certified Survey Vendor webpage.

## **2016 Registration for PQRS Group Practices Reporting Electronically**

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PQRS group practices wishing to report using an EHR must register by **June 30, 2016**. Registration must be completed online through the Physician Value Modifier (PV) - PQRS Registration System.

*Note: Group practices should check with their EHR vendor to be sure their EHR can support the group reporting option prior to registration.*

For additional information on GPRO registration and requirements please refer to the 2016 *PQRS GPRO Registration Quick Reference Guide* that will be located on the [PQRS GPRO webpage](#) during the first quarter of 2016.

## How to Get Started

Step	Description
<p><b>Step 1:</b> Determine if you are eligible to participate in PQRS</p>	<p>A list of professionals who are eligible to participate in PQRS is available on the <a href="#">CMS PQRS homepage</a>. Read this list carefully, as not all providers are considered EPs.</p> <p>PQRS group practices are analyzed at the TIN level; therefore, all EPs (NPIs) under the group's TIN will be taken into account for the 2016 PQRS analysis.</p> <p><b>IMPORTANT:</b> The PQRS definition of an EP differs from the Medicare EHR Incentive Program's definition. Find information on who is eligible to participate within the <a href="#">Medicare EHR Incentive Program webpage</a>.</p>
<p><b>Step 2:</b> Determine which measures apply to your practice</p>	<p>The eCQM specifications are used for multiple programs, including the electronic reporting option for PQRS as well as the Medicare EHR Incentive Program, to reduce the burden on providers participating in multiple quality programs. EPs must select at least 9 measures covering a minimum of 3 NQS domains.</p> <p><b>Review Measures List</b></p> <p>PQRS electronic reporting using an EHR requires the use of specific versions of the eCQMs. Please refer to the "2016 PQRS Measures List" on the <a href="#">PQRS Measures Codes webpage</a>, to find the appropriate versions of the eCQMs, as well as titles, descriptions, and associated domains for the measures.</p> <p><b>Review Specifications</b></p> <p>Once you determine which measures apply to your practice, carefully review the eCQMs. Please refer to the Medicare EHR Incentive Program's <a href="#">eCQM Library webpage</a> to obtain the 2016 eCQM specifications and supporting documentation.</p> <p>As you read through the specifications, you will notice that each of the measures has a Numerator section (e.g., the quality performance action) associated with it and some measures also have performance exclusions listed in the Denominator Exclusion and/or Denominator Exception section. The initial patient population is identified by the measure criteria. This is to be used for continuous variable measures. Each participating provider must report a minimum of 9 measures for Medicare Part B eligible instances (as identified in the Denominator Inclusion section). An instance is "eligible" for PQRS purposes when the code(s) matches the denominator inclusion criteria.</p> <p><b>IMPORTANT:</b> EPs and group practices reporting electronically are required to use the July 2015 version of the eCQMs for 2016 reporting.</p>

Step	Description
<p><b>Step 3:</b> Choose an ONC-Certified EHR Product</p>	<p>The criteria for satisfactory electronic reporting using an EHR for PQRS are aligned with the CQM component of the Medicare EHR Incentive Program, which requires EPs and group practices to submit CQMs using CEHRT. The ONC certification process has established standards and other criteria for structured data that EHRs must use.</p> <p>For purposes of PQRS, the EPs or group practices using a direct EHR product or EHR DSV must be certified to the specified eCQM versions. For more information on determining if your product is CEHRT, please visit the <a href="#">EHR Incentive Program Certified EHR Technology website</a>.</p> <p><b>Direct EHR Vendor (also known as EHR Direct):</b> Direct EHR vendors are those vendors who are certifying an EHR product and version for EPs or group practices to utilize to directly submit their measure data to CMS in the CMS-specified format(s) on their own behalf.</p> <p><b>EHR DSV:</b> An EHR DSV is an entity that collects an individual EP’s or group practice’s clinical quality data directly from the EP’s or group practice’s EHR. DSVs will be responsible for submitting measure data from an EP’s or group practice’s certified EHR to CMS via a CMS-specified format on behalf of the EP or the group practice for an EHR reporting period in 2016.</p>
<p><b>Step 4:</b> Document all patient care and visit- related information in your EHR system</p>	<p>Ensure that you identify and capture <b>all eligible cases per the measure denominator</b> for each measure you choose to report, <b>for all payers</b>. It is important to review <b>all</b> of the denominator codes that can affect <b>electronic</b> reporting using an EHR, particularly for broadly applicable measures or measures that do not have an associated diagnosis (for example, CMS147v5 - Influenza Immunization), to ensure that the correct quality action is performed and reported for the eligible case as instructed in the measure specifications.</p>

Step	Description
<p><b>Step 5:</b> Register for an EIDM account</p>	<p>If you are using an EHR DSV to submit quality measure data, please proceed to step 7. You will not be required to register for an Enterprise Identity Management (EIDM) account to upload your files.</p> <p><b>If you are submitting quality measure data directly from your EHR system, you must register for an EIDM account.</b></p> <p>More information about how EPs can get an EIDM account is posted on the main page of the <a href="#">Physician and Other Health Care Professionals Quality Reporting Portal (Portal)</a>.</p> <p>Request the PQRS Submitter Role when registering for the EIDM account. If you already have an EIDM account, you will need to request adding the role to your account. Refer to the <a href="#">EIDM PV-PQRS Provider Role Request Quick Reference Guide</a> posted on the Portal homepage.</p> <p>If you need assistance obtaining an EIDM account or requesting the appropriate roles, please contact the QualityNet Help Desk at 866-288-8912 (available 7 a.m. to 7 p.m. Central Time Monday through Friday, TTY 877-715-6222) or via e-mail at <a href="mailto:qnet support@hcqis.org">qnet support@hcqis.org</a>. To avoid security violations, <b>do not</b> include personal identifying information, such as Social Security Number or TIN, in e-mail inquiries to the QualityNet Help Desk.</p>
<p><b>Step 6:</b> Create required reporting files</p>	<p>Work with your EHR vendor to create the required reporting files from your EHR system so they can be uploaded through the Portal using EIDM. If you are using CEHRT, it should already be programmed to generate these files.</p>
<p><b>Step 7:</b> Participate in testing to ensure submission</p>	<p>CMS strongly recommends that EPs participate in the recommended testing for data submission or ensure that their DSV participates prior to payment submissions to ensure that data errors do not occur. Speak with your EHR vendor or DSV (if applicable) to discuss any data submission issues.</p>

Step	Description
<p style="text-align: center;"><b>Step 8</b> <b>(For Vendors ONLY):</b> Submit files</p>	<p>Submit final electronic reporting files with quality measure data or ensure that your DSV has submitted your files by the data submission deadline of <b>February 28, 2017</b> to be analyzed and used for 2016 PQRS measure calculations.</p> <p>If reporting Quality Data Model (QDM)-based Quality Reporting Data Architecture (QRDA) Category I files, a single file must be uploaded/submitted for each patient. Files can be batched but there will be file upload size limits. It is likely that several batched files will need to be uploaded to the Portal for each EP or group practice.</p> <p>Following each successful file upload, notification will be sent to the EIDM user's email address indicating that the files were submitted and received.</p> <p>Submission reports will then be available to indicate file errors, if applicable.</p> <p>Reporting electronically via an EHR using the QRDA Category III format is one of two reporting methods (EHR and QCDR) that provide calculated reporting and performance rates to CMS. Additional guidance for QRDA Category I and III files can be found on the <a href="#">eCQM Library webpage</a>.</p>

## Additional Information

- Register for weekly MLN Connects Provider eNews announcements on the [CMS Email Updates webpage](#)
- View more information on CMS PQRS reporting requirements on [the PQRS website](#)
- View the latest information regarding reporting electronically using an EHR on the [Electronic Reporting Using an Electronic Health Record \(EHR\) webpage](#)
- Visit the [Medicare EHR Incentive Program website](#)
- Refer to the Medicare EHR Incentive Program's [eCQM Library webpage](#) to obtain the 2016 eCQM Specifications and supporting documentation.
- View [Certified EHR Technology resources](#) on the [ONC Health IT Certification Program website](#)
- View the [Physician and Other Health Care Professionals Quality Reporting Portal \(Portal\)](#) for user guides, including:
  - PQRS Submissions User Guide
  - PQRS Submission Reports User Guide
  - PQRS Portal User Guide
  - PQRS Submission Engine Validation Tool (SEVT) User Guide
  - EIDM New PV-PQRS Provider Role request – Quick Reference Guide

## Questions?

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Contact your EHR vendor or DSV with technical questions and/or file submission errors. If your vendor is unable to answer your questions, or if you have questions regarding obtaining an EIDM account, please contact the **QualityNet Help Desk** at **1-866-288-8912** (TTY 1-877-715-6222), available 7 a.m. to 7 p.m. Central Time Monday through Friday, or via e-mail at [qnetsupport@hcqjis.org](mailto:qnetsupport@hcqjis.org). To avoid security violations, **do not** include personal identifying information, such as Social Security Number or TIN, in email inquiries to the QualityNet Help Desk.