



Surgeon’s Guide to Understanding the Physician Quality Reporting System

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What is PQRS?

The Centers for Medicare & Medicaid Services (CMS) PQRS program is the first national program designed by CMS to link the reporting of quality data to physician payment. PQRS first began in 2007, providing only incentive payments to eligible professionals (EPs) * who successfully participated in the program. 2013 was the first year that surgeons could have received either an incentive payment for participation or a penalty for unsuccessful or lack of participation, and this was continued through 2014. However, beginning in 2015, the ability to receive an incentive payment ended and penalties will be applied indefinitely for surgeons who do not comply with the program. Penalties are applied to a surgeon’s total Medicare Part B fee for service (FFS) amount, two years after the “performance period” as shown in Table 1 below.

Table 1. PQRS payment penalties

Payment Year	Performance Year	Penalty [±]
2016	2014	- 2.00%
2017	2015	- 2.00%
2018	2016	- 2.00%

[±]Penalties are applied based on an EP’s performance two years prior to the calendar year.

What are my 2016 PQRS reporting options?

There are several ways that surgeons (and group practices involving surgeons) can participate in the PQRS program in 2016. Surgeons that choose to report as individuals may choose one of the methods from the “EP Reporting Options” in Table 2 below. Alternatively, EPs that wish to report as part of a group practice may report via the PQRS Group Practice Reporting Option (GPRO) and choose from the “GPRO Reporting Options” listed in Table 3 below. Unlike individual reporting, registration is required for the GPRO. Please note that if a group practice registers for GPRO, eligible professionals in that group are not eligible to also participate in the PQRS as individuals.

This guide focuses on individual reporting options. Table 4 below describes the pros and cons of each reporting mechanism for surgeons.

* Although EPs involve more than surgeons, such as other physician specialties, podiatrists and nurses, for this document, EPs are generically referred to as “surgeons”.



Table 2. Summary of reporting options for satisfying the 2016 PQRS as an individual

Individual reporting criteria for satisfactory reporting of individual quality measures via claims, qualified registries, and EHRs and satisfactory participation criterion in qualified clinical data registries

Reporting period	Measure type	Reporting Mechanism	Satisfactory reporting/satisfactory participation criteria
12-month (Jan 1– Dec 31, 2016)	Individual Measures	Claims	Report at least 9 measures, covering at least 3 of the National Quality Strategy (NQS) domains AND report each measure for at least 50 percent of the surgeon’s Medicare Part B FFS patients seen during the reporting period to which the measure applies. Of the measures reported, if the surgeon sees at least 1 Medicare patient in a face-to-face encounter, the surgeon will report on at least 1 measure contained in the PQRS cross-cutting measure set. If less than 9 measures apply to the surgeon, the surgeon would report on each measure that is applicable, AND report each measure for at least 50 percent of the Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted.
12-month (Jan 1– Dec 31, 2016)	Individual Measures	Qualified Registry	Report at least 9 measures, covering at least 3 of the NQS domains AND report each measure for at least 50 percent of the surgeon’s Medicare Part B FFS patients seen during the reporting period to which the measure applies. Of the measures reported, if the surgeon sees at least 1 Medicare patient in a face-to-face encounter, the surgeon will report on at least 1 measure contained in the PQRS cross-cutting measure set. If less than 9 measures apply to the surgeon, the surgeon would report on each measure that is applicable, AND report each measure for at least 50 percent of the Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted.
12-month (Jan 1– Dec 31, 2016)	Individual Measures	Direct EHR Product or EHR Submission Vendor Product	Report 9 measures covering at least 3 of the NQS domains. If an surgeon’s direct EHR product or EHR data submission vendor product does not contain patient data for at least 9 measures covering at least 3 domains, then the surgeon would be required to report all of the measures for which there is Medicare patient data. A surgeon would be 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 are required to 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 measures and/or non-PQRS measures reportable via a QCDR	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 percent of the surgeon’s patients. Of these measures, the EP 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.

Table 3. Summary of reporting options for satisfying the 2016 PQRS via GPRO

Criteria for satisfactory reporting of data on PQRS quality measures via the Group Practice Reporting Option (GPRO)

Reporting period	Group Practice Size	Measure Type	Reporting Mechanism	Satisfactory reporting/satisfactory participation criteria
12-month (Jan 1– Dec 31, 2016)	25-99 providers that elect Consumer Assessment of Healthcare Providers Survey (CAHPS) for PQRS; 100+ providers (if CAHPS for PQRS applies)	Individual GPRO Measures in the Web Interface + CAHPS for PQRS	Web Interface + CMS-Certified Survey Vendor	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 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 percent of assigned beneficiaries. A group practice will be required to report on at least 1 measure for which there is Medicare patient data. Please note that, if the CAHPS for PQRS survey is applicable to a group practice 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 providers; 100+ providers (if CAHPS for PQRS does not apply)	Individual Measures	Qualified Registry	Report at least 9 measures, covering at least 3 of the NQS domains. Of these measures, if a group practice sees at least 1 Medicare patient in a face-to-face encounter, the group practice would report on at least 1 measure in the PQRS cross-cutting measure set. If less than 9 measures covering at least 3 NQS domains apply to the group practice, the group practice would report on each measure that is applicable to the group practice, AND report each measure for at least 50 percent of the group’s Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted.
12-month (Jan 1– Dec 31, 2016)	2–99 providers that elect CAHPS for PQRS; 100+ providers (if CAHPS for PQRS applies)	Individual Measures + CAHPS for PQRS	Qualified Registry + CMS-Certified Survey Vendor	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 the CAHPS for PQRS survey, 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 on each measure that is applicable to the group practice. Of the additional measures that must be reported in conjunction with reporting the CAHPS for PQRS survey measures, if any EP in the group practice sees at least 1 Medicare patient in a face-to-face encounter, the group practice must report on at least 1 measure in the PQRS cross-cutting measure set.
12-month (Jan 1– Dec 31, 2016)	2–99 providers; 100+ providers (if CAHPS for PQRS does not apply)	Individual Measures	Direct EHR Product or EHR Data Submission Vendor Product	Report 9 measures covering at least 3 domains. If the group practice’s direct EHR product or EHR data submission vendor product does not contain patient data for at least 9 measures covering at least 3 domains, then the group practice must report all of the measures for which there is Medicare patient data. A group practice must report on at least 1 measure for which there is Medicare patient data.



12-month (Jan 1– Dec 31, 2016)	2–99 providers that elect CAHPS for PQRS; 100+ providers (if CAHPS for PQRS applies)	Individual Measures + CAHPS for PQRS	Direct EHR Product or EHR Data Submission Vendor Product + CMS-Certified Survey Vendor	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 all of the measures for which there is Medicare patient data. 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+ providers	Individual PQRS measures and/or non-PQRS measures re-portable via a QCDR	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 percent 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.



Table 4: 2015 Reporting Option Comparisons for Individual Surgeons

	Claims	Registry	EHR	QCDR
Pros	<ul style="list-style-type: none"> - Can report the PQRS Quality Data Code directly when submitting a patient claim 	<ul style="list-style-type: none"> - Have option to report individual measures or measure groups - Measures group option requires reporting on only 20 (majority Medicare) patients - ACS Surgeons Specific Registry (SSR) is approved as a qualified PQRS registry to report the General Surgery Measures Group, as well as individual surgical specialty measures. - Registry data can be gathered retrospectively (i.e., does not require real-time submission like claims) 	<ul style="list-style-type: none"> - Can align PQRS and EHR quality measure reporting through this mechanism 	<ul style="list-style-type: none"> - Can include specialty-developed measures beyond the ones approved for traditional PQRS reporting - ACS Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) and the SSR (trauma measures only) have been approved by CMS as QCDRs - For MBSAQIP, minimizes burden since data are already being collected as part of participation in the MBSAQIP - Registry data can be gathered retrospectively (i.e., does not require real-time submission like claims)
Cons	<ul style="list-style-type: none"> - It may be difficult for surgeons to find nine measures across three NQS domains that are clinically relevant - Measures groups cannot be reported via claims - Requires reporting earlier in the year and throughout the year since EPs cannot retrospectively attach QDCs to claims or resubmit claims to reflect QDCs 	<ul style="list-style-type: none"> - Some registries may require a fee to join 	<ul style="list-style-type: none"> - Surgeons may not be able to report on many of the EHR based measures that are approved for PQRS 	<ul style="list-style-type: none"> - QCDRs are only available to a limited number of specialties at this time. - QCDRs may require a fee for participation



1. Claims based reporting option for individual surgeons

The claims based reporting option for 2016 requires EPs to report nine PQRS measures covering a minimum of three National Quality Strategy (NQS) domains, including one cross-cutting measure, for at least 50 percent of the Medicare Part B FFS patients from January 1- December 31, 2016. The nine measures can be chosen from the 2016 CMS PQRS Individual Measure Specification file found in the following zip file:

https://www.cms.gov/apps/ama/license.asp?file=/PQRS/Downloads/2016_PQRS_IndMeasures_Specs_ClaimsRegistry_010716.zip

A list of 2016 cross-cutting measures is available here:

https://www.cms.gov/apps/ama/license.asp?file=/PQRS/Downloads/2016_PQRS-Crosscutting.pdf

The ACS recommends considering measures #130, 226, 128, 113, and 112, which were included in the most recent CMS PQRS Experience Report¹ as the most frequently reported measures for general surgeons.

#130: Documentation of Current Medications in the Medical Record- Patient Safety

#226: Preventive Care and Screening: Tobacco Use: Screening and Cessation
Intervention- Community/Population Health

#128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
Plan- Community/Population Health

#113: Preventive Care and Screening: Colorectal Cancer Screening- Effective Clinical
Care

#112: Breast Cancer Screening- Effective Clinical Care

ACS encourages surgeons to review the 2016 CMS PQRS Individual Measure Specification file to determine the most appropriate nine measures for their scope of practice.

2. Qualified Registry reporting option

There are two acceptable ways that EPs can report through a qualified registry. One way is by reporting on “individual measures” and the other is by reporting on “measure groups.” Note that reporting on either “individual measures” or “measure groups” simply refers to the way a provider or group decides to report measures for PQRS and this terminology should not be confused with reporting measures as an “individual EP” or as “group practice” reporting via the GPRO. EPs interested in reporting through the qualified registry reporting option should review the list of CMS approved PQRS registry vendors: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2015QualifiedRegistries.pdf> and select a registry to report through.



Surgeons reporting individual measures through the registry based reporting option

EPs that choose this option must report on nine PQRS measures, including one cross-cutting measure, covering a minimum of three NQS domains for at least 50 percent of the Medicare Part B FFS patients. While the requirement for reporting individual measures through a registry is similar to that of the claims based reporting option, in a registry, EPs can retroactively enter PQRS information on qualifying cases from January 1 - December 31, 2016. In order to report on this group, surgeons will need to register with a CMS approved PQRS registry such as the SSR in order to submit their PQRS data on the 20 (majority Medicare) patients. Review the “Individual Measures Option” for a list of PQRS measures reportable via the SSR, <https://www.facs.org/quality-programs/ssr/pqrs/options>.

Additionally, a list of all PQRS measures available for the registry based reporting can be found in the following zip file, which is the same specification file included in the “Claims Based Reporting Option” section:

https://www.cms.gov/apps/ama/license.asp?file=/PQRS/Downloads/2016_PQRS_IndMeasures_Specs_ClaimsRegistry_010716.zip

Surgeons reporting measure groups through the registry based reporting option

The registry based reporting option is likely an ideal option for surgeons. EPs who choose this option must select one measure group and will only need to report on 20 cases a majority of which (i.e., at least 11 cases) must be Medicare patients. EPs should review the list of allowed procedures for measures groups that they select and identify 20 patients. EPs participating through a registry can retroactively enter PQRS information on the 20 qualifying cases. For surgeons, there is only one relevant measures group for 2016, the General Surgery Measures Group (note: the Perioperative measures group is no longer available).

The General Surgery Measures Group consists of five measures shown in Table 5 below with the PQRS measure number.

Table 5: 2016 PQRS General Surgery Measures Group

- #354 Anastomotic Leak Intervention
- #355 Unplanned Reoperation within the 30 Day Postoperative Period
- #356 Unplanned Hospital Readmission within 30 Days of Principal Procedure
- #357 Surgical Site Infection (SSI)
- #358 Patient-Centered Surgical Risk Assessment and Communication
- #130: Documentation of Current Medications in the Medical Record
- #226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Table 6 below has a list of the 2016 PQRS procedures approved for the General Surgery Measures Group. Surgeons must carefully read the specifications to ensure that they can report on the applicable PQRS measures within the group on each of the 20 (majority Medicare) patients from January 1- December 31, 2016. The measure specifications for the General Surgery Measures Group can be found in the following CMS measure group specification file:



[https://www.cms.gov/apps/ama/license.asp?file=/PQRS/Downloads/General Surgery Specialty Measure Set.pdf](https://www.cms.gov/apps/ama/license.asp?file=/PQRS/Downloads/General_Surgery_Specialty_Measure_Set.pdf). Finally, in order to report on this group, surgeons will need to register with a CMS approved PQRS registry such as the SSR in order to submit their PQRS data on the 20 (majority Medicare) patients.

Table 6: 2015 Procedures Allowed for General Surgery Measures Group

19101, 19301, 19302, 19303, 19304, 19305, 19306, 19307, 36818, 36819, 36820, 36821, 36825, 36830, 43644, 43645, 43775, 43846, 43847, 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44150, 44151, 44160, 44204, 44205, 44206, 44207, 44208, 44210, 44950, 44960, 44970, 47562, 47563, 47564, 47600, 47605, 47610, 49560, 49561, 49565, 49566, 49572, 49585, 49587, 49590, 49652, 49653, 49654, 49655, 49656, 49657, 60200, 60210, 60212, 60220, 60225, 60240, 60252, 60254, 60260, 60270, 60271

3. EHR based reporting option

In order to participate via the EHR based option, EPs need to submit nine measures covering at least three NQS domains. EPs should work with their EHR vendor to make sure that the EHR vendor can submit data on the PQRS approved electronic measures for calendar year 2016. More information on this reporting option is available at:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html>

4. Qualified clinical data registry (QCDR) reporting option

The QCDR is a CMS-approved entity (registry) that collects clinical data for the purpose of patient and disease tracking to improve quality of care provided to patients in a particular patient population. The QCDR reporting option allows entities approved as a QCDR to determine their own quality measures, and therefore, EPs who participate in the QCDR are not required to report on traditional PQRS measures. Compared to traditional PQRS measures, QCDR measures are intended to be more relevant, clinically appropriate, and actionable for EPs who are participating in a clinical data registry.

To avoid the 2018 penalty using the QCDR reporting option in 2016, an EP must successfully report at least nine individual measures including at least two outcome measures, covering at least three NQS domains, and report each measure for at least 50 percent of provider’s applicable patients seen during the reporting period to which the measure applies. EPs interested in reporting through this reporting option should review the list of CMS approved PQRS QCDRs: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2015QCDRPosting.pdf>

How is ACS helping surgeons participate in PQRS?

The ACS is helping surgeons through its Surgeon Specific Registry (SSR) and the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP).



Surgeon Specific Registry

The SSR, formerly known as the ACS Case Log, allows surgeons to track their cases and outcomes in a convenient, easy-to-use, and confidential method. The SSR can also be used for regulatory requirements, such as submitting 2016 PQRS data. The SSR allows individual EPs to report on the General Surgery Measures Group, as well as individual PQRS and trauma measures. Surgeons have until January 31, 2016 to submit calendar year 2016 patient information in the SSR. The SSR will submit the PQRS data to CMS.

The SSR is currently available at no cost to ACS surgeon members and will be available to non-ACS surgeon members for a nominal fee. Surgeons who have used the Case Log in the past can log into the SSR with the same username and password and begin entering cases here:

<https://acspbls.resiliencesoftware.com>. For current users, the SSR can produce a report which indicates the surgeon's eligible PQRS cases, based on measures group Current Procedural Terminology (CPT) codes. These cases may be easily edited with PQRS-specific data through the report. If surgeons have not used Case Log in the past, they can register at this site, <http://www.facs.org/members/pbls.html>. Surgeons will need to consent to and sign up for PQRS reporting through the SSR in order to allow the registry to submit data on their behalf. For more information about the SSR, visit: <https://www.facs.org/quality-programs/ssr/pqrs/options>.

Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program

The MBSAQIP has been approved by CMS as a qualified clinical data registry (QCDR) for PQRS 2015, and is pending approval for 2016. MBSAQIP participants will have the opportunity to voluntarily elect that their MBSAQIP QCDR quality measures results be submitted to CMS for PQRS participation. Metabolic and bariatric surgeons will be provided with reports of their results of the QCDR measures so they can track and have the opportunity to improve their results. The MBSAQIP will submit approved 2016 QCDR measures on behalf of MBSAQIP participants who elect to have their data submitted. One benefits of using the MBSAQIP is that data is already being collected as part of participation in the MBSAQIP, whereas other options to satisfy PQRS may require additional data burden. Specifications of the approved MBSAQIP QCDR quality measures are available here: <https://www.facs.org/quality-programs/mbsaqip/resources/data-registry>

What are additional resources for surgeons?

Additional background information and PQRS resources are available at www.facs.org/ahp/pqrs/ as well as www.cms.gov/PQRS.

For PQRS related questions, surgeons can reach out the following staff:



- General PQRS program questions: Molly Peltzman in the ACS Division of Advocacy and Health Policy at: 202-337-2701 or qualitydc@facs.org
- Information on the SSR: Joe Bonura in the ACS Division of Research and Optimal Patient Care (DROC) at: 312-202-5000 or ssr@facs.org
- Information on the MBSAQIP: Rasa Krapikas from the ACS DROPC at 312-202-5000 or rkrpikas@facs.org.
- CMS is also available to answer PQRS related questions at: 1-866-288-8912 or gnetsupport@hcgis.org.



References:

1. Centers for Medicare and Medicaid Services: 2013 Reporting Experience Including Trends (2007-2014); Physician Quality Reporting System and Electronic Prescribing (eRx) Incentive Program. Page 34. Published April 8, 2015. Available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2013_PQRS_eRx_Experience_Report_zip.zip. Accessed October 1, 2015