

## **What is the Physician Quality Reporting System (PQRS)?**

The Physician Quality Reporting System (PQRS) was implemented by CMS in order to provide a program that would encourage eligible providers (EPs) to monitor the quality of care they are providing to their patients as well as evaluate their performance based on established quality metrics.

Originally named the Physician Quality Reporting Initiative (PQRI), the program allowed successfully participating providers to earn incentive payments of 1.5% to 2%. However, beginning in 2015, the incentives were phased out and a -1.5% penalty was implemented for EPs not successfully participating. In 2016 the penalty will increase to -2%. These incentives and penalties are based on data submitted two years earlier, so providers that did not successfully participate in 2013 are being paid 1.5% below the Medicare Physician Fee Schedule (MPFS) in 2015.

### PQRS Measures and Measures Groups

CMS has developed a reporting system that allows EPs to submit quality data using individual measures or measures groups. Depending on which method is chosen, there are different requirements for the number of patients for whom data must be reported.

The measures and measures groups used in PQRS have been evolving since the program's inception. In 2007, there were 74 measures and no measures groups. In 2015, there are 255 measures and 22 measures groups.

### Reporting Methods

Just as the number of measures and measures groups have increased over the years, the number of reporting methods has also increased. In 2007, claims reporting was the only method by which EPs could submit their quality data. Depending on the number or EPs in their practices, in 2015 there are 7 possible ways providers can submit their data:

- Claims
- Certified Registry
- Electronic Health Record
- Group Practice Reporting Option
- Data Submission Vendor
- Certified Survey Vendor
- Qualified Clinical Data Registry