What is PQRSwizard?

PQRSwizard provides a step-by-step approach to help ensure that eligible professionals (EPs) meet all of the data, scoring and attestation requirements before they submit their Physician Quality Reporting System (PQRS) reports to the Centers for Medicare and Medicaid Services (CMS). PQRSwizard is powered by the CECity Registry, a CMS-certified registry for PQRS.

Similar to online tax preparation software, the PQRSwizard is a web-based tool to guide EPs through a few easy steps to help rapidly collect, validate, report, and submit the results to CMS.

What measures are available?

PQRSwizard is certified to report on all measures groups and all individual measures approved by CMS for registry reporting. For a detailed list of measures and measures groups, or to access the online guide to help you select relevant measures, please visit www.pqrswizard.com.

How do individual EPs use PQRSwizard?

Reporting as an individual EP requires the submission of a PQRS report for a unique NPI/TIN combination. Individual EPs may choose to report PQRS measures groups or individual measures. Note: If an individual EP bills Medicare through multiple TINs, then each unique NPI/TIN combination should submit a PQRS report to CMS.

Would you like to attend a PQRSwizard demonstration?

PQRSwizard offers monthly product demonstrations. Visit the Support page to register for the next demonstration. PQRSwizard also has a Video Library of on-demand educational videos and product-specific tutorials. Visit www.pqrswizard.com today!

Why use PQRSwizard?

- Avoid penalties
- 99.5% success rate**
- Quick, easy and cost effective
- Individual EP and GPRO reporting
- Data entry and file upload tools
- Real-time data validation

Individual EP's

<table>
<thead>
<tr>
<th>All 2016 Measure Groups</th>
<th>All 2016 Individual Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>All 2016 Individual Measures</td>
<td>Certified EHR Data Submission Vendor†</td>
</tr>
<tr>
<td>Qualified Clinical Data Registry (QCDR)¹</td>
<td>Qualified Clinical Data Registry (QCDR)¹</td>
</tr>
<tr>
<td>Certified EHR Data Submission Vendor†</td>
<td></td>
</tr>
</tbody>
</table>

Group Practices¹ (Assume CMS registration as GPRO via Registry)

†Submission method offered through CECity; inquire for details

¹The CAHPS for PQRS survey is mandatory for groups with 100 or more EPs and optional for groups with between 2 to 99 EPs. It is optional for groups with 2 or more EPs.

* Ranking based upon utilization, professional organization recommendation, and eligible provider success rates.
** >99.5% of eligible professionals that relied on PQRSwizard, submitted correct NPI/TINs, provided correct data, and received their incentive payment.
**PQRSwizard for group practices participating in the group practice reporting option (GPRO) via registry**

**What is the group practice reporting option?**

GPRO is an option for group practices that have at least 2 individual NPIs billing under a single tax ID (Practice), who have registered with CMS to participate via GPRO. This reporting option enables the practice to report as a group, rather than reporting for each individual EP. Group practices that wish to participate in the PQRS program under GPRO must have registered with CMS on the PV-PQRS registration system by June 30, 2016. After this deadline has passed, the group practice will only be eligible to report as individual EPs.

**How to report under the GPRO via registry?**

A practice that elects to participate in the GPRO will be required to report on a population of patients attributed to its Tax Identification Number (TIN). Measures reported are attributed to the entire cohort of Medicare patients serviced within the reporting period and billed through the TIN, to which the PQRS measures apply. PQRS measures only apply to a patient if they meet the denominator eligibility criteria. The denominator eligibility criteria is posted online at, www.pqrswizard.com. Note: If an organization has multiple TINs, then each TIN represents a unique set of EPs which should be registered with CMS for GPRO and reported accordingly.

**What is the PQRS payment adjustment?**

The PQRS program now carries an automatic 2% negative payment adjustment for non-participation in reporting by eligible solo providers and GPRO group practices.

**What is the 2016 PQRS/value-based modifier payment adjustment schedule?**

EPs and group practices automatically risk upwards of 4-6% of their allowed 2018 Medicare Part B FFS charges.

**How does value-based modifier payment adjustment and quality-tiering affect physician practices?**

Beginning in the 2016 PQRS reporting period, the value-based payment modifier (VBM) applies to ALL EPs.

- VBM takes into account both PQRS quality data and Medicare cost data to calculate a provider’s overall VBM score.
- VBM is a budget-neutral program
  - Provides upward payment adjustments to high-performing providers.
  - Applies a downward payment adjustment to low-performing providers.
  - Applies a neutral payment adjustment to those in the middle.

VBM payment adjustments are additive to PQRS, and are automatically applied to all providers and group practices who do not successfully report PQRS. For those who do report PQRS, the VBM payment adjustment is applied through the quality-tiering process:

- Groups and Solo Providers that consist of all non-physician EPs are exempt from downward quality-tiering adjustments, but eligible for the neutral or upward quality-tiering payment adjustments.
- Physicians, PAs, NPs, CNSs, and CRNAs who are eligible for quality-tiering payment adjustments may receive a neutral, downward or upward adjustment.

The table below illustrates how the payment adjustments are applied based on participation on one or more of these programs as well as practice size.

<table>
<thead>
<tr>
<th>Physician group size</th>
<th>Reporting year</th>
<th>Year of financial impact</th>
<th>Providers/Groups that DON’T successfully report PQRS</th>
<th>Providers/Groups that DO successfully report PQRS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>PQRS</td>
<td>Value-Based Modifier Adjustment</td>
</tr>
<tr>
<td>1-9</td>
<td>2016</td>
<td>2018</td>
<td>-4% [Includes PQRS &amp; VBM penalties]</td>
<td>No Penalty Neutral (0%) Upward (up to 2%)</td>
</tr>
<tr>
<td>10+</td>
<td>2016</td>
<td>2018</td>
<td>-6% [Includes PQRS &amp; VBM penalties]</td>
<td>No Penalty Neutral (0%) Upward (up to 4%)</td>
</tr>
<tr>
<td>Non-Physician EPs</td>
<td>2016</td>
<td>2018</td>
<td>-2% [Includes PQRS &amp; VBM penalties]</td>
<td>No Penalty Neutral (0%) Upward (up to 2%)</td>
</tr>
</tbody>
</table>

Table 1: Summary of financial risk for the 2016 PQRS and VBM program by practice size.