DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services

2013 Physician Quality Reporting System (PQRS)– Medicare Electronic Health Record (EHR) Incentive Pilot:

Quick Reference Guide

Background

The Medicare Electronic Health Record (EHR) Incentive Program provides incentive payments to eligible professionals, eligible hospitals, and Critical Access Hospitals (CAHs) that successfully demonstrate meaningful use of Certified EHR Technology (CEHRT). To successfully demonstrate meaningful use, eligible professionals, eligible hospitals, and CAHs must report Clinical Quality Measures (CQMs) as well as meaningful use functionality measures. For 2013, eligible professionals may satisfy the meaningful use objective to report CQMs (see **Appendix A** for a list of the 44 CQMs) to the Centers for Medicare & Medicaid Services (CMS) by reporting them through:

1. The Medicare and Medicaid EHR Incentive Programs' web-based Registration and Attestation System; or
2. Participation in the PQRS-Medicare EHR Incentive Pilot, which uses the "2013 EHR Measure Specifications."

Purpose: This "Quick Reference Guide" provides direction to eligible professionals participating in the Medicare EHR Incentive Program on reporting and satisfying the CQM requirements through participation in the PQRS-Medicare EHR Incentive Pilot. Eligible professionals under the Medicare EHR Incentive Program include:

- Doctors of medicine or osteopathy,
- Doctors of dental surgery or dental medicine,
- Doctors of podiatry,
- Doctors of optometry, and
- Chiropractors.

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2013 PQRS-Medicare EHR Incentive Pilot
Participation

- Eligible professionals who seek to participate in the PQRS-Medicare EHR Incentive Pilot must also participate in PQRS through submission of specific 2013 PQRS EHR measures. See **Appendix A** for a list of the specific measures.
  - By submitting specific PQRS EHR measures through the PQRS-Medicare EHR Incentive Pilot, eligible professionals can submit data on the same sample of beneficiaries through their Office of the National Coordinator for Health Information Technology (ONC)-certified EHR system to meet the core objective for reporting CQMs for the Medicare EHR Incentive Program and meet the requirements for satisfactory reporting under PQRS for the 2013 program year.
  - Eligible professionals participating in the PQRS-Medicare EHR Incentive Pilot still must report the other meaningful use objectives through the Medicare and Medicaid EHR Incentive Programs Registration and Attestation System.
- Eligible professionals who wish to participate in the PQRS-Medicare EHR Incentive Pilot must indicate within the EHR Incentive Program Registration and Attestation System their intent to fulfill the meaningful use objective of reporting CQMs through participation in the PQRS-Medicare EHR Incentive Pilot.
- Eligible professionals participating in the PQRS-Medicare EHR Incentive Pilot must report CQMs based on a full calendar year (January 1 – December 31), and submit required data to CMS by February 28, 2014, to allow alignment with PQRS.
- Eligible professionals wishing to participate in the PQRS-Medicare EHR Incentive Pilot should be familiar with the specific dates of the other components of the Medicare EHR Incentive Program.
- Eligible professionals using the direct EHR-based reporting submission method, who are unable to report the three core measures and the three alternate core measures as well as any of the remaining 38 measures as a result of not having any patients in the denominator, may not participate in the PQRS-Medicare EHR Incentive Pilot.

2013 PQRS-Medicare EHR Incentive Pilot
Submission Methods

To participate in the PQRS-Medicare EHR Incentive Pilot, eligible professionals must electronically report CQM results via one of the following methods:

- **Use a Participating PQRS EHR Data Submission Vendor to:**
  - Submit calculated/aggregate CQM results (in an Extensible Markup Language [XML] file) from the eligible professional's ONC-certified EHR system to CMS on the eligible professional's behalf (required to satisfy the CQM requirements for the EHR Incentive Program),

    and

  - Submit the same CQM data at an individual patient level (in the Quality Reporting Data Architecture [QRDA] Category 1 format) using data from the eligible professional's participating PQRS EHR system (required to satisfy the requirements for PQRS).
- **Use Qualified Direct EHR-Based Reporting to:**

  Submit CQM data at an individual patient level directly from an ONC-certified, PQRS-qualified EHR system in the QRDA Category 1 format (required to satisfy the CQM requirements for the EHR Incentive Program and qualify for a PQRS incentive). CMS will then calculate CQM results using a uniform calculation process.

For information about how to report both the PQRS and the PQRS-Medicare EHR Incentive Pilot via the EHR-based reporting option, refer to the "2013 Physician Quality Reporting System (PQRS) Participation for Incentive Decision Tree" at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2013_PQRS_DecisionTree_01292013.pdf on the CMS website.

Questions?

See **Appendix B** for a list of Resources/Key Terms.

This fact sheet was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

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Check out CMS on:

Appendix A

2013 PQRS-Medicare EHR Incentive Pilot Clinical Quality Measures (CQMs)

Core Measures

Eligible professionals participating in the PQRS-Medicare EHR Incentive Pilot are required to submit information on the three Medicare EHR Incentive Program core measures, listed in Table 1.

Table 1. Core Measures

PQRS Measure Number	National Quality Forum (NQF) Measure Number	Measure Title
#128	0421	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
#226	0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
#237	0013	Hypertension (HTN): Blood Pressure Measurement

Alternate Core Measures

If the denominator for one or more of the Medicare EHR Incentive Program core measures is zero, the eligible professional must report on up to three of the Medicare EHR Incentive Program alternate core measures, listed in Table 2.

Table 2. Alternate Core Measures

PQRS Measure Number	NQF Measure Number	Measure Title
#110	0041	Preventive Care and Screening: Influenza Immunization
#239	0024	Weight Assessment and Counseling for Children and Adolescents
#240	0038	Childhood Immunization Status

Additional Measures

Eligible professionals must report on three of the measures available for the Medicare EHR Incentive Program, listed in Table 3.

Table 3. Additional Measures

PQRS Measure Number	NQF Measure Number	Measure Title
#1	0059	Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus
#2	0064	Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus
#3	0061	Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus
#5	0081	Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
#6	0067	Coronary Artery Disease (CAD): Antiplatelet Therapy
#7	0070	Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)
#8	0083	Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
#9	0105	Anti-depressant Medication Management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment
#12	0086	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
#18	0088	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
#19	0089	Diabetic Retinopathy: Communication with the Physician Managing On-going Diabetes Care
#53	0047	Asthma: Pharmacologic Therapy for Persistent Asthma
#64	0001	Asthma: Assessment of Asthma Control
#66	0002	Appropriate Testing for Children with Pharyngitis
#71	0387	Breast Cancer: Hormonal Therapy for Stage IC–IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
#72	0385	Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients
#102	0389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients
#111	0043	Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older

Table 3. Additional Measures (cont.)

PQRS Measure Number	NQF Measure Number	Measure Title
#112	0031	Preventive Care and Screening: Screening Mammography
#113	0034	Preventive Care and Screening: Colorectal Cancer Screening
#117	0055	Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient
#119	0062	Diabetes Mellitus: Urine Screening
#163	0056	Diabetes Mellitus: Foot Exam
#197	0074	Coronary Artery Disease (CAD): Lipid Control
#200	0084	Heart Failure: Warfarin Therapy for Patients with Atrial Fibrillation
#201	0073	Ischemic Vascular Disease (IVD): Blood Pressure Management Control
#204	0068	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
#236	0018	Hypertension (HTN): Controlling High Blood Pressure
#241	0075	Ischemic Vascular Disease (IVD): Complete Lipid Panel and Low Density Lipoprotein (LDL-C) Control
#305	0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement
#306	0012	Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)
#307	0014	Prenatal Care: Anti-D Immune Globulin
#308	0027	Smoking and Tobacco Use Cessation, Medical Assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies
#309	0032	Cervical Cancer Screening
#310	0033	Chlamydia Screening for Women
#311	0036	Use of Appropriate Medications for Asthma
#312	0052	Low Back Pain: Use of Imaging Studies
#313	0575	Diabetes Mellitus: Hemoglobin A1c Control (<8%)

Appendix B

Resources/Key Terms as Used in the 2013 PQRS-Medicare EHR Incentive Pilot Analysis and Documentation

Resources

Table 4 provides resources for more information.

Table 4. Resources

Resource	Location
CMS EHR Reporting website	Click the link below or scan the Quick Response (QR) code on the right with your mobile device. http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html
CMS PQRS website	http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS
Documents in the "2013 EHR Documents for Eligible Professionals" zip file (with Measure Specifications)	http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html
EHR Incentive Program Attestation Module for 2013	http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html
EHR Incentive Program Educational Resources for Eligible Professionals	http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/EducationalMaterials.html
Eligibility for Medicare EHR Incentive Program	http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Eligibility.html
Eligible Professional List for PQRS	http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/PQRS_List-of-EligibleProfessionals_022813.pdf
Medicare and Medicaid EHR Incentive Programs website	http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms

Table 4. Resources (cont.)

Resource	Location
"MLN Guided Pathways to Medicare Resources Provider Specific" booklet	The Medicare Learning Network® (MLN) Educational Web Guides MLN Guided Pathways to Medicare Resources help providers gain knowledge on resources and products related to Medicare and the CMS website. For more information applicable to you, refer to the section about your provider type in the "MLN Guided Pathways to Medicare Resources Provider Specific" booklet at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf on the CMS website. For all other "Guided Pathways" resources, visit http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Guided_Pathways.html on the CMS website.
Physician Fee Schedule (PFS) Final Rule for 2013	http://www.gpo.gov/fdsys/pkg/FR-2012-11-16/pdf/2012-26900.pdf
Qualified EHR Vendor List for the 2013 PQRS and Electronic Prescribing (eRx) Incentive Programs	http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2013QualifiedEHRDirectVendors.pdf
Questions	QualityNet Help Desk 866-288-8912 (7:00 a.m.-7:00 p.m. CST Monday-Friday) or qnetsupport@sdps.org EHR Information Center 888-734-6433 (TTY 888-734-6563)
"2013 Physician Quality Reporting System (PQRS) Participation for Incentive Decision Tree"	http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2013_PQRS_DecisionTree_01292013.pdf
"2013 Physician Quality Reporting (PQRS): Electronic Health Record (EHR) Reporting Made Simple"	http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2013_PQRS_EHRMadeSimple_12192012.pdf

Key Terms

Table 5 provides key terms and explanations.

Table 5. Key Terms

Key Term	Explanation
Attestation	Medicare eligible professionals, eligible hospitals, and CAHs will have to demonstrate meaningful use through CMS' web-based Registration and Attestation System. In the Medicare & Medicaid EHR Incentive Programs' Registration and Attestation System, providers will fill in numerators and denominators for the meaningful use objectives and CQMs, indicate if they qualify for exclusions to specific objectives, and legally **attest** that they have successfully demonstrated meaningful use. A complete EHR system will provide a report of the numerators, denominators, and other information. Then you will need to enter that data into the online Attestation System. You will qualify for a Medicare EHR incentive payment upon completing a **successful** online submission through the Attestation System. Immediately after you submit your results, you'll see a summary of your attestation, and whether or not it was successful.
Certified EHR Technology (CEHRT)	The Medicare and Medicaid EHR Incentive Programs require the use of CEHRT. Standards, implementation specifications, and certification criteria for EHR technology have been adopted by the Secretary of the Department of Health and Human Services. EHR technology must be tested and certified by an ONC Authorized Testing and Certification Body (ATCB) for a provider to qualify for EHR incentive payments. For more information about ONC-certified EHR technology, visit http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Certification.html on the CMS website.
Clinical Quality Measure (CQM)	CQMs are based on specific evidence-based practices shown to give the best results to the most people. To demonstrate meaningful use successfully, eligible professionals, eligible hospitals, and CAHs are required also to report CQMs specific to eligible professionals or eligible hospitals and CAHs.

Table 5. Key Terms (cont.)

Key Term	Explanation
Health Information Technology for Economic and Clinical Health (HITECH) Act	The American Recovery and Reinvestment Act of 2009 (ARRA) was signed into law on February 17, 2009, to promote the adoption and meaningful use of health information technology. Subtitle D of the HITECH Act, part of ARRA, addresses the privacy and security concerns associated with the electronic transmission of health information, in part, through several provisions that strengthen the civil and criminal enforcement of Health Insurance Portability and Accountability Act (HIPAA) rules. For more information about the HITECH Act, visit http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms on the CMS website.
Meaningful Use	ARRA specifies three main components of meaningful use: • The use of a certified EHR in a meaningful manner, such as electronic prescribing; • The use of CEHRT for electronic exchange of health information to improve quality of health care; and • The use of CEHRT to submit clinical quality and other measures. Simply put, “meaningful use” means providers need to show they’re using CEHRT in ways that can be measured significantly in quality and in quantity. For more information about the Medicare and Medicaid EHR Incentive Programs, visit http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms on the CMS website.