

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



2013 Physician Quality Reporting System (PQRS): Electronic Health Record (EHR) Reporting Made Simple

Background

The Physician Quality Reporting System (PQRS) is a voluntary reporting program. The program provides an incentive payment to practices with eligible professionals (identified on claims by their National Provider Identifier [NPI] and Tax Identification Number [TIN]) who satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to **Medicare Part B Fee-For-Service (FFS) beneficiaries** (including Railroad Retirement Board and Medicare Secondary Payer beneficiaries).

Each eligible professional must satisfactorily report on at least **three** measures for at least **80 percent** of eligible instances when reporting through Electronic Health Record (EHR)-based reporting to qualify for the incentive.

The Centers for Medicare & Medicaid Services (CMS) suggests that eligible professionals periodically review posted EHR-related materials at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html> on the CMS website to ensure they are informed of all program clarifications and updates. You can also visit this page by scanning the Quick Response (QR) code on the right with your mobile device.



Beginning in 2015, the program will apply a payment adjustment to eligible professionals who do not satisfactorily report data on quality measures for covered professional services. For more information, visit <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Payment-Adjustment-Information.html> on the CMS website.

Purpose

This fact sheet describes EHR-based reporting and outlines steps eligible professionals should take in selecting an EHR for the 2013 program year and satisfactorily reporting quality measures using EHR-based reporting.

How to Get Started

Listed below are some preparatory steps that eligible professionals must take prior to undertaking PQRS EHR-based reporting.

STEP 1: Determine if you are able to participate in PQRS.

For a list of eligible professionals, review the “Physician Quality Reporting System (PQRS) List of Eligible Professionals” document at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/PQRS_list-of-EligibleProfessionals_022813.pdf on the CMS website. Read this list carefully, as not all providers are considered eligible professionals.

STEP 2: Determine which measures apply to your practice.

Review the “2013 EHR Measure Specifications” document in the zip file titled “2013 EHR Documents for Eligible Professionals” at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html> on the CMS website. To qualify for a PQRS incentive payment, eligible professionals who choose to report on EHR measures must report on **a minimum of three** measures for at least 80 percent of their Medicare Part B FFS beneficiaries seen during the reporting period to which the measure applies.

Eligible professionals participating in the 2013 Medicare EHR Incentive Program may satisfy the meaningful use objective to report Clinical Quality Measures (CQMs) to CMS by reporting them through the PQRS-Medicare EHR Incentive Pilot, which uses specific 2013 PQRS EHR measure specifications.

- Eligible professionals participating in the PQRS-Medicare EHR Pilot are required to submit information on three core measures.
- If the denominator for one or more of the core measures is zero, the eligible professional must report on up to three alternate core measures.
- Eligible professionals must also report on three additional measures available for the Medicare EHR Incentive Program.

For more information about the PQRS-Medicare EHR Pilot and a list of the core, alternate core, and additional measures available for reporting, refer to the “2013 Physician Quality Reporting System (PQRS) Medicare Electronic Health Record (EHR) Incentive Pilot: Quick-Reference Guide” at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2013_PQRS_MedicareEHRIncentPilot_12192012.pdf on the CMS website.

NOTE: The list of eligible professionals for the 2013 Medicare EHR Incentive Program is different than the list of eligible professionals for the 2013 PQRS.

- Eligible professionals who wish to participate in the PQRS-Medicare EHR Incentive Pilot must indicate within the EHR Incentive Program attestation module their intent to fulfill the meaningful use objective of reporting CQMs through participation in the PQRS-Medicare EHR Incentive Pilot.

- For more information about the 2013 Medicare EHR Incentive Program, visit <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms> on the CMS website.

STEP 3: If you choose to submit quality measure data directly from your EHR system, you must determine if it is a PQRS-qualified EHR product.

For a list of qualified EHR vendors and their product version(s), visit <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2013QualifiedEHRDirectVendors.pdf> on the CMS website. If you are unsure of the specifics of your EHR product, contact your EHR vendor to determine if your EHR system (including the product and version number) is qualified.

Eligible professionals also have the option to submit quality measure data extracted from their EHR system to a participating EHR data submission vendor. An EHR data submission vendor is an entity that receives and transmits data on PQRS measures from an EHR to CMS. The EHR data submission vendor then submits the PQRS measures data to CMS in the CMS-specified format(s) on the eligible professional's behalf. For a list of participating EHR data submission vendors and their product version(s), visit http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2013QualifiedDSVs_022813.pdf on the CMS website.

STEP 4: If you determine that at least three PQRS EHR measures apply to your practice and you have a participating/qualified EHR system, learn about each measure's specifications and reporting frequency or timeframe requirement.

Carefully review the "2013 EHR Measure Specifications" and "2013 EHR Measure Specifications Release Notes" in the zip file titled "2013 EHR Documents for Eligible Professionals" at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html> on the CMS website.

Each measure has a Numerator section (that is, the quality performance action) associated with it. Some measures also have some performance exclusions listed in the Denominator Exclusion section. Each participating provider must report a minimum of three measures for Medicare Part B FFS eligible cases (as identified in the Denominator Inclusion section). A case is "eligible" for PQRS purposes when the code(s) match the denominator inclusion criteria according to the "2013 EHR Measure Specifications" document.

Each measure has a reporting frequency or timeframe requirement for each individual eligible patient seen during the reporting period for each individual eligible professional (NPI). The reporting frequency (for example, report each visit, the most recent visit, once during the reporting period) is found in the details of each measure specification. Ensure that all members of your team understand and capture this information in the clinical record to facilitate reporting.



STEP 5: Document all patient care and visit-related information in your EHR system as normal.

Ensure you identify and capture **all** eligible cases per the measure denominator for each measure you choose to report. Review **all** of the denominator codes that can affect **EHR-based** reporting, particularly for broadly applicable measures or measures that do not have an associated diagnosis, (for example, Measure #110: Preventive Care and Screening: Influenza Immunization) to ensure the correct quality action is performed and reported for the eligible case as instructed in the measure specifications.

STEP 6: If you are using a participating EHR data submission vendor to submit quality measure data, please proceed to Step 8. You will not be required to register for an Individuals Authorized Access to CMS Computer Services (IACS) account to upload your files.

If you are submitting quality measure data directly from your EHR system, you must register for an IACS account.

For more information about how eligible professionals register for an IACS account, visit the “Physician and Other Health Care Professionals Quality Reporting Portal” (Portal) at https://www.qualitynet.org/portal/server.pt/community/pgri_home/212 on the Internet.

- Request the EHR Submitter Role when registering for an IACS account.
- If you already have an IACS account, you will need to request adding the role to your account.
- Refer to the “Obtaining the ‘EHR Submitter Role’ Quick Reference Guide” document on the Portal home page.

STEP 7: Work with your PQRS-qualified EHR vendor to create the required reporting files from your EHR system, so they can be uploaded through the Portal using IACS. If you are using a “qualified” system, it should already be programmed to generate these files.

STEP 8: Participate in the recommended testing for data submission or ensure your EHR data submission vendor participates when available prior to payment submissions to prevent data errors. Speak with your EHR vendor or data submission vendor (if applicable) to discuss any data submission issues.

STEP 9: Submit final EHR reporting files with quality measure data, or ensure your EHR data submission vendor submits your files by the data submission deadline of February 28, 2014, to be analyzed and used for 2013 PQRS EHR measure calculations.

- 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 eligible provider.
- Following each successful file upload, notification will be sent to the IACS user’s e-mail address indicating the files were submitted and received.
- Submission reports will then be available to indicate file errors, if applicable.

- Feedback reports will be available for eligible providers in the fall of 2014.
 - An IACS account will be required to access TIN/NPI-level feedback reports. NPI-level reports can be requested from the “Communication Support Page” at https://www.qualitynet.org/portal/server.pt/community/communications_support_system/234 on the Internet.

Resources

For more information about PQRS EHR-based reporting, refer to the following documents:

- The documents in the “2013 EHR Documents for Eligible Professionals” zip file (with measure specifications) at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html> on the CMS website.
- The “2013 Physician Quality Reporting System (PQRS) Medicare Electronic Health Record (EHR) Incentive Pilot: Quick-Reference Guide” at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2013_PQRS_MedicareEHRIncentPilot_12192012.pdf on the CMS website.

For more information about the Portal and its functions, refer to the following user guides at https://www.qualitynet.org/portal/server.pt/community/pqri_home/212 on the Internet:

- “PQRS/eRx Submission User Guide,”
- “PQRS/eRx Submission Report User Guide,”
- “PQRS Portal User Guide,”
- “PQRS Submission Engine Validation Tool (SEVT) User Guide,” and
- “Obtaining the ‘EHR Submitter Role’ Quick Reference Guide.”

Contact your EHR vendor or data submission vendor 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 IACS account, contact the **QualityNet Help Desk at 866-288-8912** (available 7 a.m. to 7 p.m. CST Monday through Friday, TTY 877-715-6222) or via e-mail at qnetsupport@sdps.org.

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.



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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