

Physician Quality Reporting System (PQRS) Overview

The Physician Quality Reporting System (PQRS) has been using incentive payments, and will begin to use payment adjustments in 2015, to encourage eligible health care professionals (EPs) to report on specific quality measures.

Why PQRS

PQRS gives participating EPs the opportunity to assess the quality of care they are providing to their patients, helping to ensure that patients get the right care at the right time. By reporting PQRS quality measures, providers also can quantify how often they are meeting a particular quality metric. Using the feedback report provided by CMS, EPs can compare their performance on a given measure with their peers.

Choosing How to Participate

The program provides an incentive payment to practices with EPs (identified on claims by their individual National Provider Identifier [NPI] and Tax Identification Number [TIN]), or group practices participating in the group practice reporting option (GPRO) 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).

Reporting Methods

To participate in the 2013 PQRS program, individual EPs may choose to report quality information through one of the following methods:

1. To CMS on their [Medicare Part B claims](#)
2. To a qualified Physician Quality Reporting [registry](#)
3. To CMS via a qualified [electronic health record \(EHR\) product](#)
4. To a qualified Physician Quality Reporting EHR [data submission vendor](#)

EPs should consider which PQRS reporting method best fits their practice when making this decision.

Group practices participating through the [Group Practice Reporting Option \(GPRO\)](#) in the 2013 PQRS program year can self-nominate or register to participate in GPRO via Web Interface or registry reporting depending on the size of their practice. They must elect their reporting method, however, by October 15, 2013. Those who have previously self-nominated may change their selected reporting option before this date.

For more information about participating in PQRS as a group, visit the [Group Practice Reporting Option webpage](#).

Selecting Measures

Quality measures are developed by provider associations, quality groups, and CMS and are used to assign a quantity, based on a standard set by the developers, to the quality of care provided by the EP or group practice. Measures are reviewed and updated each year based on the measure developers' input. The types of measures vary by specialty and include care coordination, patient safety and engagement,

clinical process/ effectiveness and population/public health, as well as the efficient use of healthcare resources.

EPs choose at least three individual measures or one measures group as an option to report on measures to CMS. At a minimum, EPs should consider the following factors when selecting measures for reporting:

- Clinical conditions commonly treated
- Types of care delivered frequently – e.g., preventive, chronic, acute
- Settings where care is often delivered – e.g., office, emergency department (ED), surgical suite
- Quality improvement goals for 2013

Group practices participating in 2013 PQRS GPRO reporting via registry will be required to submit three or more individual PQRS measures on at least 80% of the group's applicable Medicare Part B FFS patients. Groups of 25 or more EPs can also select to participate using the GPRO Web Interface, and must report on all PQRS GPRO measures included in the Web Interface, and meet other requirements.

For more information on selecting measures, review the [Measures Codes webpage](#).

Incentive Payments

Individual EPs who meet the criteria for satisfactory submission of PQRS quality measures data via one of the reporting mechanisms above for services furnished during the 2013 reporting period will qualify to earn an incentive payment. If they qualify, they will receive an incentive payment equal to 0.5% of their total estimated Medicare Part B PFS allowed charges for covered professional services furnished during that same reporting period. For more information about PQRS incentive payments visit the [Analysis and Payment webpage](#).

Adjustments

Beginning in 2015, the program also applies a payment adjustment to EPs who do not satisfactorily report data on quality measures for covered professional services during the 2013 PQRS program year. EPs who do not participate in 2013 and receive a payment adjustment will be paid 1.5% less than the than the Medicare PFS amount for services provided in 2015

EPs can avoid the 2015 payment adjustment by applying for the Administrative Claims option or by submitting one valid measure or measures group in 2013. For more information about PQRS payment adjustments visit the [Payment Adjustment Information webpage](#).

Feedback Reports

EPs who report PQRS quality measures data can request to receive National Provider Identifier (NPI)-level Physician Quality Reporting [Feedback Reports](#).

The reports include information on reporting rates, clinical performance, and incentives earned by participating individual professionals, with summary information on reporting success and incentives earned at the practice level. The feedback reports can be accessed through the [Web portal](#) in the fall of the year following the reporting (e.g. 2013 feedback reports will be available in the fall of 2014).

Maintenance of Certification Program

In 2013, EPs have the opportunity to earn the PQRS incentive **and** an additional incentive of 0.5% by working with a [Maintenance of Certification entity](#). Here is what is required:

- Satisfactorily submitting data, without regard to method, on quality measures under PQRS, for a 12-month reporting period either as an individual physician or as a member of a selected group practice

AND

- More frequently than is required to qualify for or maintain board certification:
 - Participate in a Maintenance of Certification Program and
 - Successfully complete a qualified Maintenance of Certification Program practice assessment.

For more information about the program, visit the [Maintenance of Certification Program Incentive webpage](#).

Value-Based Payment Modifier Program

The [Value-Based Payment Modifier \(VBPM\) Program](#) will provide comparative performance information to physicians as part of Medicare's efforts to improve the quality and efficiency of medical care. By providing meaningful and actionable information to physicians so they can improve the care they deliver, CMS is moving toward physician reimbursement that rewards value rather than volume. Currently the program applies only to physicians in large groups, but by 2017 all physicians who participate in Medicare FFS will be affected by the value modifier.

In 2015, physicians in groups of 100 or more EPs who submit claims to Medicare under a single tax identification number will be subject to the value modifier, based on their performance in calendar year 2013. These groups will need to register and choose one of three PQRS group reporting methods:

1. Web-interface GPRO
2. Registry
3. Request that CMS calculate the group's performance from administrative claims

Failing to report will result in a negative 1% value modifier adjustment to 2015 payment under the physician pay schedule. Self-nominating/registering for and then participating in any of the above-mentioned methods of reporting on clinical performance will result in a 2015 value modifier of zero (there would be no economic impact on 2015 payments). The VBPM adjustment is in addition to the PQRS payment adjustment.

Help Desk

EPs who have questions or need assistance with PQRS reporting should contact the QualityNet Help Desk. The help desk is available Monday–Friday; 7:00 AM–7:00 PM CST:

Phone: 1-866-288-8912

TTY: 1-877-715-6222

Email: Qnetsupport@sdps.org