

# Start PQRS Now! It's Not As Hard As You Think

☒ **NOTE:** CMS has just added additional presentations of the webinar below – please check the end of the article for added dates. MPW

## What is PQRS?

The Physician Quality Reporting System (Physician Quality Reporting or PQRS) is a CMS reporting program that uses a combination of incentive payments (**carrots**) and payment adjustments (**sticks**) to promote reporting of quality information by eligible professionals.

## Program Points:

- **How:** Eligible professionals submit data.
- **What:** Quality measures for covered Physician Fee Schedule (PFS) services
- **Who:** Medicare Part B Fee-for-Service (FFS) beneficiaries (including Railroad Retirement Board and Medicare Secondary Payer)

## What are the 2013 Deadlines for

# PQRS?

**October 15, 2013 – Last day to elect Administrative Claims option to avoid the 2015 payment adjustment!**

- A reporting mechanism under which an EP or group practice elects to have CMS analyze claims data to determine which measures an EP or group practice reports
- Deadline for group practices to submit a self-nomination statement via a CMS-developed website
- Group practices consisting of 100+ EPs, beginning in 2015, will be subject to the Value Based Modifier based on PQRS reporting in 2013
- Deadline for groups consisting of 100+ EPs to elect quality tiering approach to VBM

## **Why Should I Care About Participating in PQRS in 2013?**

Beginning in 2015, the program also applies a payment adjustment to eligible professionals who do not satisfactorily report data on quality measures for covered professional services. The 2015 PQRS payment adjustment will be based on 2013 program year data, so if you do not participate in 2013, you will receive less payment for Medicare services in 2015.

### **STEP 1: Are You Eligible?**

Determine if you are eligible to participate for purposes of the PQRS incentive payment and payment adjustment. A list of medical care professionals considered eligible to participate in PQRS is available in **here**. Read this list carefully, as not all entities are considered “eligible professionals” because they are reimbursed by Medicare under other fee schedule methods than the Physician Fee Schedule (PFS).

Individual eligible professionals **do not** need to sign-up or pre-register in order to participate in the Physician Quality Reporting.

## **STEP 2: What Reporting Method Will You Use?**

Determine which PQRS reporting method best fits your practice. PQRS has several methods in which measure data can be reported

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- to CMS on Medicare Part B claims (**more details here and claim sample here**)
- to a qualified Physician Quality Reporting registry (**more details here**)
- to CMS via a qualified electronic health record (EHR) product (**more details here**)
- to a qualified Physician Quality Reporting data submission vendor – Group Practice Reporting Option (GPRO) only (**more details here**)

In order to satisfactorily report, it is important to review each method's specific reporting criteria. For additional guidance, refer to the **2013 Physician Quality Reporting System (PQRS) Implementation Guide here** and view the 2013 Physician Quality Reporting System Participation Decision Tree starting on **page 19**.

## **STEP 3: Will You Report Individual Measures or a Measures Group?**

If the chosen method to report is claims-based or registry-based, determine which measure reporting option (individual measures or measures group) best fits your practice. Review the specific criteria for the **chosen reporting option** in order to satisfactorily report.

## **STEP 4: Choose Three Individual Measures or One Measure Group**

If already participating in PQRS, there is no requirement to select new/different measures for the 2013 PQRS.

All PQRS measures and their available reporting methods can be reviewed in the **2013 Physician Quality Reporting System (PQRS) Measures List here.**

Notice that each measure or measure group has a **reporting frequency or timeframe** requirement for each eligible patient seen during the reporting period by each individual eligible professional (NPI). The reporting frequency (i.e., report each visit, once during the reporting period, each episode, etc.) is found in the instructions section of each measure specification or in the Measure Group Overview section. Ensure that all members of the team understand and capture this information in the patients' medical record to facilitate reporting.

## **Upcoming CMS Webinars**

For more information about PQRS and the other ways you can increase your Medicare payments in 2013, or in the years ahead, attend one of two upcoming webinars on "CMS 2013 Medicare Incentives Programs." I've posted the handout from this webinar below.

**Wednesday, May 1, 12:30 PM –2:00 PM EDT**

<http://www.eventbrite.com/event/6060470029#>

**Friday, May 3, 1:30 PM – 3:00 PM EDT**

<http://www.eventbrite.com/event/6060698713#>

**Tuesday, May 7, 2:30 PM – 4:00 PM EDT**

<http://www.eventbrite.com/event/6534552021>

**Wednesday, May 8, 11:30 AM – 1:00 PM EDT**

<http://www.eventbrite.com/event/6534951215>

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**Thursday, May 9, 7:00 PM – 8:30 PM EDT**

<http://www.eventbrite.com/event/6535252115>

A recording of the CMS 2013 Medicare Incentives Webinar is available in the Adobe webinar room linked below:

<https://webinar.cms.hhs.gov/p15399995/>

**2013 Incentive National Handout from CMS from ManageMyPractice**