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 –

- 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**

And We're Off! Meaningful Use Notes from the CMS & ONC Press Briefing July 13, 2010

I was fortunate enough to be listening by phone to the historic (yes, historic) announcement of the final meaningful use rules by **Kathleen Sebelius**, Secretary HHS; **Don Berwick**, MD, new CMS Administrator; **David Blumenthal**, MD, national coordinator for health information technology at HHS; **Regina Benjamin**, MD, Surgeon General and a surprise speaker, **Regina Holliday**, artist and activist for patient rights.


Image via Wikipedia

The memorable quotes I wrote down were:

Kathleen Sebelius: *"When electronic health records are well-designed and implemented correctly, they can be a powerful force for reducing errors, lowering costs, raising quality of care, and increasing doctor and patient satisfaction."* That is the best one-sentence description of "Why EHR?" I've ever heard.

***Don Berwick**: "If it's (EHR) so good, why doesn't everyone use it? Because it's **HARD**."* There is a little slice of honesty that you won't get from most EHR vendors.

***David Blumenthal**: "We are only as good in treating patients as the information we have."* Wow, an admission that could rock the medical world if we stopped and thought about it.

***Regina Holliday:** "I will not stop until we all have the right see our own information."* Regina's Medical Advocacy Blog is **here.** Her lauded mural **"73 Cents"** refers to how much per page she was told by the hospital medical records department she would have to pay to get a copy of her husband's records while he was still in that hospital.

The Meat: Specifics of Stage 1 Meaningful Use (2011 and 2012)

Meaningful use includes both a core set and a menu set of objectives that are specific for eligible professionals and hospitals.

For Eligible Professionals (**definition here**), there are a

total of 25 available meaningful use objectives. 20 of the objectives must be completed to qualify for an incentive payment. 15 are core objectives that are required, and the remaining 5 objectives may be chosen from the list of 10 menu set objectives.

For Hospitals, there are a total of 24 available meaningful use objectives. 14 are core objectives that are required, and the remaining 5 objectives may be chosen from the list of 10 menu set objectives.

Stage 1 (2011 – 2012) sets the baseline for electronic data capture and information sharing.

Stage 2 (est. 2013) and Stage 3 (est. 2015) will continue to expand on this baseline and be developed through future rule making.

Summary Overview Of Meaningful Use Objectives

(full article from New England Journal of Medicine **here)**

As I am sure you expect, there will be much more information to come.