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 that provides an incentive payment to identified eligible professionals who satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries (includes Railroad Retirement Board and Medicare Secondary Payer). The Centers for Medicare & Medicaid Services (CMS) suggests that eligible professionals periodically review posted EHR-related materials in the Electronic Health Record Reporting section of the CMS PQRS web page at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html to ensure they are informed of all program clarifications and updates.

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. For complete information see the Centers for Medicare & Medicaid Services (CMS) PQRS website at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS.

Purpose

This document describes EHR-based reporting and outlines steps that eligible professionals should take in selecting an EHR to work with for the 2013 program year.

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. A list of professionals who are eligible and able to receive an incentive for participating in PQRS is available at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS on the CMS website. Read this list carefully, as not all are considered eligible professionals.

STEP 2: Review the *2013 Physician Quality Reporting System (PQRS) EHR Measure Specifications* to determine which measures apply to your practice. They are available on the Electronic Health Record Reporting section of the CMS PQRS web site at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html. The document can be found under the "Related Links" section in the zip file titled *2013 EHR Documents for Eligible Professionals*. Eligible professionals who choose to report on EHR measures must report on a **minimum of three** measures and report each measure for at least 80 percent of the eligible professional's Medicare Part B FFS patients seen during the reporting period to be able to qualify to earn a PQRS incentive payment.

Eligible professionals participating in the 2013 Medicare EHR Incentive Program may satisfy the meaningful use objective to report clinical quality measures 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 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.

Please refer to the *2013 Physician Quality Reporting System (PQRS)-Medicare EHR Incentive Pilot Quick-Reference Guide* for a list of the core, alternate core, and additional measures available for reporting.

Please note that 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 clinical quality measures through participation in the Pilot.
- Additional information on the 2013 Medicare EHR Incentive Program can be found at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms.
- Information on the PQRS-Medicare EHR Incentive Pilot can be found in the *2013 Physician Quality Reporting System (PQRS)-Medicare EHR Incentive Pilot Quick-Reference Guide* available as a download at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html.

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. A list of qualified EHR vendors and their product version(s) is available as a downloadable document in the Electronic Health Record Reporting section of http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html. If you are unsure of the specifics of your EHR product, contact your EHR vendor to determine if your EHR system (including product and version number) is qualified.

Eligible professionals also have the option to submit quality measure data extracted from their EHR to a qualified EHR data submission vendor. An EHR data submission vendor is an entity that receives and transmits data on PQRS measures from an EHR product to CMS. The EHR data submission vendor would then submit the PQRS measures data to CMS in the CMS-specified format(s) on the eligible professional's behalf. A list of qualified EHR data submission vendors and their product version(s) will be available mid-2013 as a downloadable document at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html.

STEP 4: If you determine that at least three PQRS EHR measures apply to your practice and you have a PQRS-qualified EHR system, carefully review the following documents:

2013 Physician Quality Reporting System (PQRS) EHR Measures Specifications and *2013 Physician Quality Reporting System (PQRS) EHR Measures Specifications Release Notes* located in the zip file titled *2013 EHR Documents for Eligible Professionals* on the CMS PQRS web site for EHR-based reporting of individual measures at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html.

As you read through the specifications, you will notice that each of the measures has a Numerator section (e.g., the quality performance action) associated with it and 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 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 Physician Quality Reporting System (PQRS) EHR Measure Specifications*.

You will also notice that each measure has a reporting frequency or timeframe requirement for each eligible patient seen during the reporting period for each individual eligible professional (National Provider Identifier [NPI]). The reporting frequency (i.e., report each visit, the most recent visit, once during the reporting period, etc.) is found in the details of each measure specification. Ensure that all

members of the team understand and capture this information in the clinical record to facilitate reporting.

STEP 5: All patient care and visit-related information should be documented 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. It is important to 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, #110 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 qualified EHR data submission vendor to submit quality measure data please proceed to Step 8 as you will not be required to register for an Individuals Authorized Access for 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. More information about how eligible professionals can get an IACS account is posted on the main page of the Physician and Other Health Care Professionals Quality Reporting Portal (Portal) at http://www.qualitynet.org/PQRS.
- Request the EHR Submitter Role when registering for the IACS account.
- If you already have an IACS account, you will need to request adding the role to your account.
- Refer to the *IACS EHR Submitter Role Quick Reference Guide* posted 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 be able to generate these files.**

STEP 8: Participate in the required testing for data submission or ensure your data submission vendor participates when available prior to payment submissions to ensure data errors do not occur. 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 data submission vendor has submitted 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.

Resources

Reference documents on CMS PQRS website, including:
- *2013 Physician Quality Reporting System (PQRS) EHR Documents for Eligible Professionals (zip file with measure specifications)* – Electronic Health Record Reporting page at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/ Electronic-Health-Record-Reporting.html.
- *2013 Physician Quality Reporting System (PQRS) – Medicare EHR Incentive Pilot Quick-Reference Guide* – Electronic Health Record Reporting page at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/ Electronic-Health-Record-Reporting.html.

User Guides located on the Portal sign-in page include:
- *PQRS/eRx Submission User Guide*
- *PQRS/eRx Submission Report User Guide*
- *Portal User Guide*
- *Submission Engine Validation Tool (SEVT) User Guide*
- *EHR Submitter Role – Quick Reference Guide*

Questions?

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, please 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.