June 2013

# Physician Quality Reporting System (PQRS): Updates for 2013

## Purpose

This fact sheet includes important information about changes to the Physician Quality Reporting System (PQRS) for 2013. A web page dedicated to providing all the latest news on PQRS is available at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS on the Centers for Medicare & Medicaid Services (CMS) website.

## Important Changes for 2013 PQRS

The following are key changes to the 2013 PQRS:

- 2015 PQRS payment adjustment will be based on 2013 program year data
  - Addition of administrative claims reporting method for purposes of avoiding the 2015 PQRS payment adjustment
- Addition and deletion of quality measures for a total of 203 measures available for claims and/or registry-based reporting (number does not include measures available for EHR reporting)
- Addition of one new PQRS measures group and retirement of one measures group for a total of 22
- Revisions to reporting requirements, including:
  - Deletion of the 50% reporting option for claims-based reporting of measures groups
  - Deletion of the 80% reporting option for registry-based reporting of measures groups
  - 30-patient sample option changed to 20-patient sample for claims- and registry-based reporting of measures groups
  - Registry-based reporting of measures groups may include Medicare Part B and non-Medicare patients (the majority [11 out of 20] must be Medicare Part B
  - Group Practice Reporting Option (GPRO) expanded to include groups of 2 or more eligible professionals
  - Expanded use of the registry-based reporting mechanism to group practices participating in the GPRO

## PQRS Payment Adjustments

Beginning in 2015, if an eligible professional or group practice does not satisfactorily submit data on PQRS quality measures, a 1.5% payment adjustment will apply. The adjustment (98.5% of the fee schedule amount that would otherwise apply to such services) applies to covered professional services furnished by an eligible professional or group practice during 2015. GPROs participating in PQRS through another CMS program (such as the Medicare Shared Savings Program) should check the program's requirements for information on how to simultaneously report under PQRS and the respective program and avoid the payment adjustment.

- There are 3 ways an individual eligible professional or a group practice participating in the GPRO may meet the criteria for avoiding the 2015 PQRS payment adjustment (refer to ***Appendix 3***):
  1. Meet the criteria for satisfactory reporting for the 2013 PQRS Incentive
  2. Report 1 valid measure or measures group using the claims, registry, or EHR-based reporting mechanisms (measures groups are not reportable via EHR)
  3. Elect to be analyzed under the administrative claims-based reporting mechanism
     - The election period will be available via web beginning summer 2013 and will end October 15, 2013 – CMS will distribute the URL for this website when it becomes available

**Administrative Claims**
Administrative claims is a new reporting mechanism to avoid the 2015 PQRS payment adjustment. Under this option, CMS will analyze claims data to determine which measures were satisfactorily reported for the 2013 program year. More information regarding the CMS-calculated administrative claims-based reporting option and how eligible professionals can elect this option will be posted on the CMS website as it becomes available.

Additional information on the PQRS payment adjustment can be found on the CMS PQRS website at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS.

## 2013 PQRS – Individual Measures

Several new quality measures reportable via claims and registry were added for the 2013 program year. Fifteen individual measures were retired and 9 measures were added, totaling 259 quality measures for 2013 PQRS.

- ***Appendix 1*** lists the 15 2012 measures that were retired for 2013. Please see the 2013 measures documents at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS for specifics.

**NOTE:** The 2013 PQRS measure specifications for any given individual quality measure may be different from specifications for the same quality measure used for 2012. **Eligible professionals should ensure that they are using the most current version of the 2013 PQRS measure specifications.**

## 2013 PQRS – Measures Groups

For 2013, there are a total of 22 measures groups. Twenty-one measures groups were retained from 2012 and one new measures group was added for 2013. The new measures group is Oncology. For specific measures groups changes from 2012 to 2013, please reference the *2013 Physician Quality Reporting System (PQRS) Measures Groups Release Notes* at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html.

**NOTE:** The specifications for measures groups differ from those provided for individual reporting; therefore, the specifications and instructions for measures groups are separate from the specifications and instructions for the 2013 individual measures. The *2013 Physician Quality Reporting System (PQRS) Measures Groups Specifications* for any given measures group may be different from specifications for the same measures group used for 2012. **Eligible professionals should ensure that they are using the most current version of the 2013 measures group specifications.**

## Satisfactory Reporting Criteria for Incentive Purposes – Individual Eligible Professionals

Changes to the reporting requirements for individual eligible professionals include:

- Changes to the criteria for satisfactory reporting of individual measures by individual eligible professionals
- Minor changes to the criteria for satisfactory reporting for individual eligible professionals who choose to report measures groups (Refer to Tables 2 and 4 in **Appendix 2**).

As in previous years, an eligible professional who reports on fewer than three individual measures via claims may also be subject to the Measure-Applicability Validation (MAV) process to make certain there are no additional measures on which the eligible professional could have reported.

- The criteria used to determine whether an eligible professional satisfactorily reports for the 2013 PQRS are summarized in Tables 1 through 5 in **Appendix 2.**

## International Classification of Diseases-Tenth Revision (ICD-10-CM) Implementation

CMS will be aligning PQRS with the implementation of ICD-10-CM codes as follows:

- *2013 PQRS Claims/Registry Measures Specifications* include ICD-10-CM codes as a reference only, and will not be accepted for 2013 PQRS measure reporting. Eligible professionals should continue to use the ICD-9-CM codes for 2013 PQRS reporting.
- *2014 PQRS Claims/Registry Measures Specifications* will provide ICD-10-CM codes for reporting purposes during the 2014 PQRS program year.
- For 2013 EHR, ICD-10-CM codes are included in the *2013 EHR Downloadable Resource Table* as a reference (and will be accepted by the system if submitted) but will not be used for measure calculations since the ICD-10-CM implementation date has been extended to 2014.
- For 2014 EHR, ICD-10-CM codes are included in the *2014 EHR Downloadable Resource Table* and will be accepted by the system and used for measure calculations starting in 2014.

## Physician Quality Reporting System – Medicare EHR Incentive Pilot

CMS has continued the PQRS – Medicare EHR Incentive Pilot for the 2013 program year.

- Successful participation in the pilot will earn eligible professionals both the 2013 PQRS incentive **and** credit for reporting of the clinical quality measures (CQMs) component of the Medicare EHR Incentive Program by submitting data denominator eligible patients.
- For additional details on the Physician Quality Reporting System-Medicare EHR Incentive Pilot, please see the *2013 Physician Quality Reporting System-Medicare EHR Incentive Pilot Quick-Reference Guide* at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html.

## PQRS Group Practice Reporting Option (GPRO)

2013 PQRS GPRO has expanded to include groups of 2 or more individual eligible professionals. Also new for 2013 GPRO is the option for groups of all sizes to report via a participating registry.

- Group practices must self-nominate using the Quality Reporting Communication Support Page (Communication Support Page) before January 31, 2012.
- Group practices who do not self-nominate will have an additional opportunity to elect to report as a GPRO beginning summer 2013 and ending October 15, 2013. Those who previously self-nominated may change their selected reporting option during this timeframe.
- 2013 self-nomination and reporting requirements can be found at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/CMS-Selected-Group_Practice_Reporting_Option.html/.
- Group sizes, reporting mechanisms, and reporting criteria under the GPRO are summarized in Table 7 in **Appendix A**.

**Note:** In calendar year 2013, medical practice groups of 100 or more eligible professionals (all of whom file Medicare PFS claims using a single tax identification number) ***must*** register and participate in PQRS as a ***group*** in order to avoid an additional negative **1.0% payment adjustment in 2015** under the Value-based Payment Modifier. More information can be found at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html.

### Aligning with Medicare Shared Savings Program

2013 PQRS GPRO has adopted the Medicare Shared Savings Program method of assignment and sampling for those group practices who choose to report via the GPRO Web Interface.

# Appendix 1: 2012 PQRS Measures Retired for 2013

| Measure Number | Measure Title |
|---|---|
| **10** | Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports |
| **57** | Emergency Medicine*:* Community-Acquired Pneumonia (CAP): Assessment of Oxygen Saturation |
| **58** | Emergency Medicine*:* Community-Acquired Pneumonia (CAP): Assessment of Mental Status |
| **92** | Acute Otitis Externa (AOE): Pain Assessment |
| **105** | Prostate Cancer: Three-Dimensional (3D) Radiotherapy |
| **124** | Health Information Technology (HIT): Adoption/Use of Electronic Health Records (EHR) |
| **158** | Carotid Endarterectomy: Use of Patch During Conventional Carotid Endarterectomy |
| **186** | Chronic Wound Care: Use of Compression System in Patients with Venous Ulcers |
| **189** | Referral for Otologic Evaluation for Patients with a History of Active Drainage from the Ear Within the Previous 90 Days |
| **190** | Referral for Otologic Evaluation for Patients with a History of Sudden or Rapidly Progressive Hearing Loss |
| **196** | Coronary Artery Disease (CAD): Symptom and Activity Assessment |
| **206** | HIV/AIDS: Screening for High Risk Sexual Behaviors |
| **207** | HIV/AIDS: Screening for Injection Drug Use |
| **235** | Hypertension (HTN): Plan of Care |
| **253** | Pregnancy Test for Female Abdominal Pain Patients |

# Appendix 2: 2013 Reporting Requirements for Incentive

**Table 1: Criteria for Claims-based Reporting of Individual Measures**

| Reporting Criteria | Reporting Period |
|---|---|
| At least 3 PQRS measures, or 1-2 measures if less than 3 apply to the eligible professional, for at least 50% of applicable Medicare Part B Fee-for-Service (FFS) patients of each eligible professional.<br>Measures with a 0% performance rate will be considered in analysis but will not be considered satisfactorily reported for incentive eligibility. | January 1, 2013 – December 31, 2013 |

**Table 2: Criteria for Claims-based Reporting of Measures Groups**

| Reporting Criteria | Reporting Period |
|---|---|
| One measures group for 20 applicable Medicare Part B FFS patients of each eligible professional.<br>Measures Groups containing a measure with a 0% performance rate will not be counted. | January 1, 2013 – December 31, 2013 |

**Table 3: Criteria for Registry-based Reporting of Individual Measures**

| Reporting Criteria | Reporting Period |
|---|---|
| At least 3 PQRS measures for 80% of applicable Medicare Part B FFS patients of each eligible professional.<br>Measures with a 0% performance rate will not be counted. | January 1, 2013– December 31, 2013 |

**Table 4: Criteria for Registry-based Reporting of Measures Groups**

| Reporting Criteria | Reporting Period |
|---|---|
| One measures group for 20 applicable patients of each eligible professional. A majority of patients (11 out of 20) must be Medicare Part B FFS patients.<br>Measures Groups containing a measure with a 0% performance rate will not be counted. | January 1, 2013 – December 31, 2013 |
| One measures group for 20 applicable patients of each eligible professional. A majority of patients (11 out of 20) must be Medicare Part B FFS patients.<br>Measures Groups containing a measure with a 0% performance rate will not be counted. | July 1, 2013 – December 31, 2013 |

**Table 5: Criteria for EHR-based Reporting**

| Reporting Criteria | Reporting Period |
|---|---|
| **Individual EHR Measures:**<br>At least 3 PQRS measures, for at least 80% of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies.<br>An individual measure with a 0% performance rate (100% for inverse measures) will not count as a reported measure when determining incentive eligibility. | January 1, 2013 – December 31, 2013 |
| **PQRS – Medicare EHR Incentive Pilot:**<br>Report on ALL 3 Medicare EHR Incentive Program core measures. If the denominator for 1 or more of the core measures is 0, report on up to 3 Medicare EHR Incentive Program alternate core measures;<br>***AND***<br>Report on 3 (of the 38) additional measures available for the Medicare EHR Incentive Program. | January 1, 2013 – December 31, 2013 |

**Table 7: Criteria for the Group Practice Reporting Option**

| Reporting Period | Group Practice Size | Reporting Mechanism | Reporting Criteria |
|---|---|---|---|
| January 1, 2013– December 31, 2013 | 2+ Eligible Professionals | Registry | Report at least 3 measures, AND<br>Report each measure for at least 80% of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies.<br>Measures with a 0% performance rate will not be counted. |
| January 1, 2013– December 31, 2013 | 25-99 Eligible Professionals | GPRO Web Interface | Report on all measures included in the Web Interface; **AND**<br>Populate data field for the first 218 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample (with an over-sample of 283) for each disease module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 218, then report on 100% of assigned beneficiaries. |
| January 1, 2013– December 31, 2013 | 100+ Eligible Professionals | GPRO Web Interface | Report on all measures included in the Web Interface; **AND**<br>Populate data fields for the first 411 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample (with an over-sample of 534) for each disease module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 411, then report on 100% of assigned beneficiaries. |

# Appendix 3: 2013 Reporting Requirements for Avoiding the 2015 PQRS Payment Adjustment

**Table 1: Individual Eligible Professional Criteria for Avoiding the 2015 PQRS Payment Adjustment**

| Individual Eligible Professionals |
|---|
| **Criteria 1:** Meet the requirements for satisfactorily reporting for incentive eligibility as defined in the 2013 PQRS measure specifications (same criteria as 2013 PQRS incentive eligibility as shown in Appendix 3)<br><br>*Note: If participating in PQRS through another CMS program (such as the Medicare Shared Savings Program), please check the program's requirements for information on how to simultaneously report under PQRS and the respective program and avoid the payment adjustment.* |
| **Criteria 2:** Report at least one **valid** measure via claims, participating registry, or participating/qualified Electronic Health Record (EHR, including Data Submission Vendors and Direct EHR vendors); **OR**<br><br>Report at least one **valid** measures group via claims or participating registry |
| **Criteria 3:** Elect to participate in the CMS-calculated administrative claims-based reporting mechanism.<br><br>The election of the CMS-calculated administrative claims-based reporting is available only via the web from **July 15, 2013 through October 15, 2013**. Please use the information and instructions that follow to sign up for the CMS-calculated administrative claims reporting option:<br><br>**STEP 1**: Prior to signing up for your PQRS reporting mechanism, both group practices and individuals will need to register for a CMS IACS account if they do not already have an IACS account, or add the appropriate IACS role if they already have an existing account. Registration for IACS begins **June 3, 2013** at https://applications.cms.hhs.gov/.<br><br>**STEP 2:** Beginning **July 15th**, go to https://portal.cms.gov/ and select the **PV PQRS** option, near the bottom of the page to register.<br><br>For additional information, please go to http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html. |

**Note:** CMS will determine whether an individual eligible professional (defined by individual rendering National Provider Identifier, or NPI) is subject to the 2015 PQRS payment adjustment for each TIN. The PQRS 0% performance rule **only** applies to satisfactorily reporting for incentive eligibility.

**Table 2: 2013 Registered Groups - Criteria for Avoiding the 2015 PQRS Payment Adjustment**

| Registered Groups (PQRS GPRO) |
|---|
| **Criteria 1:** Meet the requirements for satisfactorily reporting for incentive eligibility as defined in the applicable 2013 PQRS measure specification (same criteria as 2013 PQRS incentive eligibility as shown in Appendix 3):<br>• Report specific GPRO Web Interface measures on a pre-populated patient sample, reference the 2013 PQRS GPRO Web Interface Specification *(only available to group practices of 25 or more eligible professionals)*; **OR**<br>• Report at least 3 registry measures for the PQRS GPRO, reference the 2013 PQRS Measure Specification for Claims/Registry Reporting of Individual Measures (available to all group practices of two or more eligible professionals participating in PQRS GPRO)<br>*Note: If participating in PQRS through another CMS program (such as the Medicare Shared Savings Program), please check the program's requirements for information on how to simultaneously report under PQRS and the respective program and avoid the payment adjustment.* |
| **Criteria 2:** Report at least one **valid** measure via *(PQRS GPRO only)*:<br>• Web Interface (only available to group practices of 25 or more eligible professionals); **OR**<br>• Registry (available to all PQRS GPRO group practice sizes) |
| **Criteria 3:** Elect to participate in the CMS-calculated administrative claims-based reporting mechanism (PQRS GPRO only):<br>The election of the CMS-calculated administrative claims-based reporting is available only via the web from **July 15, 2013 through October 15, 2013**. Please use the information and instructions that follow to sign up for the CMS-calculated administrative claims reporting option:<br>**STEP 1:** Prior to signing up for your PQRS reporting mechanism, both group practices and individuals will need to register for a CMS IACS account if they do not already have an IACS account, or add the appropriate IACS role if they already have an existing account. Registration for IACS begins **June 3, 2013** at https://applications.cms.hhs.gov/.<br>**STEP 2:** Beginning **July 15th**, go to https://portal.cms.gov/ and select the **PV PQRS** option, near the bottom of the page to register.<br>For additional information, please go to http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html. |

**Note:** CMS will determine whether the group practice (defined by TIN) is subject to the 2015 PQRS payment adjustment. The PQRS 0% performance rule only applies to satisfactorily reporting for incentive eligibility. PQRS GPROs are analyzed at the TIN level under the TIN submitted at the time of final self-nomination/registration; therefore, if an organization or eligible professional changes TINs, the participation under the old TIN does not carry over to the new TIN, nor is it combined for final analysis.