



Summary of Value Modifier, Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program

Program	What providers are affected?	What is the potential impact on payment?	What is the timing?	What do I have to do to be successful?	Additional information
Value Modifier	Physicians practicing in groups of ≥ 100 eligible professionals	<p>CMS will categorize groups of physicians with 100 or more eligible professionals into two categories:</p> <p>Category 1: Value Modifier = 0.0% The first category includes those groups of physicians that: (a) have self-nominated for the PQRS as a group and reported at least one measure, or (b) have elected the PQRS administrative claims option as a group.</p> <p>Groups within Category 1 can elect to have their Value Modifier calculated using the quality-tiering methodology. Application of the Value Modifier could result in an upward, no, or downward payment adjustment based on a group’s performance on quality and cost measures.</p> <p>Category 2: Value Modifier = -1.0% The second category includes groups that do not fall within either of the two subcategories of category</p>	Calendar Year (CY) 2013 is the performance period for the Value Modifier that will be applied to physician payments under the Medicare Physician Fee Schedule starting January 1, 2015.	<p>In order to avoid the -1.0 percent downward Value Modifier payment adjustment, groups of physicians with 100 or more eligible professionals must:</p> <ol style="list-style-type: none"> 1. Participate as a GROUP in the PQRS in 2013 <ul style="list-style-type: none"> • Self-nominate as a group either from December 1, 2012 to January 31, 2013 or during a second period from July – October 15, 2013. <p>AND</p> <ol style="list-style-type: none"> 2. Select a PQRS GPRO reporting mechanism (web interface, CMS-qualified registry, or administrative claims). <p><i>Individual PQRS Reporters:</i> Groups whose physicians participate as individuals in the PQRS must self-nominate as a group and elect administrative claims for the Value Modifier by October 15, 2013.</p> <p><i>Quality-Tiering Election:</i> Groups must decide whether to elect the quality-tiering methodology to calculate the Value Modifier by October 15, 2013. CMS will use the performance rates on cost measures and quality measures reported through these reporting mechanisms (i.e., GPRO web-interface, CMS-qualified registries, or PQRS administrative claims) and the three outcome measures to calculate their Value Modifier. If a group self-nominates for GPRO web-interface or CMS-qualified registries and does not meet the criteria for satisfactory reporting of the measures, we will use the group’s performance on the</p>	<p>CMS will provide Physician Feedback reports (also known as Quality and Resource Use Reports) in the Fall of 2013 to all groups of physicians with 25 or more eligible professionals based on 2012 data. These reports will include a “first look” at the methodologies that will be used to calculate the Value Modifier and will allow groups of physicians to make informed decisions regarding the selection of their 2013 PQRS reporting mechanism and whether to elect quality-tiering to calculate the Value Modifier.</p> <p>For additional information, please visit: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-</p>



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				administrative claims for the quality-tiering election.	Payment/PhysicianFeedbackProgram/index.html
PQRS	PQRS eligible professionals and group practices	Incentive payments equal to 0.5 percent of total allowed Medicare Part B FFS charges for services provided in 2013	CY 2013 is the reporting period. Incentive payments will be made in 2014.	<p>Meet satisfactory reporting requirements established for earning the incentive. The reporting requirements vary depending on:</p> <p>1) Whether reporting is done as an individual or as a group; 2) whether you report individual measures or a measures group; and, in some cases, 3) the reporting method you select.</p> <p>Individual eligible professionals can select to report either at least three individual measures or one measures group.</p> <p>Group practices reporting through the 2013 PQRS Web Interface GPRO reporting method will be required to report 17 quality measures (22 individual measures when accounting for the two composite measures) Group practices reporting through a registry must report on 3 individual measures.</p>	For additional information, please visit; http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html
PQRS	PQRS eligible professionals and group practices	Negative payment adjustment equal to 1.5 percent of total allowed Medicare Part B FFS charges for services provided in 2015	CY 2013 is the reporting period. Payment adjustments will begin in 2015.	Meet satisfactory reporting requirements established for avoiding the payment adjustment. The minimum reporting required is one measure or one measure group. Alternatively, individual eligible professionals and group practices can elect CMS calculated administrative claims to avoid the payment adjustment.	For additional information, please review the 2015 PQRS Payment Adjustment Fact Sheet



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<p>eRx Incentive Program</p>	<p>eRx Program eligible professionals and group practices</p>	<p>Incentive payments equal to 0.5 percent of total allowed Medicare Part B FFS charges for services provided in 2013</p>	<p>CY 2013 is the reporting period. Incentive payments will be made in 2014.</p>	<p>For eligible professionals, report the eRx measure for at least 25 denominator-eligible visits from January 1, 2013 through December 31, 2013.</p> <p>Group practices participating in eRx GPRO for the 2013 incentive payment must report the eRx measure's numerator for at least 75 unique visits (for group practices comprised of 2-24 eligible professionals), 625 unique visits (for group practices comprised of 25-99 eligible professionals) or 2,500 unique visits (for group practices comprised of 100 or more eligible professionals) during the applicable reporting period.</p>	<p>For additional information, please review the 2013 eRx Incentive Payment Fact Sheet</p> <p>Group Practices should review the 2013 eRx GPRO Incentive Payment Fact Sheet</p>
<p>eRx Incentive Program</p>	<p>eRx Program eligible professionals and group practices</p>	<p>Negative payment adjustment equal to 1.5 percent of total allowed Medicare Part B FFS charges for services provided in 2013.</p>	<p>Payment adjustment will begin January 1, 2013</p>	<p>Time period to report or request a hardship exemption to avoid the 2013 eRx payment adjustment has passed.</p>	<p>Feedback reports based on information reported by eligible professionals to CMS during the 2013 eRx payment adjustment reporting period are available to eligible professionals. CMS sent notification to those eligible professionals who are subject to the 2013 eRx payment adjustment in December 2012</p>



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<p>eRx Incentive Program</p>	<p>eRx Program eligible professionals and group practices</p>	<p>Negative payment adjustment equal to 2.0 percent of total allowed Medicare Part B FFS charges for services provided in 2014</p>	<p>2 reporting periods (1/1/2012-12/31/2012 and 1/1/2013-6/30/2012). Payment adjustment will be applied in 2014.</p>	<p>(1) Meet reporting requirements for purposes of the 2012 eRx incentive; or (2) Report the electronic prescribing measure on at least 10 unique events (which need not be associated with the measure’s denominator) from January 1, 2013, through June 30, 2013; or (3) Request and be granted an exemption due to a significant hardship.</p> <p>The following eRx hardship exemption categories are available for request on the Communication Support Page beginning March 1, 2013 – June 30, 2013:</p> <ul style="list-style-type: none"> ▪ Inability to electronically prescribe due to state, or federal law, or local law or regulation; ▪ The eligible professional prescribes fewer than 100 prescriptions during a 6–month payment adjustment reporting period; ▪ The eligible professional practices in a rural area without sufficient high-speed Internet access; and ▪ The eligible professional practices in an area without sufficient available pharmacies for electronic prescribing <p>Two additional hardship exemption categories for eligible professionals participating in the EHR Incentive Program:</p> <ul style="list-style-type: none"> • Eligible Professionals who achieve meaningful use during January 1, 2012 through June 30, 2013 and attest by June 30, 2013. 	<p>For additional information, please review the 2014 eRx Payment Adjustment Fact Sheet</p> <p>You can register and attest for the EHR Incentive Program here</p>



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				<ul style="list-style-type: none"> Eligible Professionals who demonstrate intent to participate in the EHR Incentive Program and adoption of Certified EHR Technology by registering for the EHR Incentive Program by June 30, 2013. Please note: EHR Incentive Program participants must provide their entire EHR Certification Number to receive this hardship exemption. 	