

CY 2014 Medicare Physician Fee Schedule (PFS) Final Rule

December 17, 2013

Medicare Learning Network®

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Agenda

- Physician Fee Schedule (PFS) Final Rule
 - PQRS
 - Changes to Measures and Reporting Criteria
 - Certified Vendor
 - Qualified Clinical Data Registries
 - Additional Program Changes
 - Medicare Electronic Health Record (EHR) Incentive Program
 - Physician Compare

2014 PQRS PROGRAM UPDATES

2014 Eligible Professionals

The following professionals are eligible to participate in PQRS:

1. Medicare physicians

- Doctor of Medicine
- Doctor of Osteopathy
- Doctor of Podiatric Medicine
- Doctor of Optometry
- Doctor of Oral Surgery
- Doctor of Dental Medicine
- Doctor of Chiropractic

2. Practitioners

- Physician Assistant
- Nurse Practitioner*
- Clinical Nurse Specialist*
- Certified Registered Nurse Anesthetist* (and Anesthesiologist Assistant)
- Certified Nurse Midwife*
- Clinical Social Worker
- Clinical Psychologist
- Registered Dietician
- Nutrition Professional
- Audiologists

**Includes Advanced Practice Registered Nurse (APRN)*

3. Therapists

- Physical Therapist
- Occupational Therapist
- Qualified Speech-Language Therapist

Beginning in 2014, professionals who reassign benefits to a Critical Access Hospital (CAH) that bills professional services at a facility level, such as CAH Method II billing, can now participate (in all reporting methods *except* for claims-based). To do so, the CAH **must** include the individual provider NPI on their Institutional (FI) claims.

2014 Measure Reporting Changes

- Emphasis on 2014 Incentive **AND** avoiding 2016 Payment Adjustment
- New satisfactorily reporting requirements via claims, registry and EHR to receive incentive: **9 measures across 3 National Quality Strategy domains** (this will also allow EPs to avoid the payment adjustment)
- Registries can report **less than** 9 measures for EPs to potentially receive incentive and report less than 3 measures for EPs to avoid the payment adjustment.
 - Due to this requirement, a **new registry MAV process** will be implemented
- All measures Groups reportable via **Registry Only**
- Measures Changing Reporting Options (reference Appendix D)
 - EHR reporting option **removed** from 6 measures
 - EHR reporting option **added** to 11 measures
 - Claims-based reporting option **removed** from 17 individual measures

2014 Measure Reporting Changes

- **Added EHR Reporting** for group practices
- **Elimination of Administrative claims** for purposes of avoiding the 2016 PQRS payment adjustment
- **Certified Survey Vendor Option** for purposes of reporting the CG-CAHPS measures, available to group practices that register to participate in the Group Practice Reporting Option (GPRO)
 - CG-CAHPS measures are required for group practices of 100+ reporting measures via the GPRO Web Interface
- **New Qualified Clinical Data Registry (QCDR)** reporting option
- Reference Appendix E for individual 2014 PQRS reporting requirements for incentive
- Reference Appendix F for individual 2014 GPRO reporting requirements to avoid the 2016 PQRS payment adjustment

Measure Counts

Totals	2013	Proposed 2014 (Combined with Finalized in 2013 for 2014)	Final 2014
Measures	258	296	284
Measures Removed	N/A	46	45

Reporting Option	Total 2013 Count	Total 2014 Count
Claims Measures	137	110
Registry Measures	203	201
EHR Measures	51	64
GPRO Web Interface Measures	22 (Includes subcomponents of composite measures)	22 (Includes subcomponents of composite measures)
Certified Survey Vendor	N/A	CG-CAHPS (12 Summary Survey Modules)
Measures Groups	22	25

Please reference Appendix A for a list of new 2014 measures, Appendix B for new measures groups and Appendix C for retired measures.

Summary of Changes to the Group Practice Reporting Option (GPRO)

- **Added EHR Reporting** for group practices
- **Elimination of Administrative claims** for purposes of avoiding the 2016 PQRS payment adjustment
- **Certified Survey Vendor Option** for purposes of reporting the CG-CAHPS measures, available to group practices that register to participate in the Group Practice Reporting Option (GPRO)
 - CG-CAHPS measures are required for group practices of 100+ reporting measures via the GPRO Web Interface
- **New Qualified Clinical Data Registry (QCDR)** reporting option
- Reference Appendix E for individual 2014 PQRS reporting requirements for incentive
- Reference Appendix F for individual 2014 GPRO reporting requirements to avoid the 2016 PQRS payment adjustment

Note: The claims-based reporting option is not available under the GPRO. Group practices wishing to use the claims-based reporting mechanism should have its EPs report as individuals

CERTIFIED SURVEY VENDOR

Certified Survey Vendor

Certified Survey Vendor is a new reporting mechanism available to group practices participating in PQRS under GPRO beginning in 2014. This option is available to group practices of 25 or more eligible professionals wishing to report the CG CAHPS summary survey modules. The data collected on these measures will be submitted on behalf of the group practice by the certified survey vendor, the results of which will subsequently be posted on the Physician Compare website.

CG-CAHPS: Summary Survey Modules

CG CAHPS will include the following survey modules:

1. Getting timely care, appointments, and information
2. How well providers Communicate
3. Patient's Rating of Provider
4. Access to Specialists
5. Health Promotion & Education
6. Shared Decision Making
7. Health Status/Functional Status
8. Courteous and Helpful Office Staff
9. Care Coordination
10. Between Visit Communication
11. Helping You to Take Medication as Directed
12. Stewardship of Patient Resources

- Reference

<http://acocahps.cms.gov/Content/Default.aspx#aboutSurvey>

for more information on the CG CAHPS survey modules

QUALIFIED CLINICAL DATA REGISTRY

Qualified Clinical Data Registries (QCDRs)

- A QCDR is a CMS-approved entity that has self-nominated and successfully completed a qualification process that collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients. A qualified clinical data registry must perform the following functions:
 - (1) Submit quality measures data or results to CMS
 - Must have in place mechanisms for the transparency of data elements, specifications, risk models, and measures.
 - (2) Submit to CMS quality measures data on multiple payers
 - (3) Provide timely feedback
 - (4) Possess benchmarking capacity

QCDR Requirements

- Meet minimum requirements specified in final rule
- Submit a self-nomination statement
 - Deadline: January 31
 - Deadline to submit measures information: March 31
- Submit data in an XML format
 - If reporting e-measures that are also available under the EHR Incentive Program, the entity may also submit e-measures data in a QRDA III format

QCDR Measure Parameters

- Must have at least 9 measures, covering at least 3 of the 6 NQS domains, available for reporting
- Must have at least 1 outcome measure available for reporting
- May report on process measures
- Must provide the appropriate analytical structure (i.e., numerator, denominator, denominator exceptions/exclusions, etc.)
- Must provide to CMS descriptions for the measures for which it will report to CMS by no later than **March 31, 2014**. The descriptions must include:
 - name/title of measures, NQF # (if NQF endorsed)
 - descriptions of the denominator, numerator, and
 - when applicable, denominator exceptions and denominator exclusions of the measure
- QCDRs must calculate the composite score for CMS and provide the formula used for calculation

THE EHR INCENTIVE PROGRAM

The EHR Incentive Program

- Qualified Clinical Data Registry Reporting Option
- Group Reporting Option – Comprehensive Primary Care Initiative
- Reporting of Electronically Specified Clinical Quality Measures for the Medicare EHR Incentive Program
 - EPs must use the most recent version of the electronic specifications for the CQMs
 - CEHRT must be tested and certified to the most recent version of the eCQMs
 - EPs who do not wish to report CQMs electronically will be allowed to report CQM data to CMS by attestation for the Medicare EHR Incentive Program.
- Reporting Periods in CY 2014
 - accept reporting periods of different quarters within CY 2014 for CQMs and for functional measures
 - if an EP chooses to meet the requirements for the Medicare EHR Incentive Program through another CMS quality reporting program, the EP should be mindful of the reporting period required by that program

PHYSICIAN COMPARE

2014: GPRO Web Interface Measures

- We finalized our proposal to expand the quality measures posted on Physician Compare to all measures collected through the GPRO web interface for groups of all sizes.
 - We plan to publicly report 2014 data in CY 2015
 - For ACOs participating in the Shared Savings Program, all measures collected in 2014 will be published, including:
 - All GPRO measures collected via the web interface.
 - The three claims-based and one administrative measure finalized by the Shared Savings Program for 2014

2014: GPRO Registry and EHR Measures

- We finalized the proposal to publicly report performance on GPRO registry and EHR measures.
 - Publicly report 2014 data no earlier than CY 2015.
 - Measures must also be available for collection via GPRO web interface.
 - 16 possible Registry measures
 - 13 possible EHR measures

2014: Patient Experience Data

- We finalized our proposal to continue to publicly report CG-CAHPS measures for groups of 100 or more EPs who participate in PQRS GPRO, regardless of submission method.
- Also publish CG-CAHPS for MSSP ACOs reporting through the GPRO web interface.
 - We plan to publicly report 2014 data in CY 2015.
 - CMS continues to support survey data collection in 2014 for PQRS GPROs participating via the web interface.
 - 12 summary CAHPS survey measures.

2014: Patient Experience Data (cont.)

- For groups of 25 to 99 EPs, we finalized the proposal to publicly report the CG-CAHPS measures collected via a certified CAHPS vendor.
 - We plan to report 2014 data in CY 2015.
 - CMS will not support survey data collection in 2014.
 - Same 12 Summary Survey Measures for groups of 100 or more.

2014: Million Hearts Initiative and Individual Quality Measures

- We finalized our proposal to publicly report the individual Cardiovascular Prevention measures in support of the Million Hearts Initiative.
 - We plan to publicly report 2014 data in CY 2015.
- We finalized our proposal to publicly report 2014 PQRS individual measures collected through an EHR, registry, or claims.
 - We plan to post data in CY 2015.
 - We will post individual measures that are in line with those reported by groups through the GPRO web interface.
 - 20 possible measures

WHERE TO CALL FOR HELP

Where to Call for Help

- **QualityNet Help Desk:**

- Portal password issues
- PQRS/eRx feedback report availability and access
- IACS registration questions
- IACS login issues
- PQRS and eRx Incentive Program questions

866-288-8912 (TTY 877-715-6222)

7:00 a.m.–7:00 p.m. CST M-F or qnetsupport@sdps.org

You will be asked to provide basic information such as
name, practice, address, phone, and e-mail

- **Provider Contact Center:**

- Questions on status of 2012 PQRS/eRx Incentive Program incentive payment (during distribution timeframe)
- See *Contact Center Directory* at
<http://www.cms.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip>

- **EHR Incentive Program Information Center:**

888-734-6433 (TTY 888-734-6563)

Resources

- **PFS Federal Regulation Notices**
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices.html>
- **CMS PQRS Website**
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS>
- **Medicare Shared Savings Program**
[http://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Quality Measures Standards.html](http://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Quality_Measures_Standards.html)
- **CMS Value-based Payment Modifier (VM) Website**
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>
- **Medicare and Medicaid EHR Incentive Programs**
<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms>
- **Frequently Asked Questions (FAQs)**
<https://questions.cms.gov/>
- **Physician Compare**
<http://www.medicare.gov/physiciancompare/search.html>

QUESTIONS & ANSWERS

Evaluate Your Experience

- Please help us continue to improve the MLN Connects National Provider Call Program by providing your feedback about today's call.
- To complete the evaluation, visit <http://npc.blhtech.com/> and select the title for today's call.
- Evaluations are anonymous, confidential, and voluntary.
- All registrants will receive a reminder email about the evaluation for this call. Please disregard the email if you have already completed the evaluation.
- We appreciate your feedback.

Thank You

- For more information about the MLN Connects National Provider Call Program, please visit <http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html>
- For more information about the Medicare Learning Network (MLN), please visit <http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>

Appendix A: New Measures for 2014 PQRS

Measure Title	Reporting Option(s)
Adult Kidney Disease: Catheter Use at Initiation of Hemodialysis	Registry
Adult Kidney Disease: Catheter Use for Greater Than or Equal to 90 Days	Registry
Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Appropriate Use)	Registry
Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin Prescribed for Patients with Acute Bacterial Sinusitis	Registry
Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)	Registry
Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)	Registry
Maternity Care: Elective Delivery or Early Induction Without Medical Indication at ≥ 37 and < 39 Weeks	Registry
Maternity Care: Post-Partum Follow-Up and Care Coordination	Registry
Tuberculosis Prevention for Psoriasis and Psoriatic Arthritis Patients on a Biological Immune Response Modifier	Registry

Appendix A: New Measures for 2014 PQRS (cont.)

Measure Title	Reporting Option(s)
HIV Viral Load Suppression	Registry, Measures Group (HIV/AIDS)
Prescription of HIV Antiretroviral Therapy	Registry, Measures Group (HIV/AIDS)
HIV Medical Visit Frequency	Measures Group (HIV/AIDS)
Gap in HIV Medical Visits	Measures Group (HIV/AIDS)
Pain Brought Under Control within 48 Hours	Registry
Screening Colonoscopy Adenoma Detection Rate	Registry
Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2)	Registry
Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS)	Registry
Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Endarterectomy (CEA)	Registry
Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA)	Registry

Note: The HIV/AIDS measures group is an existing measures group within PQRS. In the 2014 PFS Final Rule, 3 measures were retired from this measures group and 4 new measures were added.

Appendix A: New Measures for 2014 PQRS (cont.)

Measure Title	Reporting Option(s)
HRS-3: Implantable Cardioverter-Defibrillator (ICD) Complications Rate	Registry
Optimal Vascular Care Composite	Registry
Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy	Measures Group (Total Knee Replacement)
Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation	Measures Group (Total Knee Replacement)
Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet	Measures Group (Total Knee Replacement)
Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report	Measures Group (Total Knee Replacement)
Anastomotic Leak Intervention	Measures Group (General Surgery)
Unplanned Reoperation within the 30 Day Postoperative Period	Measures Group (General Surgery)
Unplanned Hospital Readmission within 30 Days of Principal Procedure	Measures Group (General Surgery)
Surgical Site Infection (SSI)	Measures Group (General Surgery)

Appendix A: New Measures for 2014 PQRS (cont.)

Measure Title	Reporting Option(s)
Patient-Centered Surgical Risk Assessment and Communication	Registry, Measures Groups (General Surgery)
Optimizing Patient Exposure to Ionizing Radiation: Utilization of a Standardized Nomenclature for Computerized Tomography (CT) Imaging Description	Measures Group (Optimizing Patient Exposure to Radiation)
Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies	Measures Group (Optimizing Patient Exposure to Radiation)
Optimizing Patient Exposure to Ionizing Radiation: Reporting to a Radiation Dose Index Registry	Measures Group (Optimizing Patient Exposure to Radiation)
Optimizing Patient Exposure to Ionizing Radiation: Computed Tomography (CT) Images Available for Patient Follow-up and Comparison Purposes	Measures Group (Optimizing Patient Exposure to Radiation)
Optimizing Patient Exposure to Ionizing Radiation: Search for Prior Computed Tomography (CT) Imaging Studies Through a Secure, Authorized, Media-Free, Shared Archive	Measures Group (Optimizing Patient Exposure to Radiation)

Appendix A: New Measures for 2014 PQRS (cont.)

Measure Title	Reporting Option(s)
Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines	Measures Group (Optimizing Patient Exposure to Radiation)
Hemoglobin A1c Test for Pediatric Patients	EHR
ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	EHR
Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	EHR
HIV/AIDS: Medical Visit	EHR
Pregnant women that had HBsAg testing	EHR
Depression Remission at Twelve Months	EHR
Depression Utilization of the PHQ-9 Tool	EHR
Maternal Depression Screening	EHR
Hypertension: Improvement in Blood Pressure	EHR
Closing the referral loop: receipt of specialist report	EHR

Appendix A: New Measures for 2014 PQRS (cont.)

Measure Title	Reporting Option(s)
Functional Status Assessment for Knee Replacement	EHR
Functional Status Assessment for Hip Replacement	EHR
Functional Status Assessment for Complex Chronic Conditions	EHR
Children Who Have Dental Decay or Cavities	EHR
Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	EHR
ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	EHR
HIV/AIDS: RNA Control for Patients with HIV	EHR
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	EHR

Appendix B: New Measures Groups for 2014 PQRS

Total Knee Replacement Measures Group

- Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy
- Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk
- Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet
- Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report

General Surgery Measures Group

- Anastomotic Leak Intervention
- Unplanned Reoperation within the 30 Day Postoperative Period
- Unplanned Hospital Readmission within 30 Days of Principal Procedure
- Surgical Site Infection (SSI)
- Patient-Centered Surgical Risk Assessment and Communication

Optimizing Patient Exposure to Ionizing Radiation Measures Group

- Optimizing Patient Exposure to Ionizing Radiation: Utilization of a Standardized Nomenclature for Computed Tomography (CT) Imaging Description
- Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies
- Optimizing Patient Exposure to Ionizing Radiation: Reporting to a Radiation Dose Index Registry
- Optimizing Patient Exposure to Ionizing Radiation: Computed Tomography (CT) Images Available for Patient Follow-up and Comparison Purposes
- Optimizing Patient Exposure to Ionizing Radiation: Search for Prior Computed Tomography (CT) Studies Through a Secure, Authorized, Media-Free, Shared Archive
- Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines

Appendix C: Retired PQRS Measures

PQRS #	Measure Title
3	Diabetes Mellitus: High Blood Pressure Control
86	Hepatitis C: Antiviral Treatment Prescribed
89	Hepatitis C: Counseling Regarding Risk of Alcohol Consumption
90	Hepatitis C: Counseling Regarding Use of Contraception Prior to Antiviral Therapy
161	HIV/AIDS: Adolescent and Adult Patients with HIV/AIDS Who Are Prescribed Potent Antiretroviral Therapy
162	HIV/AIDS: HIV RNA Control After Six Months of Potent Antiretroviral Therapy
184	Hepatitis C: Hepatitis B Vaccination in Patients with HCV
188	Referral for Otologic Evaluation for Patients with Congenital or Traumatic Deformity of the Ear
200	Heart Failure: Warfarin Therapy for Patients with Atrial Fibrillation
201	Ischemic Vascular Disease (IVD): Blood Pressure Management
208	HIV/AIDS: Sexually Transmitted Disease Screening for Syphilis
209	Functional Communication Measure - Spoken Language Comprehension
210	Functional Communication Measure – Attention
211	Functional Communication Measure – Memory
212	Functional Communication Measure - Motor Speech
213	Functional Communication Measure – Reading
214	Functional Communication Measure - Spoken Language Expression

Appendix C: Retired PQRS Measures (cont.)

PQRS #	Measure Title
215	Functional Communication Measure – Writing
216	Functional Communication Measure – Swallowing
237	Hypertension (HTN): Blood Pressure Measurement
244	Hypertension: Blood Pressure Management
252	Anticoagulation for Acute Pulmonary Embolus Patients
256	Surveillance after Endovascular Abdominal Aortic Aneurysm Repair (EVAR)
306	Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)
307	Prenatal Care: Anti-D Immune Globulin
308	Smoking and Tobacco Use Cessation, Medical Assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies
313	Diabetes Mellitus: Hemoglobin A1c Control (< 8%)
321	Participation by a Hospital, Physician or Other Clinician in a Systematic Clinical Database Registry that Includes Consensus Endorsed Quality

Appendix C: Retired PQRS Measures (cont.)

PQRS #	Measure Title
N/A	Total Knee Replacement: Coordination of Post Discharge Care
N/A	Chronic Wound Care: Patient Education Regarding Long-Term Compression Therapy
N/A	Osteoporosis: Status of Participation in Weight-Bearing Exercise and Weight-bearing Exercise Advice
N/A	Osteoporosis: Current Level of Alcohol Use and Advice on Potentially Hazardous Drinking Prevention
N/A	Osteoporosis: Screen for Falls Risk Evaluation and Complete Falls Risk Assessment and Plan of Care
N/A	Osteoporosis: Dual-Emission X-ray Absorptiometry (DXA) Scan
N/A	Osteoporosis: Calcium Intake Assessment and Counseling
N/A	Osteoporosis: Vitamin D Intake Assessment and Counseling
N/A	Osteoporosis: Pharmacologic Therapy
N/A	Preventive Cardiology Composite: Blood Pressure at Goal
N/A	Preventive Cardiology Composite: Low Density Lipids (LDL) Cholesterol at Goal
N/A	Preventive Cardiology Composite: Timing of Lipid Testing Complies with Guidelines
N/A	Preventive Cardiology Composite: Diabetes Documentation or Screen Test
N/A	Preventive Cardiology Composite: Counseling for Diet and Physical Activity
N/A	Preventive Cardiology Composite: Correct Determination of Ten-Year Risk for Coronary Death or Myocardial Infarction (MI)
N/A	Preventive Cardiology Composite: Appropriate Use of Aspirin or Other Antiplatelet/Anticoagulant Therapy
N/A	Preventive Cardiology Composite: Smoking Status and Cessation Support

Note: The measures on this table with N/A as a PQRS number were finalized in the CY 2013 PFS Final Rule for inclusion in PQRS beginning in 2014. Subsequently, CMS decided not to implement these measures and they have been finalized for removal from PQRS.

Appendix D: Reporting Option Updates

PQRS #	NQF #	Measure Title	Method Change
6	0067	Coronary Artery Disease (CAD): Antiplatelet Therapy	EHR Removed
9	0105	Anti-depressant Medication Management	Claims Removed, EHR Added
39	0046	Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older	EHR Removed
47	0326	Advance Care Plan	EHR Removed
48	0098	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older	EHR Removed
53	0047	Asthma: Pharmacologic Therapy for Persistent Asthma - Ambulatory Care Setting	Claims Removed
64	0001	Asthma: Assessment of Asthma Control – Ambulatory Care Setting	Claims Removed, EHR Removed
65	0069	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Claims Removed, EHR Added
66	0002	Appropriate Testing for Children with Pharyngitis	Claims Removed
84	0395	Hepatitis C: Ribonucleic Acid (RNA) Testing Before Initiating Treatment	Claims Removed
85	0396	Hepatitis C: HCV Genotype Testing Prior to Treatment	Claims Removed

Appendix D: Reporting Option Updates (cont.)

PQRS #	NQF #	Measure Title	Method Change
87	0398	Hepatitis C: Hepatitis C Virus (HCV) Ribonucleic Acid (RNA) Testing Between 4-12 Weeks After Initiation of Treatment	Claims Removed
107	0104	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	EHR Added
116	0058	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	Claims Removed
126	0417	Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation	Claims Removed
127	0416	Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear	Claims Removed
130	0419	Documentation of Current Medications in the Medical Record	EHR Added
134	0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	EHR Added
143	0384	Oncology: Medical and Radiation – Pain Intensity Quantified	EHR Added
160	0405	HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis	EHR Added
176	N/A	Rheumatoid Arthritis (RA): Tuberculosis Screening	Claims Removed
177	N/A	Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity	Claims Removed

Appendix D: Reporting Option Updates (cont.)

PQRS #	NQF #	Measure Title	Method Change
178	N/A	Rheumatoid Arthritis (RA): Functional Status Assessment	Claims Removed
179	N/A	Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis	Claims Removed
180	N/A	Rheumatoid Arthritis (RA): Glucocorticoid Management	Claims Removed
183	N/A	Hepatitis C: Hepatitis A Vaccination in Patients with Hepatitis C Virus (HCV)	Claims Removed
191	0565	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	EHR Added
192	0564	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	EHR Added
197	0074	Coronary Artery Disease (CAD): Lipid Control	EHR Removed
281	N/A	Dementia: Cognitive Assessment	EHR Added
318	0101	Falls: Screening for Future Fall Risk	EHR Added

Appendix E: Summary of Requirements for the 2014 PQRS Incentive: Individual Eligible Professionals

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria/Satisfactory Participation Criterion
12-month (Jan 1 — Dec 31)	Individual Measures	Claims	<p>Report at least 9 measures covering at least 3 NQS domains, OR, if less than 9 measures covering at least 3 NQS domains apply to the eligible professional, report 1—8 measures covering 1—3 NQS domains, AND report each measure for at least 50 percent of the Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted.</p> <p>* For an eligible professional who reports fewer than 9 measures covering 3 NQS domains via the claims-based reporting mechanism, the eligible professional will be subject to the MAV process, which would allow us to determine whether an eligible professional should have reported quality data codes for additional measures and/or covering additional NQS domains.</p>
12-month (Jan 1 — Dec 31)	Individual Measures	Qualified Registry	<p>Report at least 9 measures covering at least 3 of the NQS domains, OR, if less than 9 measures covering at least 3 NQS domains apply to the eligible professional, report 1—8 measures covering 1-3 NQS domains for which there is Medicare patient data, AND report each measure for at least 50 percent of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted.</p> <p>* For an eligible professional who reports fewer than 9 measures covering 3 NQS domains via the registry-based reporting mechanism, the eligible professional will be subject to the MAV process, which would allow us to determine whether an eligible professional should have reported on additional measures and/or measures covering additional NQS domains.</p>
** 12-month (Jan 1 — Dec 31)	Individual Measures	Direct EHR product that is CEHRT and EHR data submission vendor that is CEHRT	<p>Report 9 measures covering at least 3 of the NQS domains. If an eligible professional's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the eligible professional must report the measures for which there is Medicare patient data.</p> <p>An eligible professional must report on at least 1 measure for which there is Medicare patient data.</p>
** 12-month (Jan 1 — Dec 31)	Measures Groups	Qualified Registry	Report at least 1 measures group, AND report each measures group for at least 20 patients, a majority of which must be Medicare Part B FFS patients.
** 6-month (Jul 1 — Dec 31)	Measures Groups	Qualified Registry	Report at least 1 measures group, AND report each measures group for at least 20 patients, a majority of which must be Medicare Part B FFS patients.
12-month (Jan 1 — Dec 31)	Measures selected by Qualified Clinical Data Registry	Qualified Clinical Data Registry	<p>Report at least 9 measures covering at least 3 NQS domains AND report each measure for at least 50 percent of the eligible professional's applicable patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted.</p> <p>Of the measures reported via a qualified clinical data registry, the eligible professional must report on at least 1 outcome measure.</p>

Appendix F: Summary of Requirements for Avoiding the 2016 Payment Adjustment: Individual Eligible Professionals

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria/Satisfactory Participation Criterion
12-month (Jan 1 — Dec 31)	Individual Measures	Claims	<p>Report at least 9 measures covering at least 3 NQS domains, OR, if less than 9 measures covering at least 3 NQS domains apply to the eligible professional, report 1—8 measures covering 1—3 NQS domains, AND report each measure for at least 50 percent of the Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted.</p> <p>* For an eligible professional who reports fewer than 9 measures covering 3 NQS domains via the claims-based reporting mechanism, the eligible professional will be subject to the MAV process, which would allow us to determine whether an eligible professional should have reported quality data codes for additional measures and/or covering additional NQS domains.</p>
** 12-month (Jan 1 — Dec 31)	Individual Measures	Claims	<p>Report at least 3 measures, OR, If less than 3 measures apply to the eligible professional, report 1—2 measures*; AND Report each measure for at least 50 percent of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies.</p> <p>Measures with a 0 percent performance rate will not be counted.</p>
12-month (Jan 1 — Dec 31)	Individual Measures	Qualified Registry	<p>Report at least 9 measures covering at least 3 of the NQS domains, OR, if less than 9 measures covering at least 3 NQS domains apply to the eligible professional, report 1—8 measures covering 1-3 NQS domains for which there is Medicare patient data, AND report each measure for at least 50 percent of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted.</p> <p>* For an eligible professional who reports fewer than 9 measures covering at least 3 NQS domains via the registry-based reporting mechanism, the eligible professional will be subject to the MAV process, which would allow us to determine whether an eligible professional should have reported on additional measures and/or measures covering additional NQS domains.</p>
12-month (Jan 1 — Dec 31)	Individual Measures	Qualified Registry	<p>Report at least 3 measures covering at least 1 of the NQS domains, OR, if less than 3 measures apply to the eligible professional, report 1—2 measures covering at least 1 NQS domain for which there is Medicare patient data, AND report each measure for at least 50 percent of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted.</p> <p>* For an eligible professional who reports fewer than 3 measures covering 1 NQS domain via the registry-based reporting mechanism, the eligible professional will be subject to the MAV process, which would allow us to determine whether an eligible professional should have reported on additional measures.</p>

Appendix F: Summary of Requirements for Avoiding the 2016 Payment Adjustment: Individual Eligible Professionals (cont.)

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria/Satisfactory Participation Criterion
** 12-month (Jan 1 — Dec 31)	Individual Measures	Direct EHR product that is CEHRT and EHR data submission vendor that is CEHRT	Report 9 measures covering at least 3 of the NQS domains. If an eligible professional's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the eligible professional must report the measures for which there is Medicare patient data. An eligible professional must report on at least 1 measure for which there is Medicare patient data.
** 12-month (Jan 1 — Dec 31)	Measures Groups	Qualified Registry	Report at least 1 measures group, AND report each measures group for at least 20 patients, a majority of which must be Medicare Part B FFS patients.
** 6-month (Jul 1 — Dec 31)	Measures Groups	Qualified Registry	Report at least 1 measures group, AND report each measures group for at least 20 patients, a majority of which must be Medicare Part B FFS patients.
12-month (Jan 1 — Dec 31)	Measures selected by Qualified Clinical Data Registry	Qualified Clinical Data Registry	Report at least 9 measures covering at least 3 NQS domains AND report each measure for at least 50 percent of the eligible professional's applicable patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted. Of the measures reported via a qualified clinical data registry, the eligible professional must report on at least 1 outcome measure.
12-month (Jan 1 — Dec 31)	Measures selected by Qualified Clinical Data Registry	Qualified Clinical Data Registry	Report at least 3 measures covering at least 1 NQS domain AND report each measure for at least 50 percent of the eligible professional's applicable patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted.

* Subject to the MAV process.

** Finalized in the CY 2013 PFS final rule (see Table 91 at 77 FR 69194).

Appendix G: Summary of Requirements for the 2014 PQRS Incentive: Group Practices Participating in GPRO

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria/Satisfactory Participation Criterion
** 12-month (Jan 1 — Dec 31)	GPRO Web interface	25-99 eligible professionals	Report on all measures included in the web interface; AND Populate data fields for the first 218 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 218, then report on 100 percent of assigned beneficiaries.
** 12-month (Jan 1 — Dec 31)	GPRO Web interface	100+ eligible professionals	Report on all measures included in the web interface; AND Populate data fields for the first 411 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 411, then report on 100 percent of assigned beneficiaries. In addition, the group practice must also report all CG CAHPS survey measures via certified survey vendor.
12-month (Jan 1 — Dec 31)	Qualified Registry	2 + eligible professionals	Report at least 9 measures covering at least 3 of the NQS domains, OR, if less than 9 measures covering at least 3 NQS domains apply to the group practice, report 1—8 measures covering 1-3 NQS domains for which there is Medicare patient data, AND report each measure for at least 50 percent of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted. For a group practice who reports fewer than 9 measures covering at least 3 NQS domains via the registry-based reporting mechanism, the group practice will be subject to the MAV process, which would allow us to determine whether a group practice should have reported on additional measures and/or measures covering additional NQS domains.
** 12-month (Jan 1 — Dec 31)	Direct EHR product that is CEHRT/ EHR data submission vendor that is CEHRT	2+ eligible professionals	Report 9 measures covering at least 3 of the NQS domains. If a group practice's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the group practice must report the measures for which there is Medicare patient data. A group practice must report on at least 1 measure for which there is Medicare patient data.
12-month (Jan 1 — Dec 31)	CMS-certified survey vendor + qualified registry, direct EHR product, EHR data submission vendor, or GPRO web interface	25+ eligible professionals	Report all CG CAHPS survey measures via a CMS-certified survey vendor, AND report at least 6 measures covering at least 2 of the NQS domains using a qualified registry, direct EHR product, EHR data submission vendor, or GPRO web interface.

* Subject to the MAV process.

** Finalized in the CY 2013 PFS final rule (see Table 91 at 77 FR 69194).

Appendix H: Summary of Requirements for Avoiding the 2016 Payment Adjustment: Group Practices Participating in GPRO

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria/Satisfactory Participation Criterion
** 12-month (Jan 1 — Dec 31)	GPRO Web interface	25-99 eligible professionals	Report on all measures included in the web interface; AND Populate data fields for the first 218 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 218, then report on 100 percent of assigned beneficiaries.
** 12-month (Jan 1 — Dec 31)	GPRO Web interface	100+ eligible professionals	Report on all measures included in the web interface; AND Populate data fields for the first 411 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 411, then report on 100 percent of assigned beneficiaries. In addition, the group practice must report all CG CAHPS survey measures via certified survey vendor.
12-month (Jan 1 — Dec 31)	Qualified Registry	2 + eligible professionals	Report at least 9 measures covering at least 3 of the NQS domains, OR, if less than 9 measures covering at least 3 NQS domains apply to the group practice, report 1—8 measures covering 1-3 NQS domains for which there is Medicare patient data, AND report each measure for at least 50 percent of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted. For a group practice who reports fewer than 9 measures via the registry-based reporting mechanism, the group practice would be subject to the MAV process, which would allow us to determine whether a group practice should have reported on additional measures and/or measures covering additional NQS domains.
12-month (Jan 1 — Dec 31)	Qualified Registry	2 + eligible professionals	Report at least 3 measures covering at least 1 of the NQS domains, OR, if less than 3 measures covering 1 NQS domain apply to the group practice, report 1—2 measures covering 1 NQS domain for which there is Medicare patient data, AND report each measure for at least 50 percent of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted. For a group practice who reports fewer than 3 measures covering 1 NQS domain via the registry-based reporting mechanism, the group practice would be subject to the MAV process, which would allow us to determine whether a group practice should have reported on additional measures.
** 12-month (Jan 1 — Dec 31)	Direct EHR product that is CEHRT/ EHR data submission vendor that is CEHRT	2+ eligible professionals	Report 9 measures covering at least 3 of the NQS domains. If a group practice's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the group practice must report the measures for which there is Medicare patient data. A group practice must report on at least 1 measure for which there is Medicare patient data.
12-month (Jan 1 — Dec 31)	CMS-certified survey vendor + qualified registry, direct EHR product, EHR data submission vendor, or GPRO web interface	25+ eligible professionals	Report all CG CAHPS survey measures via a CMS-certified survey vendor, AND report at least 6 measures covering at least 2 of the NQS domains using a qualified registry, direct EHR product, EHR data submission vendor, or GPRO web interface.

* Subject to the MAV process.

** Finalized in the CY 2013 PFS final rule (see Table 91 at 77 FR 69194).

