

2013 Physician Quality Reporting System (PQRS): 2015 PQRS Payment Adjustment

Background

Section 1848(a)(8) of the Social Security Act, requires the Centers for Medicare & Medicaid Services (CMS) to subject eligible professionals and group practices who do not report data on Physician Quality Reporting System (PQRS) quality measures for covered professional services during the 2013 program year for a payment adjustment beginning in 2015. Eligible professionals and group practices receiving a PQRS payment adjustment in 2015 will be paid 1.5% less than the PFS amount for services rendered January 1-December 31, 2015.

The applicable percent for payment adjustments under PQRS are as follows:

- **1.5% adjustment in 2015** (eligible professional will receive 98.5% of his/her allowed Medicare Part B PFS amount for covered professional services that would otherwise apply to such services)
- **2.0% adjustment in 2016 and subsequent years** (eligible professional will receive 98% of his/her allowed Medicare Part B PFS amount for covered professional services that would otherwise apply to such services)

Purpose

This article provides information on the 2015 PQRS payment adjustment and guidance on how individual eligible professionals and group practices can avoid the 2015 PQRS payment adjustment. Information provided in this article is based on the 2013 Medicare PFS Final Rule.

This article focuses on the **PQRS payment adjustment** and does not provide guidance for Value-Based Payment Modifier upward adjustment or payment adjustments from other Medicare sponsored programs. See the Additional Information section below for links to the CMS Value-Based Payment Modifier website, and the Medicare and Medicaid EHR Incentive Program website.

2015 PQRS Payment Adjustment Eligibility

Those providers considered eligible and able to participate in PQRS as outlined on the CMS PQRS website could be subject to the 2015 PQRS payment adjustment. Eligible professionals working for more than one organization need to meet the reporting criteria for each tax identification number (TIN) under which (s)he works during the 2013 PQRS program year to avoid the 2015 PQRS payment adjustment for each TIN. Those groups who self-nominate or register to participate in PQRS as a group through the group practice reporting option (GPRO) or participate as an ACO GPRO will be analyzed at the TIN level; therefore, all providers under that TIN who bill Medicare Part B PFS will be included in analysis for purposes of the 2015 PQRS payment adjustment.

Exclusion Criteria for Individual Eligible Professionals

Individual eligible professionals (regardless of participation in other CMS incentive programs) will **avoid** the 2015 PQRS payment adjustment if **one** of the payment adjustment criteria (listed in

Table 1) is met during the 2013 PQRS program year, **January 1-December 31, 2013**. A decision tree for avoiding the 2015 PQRS payment adjustment is available in Appendix 1.

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

Individual Eligible Professionals
Meet the requirements for satisfactorily reporting for incentive eligibility as defined in the <i>2013 PQRS Measure Specifications</i> (same criteria as 2013 PQRS incentive eligibility as shown in Appendix 2)
Report at least one valid measure via claims, registry, or qualified Electronic Health Record (EHR, including data submission vendors and direct EHRs) OR Report at least one valid measures group via claims or registry
Elect to participate in the administrative claims-based reporting mechanism by October 15, 2013
<i>Details on how to choose this option will be made available in 2013</i>

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.

Exclusion Criteria for Registered Groups (ACO/PQRS GPRO)

Group practices participating in GPRO (regardless of participation in other CMS incentive programs) will **avoid** the 2015 PQRS payment adjustment if **one** of the payment adjustment criteria (listed in Table 2) is met during the 2013 PQRS program year, **January 1-December 31, 2013**. A decision tree for avoiding the 2015 PQRS payment adjustment is available in Appendix 1.

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

Registered Groups (ACO/PQRS GPRO)
Meet the requirements for satisfactorily reporting for incentive eligibility as defined in the applicable 2013 measure specification (same criteria as 2013 PQRS incentive eligibility as shown in Appendix 2): <ul style="list-style-type: none"> • Report specific ACO/PQRS GPRO measures through the Web Interface based on a pre-populated patient sample, reference the <i>2013 ACO or PQRS GPRO Web Interface Specification (only available to group practices of 25 or more eligible professionals)</i>, OR • Report at least 3 registry measures for the PQRS GPRO, reference the <i>2013 PQRS Measure Specification for Claims/Registry Reporting of Individual Measures (available to all group practices participating in PQRS GPRO, not available to ACO GPRO)</i>
Report at least one valid measure via: <ul style="list-style-type: none"> • Web Interface (<i>only available to group practices of 25 or more eligible professionals</i>), OR

Registered Groups (ACO/PQRS GPRO)
<ul style="list-style-type: none"> • Registry (available to all PQRS GPRO group practices; not available to ACO GPRO)
<p>Elect to participate as a group in the administrative claims-based reporting mechanism by October 15, 2013 (not available to ACO GPRO)</p> <ul style="list-style-type: none"> • Details on how to choose this option will be made available in 2013

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.

Additional Information

- For information on CMS PQRS, including information on reporting requirements, go to <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS>.
- For information on reporting 2013 PQRS through a registry, go to the direct link at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Registry-Reporting.html>.
- For information on self-nomination/registering to report 2013 PQRS as a group, go to the direct link at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group_Practice_Reporting_Option.html.
- For information on the PQRS payment adjustment, go to the direct link at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Payment-Adjustment-Information.html>.
- For information on the Value-Based Payment Modifier and administrative claims reporting mechanism election, go to the CMS Value-Based Payment Modifier website at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>.
- For information on the Medicare and Medicaid EHR Incentive Program, go to <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/>.

CMS provides the following resource to answer inquiries regarding PQRS, incentive payments, payment adjustment, feedback reports, and IACS registration:

QualityNet Help Desk – 7:00 a.m. – 7:00 p.m. CST

- General CMS PQRS and eRx Incentive Program information
- Portal password issues
- Feedback report availability and access
- PQRS-IACS registration questions
- PQRS-IACS login issues

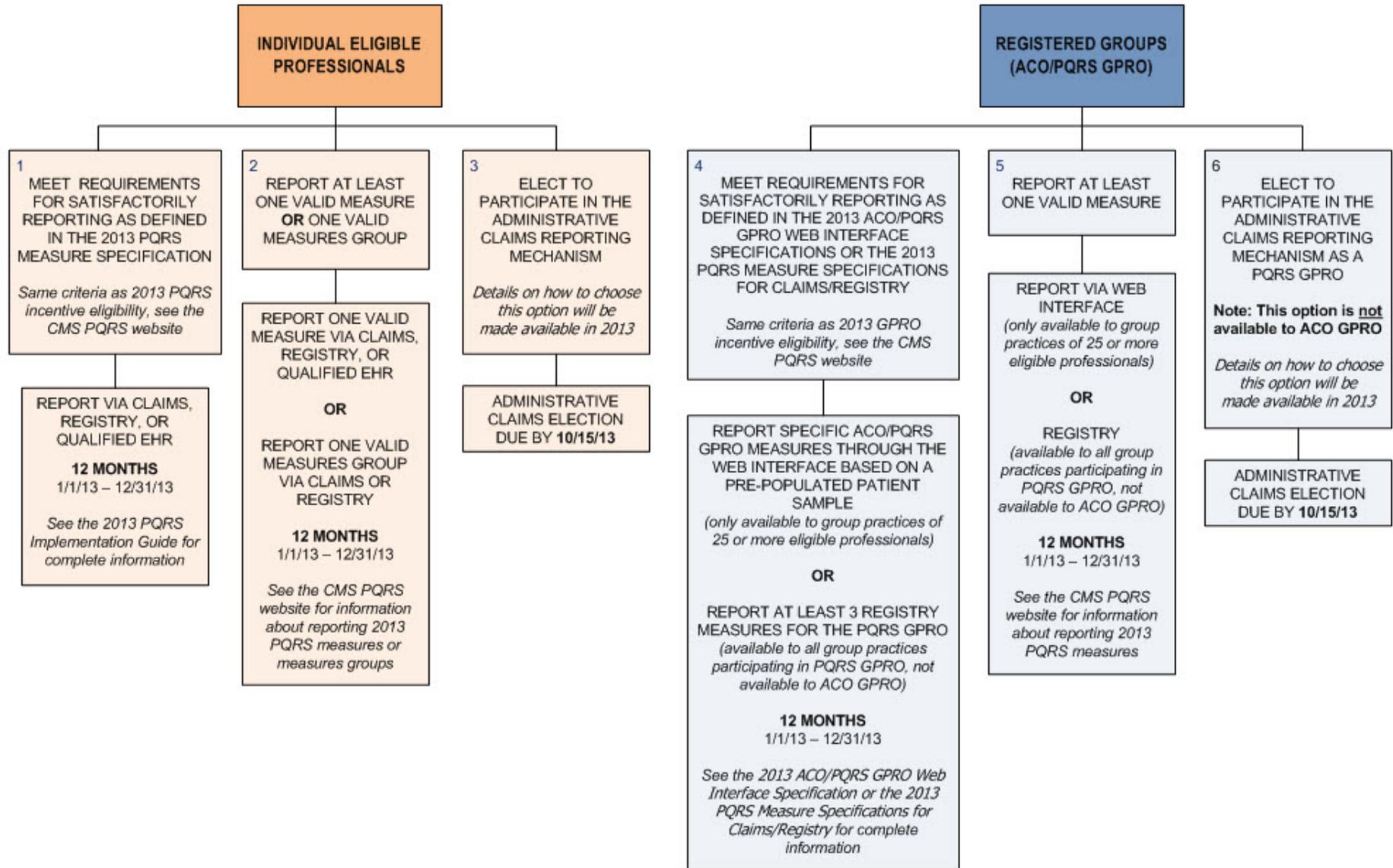
Phone: **1-866-288-8912**

TTY: 1-877-715-6222

Email: Qnetsupport@sdps.org

Appendix 1: 2013 PQRS Participation to Avoid the 2015 PQRS Payment Adjustment Decision Tree

I WANT TO AVOID THE 2015 PQRS PAYMENT ADJUSTMENT
 SELECT ONE CRITERIA TO AVOID THE 2015 PQRS PAYMENT ADJUSTMENT



ACOs reporting via the Web Interface should reference ACO program requirements for 2013 PQRS.

2013 PQRS Participation to Avoid the 2015 PQRS Payment Adjustment Decision Tree Options

Number assigned coordinates with appropriate box in Appendix 2: 2013 PQRS Participation to Avoid the 2015 PQRS Payment Adjustment Decision Tree.

Individual Eligible Professionals

1. Meet the requirements for satisfactorily reporting as defined in the *2013 PQRS Measure Specifications* (same criteria as 2013 PQRS incentive eligibility).
2. Report at least one valid measure via claims, registry, or qualified EHR (data submission vendors and direct EHRs) **OR** one valid measures group via claims or registry, regardless of incentive eligibility.
3. Elect to participate in the administrative claims reporting mechanism by October 15, 2013.

Registered Groups (ACO/PQRS GPRO)

4. Meet the requirements for satisfactorily reporting to earn the 2013 PQRS incentive payment. ACO GPROs should reference ACO program requirement for 2013 PQRS reporting options. PQRS GPROs should reference the *2013 PQRS GPRO Web Interface Specifications*, or the *2013 PQRS Measure Specification for Claims/Registry Reporting of Individual Measures* based on reporting method indicated during self-nomination.
5. Report at least one valid measure through the Web Interface (available to group practices with 25+ eligible professionals), **OR** through a registry (available to all group sizes participating in PQRS GPRO, not available to ACO GPROs), regardless of incentive eligibility.
6. Register to participate as a PQRS GPRO and elect the administrative claims reporting mechanism by October 15, 2013 (not available to ACO GPROs).

Appendix 2: Requirements for Satisfactorily Reporting 2013 PQRS for Incentive Payment

Individual Eligible Professionals – 2013 PQRS Reporting Options for Incentive Payment

(Dates of Service 1/1/2013-12/31/2013)

Measure Type	Reporting Mechanism	2013 PQRS Reporting Options for Incentive Payment
Individual Measures	Claims	Report at least 3 measures; OR If less than 3 measures apply to the eligible professional, report 1-2 measures (subject to the MAV); AND Report each measure for at least 50% of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. <i>Measures with a 0% performance rate will be considered in analysis but will not be considered satisfactorily reported for incentive eligibility.</i>
Individual Measures	Registry	Report at least 3 measures; AND Report each measure for at least 80% of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. <i>Measures with a 0% performance rate will not be counted.</i>
Individual Measures	Qualified Direct EHR Product	Option 1: Report on ALL 3 PQRS EHR measures that are also Medicare EHR Incentive Program core measures. If the denominator for one or more of the Medicare EHR Incentive Program core measures is 0, report on up to 3 PQRS EHR measures that are also Medicare EHR Incentive Program alternate core measures; AND Report on 3 additional PQRS EHR measures that are also measures available for the Medicare EHR Incentive Program Option 2: Report at least 3 measures, AND Report each measure for at least 80% of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. <i>Measures with a 0% performance rate will not be counted.</i>
Individual Measures	Qualified EHR Data Submission Vendor	Option 1: Report on ALL 3 PQRS EHR measures that are also Medicare EHR Incentive Program core measures. If the denominator for one or more of the Medicare EHR Incentive Program core measures is 0, report on up to 3 PQRS EHR measures that are also Medicare EHR Incentive Program alternate core measures; AND Report on 3 additional PQRS EHR measures that are also measures available for the Medicare EHR Incentive Program Option 2: Report at least 3 measures; AND Report each measure for at least 80% of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. <i>Measures with a 0% performance rate will not be counted.</i>
Measures Groups	Claims	Report at least 1 measures group; AND Report each measures group for at least 20 Medicare Part B FFS patients. <i>Measures groups containing a measure with a 0% performance rate will not be counted.</i>

Measure Type	Reporting Mechanism	2013 PQRS Reporting Options for Incentive Payment
Measures Groups	Registry	Report at least 1 measures group; AND Report each measures group for at least 20 patients, a majority (11) of which must be Medicare Part B FFS patients. <i>Measures groups containing a measure with a 0% performance rate will not be counted.</i>

Note: Satisfactorily reporting during the 2013 PQRS 12-month reporting period may allow for receipt of 2013 PQRS incentive payment and allow the eligible professional to avoid the 2015 PQRS payment adjustment.

PQRS GPRO – 2013 PQRS GPRO Reporting Options for Incentive Payment (Dates of Service 1/1/2013-12/31/2013)

Reporting Mechanism	Group Practice Size	2013 Registered Group (PQRS GPRO) Reporting Options for Incentive Payment
Registry	All Group Practices	Report at least 3 measures, AND 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. <i>Measures with a 0% performance rate will not be counted.</i>
GPRO Web Interface	25-99 eligible professionals only	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 (with an over-sample of 283) for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 218, then report on 100% of assigned beneficiaries.
GPRO Web Interface	100+ eligible professionals only	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 (with an over-sample of 534) for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 411, then report on 100% of assigned beneficiaries.

Note: Satisfactorily reporting during the 2013 PQRS 12-month reporting period may allow for receipt of 2013 PQRS incentive payment and allow the group to avoid the 2015 PQRS payment adjustment.

ACOs reporting via the Web Interface should reference ACO program requirements for 2013 PQRS.