

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 (EPs) 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. EPs 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** (EP or group practices participating in GPRO 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 (EP or group practices participating in GPRO will receive 98% of his/her allowed Medicare Part B PFS amount for covered professional services that would otherwise apply to such services)

In calendar year 2013, medical practice groups of 100 or more EPs (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.

Purpose

This article provides information on the 2015 PQRS payment adjustment and guidance on how individual EPs 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. EPs 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) 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. 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.

Exclusion Criteria for Individual EPs

Individual EPs (regardless of participation in other CMS incentive programs) will **avoid** the 2015 PQRS payment adjustment if **at least 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 EP Criteria for Avoiding the 2015 PQRS Payment Adjustment

Individual Eligible Professionals
<p>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)</p> <p><i>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.</i></p>
<p>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</p> <p>Report at least one valid measures group via claims or participating registry</p>
<p>Criteria 3: Elect to participate in the CMS-calculated administrative claims-based reporting mechanism.</p> <p>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:</p> <p>STEP 1: Go to https://portal.cms.gov. On the right hand side, select Login to CMS Secure Portal.</p> <p>STEP 2: After accepting the Terms and Conditions, enter your IACS User ID and Password in the Welcome to CMS Enterprise Portal screen. Select Login to continue.</p> <p>STEP 3: Select the PV-PQRS tab at the top of the screen, and then select Registration from the dropdown menu.</p> <p>STEP 4: You will see a screen where the EP(s) that are associated with your IACS account are listed. To register a group practice for the first time, select the Register link to the right of the group practice you want to register.</p> <p><i>Note: If your group practice is participating in the Medicare Shared Savings Program, then you will see an alert message letting you know that it is not necessary for you to register the EP in the PV-PQRS Registration System.</i></p> <p>Complete information and instructions are available in the <i>Individual Eligible Professional Registration in the PV-PQRS Registration System Quick Reference Guide</i> located on the Medicare FFS Physician Feedback Program/Value-Based Payment Modifier website in the downloads section of the Self Nomination/Registration page at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html.</p>

Note: CMS will determine whether an individual EP (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 (PQRS GPRO)

Group practices participating in PQRS GPRO will **avoid** the 2015 PQRS payment adjustment if **at least 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 2.

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

Registered Groups (PQRS GPRO)
<p>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):</p> <ul style="list-style-type: none">• Report specific GPRO Web Interface measures on a pre-populated patient sample, reference the 2013 PQRS GPRO Web Interface Specification (<i>only available to group practices of 25 or more EPs</i>); OR• 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 EPs participating in PQRS GPRO) <p>Note: <i>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.</i></p>
<p>Criteria 2: Report at least one valid measure via (<i>PQRS GPRO only</i>):</p> <ul style="list-style-type: none">• Web Interface (only available to group practices of 25 or more EPs); OR• Registry (available to all PQRS GPRO group practice sizes)
<p>Criteria 3: Elect to participate in the CMS-calculated administrative claims-based reporting mechanism (<i>PQRS GPRO only</i>)</p> <p>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:</p> <p>STEP 1: Go to https://portal.cms.gov. On the right hand side, select Login to CMS Secure Portal.</p> <p>STEP 2: After accepting the Terms and Conditions, enter your IACS User ID and Password in the Welcome to CMS Enterprise Portal screen. Select Login to continue.</p> <p>STEP 3: Select the PV-PQRS tab at the top of the screen, and then select Registration from the dropdown menu.</p> <p>STEP 4: You will see a screen where the group practice(s) that are associated with your IACS account are listed. To register a group practice for the first time, select the Register link to the right of the group practice you want to register.</p> <p><i>Note: If your group practice is participating in the Medicare Shared Savings Program, then you will see an alert message letting you know that it is not necessary for you to register the group practice in the PV-PQRS Registration System.</i></p> <p>Complete information and instructions are available in the <i>Group Practice Registration in the PV-</i></p>

Registered Groups (PQRS GPRO)

PQRS Registration System Quick Reference Guide located on the Medicare FFS Physician Feedback Program/Value-Based Payment Modifier website in the downloads section of the Self Nomination/Registration page at <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 EP changes TINs, the participation under the old TIN does not carry over to the new TIN, nor is it combined for final analysis.

Beginning in 2013, group practices of 100 or more EPs may be subject to the 2015 Value-based Payment Modifier (VM). More information on the VM can be found at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>.

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

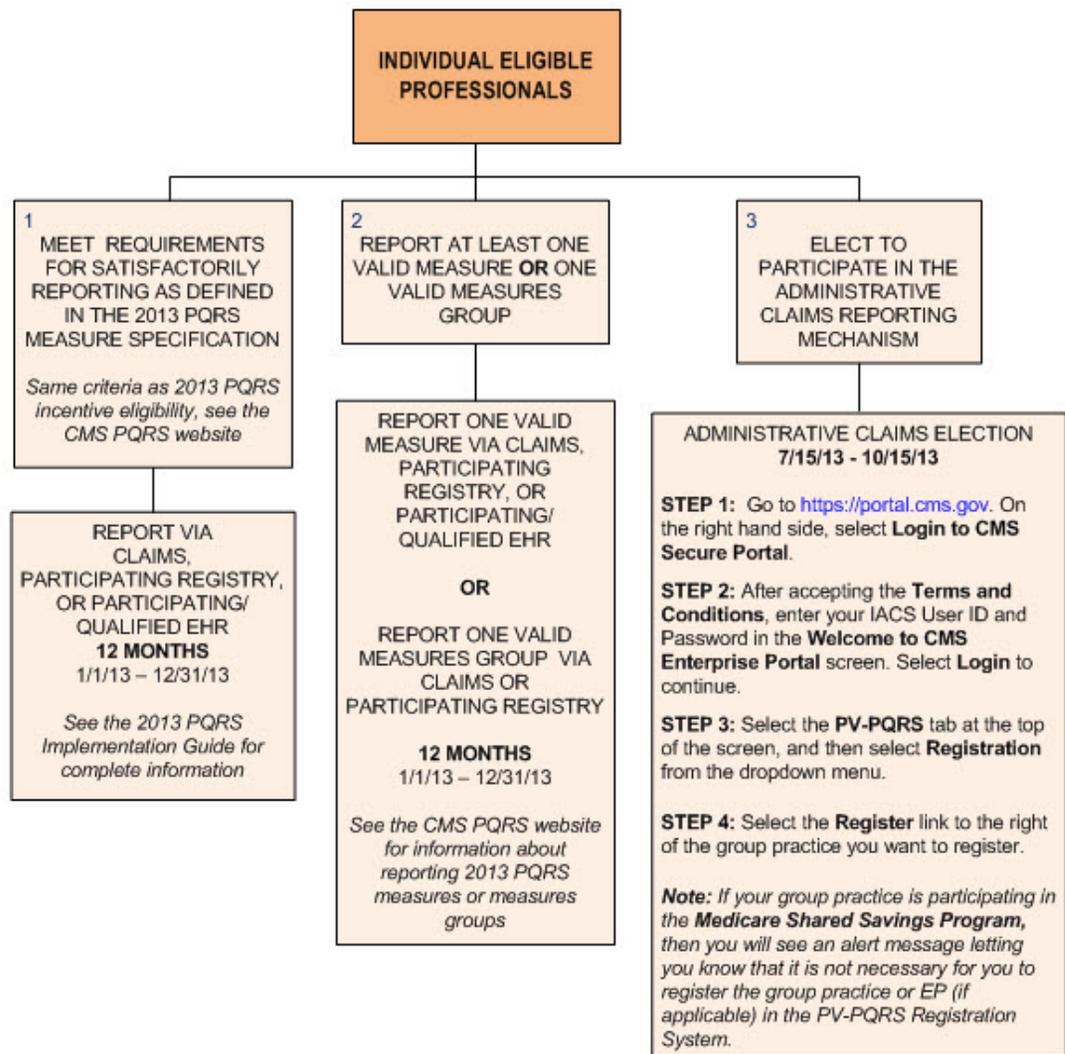
Phone: 1-866-288-8912

TTY: 1-877-715-6222

Email: Qnetsupport@sdps.org

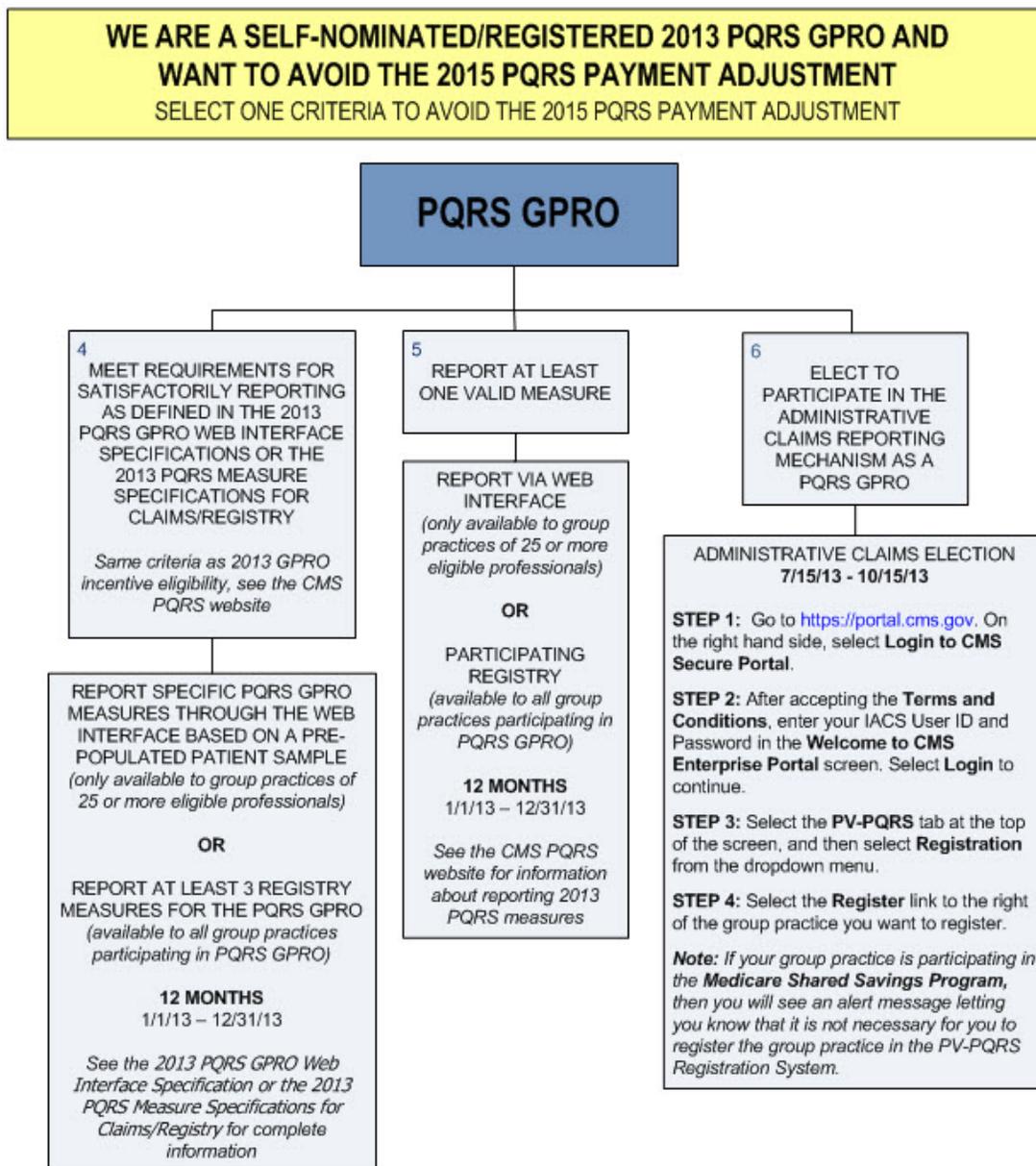
Appendix 1: Individual EP - 2013 Participation to Avoid 2015 PQRS Payment Adjustment Decision Tree

I AM AN INDIVIDUAL ELIGIBLE PROFESSIONAL AND I WANT TO AVOID THE 2015 PQRS PAYMENT ADJUSTMENT
 SELECT ONE CRITERIA TO AVOID THE 2015 PQRS PAYMENT ADJUSTMENT



Groups participating through another CMS program (such as the Medicare Shared Savings Program) need to check the program’s requirements for information on how to simultaneously report under PQRS and the respective program and avoid the payment adjustment.

Appendix 2: PQRS GPRO - 2013 Participation to Avoid 2015 PQRS Payment Adjustment Decision Tree



GPROs participating through another CMS program (such as the Medicare Shared Savings Program) need to check the program's requirements for information on how to simultaneously report under PQRS and the respective program and avoid the payment adjustment.

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

Number assigned coordinates with appropriate box in Appendix 1 and 2.

Appendix 1: Individual EPs

1. Meet the requirements for satisfactorily reporting as defined in the 2013 PQRS measure specifications (same criteria as 2013 PQRS incentive eligibility).
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.
2. Report at least one valid measure via claims, participating registry, or participating/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 July 15, 2013 through October 15, 2013.
 - a. Step 1: Go to <https://portal.cms.gov>. On the right hand side, select **Login to CMS Secure Portal**.
 - b. Step 2: After accepting the **Terms and Conditions**, enter your IACS User ID and Password in the **Welcome to CMS Enterprise Portal** screen. Select **Login** to continue.
 - c. Step 3: Select the **PV-PQRS** tab at the top of the screen, and then select **Registration** from the dropdown menu.

Appendix 2: Registered Groups (PQRS GPRO)

4. Meet the requirements for satisfactorily reporting to earn the 2013 PQRS incentive payment. 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.
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.
5. Report at least one valid measure through the Web Interface (available to PQRS GPROs with 25+ EPs), **OR** through a registry (available to all group sizes participating in PQRS GPRO), regardless of incentive eligibility.
6. Register to participate as a PQRS GPRO and elect the administrative claims reporting mechanism July 15, 2013 through October 15, 2013.
 - a. Step 1: Go to <https://portal.cms.gov>. On the right hand side, select **Login to CMS Secure Portal**.
 - b. Step 2: After accepting the **Terms and Conditions**, enter your IACS User ID and Password in the **Welcome to CMS Enterprise Portal** screen. Select **Login** to continue.
 - c. Step 3: Select the **PV-PQRS** tab at the top of the screen, and then select **Registration** from the dropdown menu.

Appendix 3: Requirements for Satisfactorily Reporting 2013 PQRS for Incentive Payment

Individual EPs – 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 EP, report 1-2 measures (subject to the MAV); AND Report each measure for at least 50% of the EP'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	Participating Registry	Report at least 3 measures; AND Report each measure for at least 80% of the EP'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 EP'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	Participating 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 EP'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	Participating 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: Groups participating through another CMS program (such as the Medicare Shared Savings Program) need to check the program's requirements for information on how to simultaneously report under PQRS and the respective program and avoid the 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 EPs 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+ EPs 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: GPROs participating through another CMS program (such as the Medicare Shared Savings Program) need to check the program's requirements for information on how to simultaneously report under PQRS and the respective program and avoid the payment adjustment.