

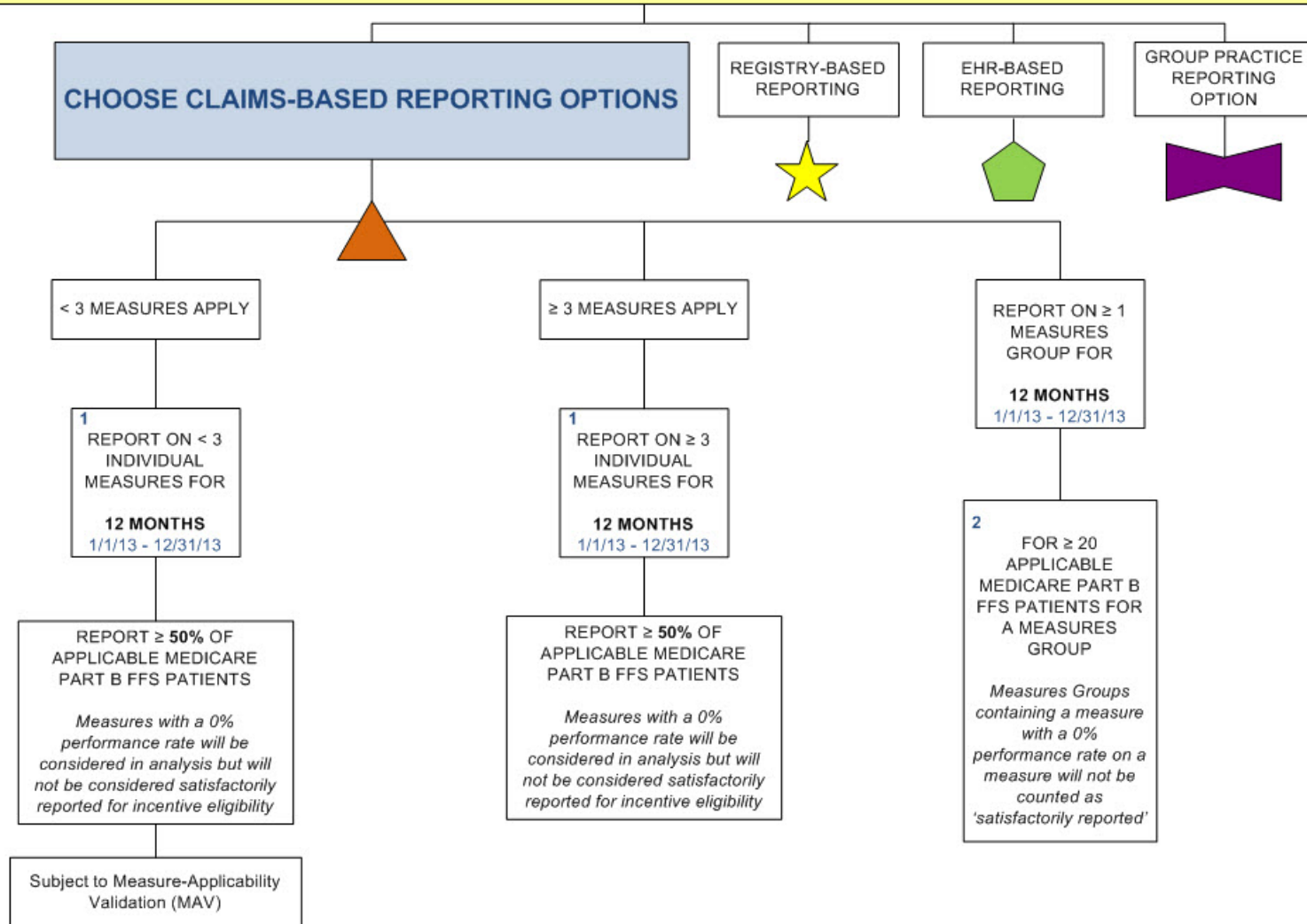


2013 Physician Quality Reporting System (PQRS) Participation for Incentive Decision Tree

I WANT TO PARTICIPATE IN THE 2013 PHYSICIAN QUALITY REPORTING SYSTEM FOR INCENTIVE PAYMENT

SELECT REPORTING METHOD

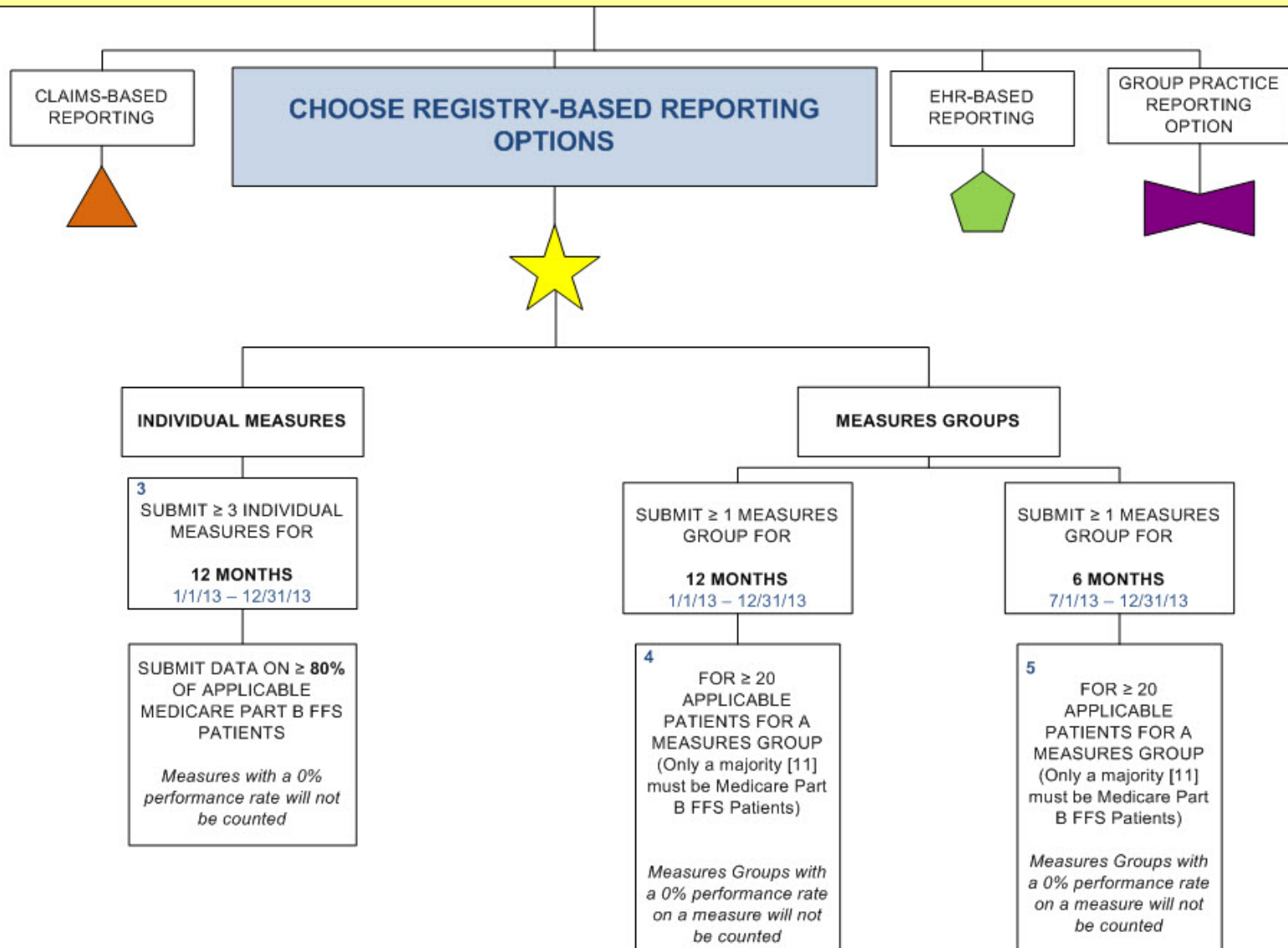
(Refer to the appropriate Measure Specifications for the specific reporting method(s) chosen for 2013 PQRS)



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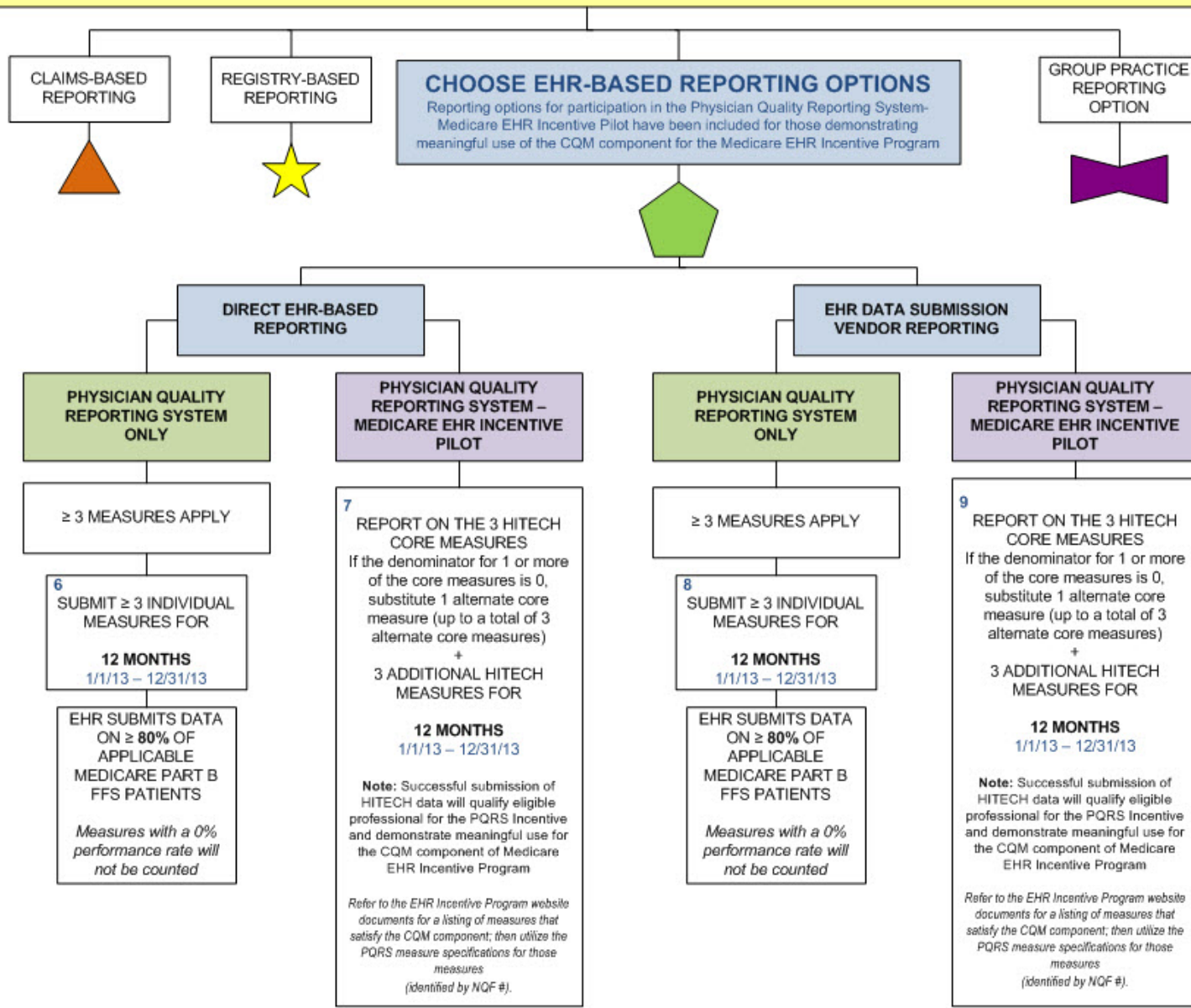
(Refer to the appropriate Measure Specifications for the specific reporting method(s) chosen for 2013 PQRS)



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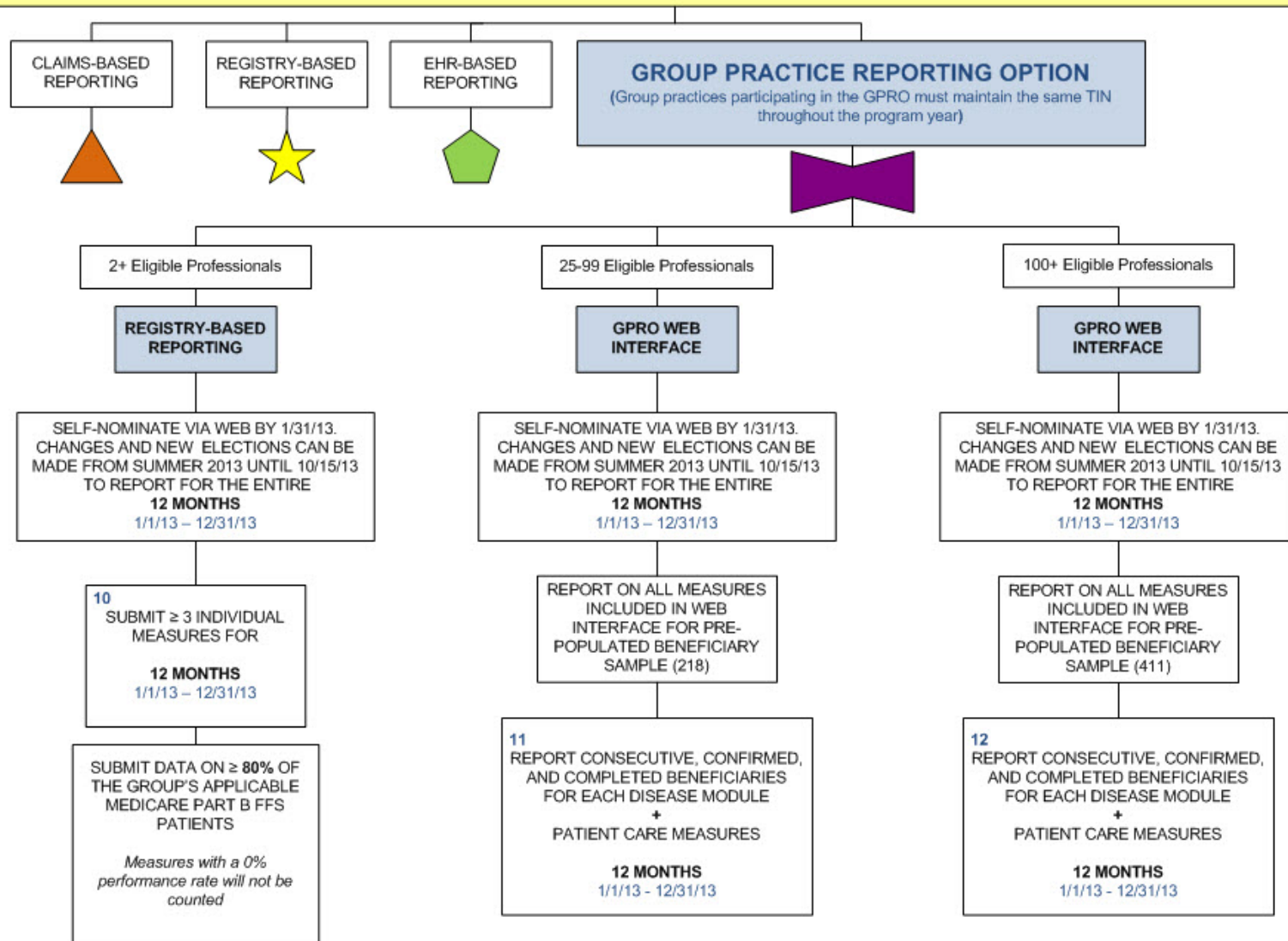
(Refer to the appropriate Measure Specifications for the specific reporting method(s) chosen for 2013 PQRS)



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(Refer to the appropriate Measure Specifications for the specific reporting method(s) chosen for 2013 PQRS)

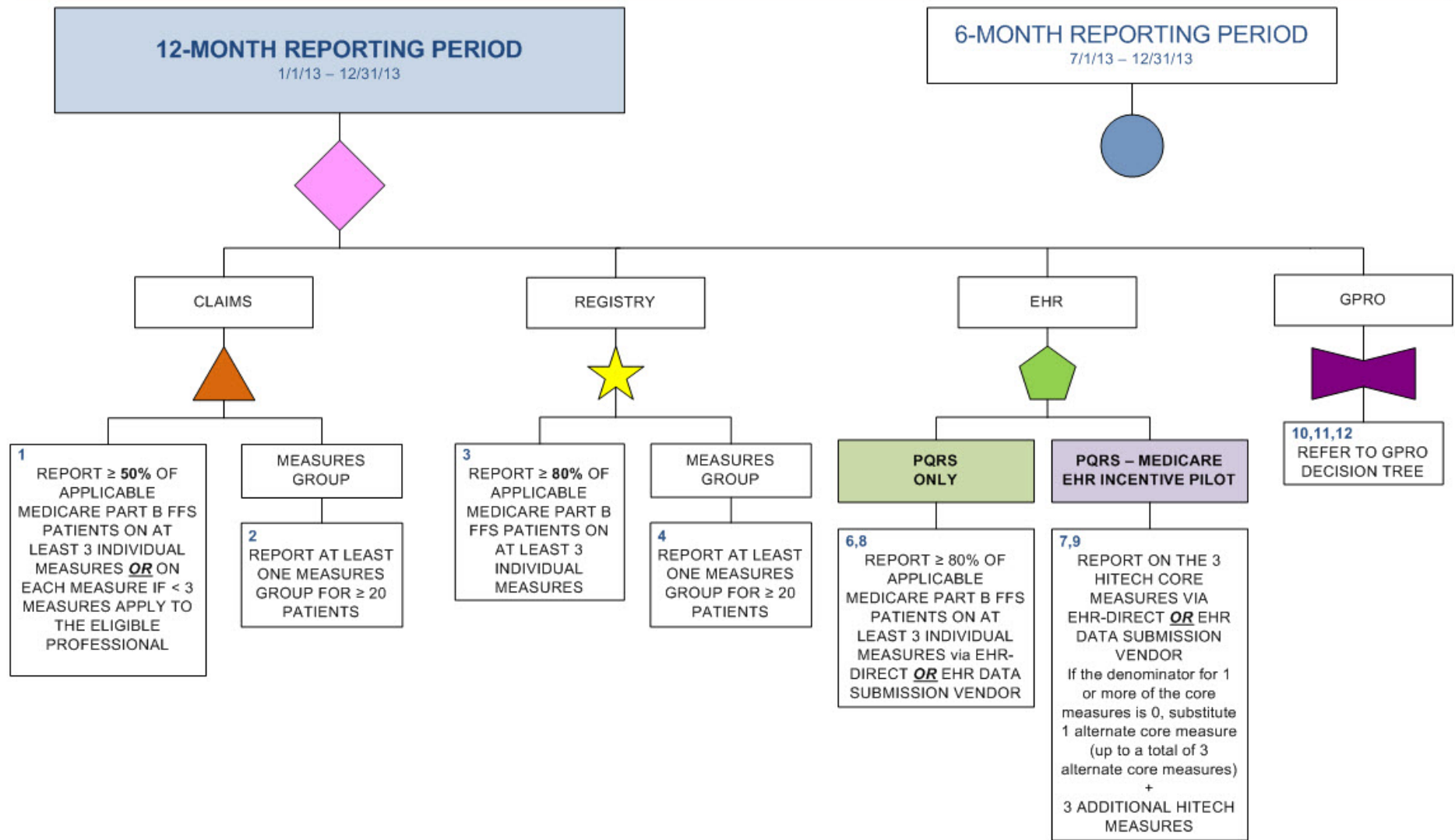


Note: ACOs reporting via the Web Interface should reference the ACO program requirements for 2013 PQRS reporting options

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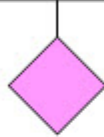
I WANT TO PARTICIPATE IN THE 2013 PHYSICIAN QUALITY REPORTING SYSTEM FOR INCENTIVE PAYMENT

SELECT REPORTING METHOD

(Refer to the appropriate Measure Specifications for the specific reporting method(s) chosen for 2013 PQRS)

12-MONTH REPORTING PERIOD

1/1/13 – 12/31/13



6-MONTH REPORTING PERIOD

7/1/13 – 12/31/13



REGISTRY



MEASURES GROUP

5
REPORT AT LEAST ONE
MEASURES GROUP FOR
≥ 20 APPLICABLE PATIENTS
(Only a majority [11] must be
Medicare Part B FFS
Patients)

Number assigned coordinates with appropriate box on the Appendix C: 2013 PQRS Participation for Incentive Payment Decision Tree.

1. Claims-based reporting of individual measures (12 months)
2. Claims-based reporting of at least one measures group for 20 unique Medicare Part B FFS patients (12 months)
3. Registry-based reporting of at least 3 individual PQRS measures for 80% or more of applicable Medicare Part B FFS patients of each eligible professional (12 months)
4. Registry-based reporting of at least one measures group for 20 patients, the majority of which must be Medicare Part B FFS patients (12 months)
5. Registry-based reporting of at least one measures group for 20 patients, the majority of which must be Medicare Part B FFS patients (6 months)
6. Direct EHR-based reporting of at least 3 individual PQRS measures for 80% or more of applicable Medicare Part B FFS patients of each eligible professional (12 months)
7. Direct EHR-based reporting of a total of 3 HITECH core or alternate core measures AND at least 3 additional HITECH measures (12 months)
8. EHR Data Submission Vendor reporting of at least 3 individual PQRS measures for 80% or more of applicable Medicare Part B FFS patients of each eligible professional (12 months)
9. EHR Data Submission Vendor reporting of a total of 3 HITECH core or alternate core measures AND at least 3 additional HITECH measures (12 months)
10. GPRO-based reporting (2+ eligible professionals) of at least 3 individual PQRS measures via registry for 80% or more of the practice's applicable Medicare Part B FFS patients (12 months)
11. GPRO-based reporting (25-99 eligible professionals) of all applicable measures included in the submission web interface provided by CMS for consecutive, confirmed, and completed patients for each disease module and preventive care measures (12 months)
12. GPRO-based reporting (100+ eligible professionals) of all applicable measures included in the submission web interface provided by CMS for consecutive, confirmed, and completed patients for each disease module and preventive care measures (12 months)