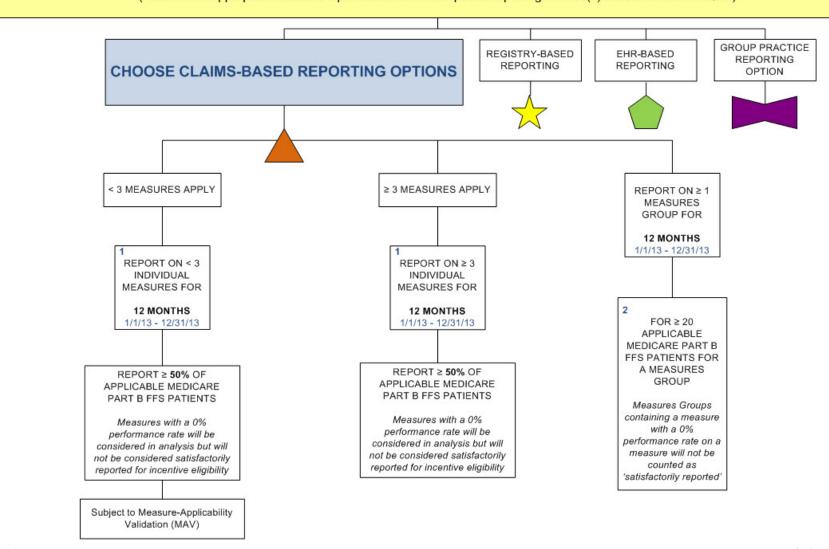


### 2013 Physician Quality Reporting System (PQRS) Participation for Incentive Decision Tree

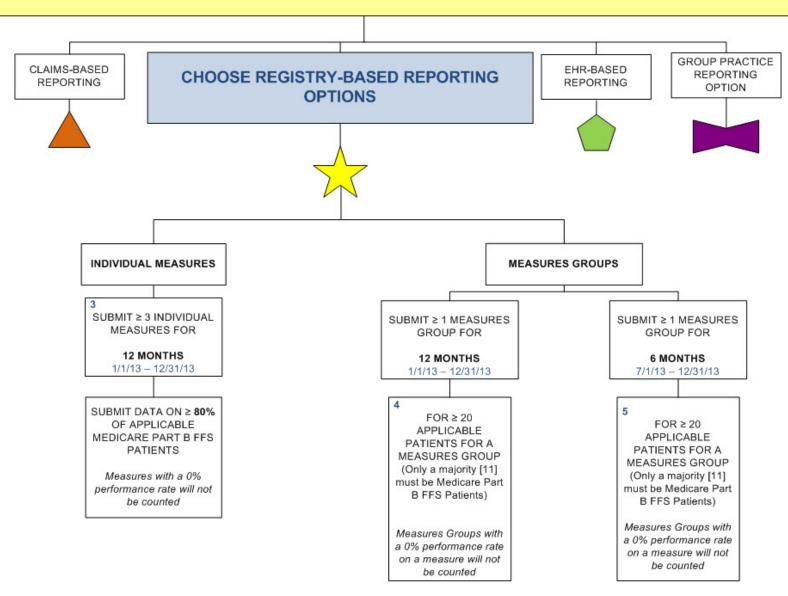
### I WANT TO PARTICIPATE IN THE 2013 PHYSICIAN QUALITY REPORTING SYSTEM FOR INCENTIVE PAYMENT

SELECT REPORTING METHOD



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

SELECT REPORTING METHOD



### 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) GROUP PRACTICE CLAIMS-BASED REGISTRY-BASED CHOOSE EHR-BASED REPORTING OPTIONS REPORTING REPORTING REPORTING Reporting options for participation in the Physician Quality Reporting System-OPTION Medicare EHR Incentive Pilot have been included for those demonstrating meaningful use of the CQM component for the Medicare EHR Incentive Program DIRECT EHR-BASED **EHR DATA SUBMISSION** REPORTING VENDOR REPORTING PHYSICIAN QUALITY PHYSICIAN QUALITY PHYSICIAN QUALITY PHYSICIAN QUALITY REPORTING SYSTEM -REPORTING SYSTEM -REPORTING SYSTEM REPORTING SYSTEM MEDICARE EHR INCENTIVE MEDICARE EHR INCENTIVE ONLY ONLY PILOT PILOT ≥ 3 MEASURES APPLY REPORT ON THE 3 HITECH REPORT ON THE 3 HITECH ≥ 3 MEASURES APPLY CORE MEASURES CORE MEASURES If the denominator for 1 or more If the denominator for 1 or more of the core measures is 0. of the core measures is 0. substitute 1 alternate core substitute 1 alternate core SUBMIT ≥ 3 INDIVIDUAL SUBMIT ≥ 3 INDIVIDUAL measure (up to a total of 3 MEASURES FOR measure (up to a total of 3 MEASURES FOR alternate core measures) alternate core measures) 12 MONTHS 12 MONTHS 3 ADDITIONAL HITECH 3 ADDITIONAL HITECH 1/1/13 - 12/31/13 1/1/13 - 12/31/13 MEASURES FOR MEASURES FOR EHR SUBMITS DATA EHR SUBMITS DATA 12 MONTHS 12 MONTHS ON ≥ 80% OF ON ≥ 80% OF 1/1/13 - 12/31/13 1/1/13 - 12/31/13 APPLICABLE APPLICABLE MEDICARE PART B MEDICARE PART B

FFS PATIENTS

Measures with a 0% performance rate will not be counted

Note: Successful submission of HITECH data will qualify eligible professional for the PQRS Incentive and demonstrate meaningful use for the CQM component of Medicare **EHR Incentive Program** 

Refer to the EHR Incentive Program website documents for a listing of measures that satisfy the CQM component; then utilize the PORS measure specifications for those

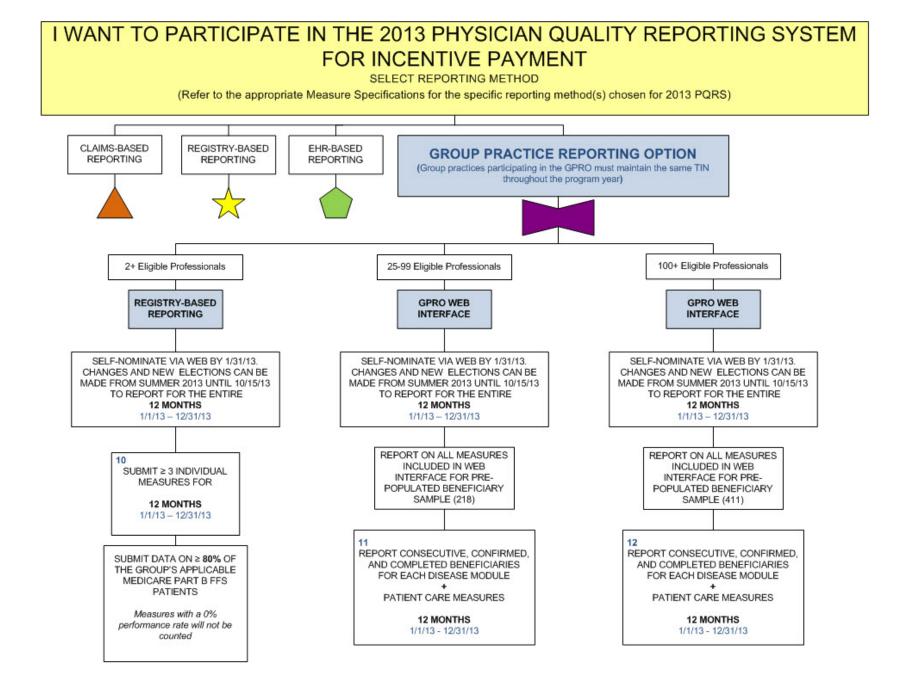
(identified by NQF #).

Measures with a 0% performance rate will not be counted

FFS PATIENTS

Note: Successful submission of HITECH data will qualify eligible professional for the PQRS Incentive and demonstrate meaningful use for the CQM component of Medicare EHR Incentive Program

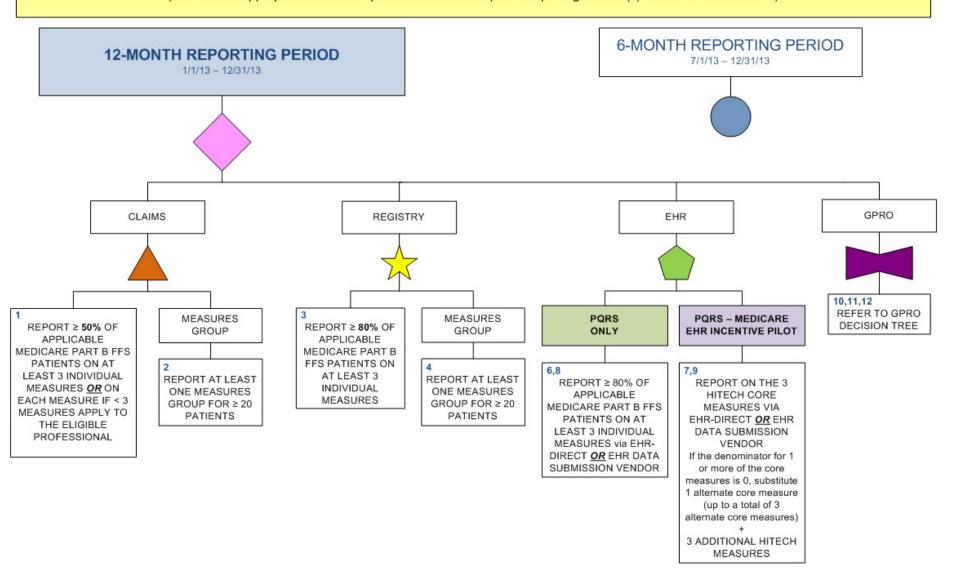
Refer to the EHR Incentive Program website documents for a listing of measures that satisfy the CQM component; then utilize the PQRS measure specifications for those measures (identified by NQF #).



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

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

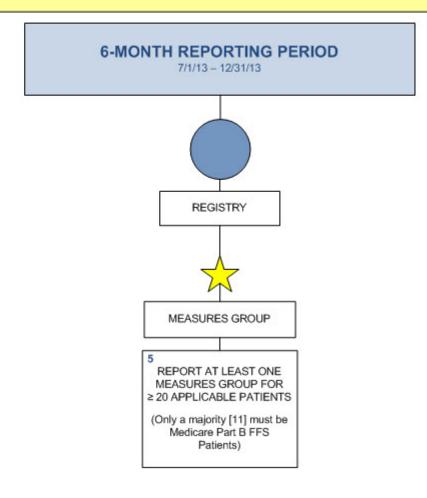
SELECT REPORTING METHOD



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

SELECT REPORTING METHOD





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

- 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)