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INTERMEDIATE

» Physician Quality Reporting System (PQRS)
WHAT'S NEW FOR 2014



This fact sheet includes important information about changes to the Physician Quality Reporting System (PQRS) for 2014.

A web page dedicated to providing all the latest news on PQRS is available on the Centers for Medicare & Medicaid Services (CMS) website at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS>.



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Important Changes for 2014 PQRS

- Implemented the 2016 PQRS payment adjustment based on 2014 program year data
- Additions and deletions of quality measures for a total of 284 measures
- Implemented new satisfactory reporting requirements for claims, qualified registry, and EHR-based reporting to receive incentive: 9 measures across 3 National Quality Strategy (NQS) domains
 - Eligible professionals (EPs) that are incentive eligible for 2014 PQRS will also avoid the 2016 PQRS payment adjustment
- New Qualified Clinical Data Registry (QCDR) available for participation
- New CMS-certified survey vendor method for reporting the Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG CAHPS) summary survey modules for group practices registered for the group practice reporting option (GPRO)
- Added EHR-based reporting for group practices registered for the GPRO
- The Measure-Applicability Validation (MAV) process has expanded from claims-based reporting to include qualified registry reporting as well
- Measures groups can only be reported via qualified registry
- Eliminated Administrative Claims reporting to avoid a payment adjustment in 2016

PQRS Incentive – Individual EPs

Changes to the submission requirements for individual EPs include:

- The criteria to satisfactorily report individual measures by individual EPs
- The criteria to satisfactorily report individual EPs that choose to report measures groups. This method is **only** available via qualified registry.
- An EP that reports on fewer than 9 individual measures or fewer than 3 NQS domains via claims or qualified registry may also be subject to the MAV process to make certain there are no additional measures or domains on which the EP could have reported. Additional information regarding MAV can be found at:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/AnalysisAndPayment.html>

PQRS Payment Adjustment

In 2014, if an EP or group practice does not satisfactorily report or satisfactorily participate while submitting data on PQRS quality measures, a 2% payment adjustment will apply in 2016.

The adjustment (98% of the fee schedule amount that would otherwise apply to such services) applies to covered professional services furnished by an EP or group practice during 2016. Group practices taking part in PQRS through another CMS program should check the program's requirements for information on how to simultaneously take part in

PQRS as well as the other respective program to avoid the payment adjustment.

Individual EPs can avoid the 2016 PQRS payment adjustment by satisfactorily reporting or satisfactorily participating to earn a 2014 PQRS incentive payment.

Individual EPs can avoid the 2016 PQRS payment adjustment by satisfactorily reporting or satisfactorily participating to earn a 2014 PQRS incentive payment.

Beyond meeting the criteria for the 2014 PQRS incentive payment, each submission method has its own minimum criteria for avoiding the 2016 payment adjustment.

Eligible group practices taking part in the GPRO for the 12-month reporting period can avoid the 2016 PQRS payment adjustment by satisfactorily reporting to earn a 2014 PQRS incentive payment or by meeting the criteria for avoiding the 2016 PQRS payment adjustment.

Additional information on the PQRS payment adjustment can be found on the CMS PQRS website at: <http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Payment-Adjustment-Information.html>.

2014 PQRS – Individual Measures

- Please see the 2014 measures documents at: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS> for specifics.

NOTE: The 2014 PQRS measure specifications for any given individual quality measure may be different from specifications for the quality measure used for 2013. **EPs should ensure that they are using the most current version of the 2014 PQRS measure specifications.**

37 new individual quality measures were added for the 2014 program year. 45 measures were retired from PQRS.

2014 PQRS – Measures Groups

For 2014, measures groups will **only** be reportable via qualified registry. There are a total of 25 measures groups. 22 measures groups were retained and three new measures groups were added for 2014. The new measures groups are Total Knee Replacement, General Surgery, and Optimizing Patient Exposure to Ionizing Radiation.

For specific measures groups changes from 2013 to 2014, please reference the *2014 Physician Quality Reporting System (PQRS) Measures Groups Release Notes* at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>.

NOTE: The specifications for measures groups differ from those provided for individual reporting; therefore, the specifications and instructions for measures groups are separate from the specifications and instructions for the 2014 individual measures. The 2014 Physician Quality Reporting System (PQRS) Measures Groups Specifications for any given measures group may be different from specifications for the same measures group used for 2013. **EPs should ensure that they are using the most current version of the 2014 measures group specifications.**

PQRS – Medicare EHR Incentive Program

- EHR-based reporting is now available to group practices that register to report under the GPRO.
- For 2014 the Medicare EHR Incentive Program requires that an EP or group practice submit clinical quality measures using CEHRT.
 - EHR products will have to be certified under the program established by the Office of the National Coordinator (ONC).
 - The ONC certification process tests the submission of data on eQOMs available for reporting under the EHR Incentive Program.
 - For purposes of PQRS, the EP's or group practices direct EHR product or EHR Data Submission Vendor must be certified to the specified versions.
- EPs taking part in PQRS will use the same eQOMs used for the EHR Incentive Program. For additional details and measure specifications, please see:
<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>

CMS continues EHR-based reporting, allowing EPs to satisfy the CQM component of the Medicare EHR Incentive Program by taking part in PQRS.

PQRS Qualified Clinical Data Registry (QCDR)

New for 2014, the Qualified Clinical Data Registry (QCDR) provides a new standard for individual EPs to satisfy PQRS requirements based on satisfactory participation.

- A QCDR is a CMS-approved entity (such as a qualified registry, certification board, collaborative, etc.) that collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care furnished to patients.
- The data submitted to CMS via QCDR covers quality measures across multiple payers and is not limited to Medicare.
- A list of CMS-designated QCDRs will be available on the CMS PQRS website May 30, 2014.
- Please refer to *2014 Physician Quality Reporting System (PQRS): Qualified Clinical Data Registry Participation Made Simple*, available on the Qualified Clinical Data Registry page of the CMS PQRS website at:
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Qualified-Clinical-Data-Registry-Reporting.html>.

NOTE: The measures that may be submitted via QCDR are not limited to the measures found in the PQRS measure set.

CMS-Certified Survey Vendor

New for 2014 PQRS GPRO is an optional reporting method for groups of 25 or more EPs choosing to satisfactorily report the CG CAHPS summary survey modules via a CMS-certified survey vendor along with reporting 6 other PQRS measures covering at least 2 of the NQS domains to satisfactorily report for purposes of earning an incentive payment and avoiding the 2016 payment adjustment.

- To complete this survey, a group practice must indicate its intent to report the CG CAHPS summary survey modules when it registers to take part in PQRS via the GPRO
- In addition to reporting the CG CAHPS summary survey modules, the EP is required to report either 1) the additional 6 measures covering at least 2 of the NQS domains using a qualified registry, direct EHR product, EHR data submission vendor, OR 2) complete all of the measures in the GPRO Web Interface
 - A small fee may be involved to use the CMS-certified survey vendor, depending on the group's size and reporting mechanism
- CMS-certified survey vendor CG CAHPS summary survey module requirements will be available soon on the PQRS website.
- 2014 GPRO registration and reporting requirements can be found at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/CMS-Selected-Group_Practice_Reporting_Option.html.

Group practices of 10 or more individuals will be subject to a negative, neutral or positive Value-Based Modifier payment adjustment based on group size and satisfactorily taking part in PQRS. More information can be found at:

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>.

International Classification of Diseases-Tenth Revision (ICD-10-CM) Implementation

CMS will be aligning PQRS with the implementation of ICD-10-CM codes as follows:

- *2014 PQRS Claims and Qualified Registry Measures Specifications* will provide ICD-10-CM codes for submission purposes during the 2014 PQRS program year.
- For 2014 EHR, ICD-10-CM codes are included in the *2014 EHR Downloadable Resource Table* and will be accepted by the system and used for measure calculations starting in 2014.
- In addition, the *2014 GPRO Web Interface Measures Specifications* will include the ICD-10-CM codes.