

Physician Quality Reporting System and Electronic Prescribing (eRx) Incentive Program
April 16, 2013 National Provider Call
Announcements and Updates

CMS to Begin Accepting Suggestions for Potential PQRS Measures and Measures Groups in May

In May, CMS will begin accepting quality measure suggestions for potential inclusion in the proposed set of quality measures in the Physician Quality Reporting System (PQRS) for future rule-making years. CMS is seeking a quality set of measures that are outcome-based and fall into one of the National Quality Strategy (NQS) Priorities domains where there are known measure and performance gaps. The measure gaps that CMS most wishes to fill include clinical outcomes, patient-reported outcomes, care coordination, safety, appropriateness, efficiency, and patient experience and engagement.

Measures submitted for consideration will be assessed to ensure that they meet the needs of the Physician Quality Reporting Program. In addition, CMS encourages eligible providers to submit measures that do not have an adequate representation within the program for participation. When submitting measures for consideration, please ensure that your submission is not duplicative of other existing or proposed measure. Each measure submitted for consideration *must* include all required supporting documentation. Documentation requirements will be posted on the [Measures Management System Call for Measures](#) web page on or around May 1, 2013. *Only those measures submitted in the provided format will be accepted for consideration.*

Suggested measures must address the CMS measure selection core criteria to be considered for inclusion in the PQRS. *Measure submissions omitting the required core criteria will be disqualified from consideration.*

- Measure addresses an important condition/topic with a performance gap and has a strong scientific evidence base to demonstrate that the measure, when implemented, can lead to the desired outcomes and/or more appropriate costs (i.e., the National Quality Forum's Importance criteria)
- Measure addresses one or more of the six NQS Priorities:
 - Patient Safety
 - Person and Caregiver-Centered Experience and Outcomes
 - Communication and Care Coordination
 - Effective Clinical Care
 - Community/Population Health
 - Efficiency and Cost Reduction
- Promotes alignment with specific program attributes and across CMS and HHS programs
- Program measure set includes consideration for health care disparities
- Measure reporting is feasible

This Call for Measures will run from May 1 through July 1, 2013. **All required documentation must be completed for each measure submitted for consideration no later than 5pm ET July 1, 2013.**

2011 Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program Experience Report

CMS released the 2011 PQRS and eRx Incentive Program Experience Report on March 29, 2013. This report summarizes the reporting experience of eligible professionals in these programs in 2011, historical trends, and preliminary results for the 2012 program year. Each year growth in participation across all reporting options has increased. Overall, 280,229 eligible professionals participated individually in the 2011 PQRS. A total of \$261,733,236 in PQRS incentive payments was paid by CMS for the 2011 program year. In addition, 282,382 eligible professionals participated in the 2011 eRx Incentive Program, which was a 116 percent increase from total participants in 2010. A total of \$285,049,103 in eRx incentive payments was paid for the 2011 program year. In addition, 135,931 eligible professionals were subject to the 2012 eRx payment adjustment because they either did not qualify for an exemption, meet exclusion criteria for the adjustment, or did not meet eRx reporting requirements in the first half of 2011. The full report can be viewed at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>

Upcoming 2013 Milestone Dates for the PQRS and eRx Incentive Programs

CMS would like to remind all eligible professionals of the following deadlines:

Date	Program	Milestone
April 15, 2013	PQRS GPRO	<ul style="list-style-type: none">• Deadline for 2012 PQRS Group Practice Reporting Option (GPRO) Web-interface data submission
June 30, 2013	eRx	<ul style="list-style-type: none">• End of 6-month reporting period to avoid the 2014 eRx payment adjustment• Last day to apply for 2014 eRx payment adjustment hardship exemption• Last day for eligible professionals or group practices to demonstrate intent and register to participate in the EHR Incentive Program and adoption of Certified EHR Technology to avoid the 2014 arc payment adjustment• Last day for eligible professionals or group practices who achieve meaningful use during the 2014 12- and 6-month eRx payment adjustment reporting periods (1/1/12-6/30/13) to attest to avoid the 2014 eRx payment adjustment

Communication Support Page Now Accepting Hardship Exemption Requests for the 2014 Electronic Prescribing (eRx) Payment Adjustment

In calendar year 2014, a payment adjustment will be applied to an eligible professional's or group practice's (if participating in the 2013 eRx Group Practice Reporting Option or GPRO) Medicare Part B

Physician Fee Schedule (PFS) covered professional services for not becoming a successful electronic prescriber. The payment adjustment of 2.0% will result in an eligible professional or group practice participating in eRx GPRO receiving 98.0% of their Medicare Part B PFS amount for covered professional services in 2014.

On March 1, 2013, The Centers for Medicare and Medicaid Services (CMS) re-opened the [Quality Reporting Communication Support Page](#) to allow individual eligible professionals and group practices the opportunity to request a significant hardship exemption for the 2014 eRx payment adjustment. The Communication Support Page will accept hardship exemption requests now through **June 30, 2013**.

Please note this only applies to hardship exemption requests for the 2014 eRx payment adjustment. The reporting period to avoid or submit hardship exemption requests for the 2012 and 2013 eRx payment adjustments has ended.

The following resources are available to assist individual eligible professionals and group practices in submitting their request for a hardship exemption:

- [Quality Reporting Communication Support Page User Guide](#)
- [Tips for Using the Quality Reporting Communication Support Page](#)

For additional information on the 2014 eRx payment adjustment, including who is subject to the payment adjustment and how to avoid the payment adjustment, eligible professionals and group practices should review the [2014 eRx Payment Adjustment Fact Sheet](#).

Physician Compare Website Update

CMS will launch the redesigned Physician Compare website coming very soon. An Open Door Forum will be held in the coming weeks and to register for the Open Door Forum, please send an email with your name, affiliation, and email address to the Physician Compare teams at (PhysicianCompare@Westat.com). Please put "O-D-F" in the subject line.

Payment Adjustment Updates

PQRS Payment Adjustment/Value Modifier

Beginning in 2015, eligible professionals that do **not** participate in PQRS or elect Administrative Claims during the 2013 program year **will** be subject to a payment adjustment of -1.0%. In addition, new federal regulations require that medical practice groups comprised of 100 or more eligible professionals (as of October 15, 2013) will be subject to the value-based payment modifier- based on performance in 2013. Groups of this size that fail to self-nominate/register for PQRS – as a group – will see a 1% negative impact on all physician payments under the Medicare PFS in calendar year 2015. Groups meeting the size threshold must sign-up as a group during one of two sign-up periods to participate in the 2013 PQRS. The first opportunity for group practices to sign-up ended on January 31, 2013. **There will be a second opportunity to sign-up July 15, 2013 through October 15, 2013.**

For more information about avoiding the payment adjustment, please view the following resources:

- 2015 PQRS Payment Adjustment information is available on the [PQRS website](#).
- Value Modifier for groups of 100 or more information is available on the [Medicare FFS Physician Feedback Program/Value-based Payment Modifier](#) website.

Reminders

PQRS/eRx Measures

The PQRS/eRx measure documents for the 2013 program year may be different from the measure documents for a prior year. Eligible professionals are responsible for ensuring that they are using the PQRS/eRx measure documents for the correct program year.

For 2013 PQRS GPRO Measures

We would like to encourage eligible professionals to check the CMS website Spotlight page for recent updates on the PQRS/eRx Incentive Program.

EHR Measure Specifications

Please utilize the most recently updated version of the measure specifications that correspond to the 2013 PQRS program year. Although the *2013 PQRS EHR Measure Specifications* appear to be the same from 2012, measure analytics related to instructions on timing, data element combinations as well as coding have been updated for the 2013 program year.

Vendors should:

- 1) Utilize the current program year versions of the PQRS specifications to update their system reminders and/or reports.
- 2) Inform their clients as to when their 2013 measure-based reminders will go into effect.
- 3) Reference the current program year's measure specifications to the eligible professionals.

Upcoming National Provider Calls

Date: June 5, 2013

Time: 1:30 – 3:00 pm EST

Topic: (This is a P3 lead NPC title TBD)

Please visit the National Provider Call webpage for registration and updates at:

<http://cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events.html>