Physician Quality Reporting System (PQRS)  
Frequently Asked Questions

1. What is the Physician Quality Reporting System (PQRS)?

Section 1848 (k) of the Social Security Act, as added by Division B, Title 1, Section 101, of the Tax Relief and Health Care Act of 2006 (TRHCA), mandates the establishment of a physician quality reporting system. CMS originally named this system the Physician Quality Reporting Initiative (PQRI) and renamed it the Physician Quality Reporting System (PQRS) in 2011. The PQRS is a voluntary program that provides a financial incentive to physicians and other eligible professionals (EPs) who successfully report quality data related to covered services provided under the Medicare Physician Fee Schedule (PFS).

2. What are the reporting options for 2013?

   a. **Claims Reporting Method:** This requires providers to add specially created CPT II and/or G Codes to their claims at the time of billing.

   b. **Registry Reporting Method:** This requires providers to select a registry which has been approved by CMS as a qualified registry, such as Outcome, for data collection. This method is expected to become the preferred method for many providers since they can review the data and add key clinical information regarding the patient at any time. The data is only submitted once at the end of the reporting period. Additionally, providers DO NOT need to report CPT II or G Codes for registry reporting since the registry performs the measure calculations and performance data is submitted separately from the billing process. Additionally, GPROs can also now submit via Registry Reporting.

   c. **Group Reporting Method (GPRO):** This requires a practice to apply and be selected by CMS directly for participation. To earn an incentive for the 2013 PQRS program year, group practices may self-nominate or register to participate in GPRO via Web Interface or Registry Reporting.

   d. **EHR Reporting Method:** This requires your EHR to be certified by CMS to accept PQRS data. You will want to contact your EHR to see if they are CMS certified.

3. What are the Registry reporting options to obtain the 0.5% incentive payment and avoid a 1.5% payment adjustment (based on 2013 submission)?

   a. There are two ways you can report through the Registry:

      i. **Individual Measures:** The requirement is to select a minimum of 3 measures and report 80% of the Medicare encounters that apply to each over the 12 month period. For 2013, there are 203 individual measures to choose from.

         a. Outcome has selected to offer reporting for the following individual measures:
ii. **Measure Groups:** By selecting one of the 22 Measure Groups, a provider only needs to report a minimum of 20 patients (only a majority [11] must be Medicare Part B patients) over the 12 month period. Here are the 22 Measure Groups available for reporting in 2013:

1. Asthma
2. Back Pain
3. Cardiovascular Prevention
4. Cataracts
5. Chronic Kidney Disease (CKD)
6. Chronic Obstructive Pulmonary Disease (COPD)
7. Coronary Artery Bypass Graft (CABG)
8. Coronary Artery Disease (CAD)
9. Dementia
10. Diabetes Mellitus (DM)
11. Heart Failure (HF)
12. Hepatitis C
13. HIV/AIDS
14. Hypertension (HTN)
15. Inflammatory Bowel Disease (IBD)
16. Ischemic Vascular Disease (IVD)
17. Oncology
18. Parkinson’s Disease
19. Perioperative Care
20. Preventive Care
21. Rheumatoid Arthritis (RA)
22. Sleep Apnea

4. **Who is eligible to participate in PQRS?**

Physicians and other eligible professionals who provide services paid under the Medicare Physician Fee Schedule are eligible to participate in PQRS. The following professionals are eligible to participate in PQRS:

1. Medicare physicians
   - Doctor of Medicine
   - Doctor of Osteopathy
   - Doctor of Podiatric Medicine
   - Doctor of Optometry
   - Doctor of Oral Surgery
   - Doctor of Dental Medicine
   - Doctor of Chiropractic

2. Practitioners
Physician Assistant
Nurse Practitioner*
Clinical Nurse Specialist*
Certified Registered Nurse Anesthetist* (and Anesthesiologist Assistant)
Certified Nurse Midwife*
Clinical Social Worker
Clinical Psychologist
Registered Dietician
Nutrition Professional
Audiologists

*Includes Advanced Practice Registered Nurse (APRN)

3. Therapists
   Physical Therapist
   Occupational Therapist
   Qualified Speech-Language Therapist

5. Is registration required to participate in the Physician Quality Reporting System (PQRS)?

No, you do not need to register with CMS in order to participate in Physician Quality Reporting System (PQRS). If you wish to participate with Outcome, there is a registration process with Outcome directly. To learn more, please send an email to pqrs@outcome.com.

6. What is the 2013 Physician Quality Reporting System (PQRS) reporting period?

Eligible professionals can submit for an entire calendar year (January 1, 2013 – December 31, 2013). Technically, measure groups can be submitted for a 6 month reporting period (July 1, 2013 – December 31, 2013). However, the data entry requirements for 6 months are exactly the same as those for a 12 month reporting period (>= 20 patients, where 11 must be Medicare Part B FFS patients) while the incentive payment would be half as much. Therefore, CMS does NOT recommend the 6 month reporting option and Outcome will NOT support it.

7. What is the incentive payment for 2013?

For PQRS, a participant who reports successfully will receive a 0.5% incentive payment on their Medicare Part B Physician Fee Schedule (PFS) total estimated allowed charges for covered professional services to Medicare Part B beneficiaries. If a provider also successfully reports for eRx, they will be eligible for an additional 0.5% incentive payment.

8. What is the payment adjustment?

Section 1848(a)(8) of the Social Security Act, as added by section 3002(b) of the Affordable Care Act, requires CMS to subject eligible professionals who do not satisfactorily report data on quality measures for covered professional services to a payment adjustment beginning in 2015. The PQRS payment adjustment applies to all of the eligible professional’s Part B covered professional services under the Medicare Physician Fee Schedule (PFS). Accordingly, eligible professionals receiving a payment adjustment in 2015 will be paid 1.5% less than the MPFS amount for that service. For 2016 and subsequent years, the payment adjustment is 2.0%. To avoid the 2015 PQRS payment adjustment, individual eligible professionals and CMS-selected group practices participating in the PQRS Group Practice Reporting Option (GPRO) will have to satisfactorily report data on quality measures for covered professionals services provided in 2013. Reporting during the 2013 PQRS program year will be used to determine whether a PQRS payment adjustment applies in 2015.
9. Is PQRS applicable to Medicare Advantage or to Medicaid patients?

For 2013, the incentive payment is only based on the total Medicare Part B PFS and Medicare Railroad allowable charges. Medicare Advantage payments are not included.

10. Should our practice submit quality measure data via claims or through use of the qualified registry option?

Many practices have switched to the Registry option for data submission to CMS. The qualified registry option does not require concurrent submission of billing data with the clinical performance data. As a result, the two processes can be separated. Using our Registry also means the providers and staff can work with the clinical data they are accustomed to using and DO NOT need to learn a new set of CPT II or G Codes or change their billing processes.

A practice can report through both options (claims and Registry). If you choose to report through both options, CMS will honor the reporting option that was more favorable to your providers. They will not combine the two so you need to make sure you meet the full reporting requirements through one method or the other.

An additional benefit is that there are Individual Measures and Measures Groups that you can only report through a Registry. They cannot be reported through the claims option.

11. Should our practice select 3 Individual Measures or select one Measures Group?

Either option leads to the full 0.5% incentive payment. Measures Group reporting tends to be easier because you only need to report 20 encounters total (with only 11 being Medicare Part B) but not all specialties have a Measures Group to report. Please see FAQ #3 to see the full list of Measures Groups.

If there is no Measures Group for your specialty, you will need to choose to report Individual Measures. You can select any three measures and report 80% of the Medicare encounters that apply to each. There is no minimum number of patients required for Individual Measure reporting.

12. What are the additional benefits of using the Outcome™ PQRS Registry?

a. Data Entry Options:

   o **Uploading Data:** The Outcome Registry can significantly reduce the amount of effort by allowing users to upload data that has been captured in a billing system, practice management system or EHR. If you can export data into a CSV file from one of these systems, it can be formatted to our specifications and uploaded accordingly.

   o **Manual Entry:** You can also enter data manually (retrospectively or prospectively). This simply involves logging into our Registry, pulling up an electronic form and manually keying in the data.

b. **Real-Time Reports:** Our reporting tools are easily available to all appropriate practice staff to allow a real-time check of the number of eligible encounters each of your providers have entered for the measures they are reporting. This allows you to make sure they are meeting the reporting requirements prior to the data being sent to CMS.
c. **Validation Checks**: Outcome performs a series of validation checks at the end of the reporting period. If we find anything missing or invalid in your account, we will give you the opportunity to make any necessary changes to your data.

d. **On-site Help Desk**: We have an on-site Help Desk in Cambridge, MA who are able to assist with any clinical or technical questions that come up during the reporting process.

13. **Does Outcome support reporting the Cataracts Measure Group and what are the additional requirements?**

Yes, Outcome supports this measure group, for an additional cost. For two of the measures in this measure group, patient surveys are required and Outcome will provide you with the necessary materials for these surveys. Please contact pqrs@outcome.com for more information.

14. **Does Outcome support GPRO reporting through a Registry?**

Yes, Outcome will support GPRO reporting in 2013 through the Outcome PQRS Registry.

15. **Can I report eRx through the Outcome PQRS Registry?**

Yes, for no additional cost, providers participating in the Outcome PQRS Registry may also choose to report e-prescribing as well. By choosing to report on the e-Rx measure, providers have the opportunity to earn an additional 0.5% incentive payment, which is in addition to the 0.5% PQRS incentive payment. Reporting e-Rx will also allow you to avoid a 1.5% e-Rx payment adjustment.

16. **What are the timeframes for 2013?**

- **December 31st, 2013**: Deadline for signing an Agreement with Outcome
- **January 31st, 2013**: Data entry deadline for 2013 data
- **February 2013**: Outcome performs validation checks
- **March 2013**: Submission of data to CMS
- **Mid-to-Late 2013**: Incentive payments distributed by CMS

17. **How do I get started?**

If you are interested in getting started, you can either send an email to pqrs@outcome.com or call 617.715.6898.

**Additional References:**

- https://www.cms.gov/PQRS/
- http://outcome.com/pqrs.htm

Updated: July 2013

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