

PQRS—What You Need to Know

What Is PQRS?

Started in 2006, the Physician Quality Reporting System (PQRS) is “a reporting program that uses a combination of incentive payments and payment adjustments to promote reporting of quality information by eligible professionals.” The goal of the program is to collect enough a data from Medicare Part B physicians to evaluate treatments and determine best practices as a way to help improve outcomes.



Who Can Participate?

Eligible professionals who can participate in PQRS are physicians and non-physician providers who have an NPI and Tax ID (TIN) and provide Medicare Part B services (including Railroad Retirement Board and Medicare Secondary Payer). Any provider who satisfies the requirements will receive the incentive. Participation is entirely optional.

While providers are not required to participate, beginning in 2015, a payment adjustment will be assessed on all eligible professionals who do not satisfactorily report data on quality measures for covered professional services.

There is no need to register or sign up for the PQRS program. Incentives and adjustments are determined based on whether or not the eligible professional meets the reporting requirements.

How Do You Participate?

Previously, you could only report for PQRS on Medicare claims with CPT II or G codes. In 2013, there are four different ways to participate for practices with 1-24 NPIs per TIN.



- Medicare Part B claims-based reporting (CPT II or G codes)
- Reporting to a [CMS-approved registry](#)
- Via qualified electronic health record product
- EHR data reporting through a qualified Physician Quality Reporting data submission vendor

The administrative claims option is also available for the purposes of avoiding the penalty. If you choose this option, CMS will calculate your billing claims against a pre-determined set of quality measures, or the reporting of one measure. This only prevents the group from receiving a PQRS penalty in 2015 and does not result in an incentive payment.

Once you have chosen your submission method, you must report on three individual measures or one measures group.

- 2013 PQRS program includes 259 quality measures.
- 241 measures are reportable via claims and/or registry.
- There are 51 EHR-based measures .
- A 6-month reporting period remains for reporting on measures groups via a registry. The deadline is October 3, 2013.
- 22 measures groups are reportable via claims or registry for 2013.

To make it easier for you to participate in both the Meaningful Use incentive program and PQRS, all clinical quality measures available for reporting under the Medicare EHR Incentive Program are included in the 2013 PQRS quality measures for the EHR-based reporting option.

Getting Started

The [CMS website](#) provides all the tools you need to determine your eligibility, choose your reporting method, and select your measure or measures group. The site also provides many other helpful resources and is the definitive resource for PQRS. There are additional resources available through the [American Medical Association](#) and the [American Academy of Family Physicians](#) as well.



What are the payment adjustments?

- **2013:** .5% increase or 1% with MoC
- **2014:** .5% increase
- **2015:** -1.5% penalty if you didn't report successfully in 2013
- **2016:** -2% penalty

One other option that is available for reporting is to submit data to the HHS Secretary through a Maintenance of Certification (MoC) program. Physicians who elect this option can receive an additional incentive payment.



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