

# 2013 PQRS-Medicare EHR Incentive Pilot Participation Guide

Updated June 2013

## Overview

The 2013 Physician Quality Reporting System (PQRS) Medicare Electronic Health Record (EHR) Incentive Pilot allows eligible professionals (EPs) to meet the clinical quality measure (CQM) reporting objective of meaningful use requirements for the Medicare EHR Incentive Program while also reporting for the PQRS program.

EPs who wish to participate in the electronic reporting pilot must submit 12 months of CQM data. EPs must submit the data between January 1, 2014 and February 28, 2014. Below are steps to guide you through participation in the pilot.

## Steps for Participation

### STEP 1: Determine Eligibility

Determine if you are able to participate in both programs.

#### *PQRS*

A list of professionals who are eligible and able to receive an incentive for participating in PQRS is available on the [PQRS website](#). Read this list carefully, as not all are considered EPs.

#### *EHR*

EPs under the Medicare EHR Incentive Program include:

- Doctors of medicine or osteopathy
- Doctors of dental surgery or dental medicine
- Doctors of podiatry
- Doctors of optometry
- Chiropractors

For more information on determining eligibility in the Medicare EHR Incentive Program go to the [EHR Incentive Programs website](#).

### STEP 2: Indicate Intent to Participate in Pilot in EHR System

If you wish to participate in the PQRS-Medicare EHR Incentive Pilot, you must indicate within the EHR Incentive Program Attestation Module your intent to fulfill the meaningful use objective of reporting clinical quality measures (CQMs) through participation in the pilot.

**To indicate intent:**

1. Begin attestation to the EHR Incentives Program using the [CMS Registration and Attestation System](#).
2. Once you have completed the Meaningful Use Measures Questionnaire, a question about e-reporting will appear. The system will ask whether you plan to participate in the Physician Quality Reporting System-Medicare EHR Incentive Pilot for 2013. Select “yes.”
3. By selecting yes, you have chosen to electronically submit your CQMs. You will NOT be able to attest CQM results in the Attestation Module (Please note: the reporting period for CQMs submitted electronically will be the entire 2013 calendar year).

### STEP 3: Determine Which Measures Apply

By participating in the PQRS-Medicare EHR Incentive Pilot you can satisfy the meaningful use objective for the Medicare EHR Incentive Program to report CQMs to CMS by using specific 2013 PQRS EHR measure specifications.

**Key EHR Incentive Program requirements to note for the pilot:**

- You are required to submit six quality measures, including:
  - Three core measures; if the denominator for one or more of the core measures is zero, the EP must report on up to three alternate core measures.
  - Three additional measures available for the Medicare EHR Incentive Program.

Review the *2013 EHR Measure Specifications* to determine which measures apply to your practice. The document can be found under the “Related Links” section of the [Electronic Health Record Reporting section](#) of the CMS PQRS website in the zip file titled *2013 EHR Documents for Eligible Professionals*.

The quality measures are identified as HITECH, and successfully completing these HITECH measures allows you to submit quality data for the PQRS and EHR Incentive Programs.

You must report each measure for at least 80 percent of your Medicare Part B FFS patients seen during the reporting period to be able to qualify to earn a PQRS incentive payment.

Each of the measures has a Numerator section (e.g., the quality performance action) associated with it, and some measures also have some performance exclusions listed in the Denominator Exclusion section.

Each measure also has a reporting frequency or timeframe requirement for each eligible patient seen during the reporting period for each individual EP (National Provider Identifier [NPI]). The required reporting frequency (e.g., report each visit, report the most recent visit, report once during the reporting period, etc.) is found in the details of each measure specification.

#### **STEP 4: Verify EHR/Data Submission Vendor is PQRS-qualified and EHR is Certified**

**PQRS-Qualified EHR:** If you choose to submit quality measure data directly from your EHR system, you must determine if it is a PQRS-qualified EHR. A list of qualified EHR vendors and their product version(s) is available as a downloadable document in the [Electronic Health Record Reporting section](#) of the PQRS website. If you are unsure of the specifics of your EHR product, contact your EHR vendor to determine if your EHR system (including product and version number) is qualified.

**PQRS-Qualified Data Submission Vendor:** You also have the option to submit quality measure data extracted from your EHR to a qualified EHR data submission vendor. An EHR data submission vendor is an entity that receives and transmits data on PQRS measures from an EHR product to CMS. The EHR data submission vendor would then submit the PQRS measures to CMS in the CMS-specified format(s) on your behalf. A list of qualified EHR data submission vendors and their product version(s) will be available mid-2013 as a downloadable document on the [EHR Reporting page](#) of the [PQRS website](#).

**EHR Incentive Program Certified EHR Technology:** To receive an EHR incentive payment, you must use an EHR that is also certified specifically for the EHR Incentive Programs. To learn which EHR systems and modules are certified for the EHR Incentive Programs, please visit the Certified Health IT Product List (CHPL) on the ONC website: <http://healthit.hhs.gov/chpl>.

#### **STEP 5: Document Patient Information in EHR system**

All patient care and visit-related information should be documented in your EHR system as normal. You should identify and capture **all** eligible cases per the measure denominator for each measure you choose to report.

It is important to review **all** of the denominator codes that can affect **EHR-based** reporting; particularly for broadly applicable measures or measures that do not have an associated diagnosis (for example, #110 Influenza Immunization) to ensure the correct quality action is performed and reported for the eligible case as instructed in the measure specifications.

#### **STEP 6: Register for an IACS account (Direct EHR Submission Only)**

If you are submitting quality measure data directly from your EHR system you must register for an IACS account. More information about how you can get an IACS account is posted on the [main page](#) of the *Physician and Other Health Care Professionals Quality Reporting Portal*.

**To request an IACS account:**

1. Request the EHR Submitter Role when registering for the IACS account
2. If you already have an IACS account will need to request adding the role to your account
3. Refer to the *IACS EHR Submitter Role Quick Reference Guide* posted on the Portal home page

### STEP 7: Generate Required Reporting Files

Work with your PQRS-qualified EHR vendor to create the required reporting files from your EHR system so that the files can be uploaded through the Portal using IACS. If you use a qualified system, it should already be programmed to be able to generate these files.

**Note:** Work with your vendor to ensure the appropriate information (e.g., measure identifiers for the three core, three alternate core, and three additional measures) is contained within the file(s) that are submitted to receive credit for both the PQRS and the CQM component of meaningful use.

### STEP 8: Test Data Submission

Participate in the required testing for data submission or ensure your data submission vendor participates prior to payment submissions to ensure data errors do not occur. You should speak with your EHR vendor or data submission vendor (if applicable) to discuss any data submission issues.

### STEP 9: Submit Quality Data

Submit your final EHR reporting files with quality measure data or ensure the data submission vendor has submitted your files by the data submission deadline of **February 28, 2014** to be analyzed and used for 2013 PQRS EHR measure calculations.

#### *By Data Submission Vendor*

If you are using a qualified EHR data submission vendor, they should:

- Submit calculated/aggregated CQM results (in an XML file) from your certified EHR to CMS on your behalf (required to satisfy the CQM requirements for the EHR Incentive Program); **and**
- Submit the same CQM data at an individual patient level (in the Quality Reporting Data Architecture [QRDA] Category 1 format) using data from your Physician Quality Reporting qualified EHR system (required to satisfy the requirements for the Physician Quality Reporting System).

#### *Direct through EHR*

If you are submitting your CQM data directly from your EHR, you should:

- Submit CQM data at an individual patient level directly from an EHR certified and PQRS-qualified system in the QRDA Category 1 format (required to satisfy the CQM requirements for the EHR Incentive Program and qualify for an incentive for PQRS).
- CMS will then calculate CQM results using a uniform calculation process.

**Upload Tips:** A single file must be uploaded /submitted for each patient. Files can be batched but there will be file upload size limits. It is likely that several batched files will need to be uploaded to the Portal for each EP.

**Notification:** Following each successful file upload, notification will be sent to the IACS user's e-mail address indicating the files were submitted and received.

**Feedback:** Submission reports will then be available to indicate file errors, if applicable. Feedback reports will be available for eligible providers in the fall of 2014. An IACS account will be required to access TIN/NPI-level feedback reports. NPI-level reports can be requested from the [Communication Support Page](#).

## STEP 10: Complete EHR Incentive Program Attestation

Once you have completed the meaningful use core and menu measures, continue to submit your attestation in the EHR Incentive Program attestation module.

Your attestation will stay in a “pending pilot” status until you submit your CQMs electronically. You will not qualify for an incentive payment until you have submitted your CQMs.

**Please note:** You are still required to report the other meaningful use objectives through the Medicare and Medicaid EHR Incentive Programs Registration and Attestation System.

## Opting Out

If you signed up for the electronic reporting pilot, but are unable to continue or determine that you no longer wish to participate, you may opt-out and complete your attestation through the EHR Incentive Program Attestation System.

### To opt-out:

1. Go back to your EHR Incentive Program [registration](#).
2. On the “e-Reporting” screen for Clinical Quality Measures, change your selection to “No”.
3. You can then manually enter your CQM data as part of your meaningful use attestation.

If you choose to opt-out of the electronic reporting pilot and still want to participate in PQRS, you will need to report the PQRS measures separately through claims, registries, a PQRS-qualified EHR data submission vendor or a PQRS qualified EHR direct product.

## Receiving Payment

If you complete the pilot, successfully attesting to meaningful use and submitting your PQRS data properly, you should receive a payment for your 2013 participation in both PQRS and the Medicare EHR Incentive Program. Payment will not be received prior to 2014, as you must submit 12 months of CQM data (January 1, 2013- December 31, 2013).

The Medicare EHR Incentive Program payment should be issued in the spring of 2014, depending on when you completed attestation and submitted your CQM data. PQRS payments should be issued in the fall of 2014.

## Questions?

Contact your EHR vendor or data submission vendor with technical questions and/or to file submission errors. If your vendor is unable to answer your questions, or if you have questions about obtaining an IACS account, please contact the QualityNet Help Desk:

- By Phone: 866-288-8912 (available 7:00 a.m. to 7:00 p.m. CST, Monday through Friday, TTY 877-715-6222)
- By e-mail at [qnetsupport@sdps.org](mailto:qnetsupport@sdps.org).