2013 Physician Quality Reporting System (PQRS):
Registry Reporting Made Simple

Background

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 program provides an incentive payment to practices with eligible professionals (identified on claims by their individual National Provider Identifier [NPI] and Tax Identification Number [TIN]), or group practices participating in the group practice reporting option (GPRO) who satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to **Medicare Part B Fee-for-Service (FFS) beneficiaries** (including Railroad Retirement Board and Medicare Secondary Payer). Beginning in 2015, the program also applies a payment adjustment to eligible professionals who do not satisfactorily report data on quality measures for covered professional services during the 2013 PQRS program year.

Each eligible professional must satisfactorily report on at least _80 percent_ of eligible instances for at least three measures or report on a _20-patient sample_ (if reporting measures groups) to qualify for the 2013 PQRS incentive payment.

Individual eligible professional and group practices participating in GPRO can avoid the 2015 PQRS payment adjustment by meeting one of the following criteria:

1. Meet the criteria for satisfactory reporting for the 2013 PQRS incentive
2. Report one valid measure or measures group (measures group reporting is not applicable to GPRO)
3. Elect to be analyzed under the administrative claims-based reporting mechanism

Complete information on how to avoid future PQRS payment adjustments is available on the CMS PQRS website at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS.

Purpose

This document describes registry-based reporting and outlines steps that eligible professionals or group practices participating in GPRO should take in selecting a registry to work with for the 2013 PQRS program year.

How to Get Started

STEP 1: Determine if you are eligible to participate.

A list of eligible professionals who are able to participate as individuals is available on the PQRS web page at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS.

Group practices participating in GPRO are analyzed at the TIN level; therefore, all providers under the group's TIN will be taken into account for the 2013 PQRS analysis.

STEP 2: Decide if you will report individual measures or measures groups.

Review the _2013 Physician Quality Reporting System (PQRS) Measures List_ at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html and determine which measures or measures group(s) may apply to your practice.

Individual Measures

- For measure details, reference the *2013 Physician Quality Reporting System (PQRS) Measure Specifications Manual for Claims and Registry* under the "Downloads" section of the Measures Codes page on the CMS website at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html.
- Choose at least three applicable measures for submission that will impact clinical quality within the practice.
- Self-nominated group practices (referred to as GPROs) reporting PQRS via registry should use the *2013 Physician Quality Reporting System (PQRS) Measure Specifications Manual for Claims and Registry Reporting of Individual Measures* and <u>not</u> attempt to report with *GPRO Narrative Specifications*, as they are only for GPROs reporting via the Web Interface. The *Individual Specifications* can be found at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html.

*Individual measures with a 0% performance rate will **not** be counted as satisfactorily reporting. The recommended clinical quality action must be performed on at least one patient for each individual measure reported. When a lower rate indicates better performance, such as Measure #1, a 0% performance rate will be counted as satisfactorily reporting (100% performance rate would not be considered satisfactorily reporting). Performance exclusion quality-data codes are not counted in the performance denominator. If the registry submits all performance exclusion quality-data codes, the performance rate would be 0/0 (null) and the measure would be considered satisfactorily reported.*

Measures Groups (not applicable to GPRO)

- Reference the *2013 Physician Quality Reporting System (PQRS) Measures Groups Specifications* at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html for measures group specifics. Measures group specifications are different from those of the individual measures that form the group. Therefore, the specifications and instructions for measures group reporting are provided in a separate manual.
- Choose at least one measures group for submission to qualify for an incentive payment.
- Only a majority of the 20 patients in the measures group have to be Medicare Part B FFS patients.
- Review *Getting Started with 2013 PQRS Reporting of Measures Groups* at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html. This document outlines the different options for reporting measures groups and serves a guide to implementing the 2013 PQRS measures groups.

If a measure within a measures group is not applicable to a patient, the patient would not be counted in the performance denominator for that measure (e.g., Preventive Care Measures Group - Measure #39: Screening or Therapy for Osteoporosis for Women would not be applicable to male patients according to the patient sample criteria). If the measure is not applicable for all patients within the sample, the performance rate would be 0/0 (null) and the measure would be considered satisfactorily reported. Performance exclusion quality-data codes are not counted in the performance denominator. If the registry submits all performance exclusion quality-data codes, the performance rate would be 0/0 (null) and the measure would be considered satisfactorily reported.

STEP 3: Choose your registry.

Once you have selected the measures you would like to report, review the list of registries that report 2013 PQRS measures. This list will be made available late spring/early summer of 2013 on the CMS website at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Registry-Reporting.html.

The list of participating registries includes:
- Registry name
- Registry contact information
- Cost information

After you have selected your registry

Once you have selected a registry, you will be required to enter into and maintain an appropriate legal agreement. Such arrangements provide for the registry's receipt of the patient-specific data and allow the registry to release quality measure data on behalf of CMS.

Note: It is important that you provide the correct Tax Identification Number/National Provider Identifier (TIN/NPI) combination to your registry for incentive payment purposes. Below are some tips to help ensure you are submitting the correct information:

- Report the TIN and individual NPI to which Medicare Part B charges are billed.
- CMS analyzes PQRS data strictly per the Federal Tax ID shown on the Part B claims you are submitting. On the CMS-1500 paper form, that is field 25 where you enter a nine-digit number and then check whether it is a Social Security Number (SSN) or Employee ID Number (EIN).
- Use your *individual* rendering NPI, not the group NPI. The individual or rendering provider ID field is 24J on a paper claim (not applicable to GPRO).

Registries have a limited timeframe during the submission window to correct invalid TIN/NPI submissions. If CMS does not receive correct TIN/NPI information, you will not be able to receive incentive payment, even if you report satisfactorily.

STEP 4: Work directly with your registry.

Your registry will provide you with specific instructions on how to submit data for the selected measures or measures group on which you choose to report. The 2013 PQRS data submission window will be in the first quarter of 2014. You will work directly with your registry to ensure data is submitted appropriately for incentive purposes.

Additional Information

- For more information on reporting via registry, go to http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Registry-Reporting.html.
- For more information on what's new for 2013 PQRS, go to http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS.
- To find answers to frequently asked questions about PQRS, go to the CMS website at https://questions.cms.gov/.