2012 Physician Quality Reporting System (PQRS)

PQRS Medicare Incentive Program
- Pay for reporting initiative to reward eligible professionals (EP) who successfully report and meet requirements for submitting quality data measures
- No enrollment necessary; however, EP must bill Medicare under own NPI to participate.
- May submit data to the Centers for Medicare & Medicaid Services (CMS) via claims, registry, or EHR
- EHR or registry product must be PQRS-qualified (vetted) by CMS, which is separate from the ONC-certification process.

Financial Incentive and Penalties
- All bonuses and penalties are based on providers’ Medicare Part B PFS allowable charges.
- 2012–2014: Incentive equal to 0.5 percent.
- 2015: Penalty equal to –1.5 percent; EP must participate successfully in 2013 to avoid the 2015 payment adjustment.
- 2016 and onward: Penalty equal to –2.0 percent.
- Potential to identify unbilled services and increase practice revenue by reviewing reports

Measures
- 211 individual measures available
- 22 measures groups; number of measures within group vary but clinically related to specific condition (e.g., diabetes, CAD, CHF).
- 51 measures specifically for direct EHR-based reporting
- Measures with zero performance rates will not apply. Must perform quality action on at least one patient for the measure to count as reported.

Reporting Parameters
Claims
- Report on at least three measures (or one measure group) for at least 50 percent of Medicare Part B patients meeting measure criteria for 12-month reporting period
- Include Quality Data Codes at the time claim submitted to CMS; claims must be filed by end of February.
EHR, Registry, Data Submission Vendor (DSV)

- Report on at least three measures or one measures group (not applicable for EHR reporting) for at least 80 percent of Medicare Part B patients meeting measure criteria.
- 12-month reporting period if reporting individual measures
- 6-month reporting period option (July–December) if reporting a measure group via registry or DSV
- Providers should contact their qualified EHR or registry vendor for additional details for reporting.
- Data submitted by the end of the first quarter of the year following the reporting period

PQRS-Medicare EHR Pilot Program

- Aligns PQRS and meaningful use (MU) initiatives; EP submits PQRS measures which correspond to clinical quality measures for MU (EHR portion).
- EHR must be PQRS-qualified and be an ONC-certified system.
- Follow EHR incentive program and submit three core/three alternate core + three additional using PQRS EHR measure specifications for 12-month reporting period.
- During MU attestation, document intent to participate in the Pilot Program.
- Payment for MU may be delayed due to PQRS reimbursement schedule.

Helpful Links

www.cms.gov/PQRS/15_MeasuresCodes.asp
www.cms.gov/PQRS/15_MeasuresCodes.asp
www.cms.gov/PQRS/20_AlternativeReportingMechanisms.asp

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