2013 PHYSICIAN QUALITY REPORTING SYSTEM

Overview for Ophthalmic Practices

The Physician Quality Reporting System (PQRS) is an incentive payment program for eligible professionals (EPs) who satisfactorily report data on quality measures for covered professional services furnished to Medicare beneficiaries.

Who Can Participate in PQRS?

Eligible professionals-
Physicians–Doctor of Medicine, Osteopathy, Podiatric Medicine, Optometry, Oral Surgery, Dental Medicine, Chiropractic

Practitioners–Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Anesthesiologist Assistant, Certified Nurse Midwife, Clinical Social Worker, Clinical Psychologist, Registered Dietician, Nutrition Professional, Audiologists;

Group Practices (GPRO) –2 or more eligible professionals who have reassigned their billing rights to a TIN.

Is Registration Required?

No sign up or pre-registration.

What Is the Financial Incentive for PQRS?

The 2013 incentive payment will be 0.5% of all Medicare Part B physician fee schedule-covered professional services, not just on the claims where the performance measures quality data codes are applied. ***Beginning in 2015, there will be a 1.5% reduction in all Medicare fee-for-service payments for those who do not participate in PQRS in2013*.**

What is the Financial Penalty for Not Doing PQRS?

In 2015, EPs who do not participate in PQRS and successfully report during the 2013 reporting period, will be assessed a 1.5% reduction in all Medicare fee-for-service payments. This applies to Medicare Part B covered professional services furnished by the eligible professional during 2015 or any subsequent year.

In 2016, EPs who do not participate in PQRS and successfully report during the 2014 reporting period, will be assessed a 2% reduction in all Medicare fee-for-service payments. This applies to Medicare Part B covered professional services furnished by the eligible professional during 2015 or any subsequent year.

EPs can avoid the -1.5% payment reduction in 2015 and the 2% reduction in 2016 by reporting 1 measure or, for individual eligible professionals only, 1 measures group for at least 1 applicable patient using a claims, qualified registry, or EHR-based reporting mechanism during the applicable payment adjustment reporting period in 2013 and 2014

respectively.. unlike the criteria for satisfactory reporting for the 2013 and 2014 PQRS incentives, which requires an eligible professional to report on measures based on a percentage of applicable patients or patient count.

Reporting Methods

- *Claims*–must satisfa**c**torily report on at least 50% of eligible instances; or 20 applicable patients for Measures Group.
- *Registry*–must satisfactorily report on at least 80% of eligible instances; or 20 applicable patients for Measures Group.
- *Direct Electronic Health Record (EHR)* –must satisfactorily report on at least 80% of eligible instances.
- *PQRS EHR Incentive Pilot* – See Page 21 of the Attached Guide.

How To Receive The 2013 Incentive AND Avoid the 2015 Penalty

For 2013, to be eligible for your 0.5% incentive payment and avoid the 2015 -1.5% reduction on **ALL** of your Medicare Part B allowable charges for the year (except for durable medical equipment, injectable solutions and ASC facility), determine which PQRS reporting option best fits your practice:

A. Cataracts Measures Group:
    i. Report on 20 applicable Medicare Part B Patients via Registry.
    ii. To help facilitate participation in the PQRS, CMS offers two reporting periods for the Registry Measures Group:
        1. 12 month reporting period (1/1/13 to 12/31/13) via Registry.
        2. 6 month reporting period (7/1/13 to 12/31/13) via Registry.

B. Choose 3 individual measures from the relevant ophthalmology measures listed below.
    i. **Claims**—Submit 3 Measures for 50% of applicable Medicare Part B Patients for the 12 month reporting period (1/1/13 to 12/31/13)
    ii. **Physician Quality Reporting registry** - Submit 3 Measures for 80% of applicable Medicare Part B Patients for the 12 month reporting period (1/1/13 to 12/31/13)
    iii. **EHR**—Submit 3 Measures for 80% of applicable Medicare Part B Patients for the 12 month reporting period (1/1/13 to 12/31/13). For additional information on EHR based reporting see page 21 of the 2013 Physician Quality Reporting System Implementation Guide
    iv. **GPRO**—For additional information on GRPO reporting see page 22 of the 2013 Physician Quality Reporting System Implementation Guide

Ophthalmology Measures for 2013:

- *MEASURE 12/NQF 0086* - Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation
- *MEASURE 14/NQF 0087* - Age-Related Macular Degeneration (AMD): Dilated Macular Examination
- *MEASURE 18/NQF 0088* - Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
- *MEASURE 19/NQF 0089* - Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
- *MEASURE 117/NQF 0055* - Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient
- *MEASURE 140/NQF 0566* - Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement
  MEASURE 141/NQF 0563 - Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care

REGISTRY ONLY CATARACTS MEASURES GROUP

- *MEASURE 191/NQF 0565* – Cataracts: 20/40 or Better Visual Acuity within 90 days Following Cataract Surgery
- *MEASURE 192/NQF 0564* – Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
- *MEASURE 303* - Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery
- *MEASURE 304* - Patient Satisfaction Within 90 Days Following Cataract Surgery

CMS will deem the submission of at least one quality measure, in the form of a G-code, during an applicable 2013 patient encounter as being satisfactory to stop the 2015 payment adjustment. Submission of the G-code must follow the rules for reporting the PQRS measure, so it must be associated with a service provided during an eligible patient encounter that fits the correct diagnosis codes and criteria for the measure denominator.

Informal Appeals Process

For 2012, an EP must request an informal review within 90 days of the release of his or her feedback report, via a web-based tool, the communication support page. Information on the communication support page, including the link to the page, will be available at http://www.cms.gov/PQRS/

Feedback Reports

2013 Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program: Steps for IACS Defined "Individual Practitioners" to Access their PQRS and eRx Incentive Program Feedback Reports

New for 2013

Retired Measure - PQRS Measure # 124:
Health Information Technology (HIT): Adoption/Use of Electronic Health Records (EHR) was retired for 2013, hence the codes G8447 (Patient encounter was documented using an EHR system that has been certified by an authorized testing and certification body (ATCB)) and G8448 (Patient encounter was documented using a PQRS qualified EHR or other acceptable systems) codes have been eliminated effective 1/1/2013.

Resources

http://www.ascrs.org/PQRS/index.cfm

2013 Physician Quality Reporting System Claims Based Implementation Guide

2013 Physician Quality Reporting System Measures

2013 Physician Quality Reporting System-Satisfactorily Reporting – Claims and Registry

2013 Code Updates

CMS website

QualityNet Help Desk – 7:00 AM – 7:00 PM CT Phone: 1-866-288-8912 qnetsupport@sdps.org