



Physician Quality Reporting System (PQRS)

The Physician Quality Reporting System (PQRS) is a Medicare reporting program that uses payment adjustments to promote reporting of quality information by eligible professionals (EPs). Physicians will face penalties (starting at -2%) on the Medicare reimbursement beginning in 2015.

Reporting

To participate in PQRS, Individual EPs may choose to report quality information using one of the following methods:

- Medicare Part B claims
- Qualified PQRS registry ([Link to Qualified Registry Vendor List](#))
- Direct electronic health record (EHR) using certified EHR technology (CEHRT)
- CEHRT via Data Submission Vendor
- Qualified Clinical Data Registry

Individual EPs do not need to sign-up or pre-register in order to participate in PQRS.

Group Practices participating in the [Group Practice Reporting Option \(GPRO\)](#) may report measures using one of the following methods:

- Qualified PQRS registry
- Web interface (for groups of 25+ only)
- Direct EHR using CEHRT
- CEHRT via Data Submission Vendor
- CAHPS via CMS-certified survey vendor (for groups of 25+ only)

EPs who choose to report as a group must register through the Physician Value-Physician Quality Reporting System (PV-PQRS) Registration System. Complete information and step-by-step instructions for registering can be found on the CMS website [Link to Self-Nomination/Registration website](#)

Measures

The types of measures reported under PQRS change from year to year. Applicable measures generally vary by specialty and focus on six National Quality Strategy (NQRS) domains:

- Person and Caregiver-Centered Experience Outcomes
- Patient Safety
- Communication and Care Coordination
- Community, Population and Public Health
- Efficiency and Cost Reduction Use of Healthcare Resources
- Effective Clinical Care

Measures also vary by reporting method (i.e., not all measures can be reported using all methods). More than one reporting mechanism can be used to report measures.

Individual EPs may choose measures to report by either:

- Individual Measures ([Here](#))

- Measures Groups ([Here](#))

New in 2015, EPs that see even one Medicare patient in a face-to-face encounter must also report on 1 cross-cutting measure.

- Cross-cutting Measures ([Here](#))

Unfortunately, there are not a lot of measures available that are applicable to EDX physicians. Following is a table that provides some potential measures that could be used by EDX physicians. Please note all suggested measures will NOT apply to all electrodiagnostic physicians, make sure to select measures that apply to your practice and future quality goals from the complete list of PQRS measures provided above.

General Measure for Any Physician

PQRS #	NQS Domain	Measure Description	Reporting Options
130	Patient Safety	Documentation of Current Medication in the Medical Record: Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Claims, Registry, EHR, Measures Groups
131	Community/Population Health	Pain Assessment and Follow-Up: Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present.	Claims, Registry
154	Patient Safety	Falls: Risk Assessment: Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months.	Claims, Registry
155	Communication and Care Coordination	Falls: Plan of Care: Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months.	Claims, Registry
226	Community/Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Claims, Registry, EHR, GPRO Web Interface, Measures groups
318	Patient Safety	Falls: Screening for Future Fall Risk: Percentage of patients 65 years of age and older who were screened for future fall risk at least once during the measurement period.	GPRO Web Interface, EHR
321	Communication and Care Coordination	CG-CAHPS Clinician/Group Survey <ul style="list-style-type: none"> Getting timely care, appointments, and information; How well providers communicate; Patient's rating of provider; Access to specialists; Health promotion and education; Shared decision making; Health status/functional status; Courteous and helpful office staff; Care coordination; Between visit communication; Helping you to take medication as directed; and Stewardship of patient resources 	Certified Survey Vendor
374	Communication and Care Coordination	Closing the referral loop: receipt of specialist report: Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was	EHR

		referred	
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Measures Depending on Patient Population Seen in Practice

PQRS #	NQS Domain	Measure Description	Reporting Options
1	Effective Clinical Care	Diabetes: Hemoglobin A1c Poor Control: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period	Claims, Registry, EHR, GPRO Web interface, Measures Group126
126	Effective Clinical Care	Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy—Neurological Evaluation: Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who had a neurological examination of their lower extremities within 12 months.	Registry
163	Effective Clinical Care	Diabetes: Foot Exam: Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period.	Claims, Registry, EHR, Measures groups
312	Efficiency and Cost Reduction	Use of Imaging Studies for Low Back Pain: Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis.	EHR

Neutral (No incentives or penalties)

EPs can avoid penalties by reporting as little as 1-8 measures over 1-3 NQS domains. EPs who submit fewer than three PQRS measures will be assessed using the Measure Application Validation (MAV) process. The MAV process will determine whether an eligible professional should have submitted for additional measures.

- [2015 MAV Process for Claims-Based Reporting](#)
- [2015 MAV Process for Registry-Based Reporting](#)

Penalties (Payment Adjustments)

In 2017, a -2% penalty will be applied to the Medicare reimbursements to providers who did not participate in the PQRS program in 2015. In addition, an additional -2% will be adjusted for the value based modifier penalty if a physician is not reporting for PQRS in 2015.

Future

Beginning in 2017 ALL EPs (single and group practice) will be assessed the Value-Based Modifier (VM) based on their 2015 PQRS data. Further incentives and payment adjustments apply for this program.

[PQRS Chart](#)

- In 2015 group practices of 100+ providers will be assessed the VM based on 2013 PQRS data.
- In 2016 group practices of 10-99 providers will be assessed the VM based on 2014 PQRS data.
- In 2017 group practices of 2-9 providers and solo practitioners will be assessed the VM based on 2015 PQRS data.

Please see AANEM's webpage on Value-Based Modifiers for further information on this Medicare incentive program.

Helpful Links

How to get started: [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/How To Get Started.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/How_To_Get_Started.html)

About PQRS: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html?redirect=/PQRS/25_AnalysisAndPayment.asp

Payment adjustment information: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Payment-Adjustment-Information.html>

Measures Codes: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>