

## **Physician Quality Reporting System (PQRS, formerly PQRI) Frequently Asked Questions**

### **1. What is the Physician Quality Reporting System (PQRS)?**

Section 1848 (k) of the Social Security Act, as added by Division B, Title 1, Section 101, of the Tax Relief and Health Care Act of 2006 (TRHCA), mandates the establishment of a physician quality reporting system. CMS originally named this system the Physician Quality Reporting Initiative (PQRI) and renamed it the Physician Quality Reporting System (PQRS) in 2011. The PQRS is a voluntary program that provides a financial incentive to physicians and other eligible professionals (EPs) who successfully report quality data related to covered services provided under the Medicare Physician Fee Schedule (PFS).

By reporting on a minimum of 3 measures on a specified group of patients, a physician can earn a bonus payment of 1% on all of their Medicare billing for one year. For 2011, there are 194 individual measures and 14 measures groups in the PQRS, which can be reported to CMS by physicians and other caregivers in hospitals or physician practices. There are four methods for submitting PQRS data to CMS:

- a. **Claims Reporting Method:** This requires providers to select specially created CPTII codes and submit them along with your routine bills.
- b. **Registry Reporting Method:** This requires providers to select a registry which has been approved by CMS as a qualified registry for data collection and once or twice per year data submission. This method is expected to become the preferred method for many providers since they can review the data and add key clinical information regarding the patient at anytime. Additionally, providers **DO NOT** need to select CPTII codes for registry reporting since the registry performs the measure calculations and performance data is submitted separately from the billing process.
- c. **Group Reporting Method**
- d. **EHR Reporting Method**

The Outcome™ PQRS Registry is a CMS qualified registry and can be used for quality improvement at the practice level, and the creation of a usable tool for chronic illness management and preventive services. The Outcome registry fosters a team approach to care allowing nurses, physicians and other caregivers to collaborate.

### **2. How does the Physician Quality Reporting System (PQRS) work? What do providers have to do?**

To participate in the Physician Quality Reporting System (PQRS), a physician or other eligible professional (EP) should begin by reviewing the detailed PQRS Quality Measure Specifications and related informational materials available on the CMS PQRS website. EPs should select from the 194 available measures applicable to their patient panels and the professional services furnished to his or her patients. The EP should then choose a reporting method.

**3. Who is eligible to participate in PQRS?**

Physicians and other eligible professionals who provide services paid under the Medicare Physician Fee Schedule are eligible to participate in PQRS. Per the authorizing statute and applicable regulations, professionals eligible to participate in PQRS are: Physicians (Doctor of Medicine or Osteopathy, Doctor of Dental Surgery Or Dental Medicine, Doctor of Podiatric Medicine, Doctor of Optometry, Chiropractor); Physician Assistant; Nurse Practitioner; Clinical Nurse Specialist; Certified Registered Nurse Anesthetist (and Anesthesiologist Assistant); Certified Nurse-Midwife; Clinical Social Worker; Clinical Psychologist; Registered Dietitian; Nutrition Professional; Physical Therapist; Occupational Therapist; Qualified Speech-Language Pathologist

**4. Is registration required to participate in the Physician Quality Reporting System (PQRS)?**

No. There are no registration requirements for a practice or professional to participate in Physician Quality Reporting System (PQRS).

**5. What is the 2011 Physician Quality Reporting System (PQRS) reporting period?**

Eligible professionals can submit for an entire calendar year (January 1, 2011- December 31, 2011) or the 6-month period, July 1, 2011 – December 31, 2011.

**6. What are the financial benefits of participation in the 2011 Physician Quality Reporting System (PQRS)?**

A PQRS participant who reports successfully will earn a lump-sum financial incentive of 1 percent of the Medicare Physician Fee Schedule allowed charges for covered services provided during the reporting period elected for 2011.

**7. How is the 2011 Physician Quality Reporting System (PQRS) 1% incentive payment calculated for data submitted through a qualified registry?**

The Physician Quality Reporting System (PQRS) financial incentive is an all-or-nothing lump-sum payment. The quality reporting is based on “all-payers” in the medical practice, not just Medicare patients. The patient population reported should include at least two Medicare indemnity patients for each measure or measures group reported. There are two methods for selecting the patients on which to report:

- A. Any 3 Measures Method: Select any 3 of the 194 PQRI measures that are applicable to your practice. Submit data on 80% of the eligible patients on each measure (in the reporting period).
  - B. Measures Group Method: Select one of 14 Measures Groups
    - a. Submit data on 80% of applicable patients for the measures group (with a minimum of 8 patients for the 6-month period or a minimum of 15 patients for a full year period)
- OR
- b. Submit data on 30 eligible patients.

**8. What is considered successful reporting under PQRS?**

CMS intends to make payments for participation in 2011. CMS has not stated that payments will vary on the actual quality achieved. The statutory description of satisfactory reporting depends on how many quality measures are applicable to the services furnished by the physician or other eligible professional during the entire reporting period. If there are no more than three quality measures applicable to the services provided by the eligible professional, then each measure must be reported for at least 80% of the cases in which the measure was reportable. Each patient must be seen by the provider at least one time during the reporting period.

**9. Is PQRS applicable to Medicare Advantage or to Medicaid patients?**

Medicare claims-based submission was the only method available for 2007 Physician Quality Reporting Initiative (PQRI) so it was not feasible to include Medicaid only patients. Beginning in 2008, it is possible to report on Medicare Advantage and non-Medicare (including Medicaid and commercial patients), **but only for reporting measures groups through a registry**. For all other reporting options, PQRS will collect quality data and calculate incentive eligibility and Part B Fee-For-Service payment amounts solely on covered professional services that are furnished to Medicare beneficiaries enrolled in the Part B Fee-For-Service plan. In other words, the incentive payment will be based only on the Medicare Part B covered professional services that are furnished to Medicare beneficiaries during the reporting period.

**10. Should our practice submit quality measure data via claims or through use of the qualified registry option?**

We expect many practices will begin participation using the qualified registry option for data submission to CMS. The qualified registry option does not require concurrent submission of billing data with the clinical performance data. As a result, the two processes can be separated. Advantages include the ability to retrospectively review patient care and use the information for chronic illness management and to promote prevention services. For example, reporting on the diabetes measure referable to glucose control requires the practice to provide HBA1C data for the patient. During the usual course of care, this lab data may not be available until days after the office visit. Using the automated Outcome registry, the lab data may be uploaded or input by staff at any time before or after the actual office visit. Staff can view the list of all diabetic patients in their practice, from all payer sources. Staff can use the Outcome registry to quickly perform a periodic quality review and reach out to patients who need follow-up care. Using the qualified registry also means the providers and staff can work with the clinical data they are accustomed to using and DO NOT need to learn a new set of CPT II codes or change the billing process.

An additional benefit is that there are individual measures identified in 2011 as only available for reporting through a qualified registry and can not be reported through the claims-based or EMR methods. These measures are:

- a. HIV/AIDS (4 measures)
- b. End Stage Renal Disease (3 measures)
- c. Coronary Artery Disease (beta blocker use for patients with prior MI – 1 measure)
- d. Coronary Artery Bypass Grafting (CABG) (8 measures)
- e. Medication Reconciliation after Hospital Discharge (1 measure)

**11. Should our practice select 3 individual measures or select one measures group?**

Either option leads to the full 1% bonus payment. The advantage of the measures group is that sampling can be either 30 patients for the full year *or* 80% (as it is for individual measure submission – with a minimum of 8 patients for the 6 month period and a minimum of 15 patients for the full year period).

Practices will select based on the eligible patients that they have in their practice for the measures or measures groups. In 2011, there are 14 measures groups available:

- a. Asthma
- b. Back Pain
- c. Coronary Artery Bypass Graft (CABG)
- d. Chronic Kidney Disease
- e. Community Acquired Pneumonia
- f. Coronary Artery Disease
- g. Diabetes
- h. Heart Failure
- i. Hepatitis C
- j. HIV/AIDS
- k. Ischemic Vascular Disease
- l. Perioperative Care
- m. Preventive Care
- n. Rheumatoid Arthritis

However, clinicians in the practice who do not have eligible patients for the measures groups should select the 3 individual measures option.

**12. What are the additional benefits of using the Outcome™ PQRS registry?**

The Outcome registry reduces the amount of effort, by allowing users to upload the data that may have been already captured in another practice management system, to enter data manually (retrospectively or prospectively), or to integrate directly with electronic health records (EHR) and other practice management systems. The registry includes all members of a care team to view critical information for important groups of patients such as those with chronic illness. The reporting tools are easily available to all appropriate practice staff to allow distribution of tasks to nurses, nurse practitioners, physician assistants, and coding professionals. Reports allow comparisons of physicians within a practice or across a health system, helping practices to identify and adopt “best practices” and work-flows to systematically improve care. The registry may also be customized to provide letters to patients and referring clinicians. These can be used for reminders as well as reporting on results. Additional customization is possible to manage a library of patient education materials from nationally recognized professional societies and patient advocacy organizations.

**13. Can I report on the CMS e-prescribing measure in the Outcome PQRS registry?**

Yes, for no additional cost, providers participating in the Outcome PQRS registry may also choose to participate in the CMS e-prescribing incentive program by selecting the appropriate e-Rx measures within the registry. Outcome will transmit the data to CMS on your behalf. By choosing to report on the e-Rx measures, providers have the opportunity to earn an additional 2% incentive payment, in addition to the 1% PQRS incentive payment.

References: <http://www.cms.gov/PQRI>  
<http://www.outcome.com/pqri.htm>

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