How to Get Started in the Physician Quality Reporting System (PQRS)
Drop-in Article

The Centers for Medicare & Medicaid Services (CMS) Physician Quality Reporting System (PQRS) program provides incentive payments to eligible health care professionals who satisfactorily report specific data on quality measures during the one-year 2014 reporting period (January 1–December 31). Eligible professionals that fail to satisfactorily report data on quality measures during 2014 will be subject to a 2 percent reduction to the Medicare Physician Fee Schedule (PFS) amounts for services provided during 2016.

Here are a few basic steps to help eligible professionals successfully participate in PQRS in 2014.

**Step 1: Determine Eligibility**
Under PQRS, eligible professionals include doctors, therapists, and other practitioners who provide covered PFS services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries, including Railroad Retirement Board and Medicare Secondary Payer.

Beginning in 2014, eligible professionals who reassign benefits to a Critical Access Hospital (CAH) that bills professional services at a facility level, such as CAH Method II billing, are eligible to participate in PQRS. To do so, the CAH must include the individual provider NPI on their Institutional (FI) claims. These eligible professionals may report their quality measure data using all reporting methods except for claims-based.

**Step 2: Choose Reporting Method**
There are several ways eligible professionals can report their quality measure data during the 2014 reporting period. If using electronic health records (EHRs), eligible professionals must ensure they are 2014 certified EHR technology (CEHRT), in accordance with the Medicare and Medicaid EHR Incentive Programs [Certified Health IT Product List](#).

An individual eligible professional may choose from the following methods:

- Qualified Registry
- Claims
- CEHRT
- CEHRT via Data Submission Vendor
- Qualified Clinical Data Registry (QCDR)

Groups of two or more eligible professionals may choose from the following methods:

- Qualified Registry
- Web Interface (for groups of 25+ only)
- CEHRT
- CEHRT via Data Submission Vendor
- CG CAHPS CMS-Certified Survey Vendor (for groups of 25+ only)

To determine the best PQRS option of reporting for their practice, eligible professionals should review the applicable criteria for satisfactory reporting.
Step 3: Select Measures
The quality measures adopted under PQRS are developed by provider associations, quality groups, and CMS. Quality measures generally are used to assign a quantifiable score—based on a standard set by the developers—to the quality of care provided by the eligible professional or group practice.

The types of measures reported under PQRS change from year to year. The measures generally vary by specialty, and focus on areas such as care coordination, patient safety and engagement, clinical process/effectiveness, and population/public health. They can also vary by reporting method. When selecting measures for reporting, eligible professionals should consider factors such as their quality improvement goals and the types of care they frequently deliver.

Step 4: Report Measures
The reporting periods for the 2014 PQRS incentive and the 2016 PQRS payment adjustment fall within calendar year 2014. All reporting methods require quality data to be submitted by specific dates, usually before the end of the first quarter in 2015.

Eligible professionals should satisfactorily submit PQRS quality measures through one of the approved reporting mechanisms to earn a 2014 PQRS incentive payment and avoid the 2016 payment adjustment. Eligible professionals who use qualified registries or vendors will need to work with their registry or vendor to ensure their data has been successfully submitted to CMS.

PQRS Resources
For more information about participating in PQRS, review the PQRS website: http://www.cms.gov/PQRS. For additional questions, eligible professionals should contact the QualityNet Help Desk via phone or email:

Phone: 1-866-288-8912
TTY: 1-877-715-6222
Email: Qnetsupport@sdps.org

Example Graphic: “Eligible professionals for PQRS”

<table>
<thead>
<tr>
<th>Medicare Physicians</th>
<th>Practitioners</th>
<th>Therapists</th>
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<tbody>
<tr>
<td>• Doctor of Medicine</td>
<td>• Physician Assistant</td>
<td>• Physical Therapist</td>
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<tr>
<td>• Doctor of Osteopathy</td>
<td>• Nurse Practitioner*</td>
<td>• Occupational Therapist</td>
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<tr>
<td>• Doctor of Podiatric Medicine</td>
<td>• Clinical Nurse Specialist*</td>
<td>• Qualified Speech-Language Therapist</td>
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<td>• Doctor of Optometry</td>
<td>• Certified Registered Nurse Anesthetist* (and Anesthesiologist Assistant)</td>
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<td>• Doctor of Oral Surgery</td>
<td>• Certified Nurse Midwife*</td>
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<td>• Doctor of Dental Medicine</td>
<td>• Clinical Social Worker</td>
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<td>• Doctor of Chiropractic</td>
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<td>• Audiologists</td>
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<td>*Includes Advanced Practice Registered Nurse (APRN)</td>
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