January 2014

Physician Quality Reporting System (PQRS):
What's New for 2014

Purpose

This fact sheet includes important information about changes to the Physician Quality Reporting System (PQRS) for 2014. A web page dedicated to providing all the latest news on PQRS is available on the Centers for Medicare & Medicaid Services (CMS) website at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS.

Important Changes for 2014 PQRS

The following are key highlights and changes to the 2014 PQRS:

- Implemented the 2016 PQRS payment adjustment based on 2014 program year data
- Additions and deletions of quality measures for a total of 284 measures
  - Refer to *Appendix 4* for measure totals by year and submission method
- Implemented new satisfactory reporting requirements for claims, qualified registry, and EHR-based reporting to receive incentive: 9 measures across 3 National Quality Strategy (NQS) domains
  - Eligible professionals (EPs) that are incentive eligible for 2014 PQRS will also avoid the 2016 PQRS payment adjustment
- New Qualified Clinical Data Registry (QCDR) available for participation
- New CMS-certified survey vendor method for reporting the Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG CAHPS) summary survey modules for group practices registered for the group practice reporting option (GPRO)
- Added EHR-based reporting for group practices registered for the GPRO
- The Measure-Applicability Validation (MAV) process has expanded from claims-based reporting to include qualified registry reporting as well
- Measures groups can only be reported via qualified registry
- Eliminated Administrative Claims reporting to avoid a payment adjustment in 2016

PQRS Incentive – Individual EPs

Changes to the submission requirements for individual EPs include:

- The criteria to satisfactorily report individual measures by individual EPs (Refer to Table 1 in *Appendix 2*)
- The criteria to satisfactorily report individual EPs that choose to report measures groups (Refer to Table 3 in *Appendix 2*). This method is only available via qualified registry.
- An EP that reports on fewer than 9 individual measures or fewer than 3 NQS domains via claims or qualified registry may also be subject to the MAV process to make certain there are no additional measures or domains on which the EP could have reported. Additional information regarding MAV can be found at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/AnalysisAndPayment.html
- The criteria used to determine whether an EP satisfactorily reports or satisfactorily participates in PQRS for CY 2014 is summarized in Tables 1 through 6 of *Appendix 2*.

PQRS Payment Adjustment

In 2014, if an EP or group practice does not satisfactorily report or satisfactorily participate while submitting data on PQRS quality measures, a 2% payment adjustment will apply in 2016. The adjustment (98% of the fee schedule amount that would otherwise apply to such services) applies to covered professional services furnished by an EP or group practice during 2016. Group practices taking part in PQRS through another CMS program should check the program's requirements for information on how to simultaneously take part in PQRS as well as the other respective program to avoid the payment adjustment.

Individual EPs can avoid the 2016 PQRS payment adjustment by satisfactorily reporting or satisfactorily participating to earn a 2014 PQRS incentive payment (refer to *Appendix 3* for submission requirements). Beyond meeting the criteria for the 2014 PQRS incentive payment, each submission method has its own minimum criteria for avoiding the 2016 payment adjustment. Please refer to *Appendix 3* for those requirements.

Eligible group practices taking part in the GPRO for the 12-month reporting period can avoid the 2016 PQRS payment adjustment by satisfactorily reporting to earn a 2014 PQRS incentive payment (see Table 6 of Appendix 2) or by meeting the criteria for avoiding the 2016 PQRS payment adjustment (refer to Table 2 of Appendix 3).

Additional information on the PQRS payment adjustment can be found on the CMS PQRS website at http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Payment-Adjustment-Information.html**.**

2014 PQRS – Individual Measures

37 new individual quality measures were added for the 2014 program year. 45 measures were retired from PQRS.

- *Appendix 1* lists the 45 measures that were retired for 2014. Please see the 2014 measures documents at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS for specifics.

NOTE: The 2014 PQRS measure specifications for any given individual quality measure may be different from specifications for the quality measure used for 2013. **EPs should ensure that they are using the most current version of the 2014 PQRS measure specifications.**

2014 PQRS – Measures Groups

For 2014, measures groups will **only** be reportable via qualified registry. There are a total of 25 measures groups. 22 measures groups were retained and three new measures groups were added for 2014. The new measures groups are Total Knee Replacement, General Surgery, and Optimizing Patient Exposure to Ionizing Radiation. For specific measures groups changes from 2013 to 2014, please reference the *2014 Physician Quality Reporting System (PQRS) Measures Groups Release Notes* at http://www.cms.gov/Medicare/ Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html*.*

NOTE: The specifications for measures groups differ from those provided for individual reporting; therefore, the specifications and instructions for measures groups are separate from the specifications and instructions for the 2014 individual measures. The *2014 Physician Quality Reporting System (PQRS) Measures Groups Specifications* for any given measures group may be different from specifications for the same measures group used for 2013. **EPs should ensure that they are using the most current version of the 2014 measures group specifications.**

PQRS – Medicare Electronic Health Record (EHR) Incentive Program

CMS continues EHR-based reporting, allowing EPs to satisfy the CQM component of the Medicare EHR Incentive Program by taking part in PQRS.

- EHR-based reporting is now available to group practices that register to report under the GPRO.
- For 2014 the Medicare EHR Incentive Program requires that an EP or group practice submit clinical quality measures using CEHRT.
    - EHR products will have to be certified under the program established by the Office of the National Coordinator (ONC).
    - The ONC certification process tests the submission of data on eCQMs available for reporting under the EHR Incentive Program.

    - For purposes of PQRS, the EP's or group practices direct EHR product or EHR Data Submission Vendor must be certified to the specified versions.
- EPs taking part in PQRS will use the same eCQMs used for the EHR Incentive Program. For additional details and measure specifications, please see http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html
- Satisfactory reporting criteria to achieve an incentive payment via EHR for individual EPs and group practices can be found in Table 4 of *Appendix 2*.

PQRS Qualified Clinical Data Registry (QCDR)

New for 2014, the Qualified Clinical Data Registry (QCDR) provides a new standard for individual EPs to satisfy PQRS requirements based on satisfactory participation.

- A QCDR is a CMS-approved entity (such as a qualified registry, certification board, collaborative, etc.) that collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care furnished to patients.
- The data submitted to CMS via QCDR covers quality measures across multiple payers and is not limited to Medicare.
- A list of CMS-designated QCDRs will be available on the CMS PQRS website May 30, 2014.
- Please refer to *2014 Physician Quality Reporting System (PQRS): Qualified Clinical Data Registry Participation Made Simple,* available on the Qualified Clinical Data Registry page of the CMS PQRS website at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Qualified-Clinical-Data-Registry-Reporting.html.
- Satisfactory participation criteria for the 2014 incentive under the QCDR are summarized in Table 5 of *Appendix 2*.

Note: The measures that may be submitted via QCDR are not limited to the measures found in the PQRS measure set.

CMS-Certified Survey Vendor

New for 2014 PQRS GPRO is an optional reporting method for groups of 25 or more EPs choosing to satisfactorily report the CG CAHPS summary survey modules via a CMS-certified survey vendor along with reporting 6 other PQRS measures covering at least 2 of the NQS domains to satisfactorily report for purposes of earning an incentive payment and avoiding the 2016 payment adjustment.

- To complete this survey, a group practice must indicate its intent to report the CG CAHPS summary survey modules when it registers to take part in PQRS via the GPRO
- In addition to reporting the CG CAHPS summary survey modules, the EP is required to report either 1) the additional 6 measures covering at least 2 of the NQS domains using a qualified registry, direct EHR product, EHR data submission vendor, OR 2) complete all of the measures in the GPRO Web Interface
    - A small fee may be involved to use the CMS-certified survey vendor, depending on the group's size and reporting mechanism
- CMS-certified survey vendor CG CAHPS summary survey module requirements will be available soon on the PQRS website.
- 2014 GPRO registration and reporting requirements can be found at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/CMS-Selected-Group_Practice_Reporting_Option.html.
- Group sizes, reporting mechanisms, and reporting criteria under the GPRO are summarized in Table 6 of *Appendix 2*.

Group practices of 10 or more individuals will be subject to a negative, neutral or positive Value-Based Modifier payment adjustment based on group size and satisfactorily taking part in PQRS. More information can be found at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ ValueBasedPaymentModifier.html.

International Classification of Diseases-Tenth Revision (ICD-10-CM) Implementation

CMS will be aligning PQRS with the implementation of ICD-10-CM codes as follows:

- *2014 PQRS Claims and Qualified Registry Measures Specifications* will provide ICD-10-CM codes for submission purposes during the 2014 PQRS program year.
- For 2014 EHR, ICD-10-CM codes are included in the *2014 EHR Downloadable Resource Table* and will be accepted by the system and used for measure calculations starting in 2014.
- In addition, the *2014 GPRO Web Interface Measures Specifications* will include the ICD-10-CM codes.

Appendix 1: 2013 PQRS Measures Retired for 2014

PQRS #	Measure Title
3	Diabetes Mellitus: High Blood Pressure Control
86	Hepatitis C: Antiviral Treatment Prescribed
89	Hepatitis C: Counseling Regarding Risk of Alcohol Consumption
90	Hepatitis C: Counseling Regarding Use of Contraception Prior to Antiviral Therapy
161	HIV/AIDS: Adolescent and Adult Patients with HIV/AIDS Who Are Prescribed Potent Antiretroviral Therapy
162	HIV/AIDS: HIV RNA Control After Six Months of Potent Antiretroviral Therapy
184	Hepatitis C: Hepatitis B Vaccination in Patients with HCV
188	Referral for Otologic Evaluation for Patients with Congenital or Traumatic Deformity of the Ear
200	Heart Failure: Warfarin Therapy for Patients with Atrial Fibrillation
201	Ischemic Vascular Disease (IVD): Blood Pressure Management
208	HIV/AIDS: Sexually Transmitted Disease Screening for Syphilis
209	Functional Communication Measure - Spoken Language Comprehension
210	Functional Communication Measure – Attention
211	Functional Communication Measure – Memory
212	Functional Communication Measure - Motor Speech
213	Functional Communication Measure – Reading
214	Functional Communication Measure - Spoken Language Expression
215	Functional Communication Measure – Writing
216	Functional Communication Measure – Swallowing
237	Hypertension (HTN): Blood Pressure Measurement
244	Hypertension: Blood Pressure Management
252	Anticoagulation for Acute Pulmonary Embolus Patients
256	Surveillance after Endovascular Abdominal Aortic Aneurysm Repair (EVAR)
306	Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)
307	Prenatal Care: Anti-D Immune Globulin
308	Smoking and Tobacco Use Cessation, Medical Assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies
313	Diabetes Mellitus: Hemoglobin A1c Control (< 8%)

PQRS #	Measure Title
321	Participation by a Hospital, Physician or Other Clinician in a Systematic Clinical Database Registry that Includes Consensus Endorsed Quality
N/A	Total Knee Replacement: Coordination of Post Discharge Care
N/A	Chronic Wound Care: Patient Education Regarding Long-Term Compression Therapy
N/A	Osteoporosis: Status of Participation in Weight-Bearing Exercise and Weight-bearing Exercise Advice
N/A	Osteoporosis: Current Level of Alcohol Use and Advice on Potentially Hazardous Drinking Prevention
N/A	Osteoporosis: Screen for Falls Risk Evaluation and Complete Falls Risk Assessment and Plan of Care
N/A	Osteoporosis: Dual-Emission X-ray Absorptiometry (DXA) Scan
N/A	Osteoporosis: Calcium Intake Assessment and Counseling
N/A	Osteoporosis: Vitamin D Intake Assessment and Counseling
N/A	Osteoporosis: Pharmacologic Therapy
N/A	Preventive Cardiology Composite: Blood Pressure at Goal
N/A	Preventive Cardiology Composite: Low Density Lipids (LDL) Cholesterol at Goal
N/A	Preventive Cardiology Composite: Timing of Lipid Testing Complies with Guidelines
N/A	Preventive Cardiology Composite: Diabetes Documentation or Screen Test
N/A	Preventive Cardiology Composite: Counseling for Diet and Physical Activity
N/A	Preventive Cardiology Composite: Correct Determination of Ten-Year Risk for Coronary Death or Myocardial Infarction (MI)
N/A	Preventive Cardiology Composite: Appropriate Use of Aspirin or Other Antiplatelet/Anticoagulant Therapy
N/A	Preventive Cardiology Composite: Smoking Status and Cessation Support

Appendix 2: 2014 Requirements for Incentive

Table 1: Criteria for Claims-based Reporting of Individual Measures

Reporting Criteria	Reporting Period
9 measures covering at least 3 NQS domains, OR, if less than 9 measures covering at least 3 NQS domains apply to the EP, report 1-8 measures covering 1-3 NQS domains as applicable, AND report each measure for at least 50 percent of the Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted. For an EP that reports fewer than 9 measures covering less than 3 NQS domains, the EP would be subject to the MAV process, which would allow CMS to determine whether an EP should have reported quality data codes for additional measures and/or covering additional NQS domains.	January 1, 2014 – December 31, 2014

Table 2: Criteria for Qualified Registry-based Reporting of Individual Measures

Reporting Criteria	Reporting Period
At least 9 measures covering at least 3 of the NQS domains, OR, if less than 9 measures covering at least 3 NQS domains apply to the EP, report 1-8 measures covering 1-3 NQS domains for which there is Medicare patient data, AND report each measure for at least 50 percent of the EP's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0% performance rate will not be counted. For an EP that reports fewer than 9 measures covering less than 3 NQS domains, the EP would be subject to the MAV process, which would allow CMS to determine whether an EP should have reported on additional measures and/or measures covering additional NQS domains.	January 1, 2014 – December 31, 2014

Table 3: Criteria for Qualified Registry-based Reporting of Measures Groups

Reporting Criteria	Reporting Period
1 measures group for 20 applicable patients of each EP. A majority of patients (11 out of 20) must be Medicare Part B FFS patients. Measures Groups containing a measure with a 0% performance rate will not be counted.	January 1, 2014 – December 31, 2014
1 measures group for 20 applicable patients of each EP. A majority of patients (11 out of 20) must be Medicare Part B FFS patients. Measures Groups containing a measure with a 0% performance rate will not be counted.	July 1, 2014 – December 31, 2014

Table 4: Criteria for Direct EHR Product that is CEHRT or EHR Data Submission Vendor that is CEHRT

Reporting Criteria	Reporting Period
Individual EHR Measures: Report 9 measures covering at least 3 of the NQS domains. If an EP's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the EP must report the measures for which there is Medicare patient data. An EP must report on at least 1 measure for which there is Medicare patient data.	January 1, 2014 – December 31, 2014

Table 5: Criteria for Qualified Clinical Data Registry Participation (QCDR)

Participation Criteria	Participation Period
Individual QCDR Measures: At least 9 measures, of which 1 must be an outcome measure, available for submission under the qualified clinical data registry covering at least 3 of the NQS domains; **AND** Submit each measure for at least 50 percent of the EP's applicable patients seen during the participation period to which the measure applies. Measures with a 0% performance rate would not be counted.	January 1, 2014 – December 31, 2014

Table 6: Criteria for the Group Practice Reporting Option

Reporting Period	Group Practice Size	Reporting Mechanism	Reporting Criteria
January 1, 2014 – December 31, 2014	2+ EPs	Qualified Registry	Report at least 9 measures, covering at least 3 NQS domains OR, if less than 9 measures covering at least 3 NQS domains apply to the group practice, report 1-8 measures covering 1-3 NQS domains for which there is Medicare patient data (subjecting the group practice to the MAV process), **AND** Report each measure for at least 50% of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0% performance rate will not be counted.
January 1, 2014 – December 31, 2014	2+ EPs	Direct EHR product that is CEHRT/ EHR data submission vendor that is CEHRT	Report 9 measures covering at least 3 of the NQS domains. If a group practice's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the group practice must report the measures for which there is Medicare patient data. A group practice must report on at least 1 measure for which there is Medicare patient data.
January 1, 2014 – December 31, 2014	25-99 EPs	GPRO Web Interface	Report on all measures included in the Web Interface; **AND** Populate data field for the first 218 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 218, then report on 100% of assigned beneficiaries.

Reporting Period	Group Practice Size	Reporting Mechanism	Reporting Criteria
January 1, 2014 – December 31, 2014	25-99 EPs	CMS-certified survey vendor + qualified registry, direct EHR product, EHR data submission vendor, or GPRO Web Interface	Report all CG CAHPS survey measures via a CMS-certified survey vendor, **AND** report at least 6 measures covering at least 2 of the NQS domains using a qualified registry, direct EHR product, EHR data submission vendor, or GPRO web interface. CG CAHPS summary survey modules are optional and group practice bears the expense
January 1, 2014 – December 31, 2014	100+ EPs	GPRO Web Interface	Report on all measures included in the Web Interface; **AND** Populate data fields for the first 411 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each disease module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 411, then report on 100% of assigned beneficiaries. In addition, the group practice is required to report all CG CAHPS summary survey modules via CMS-certified survey vendor at CMS' expense.

Appendix 3: 2014 Submission Requirements for Avoiding the 2016 PQRS Payment Adjustment

Table 1: Individual EP Criteria for Avoiding the 2016 PQRS Payment Adjustment

Individual EPs
Option 1: Meet the requirements to satisfactorily report or satisfactorily participate for incentive eligibility as defined in the 2014 PQRS measure specifications (same criteria as 2014 PQRS incentive eligibility)
Option 2: Report at least 3 measures covering one NQS domain for at least 50 percent of the EP's Medicare Part B FFS patients via claims or qualified registry **Note:** An **EP** that reports fewer than 3 measures covering at least 1 NQS domain via claims or qualified registry- reporting will be subject to the MAV process, which will allow CMS to determine whether additional measures domains should have been reported.
Option 3: QCDR - Participate via a qualified clinical data registry (QCDR) that selects measures for the EP, of which at least 3 measures covering a minimum of 1 NQS domain AND submission of at least 50 percent of the EP's applicable patients seen during the participation period to which the measure applies.

Table 2: 2014 Registered Groups - Criteria for Avoiding the 2016 PQRS Payment Adjustment

Registered Groups (PQRS GPRO)
Criteria 1: Meet the requirements for satisfactorily reporting for incentive eligibility as defined in the applicable 2014 PQRS measure specification (same criteria as 2014 PQRS incentive eligibility as shown in Table 6 of *Appendix 2*).
Criteria 2: Report at least 3 measures covering one NQS domain for at least 50 percent of the group practice's Medicare Part B FFS patients via qualified registry • Report 1-8 measures covering 1-3 NQS domains for which there is Medicare patient data (subjecting the group practice to the MAV process), **AND** report each measure for at least 50% of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies. A group practice who reports fewer than 3 measures covering 1 NQS domain via the registry-based reporting mechanism will be subject to the MAV process, which would allow CMS to determine whether a group practice should have reported on additional measures.

Note: CMS will determine whether the group practice (defined by TIN) is subject to the 2016 PQRS payment adjustment. The PQRS 0% performance rule only applies to satisfactorily reporting for incentive eligibility. PQRS GPROs are analyzed at the TIN level under the TIN submitted at the time of final self-nomination/registration; therefore, if an organization or EP changes TINs, the registration under the old TIN does not carry over to the new TIN, nor is it combined for final analysis.

Appendix 4: Measure Count Updates

Table 1: Measure Total

Totals	2013	Final 2014
Measures	258	284
Measures Removed	N/A	45

Table 2: Submission Method Counts

Submission Method	Total 2013 Count	Total 2014 Count
Claims Measures	137	110
Qualified Registry Measures	203	201
EHR Measures	51	64
GPRO Web Interface Measures	22 (Includes subcomponents of composite measures)	22 (Includes subcomponents of composite measures)
CMS-Certified Survey Vendor	N/A	CG CAHPS (12 Summary Survey Modules)
Measures Groups	22	25