

FAQs on Physician Quality Reporting System and Other Medicare Incentive Programs: Eligible Professional Participation Requirements and Medicare Part B Payment Adjustments for Non-Participation

NOTE: CMS extended to March 20 the deadline for EPs to submit PQRS data via EHRs and qualified clinical data registries using the QRDA III format. That submission period now runs until 8:00 p.m. ET on March 20, having begun on Jan. 1. The agency notes that “all other submission timeframes for other PQRS reporting methods remain the same.”

Q1. What is the least I need to know about the Physician Quality Reporting System (PQRS) and other Medicare incentive/penalty program reporting requirements?

The least you need to know is whether or not you are eligible to participate in the various Medicare incentive programs. If you are eligible but have not participated, you will begin to see “payment adjustments” applied to Part B Medicare fee-for-service payments, beginning in January 2015. Despite its name, PQRS is not only limited to physician services.

Q2. I receive Medicare fee-for-service payments, but I don't think I am eligible for the Medicare incentive programs. Weren't most behavioral health providers excluded from these programs, anyway?

Medicare behavioral health service providers may be eligible for some Medicare incentive/penalty programs, but not for others. For example, under the Medicare Meaningful Use Incentive Program, eligibility is limited to psychiatrists. But in PQRS, eligibility extends to nurse practitioners, psychologists, and clinical social workers. See the [full list of eligible professionals under PQRS](#).

Q3. I am eligible for participation in three CMS incentive programs: PQRS, Medicare Meaningful Use, and Medicaid Meaningful Use. I decided to participate in Medicaid Meaningful Use, which requires reporting on clinical quality measures. I thought I didn't have to report separately for PQRS because I already met the Medicaid Meaningful Use reporting requirements; is that true?

No, it is not. Participation in one incentive program does not mean you don't also have to report under PQRS if you are an Eligible Provider. You can achieve some efficiency in which measures you report by strategically selecting measures that overlap across the programs.

Q4. How can I quickly determine eligibility to participate in Medicare incentive programs, especially PQRS?

The easiest and fastest way to determine eligibility is to follow the online steps for registering with these programs. The links below will take you to online systems that step the healthcare professional through each of the eligibility criteria.

Physician Quality Reporting System (PQRS) Eligibility Requirements:
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html?redirect=/PQRS/>

Medicare Meaningful Use, Individual Professional and Hospital Eligibility Requirements:
<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eligibility.html>

Q5. I just realized that I am covered by the Medicare incentive programs such as PQRS, but did not participate. What do I need to know now about the payment adjustments?

For PQRS: Medicare Eligible Professionals (EPs) that did not begin participating in PQRS by January 2013 will be subject to increasing Medicare payment adjustments beginning in January 2015.

For Meaningful Use: Medicare Eligible Professionals (EPs) who do not successfully demonstrate Meaningful Use in 2014 (includes reporting on clinical quality measures), will be subject to Medicare payment adjustments beginning January 2015.

For fast information on the various Medicare incentive programs, including when and how Medicare payments will be adjusted downward for non-participation, click here: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/PaymentAdj_HardshipExcepTipSheetforEP.pdf

Q6. Is there any way to avoid these payment adjustments in 2015?

For the PQRS reporting requirements, it is too late to avoid the 2015 payment adjustments. If you participated by reporting quality measures in 2014, you will be able to avoid the 2016 payment adjustments. You can avoid 2017 payment adjustments by meeting the 2015 reporting criteria for PQRS. For more information on this criteria and to obtain detailed information on the PQRS payment adjustments, visit this site: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Payment-Adjustment-Information.html>

For Medicare Meaningful Use, keep in mind that behavioral health provider eligibility to participate is limited to psychiatrists who meet the Medicare meaningful use incentive program criteria. To avoid payment adjustments, participation had to be initiated no later than January 2014. The option of submitting an application for a hardship exception was offered, but has passed (June 2014) <http://www.aapmr.org/research/meaningful-use/Documents/avoiding-meaningful-use-penalty-in-2015%20FINAL.pdf>. There are step-by-step instructions for meeting the criteria here: <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html>

For comprehensive details on the precise nature of the Medicare incentive programs non-participation payment adjustments, see “The Final Rule on the “Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, Clinical Laboratory Fee Schedule & Other Revisions to Part B for CY 2014.” It can be found here:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014-Medicare-Physician-Fee-Schedule-Final-Rule.pdf>

Q7. I noticed that using certified electronic health record technology (CEHRT) is necessary to meet Medicare incentive program participation requirements. What is that about?

Beginning in 2015, all Medicare incentive program reporting standards include the use of certified electronic health record technologies.

To help align all of the various incentive programs and the electronic systems used to collect and report data, electronic health information systems must meet a set of certification requirements by January 1, 2015. The Office of the National Coordinator for Health Information Technology (ONC) established the criteria for structured data that CEHRTs must use to become certified. The criteria include standards for reporting quality measures. This unified approach will reduce the burden on providers participating in multiple quality programs.

Q8. How can providers meet the certified electronic health record technology (CEHRT) requirement?

The PQRS incentive program standard can be met either through the organization’s certified EHR system or through the PQRS Data Submission / Direct vendor’s certified software. <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html>.

The PQRS eligible professional can meet the PQRS quality measure reporting requirement when they meet the Medicare Meaningful Use clinical quality measure reporting requirements, using their own or the vendor’s certified systems. A cross-walk of the PQRS (Medicare) measures to the Medicare Meaningful Use clinical

quality measures can be found here: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2015_PQRS_CrosscuttingMeasures_12172014.pdf.

[The PQRS Data Submission / Direct vendors have to use certified electronic health record technology \(CEHRT\)](#). PQRS participants can continue to use the qualified EHR Data Submission/Direct vendor, [or report the PQRS measures directly to the Center for Medicare/Medicaid Services \(CMS\) when they report the Medicare Meaningful Use incentive program quality measures, using their own CEHRT](#).

Q7. What are the Certified Electronic Health Technology (CEHRT) requirements and specifications for reporting quality measures?

2014 Edition CEHRT must meet three certification criteria for reporting quality measures that focus on electronic data capture, calculation and enabling electronic submission to the Center for Medicare/Medicaid Services (CMS). It is up to the EP to determine what quality measures the CEHRT is certified to collect and report on, according to the criteria. For example, although there are 64 quality measures vetted by the National Quality Forum (NQF) for Meaningful Use, the CEHRT minimum is to become certified on only nine of these. You can find out more by checking the Certified Health IT Product List. This includes information on the quality measure certifications in the product you are using <http://oncchpl.force.com/ehrcert?q=chpl>

Q8. We have non-Medicare professionals providing services where claims are submitted under the attending (Medicare eligible) physician. How are these services calculated when reporting on quality measures?

Keep in mind that Center for Medicare/Medicaid Services (CMS) incentive program participation reporting requirements are automated in CEHRT, and applied to the individual Eligible Professional (EP). Quality assessment is based on a measurement system that includes patients in the EP's patient panel as the denominator. The patients who receive the qualifying service standard are included in the numerator. Each quality measure has guidance to the clinician on how the service standard can be met. The CEHRT operationalizes these clinical standards to meet reporting requirements.

Patients and service events that meet the standard's criteria are automatically included in the CEHRT quality measure reports. Those that do not meet the criteria will not be included in the CEHRT reports. There is no need to sift through service events looking for exceptions, or to create special reports excluding or including service events based on the reporting criteria. This is fully automated in the CEHRT.

Q9. How can we monitor individual eligible professional progress towards meeting the standards for PQRS participation?

It is simple to monitor ongoing individual EP progress. The standards for CEHRT require that clinical quality measure reports be easily accessible to the end user. That is the professional staff using the EHR, not a remote IT division that can't immediately respond with data to an "as needed" report request re: this progress. The individual eligible professional can monitor this or the task can be delegated (along with the reporting itself) to another.

Q10. Our providers are using the Group Practice Reporting Option for PQRS. What are the Medicare Meaningful Use Clinical Quality Measures (CQM) reporting requirements for those using the Group Practice Reporting Option?

Although PQRS offers a Medicare Group Practice Reporting Option, Medicare Meaningful Use does not. The reporting requirements are applied to individual Eligible Professionals (EPs) and to Eligible Hospitals (EHs), not to groups or practices. An EP participating in PQRS as a member of a Group Practice and who is eligible for the Medicare Meaningful Use incentive program will have to report the quality measures for Meaningful Use as an individual professional. Click here for a link to a document that provides instructions on meeting reporting criteria.

http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2015PQRS_EHR_Made_Simple.pdf

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