



## MORE CLARITY ON PQRS UPDATES FOR 2015

In our last News Blast related to PQRS: **122614 News Blast: PQRS Updates for 2015**, we detailed the PQRS updates for 2015 and the reporting requirements for each Eligible Profession (EP) to avoid the payment reduction in 2017. We had numerous emails/calls from clients with questions and the need for clarification on this topic. With that in mind, we have compiled the below to detail the 'basics', including questions posed by our clients to assist all in better understanding the PQRS requirements.

It is imperative to pick 2015 Physician Quality Reporting System (PQRS) measures to protect your future! Eligible Professionals (EPs) must review the details and begin reporting as soon as possible to avoid fee schedule reductions in future years.

- Payments to EPs for Medicare FFS services rendered in 2017 will reflect payment reductions if the EP is unsuccessful in reporting of PQRS measures for 2015 dates of service.

**EPs can protect themselves now by reporting!!**

**EPs should review the information below and make necessary decisions at each section as soon as possible to ensure Medicare payments for the coming years.**

## **????????? WHAT EPs NEED TO DO ??????????**

### **DETERMINE IF YOU NEED TO REPORT**

EPs that must participate in PQRS reporting include:

- |  |                                     |
|--|-------------------------------------|
| Doctor of Medicine                     | Doctor of Osteopathy                |
| Doctor of Podiatric Medicine           | Doctor of Optometry                 |
| Doctor of Oral Surgery                 | Doctor of Dental Medicine           |
| Doctor of Chiropractic                 | Physician Assistant                 |
| Nurse Practitioner                     | Clinical Nurse Specialist           |
| Certified Registered Nurse Anesthetist | Anesthesiologist Assistant          |
| Certified Nurse Midwife                | Clinical Social Worker              |
| Clinical Psychologist                  | Registered Dietician                |
| Nutrition Professional                 | Audiologists                        |
| Advanced Practice Registered Nurse     | Physical Therapist                  |
| Occupational Therapist                 | Qualified Speech-Language Therapist |

Individual EPs do not need to sign-up or pre-register in order to participate in PQRS. However, to avoid the payment reduction each EP must meet the criteria for satisfactory reporting specified by CMS for a particular reporting period. PQRS is monitored/reviewed at the individual NPI (type 1) level/TID combination, i.e., for each EP for each practice/location. For this reason, each EP may select measures related to his/her specialty and/or services rendered.

**If your degree/title is listed above, you must report!**

**DETERMINE WHICH METHOD YOU WILL USE TO REPORT**

To participate in the 2015 PQRS, individual EPs may choose to report information on individual PQRS quality measures or on measure groups using the following methods:

- (1) Traditional Medicare Part B claims  
Reporting via MEDPM is claims based reporting
- (2) Qualified Clinical Data Registry  
To report via a registry, the practices must contact the registry directly to signup  
See the **122614 News Blast: PQRS Updates for 2015** for more information regarding choosing a registry
- (3) Direct electronic health record (EHR) using certified EHR technology (CEHRT)  
Some EHRs 'capture' the PQRS data, however, the practice may not be setup to 'submit' the data via the EHR; EHRs must be certified to 'submit' PQRS data, contact your vendor to find out your status  
NOTE: MEDEHR is not a certified PQRS EHR vendor.

**Each practice must select one method to report!**

**DETERMINE WHICH MEASURES YOU WILL REPORT**

EPs must select 9 measures from at least 3 domains, including at least 1 cross cutting measure.

**For claims based reporting:**

Review the measure specifications and select 9 measures:

**2015 PQRS Individual Claims Registry Measure Specification Supporting Documents.**

Click link, Accept license agreement

Click Open

Double click the '2015 PQRS Individual Measure Spec Claims Registry 122314.pdf' file to open

Review each measures specifications to select

Confirm measures selected are allowed for 'claims based' reporting method:

|   |   |
|---|---|
| ♦ Measure #1 (NQF 0059): Diabetes: Hemoglobin A1c Poor Control – National Quality Strategy<br>Domain: Effective Clinical Care   | Allowed Reporting Methods – Claims or Registry            |
| 2015 PQRS OPTIONS FOR INDIVIDUAL MEASURES: CLAIMS, REGISTRY   | ←   |
| ♪ Measure #127 (NQF 0416): Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear – National Quality Strategy Domain: Effective Clinical Care | Allowed Reporting Methods – Registry ONLY (do not select) |
| 2015 PQRS OPTIONS FOR INDIVIDUAL MEASURES: REGISTRY ONLY  | ←   |

Confirm the Age/CPT/Diagnosis codes in the denominator for each measures are patients/codes you will report:

**DENOMINATOR:**  
All patients aged 50 years and older with a diagnosis of AMD

**Denominator Criteria (Eligible Cases):**  
Patients aged ≥ 50 years on date of encounter  
**AND**  
Diagnosis for age-related macular degeneration (ICD-9-CM) [for use 1/1/2015-9/30/2015]: 362.50, 362.51, 362.52  
Diagnosis for age-related macular degeneration (ICD-10-CM) [for use 10/01/2015-12/31/2015]: H35.30, H35.31, H35.32  
**AND**  
Patient encounter during the reporting period (CPT): 92002, 92004, 92012, 92014, 9201, 9202, 9203, 9204, 9205, 9212, 9213, 9214, 9215, 9304, 9305, 9306, 9307, 9308, 9309, 9310, 9324, 9325, 9326, 9327, 9328, 9334, 9335, 9336, 9337

Confirm the measures selected above cross at least three of these domains (categories):

- Communication and Care Coordination
- Community/Population Health
- Effective Clinical Care
- Efficiency and Cost Reduction
- Patient Safety
- Person and Caregiver Centered Experience

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| <p>◆ Measure #1 (NQF 0059): Diabetes: Hemoglobin A1c Poor Control – National Quality Strategy<br/>                 Domain: Effective Clinical Care</p>   |
| <p><u>2015 PQRS OPTIONS FOR INDIVIDUAL MEASURES:</u><br/>                 CLAIMS, REGISTRY</p>   |
| <p>◆ Measure #128 (NQF 0421): Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan – National Quality Strategy<br/>                 Domain: Community/Population Health</p> |
| <p><u>2015 PQRS OPTIONS FOR INDIVIDUAL MEASURES:</u><br/>                 CLAIMS, REGISTRY</p>   |
| <p>◆ Measure #130 (NQF 0419): Documentation of Current Medications in the Medical Record – National Quality Strategy<br/>                 Domain: Patient Safety</p>                                     |
| <p><u>2015 PQRS OPTIONS FOR INDIVIDUAL MEASURES:</u><br/>                 CLAIMS, REGISTRY</p>   |

Confirm the 9 measures selected above include at least one of these cross-cutting measures:

- 1 - Diabetes: Hemoglobin A1c Poor Control
- 46 - Medication Reconciliation -
- 47 - Care Plan
- 110 - Preventive Care and Screening: Influenza Immunization
- 111 - Pneumonia Vaccination Status for Older Adults
- 128 - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
- 130 - Documentation of Current Medications in the Medical Record
- 131 - Pain Assessment and Follow-Up
- 134 - Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- 182 - Functional Outcome Assessment
- 226 - Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- 236 - Controlling High Blood Pressure
- 317 - Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

**For registry reporting:**

Review the CMS website for more information: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Registry-Reporting.html>

NOTE: Those selecting to report via a registry would best be served to capture the numerator to patient history.

**For EHR reporting:**

Review the CMS website for more information: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html>

**Each EP must select 9 measures to report that cross 3 domain and include one cross cutting measure!**

### **MEDDATA CLIENTS ONLY: SEND SELECTED METHOD AND MEASURES TO MEDDATA**

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EPs must submit selected method of reporting and appropriate selected measures to MDS via email to [adminservices@medtronsoftware.com](mailto:adminservices@medtronsoftware.com) so that we can setup necessary codes in the Transaction Master, update rules/warnings, charge tickets, encounter templates, etc.

### **Each EP must send selected method and measures to MEDDATA!**

### **REVIEW/UPDATE AVAILABLE RESOURCES**

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Take advantage of the user-defined rules built within **MEDPM**, which prompt users to add the PQRS Reporting Category II CPT <Revenue Center P4P> codes whenever specific measures are met.

Update charge tickets to include the PQRS measures or create a data entry form with selected measures.

Update EHR Encounter Templates to assist in capturing the numerator codes.

Review below resources as well as previously published News Blasts and User Guides available via our website ([www.medtronsoftware.com](http://www.medtronsoftware.com)) and take action as needed.

- Federal Register: <https://www.federalregister.gov/articles/2014/11/13/2014-26183/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-clinical-laboratory#h-302>
- CMS PQRS Website: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS>
- CMS Value-based Payment Modifier (VM) Website: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>

### **BEGIN REPORTING**

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Once measures are selected, providers must begin reporting immediately to ensure they meet the minimum requirements to avoid the payment adjustment.

For the January 1 – December 31, 2015 reporting period, each EP must report on at least 50% of the eligible Medicare Part B patients, i.e., must report measures on at least 50% of the Medicare patients who qualified or met the denominator specifications (age/CPT/diagnosis) of the measure.

NOTE: Not all Medicare patients will qualify for all 9 measures. Each EP must report each measure for each patient who does qualify (meets the age/CPT/diagnosis specifications of the measure).

REMINDER: PQRS is required for Traditional Medicare claims both Primary and Secondary.

### **QUESTIONS**

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Quality Net Help Desk: 866-288-8912 or [gnetsupport@hcqis.org](mailto:gnetsupport@hcqis.org)

Physician Value Help Desk (for Value Modifier questions): 888-734-6433, press option 3

MSI Software Support:

From **MEDPM** or **MEDEHR** Sign On screens, double click on 'support@medtronsoftware.com' to compose an email to the Software Support Dept.

-OR-

Phone: (985) 234-0599 (local), (800) 978-0599 (toll free)

-OR-

Fax: (985) 234-0609