



**MEDTRON**  
SOFTWARE INTELLIGENCE



**123115 NEWS BLAST**

## CLARITY ON PQRS UPDATES FOR 2016

Over the years since the beginning of PQRS, we have published many news blasts detailing the updates for each new year and the reporting requirements for each Eligible Profession (EP) to avoid the payment reduction in future years. We have had numerous emails/calls from clients with questions and the need for clarification on this topic. With that in mind, to assist all in better understanding we have compiled the below to detail the 'basics', including questions posed by our clients as well as the requirements for PQRS reporting in 2016.

### Pick your measures now!

It is imperative to pick 2016 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 2016 will reflect payment reductions if the EP is unsuccessful in reporting of PQRS measures for 2016 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!***

***TO PARTICIPATE IN 2016 PQRS REPORTING, A PRACTICE AND/OR INDIVIDUAL EP MUST SELECT A REPORTING OPTION AND METHOD***

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There are three different PQRS reporting options for 2016.

**PQRS reporting options:**

- Individual Eligible Professional (EP)
- Group Practice Reporting Option (GPRO) (2 or more individual EPs under the same TIN)
- Accountable Care Organizations (ACO) - *we don't find applicable to our clients*

Within each reporting option, there are different methods of reporting measures.

**Individual EP methods:**

- Claim-based using individual measures
- Registry-based using individual measures or measures group
- EHR-based via direct Certified Electronic Health Records Technology (CEHRT) through a Data Submission Vendor (DSV)
- Qualified Clinical Data Registry (QCDR), CMS-approved entity that collects clinical data for the purpose of patient and disease tracking

**GPRO methods:**

- Registry-based using group measures
- CMS Web Interface using group measures
- EHR-based via direct Certified Electronic Health Records Technology (CEHRT) through a Data Submission Vendor (DSV)

**Individual EP methods** are more suited for various practice specialties, and MEDDATA/MEDTRON has specific experience in working with claim-based and registry-based methods of reporting. Therefore, **we** will only provide a summary of each of these methods.

**GPRO methods** are unique to a group practice defined as a single TIN with 2 or more individual EPs who have reassigned their billing rights to the TIN. An individual EP who is a member of a group practice participating in PQRS GPRO is not eligible to separately report under PQRS as an individual EP under that same TIN (that is, for the same TIN/NPI combination). Once a group practice (TIN) registers to participate in the GPRO, this is the only PQRS reporting method available to the group and all individual NPIs who bill Medicare under the group's TIN. At the present time, CMS has not released any details about 2016 GPRO requirements, however a practice/provider can keep apprised by checking the website [https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group\\_Practice\\_Reporting\\_Option.html](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group_Practice_Reporting_Option.html).

***SPECIFIC TO INDIVIDUAL EP REPORTING OPTION: CLAIM-BASED METHOD, DETERMINE WHICH INDIVIDUAL MEASURES TO REPORT***

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EPs must select 9 measures from at least 3 domains, including at least 1 cost cutting measure.  
EPs must report on 50% of Medicare Part B patients.

**For claims based reporting:**

Review the measure specifications and select 9 measures:

[http://www.cms.gov/apps/ama/license.asp?file=/PQRS/Downloads/PQRS-2016-Measure-List\\_12042015.xlsx](http://www.cms.gov/apps/ama/license.asp?file=/PQRS/Downloads/PQRS-2016-Measure-List_12042015.xlsx)

Click link, Accept license agreement

Click Open

Review each measures specifications to select

The below examples are from 2015 requirements due to CMS not formally releasing 2016 measures in this simple fashion.

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

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

Confirm the Age/CPT/Diagnosis codes in the denominator for each measure 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, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337

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

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

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

[http://www.cms.gov/apps/ama/license.asp?file=/PQRS/Downloads/2016\\_PQRS-Crosscutting.pdf](http://www.cms.gov/apps/ama/license.asp?file=/PQRS/Downloads/2016_PQRS-Crosscutting.pdf)

- 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
- 112 - Breast Cancer Screening
- 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
- 154 - Falls: Risk Assessment
- 155 - Falls: Plan of Care
- 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

***SPECIFIC TO INDIVIDUAL EP REPORTING OPTION: REGISTRY-BASED METHOD, DETERMINE WHICH INDIVIDUAL MEASURES TO REPORT***

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

EPs must report on 50% of Medicare Part B patients.

For more details of individual measures available to registries, please review the CMS website

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Registry-Reporting.html>.

In addition, MEDDATA/MEDTRON has worked with PQRS Wizard and finds their registry for individual measures suitable for most all practice specialties with more details at <https://www.pgrswizard.com/selector.aspx#Page225>.

***SPECIFIC TO INDIVIDUAL EP REPORTING OPTION: REGISTRY-BASED METHOD, DETERMINE WHICH MEASURES GROUP TO REPORT***

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EPs must select 1 measures group from approximately 22 groups.

EPs must report on 20 patients seen in the reporting calendar year, 11 of whom must be Medicare Part B patients.

For details of individual measures available via 4134 registries, please review the CMS website

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>.

In addition, MEDDATA/MEDTRON has worked with PQRS Wizard and finds their registry for measures group suitable for most all practice specialties with more details at <https://www.pgrswizard.com/selector.aspx#Page4>.

The 2016 measures groups have not yet been defined, however here is the list of the 2015 measures groups: Acute Otitis Externa, Asthma, Cataracts, Chronic Kidney Disease, Chronic Obstructive Pulmonary Disease, Coronary Artery Bypass Graft, Coronary Artery Disease, Dementia, Diabetes, General Surgery, Heart Failure, Hepatitis C, HIV/AIDS, Inflammatory Bowel Disease, Oncology, Optimizing Patient Exposure to Ionizing Radiation, Parkinson's Disease, Preventive Care, Rheumatoid Arthritis, Sinusitis, Sleep Apnea, and Total Knee Replacement.

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***SPECIFIC TO INDIVIDUAL EP REPORTING OPTION: EHR-BASED METHOD***

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Some EHRs capture the PQRS reporting data, however, may not be setup to submit the data via the EHR due to late releasing of requirements by CMS. Contact your vendor to find out your EHR status.

NOTE: MEDEHR plans to accommodate submission of future PQRS reporting data, however is not able to do 2016 reporting. Stay tuned!

For details of individual measures available to EHRs, please review the CMS website

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html>.

***MEDDATA CLIENTS ONLY: SEND SELECTED METHOD AND MEASURES TO MEDDATA – ASAP!***

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

***Each MEDDATA client 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, 2016 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.

**2015 PQRS REPORTING LAST RESORT**

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**If providers didn't comply with PQRS reporting for 2015, there is still one last opportunity!**

Individual EP reporting option

Registry-based using measures group

EPs must select 1 measures group from approximately 22 groups. EPs must report on 20 patients seen in the reporting calendar year, 11 of whom must be Medicare Part B patients.

See the full list of available 2015 Measures Groups below.

Acute Otitis Externa, Asthma, Cataracts, Chronic Kidney Disease, Chronic Obstructive Pulmonary Disease, Coronary Artery Bypass Graft, Coronary Artery Disease, Dementia, Diabetes, General Surgery, Heart Failure, Hepatitis C, HIV/AIDS, Inflammatory Bowel Disease, Oncology, Optimizing Patient Exposure to Ionizing Radiation, Parkinson's Disease, Preventive Care, Rheumatoid Arthritis, Sinusitis, Sleep Apnea, and Total Knee Replacement.

Certified Registries can accept 2015 data as late as February 26, 2016, to meet the 2015 reporting criteria. An example of a certified Registry is PQRS Wizard <https://www.pgrswizard.com/selector.aspx#Page4>.

**QUESTIONS**

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

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

MSI Software Support:

Email: From **MEDPM** or **MEDEHR** Sign On screens, double click on 'support@medtronsoftware.com'

-OR-

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

-OR-

Fax: (985) 234-0609

**PREVIOUS PQRS NEWS BLASTS ISSUED BY MEDDATA/MEDTRON**

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**080615 News Blast: PQRS and VM2**

**122614 News Blast: PQRS Updates for 2015**