

2014 Physician Quality Reporting System (PQRS) Incentive Program

This is the last year eligible professionals (EPs) can qualify for an incentive payment under the PQRS program. After this year, Medicare payment penalties will apply to EPs who do not successfully participate.

2014 Payments and Penalties

- EPs who successfully report on quality measures during the 2014 reporting period are eligible for a 0.5 percent PQRS incentive payment
- In most cases, EPs will be required to report on **9** measures covering 3 “domains” for at least 50% of their Medicare Part B fee-for-service (FFS) patients seen during the reporting period or they can report on one measures group for at least 20 patients, a majority of which must be Medicare Part B (FFS) patients.
- To avoid the 2016 penalty, EPs must report at least three measures in 2014 for at least 50 percent of the EP’s Medicare Part B FFS. The penalty will be a 2 percent of the EPs 2016 Medicare Part B FFS payments.
- EPs who meet the criteria to earn a 2014 PQRS incentive will also avoid the PQRS 2016 penalty.

2014 Measures

There are 57 new PQRS measures and 45 measures have been removed for a total of 284 PQRS measures in the 2014 program.

Measure Type/Year	2013	2014	Variance
Total Measures	258	284	26
Measures Removed	N/A	45	-45
Claims Measures	137	110	-27
Registry Measures	203	201	-2
EHR Measures	51	64	13
GPRO Web Interface Measures	22	22	0
Certified Survey Vendor (Summary Survey Models)	N/A	12	12
Measures Groups	22	25	3

NOTE – Since many of our clients participate in PQRS via the claims-reporting method, you should be aware that there are 27 fewer claim-option measures in 2014. These measures have either been eliminated or the claims-based reporting method is no longer acceptable for existing measures as described in the following.

Several reporting options were changed for existing measures in 2014:

- Claims-based reporting option removed from 17 individual measures
- EHR reporting option removed from 6 measures
- EHR reporting option added to 11 measures

Reporting Options

The types of reporting options have seen two options eliminated and three options added.

- “Measures Groups” may only be submitted via the Registry option. *The claims-option has been eliminated.*
- *Administrative claims option eliminated* for purposes of avoiding the 2016 payment adjustment
- EHR Reporting has been added for Group Practices
- **New** - *Certified Survey Vendor Reporting Option** has been added for reporting the Clinician and Group, Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) patient satisfaction data measures, available to group practices that register to participate in the GPRO option. (Group Practice Reporting Option)
- **New** - *Qualified Clinical Data Registry** (QCDR)Option*

Group Practice Reporting Option

Group practices of 2 or more EPs may submit their PQRS measures through the GRPO reporting method. In order to participate through GPRO, GPs must self-nominate by September 30, 2014 for the 2014 reporting year via an online system.

GPROs may report their measures via registry, EHR, web interface, Qualified Clinical Data Registries, or the Certified Survey Vendor option.

Here is the [link](#) to the CMS PQRS presentation held on Tuesday, December 17. The Appendixes in the back will show:

- The new measures for 2014
- Deleted measures for 2014
- Reporting option updates – which measures had reporting options taken away or added (such as claims-based)
- Summary of reporting requirements
- [Link to all of the 2014 PQRS materials published by CMS.](#)

***Certified Survey Vendor Option** – This reporting method is available to group practices of 25+ EPs participating in PQRS under GPRO beginning in 2014. This is an optional reporting mechanism for those EPs wishing to report the CG CAHPS summary survey modules. The data collected on these measures will be submitted on behalf of the group practice by the certified survey vendor. Results from this program will be posted on the Physician Compare Website.

****Qualified Clinical Data Registries (QCDRs)** – This is a CMS-approved entity that has self-nominated and successfully complete a qualification process that collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients.