

Overview of the 2013 Medicare PQRS Program

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What is PQRS?

The Physician Quality Reporting System (PQRS), created in 2007 by Congress as the Physician Quality Reporting Initiative, is a voluntary Medicare reporting program that provides financial incentives for satisfactorily reporting data on quality measures for FFS Medicare beneficiaries. Medicare Part C—Medicare Advantage beneficiaries are not included in this program.

How do I participate in PQRS?

You do not need to sign up or preregister to participate in PQRS. You can choose to report PQRS measures on fee-for-service Medicare beneficiaries to CMS through your Part B claims, a qualified registry, or via a qualified electronic health record (EHR) product.

Which measures are reported by radiation oncologists?

ASTRO encourages members to participate using the Oncology Measures Group, which significantly reduces the burden of participation. For the Oncology Measures Group, providers are only required to report on 20 unique patients, versus 80 percent of patients for three individual measures. Visit the ASTRO PQRS toolkit for more information on the Oncology Measures Group: www.astro.org/pqrswizard

What is the reporting period for the 2013 PQRS program?

For reporting individual measures, via claims or a registry, there is a 12-month reporting period from January 1, 2013, to December 31, 2013. For reporting using the Oncology Measures Group, there are two reporting period options: January 1, 2013 - December 31, 2013, OR July 1, 2013 - December 31, 2013.

What is the timeline for reporting?

You can begin reporting at any time during the reporting period, and you have until March 13, 2014 to submit the data. However, all data reported must correspond to patients seen during the 2013 calendar year.

What is the financial incentive for successfully participating in PQRS 2013?

The 2013 incentive payment will be 0.5 percent of all Medicare Part B physician fee schedule-covered professional services, not just on the claims where the performance measures quality data codes are applied. This includes all deductibles and co-pays. Additionally, where Medicare is the secondary insurance, PQRS bonuses are based on overall charges and not limited just to the portion paid by Medicare.

All participants will also receive a confidential feedback report. Physicians who are incentive eligible for Physician Quality Reporting can receive an additional 0.5 percent incentive payment when they meet the Maintenance of Certification Program Incentive requirements. This physician-only incentive will be paid at the same time as the 2013 Physician Quality Reporting incentive for those physicians who qualify. Physicians cannot receive more than one additional 0.5 percent Maintenance of Certification Program Incentive, even if they complete Maintenance of Certification Program in more than one specialty.

Beginning in 2015, there will be a 1.5 percent reduction in all Medicare fee-for-service payments for those who do not participate in PQRS based on 2013 reporting. The following chart provides a bonus/penalty schedule for the PQRS program.

PQRS BONUS AND PENALTY SCHEDULE

	Successful PQRS + No MOC	Successful PQRS + MOC
2013	1.0 percent	1.0 percent
2014	1.0 percent	1.0 percent
2015	-1.5 percent	
2016	-2.0 percent	

What are the criteria for successfully participating in the 2013 PQRS program?

CMS determines successful PQRS participation based on each unique NPI/TIN combination. In order to be eligible for the PQRS bonus, the threshold is 80 percent for at least three measures for registry submissions. For claims submissions, the threshold is 50 percent for at least three measures. For the Oncology Measures Group, the threshold is reporting on 20 patients for all measures in the measures group. As such, radiation oncologists are encouraged to report using the Oncology Measures Group as it is less burdensome. For professionals who achieve a reporting rate at or above threshold for each of fewer than three PQRS measures, a measure-applicability validation process will determine whether they should have submitted quality-data codes for additional measures and eligibility for final payment will then be determined. The bonus will be sent to the TIN holder.

Is there an appeals process if you disagree with Medicare’s decision regarding your participation in PQRS?

For 2013, an eligible professional must request an informal review within 90 days of the release of his or her feedback report, via a web-based tool available on the communication support page. Information on the communication support page, including the link to the page, will be available at www.cms.gov/PQRS.

Is my participation in PQRS publically released?

By law CMS is required to post on a website the names of eligible professionals who satisfactorily report on PQRS. This information is now posted on the Medicare Physician Compare website www.medicare.gov/find-a-doctor/provider-search.aspx.

Does the Medicare agency provide any resources to assist providers with questions on the program?

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Does the Medicare agency provide any resources to assist providers with questions on the program? In addition to the resources available on the CMS website (www.cms.gov/pqrs) the Medicare agency hosts the QualityNet Help Desk.

QualityNet Help Desk

Monday - Friday; 7:00 a.m. - 7:00 p.m. CT
 Phone: 1-866-288-8912/TTY: 1-877-715-6222
 Email: qnetsupport@sdps.org

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