

An ENT's
DEFINITIVE GUIDE
TO THE
2015
PHYSICIAN
QUALITY
REPORTING
SYSTEM
(PQRS)



What is PQRS

DEFINITION

PQRS or the Physician Quality Reporting System is an Incentive and Adjustment system initiated by the Centers For Medicare and Medicaid Services (CMS) that enables participating Eligible Professionals (EPs) to measure the quality of care they are offering their patients and to ensure their patients receive timely, quality care.

What is PQRS ?

Why PQRS ?

But WAIT !

How Do I Report ?

WHY PQRS

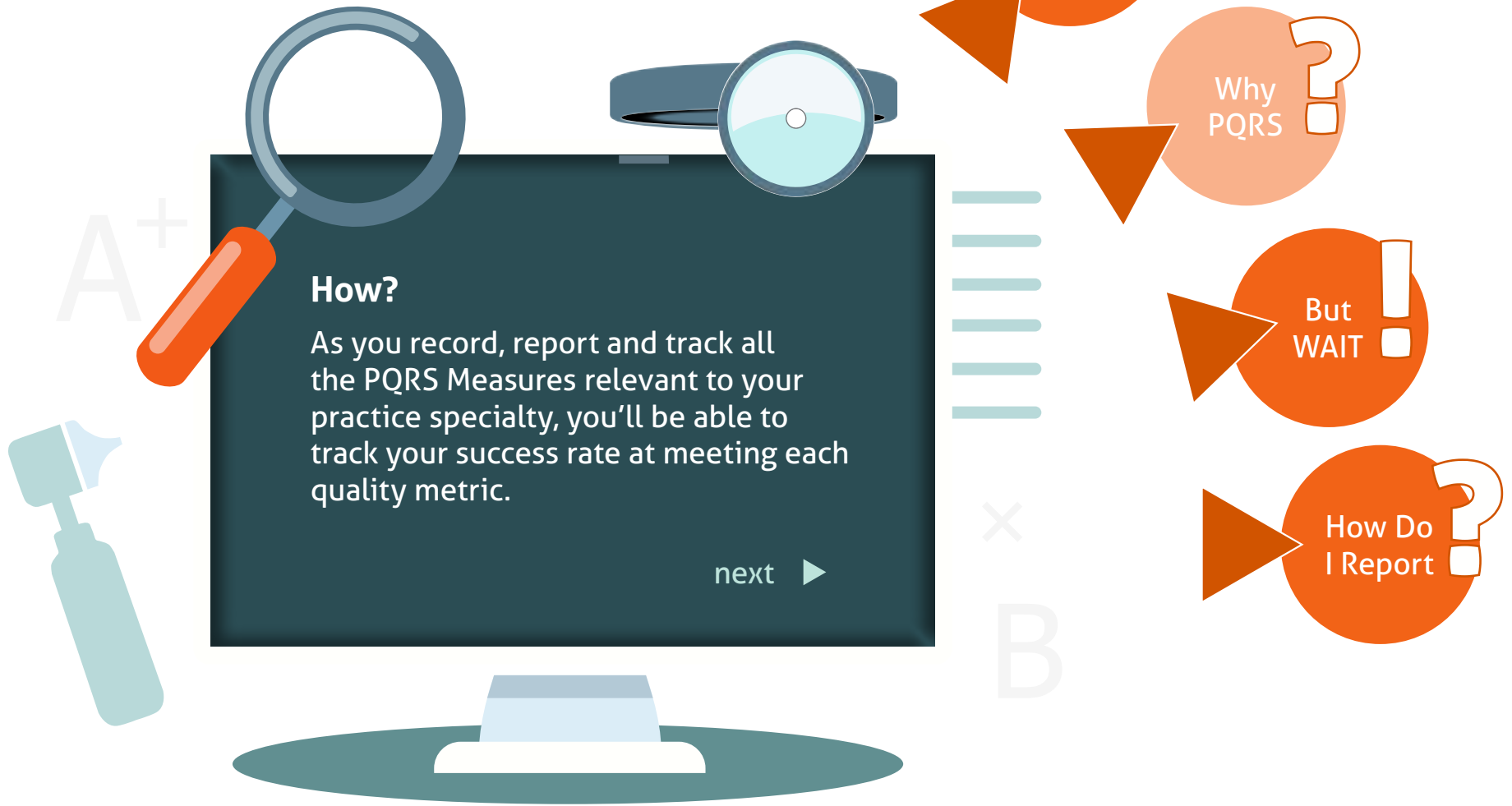
What's in it for you?

As an ENT practitioner, one of the challenges you may face is how to measure the quality of the service you are offering your patients. PQRS measures offer the metrics and standards to do so.

next ▶

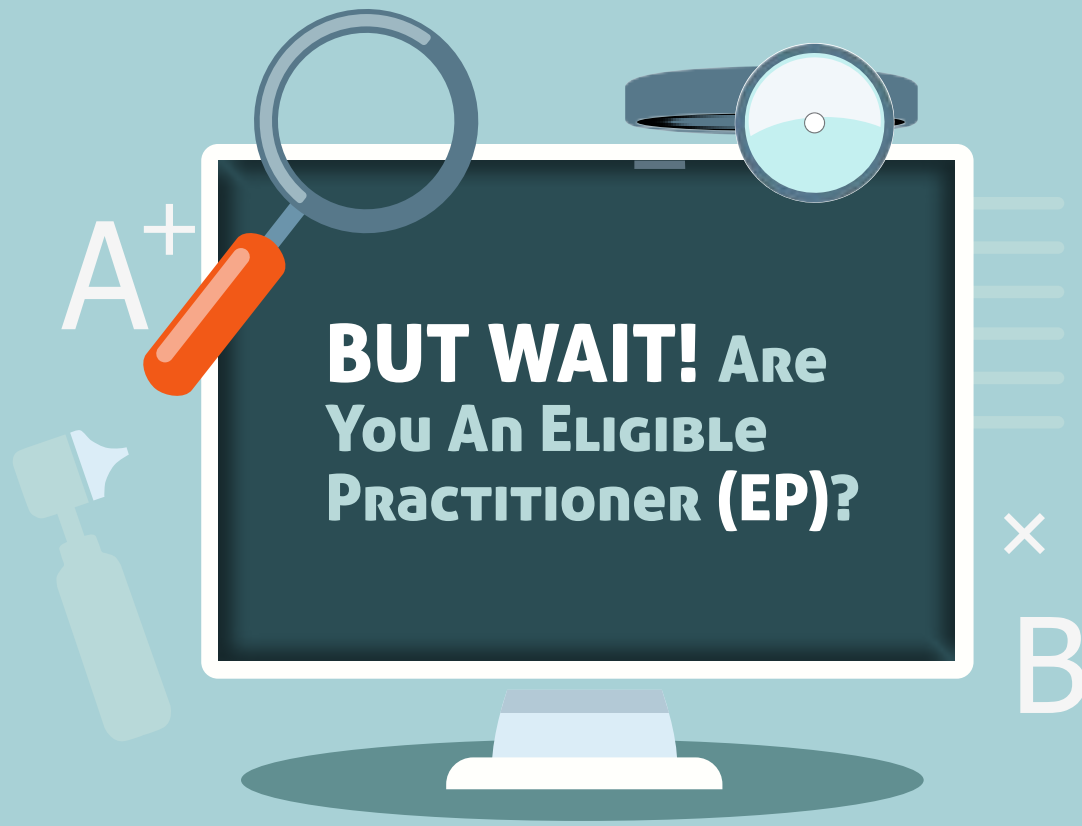


WHY PQRS



WHY PQRS





**BUT WAIT! Are
You An ELIGIBLE
PRACTITIONER (EP)?**

According to CMS.gov, to be considered an EP, you must meet the following criteria:

- ✓ You must be identified on claims by your individual National Provider Identifier [NPI] and Tax Identification Number [TIN])OR,
- ✓ Belong to a group practice participating in the group practice reporting option (GPRO) that satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries (including Railroad Retirement Board and Medicare Secondary Payer).





INDIVIDUAL EP REPORTING

To participate in Individual EP 2015 PQRS reporting...

Individual EPs can use one of the following channels to submit their reports:

1. Medicare Part B Claims
2. Qualified PQRS Registry
3. Direct Electronic Health Record (EHR) using Certified EHR Technology (CEHRT)
4. CEHRT via Data Submission Vendor
5. Qualified Clinical Data Registry (QCDR)

Group Practice Reporting ►



A⁺

HOW Do I Report? Depends...

There are **TWO SETS** of reporting methods, depending on whether you are an Individual EP or part of a Group Practice.

×

B

GROUP PRACTICE REPORTING

To participate in Group Practice 2015 PQRS reporting...

Individual EPs can use one of the following channels to submit their reports:

1. Medicare Part B Claims
2. Qualified PQRS Registry
3. Direct Electronic Health Record (EHR) using Certified EHR Technology (CEHRT)
4. CEHRT via Data Submission Vendor
5. Qualified Clinical Data Registry (QCDR)

[Back to Individual EP Reporting](#) ◀

What's
Next





What's Next?

Now that you know the basics,
here's what you are probably
asking yourself...

Measures
Codes

Incentives VS
Adjustments

ENT PQRS
Measures

- 1 How do I select **which measures** to report for each case?
- 2 You mentioned **Incentives and Adjustments**. What's the difference?
- 3 What measures **specifically apply** to my ENT practice?
- 4 **I'm hungry**. What will I have for lunch...?

While we will help you understand the first three, the best we can do with the fourth is give you some inspiration...



...maybe that's for tomorrow's lunch...



Which Measures Should You Report?

Measures Codes

Incentives VS Adjustments

ENT PQRS Measures

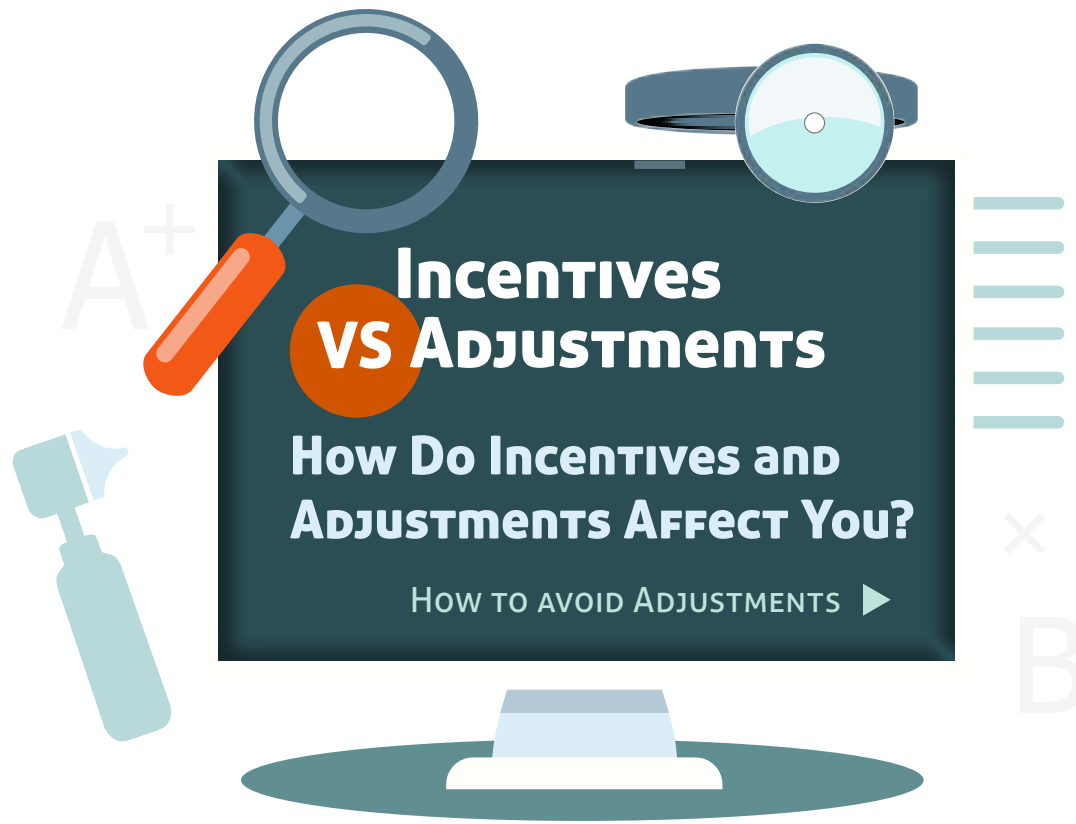
MEASURES CODES

Utilize the Measures Codes, which are documentation that provide a wide array of detailed specifications on how to successfully identify which quality measures you should report.

NOTE: These documents vary from year to year so you must ensure you are using measures documents for the correct program year.

MEASURES SELECTION CRITERIA TO CONSIDER:

- ✓ Clinical conditions usually treated
- ✓ Types of care typically provided –e.g., preventive, chronic, acute,
- ✓ Settings where care is usually delivered –e.g., office, emergency department (ED),
- ✓ Quality improvement goals for 2015,
- ✓ Other quality reporting programs in use or being considered by the National Quality Strategy.



Incentives VS Adjustments

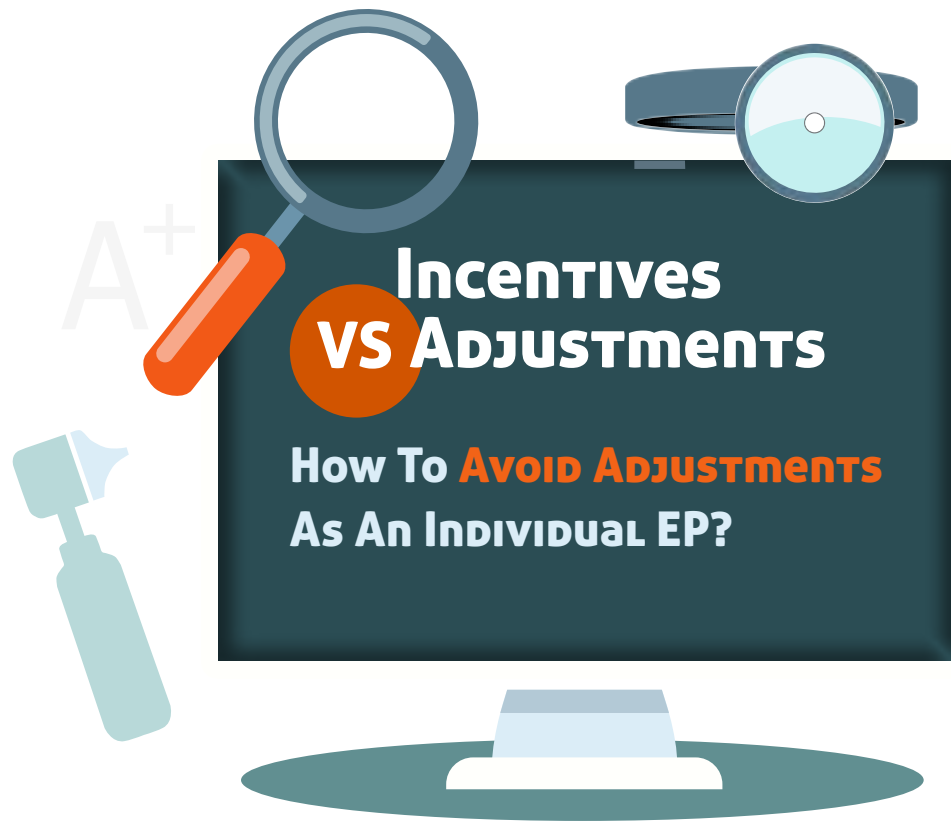
How Do Incentives and Adjustments Affect You?

HOW TO AVOID ADJUSTMENTS ▶

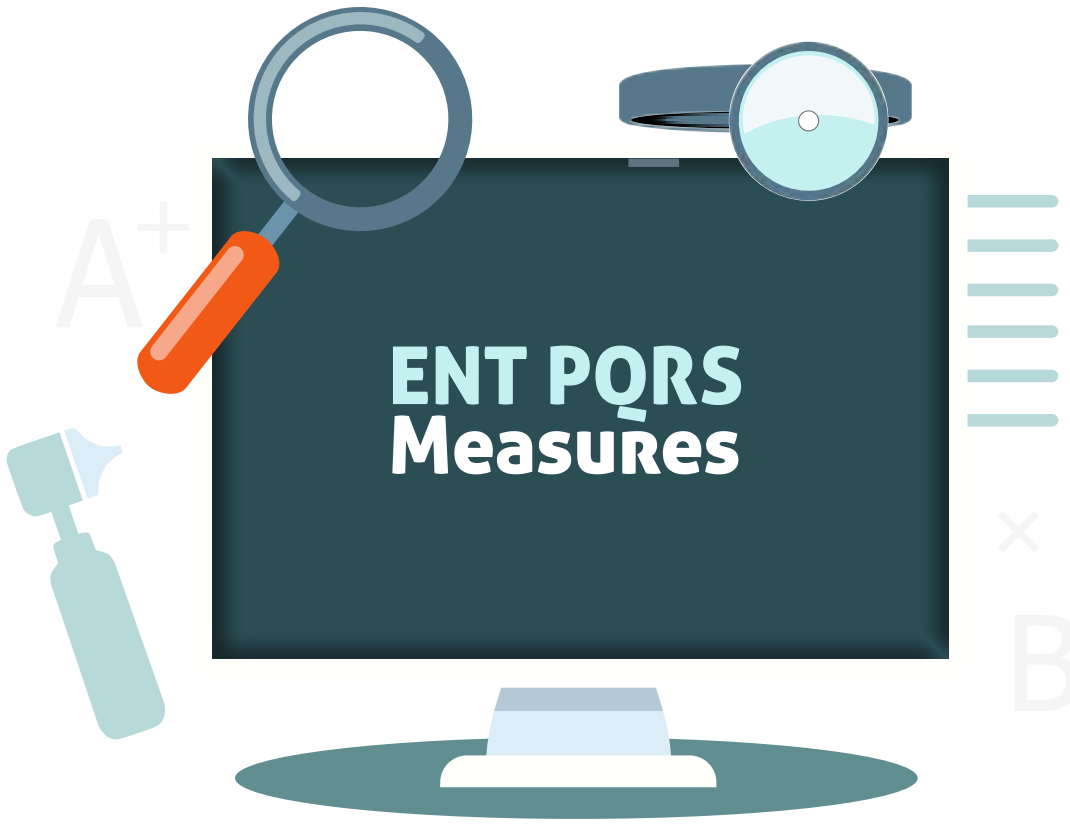


IN A
NUTSHELL

Incentives are rewards for satisfactory reporting *while* Adjustments are negative payment adjustments of **1.5%** in 2015 levied against professionals who either **do not participate** in the PQRS program or **do so unsatisfactorily**.



- ✔ Meet the requirements to satisfactorily report or satisfactorily participate as defined in the 2014 PQRS measure specifications
- ✔ Report at least 3 measures covering one NQS domain for at least 50 percent of the eligible professional's Medicare Part B FFS patients via claims or qualified registry
- ✔ An Individual EP that reports fewer than 3 measures covering at least 1 NQS domain via claims or qualified registry-reporting will be subject to the Measure-Applicability Validation (MAV) process, which will allow CMS to determine whether additional measures domains should have been reported.
- ✔ Participate via a qualified clinical data registry (QCDR) that selects measures for the eligible professional, of which at least 3 measures covering a minimum of 1 NQS domain AND submits measures for at least 50% of applicable patients seen during the participation period to which the measure applies



WHAT PQRS MEASURES APPLY TO OTOLARYNGOLOGISTS (ENTs)?

Before we give you a list of Measures that apply to your specific ENT practice, there are three registry options you have for reporting your measures:

① Reporting using Measures Groups

These are grouped measures by specialty. For example, Asthma, Sleep Apnea, Acute Otitis Externa are in one Measures Group.

Pro Tip: When you report this way you only need to report 20 patients covering your Measures Group to meet the PQRS reporting threshold.

② Reporting using Measures Clusters

Measures Clusters are singular conditions with multiple measures. For example, Sinusitis Measures comprise a cluster of Measures 331 to 334.

③ Reporting using Cross-domain Measures

Report a minimum 9 measures across a minimum 3 domains or if less, pass the Measure Applicability Validation process.

Measures
Codes

Incentives VS
Adjustments

ENT PQRS
Measures



- ▶ 01 Acute Otitis Externa
Adult Sinusitis
- 02 Asthma
Perioperative
- 03 Preventive Care
Falls
- 04 Other
Measures

ACUTE OTITIS EXTERNA (AOE)

Measure #91: Topical Therapy

Measure #93: Systemic Antimicrobial Therapy –Avoidance of Inappropriate Use

ADULT SINUSITIS

Measure #331: Antibiotic Prescribed for Acute Sinusitis

Measure #332: Appropriate Choice of Antibiotic: Amoxicillin Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)

Measure #333: Computerized Tomography (CT) for Acute Sinusitis (Overuse)

Measure #334: More than One Computerized Tomography (CT) Scan Within 90 days for Chronic Sinusitis (Overuse)



01 Acute Otitis Externa
Sinusitis

02 Asthma
Perioperative

03 Preventive Care
Falls

04 Other
Measures

ASTHMA

Measure #53: Pharmacologic Therapy for Persistent Asthma –Ambulatory Care Setting

Measure #398: Optimal Asthma Control

PERIOPERATIVE CARE AND SCREENING

Measure #21: Selection of Prophylactic Antibiotics –First OR Second Generation Cephalosporin

Measure #22: Discontinuation of Prophylactic Parenteral Antibiotics (Non-Cardiac Procedures)

Measure #23: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in All Patients)

Measure #110: Influenza Immunization

Measure #193: Perioperative Temperature Management



01 Acute Otitis Externa
Sinusitis

02 Asthma
Perioperative

03 Preventive Care
Falls

04 Other
Measures

PREVENTIVE CARE AND SCREENING

Measure #128: Body Mass Index (BMI)
Screening and Follow-Up Plan

Measure #226: Tobacco Use: Screening and
Cessation Intervention

Measure #317: Screening for High Blood
Pressure and Follow-Up Documented

FALLS

Measure #154: Risk Assessment

Measure #155: Plan of Care



- 01 Acute Otitis Externa
Sinusitis
- 02 Asthma
Perioperative
- 03 Preventive Care
Falls
- ▶ 04 Other
Measures

OTHER MEASURES

Measure #46: Medication Reconciliation

Measure #47: Care Plan

Measure #65: Appropriate Treatment for Children with Upper Respiratory Infection (URI)

Measure #66: Appropriate Testing for Children with Pharyngitis

Measure #111: Pneumonia Vaccination Status for Older Adults

Measure #130: Documentation of Current Medications in the Medical Record

Measure #131: Pain Assessment and Follow-Up

Measure #145: Radiology: Exposure Time Reported for Procedures Using Fluoroscopy

Measure #182: Functional Outcome Assessment

Measure #223: Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Neck, Cranium, Mandible, Thoracic Spine, Ribs, or Other General Orthopedic Impairments

Measure #265: Biopsy Follow-Up

Measure #402: Tobacco Use and Help with Quitting Among Adolescents

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