



## 2013 PQRSwizard® FAQ

### **What is the Physician Quality Reporting System (PQRS)?**

PQRS (formerly PQRI) was developed by CMS in 2007 as a voluntary pay-for-reporting program that provides a financial incentive to physicians and other eligible professionals who report data on quality measures for covered services furnished to Medicare beneficiaries. Eligible providers for the current period (calendar year 2013) can receive an incentive totaling 0.5% of their total allowed Medicare charges for Physician Fee Schedule (PFS) covered services. For more information about PQRS, you can access the CMS website at <http://www.cms.gov/PQRS>.

### **What are the incentive and penalty schedules?**

*Incentive* - Upon review and acceptance by CMS, you will receive an incentive payment equal to one-half percent (0.5%) of your total Medicare Part B Physician Fee Schedule (PFS) charges for *all covered services* provided during the reporting period. That is, the incentive covers *all payments received from Medicare Fee-For-Service*, not just those that are applied to the services being reported.

*Penalty* - Eligible professionals who do not satisfactorily report data on quality measures for covered professional services will incur a downward payment adjustment beginning in 2015. The PQRS payment adjustment applies to all of the eligible professional's Part B covered professional services under the Medicare Physician Fee Schedule (PFS). Reporting during the 2013 PQRS program year will be used to determine whether a 1.5% penalty applies in 2015. Reporting during the 2014 PQRS program year will be used to determine whether a 2.0% penalty applies in 2016.

### **Where can I find the CMS Measure Specifications Manual?**

[Click here](#) to access information about Physician Quality Reporting System (PQRS) quality measures, including detailed specifications and related release notes for the individual PQRS quality measures and measures groups.

### **Where can I find the list of Eligible Professionals for the PQRS program?**

[Click here](#) to access the Physician Quality Reporting System (PQRS) list of eligible professionals.

### **How can I contact the CMS PQRS Help Desk?**

Your PQRS-related questions can be addressed to the [QualityNet Help Desk](#), 7:00 AM – 7:00 PM CST. You can reach the QualityNet Help Desk by phone: 1-866-288-8912, or Email: [Onetsupport@sdps.org](mailto:Onetsupport@sdps.org).

### **What is the PQRSwizard?**

PQRSwizard is an easy to use online tool to help physicians and other eligible professionals quickly and easily participate in the Physician Quality Reporting System (PQRS). Similar to online tax preparation software, the PQRSwizard helps guide professionals through a few easy steps to rapidly collect, validate and submit their results to CMS for payment. PQRSwizard is powered by the CECity registry, a CMS Qualified Registry for PQRS reporting.

**What do I have to do to participate?**

You will need to select your measures, complete registration and enter data from your Medicare Part B patients (non-Medicare patients are also permitted). You will be presented with a series of questions for each patient. It only takes a few minutes to enter each patient. PQRSwizard will submit your completed report to CMS on your behalf.

**Why should I use PQRSwizard over the claims or EHR methods of participation?**

PQRSwizard has a proven track record of success. Over 99.5% of our customers are successful in obtaining their incentive payment from CMS. Claims and EHR submission have much lower success rates, and providers utilizing these submission methods often incur unforeseen costs for billing staff, or product upgrades.

**How do I pay for multiple accounts at one time, rather than paying for each individually?**

To pay for multiple providers, please visit the PQRSwizard homepage, and click on "Get Quote" in the section labeled *Group Practice* to initiate the group billing process.

**I have not coded PQR codes into my claims for 2013, can I still participate?**

YES! You can still be eligible for your 2013 incentive even if you have not changed the way you code your claims. You can report through the PQRSwizard – PQRSwizard utilizes the registry-based approach to PQR reporting. Because of this, you can report your patients to the registry, without coding your claims! You can report patients from encounters earlier in 2013, as well as prospective 2013 encounters.

**I have been submitting PQR data through my claims or to another registry. Can I switch to PQRSwizard?**

YES! If you would like to switch to PQRSwizard, you can certainly do so. CMS will review and analyze each of your submissions independently and will use the submission that is most advantageous to you.

**What measures are available through PQRSwizard?**

PQRSwizard supports measure groups and individual measures. Visit the PQRSwizard homepage to see what is available for 2013 reporting.

**Which measures should I report?**

It is recommended that you choose measures that apply to a significant portion of your patient population. PQRSwizard includes a measures selection guide to help you select the appropriate measures. It's important to note that a 0% performance rate for any one measure reported will result in incentive ineligibility. PQRSwizard will prompt you to enter additional patients should this scenario occur.

**What if I do not see measures that are applicable to my practice?**

If you don't see any measures that can be applied to your patient population (see question above), then you may wish to contact CMS to determine how best to proceed.

**If I participate in multiple Measures Groups or report more than three Individual Measures, will I increase my incentive payment?**

No. CMS is offering a maximum incentive of 0.5% of your total allowed Medicare charges for Physician Fee Schedule (PFS) covered services.

**How much time will it take me to complete my PQR reporting using PQRSwizard?**

The answer to this question largely depends on your accessibility to patients and information about their treatments. PQRSwizard's approach is designed to reduce the

amount of time and subsequent reporting errors that may occur when reporting PQRS measures. Many users of the PQRSwizard have completed their report in just a few hours.

### **Do I have to apply for the incentive for each practitioner?**

Yes. PQRS incentives are calculated using your NPI and TIN combination. The NPI and TIN combination that you provide during registration will be used by CMS to determine your eligibility for the PQRS incentive payment. If CMS determines that your report is incentive eligible, they will calculate your incentive payment based on the allowed Medicare Part B FFS charges billed in 2013 through the NPI and TIN combination that you provide to PQRSwizard. If you need to register multiple NPI and TIN combinations, then each additional combination will require a new PQRSwizard account registration and report submission.

### **How many patients do I need to report? Does it matter which ones I choose?**

There are different requirements for reporting on Measure Groups versus Individual Measures.

- For Measure Groups reporting, CMS requires that you report on twenty (20) patients that are eligible for the Measure Group. You must have a minimum of 11 Medicare Part B Fee-For-Service (FFS) patients within your 20-patient sample, and the remaining patients may be non-Medicare. The 80% measure group sample has been eliminated from 2013 PQRS reporting.
- For Individual Measure reporting, you must report on 80% of your Medicare Part B FFS patients that are eligible for a minimum of three individual measures. All patients reported must have been seen during the 2013 calendar year.

### **What is the Group Practice Reporting Option (GPRO)?**

The GPRO is a method by which a group practice can participate in the PQRS program. For more information, visit [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group\\_Practice\\_Reporting\\_Option.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group_Practice_Reporting_Option.html).

### **Who is eligible for the GPRO?**

For the 2013 program year, a "group practice" is defined as a single Tax Identification Number (TIN) with 2 or more individual eligible professionals (as identified by Individual National Provider Identifier [NPI]) who have reassigned their billing rights to the TIN.

### **How do I become a CMS-Qualified GPRO?**

Self-nominations from group practices wishing to participate in the 2013 Physician Quality Reporting System (PQRS) Group Practice Reporting Option (GPRO) will be accepted through the Physician and Other Health Care Professionals Quality Reporting Portal beginning December 1, 2012 and ending January 31, 2013. A second self-nomination period will be available from July 15, 2013 to October 15 2013. For more information re: Self-Nomination/Registration, [click here](#).

### **What are the incentive and penalty schedules for the GPRO?**

For 2013, the incentive/penalty schedules for CMS-Qualified GPROs is similar to the schedules for individual providers. CMS-Qualified GPROs who report PQRS measures in 2013 are eligible to receive a 0.5% incentive payment. CMS-Qualified GPROs who do not report PQRS measures will receive a 1.5% negative payment adjustment in 2015.

### **What is the Value-Based Payment Modifier (VBM)?**

All group practices consisting of 100+ eligible professionals, beginning in 2013 will be subject to the [Value-Based Payment Modifier \(VBM\)](#). A group practice with 100 or more

eligible professionals may avoid a VBM downward payment adjustment (up to -1.5% in 2015) by satisfactorily reporting PQRS under the GPRO program.

### **How is a Group Practice's Size Determined?**

A group practice's size will be the size of the group *at the time the group's participation is approved by CMS*. For example, if a group practice is comprised of 100 eligible professionals at the time it self-nominates for participation as a GPRO in 2013, and the group practice's size then drops to 99 eligible professionals at the time the group practice's participation is approved by CMS, the group practice would need to meet the reporting criteria for a group size of 99. Likewise, if a group practice is comprised of 99 eligible professionals at the time it self-nominates for participation as a GPRO in 2013, and the group practice's size increases to 100 eligible professional at the time the group practice's participation is approved by CMS, the group practice would need to meet the reporting criteria for a group size of 100.

### **How do I report PQRS measures as a CMS-Qualified GPRO?**

Report your PQRS measures through the PQRSwizard registry. This will help you to avoid the 1.5% penalty in 2015, and qualify for the 0.5% bonus in 2013.

### **What measures are eligible for GPRO reporting?**

Reporting through the PQRSwizard registry will make it possible for you to report on all registry-approved PQRS measures. As a GPRO, you are required to report at least 3 individual measures, AND report each measure for at least 80 percent of the group practice's Medicare Part B FFS patients seen during the reporting period.

### **How do I know that I've completed the process?**

The PQRSwizard will visually display the requirements and track the number of eligible patients entered based on the measures selected. Once you have met the requirements, the PQRSwizard will indicate that your report is complete and allow you to submit your report. Until you meet the requirements, you will not be able to submit your report. Note that for Individual Measure reporting, each provider must attest to meeting the 80% sampling requirement per measure.

### **I have entered all of my data and submitted my PQRS report through PQRSwizard. When will I get my incentive payment?**

CMS has not provided specific information as to when the 2013 incentives will be paid. However, based on previous years, it's likely that the 2013 incentive will be paid by the fall of 2014. For more information about your incentive payment or feedback report for any year, contact the CMS PQRS Help Desk.

### **How will my incentive be paid?**

If you currently receive your claim payments from Medicare electronically, then your PQRS incentive payment will be paid electronically to the same account. (For example, eligible professionals will see the LE to indicate an incentive payment, along with PQ10 to identify that payment as the 2010 PQRS incentive payment. Additionally, the paper remittance advice will read, "This is a PQRS incentive payment." The year will not be included in the paper remittance.)

If you currently receive your claim payments from Medicare on a paper check, then your PQRS incentive payment will also be paid by paper check. That check will be mailed to the address associated with the Tax ID Number and NPI in the National Plan and Provider Enumeration System (NPPES) system. If that address is incorrect or has been changed, you will need to update the address with NPPES (<https://nppes.cms.hhs.gov>).