



2014 PHYSICIAN QUALITY REPORTING SYSTEM

Overview for Ophthalmic Practices

The Physician Quality Reporting System (PQRS) requires that eligible professionals (EPs) satisfactorily report data on quality measures for covered professional services furnished to Medicare beneficiaries or receive a payment penalty.

Who Can Participate in PQRS?

Eligible professionals-

Physicians—Doctor of Medicine, Osteopathy, Podiatric Medicine, Optometry, Oral Surgery, Dental Medicine, Chiropractic

Practitioners—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;

Group Practices (GPRO) –2 or more eligible professionals who have reassigned their billing rights to a TIN.

Is Registration Required?

No sign up or pre-registration is required.

Is there a Financial Incentive for doing PQRS?

There is a 0.5 percent incentive for providers who successfully report PQRS in 2014.

What is the Financial Penalty for Not Doing PQRS?

In 2016, EPs who do not participate in PQRS and successfully report during the 2014 reporting period, will be assessed a 2% reduction in all Medicare fee-for-service payments. This applies to Medicare Part B covered professional services furnished by the eligible professional during 2016 or any subsequent year. This is an increase from the 1.5% penalty that will affect physicians in 2015 who did not successfully participate in PQRS in 2013.

Providers can avoid the 2% reduction in 2016 by reporting 3 measures correctly at least 50% of the time in 2014.

How to Successfully Report PQRS for 2014

For 2014, to be eligible for your 0.5% incentive payment and avoid the 2016 -2% reduction on all of your Medicare Part B allowed charges for the year (except for durable medical equipment, injectable solutions and ASC facility), you must complete one of the below reporting options:

- A. Cataracts Measures Group:
 1. Report on **20 applicable Medicare Part B Patients via Registry.**

- B. **Choose 9 (increased from the required 3 measures in 2013) individual measures from the relevant ophthalmology measures listed below that cover at least 3 of the National Quality Strategy (NQS) domains.**
 1. NQS domains include patient and family engagement, patient safety, care coordination, population and public health, efficient use of healthcare resources and clinical processes and effectiveness.
 2. If less than 9 measures apply to the provider, they can report as many measures as apply (1-8) and report each measure for 50 percent of the Medicare Part B fee-for-service patients they see during the applicable reporting period.
 3. Providers can report using the following methods: claims, electronic health records (EHR), a physician quality reporting registry, or Group Practice Reporting Option (GPRO).

Ophthalmology Measures for 2014:

- *MEASURE 12/NQF 0086* - Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation
- *MEASURE 14/NQF 0087* - Age-Related Macular Degeneration (AMD): Dilated Macular Examination
- *MEASURE 18/NQF 0088* - Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
- *MEASURE 19/NQF 0089* - Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
- *MEASURE 117/NQF 0055* - Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient
- *MEASURE 140/NQF 0566* - Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement
- *MEASURE 141/NQF 0563* - Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care

REGISTRY ONLY CATARACTS MEASURES GROUP

- *MEASURE 191/NQF 0565* – Cataracts: 20/40 or Better Visual Acuity within 90 days Following Cataract Surgery
- *MEASURE 192/NQF 0564* – Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
- *MEASURE 303* - Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery
- *MEASURE 304* - Patient Satisfaction Within 90 Days Following Cataract Surgery

To avoid the 2016 penalty, physicians must submit at least three quality measures on 50% of a physician's applicable patients either through claims, reporting or a qualified clinical data registry.

Informal Appeals Process

For 2014, an EP must request an informal review within 90 days of the release of his or her feedback report, via a web-based tool, the communication support page. Information on the communication support page, including the link to the page, will be available at <http://www.cms.gov/PQRS/>

Additional Resources

For additional information, visit the [CMS website](#) or contact the QualityNet Help Desk, Phone: 1-866-288-8912, qnetsupport@sdps.org