

## 2015 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 to avoid a penalty. **In 2015 there is no longer an incentive for successfully reporting PQRS.**

**Providers who do not successfully report PQRS measures in 2015 may also be subject to a separate Value-Based Payment Modifier (VBPM) penalty of between 2% and 4% depending on their practice size.** For more information about the VBPM, view the ASCRS VBPM Fact Sheet in additional resources.

### 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, Audiologist

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.

### What is the Financial Penalty for Not Doing PQRS?

*In 2017, EPs who do not participate in PQRS and fail to successfully report during the 2015 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 2017 or any subsequent year.*

Due to the elimination of the incentive payment in 2017, there is no longer an option to report fewer PQRS measures and avoid the PQRS penalty.

### How to Successfully Report PQRS for 2015

For 2015, to avoid the 2017 -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 patients via Registry, 50% (or 11) of which must be Medicare Part B beneficiaries.**
2. **Please note the cataracts measures group now requires reporting of 8 measures (an increase from 4 measures in 2014).** See below to find out which measures are included in the cataract measures group.

**B. Choose 9 individual measures from the relevant ophthalmology measures listed below and general care measures that cover at least 3 of the National Quality Strategy (NQS) domains:**

1. **One of the 9 measures reported must be a cross-cutting measure (Measures 130, 226, and 131 are considered cross-cutting measures).**
2. 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.
3. 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 % of the Medicare Part B fee-for-service patients they see during the applicable reporting period. **Choosing to report less than 9 measures will result in the provider going through the Measures Applicability Validation (MAV) process, which will determine whether the provider should have submitted additional measures.**
4. 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 2015

<u>Measure Number</u>	<u>Domain</u>	<u>Measure Title</u>	<u>Claims-Based Reporting</u>	<u>Registry</u>	<u>EHR</u>	<u>Cataracts Measure Group</u>	<u>GPRO Web Interface</u>
Measure 12	Effective Clinical Care	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	Yes	Yes	Yes	No	No
Measure 14	Effective Clinical Care	Age-Related Macular Degeneration (AMD): Dilated Macular Examination	Yes	Yes	No	No	No
Measure 18	Effective Clinical Care	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	No	No	Yes	No	No
Measure 19	Effective Clinical Care	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Yes	Yes	Yes	No	No
Measure 117	Effective Clinical Care	Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient	Yes	Yes	Yes	No	Yes
Measure 140	Effective Clinical Care	Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement	Yes	Yes	No	No	No
Measure 141	Communication and Care Coordination	Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care	Yes	Yes	No	No	No
Measure 191	N/A	Cataracts: 20/40 or Better Visual Acuity within 90 days Following Cataract Surgery	No	No	No	Yes	No
Measure 192	N/A	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring (cont.) Additional Surgical Procedures	No	No	No	Yes	No
Measure	N/A	Cataracts: Improvement in	No	No	No	Yes	No

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303		Patient's Visual Function within 90 Days Following Cataract Surgery					
Measure 304	N/A	Patient Satisfaction Within 90 Days Following Cataract Surgery	No	No	No	Yes	No
Measure 388	Patient Safety	Cataract Surgery with Intra-Operative Complications (Unplanned Rupture of Posterior Capsule Requiring Unplanned Vitrectomy)	No	Yes	No	Yes	No
Measure 389	Effective Clinical Care	Cataract Surgery: Difference Between Planned and Final Refraction	No	Yes	No	Yes	No
Measure 384	Effective Clinical Care	Adult Primary Rhegmatogenous Retinal Detachment Repair Success Rate: Percentage of surgeries for primary rhegmatogenous retinal detachment where the retina remains attached after only one surgery	No	Yes	No	No	No
Measure 385	Effective Clinical Care	Adult Primary Rhegmatogenous Retinal Detachment Surgery Success Rate: Percentage of retinal detachment cases achieving flat retinas six months post-surgery	No	Yes	No	No	No
Measure 130	Patient Safety	Documentation of Current Medications in the Medical Record	Yes	Yes	Yes	Yes	Yes
Measure 226	Community/Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Yes	Yes	Yes	Yes	Yes

**\*\*To report 9 measures for claims based reporting, you can also include general measures such as Measure 131: Pain Assessment and Follow-Up, Measure 110: Preventive Care and Screening, Influenza Immunization or Measure 111: Pneumonia Vaccination Status for Older Adults.**

## Other Information

Please note, all staff members that are eligible to report PQRS must either successfully report or receive a 2% penalty in 2017.

This includes part-time or contract staff. If a practice bills, even once, with a providers specific NPI and a practice's TIN, then CMS will reduce all MPFS payments using that TIN/NPI number by 2% in 2017.

In addition to Medicare physicians, providers such as physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, certified nurse midwives, clinical social workers and clinical psychologists are included as eligible professionals that must report for PQRS.

## Additional Resources

For more information on PQRS reporting, view the [CMS website](#) or contact [QualityNet Help Desk](#), Phone: 1-866-288-8912.

For more information on the Value Based Payment Modifier, view the [Fact Sheet](#) under ASCRS' Regulatory page on [ascrs.org](#).