PQRS Fact Sheet

SGO Quality and Outcomes Committee

In 2007 the Centers for Medicare and Medicaid Services established the Physician Quality Reporting System (PQRS; previously known as the Physician Quality Reporting Initiative), which currently offers an incentive payment to eligible professionals who adequately report data on PQRS-approved quality measures. While participation in PQRS is voluntary, beginning in 2015, if an eligible professional or group practice did not satisfactorily report PQRS measures in 2013, they will receive a 1.5% payment penalty on their 2015 Medicare reimbursements. Programs penalties and bonuses in 2016 were based on a 2014 reporting year and Program penalties in 2017 of 2 percent will be based on the 2015 program year (January 1 – December 31, 2015). It is the Society's hope that this fact sheet will serve as a guide to SGO membership and will help SGO members to avoid Medicare penalties in the future.

Step 1 – Determine Eligibility

Under PQRS, covered professional services are those paid under or based on the Medicare Physician Fee Schedule (PFS). To the extent that eligible professionals (EPs) are providing such services, those services are eligible for PQRS. In general, EPs who can participate in PQRS include:

1. Medicare physicians – Doctors of Medicine, Osteopathy, Podiatric Medicine, Optometry, Oral Surgery, Dental Medicine, or Chiropractic
2. Practitioners – Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist (and Anesthesiologist Assistant), Certified Nurse Midwife, Clinical Social Worker, Clinical Psychologist, Registered Dietician, Nutrition Professional, Audiologists
3. Therapists – Physical, Occupational, and Qualified Speech-Language Therapists

Under certain circumstances, professionals who may be eligible cannot participate in PQRS. Detailed information regarding this is provided in a downloadable file on the CMS PQRS website.

Step 2 – Select PQRS Reporting Option

EPs do not need to officially sign up or register for PQRS participation. One should first determine which PQRS reporting option best fits his/her practices (i.e., reporting either individual measures or measures groups to CMS via claims or by qualified registry, including the Qualified Clinical Data Registry Program, electronic health record (EHR), or data submission vendor during either a 6 or 12-month reporting period). Appropriate submission of data on measures to CMS will indicate one's intent to participate in PQRS.

Step 3 – Review Measures

Lists of individual measures and measures groups applicable to gynecologic oncology are provided on the second page of this fact sheet. EPs who choose to report individual measures should select at least nine from the list provided, encompassing at least three of the National Quality Strategy Domains and with one of the measures being quoted at "crosscutting." Those interested in reporting measures groups are required to submit data on one group.

Step 4 – Review Instructions and Submission Requirements

Individual PQRS Measures

EPs electing to report on individual measures via registry or claims should review the following reference documents:

1. *2015 Physician Quality Reporting System Measure Specifications Manual for Claims and Registry* for instructions on how to report claims-based or registry-based measures
2. *2015 Physician Quality Reporting System Implementation Guide* which describes important reporting principles underlying claims-based reporting and includes a sample claim form

All documents are located at the bottom of the Measures Codes page of the CMS PQRS website(http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html). EPs electing to report through an EHR should review the Alternative Reporting Mechanisms page for detailed information and instructions.

PQRS Measures Groups

EPs electing to report on a measures group should review the following reference documents:

1. *2015 Physician Quality Reporting Measures Groups Specifications Manual and Release Notes*
2. *Getting Started with 2015 Physician Quality Reporting of Measures Groups*

These documents are available on the Measure Codes page as well.

Submission Requirements

Reporting Method	Measure Type	Data Reporting Requirement (% of Medicare Part B FFS Patients)
Claims	Individual	≥50%
Registry	Individual	≥50%
	Group	≥50% (minimum 20 patients)
EHR	Individual	≥80%

Key Points about Satisfactory Reporting

- Individual measures with a 0% performance rate will be considered in analysis but will not be considered satisfactorily reported for incentive eligibility.
- Measures groups containing a measure with a 0% performance rate will not be counted as satisfactory reporting.

PQRS Measures Relevant to Gynecologic Oncology			
PQRS #	**NQF #**	**Title & Description**	**Reporting Method**
21*	0268	**Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin** Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for cefazolin OR cefuroxime for antimicrobial prophylaxis	Claims, Registry, Perioperative Care Measures Group (C/R)
22*	0271	**Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)** Percentage of non-cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics AND who received a prophylactic parenteral antibiotic, who have an order for discontinuation of prophylactic parenteral antibiotics within 24 hours of surgical end time	Claims, Registry, Perioperative Care Measures Group (C/R)
23*	0239	**Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)** Percentage of patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time	Claims, Registry, Perioperative Care Measures Group (C/R)
39	0046	**Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older** Percentage of female patients aged 65 years and older who have a central dual-energy X-ray absorptiometry (DXA) measurement ordered or performed at least once since age 60 or pharmacologic therapy prescribed within 12 months	Claims, Registry, EHR
47	0326	**Advance Care Plan** Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan	Claims, Registry, EHR
48	0098	**Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older** Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months	Claims, Registry, EHR
112	0031	**Preventive Care and Screening: Screening Mammography** Percentage of women aged 40 through 69 years who had a mammogram to screen for breast cancer within 24 months	Claims, Registry, EHR
128	0421	**Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan** Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is	Claims, Registry, EHR
130	0419	**Documentation of Current Medications in the Medical Record** Percentage of specified visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list must include ALL prescriptions, over-the-counters, herbals, vitamin/mineral/dietary (nutritional)	Claims, Registry
143	0384	**Oncology: Medical and Radiation – Pain Intensity Quantified** Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified	Registry
144	0383	**Oncology: Medical and Radiation – Plan of Care for Pain** Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain	Registry
194	0386	**Oncology: Cancer Stage Documented** Percentage of patients, regardless of age, with a diagnosis of breast, colon, or rectal cancer who are seen in the ambulatory setting who have a baseline AJCC cancer stage or documentation that the cancer	Claims, Registry
226	0028	**Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention** Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Claims, Registry
309	0032	**Cervical Cancer Screening** Percentage of women aged 21 through 63 years who received one or more Pap tests to screen for cervical cancer	EHR

* The only measures group relevant to gynecologic oncology is the Perioperative Care Measures Group.