In the eight years since the 2007 introduction of the initiative now known as the Physician Quality Reporting System (PQRS), the program has changed fundamentally. The original iteration was a voluntary reporting program that paid eligible health care professionals, including psychologists, bonuses simply for participating. By contrast, the current PQRS imposes payment penalties for all Medicare charges on providers who do not participate successfully — in other words, who fail to report quality measures on services provided to Medicare beneficiaries. For example, eligible providers who fail to report appropriately in 2014 will face a two-percent payment reduction in 2016 (see sidebar on this page).

Another aspect of the evolution in PQRS relates to the mental health measures available for reporting. There was only one such individual measure when the program began. In 2015, there will be twelve individual measures related to mental health care as well as a measures group (a set of clinically related measures) on dementia available for reporting.

In essence, PQRS represents a move toward tying Medicare payments to improved patient outcomes.

Psychologists who participate in Medicare can still receive a 0.5 percent bonus payment for all Medicare payments by participating in PQRS for the 2014 reporting year. Bonus payments apply for the year in which Medicare services are delivered. However, 2014 marks the final year of bonus payments under the program.

The shift in PQRS from giving bonuses to applying penalties has necessitated a two-year time lag between the reporting period and imposition of the penalty. In 2015, CMS will apply a 1.5 percent payment reduction to all Medicare payments for providers who failed to successfully report PQRS data in 2013. Providers who do not successfully report for 2014 face a 2 percent penalty in 2016.

Practitioners have until February 2015 to submit claims with a reported measure for a service that was provided during calendar year 2014.
Basics of PQRS participation

There is no application or registration process involved in PQRS participation. You must be enrolled as a Medicare provider under the ‘clinical psychologist’ designation and have a national provider identifier (NPI) number. Then you can begin reporting on services provided on or after January 1 of the current year.

There are three ways to participate in PQRS: claims-based reporting; in a registry approved by the Centers for Medicare and Medicaid Services (CMS); or via an electronic health record (EHR).

Claims-based reporting is done by adding Measures Codes and Quality Codes to the electronic or paper claim form that you currently submit to Medicare. Detailed instructions for selecting and using measures and quality codes are available in the 2014 PQRS Individual Claims Registry Measure Specification Manual at go.cms.gov/1GIXQdv.

CMS has not made changes to the claims-based reporting method for 2015, but the agency states in the 2015 Medicare fee schedule final rule that it will not continue to support this reporting method indefinitely. CMS has not specified a date other than to say that claims-based reporting for PQRS will be eliminated in future rulemaking.

Eligible professionals (EPs, either as individuals or as a group practice) may also satisfy the requirements for PQRS by reporting quality measures data to a participating registry, which collects and transmits data to CMS. The APA Practice Organization (APAPO), in collaboration with Healthmonix, has launched a registry available to all eligible mental health professionals. For more information, see the article on page 15. PQRS registries must meet criteria set by CMS such as having secure methods for data transmission and providing feedback to registry participants. More information on registry reporting is available at go.cms.gov/1wLWF8C.

Finally, eligible professionals and group practices can submit quality measure data directly from their own EHR system, provided it is considered certified EHR technology (CEHRT), or through an EHR Data Submission Vendor which collects clinical quality data directly from the EP’s or group practice’s CEHRT and submits it on their behalf. More information on EHR reporting is available at go.cms.gov/1u2vPIF.

In order to successfully report for 2014 and 2015, EPs must submit data on nine measures, which must fall into at least three out of six categories called domains. There are six available domains identified by the National Quality Strategy (NQS) that represent federal priorities in the effort to improve health and the quality of health care.

The measures most applicable to psychologists are in the following domains:

**PATIENT SAFETY**
No. 130: Documentation of medication  
No. 181: Elder maltreatment screen and follow-up plan

**EFFECTIVE CLINICAL CARE**
No. 9: Antidepressant medication management  
No. 106: Adult MDD: Comprehensive depression evaluation  
No. 107: Adult MDD: Suicide risk  
No. 247: Substance use disorders: Counseling  
No. 248: Substance use disorders: Screening for depression  
No. 325: Adult MDD: Coordination of care of patients with specific comorbid conditions

**COMMUNITY/POPULATION HEALTH**
No. 128: Preventive screening: BMI  
No. 131: Pain assessment and follow-up  
No. 134: Preventive care: Depression screening  
No. 173: Preventive care: Unhealthy alcohol use

What’s new in 2015

Several important changes to PQRS take place for the 2015 program year, including:

**Available measures:** There are two new measures in 2015 on which psychologists can report: Antipsychotic Medications for Individuals with Schizophrenia (No. 383), which falls in the Patient Safety domain, and Follow-up after Hospitalization for Mental Illness (No. 391), which applies to children ages 6 and older as well as adults and will satisfy

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*APAPO, in collaboration with Healthmonix, has launched a registry available to all eligible mental health professionals. (See page 15.)*
the domain for Communication and Care Coordination. CMS will not allow claims-based reporting for these new measures; they can only be reported through a registry or EHR. A complete list of measures is available at www.cms.gov/pqrs.

In addition, measure 107, Adult Major Depressive Disorder (MDD): Suicide Risk Assessment, will be reportable only through electronic health records in 2015.

Further, for 2015, CMS is eliminating three measures previously reported by mental health providers: #106 Adult Major Depressive Disorder (MDD): Comprehensive Depression Evaluation: Diagnosis and Severity; #247 Substance Use Disorders: Counseling Regarding Psychosocial and Pharmacologic Treatment Options for Alcohol Dependence; and #248 Substance Use Disorders: Screening for Depression Among Patients with Substance Abuse or Dependence.

**Cross-cutting measures:** For 2015 eligible providers will be expected to report nine measures across three domains. For those participants who have face-to-face encounters with patients, one of the nine measures must be a cross-cutting measure. Cross-cutting measures are existing PQRS measures that reflect improvement in patients’ functional status. Measure No. 134 (Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan) is an example of a cross-cutting measure.

**Measure-Applicability Validation (MAV):** Those who report fewer than nine measures across three domains will be subject to Medicare’s Measure-Applicability Validation (MAV) process. The MAV process examines whether the measures reported are part of a clinically related “cluster,” meaning a group of measures applicable to a particular health problem. Only the cluster on depression contains several measures likely to be used by psychologists.

Eligible professionals can still report successfully if the MAV process does not find other measures that the participant could have used in reporting. The APA Practice Organization (APAPO) expects that many psychologists will need to go through the MAV process based on their patient populations and the limited number of services they provide to Medicare beneficiaries. More information on the MAV process is available at www.apapracticecentral.org/update/2014/04-24/pqrs-track.aspx.