

# Participating Successfully in the Medicare PQRS Program

## *What to know and do for the 2015 and 2016 reporting years*



**T**he Physician Quality Reporting System (PQRS) is part of a broader initiative to improve quality of care in Medicare. By reporting on PQRS quality measures, individual providers and group practices can quantify how often they are meeting a particular quality metric.

The PQRS program now applies a negative adjustment to Medicare payments for eligible professionals (EPs) who did not satisfactorily report data on quality measures two years prior. Those who report satisfactorily for the 2015 reporting year will avoid the PQRS negative payment adjustment in 2017.

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 certified 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 2015 PQRS Individual Claims Registry Measure Specification Manual at [go.cms.gov/1PCM0YJ](http://go.cms.gov/1PCM0YJ). Psychologists who are reporting through claims have until February 28, 2016 to submit their 2015 data directly to CMS. While the

agency has not made changes to the claims-based reporting method for 2016, CMS has indicated that it will not support this reporting method indefinitely.

EPs may also satisfy the requirements for PQRS by reporting quality measures data to a participating registry, which collects and transmits data to CMS. 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](http://go.cms.gov/1wLWF8C).

The APA Practice Organization (APAPO), in collaboration with Healthmonix, launched a registry in 2014 available to all eligible mental health professionals. **Psychologists wishing to use the CMS-approved APAPO PQRSPRO registry must sign up for the 2015 reporting year by January 31, 2016 and submit their PQRS data to the registry by February 15.** For more information, see the sidebar on page 14.

Finally, individual EPs 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](http://go.cms.gov/1u2vPIF).

### 2016 PQRS Reporting Measures Most Applicable to Psychologists

Measure No.	Measure Name	NQS Domain	Reporting Method
128	Preventive care and screening: Body mass index screening and follow-up	Community/population health	Claims, registry and EHR
130	Documentation and verification of current medication in the medical record	Patient safety	Claims, registry and EHR
131	Pain assessment prior to the initiation of patient therapy and follow-up	Communication and care coordination	Claims and registry
134	Screening for clinical depression and follow-up plan	Community/population health	Claims, registry and EHR
181	Elder maltreatment screen and follow-up plan	Patient safety	Claims and registry
226	Preventive care and screening: Tobacco use screening and cessation intervention	Community/population health	Claims, registry and EHR
325	Adult major depressive disorder (MDD): Coordination of care of patients with specific comorbid conditions	Communication and care coordination	Registry only
370	Depression remission at twelve months	Effective clinical care	Registry only
383	Adherence to antipsychotic medications for individuals with schizophrenia	Patient safety	Registry only
411	Depression remission at six months	Communication and care coordination	Registry only
414	Evaluation or interview for risk of opioid misuse	Effective clinical care	Registry only
431	Preventive care and screening: Unhealthy alcohol use and brief counseling	Community/population health	Registry and measures group reporting

## Successful reporting

In order to successfully report for 2015 and 2016, 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 six domains are patient safety, person and caregiver centered experience and outcome, communication and care coordination, effective clinical care, community/population health, and efficiency and cost reduction.

*For those participants who have face-to-face encounters with patients, one of the nine measures must be a cross-cutting measure.*

The 2016 PQRs measures most applicable to psychologists are listed in the chart on page 13.

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. Of those listed in the chart, measures 128, 130, 131, and 226 are cross-cutting measures. CMS no longer accepts a "0 percent performance rate" for a measure, meaning the EP must perform the measure action at least once to satisfactorily report.

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. EPs reporting fewer than nine measures across three domains can still report successfully if the MAV process does not find other measures that the EP could have used in reporting. As stated above, an EP having face-to-face encounters with patients must report at least one cross-cutting measure or the EP will have failed, regardless of how many measures they report.

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 [apapracticecentral.org/update/2014/04-24/pqrs-track.aspx](http://apapracticecentral.org/update/2014/04-24/pqrs-track.aspx).

## THE APAPO PQRSPRO REGISTRY

APAPO, in collaboration with a leading health care data and technology company named Healthmonix, launched the APAPO PQRSPRO registry in 2014 to focus on PQRs measures used by mental and behavioral health providers. PQRs participants have a 99-percent success rate when reporting through registries and EHRs, as compared to a 56-percent success rate when reporting on claims forms. The APAPO PQRSPRO system automatically calculates and validates your data to ensure successful submission.

Information about how to use the APAPO PQRSPRO registry is available on the registry website at [apapo.pqrspro.com](http://apapo.pqrspro.com), which includes tutorials to guide participants through the reporting process. Registry staff members are available to provide support to participants.

For the 2015 reporting year, members who want to use the registry must **sign up with APAPO PQRSPRO by January 31, 2016 and submit their PQRs data by February 15, 2016.**

Psychologists who treat patients with dementia also have the option of reporting the Dementia Measures Group. Psychologists choosing this option must report each measure in the group on 20 patients, at least 11 of whom must be Medicare Part B fee-for-service (not Medicare Advantage) patients. Measures groups cannot be reported through claims; a psychologist who wants to report the Dementia Measures Group must use a registry or EHR reporting. The 2016 Dementia Measures Group consists of the following measures:

- #47 Care Plan
- #134 Screening for Clinical Depression and Follow-up Plan
- #280 Staging of Dementia
- #281 Cognitive Assessment
- #282 Functional Status Assessment
- #283 Neuropsychiatric Symptom Assessment
- #284 Management of Neuropsychiatric Symptoms
- #286 Counseling Regarding Safety Concerns
- #287 Counseling Regarding Risks of Driving
- #288 Caregiver Education and Support



## ADDITIONAL RESOURCES

The **Quality Improvement Programs** section of the **APA Practice Organization's Practice Central website** contains the latest information for 2015 and 2016 for both new participants and those who are already reporting in the program. Resources include a list of measures available for 2015 and 2016, a quick reference guide that links applicable codes to each measure, frequently asked questions and video tutorials on participating in PQRS.

[apapracticecentral.org/reimbursement/improvement/index.aspx](http://apapracticecentral.org/reimbursement/improvement/index.aspx)

The **Centers for Medicare and Medicaid Services page on the Physician Quality Reporting System** provides quick links to a variety of topics, including eligibility, how to get started in PQRS reporting, PQRS measures codes, group practice reporting information, electronic reporting and more.

[go.cms.gov/Vkaa8V](http://go.cms.gov/Vkaa8V)

### Certified Health IT Product list (CERHT)

A comprehensive list of certified health information technology products maintained by the Office of the National Coordinator for Health Information Technology. Psychologists interested in PQRS reporting via an electronic health record (EHR) system should check this list.

[onchpl.force.com/ehrcert](http://onchpl.force.com/ehrcert)

### QualityNet Help Desk

The QualityNet Help Desk provides answers to common PQRS support questions, including reporting requirements, negative payment adjustments and feedback reports.

1-866-288-8912 (TTY 1-877-715-6222) or  
[Qnetsupport@hcqis.org](mailto:Qnetsupport@hcqis.org) Monday-Friday from  
 7 a.m. to 7 p.m. CT.



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