Get Ready for Mandatory Medicare Reporting

PQRS shifts from a voluntary to a mandatory program in 2015.

Since 2007, Medicare has offered incentive payments to eligible professionals, including psychologists, who report data on designated outpatient service measures as part of a program known as the Physician Quality Reporting System (PQRS, formerly the Physician Quality Reporting Initiative). New mental health measures have been added as the program has evolved, and more changes are on the way.

The most fundamental change: As a result of the Patient Protection and Affordable Care Act of 2010, the program is slated to switch from a voluntary initiative to a mandatory reporting program in 2015.

Eligible professionals who fail to participate will face a penalty of 1.5 percent in 2015 and 2.0 percent in 2016. Meanwhile, the incentive payments of 1.0 percent for 2011 are decreasing to 0.5 percent for 2012 through 2014.

For 2011, the Centers for Medicare and Medicaid Services (CMS) reduced the reporting requirement for individual measures from 80 percent to 50 percent of applicable cases. In prior years, program participants were required to report on 80 percent of cases.

Additional details about PQRS include:

- There is no application or enrollment for the PQRS. Providers can begin reporting on applicable cases at any time by adding codes to the CMS-1500 claims forms they submit for Medicare Part B reimbursement. In order to participate, psychologists must have a National Provider Identifier (NPI) number and be enrolled in the Medicare Provider Enrollment, Chain and Ownership System (PECOS). The PECOS system and registration instructions can be accessed through the Medicare Enrollment site at pecos.cms.hhs.gov/pecos/login.do. (See the sidebar, “More resources for psychologists,” on the following page.)

- PQRS is not a pay-for-performance program at this time. Health care professionals are eligible to earn bonus payments through 2014 just for reporting on the program measures, regardless of treatment outcomes.

- When the program began in 2007, there was only one measure related to mental health services. In 2011, psychologists have ten measures available for reporting as identified in the sidebar, “PQRS measures for 2011,” on the following page. Participants are encouraged to report on at least three measures, though reporting on one to two measures is allowed.

- Participants who successfully report on applicable cases receive bonus payments for all their Medicare claims, not just the claims that include measures reported by the participant.

- All claims for a calendar year must be filed before CMS provides the bonus payments. The deadline for submitting prior year claims is two months from the end of the calendar year. Bonus payments for 2011, for example, will be made mid-year in 2012.

- CMS now allows a six-month reporting period in addition to the option of reporting for the entire calendar year. So for 2011, psychologists can choose to report on services from January through December, or only on those services provided from July through December.

- Providers can begin reporting on applicable cases at any time during the year. But keep in mind that successful program participation requires reporting on at least 50 percent of applicable cases. Failure to start early in the time period could prevent a participant from reaching this threshold.
### PQRS MEASURES FOR 2011

Psychologists are eligible to report on ten mental health preventive care and screening measures for the 2011 reporting period:

**Major depressive disorder (MDD): antidepressant medication during acute phase for patients with MDD (#9)**
Indicates the percentage of patients aged 18 years and older diagnosed with a new episode of MDD and documented as treated with antidepressant medication during the entire 84-day (12-week) acute treatment phase. This measure is to be reported for each occurrence of MDD during the reporting period.

**Major depressive disorder: diagnostic evaluation (#106)**
Indicates the percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who met the DSM-IV criteria during the visit in which the new diagnosis or recurrent episode was identified. This measure is to be reported a minimum of once per reporting period for all patients with an active diagnosis of major depressive disorder seen during the reporting period, including episodes of MDD that began prior to the reporting period.

**Major depressive disorder: suicide risk assessment (#107)**
Indicates the percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who had a suicide risk assessment completed at each visit during the measurement period. This measure is to be reported at each visit for a new diagnosis or recurrent episode of MDD, for patients seen individually during the reporting period.

**Body mass index (#128)**
Indicates the percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documents in the medical record and if the most recent BMI is outside parameters, a follow-up plan is documented.
The measure may be reported when a BMI calculation has been performed by another health care provider and is documented in the medical record.

**Documentation and verification of current medications in the medical record (#130)**
Indicates the percentage of patients aged 18 years and older with a list of current medications with dosages (includes prescription, over-the-counter, herbs, vitamin/mineral/dietary [nutritional] supplements) and verification with the patient or authorized representative is documented by the provider. This measure is to be reported at each visit occurring during the reporting period for patients seen during the reporting period. There is no diagnosis associated with this measure.

**Pain assessment prior to initiation of patient treatment (#131)**
Indicates the percentage of patients aged 18 years and older with documentation of a pain assessment (if pain is present, including location, intensity and description) through discussion with the patient including the use of a standardized tool on each qualifying visit prior to initiation of therapy AND documentation of a follow-up plan. This measure is to be reported for each qualifying visit occurring during the reporting period for patients seen during the reporting period. There is no diagnosis associated with this measure.

**Screening for clinical depression (#134)**
Indicates the percentage of patients aged 18 years and older screened for clinical depression using a standardized tool AND follow-up plan documented. This measure is to be reported a minimum of once per reporting period for patients seen during the reporting period. There is no diagnosis associated with this measure.

**Unhealthy alcohol use (#173)**
Indicates the percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method within 24 months. This measure is to be reported a minimum of once per reporting period for patients seen during the reporting period. This measure is intended to determine whether or not all patients aged 18 years and older were screened for unhealthy alcohol use during the reporting period. There is no diagnosis associated with this measure.

**Elder maltreatment screen and follow-up plan (#181)**
Indicates the percentage of patients aged 65 years and older with documentation of a screen for elder maltreatment AND documented follow-up plan. This measure is to be reported for each initial patient evaluation during the reporting period. When reporting CPT codes 96116, 97803, and G0270 the measure is to be reported each time the code is submitted. The not eligible code can be used to report if it is not an initial evaluation with screening for elder maltreatment.

**Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (#226)**
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. This measure is to be reported once per reporting period.

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### MORE RESOURCES FOR PSYCHOLOGISTS

- Enrolling or verifying enrollment with the Provider Enrollment, Chain and Ownership System (PECOS): [https://pecos.cms.hhs.gov/pecos/login.do](https://pecos.cms.hhs.gov/pecos/login.do)
- CMS overview of PQRS: [cms.hhs.gov/pqri](http://cms.hhs.gov/pqri)