



PQRS in Radiology

Updates and Detailed Understanding

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Start Early and Be Consistent

- Reporting PQRS should start as early in the year as possible
- CMS, ACR and SIR have information on their website
- Report as many measures as you can identify
- Consistency improves your performance scores
- Performance scores affect your Medicare payments
 - PQRS Penalty
 - Value Modifier Adjustment
- Individual physician data is available to everyone on Physician Compare website
- The group's reimbursement is affected by individual performance



Key Information for 2016

- Reporting requirements: 9 measures across 3 domains
- Eight new radiology specific measures
- Report at least one cross-cutting measure (claims, qualified registry) if have **even one** “face-to-face” encounters
- QCDRs may include additional non-PQRS measures
- Additional QCDR reporting requirements
- Value Modifier minimum episode size changed from 20 cases to 125 cases



New Measures with SIR as Measure Steward

- **PQRS #413** — Door to Puncture Time for Endovascular Stroke Treatment
- **PQRS #420** — Percentage of Patients Treated for Varicose Veins Who Are Treated With Saphenous Ablation and Receive an Outcomes Survey Before and After Treatment
- **PQRS #421** — Percentage of Patients With a Retrievable Inferior Vena Cava (IVC) Filter Who Are Appropriately Assessed for Continued Filtration or Device Removal
- **PQRS #437** — Rate of Surgical Conversion From Lower Extremity Endovascular Revascularization Procedure
- **PQRS #409** — Clinical Outcome Post-Endovascular Stroke Treatment



New Measures with ACR as Measure Steward

- **PQRS #405** — Appropriate Follow-up Imaging for Incidental Abdominal Lesions
- **PQRS #406** — Appropriate Follow-up Imaging for Incidental Thyroid Nodules
- **PQRS #436** — Radiation Consideration of Adult CT: Utilization of Dose Lowering Techniques



Measures Clarified as Relevant to Radiology

- **Single Source Code Master:** [Click Here](#)

- CPT Code matches
- ICD10 Code matches
- Both CPT and ICD10 Code matches
- Shows the following Information:

PQRS TOPIC	MEASURE #	DATA ELEMENT NAME	CODING SYSTEM	CODE	MODIFIER	EXCLUSION	PLACE OF SERVICE	AGE	GENDER	REPORTING METHOD
RADIOLOGY	145	ENCOUNTER_CODE	C4	0075T		N		≥0	M, F	CLAIMS/REGISTRY
RADIOLOGY	145	ENCOUNTER_CODE	C4	0202T		N		≥0	M, F	CLAIMS/REGISTRY

Measures Fall within Quality Domains

National Quality Strategy Domains	
Effective Clinical Care	
Communication and Care Coordination	
Efficiency and Cost Reduction	
Person and Caregiver-Centered Experience & Outcomes	
Community/Population Health	
Patient Safety	

2016 Basic Reporting Requirements

- 9 Measures across 3 National Quality Strategy Domains
 - Report 9/3, unless only 1-8 apply
 - Report 50% of Part B FFS cases per measure
 - Report less than required, undergo validation (MAV)
 - Report a cross-cutting measure

OR

- Report a measures group through a qualified registry



2016 Reporting Options

Claims	Report 9 across 3 National Quality Strategy domains for 50% of cases for Medicare Part B FFS; of measures reported include 1 cross-cutting measure if see patients in face to face encounter	If less than 9 apply, report 1-8 for 1 NQS domain; subject to measure applicability validation for both measures and NQS domains
Registry	Report 9 across 3 National Quality Strategy domains for 50% of cases for Medicare Part B FFS (new – 50% and less than 3) ; of measures reported include 1 cross-cutting measure if see patients in face to face encounter	If less than 9 apply, report 1-8 for 1 NQS domain; subject to measure applicability validation for both measures and NQS domains
EHR	Report 9 across at least 3 of the NQS domains.	If CEHRT does not contain patient data for at least 9 measures for 3 domains, then must report the measures for which there is Medicare patient data. Must report on at least 1 measure for which there is Medicare patient data.
Measures Groups	Report at least 1 measures group for at least 20 patients, a majority of which must be Medicare Part B FFS patients.	Only reportable through qualified registry.
Qualified Clinical Data Registry	Report at least 9 measures for at least 3 NQS domains AND report each measure for at least 50 % of applicable patients seen during the cases.	Of the measures reported via a qualified clinical data registry, must report 2 outcomes measures or 1 outcome and 1 resource use, patient experience of care, efficiency/appropriate use or patient safety measure.

Measures for General Radiology

PQRS	Quick Description	Measure Title	Measure Description	NQS Domain
76	CVC/PICC Lines	Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections	Percentage of patients, regardless of age, who undergo central venous catheter (CVC) insertion for whom CVC was inserted with all elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed	Patient Safety
145	Fluoroscopy	Radiology: Exposure Time Reported for Procedures Using Fluoroscopy	Final reports for procedures using fluoroscopy that document radiation exposure indices, or exposure time and number of fluorographic images (if radiation exposure indices are not available)	Patient Safety
147	NM Bone Scans	Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy	Percentage of final reports for all patients, regardless of age, undergoing bone scintigraphy that include physician documentation of correlation with existing relevant imaging studies (e.g., x-ray, MRI, CT, etc.) that were performed	Communication and Care Coordination
195	Stenosis Measurement	Radiology: Stenosis Measurement in Carotid Imaging Reports	Percentage of final reports for carotid imaging studies (neck magnetic resonance angiography [MRA], neck computed tomography angiography [CTA], neck duplex ultrasound, carotid angiogram) performed that include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement	Effective Clinical Care

Measures for Computerized Tomography

PQRS	Quick Description	Measure Title	Measure Description	NQS Domain
405	Incidental Abdominal Lesions	Appropriate Follow-up Imaging for Incidental Abdominal Lesions	<p>Percentage of final reports for abdominal imaging studies for asymptomatic patients aged 18 years and older with one or more of the following noted incidentally with follow-up imaging recommended:</p> <ul style="list-style-type: none"> • Liver lesion ≤ 0.5 cm • Cystic kidney lesion < 1.0 cm • Adrenal lesion ≤ 1.0 cm 	Effective Clinical Care
406	Incidental Thyroid Nodules	Appropriate Follow-Up Imaging for Incidental Thyroid Nodules in Patients	<p>Percentage of final reports for computed tomography (CT) or magnetic resonance imaging (MRI) studies of the chest or neck or ultrasound of the neck for patients aged 18 years and older with no known thyroid disease with a thyroid nodule < 1.0 cm noted incidentally with follow-up imaging recommended</p>	Effective Clinical Care
436	CT Adult Radiation	Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques	<p>Percentage of final reports for patients aged 18 years and older undergoing CT with documentation that one or more of the following dose reduction techniques were used:</p> <ul style="list-style-type: none"> • Automated exposure control • Adjustment of the mA and/or kV according to patient size • Use of iterative reconstruction technique 	Effective Clinical Care

Additional Measures for Breast Imagers

PQRS	Quick Description	Measure Title	Measure Description	NQS Domain
146	Screening Mammos	Radiology: Inappropriate Use of “Probably Benign” Assessment Category in Screening Mammograms	Percentage of final reports for screening mammograms that are classified as “probably benign”	Efficiency and Cost Reduction
225	Screening Mammos	Radiology: Reminder System for Screening Mammograms	Percentage of patients undergoing a screening mammogram whose information is entered into a reminder system with a target due date for the next mammogram	Communication and Care Coordination
265	Biopsy Results	Biopsy Follow-Up	Percentage of new patients whose biopsy results have been reviewed and communicated to the primary care/referring physician and patient by the performing physician	Communication and Care Coordination

Additional Measures for Cardiac Stress Imaging

PQRS	Quick Description	Measure Title	Measure Description	NQS Domain
322	Cardiac Stress Imaging	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients	Percentage of stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), or cardiac magnetic resonance (CMR) performed in low risk surgery patients 18 years or older for preoperative evaluation during the 12-month reporting period	Efficiency and Cost Reduction
323	Cardiac Stress Imaging	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI)	Percentage of all stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), and cardiovascular magnetic resonance (CMR) performed in patients aged 18 years and older routinely after percutaneous coronary intervention (PCI), with reference to timing of test after PCI and symptom status	Efficiency and Cost Reduction
324	Cardiac Stress Imaging	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low-Risk Patients	Percentage of all stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), and cardiovascular magnetic resonance (CMR) performed in asymptomatic, low coronary heart disease (CHD) risk patients 18 years and older for initial detection and risk assessment	Efficiency and Cost Reduction

Additional Claims Measures for IV Radiology

PQRS	Quick Description	Measure Title	Measure Description	NQS Domain
21	Surgical-Antibiotic	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 a first OR second generation cephalosporin for antimicrobial prophylaxis	Patient Safety
22	Surgical-Antibiotic	Perioperative Care: Discontinuation of Prophylactic Parenteral 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	Patient Safety
23	Surgical-Prophylaxis	Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)	Percentage of surgical patients aged 18 years and older undergoing procedures for which venous thromboembolism (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	Patient Safety

Additional Claims Measures for IV Radiology

PQRS	Quick Description	Measure Title	Measure Description	NQS Domain
76	CVC/PICC Lines	Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections	Percentage of patients, regardless of age, who undergo central venous catheter (CVC) insertion for whom CVC was inserted with all elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed	Patient Safety
145	Fluoroscopy	Radiology: Exposure Time Reported for Procedures Using Fluoroscopy	Final reports for procedures using fluoroscopy that document radiation exposure indices, or exposure time and number of fluorographic images (if radiation exposure indices are not available)	Patient Safety
265	Biopsy Results	Biopsy Follow-Up	Percentage of new patients whose biopsy results have been reviewed and communicated to the primary care/referring physician and patient by the performing physician	Communication and Care Coordination
358	Risk calculator on Surgery	Patient-centered Surgical Risk Assessment and Communication	Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those risks with the surgeon	Person and Caregiver-Centered Experience and Outcomes

Additional Measures for Vertebro and Kyphoplasty

PQRS	Quick Description	Measure Title	Measure Description	NQS Domain
24	Vertebro/ Kyphoplasty	Communication with the Physician or Other Clinician Managing On-going Care Post-Fracture for Men and Women Aged 50 Years and Older	Percentage of patients aged 50 years and older treated for a fracture with documentation of communication, between the physician treating the fracture and the physician or other clinician managing the patient's on-going care, that a fracture occurred and that the patient was or should be considered for osteoporosis treatment or testing. This measure is reported by the physician who treats the fracture and who therefore is held accountable for the communication	Communication and Care Coordination
418	Osteoporosis Management	Osteoporosis management in women who had a fracture (for vertebroplasties)	The percentage of women age 50-85 who suffered a fracture and who either had a bone mineral density test or received a prescription for a drug to treat osteoporosis	Effective Clinical Care

Additional Claims Measures for IV Radiology

PQRS	Quick Description	Measure Title	Measure Description	NQS Domain
259	EVAR without Major Complications	Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post Operative Day #2)	Percent of patients undergoing endovascular repair of small or moderate non-ruptured abdominal aortic aneurysms (AAA) that do not experience a major complication (discharged to home no later than post-operative day #2)	Patient Safety
347	EVAR with Patient Death in Hospital	Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) Who Die While in Hospital	Percent of patients undergoing endovascular repair of small or moderate abdominal aortic aneurysms (AAA) that die while in the hospital	Patient Safety
344	CAS in Asymptomatic Patients without Complications	Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2)	Percent of asymptomatic patients undergoing CAS who are discharged to home no later than post-operative day #2	Effective Clinical Care
345	CAS in Asymptomatic Patients with Stroke or Death	Rate of Postoperative Stroke or Death in Asymptomatic Patients – Undergoing Carotid Artery Stenting (CAS)	Percent of asymptomatic patients undergoing CAS who experience stroke or death following surgery while in the hospital	Effective Clinical Care

Additional Claims Measures for IV Radiology

PQRS	Quick Description	Measure Title	Measure Description	NQS Domain
409	Endovascular Stroke Treatment	Clinical Outcome Post-Endovascular Stroke Treatment	Percentage of patients with a mRs score of 0 to 2 at 90 days following endovascular stroke intervention.	Effective Clinical Care
413	Endovascular Stroke Treatment	Door to Puncture Time for Endovascular Stroke Treatment	Percentage of patients undergoing endovascular stroke treatment who have a door to puncture time of less than two hours.	Effective Clinical Care

Additional Claims Measures for IV Radiology

PQRS	Quick Description	Measure Title	Measure Description	NQS Domain
420	Varicose Vein Treatment	Varicose Vein Treatment with Saphenous Ablation: Outcome Survey	Percentage of patients treated for varicose veins (CEAP C2-S) who are treated with saphenous ablation (with or without adjunctive tributary treatment) that report an improvement on a disease specific patient reported outcome survey instrument after treatment	Effective Clinical Care
421	Inferior Vena Cava Filter	Appropriate Assessment of Retrievable Inferior Vena Cava Filters for Removal	Percentage of patients in whom a retrievable IVC filter is placed who, within 3 months post-placement, have a documented assessment for the appropriateness of continued filtration, device removal or the inability to contact the patient with at least two attempts	Effective Clinical Care
437	Lower Extremity Endovascular	Rate of Surgical Conversion from Lower Extremity Endovascular Revascularization Procedure	Inpatients assigned to endovascular treatment for obstructive arterial disease, the percent of patients who undergo unplanned major amputation or surgical bypass within 48 hours of the index procedure.	Patient Safety

2016 Measures for Radiology

General Radiologists	4
CT Readers	3
Mammographers Biopsy Follow Up- If perform biopsies & communicates results to patient	2-3
Cardiac Imagers	3
Interventionalists If all procedures performed	6+
Other Potential Measures	9
Total Possible Measures Not available to all radiologists	19-28



OPEIR Measures Group

Msr #	Measure Group	Description of Requirements
359	Optimizing Patient Exposure to Ionizing Radiation	Utilization of a Standardized Nomenclature for Computed Tomography (CT) Imaging Description
360	Optimizing Patient Exposure to Ionizing Radiation:	Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies
361	Optimizing Patient Exposure to Ionizing Radiation	Reporting to a Radiation Dose Index Registry
362	Optimizing Patient Exposure to Ionizing Radiation	Computed Tomography (CT) Images Available for Patient Follow-up and Comparison Purposes
363	Optimizing Patient Exposure to Ionizing Radiation	Search for Prior Computed Tomography (CT) Studies Through a Secure, Authorized, Media-Free, Shared Archive
364	Optimizing Patient Exposure to Ionizing Radiation	Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines

Measure Specifications

Layout is always the same:

- Description
- Instructions
- Reporting Method(s)
- Denominator and Code set(s)
- Numerator and Satisfactory Reporting
- Rationale
- Clinical Recommendation Statements



Example

Description Instructions Denominator

Measure #322: Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients – National Quality Strategy Domain: Efficiency and Cost Reduction

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

DESCRIPTION:

Percentage of stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), or cardiac magnetic resonance (CMR) performed in low risk surgery patients 18 years or older for preoperative evaluation during the 12-month reporting period

INSTRUCTIONS:

This measure is to be reported **once per procedure** of cardiac stress imaging (i.e., SPECT, MPI, ECHO, CCTA, CMR) for patients seen during the reporting period. There is no diagnosis associated with this measure. It is anticipated that clinicians who provide the physician component of diagnostic imaging studies for cardiac stress will submit this measure.

Measure Reporting via Registry:

CPT codes and patient demographics are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data. There are no allowable performance exclusions for this measure.

DENOMINATOR:

All instances of stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), or cardiac magnetic resonance (CMR) performed on patients aged 18 years and older during the reporting period

Denominator Criteria (Eligible Cases):

Patients aged ≥ 18 years on date of encounter

AND

Cardiac Stress Imaging Performed – Procedure Codes (CPT): 75559, 75563, 75571, 75572, 75573, 75574, 78451, 78452, 78453, 78454, 78491, 78492, 78494, 93350, 93351

Example The Numerator

NUMERATOR:

Number of stress SPECT MPI, stress echo, CCTA, or CMR primarily performed in low risk surgery patients for preoperative evaluation within 30 days preceding low-risk non-cardiac surgery

Definition:

Low-Risk Surgery – Cardiac death or MI less than 1% including, but are not limited to, endoscopic procedures, superficial procedures, cataract surgery, and excisional breast surgery.

Numerator Instructions:

INVERSE MEASURE - A lower calculated performance rate for this measure indicates better clinical care or control. The "Performance Not Met" numerator option for this measure is the representation of the better clinical quality or control. Reporting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control, and therefore an inverse measure at 100% does not qualify for reporting purposes, however any reporting rate less than 100% does qualify.

NUMERATOR NOTE:

- *A lower calculated performance rate for this measure indicates better clinical care or control. This measure is assessing overuse of cardiac stress imaging in low-risk surgery patients.*
- *Patients that did not have a surgery performed or had a surgery other than those defined as low-risk would report G8962.*
- *Clinical quality outcome is cardiac stress imaging NOT performed on patient who is a low risk surgery patient within 30 days preceding procedure.*

Numerator Options:

Performance Met:

Cardiac Stress Imaging Test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days preceding this surgery (**G8961**)

OR

Performance Not Met:

Cardiac Stress Imaging Test performed on patient for any reason including those who did not have low-risk surgery or test that was performed more than 30 days preceding low-risk surgery (**G8962**)

Example: Rationale Other Info

RATIONALE:

Cardiac imaging is a mainstay in medical decision-making for patients with known or suspected heart disease. However, expenditures related to imaging comprise a significant portion of the health care budget. Much scrutiny has been focused on cardiovascular imaging with regard to the potential for overuse, especially in view of substantial geographic variation in ordering patterns and the limited amount of evidence-based data supporting the use of imaging as it relates to patient outcomes. Given the significant contribution of heart disease to morbidity and mortality and the prevalence of cardiovascular disease, it is important to determine the appropriate use of diagnostic tests such as stress echocardiography, stress SPECT MPI, CCTA, and CMR.

CLINICAL RECOMMENDATION STATEMENTS:

Diagnostic testing, such as stress SPECT MPI, stress echocardiography, CCTA, and CMR is used to detect disease and provide risk assessment used to modify treatment strategies and approaches. Information provided by such testing can initiate, modify and stop further treatments for coronary heart disease (medications and revascularization) which have an impact on patient outcomes.

In addition, false positives and false negatives can adversely impact the patient and their treatment outcomes. Lastly, radiation from stress SPECT MPI and CCTA poses a minimal but still important consideration for patient safety. Ensuring proper patient selection can avoid using resources in patients not expected to benefit from the testings and for which the associated risks would be unnecessary.

Understanding Registry Reporting Options

- **Qualified, “traditional” registry such as PQRSwizard**
 - Can only report PQRS measures; individual or measures groups
 - Same requirements as claims (9 measures/3 domains)
 - Measure applicability validation will apply if report less
- **Qualified clinical data registry (QCDR), introduced in 2014**
 - QCDRs are typically specialty society registries like ACR National Radiology Data Registry (NRDR)
 - Allowed to report “non-PQRS” and PQRS measures meeting requirements
- *More on QCDRs later in presentation*



Cross-cutting Measure Requirement

- Required for claims and traditional registry reporting
- Report 1 cross-cutting measure if see at least 1 Medicare patient in a face-to-face encounter
- Face-to-face encounter defined as general office visits, outpatient visits, and surgical procedures
- Generally not applicable to diagnostic radiologists but may be for interventional radiologists and breast imagers
- List of cross-cutting measures and face-to-face encounter codes found on CMS website: [Click Here](#)



Cross-cutting Measure Requirements and Examples

- Cross-cutting measures seemingly most “relevant” to radiology:
 - **#130: Documentation of Current Medications in the Medical Record**
 - **#226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention**
- The cross-cutting measure does count toward the 9 required
- Performance Exclusions apply if documented



Use of TIN and NPI for PQRS Reporting

- Be sure to consider the Tax ID (TIN) structure of your group. PQRS participation is evaluated at the TIN/NPI level.
- If a practice has two or more TINs — and services/physicians vary with each TIN — options for measures and reporting mechanisms might differ.



Individual Reporting

- Individuals within your group should consider reporting on all applicable measures
- Each member can report as an individual using claims, qualified registry or QCDR reporting mechanism
- Doctors joining a group need to begin PQRS measures immediately to avoid future penalty from CMS
- Participation by doctors leaving the group usually won't affect the group's future payments



Measure Applicability Validation

- Process to determine if additional measures could be reported
- Additional 2016 measures make it easier to obtain the required 9/3 for successful reporting
- The opportunity to MAV test when less than 9 measures are reported is less likely and less necessary
- Separate process for claims and registry reporting
- Measures groups are not subject to MAV
- MAV resources: [Click Here](#) (including a training course)



Still Can't Find 9/3?

- Review the Measure Applicability Validation process
- Review “Single Source Code Master” for measures by CPT code
 - Supporting Document files: [Click Here](#)
- Consider OPEIR measures group
- Consider QCDDR
- Consider GPRO



GPRO Reporting

- Must register between April 1 and June 30, 2016 (locked in at June 30)
- Change the 9/3 test from TIN/NPI to TIN
- Report on 9 Individual Measures across 3 domains-as a group
- Report on 50% of the group's eligible Medicare FFS patients
- If any group physician billed a face to face encounter-cross cut required
- Physician quality scores derived from GPRO reporting
- MAV test applies if using qualified registry
- For Value Based Modifier under GPRO reporting
 - Does not require >50% of physicians successfully reporting PQRS



What is QCDR?

- CMS-approved entity that collects clinical data for patient/disease tracking for QI.
- QCDRs are typically specialty society registries like ACR National Radiology Data Registry (NRDR); ACR approved for 2016
- Measure data across multiple payers, not limited to Medicare beneficiaries
- Allowed to report “non-PQRS” and PQRS measures for successful PQRS participation; up to 30 non-PQRS measures



ACR NRDR Registries

- National Oncology PET Registry (NOPR)
- CT Colonography Registry (CTC)
- General Radiology Improvement Database (GRID)
- National Mammography Database (NMD)
- Dose Index Registry (DIR)
- Lung Cancer Screening Registry (LCSR)
- Additional Resources for ACR Members: Night Coverage Registry



QCDR Requirements

- QCDR does not offer MAV test –must meet 9/3 requirement
- Report on PQRS and Non-PQRS measures
- Reporting can be done at end of year (not best approach)
- Benefit to reporting quarterly
- Outcome Measure reporting

9 measures / 3 domains, 2 outcome	<ul style="list-style-type: none">• Must fully meet 9/3 requirements to avoid penalty – no MAV• Can report combination of PQRS and non-PQRS measures• Measure data required across multiple payers, not limited to Medicare beneficiaries• CMS emphasizes need for outcome measure reporting• Can report at end of year
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QCDR Feedback Reports

- QCDR must provide feedback to participants at least quarterly
- Individual physician level reports with performance rates prior to CMS submission
- Physician review of measures and authorization to report prior to submission
- Physician data submission deadline to QCDR: Feb 2017
- QCDR data submission deadline to CMS: March 30, 2017 for CY2016



Potential QCDR Benefits

- Greater potential to meet the 9/3 reporting requirement.
- Meeting multiple requirements/needs:
 - PQRS participation
 - Maintenance of certification Part IV
 - Quality improvement
 - Use QI registry data to show value to hospitals
- Support better outcome under the Value Modifier program;
Using a QCDR, quality scores:
 - Able to monitor and improve throughout the reporting year
 - Higher because of the frequent feedback/monitoring
 - Greater choice of measures to report = potential higher quality scores



Important to Remember...

- Must report 9 measures across at least 3 quality domains
- You are individually responsible for PQRS reporting
- The Specification Sheets provide complete explanation of measures
- Watch your individual metrics on the Physician Compare website
- Review the group's Quality and Resource Use Report
- Get new physicians engaged in PQRS immediately
- Adjust templates to remind you



Start Early and Be Consistent

- Reporting PQRS should start as early in the year as possible
- CMS, ACR and SIR have information on their website
- Report as many measures as you can identify
- Consistency improves your performance scores
- Performance scores affect your Medicare payments
 - PQRS Penalty
 - Value Modifier Adjustment
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- The group's reimbursement is affected by individual performance



CMS' Mantra:
Best Patient Care = Best Quality
Metrics = Best Finances

No matter how good you are in your profession, you cannot ignore quality metrics in the future!!



THANK YOU FOR YOUR TIME!



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