The Physician Quality Reporting System
Established in 2007, the Physician Quality Reporting System is a pay-for reporting program that provides a combination of incentives and payment adjustments to eligible professionals and group practices who satisfactorily report data on Physician Quality Reporting System quality measures.

The applicable incentive amounts are as follows:
- 2012: 0.5 percent
- 2013: 0.5 percent
- 2014: 0.5 percent

The applicable payment adjustment amounts are as follows:
- 2015: 1.5 percent
- 2016 and each subsequent year: 2.0 percent

This final rule sets forth our requirements for the 2012 Physician Quality Reporting System.

**Website:** [http://www.cms.gov/PQRS/](http://www.cms.gov/PQRS/)
Physician Quality Reporting System – Goals and Highlights

**Goals: Physician Quality Reporting System**

- Encourage participation in the Physician Quality Reporting System by:
  - Streamlining the program for greater ease of reporting
  - Finalizing reporting criteria consistent with criteria finalized in previous program years to foster familiarity with the reporting requirements
  - Lending permanency to certain program aspects (such as finalizing the claims, registry, and EHR-based reporting mechanisms)
- Adopt a Physician Quality Reporting System core set of measures pursuant to the DHHS Million Hearts Campaign’s goal of preventing cardiovascular disease
- Align with various CMS quality reporting programs, such as the Medicare Shared Savings Program and EHR Incentive Program

**Highlights: Requirements for Reporting Under the 2012 Physician Quality Reporting System**

- Change the definition of group practice from 2 to 25 eligible professionals
- Post information on GPRO performance on the Physician Compare website in 2013
  - **Physician Compare Website:** [http://www.medicare.gov/find-a-doctor](http://www.medicare.gov/find-a-doctor)
- Eliminate the 6-month reporting period (except for reporting on measures groups via registry)
- Finalize additional measures for claims and/or registry-based reporting (total = 210)
- Data submission vendors can submit on behalf of eligible professionals for EHR
  - See Spotlight section of CMS Physician Quality Reporting website for more information
- Adopt all 44 EHR Incentive Program measures for EHR-based reporting
- Finalize 8 additional measures groups (total = 22)
- Adopt measures that align with the Medicare Shared Savings Program
- Provide interim (in addition to annual) feedback reports
- Establish CY 2013 as the reporting period for the 2015 Physician Quality Reporting System payment adjustment
## Physician Quality Reporting System – Criteria for Satisfactory Reporting on Individual Measures

### 2012 Criteria for Satisfactory Reporting on Individual Measures via Claims and Registry

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Reporting Mechanism</th>
<th>Reporting Criteria</th>
</tr>
</thead>
</table>
| Jan 1, 2012 – Dec 31, 2012 | Claims             | Report at least three Physician Quality Reporting System measures; OR If less than three measures apply to the eligible professional, 1-2 measures; AND Report each measure for at least 50% of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies.  
*Measures with a 0% performance rate will not be counted.* |
| Jan 1, 2012 – Dec 31, 2012 | Registry           | Report at least three Physician Quality Reporting System measures, AND Report each measure for at least 80% of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies.  
*Measures with a 0% performance rate will not be counted.* |
### 2012 Criteria for Satisfactory Reporting of Data on Individual Physician Quality Reporting System Quality Measures via EHR

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Reporting Mechanism</th>
<th>Reporting Criteria</th>
</tr>
</thead>
</table>
| Jan 1, 2012 – Dec 31, 2012 | EHR – Aligning with the Medicare EHR Incentive Program | Report on ALL three Medicare EHR Incentive Program core measures (as identified in Table M9 of this final rule with comment period).  
If the denominator for one or more of the Medicare EHR Incentive Program core measures is 0, report on up to three Medicare EHR Incentive Program alternate core measures (as identified in Table M9 of this final rule with comment period); AND  
Report on three (of the 38) additional measures available for the Medicare EHR Incentive Program. |
Report each measure for at least 80% of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies.  
*Measures with a 0% performance rate will not be counted.* |
## Physician Quality Reporting System – Criteria for Satisfactory Reporting on Measures Groups

### 2012 Criteria for Satisfactory Reporting on Measures Groups via Claims and Registry

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Reporting Mechanism</th>
<th>Reporting Criteria</th>
</tr>
</thead>
</table>
| Jan 1, 2012– Dec 31, 2012 | Claims | • Report at least 1 Physician Quality Reporting System measures group; AND  
  • Report each measures group for at least 30 Medicare Part B FFS patients.  
  *Measures groups containing a measure with a 0% performance rate will not be counted.* |
| Jan 1, 2012 – Dec 31, 2012 | Claims | • Report at least 1 Physician Quality Reporting System measures group; AND  
  • Report each measures group for at least 50% of the eligible professional's Medicare Part B FFS patients seen during the reporting period to whom the measures group applies; BUT  
  • Report each measures group on no less than 15 Medicare Part B FFS patients seen during the reporting period to which the measures group applies.  
  *Measures groups containing a measure with a 0% performance rate will not be counted.* |
| Jan 1, 2012 – Dec 31, 2012 | Registry | • Report at least 1 Physician Quality Reporting System measures group; AND  
  • Report each measures group for at least 30 Medicare Part B FFS patients.  
  *Measures groups containing a measure with a 0% performance rate will not be counted.* |
| Jan 1, 2012 – Dec 31, 2012 | Registry | • Report at least 1 Physician Quality Reporting System measures group; AND  
  • Report each measures group for at least 80% of the eligible professional's Medicare Part B FFS patients seen during the reporting period to whom the measures group applies; BUT  
  • Report each measures group on at least 15 Medicare Part B FFS patients seen during the reporting period to which the measures group applies.  
  *Measures groups containing a measure with a 0% performance rate will not be counted.* |
| Jul 1, 2012 – Dec 31, 2012 | Registry | • Report at least 1 Physician Quality Reporting System measures group; AND  
  • Report each measures group for at least 80% of the eligible professional's Medicare Part B FFS patients seen during the reporting period to whom the measures group applies; BUT  
  • Report each measures group on no less than 8 Medicare Part B FFS patients seen during the reporting period to which the measures group applies.  
  *Measures groups containing a measure with a 0% performance rate will not be counted.* |
# 2012 Criteria for Satisfactory Reporting for Group Practices Participating in the Group Practice Reporting Option (GPRO)

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Group Practice Size</th>
<th>Reporting Mechanism</th>
<th>Reporting Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 1, 2012 – Dec 31, 2012</td>
<td>25-99 Eligible Professionals</td>
<td>A submission web interface provided by CMS</td>
<td>Report on all measures included in the web interface; AND Populate data field for the first 218 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample (with an over-sample of 327) for each disease module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 218, then report on 100% of assigned beneficiaries.</td>
</tr>
<tr>
<td>Jan 1, 2012 – Dec 31, 2012</td>
<td>100+ Eligible Professionals</td>
<td>A submission web interface provided by CMS</td>
<td>Report on all measures included in the web interface; AND Populate data fields for the first 411 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample (with an over-sample of 616) for each disease module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 411, then report on 100% of assigned beneficiaries.</td>
</tr>
<tr>
<td>Physician Quality Reporting System Measure Number</td>
<td>Measure Title</td>
<td>NQF Measure Number</td>
<td>Measure Developer</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>--------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>204</td>
<td>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic</td>
<td>0068</td>
<td>NCQA</td>
</tr>
<tr>
<td>236</td>
<td>Controlling High Blood Pressure</td>
<td>0018</td>
<td>NCQA</td>
</tr>
<tr>
<td>2</td>
<td>Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus</td>
<td>0064</td>
<td>NCQA</td>
</tr>
<tr>
<td>226</td>
<td>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</td>
<td>0028</td>
<td>AMA-PCPI</td>
</tr>
<tr>
<td>TBD</td>
<td>Ischemic Vascular Disease (IVD): Complete Lipid Panel and Low-Density Lipoprotein (LDL-C) Control</td>
<td>0075</td>
<td>NCQA</td>
</tr>
<tr>
<td>TBD</td>
<td>Preventive Care and Screening: Screening for High Blood Pressure</td>
<td>N/A</td>
<td>CMS</td>
</tr>
<tr>
<td>TBD</td>
<td>Preventive Care and Screening: Cholesterol - Fasting Low-Density Lipoprotein (LDL) Test Performed AND Risk-Stratified Fasting LDL</td>
<td>N/A</td>
<td>CMS</td>
</tr>
</tbody>
</table>
Physician Quality Reporting System – Final Individual Measures Available for Claims and/or Registry-based Reporting

Total measures available for claims and/or registry-based reporting = 210

32 New Measures Available for Claims and/or Registry-based Reporting:
- Chronic Wound Care: Use of Wound Surface Culture Technique in Patients with Chronic Skin Ulcers
- Chronic Wound Care: Use of Wet to Dry Dressings in Patients with Chronic Skin Ulcers
- Substance Use Disorders: Counseling Regarding Psychosocial and Pharmacologic Treatment Options for Alcohol Dependence
- Substance Use Disorders: Screening for Depression Among Patients with Substance Abuse or Dependence
- Coronary Artery Disease (CAD): Symptom Management
- Cardiac Rehabilitation Patient Referral From an Outpatient Setting
- Hypertension: Blood Pressure Control
- Barrett’s Esophagus
- Radical Prostatectomy Pathology Reporting
- Immunohistochemical (IHC) Evaluation of HER2 for Breast Cancer Patients
- Anticoagulation for Acute Pulmonary Embolus Patients
- Pregnancy Test for Female Abdominal Pain Patients
- Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain
- Rh Immunoglobulin (Rhogam) for Rh Negative Pregnant Women at Risk of Fetal Blood Exposure
- Surveillance after Endovascular Abdominal Aortic Aneurysm Repair (EVAR
- Statin Therapy at Discharge after Lower Extremity Bypass (LEB)
- Rate of Open AAA Repair without Major Complications (discharged to home no later than post-operative day #7)
- Rate of EVAR without Major Complications (discharged to home no later than POD #2)
- Rate of Carotid Endarterectomy for Asymptomatic Patients, without Major Complications (discharged to home no later than post-operative day #2)
- Referral for Otology Evaluation for Patients with Acute or Chronic Dizziness
- Image Confirmation of Successful Excision of Image–Localized Breast Lesion
- Preoperative Diagnosis of Breast Cancer
- Sentinel Lymph Node Biopsy for Invasive Breast Cancer
- Biopsy Follow-up
- Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery
- Patient Satisfaction within 90 Days Following Cataract Surgery
- Seizure Type(s) and Current Seizure Frequency(ies)
- Documentation of Etiology of Epilepsy or Epilepsy Syndrome
- Counseling for Women of Childbearing Potential with Epilepsy
- Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL Control < 100
- Preventive Care and Screening: Blood Pressure Measurement
- Preventive Care: Cholesterol-LDL test performed
Physician Quality Reporting System –
Final 2012 EHR Measures

**EHR MEASURES THAT ARE ALSO EHR INCENTIVE PROGRAM CORE MEASURES**
- Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up
- Hypertension (HTN): Blood Pressure Measurement
- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

**EHR MEASURES THAT ARE ALSO EHR INCENTIVE PROGRAM ALTERNATE CORE MEASURES**
- Preventive Care and Screening: Influenza Immunization
- Weight Assessment and Counseling for Children and Adolescents
- Childhood Immunization Status

**EHR MEASURES THAT ARE ALSO EHR INCENTIVE PROGRAM MEASURES**
- Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus
- Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus
- Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus
- Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD
- Coronary Artery Disease (CAD): Beta-Blocker Therapy- Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40 percent)
- Heart Failure (HF): Beta-blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment
- Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
- Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
- Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
- Asthma: Pharmacologic Therapy for Persistent Asthma
- Asthma: Assessment of Asthma Control
- Appropriate Testing for Children with Pharyngitis
- Breast Cancer: Hormonal Therapy for Stage I-III Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
- Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients
- Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
- Preventive Care and Screening: Screening Mammography
Physician Quality Reporting System – Final 2012 EHR Measures (cont.)

EHR MEASURES THAT ARE ALSO EHR INCENTIVE PROGRAM MEASURES

- Preventive Care and Screening: Colorectal Cancer Screening
- Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient
- Diabetes Mellitus: Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients
- Diabetes: Foot Exam
- Coronary Artery Disease (CAD): Lipid Control
- Heart Failure: Warfarin Therapy Patients with Atrial Fibrillation
- Ischemic Vascular Disease (IVD): Blood Pressure Management Control
- Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement
- Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)
- Prenatal Care: Anti-D Immune Globulin
- Hypertension: Controlling High Blood Pressure
- Cervical Cancer Screening
- Chlamydia Screening for Women
- Use of Appropriate Medications for Asthma
- Low Back Pain: Use of Imaging Studies
- Ischemic Vascular Disease (IVD): Complete Lipid Panel and Low-Density (LDL-C) Control
- Diabetes: Hemoglobin A1c Control (<8.0%)

OTHER PHYSICIAN QUALITY REPORTING SYSTEM EHR MEASURES

- Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older
- Advance Care Plan
- Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older
- Preventive Care and Screening: Unhealthy Alcohol Use – Screening
- Drugs to be Avoided in the Elderly
- Preventive Care: Cholesterol-LDL test performed
- Preventive Care and Screening: Blood Pressure Measurement
Physician Quality Reporting System – Final 2012 GPRO Measures

29 Measures Available for Reporting Under the Physician Quality Reporting System Group Practice Reporting Option (GPRO)

- Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus (>9%)**
- Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus**
- Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus**
- Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD
- Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)*
- Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility*
- Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy
- Preventive Care and Screening: Influenza Immunization*
- Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older*
- Preventive Care and Screening: Screening Mammography*
- Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient
- Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Patients with CAD and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD)*
- Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow Up*
- Diabetes Mellitus: Foot Exam
- Coronary Artery Disease (CAD): Lipid Control*
- Heart Failure: Left Ventricular Ejection Fraction (LVEF) Assessment
- Heart Failure: Patient Education
- Ischemic Vascular Disease (IVD): Use of Aspirin or another Antithrombotic*
- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention*
- Heart Failure: Left Ventricular Function (LVF) Testing
- Hypertension (HTN): Controlling High Blood Pressure*
- Ischemic Vascular Disease (IVD): Complete Lipid Panel and Low-Density Lipoprotein (LDL-C) Control *
- Preventive Care and Screening: Screening for High Blood Pressure*
- Diabetes: Daily Aspirin Use for Patients with Diabetes and Ischemic Vascular Disease*
- Falls: Screening for Fall Risk*
- Diabetes Mellitus: Tobacco Non-Use*
- Diabetes Mellitus: Hemoglobin A1c Control (<8%)*

* Measures also available for reporting under the Medicare Shared Savings Program

** Measure is part of NQF #0729, Optimal Diabetes Care composite, under the Medicare Shared Savings Program.
# Physician Quality Reporting System – Final 2012 Measures Groups

Measures groups available for claims and/or registry-based reporting

## Measures groups that were available for reporting in 2011:

1. Diabetes Mellitus**
2. Chronic Kidney Disease**
3. Preventive Care**
4. CABG**
5. Rheumatoid Arthritis**
6. Perioperative Care**
7. Back Pain
8. CAD**
9. Heart Failure**
10. IVD**
11. Hepatitis C**
12. HIV/AIDS**
13. CAP**
14. Asthma**

** This measures group is reportable through registry-based reporting only.

## New measures groups:

1. COPD**
2. IBD*
3. Sleep Apnea*
4. Dementia*
5. Parkinson’s*
6. Hypertension*
7. Cardiovascular Prevention**
8. Cataracts*

** The measures contained within this measures group are also available for reporting as individual measures.