

Biweekly eHealth Provider Webinar: Participating in PQRS in 2014

March 25, 2014

Agenda

- » Eligibility, measures, and reporting criteria
- » Incentives and payment adjustments
- » Measure-Applicability Validation (MAV)
- » Medicare EHR Incentive Program alignment
- » Physician Compare website
- » Reporting requirements and milestones in 2014

Changes for 2014: Eligibility, Measures, & Reporting Criteria

2014 Eligible Professionals

The following professionals are eligible to participate in PQRS in 2014:

Medicare Physicians

- Doctor of Medicine
- Doctor of Osteopathy
- Doctor of Podiatric Medicine
- Doctor of Optometry
- Doctor of Oral Surgery
- Doctor of Dental Medicine
- Doctor of Chiropractic

Practitioners

- Physician Assistant
- Nurse Practitioner*
- Clinical Nurse Specialist*
- Certified Registered Nurse Anesthetist* (and Anesthesiologist Assistant)
- Certified Nurse Midwife*
- Clinical Social Worker
- Clinical Psychologist
- Registered Dietician
- Nutrition Professional
- Audiologists *Includes Advanced Practice Registered Nurse (APRN)

Therapists

- Physical Therapist
- Occupational Therapist
- Qualified Speech-Language Therapist

Beginning in 2014, professionals who reassign benefits to Critical Access Hospitals (CAHs) that bill professional services at a facility level, such as CAH Method II billing, can now participate (in all reporting methods *except* for claims-based)

2014 Measure Reporting Changes

- » Emphasis on 2014 incentive AND avoiding 2016 payment adjustment
- » Elimination of administrative claims-based reporting for purposes of avoiding 2016 PQRS payment adjustment
- » New requirements for claims, qualified registry, and EHR-based reporting to receive incentive and avoid adjustment
 - 9 measures across 3 National Quality Strategy (NQS) domains
- » New Qualified Clinical Data Registry (QCDR) reporting option available for individual eligible professional participation
- » Measures groups can be reported only through registry method

2014 Group Practice Reporting Option (GPRO) Changes

- » EHR-based reporting now available for group practices of 2 or more eligible professionals
 - Reporting directly from certified EHR technology (CEHRT)
 - Reporting CEHRT using a data submission vendor

- » CMS-Certified Survey Vendor option now available for groups of 25 or more eligible professionals
 - This option is used to report Clinician & Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) summary survey modules

Measure Count Changes

Reporting Method	Total 2013 Count	New Total 2014 Count
Claims Measures	137	110
Registry Measures	203	201
Measures Groups	22	25
EHR Measures	51	64
GPRO Web Interface Measures	22 (Includes subcomponents of composite measures)	22 (Includes subcomponents of composite measures)
Certified Survey Vendor	N/A	CG-CAHPS (12 Summary Survey Modules)

National Quality Strategy (NQS) Domains

Most PQRS reporting options for 2014 requires **9** measures covering at least **3** NQS domains for incentive purposes:

1. Patient Safety
2. Person and Caregiver-Centered Experience and Outcomes
3. Communication and Care Coordination
4. Effective Clinical Care
5. Community/Population Health
6. Efficiency and Cost Reduction

Note: These same domains apply to clinical quality measures under meaningful use for EHR Incentive Programs

2014 Reporting Options for Individuals

Individual eligible professionals can report using one of these methods:

1. Claims
2. Qualified registry
3. Directly from EHR using CEHRT
4. CEHRT using data submission vendor
5. Qualified Clinical Data Registry

2014 Reporting Options for Groups

- » Options for reporting under the GPRO depend on size of group
- » Groups of 2+ can report using:
 1. Qualified registry
 2. Directly from EHR using CEHRT
 3. CEHRT using data submission vendor
- » Groups of 25+ can also report using:
 1. CG-CAHPS using CMS-certified survey vendor
 2. Web interface

New Group Reporting Option: CMS-Certified Survey Vendor

Certified Survey Vendor

- » New reporting mechanism available to **group practices of 25 or more** eligible professionals participating in PQRS under GPRO beginning in 2014
- » Option allows for reporting CG-CAHPS summary survey modules
 - CMS will support survey data collection for groups of 25+ EPs
- » The data collected on these measures will be submitted by the certified survey vendor
 - Results will subsequently be posted on Physician Compare website, if technically feasible

CG-CAHPS: Summary Survey Modules

CG-CAHPS will include the following survey modules:

- Getting timely care, appointments, and information
- How well providers Communicate
- Patient's Rating of Provider
- Access to Specialists
- Health Promotion & Education
- Shared Decision Making
- Health Status/Functional Status
- Courteous and Helpful Office Staff
- Care Coordination
- Between Visit Communication
- Helping You to Take Medication as Directed
- Stewardship of Patient Resources

Reference <http://acocaahps.cms.gov/Content/Default.aspx#aboutSurvey> for more information on the CG CAHPS survey modules

New Reporting for Individuals: Qualified Clinical Data Registry

Qualified Clinical Data Registries (QCDRs)

- » A QCDR is a CMS-approved entity that:
 - Collects medical and/or clinical data for the purposes of patient and disease tracking
 - Has self-nominated and successfully completed a qualification process
- » A QCDR must perform the following functions:
 1. Submit quality measures data or results to CMS
 - Must have mechanisms in place for the transparency of data elements, specifications, risk models, and measures
 2. Submit quality measures data to CMS on multiple payers
 3. Provide timely feedback
 4. Possess benchmarking capacity

QCDR Requirements

Meet minimum requirements specified in final rule

Submitted a self-nomination statement by January 31, 2014

Submit measures information by March 31, 2014

Submit data in an XML or QRDA III format

- If reporting e-measures that are also available under the EHR Incentive Program, the entity **must** submit e-measures data in a QRDA III format

QCDR Measure Parameters

- » CMS requires that QCDRs :
 - Have at least 9 measures, covering at least 3 of 6 NQS domains, available for reporting
 - Have least 1 outcome measure available for reporting to earn incentive
 - Provide appropriate analytical structure (e.g., numerator, denominator, denominator exceptions/exclusions, etc.)
 - Calculate composite score for CMS and provide formula used for calculation
- » May report on process measures

Changes for 2014: PQRS Incentives & Payment Adjustments

PQRS Incentives for 2014

- » 2014 is the last year for incentives
- » Eligible professionals who satisfactorily report quality measures data for services furnished in 2014 are:
 - Eligible to earn an incentive payment of **0.5 percent** of estimated total allowed charges for covered Medicare Part B Physician Fee Schedule (PFS) services provided in 2014
 - Additional **0.5 percent** available for Maintenance of Certification Program Incentive

PQRS Payment Adjustments for 2014

- » 2014 is performance year for 2016 PQRS payment adjustment
 - Payment adjustment in 2016 is **-2.0 percent** of Part B covered professional services under Medicare PFS

- » Avoid adjustment by satisfactorily reporting or:
 - Report at least 3 measures covering 1 NQS domain for at least 50% of Medicare Part B FFS patients via claims (individuals only) or qualified registry
 - Participate via a QCDR that selects measures for eligible professionals; at least 3 measures cover 1 NQS domain for at least 50% of applicable patients (individuals only)

Changes for 2014: Measure-Applicability Validation (MAV)

MAV Process Overview

- » 2014 PQRS incentive eligibility and payment adjustment will include validation processes
- » Eligible professionals or groups who satisfactorily submit quality data for fewer than **9** PQRS measures and/or fewer than **3 domains** will be subject to a measure-applicability validation (MAV) process
- » MAV determines whether additional measures or additional measures with additional domains should have been submitted to be considered incentive eligible
 - When fewer than 9 measures and/or fewer than 3 domains are available for reporting, report on all applicable measures and all applicable domains for at least 50% of eligible patient visits
- » Eligible professionals and groups of all sizes could be subject to the MAV process if they choose:
 - Individual claims-based reporting option (individuals only), **OR**
 - Qualified registry-based reporting option

MAV Two Step Process

CMS uses a two step process:

1. Clinical Relation/Domain Test

- If eligible professional submits data for a measure, then that measure applies to her/his practice
- If one measure in a cluster of measures is applicable to an eligible professional's practice, then other closely-related measures **may** also be applicable

2. Minimum Threshold Test

- If more than a certain number of Medicare patients with a condition where a measure applied, eligible professional should submit QDC(s) for that measure
- Common minimum threshold will not be less than 15 patients for 12-month reporting period for each measure

Changes in Alignment with EHR Incentive Programs

EHR Incentive Program Alignment

- » In 2014 and beyond, CMS will discontinue PQRS qualification requirement for data submission vendors and direct EHR vendors
 - To align with EHR Incentive Programs, EHR systems will instead need to be considered **certified EHR technology (CEHRT)**
 - ONC certification process has established standards and other criteria for structured data that EHRs must use

- » Also beginning in 2014, eCQM specifications will be used for multiple programs, including EHR-based reporting option for PQRS as well as Medicare EHR Incentive Program to reduce burden on providers participating in multiple quality programs

EHR and PQRS Incentive Payments

- » Eligible professionals who are eligible for both PQRS and Medicare EHR Incentive Program can submit quality measures once for 2014 and satisfy criteria for both programs

- » Groups can use following reporting options for dual credit:
 1. Direct using CEHRT
 2. CEHRT using data submission vendor
 3. QCDR
 4. Web interface
 5. CG-CAHPS

- » Individual eligible professionals can use following reporting options for dual credit:
 1. Direct using CEHRT
 2. CEHRT using data submission vendor
 3. QCDR

2014 Reporting Periods for EHR and PQRS

Medicare EHR Incentive Program requires 3 months
PQRS requires 12 months (January 1-December 31)



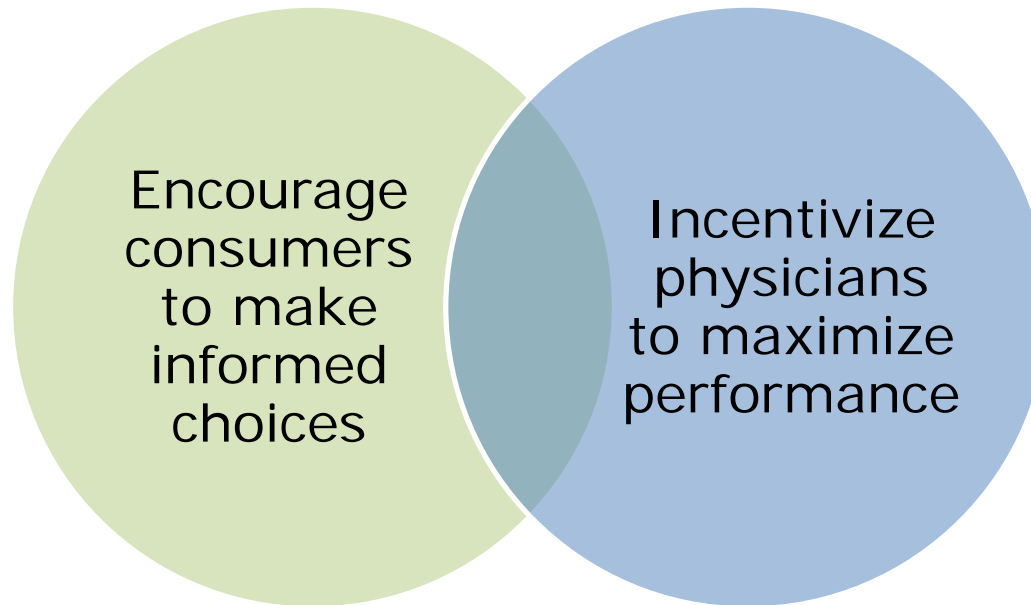
Eligible professionals must submit a full calendar year (January 1-December 31) of data to receive CQM credit for both programs*

**Eligible professionals would still need to meet additional reporting requirements of Medicare EHR Incentive Program*

Physician Compare Updates

Purpose of Physician Compare

Two Fold Purpose



Physician Compare Overview

- » Physician Compare was mandated as part of the Affordable Care Act of 2010
- » Physician Compare is a CMS website that allows users to find and choose physicians and other health care professionals enrolled in Medicare programs
- » Physician profiles indicate participation in CMS quality programs, including PQRS
- » Users can now search for Medicare physicians and other health care professionals by defining a location and entering additional information, such as:
 - Medical specialty
 - Health care professional or group practice name
 - Medical condition

Physician Compare: GPRO Web Interface Data

CMS finalized proposal to expand quality measures posted on Physician Compare to all measures collected through GPRO web interface for groups of all sizes

- CMS plans to publicly report 2014 data in calendar year 2015
- For ACOs participating in Shared Savings Program, all measures collected in 2014 will be published, including:
 - All GPRO measures collected via web interface
 - 3 claims-based and 1 administrative measure finalized by Shared Savings Program for 2014

Physician Compare: GPRO Registry & EHR Data

CMS finalized proposal to publicly report performance on GPRO registry and EHR measures

- CMS will publicly report 2014 data no earlier than calendar year 2015
- Measures must also be available for collection via GPRO web interface
 - 16 possible registry measures
 - 13 possible EHR measures

Physician Compare: GPRO CG-CAHPS Data

CMS finalized proposal to continue to publicly report CG-CAHPS measures for groups of 100 or more eligible professionals who participate in PQRS GPRO, regardless of submission method

- Also publish CG-CAHPS for MSSP ACOs reporting through GPRO web interface
- CMS plans to publicly report 2014 data in calendar year 2015
- CMS continues to support survey data collection in 2014 for PQRS GPROs participating via web interface
 - 12 summary CAHPS survey measures

CMS finalized proposal to publicly report CG-CAHPS measures for groups of 25 to 99 eligible professionals collected via a CMS-Certified Survey Vendor

- CMS plans to report 2014 data in calendar year 2015
- CMS will not support survey data collection in 2014
 - Same 12 Summary Survey Measures for groups of 100 or more

Physician Compare: Million Hearts & Individual Measures Data

CMS finalized proposal to publicly report individual Cardiovascular Prevention measures in support of the Million Hearts Initiative

- CMS plans to publicly report 2014 data in calendar year 2015

CMS finalized proposal to publicly report 2014 PQRS individual measures collected through an EHR, registry, or claims

- CMS plans to post data in calendar year 2015
- CMS will post individual measures that are in line with those reported by groups through the GPRO web interface
 - 20 possible measures

2014 Milestones & Reporting Requirements

Overview of Key Dates in 2014

Mar 21	Last day for groups to submit 2013 PQRS data through GPRO Web Interface
Mar 31	Last day to submit PQRS data through registry reporting method
	Last day for Maintenance of Certification (MOC) Program entities to submit 2013 quality data
Apr 1	Last day for QCDRs to submit measure information
	First day for groups to register to participate in GPRO for 2014 PQRS program year via GPRO Web Interface, registry, EHR reporting, and CG CAHPS
Sep 30	Last day for groups to register to participate in GPRO for 2014 PQRS program year via GPRO Web Interface, registry, EHR reporting, and CG CAHPS
Dec 31	2014 PQRS reporting ends for both group practices and individuals

Requirements for 2014 Incentive: Individuals

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria/Satisfactory Participation Criterion
12-month (Jan 1 — Dec 31)	Individual Measures	Claims	<p>Report at least 9 measures covering at least 3 NQS domains</p> <p>If less than 9 measures covering at least 3 NQS domains apply, report 1—8 measures covering 1—3 NQS domains AND report each measure for at least 50% of Medicare Part B FFS patients seen during reporting period to which the measure applies. Measures with a 0% performance rate would not be counted.</p> <p>* For eligible professionals who report fewer than 9 measures covering 3 NQS domains via claims-based reporting, they will be subject to MAV process to determine whether they should have reported quality data codes for additional measures and/or covering additional NQS domains.</p>
12-month (Jan 1 — Dec 31)	Individual Measures	Qualified Registry	<p>Report at least 9 measures covering at least 3 of the NQS domains OR</p> <p>If less than 9 measures covering at least 3 NQS domains apply, report 1—8 measures covering 1-3 NQS domains for which there is Medicare patient data AND report each measure for at least 50% of Medicare Part B FFS patients seen during reporting period to which the measure applies. Measures with a 0% performance rate would not be counted.</p> <p>* For eligible professionals who report fewer than 9 measures covering 3 NQS domains via registry-based reporting, they will be subject to MAV process to determine whether they should have reported on additional measures and/or measures covering additional NQS domains.</p>

Requirements for 2014 Incentive: Individuals

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria/Satisfactory Participation Criterion
** 12-month (Jan 1 — Dec 31)	Individual Measures	Direct EHR product that is CEHRT and EHR data submission vendor that is CEHRT	<p>Report 9 measures covering at least 3 of the NQS domains</p> <p>If eligible professional's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then eligible professional must report measures for which there is Medicare patient data.</p> <p>An eligible professional must report on at least 1 measure for which there is Medicare patient data.</p>
** 12-month (Jan 1 — Dec 31)	Measures Groups	Qualified Registry	Report at least 1 measures group AND report each measures group for at least 20 patients, a majority of which must be Medicare Part B FFS patients.
** 6-month (Jul 1 – Dec 31)	Measures Groups	Qualified Registry	Report at least 1 measures group AND report each measures group for at least 20 patients, a majority of which must be Medicare Part B FFS patients.
12-month (Jan 1 — Dec 31)	Measures selected by Qualified Clinical Data Registry	Qualified Clinical Data Registry	<p>Report at least 9 measures covering at least 3 NQS domains AND report each measure for at least 50% of applicable patients seen during reporting period to which the measure applies. Measures with a 0% performance rate would not be counted.</p> <p>Of the measures reported via a QCDR, eligible professional must report on at least 1 outcome measure.</p>

Requirements for 2014 PQRS Incentive: Groups

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria/Satisfactory Participation Criterion
** 12-month (Jan 1 — Dec 31)	GPRO Web interface	25-99 eligible professionals	Report on all measures included in web interface AND populate data fields for first 218 consecutively ranked and assigned beneficiaries in order in which they appear in group's sample for each module or preventive care measure. If pool of eligible assigned beneficiaries is less than 218, then report on 100 % of assigned beneficiaries.
** 12-month (Jan 1 — Dec 31)	GPRO Web interface	100+ eligible professionals	Report on all measures included in web interface AND populate data fields for first 411 consecutively ranked and assigned beneficiaries in order in which they appear in group's sample for each module or preventive care measure. If pool of eligible assigned beneficiaries is less than 411, then report on 100% of assigned beneficiaries. In addition, group practice must also report all CG CAHPS survey measures via certified survey vendor.
12-month (Jan 1 — Dec 31)	Qualified Registry	2 + eligible professionals	Report at least 9 measures covering at least 3 of NQS domains If less than 9 measures covering at least 3 NQS domains apply to the group practice, report 1—8 measures covering 1-3 NQS domains for which there is Medicare patient data, AND report each measure for at least 50% of group practice's Medicare Part B FFS patients seen during reporting period to which measure applies. Measures with a 0% performance rate would not be counted. For a group practice who reports fewer than 9 measures covering at least 3 NQS domains via registry-based reporting mechanism, group practice will be subject to MAV process to determine whether group practice should have reported on additional measures and/or measures covering additional NQS domains.

* Subject to the MAV process

** Finalized in the CY 2013 PFS final rule (see Table 91 at 77 FR 69194)

Requirements for 2014 PQRS Incentive: Groups

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria/Satisfactory Participation Criterion
** 12-month (Jan 1 — Dec 31)	Direct EHR product that is CEHRT/ EHR data submission vendor that is CEHRT	2+ eligible professionals	<p>Report 9 measures covering at least 3 of the NQS domains.</p> <p>If a group practice's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then group practice must report measures for which there is Medicare patient data.</p> <p>A group practice must report on at least 1 measure for which there is Medicare patient data.</p>
12-month (Jan 1 — Dec 31)	CMS-certified survey vendor + qualified registry, direct EHR product that is CEHRT, EHR data submission vendor that is CEHRT, or GPRO web interface	25+ eligible professionals	<p>Report all CG CAHPS survey measures via a CMS-certified survey vendor AND report at least 6 measures covering at least 2 NQS domains using qualified registry, directly from CEHRT, CEHRT via data submission vendor, or GPRO web interface.</p>

* Subject to the MAV process.

** Finalized in the CY 2013 PFS final rule (see Table 91 at 77 FR 69194).

Help Desk

- » **QualityNet Help Desk:** 866-288-8912 (TTY 877-715-6222) 7:00 a.m.–7:00 p.m. CST M-F or qnetsupport@sdps.org
 - Portal password issues
 - PQRS/eRx feedback report availability and access
 - IACS registration questions
 - IACS login issues
 - PQRS and eRx Incentive Program questions
 - You will be asked to provide basic information such as name, practice, address, phone, and e-mail

- » **EHR Incentive Program Information Center:** 888-734-6433 (TTY 888-734-6563)

- » **VM Help Desk:** 1-888-734-6433 or pvhelpdesk@cms.hhs.gov

- » **ACO Help Desk:** 1-888-734-6433 or cmsaco@cms.hhs.gov

Resources

» **PFS Federal Regulation Notices**

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices.html>

» **CMS PQRS Website**

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS>

» **Medicare Shared Savings Program**

http://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Quality_Measures_Standards.html

» **CMS Value-based Payment Modifier (VM) Website**

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>

» **Medicare and Medicaid EHR Incentive Programs**

<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms>

» **Frequently Asked Questions (FAQs)**

<https://questions.cms.gov/>

» **Physician Compare**

<http://www.medicare.gov/physiciancompare/search.html>

Questions & Answers

Appendix: 2014 Measure Updates

New Measures for 2014: Registry

Measure Title	Reporting Option(s)
Adult Kidney Disease: Catheter Use at Initiation of Hemodialysis	Registry
Adult Kidney Disease: Catheter Use for Greater Than or Equal to 90 Days	Registry
Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Appropriate Use)	Registry
Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin Prescribed for Patients with Acute Bacterial Sinusitis	Registry
Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)	Registry
Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)	Registry
Maternity Care: Elective Delivery or Early Induction Without Medical Indication at ≥ 37 and < 39 Weeks	Registry
Maternity Care: Post-Partum Follow-Up and Care Coordination	Registry
Tuberculosis Prevention for Psoriasis and Psoriatic Arthritis Patients on a Biological Immune Response Modifier	Registry

New Measures for 2014: Registry

Measure Title	Reporting Option(s)
HIV Viral Load Suppression	Registry, Measures Group (HIV/AIDS)
Prescription of HIV Antiretroviral Therapy	Registry, Measures Group (HIV/AIDS)
HIV Medical Visit Frequency	Measures Group (HIV/AIDS)
Gap in HIV Medical Visits	Measures Group (HIV/AIDS)
Pain Brought Under Control within 48 Hours	Registry
Screening Colonoscopy Adenoma Detection Rate	Registry
Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2)	Registry
Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS)	Registry
Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Endarterectomy (CEA)	Registry
Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA)	Registry

Note: The HIV/AIDS measures group is an existing measures group within PQRS; in 2014 PFS Final Rule, 3 measures were retired from this measures group and 4 new measures were added

New Measures for 2014: Registry

Measure Title	Reporting Option(s)
HRS-3: Implantable Cardioverter-Defibrillator (ICD) Complications Rate	Registry
Optimal Vascular Care Composite	Registry
Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy	Measures Group (Total Knee Replacement)
Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation	Measures Group (Total Knee Replacement)
Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet	Measures Group (Total Knee Replacement)
Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report	Measures Group (Total Knee Replacement)
Anastomotic Leak Intervention	Measures Group (General Surgery)
Unplanned Reoperation within the 30 Day Postoperative Period	Measures Group (General Surgery)
Unplanned Hospital Readmission within 30 Days of Principal Procedure	Measures Group (General Surgery)
Surgical Site Infection (SSI)	Measures Group (General Surgery)

New Measures for 2014: Registry

Measure Title	Reporting Option(s)
Patient-Centered Surgical Risk Assessment and Communication	Registry, Measures Groups (General Surgery)
Optimizing Patient Exposure to Ionizing Radiation: Utilization of a Standardized Nomenclature for Computerized Tomography (CT) Imaging Description	Measures Group (Optimizing Patient Exposure to Radiation)
Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies	Measures Group (Optimizing Patient Exposure to Radiation)
Optimizing Patient Exposure to Ionizing Radiation: Reporting to a Radiation Dose Index Registry	Measures Group (Optimizing Patient Exposure to Radiation)
Optimizing Patient Exposure to Ionizing Radiation: Computed Tomography (CT) Images Available for Patient Follow-up and Comparison Purposes	Measures Group (Optimizing Patient Exposure to Radiation)
Optimizing Patient Exposure to Ionizing Radiation: Search for Prior Computed Tomography (CT) Imaging Studies Through a Secure, Authorized, Media-Free, Shared Archive	Measures Group (Optimizing Patient Exposure to Radiation)
Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines	Measures Group (Optimizing Patient Exposure to Radiation)

New Measures for 2014: EHR

Measure Title	Reporting Option(s)
Hemoglobin A1c Test for Pediatric Patients	EHR
ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	EHR
Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	EHR
HIV/AIDS: Medical Visit	EHR
Pregnant women that had HBsAg testing	EHR
Depression Remission at Twelve Months	EHR
Depression Utilization of the PHQ-9 Tool	EHR
Maternal Depression Screening	EHR
Hypertension: Improvement in Blood Pressure	EHR
Closing the referral loop: receipt of specialist report	EHR

New Measures for 2014: EHR

Measure Title	Reporting Option(s)
Functional Status Assessment for Knee Replacement	EHR
Functional Status Assessment for Hip Replacement	EHR
Functional Status Assessment for Complex Chronic Conditions	EHR
Children Who Have Dental Decay or Cavities	EHR
Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	EHR
ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	EHR
HIV/AIDS: RNA Control for Patients with HIV	EHR
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	EHR

New Measures for 2014: Measures Groups

Total Knee Replacement Measures Group

- Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy
- Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk
- Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet
- Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report

General Surgery Measures Group

- Anastomotic Leak Intervention
- Unplanned Reoperation within the 30 Day Postoperative Period
- Unplanned Hospital Readmission within 30 Days of Principal Procedure
- Surgical Site Infection (SSI)
- Patient-Centered Surgical Risk Assessment and Communication

Optimizing Patient Exposure to Ionizing Radiation Measures Group

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

Measures Retired for 2014

PQRS #	Measure Title
3	Diabetes Mellitus: High Blood Pressure Control
86	Hepatitis C: Antiviral Treatment Prescribed
89	Hepatitis C: Counseling Regarding Risk of Alcohol Consumption
90	Hepatitis C: Counseling Regarding Use of Contraception Prior to Antiviral Therapy
161	HIV/AIDS: Adolescent and Adult Patients with HIV/AIDS Who Are Prescribed Potent Antiretroviral Therapy
162	HIV/AIDS: HIV RNA Control After Six Months of Potent Antiretroviral Therapy
184	Hepatitis C: Hepatitis B Vaccination in Patients with HCV
188	Referral for Otologic Evaluation for Patients with Congenital or Traumatic Deformity of the Ear
200	Heart Failure: Warfarin Therapy for Patients with Atrial Fibrillation
201	Ischemic Vascular Disease (IVD): Blood Pressure Management
208	HIV/AIDS: Sexually Transmitted Disease Screening for Syphilis
209	Functional Communication Measure - Spoken Language Comprehension
210	Functional Communication Measure – Attention
211	Functional Communication Measure – Memory

Measures Retired for 2014

PQRS #	Measure Title
212	Functional Communication Measure - Motor Speech
213	Functional Communication Measure – Reading
214	Functional Communication Measure - Spoken Language Expression
215	Functional Communication Measure – Writing
216	Functional Communication Measure – Swallowing
237	Hypertension (HTN): Blood Pressure Measurement
244	Hypertension: Blood Pressure Management
252	Anticoagulation for Acute Pulmonary Embolus Patients
256	Surveillance after Endovascular Abdominal Aortic Aneurysm Repair (EVAR)
306	Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)
307	Prenatal Care: Anti-D Immune Globulin
308	Smoking and Tobacco Use Cessation, Medical Assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies
313	Diabetes Mellitus: Hemoglobin A1c Control (< 8%)
321	Participation by a Hospital, Physician or Other Clinician in a Systematic Clinical Database Registry that Includes Consensus Endorsed Quality

Measures Retired for 2014

PQRS #	Measure Title
N/A	Total Knee Replacement: Coordination of Post Discharge Care
N/A	Chronic Wound Care: Patient Education Regarding Long-Term Compression Therapy
N/A	Osteoporosis: Status of Participation in Weight-Bearing Exercise and Weight-bearing Exercise Advice
N/A	Osteoporosis: Screen for Falls Risk Evaluation and Complete Falls Risk Assessment and Plan of Care
N/A	Osteoporosis: Dual-Emission X-ray Absorptiometry (DXA) Scan
N/A	Osteoporosis: Calcium Intake Assessment and Counseling
N/A	Osteoporosis: Vitamin D Intake Assessment and Counseling
N/A	Osteoporosis: Pharmacologic Therapy
N/A	Preventive Cardiology Composite: Blood Pressure at Goal
N/A	Preventive Cardiology Composite: Low Density Lipids (LDL) Cholesterol at Goal
N/A	Preventive Cardiology Composite: Timing of Lipid Testing Complies with Guidelines
N/A	Preventive Cardiology Composite: Diabetes Documentation or Screen Test
N/A	Preventive Cardiology Composite: Counseling for Diet and Physical Activity
N/A	Preventive Cardiology Composite: Correct Determination of Ten-Year Risk for Coronary Death or Myocardial Infarction (MI)
N/A	Preventive Cardiology Composite: Appropriate Use of Aspirin or Other Antiplatelet/Anticoagulant Therapy
N/A	Preventive Cardiology Composite: Smoking Status and Cessation Support

Note: Measures on this table with N/A as a PQRS number were finalized in CY 2013 PFS Final Rule for inclusion in PQRS beginning in 2014; subsequently, CMS decided not to implement these measures and they have been finalized for removal from PQRS

2014 Reporting Option Updates

PQRS #	NQF #	Measure Title	Method Change
6	0067	Coronary Artery Disease (CAD): Antiplatelet Therapy	EHR Removed
9	0105	Anti-depressant Medication Management	Claims Removed, EHR Added
39	0046	Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older	EHR Removed
47	0326	Advance Care Plan	EHR Removed
48	0098	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older	EHR Removed
53	0047	Asthma: Pharmacologic Therapy for Persistent Asthma - Ambulatory Care Setting	Claims Removed
64	0001	Asthma: Assessment of Asthma Control – Ambulatory Care Setting	Claims Removed, EHR Removed
65	0069	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Claims Removed, EHR Added
66	0002	Appropriate Testing for Children with Pharyngitis	Claims Removed
84	0395	Hepatitis C: Ribonucleic Acid (RNA) Testing Before Initiating Treatment	Claims Removed
85	0396	Hepatitis C: HCV Genotype Testing Prior to Treatment	Claims Removed

2014 Reporting Option Updates

PQRS #	NQF #	Measure Title	Method Change
87	0398	Hepatitis C: Hepatitis C Virus (HCV) Ribonucleic Acid (RNA) Testing Between 4-12 Weeks After Initiation of Treatment	Claims Removed
107	0104	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	EHR Added
116	0058	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	Claims Removed
126	0417	Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation	Claims Removed
127	0416	Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear	Claims Removed
130	0419	Documentation of Current Medications in the Medical Record	EHR Added
134	0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	EHR Added
143	0384	Oncology: Medical and Radiation – Pain Intensity Quantified	EHR Added
160	0405	HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis	EHR Added
176	N/A	Rheumatoid Arthritis (RA): Tuberculosis Screening	Claims Removed
177	N/A	Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity	Claims Removed

2014 Reporting Option Updates

PQRS #	NQF #	Measure Title	Method Change
178	N/A	Rheumatoid Arthritis (RA): Functional Status Assessment	Claims Removed
179	N/A	Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis	Claims Removed
180	N/A	Rheumatoid Arthritis (RA): Glucocorticoid Management	Claims Removed
183	N/A	Hepatitis C: Hepatitis A Vaccination in Patients with Hepatitis C Virus (HCV)	Claims Removed
191	0565	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	EHR Added
192	0564	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	EHR Added
197	0074	Coronary Artery Disease (CAD): Lipid Control	EHR Removed
281	N/A	Dementia: Cognitive Assessment	EHR Added
318	0101	Falls: Screening for Future Fall Risk	EHR Added