2015 Compliance Guide Part 1: PQRS

Do you qualify for PQRS?

If you have clients who are Medicare Part B or Railroad, then you qualify for the PQRS reporting program. This means that you must report on applicable measures, or your Medicare reimbursements may be docked. **A 1.5% penalty will be levied in 2015 for 2013 data, and a 2% penalty will be levied in 2016 for 2014 data.** Click here for detailed articles in the PIMSY PQRS Resource Center.

How do you avoid the PQRS penalty for 2014?

That depends on which method you use to report: we recommend that you use claims-based reporting (via g-codes), as it's the easiest and cheapest method. Using the claims-based method, in order to avoid the 2014 penalty (levied on all 2016 reimbursements), you must report on at least 50% of all applicable clients.

How does claims-based reporting work?

You simply add a g-code to your billing for 50% of Medicare clients that meet the measures. Some EHRs provide help with this process. For example, the PIMSY PQRS tool makes it easy: it alerts you each time you file a qualifying claim, and you simply follow its steps to complete the process.
The only claims that qualify for 2014 are for dates of service between 1/1/14 and 12/31/14, and they must be submitted by 2/28/15.

What if you haven't been reporting via claims throughout 2014?

If you haven't been reporting via claims throughout the year, you may not have enough un-billed claims to capture 50% of your qualifying clients. Claims cannot be rebilled or otherwise re-processed for PQRS, and if you haven't been reporting throughout the year, you may not be able to avoid the penalty via the claims-based method. In that case, you'll have to report via registry in order to avoid the penalty.

The downsides to using a registry are that most charge a fee, and you have to file / submit your data to an outside vendor, which of course is more work than simply processing it in your EHR. The upside is that you may still qualify for the incentive, as you are reporting on the whole year. **Registries may have an earlier deadline date than 2/28/15, so be sure to confirm this with them**.

How do you get the PQRS incentive for 2014?

This is the last year that incentives are being offered: 1.5% on all Medicare reimbursements. For claims-based reporting, you must not only satisfy the 50% rule, you must also make sure that your reporting satisfies 9 different measures across 3 domains, which you'll have to track manually. For registry reporting, the vendor should guide you through the specifics of reporting in order to secure the incentive.

Where do you go from here?

1) Confirm that you qualify: do you see clients who are Medicare Part B / Railroad? If yes, then you need to participate in the PQRS reporting program.

2) Have you been reporting via g-codes throughout the year? If not, you need to determine if you have enough unbilled claims to meet the 50% requirement. This is manual checking process, but we have created a report in PIMSY to help: the PQRS QDC Note Report shows how many g-codes you have submitted for the year, which you then calculate against your total number of Medicare claims to determine if you have met the 50% requirement.

There is a second method to check your IACS account: click here for details. Like PIMSY, your EHR may help you determine the 50% threshold. If you don't have enough unbilled 2014 claims, you'll need to report via a registry. Click here for one option, or here for a complete list.

PIMSY PQRS Report:

PQRS/QDC for Note: J-C-2092-2296 Client: Bobby Abby

Add the PQRS/QDC Reporting Codes that apply for this session to the Additional Services tab on the note. The suggestions below are based on various aspects of the session and information from the client's chart which include procedure codes, diagnosis codes, medicaitons and age just to name a few.

No Records: Export | Close | Filter

PQRS Measure	PQRS Description	PQRS Add On Codes
128	PCS - Body Mass Index (BMI) Screening and Follow-Up	Report G8421 if: BMI not Calculated before or during Session
130	Documentation of Current Medications in Medical Record	Report G8427 if: (Meds were Documented)
131	Pain Assessment and Follow Up	Report G8730 if: Pain Assessment Done and Follow up Plan Documented. Report G8442 if: Client was in a situation where Pain not Assessed with reason. Report G8731 if: Pain Assessment documented absent follow up plan with reason. Report G8939 if: Client not eligible for assessment. Report G8732 if: No documented Pain Assessment reason not given. Report G8509 if: Pain assessment documented but no follow up plan documented reason not given.

3) If you *have* been using claims-based reporting, you can confirm that CMS has counted your submissions by looking at your remittances: there will be a denial remark on the 835, showing that these claims have been counted toward your reporting submissions. You'll want to pull the paper version of the Medicare remittances from your clearinghouse and check for that denial code/remark. You can also use the IACS log-in (use link above) to confirm the status of previous PQRS reporting submissions.

4) Keep your eyes open for another post in a few weeks about 2015 reporting, as **PQRS will be different going forward!**

Resources / More Information

Check out our PQRS and Compliance Resource Centers for details.
2015 Compliance Guide **Part 2: DSM-5: click here**

PIMSY + Compliance

For more information on how PIMSY helps you maintain compliance for PQRS, Meaningful Use, DSM, ICD - and more - contact us: 877.334.8512, ext. 1 hello@pimsyemr.com