

Physician Quality Reporting System

Background

The Centers for Medicare & Medicaid Services (CMS) funded Physician Quality Reporting System (PQRS) was created in 2006 to provide physicians with a financial incentive for engaging in outcomes reporting. For 2015, eligible professionals who satisfactorily report data on quality measures for covered professional services furnished to Medicare Part B beneficiaries may avoid the prospective PQRS payment adjustment equal to 2.0% of their Medicare Part B Physician Fee Schedule (PFS) allowed charges in 2017. The PQRS program strives to engage physicians in expanding quality reporting to improve the overall quality of patient care.

M2S Service Description

CMS has made several reporting mechanisms available to physicians who wish to participate in PQRS. M2S, Inc. is an approved Qualified Clinical Data Registry (QCDR) vendor for PQRS reporting of individual quality measures for the 12-month 2015 reporting period. To participate using the QCDR-based submission method for 2015 PQRS, physicians must report on at least 50% of their Medicare Part B patients that meet standard individual PQRS measure criteria and/or at least 50% of their total patient population, of which one patient must be a Medicare Part B patient, that meet individual QCDR measure criteria for nine or more measures across three National Quality Strategy Domains. M2S supports reporting of eight PQRS individual measures and fifteen QCDR individual measures, across three National Quality Strategy Domains for the 2015 PQRS reporting period. Refer to [Appendix A](#) for detailed list of measures.

Enrollment in 2015 PQRS, using M2S as your approved QCDR vendor, takes place between May 1st and July 15th of 2015. Submission of PQRS data to CMS for 2015 PQRS occurs in early March 2016. For this service, M2S charges a fee of \$349 per participating physician at the time of submission. M2S will make available to participating physicians NPI-level feedback reports at least three times annually that indicates their number of eligible instances and associated reporting rate for each quality measure throughout the reporting period and a final NPI-level feedback report in February 2016, prior to the submission. After receipt of this final feedback report, physicians may determine whether or not they want M2S to submit their reporting rates. Additionally, M2S may conduct an annual audit of 3% of submitted data to ensure the accuracy of provider submissions against the medical record data prior to June 30, 2015. M2S will work with centers selected for audit to identify an individual not initially involved in data entry into the registry to review the registry submission against the medical record to ensure accuracy of the submission. Eligible professionals who successfully submit on at least nine quality measures across three NQS

domains become eligible to avoid the prospective PQRS payment adjustment equal to 2.0% of their Medicare Part B Physician Fee Schedule (PFS) allowed charges in 2017.

To calculate the reporting rate for each participating physician, M2S uses clinical data captured in each PATHWAYS™ VQI© registry. To determine the numerator for each physician's reporting rate as well as performance met, performance not met and exclusion rates, M2S will mine clinical data entered into the VQI Registry. For ten procedure registries currently captured in the VQI registry, M2S has designed the PQRS-required data elements into the VQI forms for seamless integration into an institution's workflow. To see a list of the CPT codes associated to PQRS measures that are captured within the registry data, refer to [Appendix B](#).

The number of eligible instances, or denominator, for each physician's reporting is determined by the clinical data captured for each patient reported in the appropriate VQI Registry. Participating physicians may be required to provide M2S with professional billing data for all patients seen during their chosen reporting period in mid-January 2016. To see a complete list of the billing data variables M2S will request, refer to [Appendix C](#).

Getting Started

To participate in the 2015 PQRS through M2S, physicians should do the following:

Discuss PQRS with your staff

- Determine whether the majority of your cases are currently captured in the VQI registry.
- Determine how to obtain the procedure billing data, that may be required to be collected and sent to M2S in early January of 2016. Procedure billing data may come from the hospital or your private practice office depending on your contractual arrangements.

Contact M2S to indicate your initial interest in participating in PQRS by July 15, 2015

- M2S will update the privileges of your Hospital Manager to be able to set you up as a PQRS participant within the database – set-up includes entry of your National Provider Identifier (NPI), Tax Identification Number (TIN), and Reporting Period. The TIN submitted should match the TIN under which the physician submits Medicare Part B claims.
- Fully execute and return a 2015 PQRS Provider Statement authorizing M2S to submit data to CMS for the 2015 PQRS program by July 30, 2015. This statement also authorizes the billing of your credit card in the amount of \$349 for this service once the submission to CMS has been completed.

- If procedure billing data will come from your private practice, your practice may need to execute a Business Associates Agreement with M2S if one is not already in place.

Collect clinical data in VQI for PQRS

- Ensure entry of all procedures and PQRS-required data fields whose surgery dates fall within the reporting period by mid-January 2016, for inclusion in the reporting rate calculation.
- Provide M2S with professional billing data, if requested, for all patients for the 2015 calendar year in mid-January 2016. See [Appendix C](#) for the complete list of billing data variables collected by M2S.

Appendix A: Individual measures list

Individual PQRS Measures

National Quality Strategy Domain: Patient Safety

- Measure 21: Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin
- Measure 22: Perioperative Care: Discontinuation of Prophylactic Parenteral Antibiotics (non-cardiac procedures)
- Measure 258: Rate of Open Repair of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day 7)
- Measure 259: 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)
- Measure 260: Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day 2)
- Measure 347: Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) Who Die While in Hospital

National Quality Strategy Domain: Effective Clinical Care

- Measure 257: Statin Therapy at Discharge after Lower Extremity Bypass (LEB)
- Measure 346: Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Endarterectomy (CEA)

Individual QCDR Measures

National Quality Strategy Domain: Patient Safety

- Measure M2S 2: Amputation-free survival at one-year following Infra-Inguinal Bypass for intermittent claudication
- Measure M2S 4: Amputation-free survival at one-year following Supra-Inguinal Bypass for claudication
- Measure M2S 5: Amputation-free survival at one-year following Peripheral Vascular Intervention for intermittent claudication

National Quality Strategy Domain: Effective Clinical Care

- Measure M2S 1: Procedures with statin and antiplatelet agents prescribed at discharge
- Measure M2S 7: Ipsilateral stroke-free survival at one-year following isolated Carotid Artery Stenting for asymptomatic procedures
- Measure M2S 8: Ipsilateral stroke-free survival at one-year following isolated Carotid Endarterectomy for asymptomatic procedures
- Measure M2S 10: One-year survival after elective repair of small thoracic aortic aneurysms
- Measure M2S 12: One-year survival after elective endovascular repair of small abdominal aortic aneurysms
- Measure M2S 13: One-year survival after elective open repair of small abdominal aortic aneurysms
- Measure M2S 15: Appropriate management of retrievable IVC filters

National Quality Strategy Domain: Communication and Care Coordination

- Measure M2S 3: Infra-inguinal bypass for claudication patency assessed at least 9 months following surgery
- Measure M2S 6: Peripheral Vascular Intervention patency assessed at one-year following infra-inguinal PVI for claudication
- Measure M2S 9: Imaging-based maximum aortic diameter assessed at one-year following Thoracic and Complex EVAR procedures
- Measure M2S 11: Imaging-based maximum aortic diameter assessed at one-year following Endovascular AAA Repair procedures

National Quality Strategy Domain: Person and Caregiver-Centered Experience Outcomes

- Measure M2S 14: Disease specific patient-reported outcome surveys for Varicose Vein procedures

Appendix B: CPT Codes captured for individual measures

<u>VQI Procedure</u>	<u>CPT Codes</u>
Carotid Artery Stenting	37215, 37216, 37217, 37218, 0075T
Carotid Endarterectomy	35301
Endovascular AAA Repair	34800, 34802, 34803, 34804, 34805
IVC Filter	37191
Infra-inguinal Bypass	35141, 35142, 35151, 35152, 35556, 35566, 35570, 35571, 35583, 35585, 35587, 35656, 35666, 35671
Open AAA Repair	34830, 34831, 34832, 35081, 35082, 35091, 35092, 35102, 35103
Peripheral Vascular Intervention	34900, 35472, 37220, 37221, 37222, 37223, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37232, 37233, 37234, 37235, 0236T, 0238T
Supra-inguinal Bypass	35521, 35533, 35537, 35538, 35539, 35540, 35558, 35563, 35565, 35621, 35623, 35637, 35638, 35646, 35647, 35654, 35661, 35663, 35665
Thoracic and Complex EVAR	33880, 33881, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848
Varicose Vein	36468, 36470, 36471, 36475, 36478, 37500, 37618, 37650, 37660, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785

Appendix C: Billing Data Collection

M2S may request professional billing data from each participating physician mid-January 2016. Professional billing data submitted in mid-January 2016 must include all patients seen January 1, 2015 through December 31, 2015. Depending on the practice, an EP may need to obtain the required data from the hospital with which they are associated or from their office billing staff. Billing data will be used for PQRS calculations as well as for the Vascular Quality Initiative validation, if required.

For all patients seen during the 2014 reporting period by a Participating Provider, M2S needs the following data using the following Excel spreadsheet format:

- Physician Name
- Physician National Provider Identifier (NPI)
- Tax Identification Number (TIN)
- Service Location
- Primary Payer
- Secondary Payer
- Patient Name (first name, last name, and middle initial)
- Date of Birth
- Gender
- Service Date
- All CPT procedure codes (each CPT code in a separate row) for the range of 15734 – 69970, and 0236T
- Modifiers (up to four)
- Diagnosis Codes (up to 8)

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M
Billing Provider Name	Individual NPI	TIN	Service Location	Primary Payer	Secondary Payer	Patient First Name	Patient Last Name	Patient MI	Patient Date of Birth	Gender	Service Date	Procedure Code
Required	Required	Required	Required	Required	Required	Required	Required	Optional	Required and must be in MM/DD/YY YY format	Required	Required and must be in MM/DD/YY YY format	Required and must be 5 characters (numeric or alphabetic)
Column N	Column O	Column P	Column Q	Column R	Column S	Column T	Column U	Column V	Column W	Column X	Column Y	
Modifier 1	Modifier 2	Modifier 3	Modifier 4	Diagnosis Code 1	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4	Diagnosis Code 5	Diagnosis Code 6	Diagnosis Code 7	Diagnosis Code 8	
Optional, but if exists, must be 2 characters	Optional, but if exists, must be 2 characters	Optional, but if exists, must be 2 characters	Optional, but if exists, must be 2 characters	Required	Optional	Optional	Optional	Optional	Optional	Optional	Optional	