For the next two years, physicians may qualify for Physician Quality Reporting System (PQRS) incentive payments. In addition, physicians may qualify for additional incentive payments by participating in PQRS’ Maintenance of Certification (MOC) program. Unfortunately, despite strong opposition from the physician community, CMS has designated 2013 as the performance period for determining whether PQRS penalties will be assessed in 2015. To avoid a 1.5 percent payment penalty in 2015, between Jan. 1 and Dec., 31, 2013 physicians must satisfactorily report approved PQRS quality measures through one of the available reporting options. A summary of the incentives and penalties follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Successful Reporting</th>
<th>Unsuccessful Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>.5% (additional .05% for MOC)</td>
<td>-1.5% (based on 2013 performance)</td>
</tr>
<tr>
<td>2014</td>
<td>.5% (additional .05% for MOC)</td>
<td>-2% (based on 2014 performance)</td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td>-2%</td>
</tr>
<tr>
<td>2016</td>
<td></td>
<td>-2%</td>
</tr>
<tr>
<td>2017</td>
<td></td>
<td>-2%</td>
</tr>
<tr>
<td>2018 and beyond</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**How do I qualify for the PQRS bonus payments in 2013 and 2014?**

To receive a PQRS incentive payment, individuals must successfully participate in claims, registry or electronic health record (EHR) based reporting. Physicians qualifying for an incentive payment in 2013 will automatically avoid the payment penalty in 2015.

- **Claims**: Report a minimum of 3 individual quality measures successfully 50 percent of the time on eligible patients, or report on all applicable measures in a measures group 20 times. The eligible patients for the measures group must be those in the Medicare fee-for-service program. Claims-based reporting is not available if reporting PQRS measures as a group.

- **Registry**: Report a minimum of 3 individual quality measures successfully 80 percent of the time on eligible patients, or report on all applicable measures in a measures group 20 times. The majority of patients reported on in the measures group must be those in the Medicare fee-for-service program.

- **EHR**: Consult with your EHR vendor to see if they are an approved vendor to submit PQRS measure to CMS.

**How do I qualify for the additional PQRS MOC incentive?**

The American Board of Neurological Surgery’s (ABNS) Maintenance of Certification (MOC) program is approved by CMS, and neurosurgeons that successfully complete the program requirements are eligible for an additional .5 percent incentive payment in 2013 and 2014. ABNS Diplomates are eligible to participate. The first requirement is to participate in PQRS. The second varies depending on the type of Certificate the Diplomate holds.

- **Non-Time-Limited Certificate Holders**: Participation in regular MOC completing all three-year mini-cycle requirements within three years. A number of the requirements must be completed during each of the three years (all of them by the end of the third), or the ABNS will not certify the individual for PQRS.

- **Time-Limited Certificate Holders**: All requirements of a three-year mini-cycle must be completed within two-years.

Click here for more information about the ABNS MOC program, and click here for CMS’ requirements.
**How do I avoid PQRS penalties?**

- Report one PQRS measure successfully in 2013  
  or
- Report one PQRS measures group in 2013  
  or
- Successfully participate in 2013 PQRS incentive  
  or
- Elect the Administrative Claims option*

[Click here](#) for more information on how to avoid the PQRS penalties.

*If the Administrative Claims option is elected, CMS will calculate the practice’s billing claims against a pre-determined set of quality measures. The practice must inform CMS by October 15, 2013 if it intends to qualify by this method.

**What constitutes successful reporting to avoid the penalty?**

- Report one applicable measure on the appropriate patient population 50 percent of the time between Jan. 1, 2013- Dec. 31, 2013.
  or

**What measures are approved for use by PQRS?**

- [Click here](#) for the full list of *individual* PQRS measures from CMS’ website or [click here](#) to search the AMA PQRS Quality Measures website.
- [Click here](#) for the full list of PQRS *measures groups* from the AMA website.

**How do I report PQRS measures?**

Physicians may report PQRS measures either through claims, registry, EHR or administrative claims methods. *Note*, however, that the administrative claims option is only available to avoid the penalty, not for receiving a PQRS incentive payment.

**Does participation in N²QOD qualify me for PQRS?**

The NeuroPoint Alliance (NPA) is a PQRS certified registry, thus neurosurgeons who are participating in the National Neurosurgery Outcomes Database (N²QOD) may satisfy their PQRS reporting requirements and avoid the 2015 penalty by reporting the Perioperative Care measure group in 2013. *Note*, however, that due to technical restrictions, the N²QOD only has the ability to report the Perioperative Care measures as a measures group. However, the recently passed American Taxpayer Relief Act included language allowing physicians to satisfy Medicare’s PQRS requirements by participating in a qualified clinical data registry and CMS is in the process of determining the requirements of this new reporting option, which will go into effect on Jan. 1, 2014. The AANS and CNS have urged CMS to deem neurosurgeons who are participating in N²QOD as satisfying PQRS and other quality reporting requirements for 2014 and beyond.

**Additional Resources**

More information about PQRS is available at:

- Centers for Medicare and Medicaid Services: [www.cms.gov/pqrs](http://www.cms.gov/pqrs)

In addition, if you have any questions, please contact Koryn Rubin, Senior Manager for Quality Improvement in the AANS/CNS Washington Office at [krubin@neurosurgery.org](mailto:krubin@neurosurgery.org).