



## Physician Quality Reporting System (PQRS)

### PQRS

The Physician Quality Reporting System (PQRS) is a quality reporting program that uses incentives and penalties to encourage eligible professionals to report quality measures to Medicare. PQRS was formerly known as the Physician Quality Reporting Initiative (PQRI). In 2016, Payment adjustments will be used to encourage eligible health care professionals (EPs) to begin reporting on specific quality measures in 2015.

**CONTACT OUR  
SALES DEPARTMENT  
TO LEARN MORE.  
1.877.891.8777**

In an era where healthcare outcomes are tied to reimbursement, providers have multiple opportunities to enhance their revenue significantly. However, just as incentives have the potential to boost your revenue, accumulating penalties for non-adherence to reporting guidelines could cripple your practice financially.

### **Penalties or payment adjustments can impact your bottom line!**

Starting in 2016, non-adherence to PQRS Program requirements could result in Medicare payment adjustments of 2%.

Having to follow up on and submit each of your PQRS measures can be time consuming and frustrating for many providers and practices. Let **CGM PQRS™** handle the data aggregation and submission so you can focus on your core mission — providing quality patient care.

### **Why choose CGM PQRS?**

- CGM PQRS is designed to take the complexity out of quality data submission.
- Using our trusted registry gives you more time to submit your reports as compared to doing so on your own.
- Regular review of your existing practice management (PM) charge entry reports will help you identify whether or not you are capturing the necessary measure data (HCPCS/Modifiers) so you can complete your data entry *prior* to the end of the reporting period.
- Reap the benefits of having a single vendor handle your PM and quality reporting needs — CGM PQRS will handle data aggregation and submission of PQRS data efficiently.

## Features and Benefits

- Data aggregation of HCPC codes entered through your charge entry system.
- Direct electronic submission to Medicare.
- Detailed reports outlining your chosen measures as well as the denominator and numerator entries completed for each.
- Confirmation that your submission was completed and received by Medicare.

## How CGM PQRS Works

At the end of the reporting period, CompuGroup Medical will electronically submit your PQRS measures directly to The Centers for Medicare and Medicaid (CMS).

Data on program measures is collected based on the HCPC codes you enter for each of your Medicare patient encounters. This data is compiled with other factors such as patient demographics and patient diagnosis (both current and past entries) to determine your aggregated numerator and denominator calculations for each chosen measure.

## Understanding The PQRS Program Requirements

Providers will need to choose nine measures plus one cross-cutting measure available on [www.cms.gov](http://www.cms.gov).

To ensure that providers successfully meet the nine selected PQRS measures required plus one cross-cutting measure, each provider must make certain to select these measures **prior** to enrolling in the CGM PQRS program. Ensuring that the selected measures are in sync with the type of care your practice delivers is crucial.

**CONTACT OUR SALES DEPARTMENT  
TO LEARN MORE. 1.877.891.8777.**

## Selecting Measures

- Does your practice treat a certain class of diseases or conditions?
- Are your patients seen in a clinic or hospital setting primarily?
- What type of care is typically provided? Preventative, chronic or acute?
- Are you also participating in other incentive programs such as CQMs where certain measures can also be counted toward your PQRS requirements?
- Are you attesting for each provider individually or as a group under the Group Practice Reporting Option (GRPO)?

**Annual Subscription Fee** | \$299 per provider