

CMS implementing physician quality reporting system

June 21 2013



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Physician Quality Reporting, mandated by federal legislation, was established to increase reports of data on quality measures for covered Physician Fee Schedule services provided to Medicare Part B Fee-for-Service beneficiaries. Requirements and measure specifications are specific for the current year.

According to the report, eligible professionals may choose to report information on individual Physician Quality Reporting measures or measure groups in order to participate in the 2013 Physician Quality Reporting. These include reporting to CMS on their Medicare Part B claims; to CMS via a qualified electronic health record product; or to a qualified Physician Quality Reporting registry or data submission vendor. Eligible physicians who submit data via one of these methods will qualify for an incentive payment, equivalent to 0.5 percent of their total estimated [Medicare](#) part B Physicians Fee Schedule allowed charges for covered services provided during the reporting period. A group practice may also potentially qualify for incentive payments based on their meeting criteria for satisfactory reporting as specified by CMS.

"The Physician Quality [Reporting System](#) (Physician Quality Reporting or PQRS) is a reporting program that uses a combination of incentive payments and payment adjustments to promote reporting of quality information by eligible professionals," according to CMS. "Beginning in 2015, the program also applies a payment adjustment to eligible professionals who do not satisfactorily report data on quality measures for covered professional services."

More information: [More Information](#)

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Citation: CMS implementing physician quality reporting system (2013, June 21) retrieved 23 April 2024 from <https://medicalxpress.com/news/2013-06-cms-physician-quality.html>

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