Frequently Asked Questions about the Physician Quality Reporting System (PQRS)

Q. What is the reporting period for the 2015 PQRS Diabetes Module?
A. The reporting period for reimbursement purposes is January 1 – December 31, 2015. Physicians who successfully collect data on 20 unique, separate and distinct patients with diabetes mellitus, with the majority (11) being Medicare Part B beneficiaries, will be able to avoid the 2% penalty adjustment in 2017.

Q. How should I select the patients?
A. The 20 unique, separate and distinct patients must be adults between 18 and 75 years of age who have diabetes mellitus, and the majority (11) of the patients must be Medicare Part B beneficiaries. You should not omit any patients who meet the qualifications once you have begun to collect data. If the data collected is not for unique, separate and distinct patients, the Centers for Medicare and Medicaid Services (CMS) will consider your data incomplete and you will be subject to the 2% penalty adjustment in 2017. When you are collecting 20 unique, separate and distinct patients, the dates of service must be between January 1, 2015 and December 31, 2015.

Q. I have an electronic health record system. Can I use the data from 2015 for diabetic patients?
A. Yes, you may use patient data from your electronic health record system if the patients were seen between January 1, 2015 and December 31, 2015 and meet all PQRS requirements. You can use the 20 unique, separate and distinct patients (by date of visit) seen in calendar year 2015 and complete the data templates by retrospective chart audit.

Q. Do I need to get informed consent or permission from the patients to use their data?
A. The data you submit to the ABFM will have no identifying information; furthermore, this activity does not constitute a research protocol. However, you will be asked to sign an attestation form giving the ABFM permission to transmit your data to CMS. This form requires you to provide your individual National Physician Identifier (NPI) number and the Taxpayer Identification Number (TIN) submitted as the Rendering Provider on the CMS 1500 Claim Form. It is very important that you provide the correct Tax Identification Number/National Provider Number combination in order to verify your participation and avoid the penalty adjustment in 2017. You must use your individual NPI, not the group NPI.

Q. Can someone on my staff enter the data for me?
A. Yes, but you must collect the data. A staff member can collate the data and input it for you by using your PQRS ID, which grants access to your 2015 PQRS Diabetes Module, but not to your Physician Portfolio. If a staff member enters your data, you may want them to print out your report, so you can view it at a later time.

Q. When will the ABFM transmit my data to CMS?
A. Your 2015 PQRS Diabetes Module data will be transmitted to CMS before the deadline, as defined by CMS.

Q. If I am audited, what will I need to submit?
A. In the validation audit, each of the templates that you completed will be reviewed using the copy of the patient’s medical record. You will need to submit photocopies of the selected medical records for each patient to validate the data that you previously supplied to the ABFM on the templates. These medical records must not be de-identified, must indicate whether the patient was covered by Medicare part B at the time of reporting to the registry, must include the date of birth, and must include the date of service for each patient. Prior to submitting this information, you will be asked to review and sign the Business Associate Agreement (BAA) to ensure that the audit process is compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPPA). This document must be signed and dated to complete the audit process.

Q. If I am audited, will the ABFM have my data?
A. No, you are completely responsible for saving the data collection templates you submit. The templates provide the only link to the de-identified data you provide the ABFM Registry and the patients from whom it was collected. Approximately 3% of the Registry’s participants will be randomly selected for audit, so it is important that you maintain the data collection templates that you submit.

Q. Is there a fee to complete the 2015 PQRS Diabetes Module?
A. Currently, there is no fee for the 2015 PQRS Diabetes Module. However, if you choose to continue the module for MC-FP Part IV credit, the appropriate MC-FP fee will apply. For details on MC-FP payment options, please login to your Physician Portfolio.

Q. What if I see the same patient multiple times while I am collecting my patients?
A. A patient may be counted only once during the reporting period for a single provider, as the data submitted must be for 20 unique, separate and distinct patients. If you are in a group and a patient is seen for management of their diabetes on several occasions by multiple providers within the group, each provider may include the patient in his or her respective count. Reminder: All 20 unique, separate and distinct patients must have Diabetes Mellitus, and the majority (11) must be Medicare Part B beneficiaries.

Q. If I see patients with residents working under my supervision, may I include these patients in my group of 20 patients?
A. Yes, any patient with a diagnosis of diabetes for whom you have billed for services should be included as one of your unique, separate and distinct patients.
Frequently Asked Questions about the Physician Quality Reporting System (PQRS)

Q. Can I include patients in my patient count that are seen by a nurse practitioner?
A. If the nurse practitioner is under your supervision and you have billed for these patients, then you should include them in your count. However, if the nurse practitioner has billed for his or her services and you have not, then you should not include these patients in your count.

Q. Can I receive credit for Part IV of the Maintenance of Certification for Family Physicians (MC-FP)?
A. MC-FP Part IV credit can be awarded only if you choose to continue the PQRS module after submitting the patient data by completing a quality improvement (QI) plan, implementing the QI plan in your practice, and submitting data for at least ten additional patients. This is similar to the process that is used to complete our current Performance in Practice Modules (PPMs).

Q. Can I continue the 2014 PQRS reporting module as a Performance in Practice Module (PPM) and complete the 2015 PQRS reporting through the process?
A. Yes, you may choose to continue the 2014 PQRS reporting module as a PPM which can satisfy your MC-FP Part IV requirement. While doing so, you will have the option to complete the 2015 PQRS reporting during the post quality improvement data collection. You will need to collect 20 unique, separate and distinct patients, with a majority (11) of them being Medicare Part B beneficiaries, in order to meet the requirements for the 2015 PQRS reporting.

Q. Can I receive Continuing Medical Education (CME) credits for continuing the 2014 PQRS reporting module as a Performance in Practice Module (PPM)?
A. Yes, Diplomates who complete the 2014 PQRS reporting and continue the module as a Performance in Practice Module (PPM) may receive MC-FP Part IV credit and CME credit for completing the module.

Q. When do I need to submit my claims for Medicare?
A. Medicare Claims need to be submitted to CMS as soon as possible, but before February 26, 2016. The Center for Medicare and Medicaid Services (CMS) will perform data verification on all submitted claims, so claims need to be submitted as soon as possible.

Q. Is the patient still considered Medicare Part B if the patient drops out of or into Medicare Part B during the year?
A. A patient is counted as a Medicare Part B patient as long as one or more claims were made under Part B coverage.
Q. If the patient has Medicare Part B as Secondary Insurance, is the patient still considered Medicare Part B?
A. The patient will be considered as a Medicare Part B if Medicare Part B is secondary insurance as long as one or more claims were made under Part B coverage.

Q. Does a patient have to be a Medicare Part B patient the entire year or just by the end of the year to meet the 11 majority requirement?
A. The patient must be a Medicare Part B beneficiary on the date of the service of the eligible encounter, in order to be used to meet the 11 patient majority.

Q. Are Medicare Advantage patients allowed when they cannot be separated from Medicare Part B beneficiaries? Do they count toward 11 or only toward the 20 majority?
A. Medicare Advantage patients can be submitted if a vendor cannot separate them. Medicare Advantage patients would only count toward the 20 patients and not the 11 majority Medicare Part B beneficiaries required for reporting individual Registry measures.

Q. What if I change employers during the PQRS process?
A. If you do not have the minimum of 20 unique, separate and distinct patients with a majority (11) of the patients covered by Medicare Part B, and you switch employers, you will need to restart the PQRS process. Each PQRS module must have the same NPI and TIN for the 20 unique, separate and distinct patients. You must provide the individual National Provider Identifier (NPI) Number and the Taxpayer ID Number (TIN) submitted as the Rendering Provider on the CMS 1500 Claim Form.

Q. How do I verify what NPI/TIN combination I submitted for my 2015 PQRS Reporting?
A. You may view your NPI and/or TIN at any point within the PQRS module. Simply click on the “Update NPI/TIN” button to make changes. Remember that all 20 patients submitted must have the same NPI/TIN combination that was submitted as the Rendering Provider on the CMS 1500 Claim Form.

Q. What does it mean to have performance met on all measures?
A. You must have a performance rate greater than zero (less than 100% for inverse measures) for the patient sample provided. Notes are provided with each question to indicate what is required to meet the performance rate requirement.
Frequently Asked Questions about the Physician Quality Reporting System (PQRS)

Q. If I submit more than 20 patients, how many of them need to be Medicare Part B beneficiaries to meet the requirement?
A. Regardless of the number of patients submitted, only 11 need to be Medicare Part B.

Q. I work for 2 different organizations, so I have 2 different TIN/NPIs I bill under. Which one do I use for reporting?
A. Eligible physicians working for more than one organization need to meet the reporting criteria for each tax identification number (TIN) under which s/he works during the 2015 calendar year to avoid the 2017 PQRS payment adjustment for each TIN.

Q. Can I complete the ABFM PQRS registry more than once a year, if needed?
A. No, at the current time the ABFM PQRS Diabetes registry can only be completed one time per calendar year, per physician. If additional reporting options are needed, visit the American Academy of Family Physicians [www.aafp.org](http://www.aafp.org) or the American Board of Medical Specialties at [https://mocmatters.abms.org/](https://mocmatters.abms.org/).