

PQRS Roadmap

As you begin the Physician Quality Reporting (PQRS) process, we strongly recommend that you take a moment to read through this roadmap. The PQRS roadmap is provided in an effort to enhance your facility and comfort level in completing the PQRS Module.



It is highly recommended that you print out a copy of this roadmap for quick reference.



Login to the Physician Portfolio using your ABFM ID and password.



Next, click the "Physician Quality Reporting" link located under the "Spotlight Programs" section. On the next screen, you will see the module listed; click "Start" to begin the module.



You will be given a unique PQRS ID that will enable you or your staff to access the module while bypassing access to your Physician Portfolio. As soon as your data has been successfully transmitted to the Centers for Medicare and Medicaid Services (CMS) AND you have decided not to complete the quality improvement and post-intervention data collection parts of the module for Part IV MC-FP credit, the ABFM will no longer retain any link to the PQRS ID for reasons related to privacy.



If you indicate that you wish to use the PQRS module for MC-FP Part IV credit, the PQRS ID will remain operational until you successfully complete the second part of the module. Once it has been successfully completed, the ABFM will no longer retain any link to PQRS ID for reasons related to privacy. If you wish to use the ID beyond this time, you must retain the number. ABFM will not be able to provide your PQRS ID information after you have completed the module.



To begin the PQRS process, read the Introduction and then complete the Registry Terms and Conditions of Use page. As a part of the Registry Terms and Conditions of Use, we ask that you provide both your individual NPI and the TIN that you submitted as the Rendering Provider on the CMS 1500 Claim Form. Incorrect NPI/TIN combinations will result in denial of the incentive payment by CMS. Next, download and print out 20 copies of the PQRS Template. You may now log out of the PQRS area of the ABFM website. You will be required to save all copies of the PQRS Templates as these will provide the only link between the data that you have entered and the patients you have seen, which must be verified if you are randomly chosen to be audited.



Gather data on 20 unique, separate and distinct patients using the PQRS Template that you have downloaded. The date of service for these patients must be between January 1st and December 31st. **A majority (11) of the patients must be Medicare Part B beneficiaries.** You must report a performance met on all measures for at least one patient. You cannot report "not applicable" for all 20 patients on any measures. You must complete a template for each unique patient with the diagnosis of Type 1 or Type 2 Diabetes Mellitus. If the patients are not unique, separate and distinct, or you don't have 11 Medicare Part B beneficiaries, CMS will consider your data incomplete and you will not receive the incentive.



Once you have gathered data on 20 unique, separate and distinct patients, with at least the majority (11) of them being Medicare Part B beneficiaries, return to the PQRS area of the ABFM website and enter the data from the PQRS Templates. You may allow your staff to do this by providing them with

your PQRS ID, which allows them access to the PQRS module but not to any of the information in your Physician Portfolio. Once the data is saved, there is no going back.



After data has been entered for all of your patients, you will receive a report providing feedback on your performance on each of the PQRS measures. This report will include comparisons to your peers' performance. **NOTE:** If one of your staff is entering your data for you, you may want them to print out this report for you so that you may view it at a later date.



You have now completed the reporting requirement for PQRS. The ABFM will transmit your data to CMS at the appropriate time. Be certain to save the data collection templates! Approximately 3% of the registry's participants will be randomly selected for audit, so it is important that you maintain the templates that you have completed. You will be sending the ABFM de-identified data, so these templates provide the only link between the data you send to us and the patients you have seen, which must be verified if you are selected for audit.

*** At this point, you will be able to continue the module to satisfy your Part IV MC-FP requirement if you choose to do so. All the steps remaining are related to completing the module for Part IV MC-FP credit, and are not required if you are only completing the PQRS module for purposes of reporting your data to CMS. ***



If you wish to continue the PQRS module for MC-FP Part IV credit, you may be required to make an MC-FP payment, depending upon your MC-FP payment option previously chosen.



To continue the PQRS module for MC-FP Part IV credit, choose at least one of the clinical measures as an area for improvement, although you are free to choose more.



Choose the intervention categories (a minimum of two categories is required) that you would like to use for that measure; for example, if you choose to work on improving the performance of a lipid panel on diabetic patients, you might choose a chart reminder as an intervention category. You must choose at least two, but may choose several, intervention categories based on your interests, your desire for particular improvements, and your individual practice situation.



From the menu for the intervention categories that you have chosen, select as many interventions as you feel are necessary for your plan of improvement, based on your unique preferences and your particular practice setting. You will then be presented with a number of possible intervention steps based on your choices.



Design your Quality Improvement (QI) plan. To do this, check off the steps that you wish to take in implementing the plan. You may also customize your plan by typing in specific steps if you wish. This will allow you to design a unique plan. Your plan may be quite simple and streamlined, focusing on a single issue, or may be more "systems-based." For more information on plan design, you may consult the following web resources which explain "systems change":

[Improving Chronic Care](#)

[The Institute for Healthcare Improvement](#)

<http://www.ihl.org/knowledge/Pages/Changes/default.aspx/>



Complete and submit your QI plan. You may now log out of the PQRS area of the ABFM website.



Spend at least the next week implementing the plan in your practice.



After a minimum of 1 week, you can gather data on just 10 patients and enter the data in the PQRS-PPM area of the ABFM website, just as you did prior to your intervention implementation. If available, you may wish to complete the PQRS Diabetes Module for MC-FP Part IV credit by waiting until next year to collect your post QI intervention data.



Wait for feedback to be generated and view your performance on the indicators. If you have chosen to do so, you may compare your performance pre- and post-intervention. You can also view comparative reports. NOTE: If one of your staff is entering your data for you, you may want them to print out your report for you or you may view it at a later date. Your PPM ID will be operational for the remainder of your MC-FP cycle. However, as soon as you successfully complete the PQRS-PPM, the ABFM will no longer retain any link to the PQRS-PPM ID to protect your privacy. If you wish to use the ID beyond this time, you must retain the number. ABFM will not be able to provide your PQRS-PPM ID information after you have completed the PQRS-PPM module.



Having successfully completed the PQRS-PPM module, please fill out a CME evaluation for CME credit (this page will present itself automatically as you complete). If a staff member has entered the data for you, you may access the CME Certificate link in your Physician Portfolio at a later date.



This completes your Part IV requirement for your current stage within the MC-FP cycle.