

Table A.1. Aggregate Group Performance, by Quality Domain and Measure

In your medical practice group, 89.7% of the eligible professionals were incentive-eligible. Only eligible professionals who were incentive-eligible are included in the results presented in Table A.1.

PQRS Performance Measure		Domain	Group Performance †		
			Number of Eligible Cases	Number of Eligible Professionals Reporting	Performance Rate
10**	Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports	Clinical Process/Effectiveness	181	31	98.3%
195	Radiology: Stenosis Measurement in Carotid Imaging Reports	Clinical Process/Effectiveness	250	35	98.8%

* Indicates an inverse measure, for which lower performance rates indicate better performance.

** Measure will not be included in the value-based modifier.

† Only the data submitted through the reporting mechanism with the highest performance rate (as shown in Table A.2) are incorporated into the group performance reported in Table A.1.

Note: The measures and measure names included in this table are based on the 2012 Physician Quality Reporting System Measures List. Names for PQRS # 112, 206, 209-216, 223, 245-246, and 260 have been slightly adapted for clarity or consistency. Disease abbreviations may have been added when applicable. Domain classifications are based on Table 95 of the CY 2013 Medicare Physician Fee Schedule Final Rule ("Individual Quality Measures for the Physician Quality Reporting System Proposed to be Available for Reporting via Claims, Registry, EHR, or GPRO Web Interface Beginning in 2013 or 2014") and Tables 31 and 32 of the CY 2013 Medicare Physician Fee Schedule Proposed Rule ("Measures Included in the 2012 PQRS Measure Set that are Not Proposed to be Included in the Physician Quality Reporting Program Measure Set for 2013 and Beyond" and "Proposed PQRS Individual Quality Measures Available for Reporting via Claims, Registry, EHR, or GPRO Web-Interface for 2013 and Beyond"). For additional information, please refer to the Questions and Answers document located at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/2012-QRUR.html>.

Table A.2. Individual Eligible Professional Performance on PQRS Measures: RFWP LTQQXRNYM (6136970375), Incentive-Eligible

PQRS Performance Measure		Domain	Eligible Professional Performance		
			Reporting Mechanism †	Number of Eligible Cases	Performance Rate
10**	Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports	Clinical Process/Effectiveness	Claims	1	100.0%
195	Radiology: Stenosis Measurement in Carotid Imaging Reports	Clinical Process/Effectiveness	Claims	1	100.0%

* Indicates an inverse measure, for which lower performance rates indicate better performance.

** Measure will not be included in the value-based modifier.

† Table A.2 displays all reporting mechanisms by which an eligible professional reported to PQRS. Only the data submitted through the reporting mechanism with the highest performance rate are incorporated into the group performance reported in Table A.1.

Note: The measures and measure names included in this table are based on the 2012 Physician Quality Reporting System Measures List. Names for PQRS # 112, 206, 209-216, 223, 245-246, and 260 have been slightly adapted for clarity or consistency. Disease abbreviations may have been added when applicable. Domain classifications are based on Table 95 of the CY 2013 Medicare Physician Fee Schedule Final Rule (“Individual Quality Measures for the Physician Quality Reporting System Proposed to be Available for Reporting via Claims, Registry, EHR, or GPRO Web Interface Beginning in 2013 or 2014”) and Tables 31 and 32 of the CY 2013 Medicare Physician Fee Schedule Proposed Rule (“Measures Included in the 2012 PQRS Measure Set that are Not Proposed to be Included in the Physician Quality Reporting Program Measure Set for 2013 and Beyond” and “Proposed PQRS Individual Quality Measures Available for Reporting via Claims, Registry, EHR, or GPRO Web-Interface for 2013 and Beyond”). For additional information, please refer to the Questions and Answers document located at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/2012-QRUR.html>.